More Childhood Cancer Survivors Need Long-Term Follow-Up Care

Results of a new study show that the majority of survivors of childhood cancer do not receive specialized long-term medical care, even though they are known to be at high risk for long-term health problems.

Previous studies have found that approximately two-thirds of childhood cancer survivors develop at least one chronic health condition because of their cancer or cancer treatment. These health conditions include secondary cancers, heart problems, lung disease, stroke, and premature menopause. This is the first study to look in detail at how childhood cancer survivors access health care.

In this study, 8,552 members of the Childhood Cancer Survivor Study (CCSS) completed a questionnaire about the health care they received within the last two years. The CCSS is a research program sponsored by the National Cancer Institute (NCI) that follows people who survived at least five years after being diagnosed with cancer between 1970 and 1986. On average, the participants were seven years old when they were diagnosed with cancer and 31 years old when they were surveyed. Health-care experience in the study was classified as general care, cancer-related care (medical care directly related to a previous cancer diagnosis and treatment), risk-based care (medical care that addressed the risks faced by all cancer survivors), and optimal risk-based, cancer-related care (medical care to manage the long-term health risks of cancer and its treatment before the risks become serious health problems). A subgroup of risk-based cancer-related care was defined for patients at high risk for breast cancer (those who received radiation therapy to the chest and were older than 27) or heart problems (those who received high doses of a class of drugs called anthracyclines, such as doxorubicin [Adriamycin, Rubex], or an anthracycline plus radiation therapy to the chest).

Of those surveyed, 88% had received medical care of any kind in the previous two years, 14% reported receiving cancer-related care, and 18% said they received risk-based care. Among patients at increased risk for breast cancer or heart problems, 49% reported having received a mammogram (an x-ray of the breast), and 28% reported having received an echocardiogram (a test that uses sound waves to evaluate the heart). Current guidelines recommend that all cancer survivors at risk for breast cancer have a mammogram every year starting at age 25 and those at risk for heart disease have an echocardiogram every one to two years.

“We were disappointed by these findings,” said Paul Nathan, MD, a staff oncologist at the Hospital for Sick Children in Toronto.
A WORD FROM THE PRESIDENT

Dear Friends,

Cancer research and clinical care are critical components of the mission of the American Society of Clinical Oncology (ASCO). More than ever, results of research studies that take place in the laboratory are being applied to patients. The 2007 ASCO Annual Meeting theme, *Translating Research Into Practice*, reflects the bridge between research and patient care.

To help inform people living with cancer and their families of the latest advances in cancer research, ASCO publishes *Cancer Advances*, a series of consumer information resources. *Cancer Advances: News from the 2007 ASCO Annual Meeting* is designed to provide the latest information about cancer research, prevention, care, and treatment as presented at ASCO’s Annual Meeting. The information contained in this issue was presented at the 43rd ASCO Annual Meeting held in Chicago, Illinois from June 1-5, 2007.

This year’s *Cancer Advances* focuses on new treatment strategies for leukemia and cancers of the breast, lung, colon, prostate, liver, head and neck, and thyroid, as well as developments regarding cancer survivorship, childhood cancer, and complementary and alternative medicine.

I am excited and encouraged by this cancer progress. For more information about cancer, please visit ASCO’s patient website, People Living With Cancer (www.plwc.org).

Sincerely,

Gabriel Hortobagyi, MD, FACP
ASCO President

CHILDHOOD CANCER

Less Intense Treatment for Advanced Neuroblastoma Achieves High Survival Rates

Lower doses of chemotherapy yield survival rates higher than 90% for infants and children with stage III or IV neuroblastoma, a new study finds. Neuroblastoma is a cancer that forms in the nerve tissues in the neck, chest, abdomen, pelvis, or adrenal gland in infants and young children. Although survival rates are generally high with the current standard treatment, the treatment can have long-term side effects, such as heart and kidney damage and hearing loss.

This phase III clinical trial was conducted by the Children’s Oncology Group, a cooperative organization of doctors and institutions in the United States, Canada, Australia, and New Zealand, and the study included 362 infants with stage III or IV cancer and 105 children older than 12 months with stage III.

