

# NEWS

A more detailed review of clinical cancer news may be found in the January 2008 issue of the *Journal of Clinical Oncology*, or by Googling "Clinical Cancer Advances, 2007"

## CANCER STATISTICS

### Turning the Tide

The latest report from the US shows the cancer death rate dropped more rapidly in the period from 2002 to 2004 compared to the period from 1993 to 2002, (2.1 per cent per year compared to 1.1 per cent per year). The acceleration in decline is attributed to a combination of more effective prevention, new screening methods, and better treatments.

In Canada, over the period 1997 to 2003 (the last year for which data are available), the cancer death rate decreased at an annual rate of approximately 0.7 per cent.

## PREVENTION OF CANCER OCCURRENCE

(PRIMARY PREVENTION)

### Dietary Modification

The Women's Health Initiative (WHI) is an eight year randomized study of almost 49,000 subjects. To date, the results of the dietary interventions are:

- (a) Breast Cancer  
Risk was significantly reduced in women who had the highest intake of fat at the beginning of the study and who actually reduced their fat intake.
- (b) Ovarian Cancer  
Risk was reduced in women who decreased the fat content of their diet. Positive results did not begin to appear until four years had elapsed.
- (c) Colon Cancer and other Cancers  
Dietary fat reduction did not decrease risk.

## SCREENING

(SECONDARY PREVENTION)

### MRI More Sensitive for Breast Cancer Screening

MRI screening is more sensitive and more specific than mammography for detecting breast cancer. According to the American Cancer Society, MRI screening should be conducted for women who have a lifetime risk of breast cancer scored at 20–25 per cent or greater. This includes women who have:

- a BRCA1 or BRCA2 mutation
- a first-degree relative (parent, sibling, child) with a BRCA1 or BRCA2 mutation,
- had radiation to the chest at age 10–30
- Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or one of these syndromes in a first-degree relative.
- There still isn't enough evidence to recommend MRI screening in women who have:
- Up to a 15–20 per cent lifetime risk of breast cancer,
- lobular carcinoma in situ,
- atypical lobular hyperplasia,
- atypical ductal hyperplasia.
- very dense breasts or unevenly dense breasts when viewed on a mammogram
- already had breast cancer, including ductal carcinoma in situ.

### MRI Also Useful in Contralateral Diagnosis

A newly published study shows MRI scans can be useful for finding tumours in the opposite breast of women newly diagnosed with the disease in one breast, and should be considered before surgical treatment. Not all investigators agree, however.

**Citations:** "American Cancer Society Guidelines for Breast Screening with MRI as an Adjunct to Mammography" Debbie Saslow. March/April 2007 *CA: A Cancer Journal for Clinicians* vol 57:75-89.

Constance D. Lehman, MD, PhD. *New England Journal of Medicine* vol. 356:1295-1303. Morrow, Monica *J Clin Oncol* vol26:352-3, 2008

## PREVENTION of CANCER RECURRENCE

(TERTIARY PREVENTION)

### BREAST CANCER

#### Adjuvant Taxol not for everyone

Recent re-analysis of a large randomized adjuvant chemotherapy study conducted over ten years ago in women with node positive disease showed that patients whose tumours were either estrogen receptor negative or HER2/neu positive benefited from the addition of paclitaxel. However, women whose tumours were both hormone receptor positive and HER2/neu negative did not benefit. The new insight from this more mature analysis could change the adjuvant treatment of approximately 50 per cent of women with node positive breast cancer. If so, this would avoid the toxicity of unnecessary chemotherapy and substantially reduce the cost of treatment.

### PROSTATE CANCER

#### Flaxseed may slow prostate cancer growth

Flaxseed appeared to slow the growth of the prostate cancer by 30–40 per cent when added to the diet 30 days before surgery. These results need to be repeated and expanded before definitive dietary recommendations can be made.

#### Treatment depends on who sees the patient

Researchers analyzed the records of 85,088 men with localized prostate cancer who were age 65 or older and diagnosed between 1994 and 2002. They found a strong association between a doctor's specialty and the treatment the patients ultimately received. More than 67 per cent of

the men opted for surgery when they saw only a urologist, compared to only 15-33 per cent (depending on age) who saw both a urologist and a radiation oncologist.

