

NEWS ROUND

Selected press reports compiled by the ESO Cancer Media Centre

No advantage to giving advanced lung cancer patients more than three courses of chemotherapy

→ British Journal of Cancer

A study has found that giving patients with advanced non-small-cell lung cancer (NSCLC) more than three courses of chemotherapy does not improve quality of life or survival. It is important that patients are not overtreated with drugs that offer no survival benefits and are associated with burdensome side-effects.

Despite improvements in cancer treatment, patients with NSCLC, the most common form of lung cancer, often have a poor prognosis. The latest research looked at the optimal duration of palliative chemotherapy for patients with NSCLC.

Two hundred and ninety-seven patients with advanced NSCLC (stage IIIB or IV) were randomised to receive either three or six courses of the latest platinum-based chemotherapy (carboplatin and vinorelbine). Eighty-eight percent of the patients completed an EORTC Quality of Life Questionnaire. The researchers also analysed overall survival data.

The study found that there were no significant differences between the groups in quality of life, pain or fatigue up to 26 weeks. Two-year survival rates were 9% in the arm that received three chemotherapy treatments compared to 5% in the arm that received six rounds of chemotherapy, but the difference did not reach statistical significance. The study

concluded overall that palliative chemotherapy with carboplatin and vinorelbine beyond three courses gave no survival or consistent quality of life benefits in advanced NSCLC.

■ Palliative chemotherapy beyond three courses conveys no survival or consistent quality-of-life benefits in advanced non-small-cell lung cancer. C von Plessen, B Bergman, O Andresen, et al. for the Norwegian Lung Cancer Study Group. *Br J Cancer* 23 October 2006, 95:966–973

More colorectal cancer patients should receive recommended surgery

→ JNCI

A recently published study has shown that only one-third of US American patients who underwent surgery for locally advanced adherent colorectal cancer received a multivisceral resection, a procedure proven to reduce local recurrence and improve survival compared to standard resection.

An assessment of 8,380 patients from the US Surveillance, Epidemiology and End Results (SEER) registry revealed that only 33.3% of patients who had surgery for locally advanced adherent colorectal cancer underwent multivisceral resection. The remaining patients only had their tumour removed.

Compared with standard resection, multivisceral resection was associated with improved overall survival for patients with colon and rectal cancer, with no associated increase in early mortality. Patients who underwent multivisceral resection had significantly greater five-

year survival rates (35.1% vs 27.7%).

Several factors increased the likelihood of receiving multivisceral resection, including younger age at diagnosis and being female. There was also a significant variation in the likelihood of receiving the procedure based on the geographical region in which patients were treated.

■ Population-based assessment of the surgical management of locally advanced colorectal cancer. A Govindarajan, NG Coburn, A Kiss, et al. *J Natl Cancer Inst* 18 October 2006, 98:1474–1481

Postponing surgery reduces long-term side-effects for children with kidney cancer

→ European Journal of Cancer

Children given chemotherapy before surgery to treat the most common form of childhood kidney cancer, called Wilms' tumour, require less treatment and experience fewer long-term side-effects than if they undergo immediate surgery.

The Children's Cancer and Leukaemia Group (CCLG) undertook a ten-year trial involving 205 patients with newly diagnosed Wilms' tumours. The patients were randomly assigned to receive either immediate surgery or six weeks pre-operative chemotherapy and then surgery. Depending on the size of their tumours and how much they had grown, all children on the trial were given chemotherapy, radiotherapy or both after their surgery to destroy any remaining cancer cells.

Overall survival between the two groups

was the same, but the researchers found that giving six weeks pre-operative chemotherapy enabled easier removal of tumours. Also 20% fewer children needed radiotherapy or treatment with doxorubicin after their surgery, minimising their risk of long-term side-effects.

The author of the study, Christopher Mitchell from the Oxford Radcliffe Hospital, said, "Deciding what is the best way to treat Wilms' tumours has been under debate for many years and this study was the first time that the two treatment methods were compared in a randomised clinical trial.... We were able to benefit a group of patients who could benefit from a reduction in treatment without compromising their survival chances. For some children with advanced tumours, delaying their surgery reduced the size of their tumours enough to prevent them needing intensive treatment after surgery. This improvement in quality of life for patients is significant and we hope children diagnosed with Wilms' tumours in the future will benefit from our findings."

