

# Cancer Advances

NEWS FOR PATIENTS FROM THE 2011 ASCO ANNUAL MEETING

PROVIDING THE LATEST INFORMATION ABOUT CANCER RESEARCH



Annual '11 Meeting

## PERSONALIZED MEDICINE

### Specifically Matching Targeted Therapy to Patients' Tumors Shows Benefit, Even in Early Studies

A new program at The University of Texas M.D. Anderson Cancer Center showed that specifically matching targeted therapy to genetic changes in the tumors of patients with advanced cancer, an approach called personalized medicine, better controlled tumor growth and increased survival. Targeted therapy is a treatment that targets the cancer's specific genes, proteins, or the tissue environment that contributes to cancer growth and survival. Not all cancers have the same

targets, and targeted therapy is often chosen based on the genes, proteins, and other factors involved in a person's cancer.

In this study, researchers looked at the tumors from 1,144 patients with advanced cancer to find specific changes to the tumor's genes, called mutations. The tumors from 460 patients had one or more genetic mutations. Each of these patients received a targeted therapy drug that targets the specific genetic mutation found in their tumor.

Researchers found that when patients were matched with the drugs that target one of their tumor's genetic mutations, they lived around four months longer than patients who were not matched with a specific treatment. In addition, 27% of patients with a mutation who received a matched treatment had their cancer slow or stop

growing, compared with 5% of patients who did not receive the matched treatment. It also took longer for the matched treatments to stop working when compared

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## What to Ask Your Doctor

- What type of cancer do I have? What is the stage?
- Was my tumor tested for certain genetic mutations? What does this mean?
- What are my treatment options?
- Is targeted therapy an option?
- What clinical trials are open to me?

## A WORD FROM THE PRESIDENT

Dear Friends,

Welcome to the 2011 American Society of Clinical Oncology (ASCO) Annual Meeting. The theme for this year's meeting, *Patients, Pathways, Progress*, describes ASCO's priorities: patients come first, for we are a society devoted to clinical oncology. Our care for patients is based on pathways—the molecular pathways underlying the cancers we treat, but also pathways of care and research. And finally, ASCO supports the research and education on which true progress in cancer is based.

High-quality cancer care starts with good communication between doctors and patients and reliable, patient-friendly information. To help people learn about progress in cancer, ASCO publishes *Cancer Advances*, a series of consumer information newsletters. *Cancer Advances: News for Patients from the 2011 ASCO Annual Meeting* provides the latest information about the cancer research presented at the 2011 ASCO Annual Meeting in Chicago, Illinois, from June 3 through June 7, 2011.

I am encouraged by the progress made in the prevention, diagnosis, and treatment of cancer and excited about our prospects for the future. Together, we are *making a world of difference in cancer care*. For more information about cancer, please visit [Cancer.Net](http://Cancer.Net) ([www.cancer.net](http://www.cancer.net)), ASCO's patient information website.

Sincerely,



George W. Sledge, Jr., MD  
ASCO President



## PERSONALIZED MEDICINE

### Specifically Matching Targeted Therapy to Patients' Tumors Shows Benefit

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to both the unmatched treatments and previous treatments.

#### **What this means for patients**

"The ability to look at tumor genetics and the development of targeted therapies has led to an increasing interest in a personalized medicine approach," said lead author Apostolia-Maria Tsimberidou, MD, PhD, Associate Professor in the Department of Investigational Cancer Therapeutics at The University of Texas M.D. Anderson Cancer Center in Houston.

"This treatment strategy should eventually be used for every patient with cancer." Researchers have not yet found specific genetic mutations for all types of cancers, so this treatment method may only be available for some patients. Use the questions on page one as a starting point to talk with your doctor about whether targeted therapy is appropriate for you. ■

## LUNG CANCER

### Maintenance Therapy With Pemetrexed Delays Growth of Advanced Lung Cancer

Results from a recent study showed that maintenance therapy with the drug pemetrexed (Alimta) lengthened the time it takes for advanced nonsquamous non-small cell lung cancer to worsen. Maintenance therapy is the use of ongoing chemotherapy after the initial treatment.