A separate study showed a higher level of dissatisfaction one year after treatment in men who chose surgery rather than radiation. Men with newly diagnosed prostate cancer should discuss treatment options with a radiation oncologist as well as a urologist, because of the differences in complications of the two methods.

### **LUNG CANCER**

#### **Shark cartilage doesn't work**

Shark cartilage extract Æ-941 (Neovastat) was evaluated in 384 patients with inoperable stage III non-small cell lung cancer. Half received shark cartilage extract plus standard treatment and half received a placebo plus standard treatment. Patients receiving shark cartilage lived an average of 14 months, compared with nearly 16 months for patients receiving placebo.

### **HEAD AND NECK CANCER**

#### **Erbix effective in advanced disease**

Patients with widespread cancer of the head and neck region were randomized to receive cetuximab (Erbix) combined with chemotherapy or chemotherapy alone. Those on Erbix lived an average of 10 months, compared to seven months for those who did not. The most common side effect was a temporary skin rash.

### **ADVANCED LIVER CANCER**

#### **Nexavar, the first effective systemic treatment**

Until recently, there has been practically no effective systemic therapy for advanced liver cancer. A randomized clinical trial compared sorafenib (Nexavar) with placebo. Nexavar targets both the tumour cell and the tumour blood supply. Patients who received the drug lived an average of nearly 11 months, compared with

eight months for those who received the placebo. Nexavar doubled the time to tumour progression: five and a half months vs. three months on placebo. Patients taking Nexavar experienced diarrhea (11 per cent) and eight per cent had skin reactions.

### **ADVANCED THYROID CANCER**

#### **Axitinib the first effective biologic therapy**

Effective treatments are not available for patients who cannot be treated with surgery or radio-iodine. In a phase II clinical trial (no control group) 60 patients with thyroid cancer resistant to other treatments were given axitinib, an orally administered inhibitor of tumour blood vessel growth. Significant tumour shrinkage occurred in 22 per cent of patients. Tumour growth was arrested in another 50 per cent of patients. According to the lead researcher, these response rates have never been seen with chemotherapy. Fatigue occurred in 43 per cent of patients, with more serious effects including high blood pressure and protein in the urine occurring in five to seven per cent.

#### **Myeloma**

Two randomized studies have firmly established the efficacy of lenalidamide (Revlimid™) in prolonging survival in patients with myeloma who have failed other treatments including its predecessor, thalidomide (Thalomid). Lenalidamide does not cause the nerve damage seen with thalidomide, but does suppress the bone marrow and causes blood clotting.

### **SUPPORTIVE CARE**

#### **Ginseng May Ease Fatigue**

People with fatigue for at least the past month and who were undergoing or had recently completed active treatment were assigned to placebo or ginseng. Twenty-five per cent taking the higher doses of ginseng reported fatigue levels were "moderately better" or "much better," compared with

only ten per cent of patients taking either lower doses or placebo. Because dietary supplements are not regulated, the quality, consistency, and safety of store-bought ginseng supplements are not reliable, according to the researcher.

### **SURVIVOR ISSUES**

#### **Childhood cancer survivors need better follow-up**

Two thirds of childhood cancer survivors develop at least one chronic health condition because of their cancer or cancer treatment, including secondary cancers, heart problems, lung disease, stroke, and premature menopause. Over 8000 childhood cancer survivors were surveyed. Eighty-eight per cent had received medical care of any kind in the previous two years, but only 14 per cent received cancer related care, and 18 per cent received risk-based care. Only 49 per cent received a mammogram, and 28 per cent received an echocardiogram, compared to current guidelines. The Children's Oncology Group has published long-term follow-up guidelines for childhood, adolescent, and young adults who are cancer survivors at [www.survivorshipguidelines.org](http://www.survivorshipguidelines.org).

### **BREAST CANCER**

#### **Herceptin toxicity to the heart does not increase over time**

Trastuzumab (Herceptin) added to chemotherapy for women with early stage HER2/neu positive breast cancer lowers the risk of recurrence by 52 per cent after three years compared with chemotherapy alone. However, at 3 years Herceptin caused congestive heart failure (CHF) in four per cent of the women compared with 0.8 per cent in women not receiving Herceptin. After five years, the occurrence of CHF remained at four per cent and among those who experienced an initial decline in heart function, there was improvement over time.