■ Immediate nephrectomy versus pre-operative in the management of non-metastatic Wilms' tumour; results of a randomised trial (UKW3) by the UK Children's Cancer Study Group. C Mitchell, K Pritchard-Jones, R Shannon, et al. *Eur J Cancer* October 2006, 42:2554–2562

Breast cancer care is improving across Europe

→ *International Journal of Cancer*

A new study has found that breast cancer survival rates in some European countries have improved since 1970.

The study, conducted by a group at the Istituto Nazionale per lo Studio e la Cura dei Tumori, Milan, analysed and estimated breast cancer trends in 10 European countries from 1970 to 2005. Interpreting breast cancer survival data can be difficult, as activity such as improved screening and earlier diagnosis can inflate both incidence and survival. The study therefore analysed survival trends in relation to mortality and incidence in order to give an

accurate overview of breast cancer trends.

The study showed that, in most countries included in the analysis, survival from breast cancer had improved and this could be attributed to better care. Those countries included Sweden, the UK, France, Italy and Spain.

The study also found that differences in incidence rates seen across Europe in the 1970s continued into the 21st century, with the lowest incidence in Spain and Italy and the highest incidence in the Netherlands, Denmark, Finland, Sweden, and France. In Finland, the Netherlands and Denmark, there was an increase in breast cancer mortality and incidence, indicating an increased breast cancer risk, probably related to life-style factors.

In Estonia, the research indicated that there was inadequate care for breast cancer patients, as there was poor survival in the context of increasing incidence and mortality.

The figures overall look promising and point to improved treatment helping patients live longer in the wealthier European countries. However the poor results from Estonia suggest that the survival and treatment differences in European countries continue to exist.

■ Time trends of breast cancer survival in Europe in relation to incidence and mortality. M Sant, S Francisci, R Capocaccia, et al. *Int J Cancer* 15 November 2006, 119:2417–2422

Maintenance therapy with thalidomide shown to have a role in multiple myeloma

→ *Blood*

There is no known cure for multiple myeloma, a cancer of the plasma cells. Current treatments involving high-dose chemotherapy have increased the response rate but more effective approaches are needed to maintain the duration of response.

Results from a randomised trial of maintenance therapy with thalidomide and pamidronate carried out by a team of Euro-

pean researchers were recently published. The study showed thalidomide is an effective means of maintaining duration of response in patients with multiple myeloma.

The study involved 597 patients divided into three groups. The first group was treated with the drug pamidronate alone, the second group with pamidronate and thalidomide and the third group received no maintenance therapy.

The researchers showed that, four years after diagnosis, the group treated with pamidronate and thalidomide had an overall chance of survival of 87%. Patients in the pamidronate-alone arm had a 74% probability of survival compared with those not receiving therapy, at 77%. The three-year probability of the patients remaining relapse-free was 36% without maintenance therapy and 37% with pamidronate alone. The addition of thalidomide significantly improved these odds, to 52%.

Pamidronate has been used by doctors to protect against bone damage; however, the study found that the drug did not decrease the number of bone events, as anticipated, and there was no significant difference in the number of these events between the three treatment groups.

However, thalidomide remains a powerful drug and difficult for some patients to tolerate. The drug was originally dosed at 400 mg per day, but after 15 months, the median dose was decreased by half because of drug-related toxicity. Thalidomide was discontinued in 39% of the patients taking the drug due to side-effects such as numbness, tingling or pain in the hands and feet, fatigue and constipation. In contrast, only 4% of patients discontinued pamidronate.

Patients most likely to benefit from the addition of thalidomide to maintenance therapy were those whose responses to the original chemotherapy were not as successful, and those who did not have a chromosome 13 deletion – an abnormality found in about 15–20% of patients with multiple myeloma and one that is associated with a poorer prognosis.

■ Maintenance therapy with thalidomide improves survival in multiple myeloma patients. M Attal, J-L Harousseau, S Leyvraz, et al. *Blood* 15 November 2006, 108:3289–3294

Common antibiotic is a useful treatment for rare lymphoma of the eye

→ JNCI

The common antibiotic doxycycline effectively treats a type of lymphoma associated with chlamydia infection, according to a recent study. Ocular adnexal lymphoma of the MALT-type (OAL) is an uncommon type of non-Hodgkin's lymphoma that affects tissues surrounding the eye. It is not normally fatal, but its symptoms can affect a patient's quality of life. Some research has suggested an association between OAL and *Chlamydia psittaci* (CP) infection.