In the study, 939 patients received the standard chemotherapy with pemetrexed and cisplatin (Platinol). Of those, 539 patients with cancer that had not worsened were given maintenance therapy with pemetrexed or a placebo (an inactive treatment) along with

supportive care. Researchers found that almost 72% of patients who received pemetrexed maintenance therapy had their tumor shrink or stop growing, compared with nearly 60% of the patients who received a placebo.

#### **What this means for patients**

"These results suggest that patients can still continue to benefit from the use of the same drug," said lead author Luis Paz-Ares, MD, PhD, Chair of Oncology

# Finding Genetic Changes That Drive Advanced Lung Cancer Growth to Improve Treatment Choice

Researchers participating in the Lung Cancer Mutation Consortium (LCMC) program are looking at the genetic changes, called mutations, that drive lung cancer growth to help recommend treatment options. The LCMC program was designed to show that testing a patient's tumor for mutations at diagnosis is possible, and that doctors can use the results to recommend the most appropriate targeted therapy or clinical trial (research study involving patients). Targeted therapy is a treatment that targets the cancer's specific genes, proteins, or the tissue environment that contributes to cancer growth and survival.

Although this study is ongoing, researchers have already found at least one of the 10 known genetic mutations that drive cancer growth in two-thirds of patients with advanced lung cancer. As a result, these patients have received treatment that

specifically targets the mutation found in their tumor or were offered treatment in clinical trials. These treatments targeted several different mutations and included the drugs erlotinib (Tarceva), trastuzumab (Herceptin), lapatinib (Tykerb), and crizotinib, a new drug that is being studied. This study represents another example of personalized medicine, an approach that uses treatments that specifically target a person's tumor.

## What this means for patients

"Over the past decade, it's become clear that adenocarcinoma of the lung—the most common type of lung cancer—is defined by types of DNA damage in the tumor," said lead author Mark G. Kris, MD, Chief of the Thoracic Oncology Service and The William and Joy Ruane Chair in Thoracic Oncology at Memorial Sloan-Kettering Cancer Center in New York City. "The idea behind the consortium was to

create a lasting process at each institution to routinely test for tumor mutations at diagnosis and use this information to choose the most appropriate therapy for each patient." ■

## What to Ask Your Doctor

- What type of lung cancer do I have?
- Was my tumor tested for certain genetic mutations? What does this mean?
- What are my treatment options?
- Is targeted therapy an option?
- What clinical trials are open to me?

## For More Information: Personalized Medicine

- Cancer.Net Guides to Cancer ([www.cancer.net/cancer](http://www.cancer.net/cancer))
- Understanding Targeted Treatments ([www.cancer.net/targetedtreatments](http://www.cancer.net/targetedtreatments))
- Facts About Personalized Cancer Medicine ([www.cancer.net/features](http://www.cancer.net/features))
- Clinical Trials ([www.cancer.net/clinicaltrials](http://www.cancer.net/clinicaltrials))

at Seville University Hospital in Seville, Spain. "Maintenance therapy may be a good option for when treatment is working

without significant side effects. A lot of factors go into the treatment decision, and each patient should be informed." ■

## What to Ask Your Doctor

- What type of lung cancer do I have? What is the stage?
- What are my treatment options?
- Do you recommend additional treatments after the main treatment is complete?
- What are the side effects of each treatment, and how can they be managed?

## For More Information: Lung Cancer

- Guide to Lung Cancer ([www.cancer.net/lung](http://www.cancer.net/lung))
- Explaining Maintenance Therapy ([www.cancer.net/maintenancetherapy](http://www.cancer.net/maintenancetherapy))

## Two New Drugs Increase Survival for Patients With Advanced or Metastatic Melanoma

Studies of two different drugs may change treatment for patients with advanced or metastatic melanoma. Advanced melanoma is stage IIIC or IV and cannot be removed with surgery, and metastatic melanoma has spread to other parts of the body. One study showed that the drug vemurafenib increased survival for patients with advanced melanoma when compared with chemotherapy. Vemurafenib is a type of targeted therapy, a treatment that targets the cancer's specific genes, proteins, or the tissue environment that contributes to cancer growth and survival. Specifically, vemurafenib targets mutations

(changes) to a gene called *BRAF*, which is found in about half of all melanomas.

The 675 patients who participated in this study received treatment with vemurafenib or the drug dacarbazine (DTIC-Dome), the standard chemotherapy for melanoma. After around three months, the patients who received vemurafenib were 63% less likely to die from melanoma and 74% less likely to have the cancer worsen than the patients who received standard chemotherapy. In addition, melanoma growth slowed or stopped for 48% of the patients who received vemurafenib, compared with

nearly 6% of the patients who received chemotherapy. These results were so promising that researchers recommended that the patients receiving dacarbazine switch to vemurafenib part way through the study.

In the other study on melanoma, researchers looked at ipilimumab (Yervoy) combined with dacarbazine as the initial treatment for metastatic melanoma. Ipilimumab is a type of immunotherapy, which is treatment designed to boost the body's natural defenses to fight cancer.

This study included 502 patients with metastatic melanoma who either received ipilimumab plus dacarbazine or a placebo (an inactive treatment) and dacarbazine. After three years, almost 21% of the patients who received ipilimumab and

## Next Step in Treating Melanoma: Combinations of Targeted Therapy

An early study of melanoma showed that combining two types of targeted therapies was safe and slows or stops melanoma growth. Targeted therapy is a treatment that targets a cancer's specific genes, proteins, or the tissue environment that contributes to cancer growth and survival. One of the targeted therapies used in this study, called GSK212, targets mutations (changes) to the gene called *MEK*. The other, called

GSK436, targets mutations to the gene called *BRAF*. Both of these genes contribute to melanoma growth, and both treatments have been shown to help treat melanoma when used alone. In this ongoing study, researchers aim to find out if combining the drugs is safe and more effective for patients with advanced melanoma.

In the first part of this three-part study, 45 patients received low doses of the drug combination to make sure the combination of the drugs was safe. In the second part of the study, the patients received the drugs in doses that slowly increased. So far, the tumors have stopped growing, grown more slowly, or shrunk in 81% of

patients. Researchers also found that the drugs do not cause more side effects when used together. In fact, the patients receiving the drug combination have had fewer rashes and non-melanoma skin cancers than patients who received the drugs separately.

The third part of the study will include 50 patients with stage IV melanoma (melanoma that has spread to other parts of the body) who have not had any chemotherapy. They will receive one of three possible treatments: the highest possible dose of both of the targeted therapies, the highest possible dose of the drug that targets *BRAF* and a slightly lower dose of the drug that targets *MEK*, or the highest

dacarbazine were alive, compared with around 12% of patients who did not receive this drug combination.

### What this means for patients

Both of these drugs are major advances in the treatment of advanced or metastatic melanoma, one of the most deadly forms of cancer, and give patients with melanoma two new options for treatment that are better than the previous standard therapy.

“Vemurafenib is the first successful melanoma treatment tailored to patients who carry a specific gene mutation in their tumors and could eventually join ipilimumab to become one of only two drugs available that improves overall survival in advanced cancers,” said Paul Chapman, MD, lead author

of the study on vemurafenib and Attending Physician in the Melanoma/Sarcoma Service at Memorial Sloan-Kettering Cancer Center in New York City.

The side effects of vemurafenib include rashes, sensitivity to light, joint pain, and low-grade non-melanoma skin cancer. Because vemurafenib has not yet been approved by the U.S. Food and Drug Administration (FDA), it may not be available outside of clinical trials.