A group led by Andrés Ferreri from the San Raffaele Scientific Institute in Milan, Italy, examined whether doxycycline was an effective treatment for OAL. They gave 27 OAL patients a three-week course of doxycycline therapy, regardless of whether they were positive or negative for CP. They assessed lymphoma response at 1, 3 and 6 months.

The authors found that doxycycline treatment caused lymphoma to regress in both CP-positive and CP-negative patients. Failure-free survival at two years in the patients treated with doxycycline was 66%, and 20 of the 27 patients (74%) were progression free. The responses observed in patients who tested negative to CP may suggest a need for development of more sensitive methods for detection, and investigation of the potential role of other doxycycline-sensitive bacteria.

According to the authors, doxycycline may be a useful therapy even in patients where other treatments have failed, and it is a valid alternative to chemotherapy and radiation without causing the same toxic side-effects.

In an accompanying editorial, Emanuel Zucca and Francesco Bertoni, of the Oncology Institute of Southern Switzerland, advised "While doxycycline appears to be an easy-to-implement therapeutic approach, we strongly encourage all physicians to enrol patients in clinical prospective trials to help answer these questions."

■ Bacteria-eradicating therapy with doxycycline in ocular adnexal malt lymphoma: a multicenter prospective trial. AJM Ferreri, M Ponzoni, M Guidoboni, et al. *J Natl Cancer Inst* 4 October 2006, 98:1375-1382

Chemotherapy cuts the chance of rectal tumours returning by half but does not affect overall survival

→ New England Journal of Medicine

Giving a patient chemotherapy before or after an operation to remove their rectal cancer cuts the chance of the tumour returning in the rectum by half. Unfortunately, it doesn't increase the patient's overall survival – according to a recently published study.

A total of 1011 patients were enrolled in the study to see whether giving rectal cancer patients radiotherapy before or after their operation affected their survival. The researchers also evaluated the benefits of adding chemotherapy to radiotherapy before or after the operation.

The radiotherapy was given to patients over a period of five weeks. The chemotherapy consisted of fluorouracil plus leucovorin daily for five days. There was no significant difference in overall survival between the groups that received chemotherapy preoperatively ($P=0.84$) and those that received it postoperatively ($P=0.12$). The combined five-year overall survival rate for all four groups was 65.2%. The five-year cumulative incidence rates for local recurrences were 8.7%, 9.6%, and 7.6% in the groups that received chemotherapy preoperatively, postoperatively, or both, respectively, and 17.1% in the group that did not receive chemotherapy ($P=0.002$). The rate of adherence to preoperative chemotherapy was 82.0%, and to postoperative chemotherapy was 42.9%.

Chemotherapy, regardless of whether it was given before or after surgery, did benefit the patient because it reduced the chance of

the tumour coming back by half. However, fluorouracil-based chemotherapy administered either pre- or postoperatively had no impact on survival.

■ Chemotherapy with preoperative radiotherapy in rectal cancer. J-F Bosset, L Collette, G Calais, et al. for EORTC Radiotherapy Group Trial 22921. *New Engl J Med* 14 September 2006, 355:1114-1123

New cancer drugs approved for Europe

→ European Medicines Agency

The European Commission has granted marketing authorisation approval for a number of novel cancer medicines. Novartis was awarded approval for Exjade (deferasirox), indicated for the treatment of chronic iron overload due to frequent blood transfusions in patients with beta thalassaemia major, aged six years or over. The agent can also be used in the treatment of chronic iron overload in patients with other anaemias where defoxamine therapy is contraindicated. Topo Target's Savene (dexrazoxane) is now approved for use in the treatment of anthracycline extravasation. Merck Sharp and Dohme was given approval to market the vaccine Gardasil/Silgard to prevent high-grade cervical dysplasia, cervical carcinoma, high-grade vulvar dysplastic lesions, and external genital warts causally related to human papillomavirus types 6, 11, 16 and 18.

EMA's Committee for Medicinal Products for Human Use gave a positive opinion to Bristol-Myers Squibb's Sprycel (dasatinib) for the treatment of chronic myeloid and acute lymphoblastic leukaemias in patients with resistance or intolerance to prior therapy. The Committee also recommended extending Taxotere's (docetaxel's) indication for use in combination with cisplatin and 5-fluorouracil for the induction treatment of inoperable locally advanced squamous cell carcinoma of the head and neck.

■ European Medicines Agency
(www.emea.eu.int)