The ipilimumab study is important because it is the first time patients with metastatic melanoma have been able to survive for three years with therapy. As lead author Jedd Wolchok, MD, Director of Immunotherapy Clinical Trials and Associate Attending Physician at Memorial Sloan-Kettering Cancer Center,

explains, “It’s one of the advantages of immunotherapy. The immune system is a ‘living drug,’ able to adapt itself to changes in the tumor that might otherwise lead to resistance when treated with chemotherapy or a pathway inhibitor.” Ipilimumab and dacarbazine side effects include increased liver enzymes, diarrhea, and a rash. Ipilimumab was recently approved by the FDA as a treatment for advanced melanoma. ■

### What to Ask Your Doctor

- What stage of melanoma do I have?
- What are my treatment options?
- Will targeted therapy or immunotherapy be part of my treatment plan?
- What treatment plan do you recommend? Why?
- What are the side effects of this treatment? How can these be managed?

dose of the drug that targets *BRAF* only.

### What this means for patients

“With new therapies that target mutations in melanoma, we can now make sure patients receive the treatment that works best for them,” said lead author Jeffrey Infante, MD, Director of Drug Development at the Sarah Cannon Research Institute in Nashville, Tennessee. “We

hope that the benefits of the combination will last longer than a single drug.” This study is ongoing and the final results will not be ready until after the study is completed. If you would like more information about targeted therapy and treatment options for melanoma, including clinical trials, considering asking your doctor the questions listed below. ■

### For More Information: Melanoma

- Guide to Melanoma ([www.cancer.net/melanoma](http://www.cancer.net/melanoma))
- Melanoma Targeted Therapy Finder ([www.cancer.net/targetedtherapyfinder](http://www.cancer.net/targetedtherapyfinder))
- Understanding Targeted Treatments ([www.cancer.net/targetedtreatments](http://www.cancer.net/targetedtreatments))
- Understanding Immunotherapy ([www.cancer.net/immunotherapy](http://www.cancer.net/immunotherapy))

### What to Ask Your Doctor

- What stage of melanoma do I have?
- What are my treatment options? Do they include targeted therapy?
- What clinical trials are open to me?

## New Chemotherapy Regimen Reduces Recurrence of ALL for Children and Young Adults

A new study shows that using high-dose methotrexate (multiple brand names) for children and young adults with a type of acute lymphoblastic leukemia (ALL) called high risk B-precursor ALL reduces the risk of recurrence when compared with the standard methotrexate regimen. Recurrence is when the ALL comes back after treatment.

Methotrexate is part of standard chemotherapy for children with ALL. It is usually given with asparaginase (Cristanaspase, Elspar, L-Asnase), a combination called

the Capizzi regimen that starts with low doses of methotrexate that gradually increase over time. This regimen reduces the risk that the disease will come back in the bone marrow, but does not decrease recurrences in the central nervous system (CNS; the brain and spinal cord). To lower CNS recurrences, researchers compared high-dose methotrexate (doses 50 times higher than the starting dose used for the Capizzi regimen) with the standard Capizzi regimen for patients between the ages of one and 30 with

newly-diagnosed ALL.

Five years after treatment, researchers found that 82% of the patients who received high-dose methotrexate had not had a recurrence, compared with 75% of patients who received the Capizzi regimen. The patients who received high-dose methotrexate also had fewer bone marrow recurrences and experienced fewer fevers caused by a low number of white blood cells (a common side effect of chemotherapy).

**What this means for patients**  
“Pediatric ALL was once a deadly form of leukemia, and now it’s one of the most curable. With these results, we now have an

## New High-Dose Chemotherapy Regimen Helps Children With Neuroblastoma Live Longer

A recent study showed that children with high-risk neuroblastoma who received the drugs busulphan (Busulfex, Mitosan, Myleran) and melphalan (Alkeran) lived longer than children who received the drugs carboplatin (Paraplat, Paraplatin), etoposide (Toposar, VePesid), and melphalan, a regimen called CEM. High-risk means that the neuroblastoma is likely to worsen or recur (come back after treatment). These combinations of drugs are given in high doses to kill cancer cells in the bone marrow (spongy, red tissue inside of bones).

The children who participated in this study had neuroblastoma

that had spread or neuroblastoma with a specific genetic mutation (change) and received either a combination of busulphan and melphalan or the CEM regimen. After three years, 49% of the children who received busulphan and melphalan did not have the disease worsen or recur, compared with 33% of those who received CEM. In addition, 60% of the children who received busulphan and melphalan were alive after three years, compared with 48% of the children who received CEM.

**What this means for patients**  
“These results mean that choosing the right high-dose

chemotherapy regimen could help more than half of children with high-risk neuroblastoma live longer,” said lead author Ruth Ladenstein, MD, MBA, Associate Professor of Pediatrics at the University of Vienna and St. Anna Children’s Cancer Research Institute in Vienna, Austria. ■

### What to Ask Your Child’s Doctor

- What are the chances that my child’s neuroblastoma could worsen or recur?
- What are the treatment options?
- What treatment plan do you recommend? Why?
- What is my child’s prognosis (chance of recovery)?

approach that will raise cure rates even higher,” said lead author Eric C. Larsen, MD, Director of the Maine Children’s Cancer Program and the Division of Pediatric Hematology/Oncology

at the Barbara Bush Children’s Hospital at Maine Medical Center in Portland. “Based on the findings from this study, all current and upcoming treatment plans for children newly

diagnosed with this type of ALL will use this regimen.” ■

### What to Ask Your Child’s Doctor

- What type of leukemia does my child have?
- What are the treatment options?
- Do you recommend high-dose methotrexate?
- What are the short-term and long-term side effects of treatment? How can they be managed?

### For More Information: Childhood Cancer

- Guide to Neuroblastoma ([www.cancer.net/neuroblastoma](http://www.cancer.net/neuroblastoma))
- Guide to Childhood ALL ([www.cancer.net/childall](http://www.cancer.net/childall))
- Cancer in Children ([www.cancer.net/coping](http://www.cancer.net/coping))
- Understanding Chemotherapy ([www.cancer.net/chemotherapy](http://www.cancer.net/chemotherapy))
- Childhood Cancer Survivorship ([www.cancer.net/survivors](http://www.cancer.net/survivors))
- Late Effects of Childhood Cancer ([www.cancer.net/features](http://www.cancer.net/features))

## GASTROINTESTINAL STROMAL TUMOR

# Three Years of Treatment With Imatinib Helps Patients With High-Risk GIST Live Longer

A study on the drug imatinib (Gleevec) for patients with high-risk gastrointestinal stromal tumor (GIST) showed that three years of treatment after surgery helped patients live longer and avoid recurrences (cancer that comes back after treatment). Imatinib is a type of targeted therapy, a treatment that targets the cancer’s specific genes, proteins, or the tissue environment that contributes to cancer growth and survival. Specifically, it targets gene mutations (changes) that contribute to cancer growth for about 90% of people with GIST. The current standard treatment for GIST that can be surgically removed is one year of imatinib

after surgery.

In this study, researchers compared one year of imatinib with three years of imatinib after surgery to find out if treatment for a longer period was more effective. After about five years, researchers found that about 66% of patients who received treatment for three years had not had a recurrence, compared with 48% of patients who received treatment for one year. Similarly, 92% of patients who received imatinib for three years were alive after five years,

compared with 82% of patients who received imatinib for only one year.

### What this means for patients

“Earlier studies have shown fewer recurrences with one year of imatinib treatment after surgery, but in this study we also saw improved survival after three years of therapy,” said lead author Heikki Joensuu, MD, Professor of Oncology at Helsinki University Central Hospital in Helsinki, Finland. “It’s likely to become the standard treatment.” ■

### What to Ask Your Doctor

- What are my treatment options for GIST?
- How long will I receive treatment?
- What is the chance that the GIST will recur?

### For More Information: GIST

- Guide to GIST ([www.cancer.net/gist](http://www.cancer.net/gist))
- Understanding Targeted Treatments ([www.cancer.net/targetedtreatments](http://www.cancer.net/targetedtreatments))

# Radiation Therapy to Lymph Nodes Decreases Recurrences in Women With Early-Stage Breast Cancer

In a recent study, researchers found that radiation therapy to the regional lymph nodes decreases recurrences (cancers that come back after treatment) for women with early-stage breast cancer that has spread or is likely to spread to the lymph nodes. Regional lymph nodes are the lymph nodes near where the tumor started. For breast cancer, these are the lymph nodes in the armpit on the same side of the body where the cancer began, called the axillary lymph nodes.

Breast cancer that has spread to the regional lymph nodes is called node-positive breast cancer. It is usually treated with surgery to remove the tumor (called breast-conserving surgery) and an axillary lymph node dissection, which is surgery to remove the axillary lymph nodes. Then, radiation therapy is given to the entire breast. If the tumor is larger than 5 cm or there are more than three positive axillary nodes, radiation therapy to the lymph nodes is given. This study was designed to look for a benefit to adding radiation therapy to treatment for women who would not normally have radiation therapy to the regional lymph nodes.

The study included 1,832

women with node-positive breast cancer or high-risk, node-negative breast cancer who had breast-conserving surgery and chemotherapy or hormone therapy and then received either radiation therapy to the breast only or radiation therapy to the breast and the regional lymph nodes.

After around 5 years, about 3% of the women who also received radiation therapy to the regional lymph nodes had a recurrence near where the tumor started and about 8% had the cancer return in other parts of the body, compared with almost 6% and 13% of women who received radiation therapy to the breast only. Women who received radiation therapy to the breast and the regional lymph nodes were also more likely to live longer; however, this result was not statistically significant, which means that it could be due to chance and not the treatment.

## For More Information: Breast Cancer

- Guide to Breast Cancer ([www.cancer.net/breast](http://www.cancer.net/breast))
- Understanding Radiation Therapy ([www.cancer.net/radiationtherapy](http://www.cancer.net/radiationtherapy))
- After Treatment for Breast Cancer: Preventing Lymphedema ([www.cancer.net/features](http://www.cancer.net/features))
- Chemoprevention ([www.cancer.net/prevention](http://www.cancer.net/prevention))
- What to Know: ASCO's Guideline on Drugs to Lower Breast Cancer Risk ([www.cancer.net/whattoknow](http://www.cancer.net/whattoknow))

The side effects of radiation therapy to both the breast and the regional lymph nodes included pneumonitis (swelling of the lungs) and lymphedema (abnormal buildup of fluid in the arm, causing swelling).

## What this means for patients

“These results will encourage doctors to offer all women with node-positive disease the option of receiving radiation therapy to the regional lymph nodes,” said Timothy J. Whelan, BM, BCh, lead study investigator for the National Cancer Institute of Canada Clinical Trials Group and Professor of Oncology and Division Head of Radiation Oncology at McMaster University in Ontario, Canada. “This treatment improved disease-free survival, lowered the risk of recurrences, and there was a positive trend toward overall survival, while not greatly increasing side effects.” ■

## What to Ask Your Doctor

- What type of breast cancer do I have?
- Has it spread to the lymph nodes?
- What is my risk of recurrence?
- What are my treatment options?
- Do you recommend radiation therapy?

# Aromatase Inhibitor Reduces Breast Cancer Risk for Postmenopausal Women at High-Risk

A recent study showed that women who have been through menopause and have a high risk of breast cancer were less likely to develop the disease when they received an aromatase inhibitor (AI) called exemestane (Aromasin). An AI is a drug that reduces the amount of the hormone estrogen in a woman's body by stopping tissues and organs other than the ovaries from producing it. Previous research has shown that estrogen may help breast cancer grow. Drugs that block estrogen, such as tamoxifen (Nolvadex) and raloxifene (Evista), have been approved by the U.S. Food and Drug Administration to lower the risk of breast cancer for women at high risk for the disease. However, there is a risk of rare but serious side effects, such as uterine cancer and blood clots, with these two drugs. Researchers designed this study to find another option to lower breast cancer risk with fewer side effects.

The 4,560 women who

participated in this study had been through menopause and had at least one of the following risk factors for breast cancer: age of 60 or older, a five-year Gail risk score of 1.66% or higher (this means that out of a group of women with similar risk factors, 1.66% will develop breast cancer), a history of abnormal cells in the breast, or ductal carcinoma in situ (DCIS; a noninvasive cancer) that was treated with a mastectomy (removal of the breast).

After around three years, researchers found that the women who received exemestane were 65% less likely to develop invasive breast cancer. Also, the women taking exemestane were less likely to develop DCIS or abnormal

cells in the breast. Menopausal symptoms, such as hot flashes, fatigue, sweating, sleeplessness, and joint pain were slightly more common for women who received exemestane.

## What this means for patients

“The potential public health impact of these findings is important. World-wide it is estimated that 1.3 million women are diagnosed with breast cancer each year and nearly 500,000 women die of the disease. Results from this study indicate that exemestane is a promising new way to prevent breast cancer in menopausal women most commonly affected with breast cancer,” said Paul E. Goss, MBBCh, PhD, lead study author and Professor of Medicine at Harvard Medical School and Massachusetts General Hospital in Boston. ■

## What to Ask Your Doctor

- What is my risk of breast cancer? What does this mean?
- How is my risk determined?
- If I'm at a high risk, are there steps I can take to reduce my risk?
- Could you help me compare the benefits and risks of treatments to lower breast cancer risk?

## OVARIAN CANCER

# Bevacizumab Helps Treat Recurrent and Newly-Diagnosed Ovarian Cancer

In two recent studies, researchers looked at the drug bevacizumab (Avastin) to treat recurrent and newly-diagnosed ovarian cancer. Bevacizumab is a type

of targeted therapy, a treatment that targets the cancer's specific genes, proteins, or the tissue environment that contributes to cancer growth and survival.

One of these studies, called the OCEANS trial, showed that women with recurrent ovarian cancer (ovarian cancer that has come back after treatment) who took bevacizumab lived about four months longer without the cancer getting worse than women who received only chemotherapy.

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## Bevacizumab Helps Treat Ovarian Cancer

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In addition, 79% of the women who received chemotherapy plus bevacizumab had their tumor shrink, compared with 57% of women who received only chemotherapy.

In the other study, called ICON7, 1,528 women with newly-diagnosed, high-risk or advanced epithelial ovarian, primary peritoneal, or fallopian tube cancer (cancers of a woman's reproductive system that are treated similarly) received chemotherapy alone or chemotherapy plus bevacizumab followed by bevacizumab alone for 12 months. After around two years, researchers found that the women with cancer that is most likely to recur and who received bevacizumab were 36% less likely to die from the disease than the women who received only chemotherapy.

### What this means for patients

These studies show that bevacizumab can be an effective treatment for different stages of ovarian, primary peritoneal, and fallopian tube cancers. When discussing the OCEANS trial, lead author Carol Aghajanian, MD, Chief of the Gynecologic Medical Oncology Service at Memorial Sloan-Kettering Cancer Center in New York City said, "Women taking bevacizumab lived for longer periods without the disease progressing and without having to go back on chemotherapy. This is good news for women with these cancers, as we are

increasingly able to treat ovarian cancer as a chronic disease."

Gunnar Kristensen, MD, PhD, one of the lead researchers of the ICON7 study and Senior Consultant in the Department for Gynecologic Oncology at Norwegian Radium Hospital in Oslo, Norway said, "Adding bevacizumab to the treatment regimen for women with newly-diagnosed ovarian cancer seems very promising, particularly for patients with a high risk of recurrence."

Bevacizumab may only be available as a treatment for ovarian cancer in clinical trials. The questions listed below are a starting point to help you talk with your doctor about all your treatment options, including clinical trials. ■

### What to Ask Your Doctor

- What type of cancer do I have? What is the stage?
- What are my treatment options?
- Do you recommend a targeted therapy?
- What clinical trials are open to me?

### For More Information: Ovarian Cancer

- Guide to Ovarian Cancer ([www.cancer.net/ovarian](http://www.cancer.net/ovarian))
- Guide to Fallopian Tube Cancer ([www.cancer.net/fallopian](http://www.cancer.net/fallopian))
- Understanding Targeted Treatments ([www.cancer.net/targetedtreatments](http://www.cancer.net/targetedtreatments))

## Primary Care Doctors and Medical Oncologists Have Different Concerns About Providing Survivorship Care

A survey of both primary care doctors and medical oncologists (doctors who treat cancer using medications) about the barriers to providing survivorship care showed that primary care doctors and medical oncologists have different concerns about caring for survivors.

More than 2,000 primary care doctors and medical oncologists who care for breast and colon cancer survivors completed this survey. Researchers found that medical oncologists were more likely to be concerned that patients might get duplicate care (the same tests or treatments from different doctors) and about which doctor should provide general preventive care. Primary care doctors were more concerned about having appropriate training to provide sufficient follow-up care, such as testing to find out if the cancer came back or treating long-term side effects. They were also more likely than oncologists to recommend additional tests or treatments out of concerns of malpractice.

According to lead author Katherine Virgo, PhD, MBA, Managing Director of Health Services Research at the

American Cancer Society in Atlanta, a variety of medical, financial, or geographic barriers can be a challenge for doctors who provide care for cancer survivors. Patients may receive care from several different doctors, sometimes in different locations, over their lifetime.

#### **What this means for patients**

“Cancer survivorship care is becoming particularly important today, as more and more patients

are living longer and experiencing late effects, both physical and psychosocial,” said Dr. Virgo. “For patients transitioning back to the primary care doctor for their care, it’s essential to have a treatment summary and survivorship care plan to ensure continuity and coordination of care.” It’s important for patients to talk with both their oncologist and primary care doctor and make sure that information about their treatment and follow-up

care recommendations is being shared. ■

#### **What to Ask Your Doctor**

- What type of follow-up tests will I need after cancer treatment is complete?
- Who will be providing such care?
- Can you provide a summary of the treatment I received and recommendations for follow-up care?

## Flaxseed Does Not Reduce Hot Flashes

Recent research on the effects of flaxseed showed that it doesn’t help reduce hot flashes for women who have gone through menopause. Hot flashes are a common symptom of menopause and hormonal therapy for breast cancer. Using estrogen can help reduce hot flashes, but many women are concerned about the risks of this type of treatment. An early, smaller study suggested that taking flaxseed may help reduce hot flashes.

This study included 188 women who had gone through menopause or were receiving treatment to block or stop estrogen and were experiencing about 28 hot flashes per week. About half of the women had a history of breast cancer and the other half did not. The women who participated in this study were randomly assigned to eat either a flaxseed bar or a bar without flaxseed.

After six weeks, researchers found little difference between both groups in the amount and severity of the hot flashes that

the women experienced. A little more than one-third of the women who ate the flaxseed bars and those who had no flaxseed experienced about half as many hot flashes during the study.

#### **What this means for patients**

“The results were surprising.

An earlier study suggested that flaxseed use was associated with a reduction in hot flashes,” said lead author Sandhya Pruthi, MD, Associate Professor of Medicine at the Mayo Clinic in Rochester, Minnesota. “Flaxseed may be a highly-touted supplement for many ills, but according to our study results, it is not effective for hot flashes.” ■

#### **What to Ask Your Doctor**

- What is the chance that cancer treatment will cause postmenopausal symptoms, such as hot flashes?
- How can hot flashes and other symptoms of treatment be managed?

#### **For More Information: Survivorship**

- Survivorship ([www.cancer.net/survivorship](http://www.cancer.net/survivorship))
- ASCO Cancer Treatment Summaries ([www.cancer.net/treatmentsummaries](http://www.cancer.net/treatmentsummaries))
- Keeping a Personal Medical Record ([www.cancer.net/features](http://www.cancer.net/features))
- Organizing Your Cancer Care ([www.cancer.net/features](http://www.cancer.net/features))
- Patient Navigation: Getting Help With Cancer Care ([www.cancer.net/features](http://www.cancer.net/features))
- Guide to Breast Cancer ([www.cancer.net/breast](http://www.cancer.net/breast))
- Menopausal Symptoms ([www.cancer.net/sideeffects](http://www.cancer.net/sideeffects))
- Complementary and Alternative Medicine ([www.cancer.net/cam](http://www.cancer.net/cam))

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