Childhood Cancer Survivors

Continued from page 1

Canada, and the study’s lead author. “Breast cancer and heart problems are conditions that, while not entirely preventable, are treatable if they are picked up early. But we found that the majority of patients are not getting the tests they need to be diagnosed in a timely manner.”

What This Means For Patients

It is important for all survivors of childhood cancer to be aware of their increased health risks, such as heart problems and second cancers. Survivors should tell their primary care doctors that they have been treated for cancer, and, if possible, have a record of the drugs and doses of chemotherapy and radiation therapy used. The Children's Oncology Group published long-term follow-up guidelines for survivors of childhood, adolescent, and young adult cancers at www.survivorshipguidelines.org.
As many children as possible while reducing the burden of undergoing treatment and leaving them with as few long-term side effects as possible. This study goes a long way toward meeting that goal.”

**What This Means For Patients**

Less intense chemotherapy that is still effective for treating neuroblastoma should help minimize the short-term and long-term effects of cancer treatment. The lower-dose chemotherapy will likely become part of the usual treatment for these patients.

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**THYROID CANCER**

**New Drug Shows Promise for Advanced Thyroid Cancer**

A new study shows that the experimental drug axitinib slows tumor growth and/or shrinks tumors in patients with advanced thyroid cancer. Axitinib blocks receptors of vascular endothelial growth factor (VEGF), which plays a role in tumor formation by promoting the growth of blood vessels. Axitinib is a pill that can be taken by mouth.

The standard treatment for thyroid cancer is surgery and/or radioactive iodine, which cures a large percentage of patients, but few treatments are available for patients who can’t be treated with these methods.

“This is an important treatment advance. It appears to accomplish similarly high survival rates seen with other, more intensive treatments, and it will be much easier on patients,” said David Baker, MBBS, Director of the Pediatric and Adolescent Hematology-Oncology Program at Princess Margaret Hospital in Perth, Australia, and the study’s lead author. “We continually try to cure as many children as possible while reducing the burden of undergoing treatment and leaving them with as few long-term side effects as possible. This study goes a long way toward meeting that goal.”

**What This Means For Patients**

This study suggests that axitinib may be an important treatment for patients with advanced thyroid cancer. Additional clinical trials are being planned, including a phase II clinical trial for cancer that is no longer responding to doxorubicin (Adriamycin, Rubex) and a phase III clinical trial for patients with specific subtypes of thyroid cancer. At this time, axitinib is only available as part of a clinical trial.
Growing Gap Seen in Advanced Breast Cancer Survival Between Black and White Women

An analysis of women with advanced breast cancer over the past two decades has found that disparities in breast cancer survival between black and white women have increased. Although breast cancer-specific survival rates continuously increased for white women, they did not change for black women.

“We’ve made huge strides in the treatment of advanced breast cancer, but, as a group, black women are not benefiting from these improvements,” said Sharon Giordano, MD, MPH, Assistant Professor, Department of Breast Medical Oncology at The University of Texas M. D. Anderson Cancer Center in Houston and the study’s senior author.

The researchers identified 15,438 women who were newly diagnosed with stage IV breast cancer between 1988 and 2003 in the NCI’s Surveillance, Epidemiology, and End Results (SEER) program. The women were grouped according to the year of diagnosis: from 1988 to 1993, 1994 to 1998, and 1999 to 2003. Both survival and breast cancer-specific survival (meaning that death was from breast cancer) rates were measured.

Researchers found that women diagnosed between 1988 and 1993 lived for 16 months, with a breast cancer-specific survival of 20 months. Women diagnosed between 1994 and 1998 lived 18 months, with a breast cancer-specific survival of 21 months. Women diagnosed between 1999 and 2003 lived 20 months, with a breast cancer-specific survival of 25 months.

When the white women were compared with the black women, the difference in breast cancer survival increased over time. From 1988 to 1993, white women lived an average of 20 months, compared with 17 months for black women. From 1994 to 1998, white women lived an average of 22 months, compared with 16 months for black women, and from 1999 to 2003, white women lived an average of 27 months, compared with 17 months for black women.

After considering other factors that affect survival, such as age, tumor grade, number of lymph nodes with cancer cells, and estrogen receptor status, the researchers found that race remained a significant factor in survival over time. “It is likely that a variety of factors are responsible for this, including access to health care and screening programs and differences in treatment options,” said Dr. Giordano.

What This Means For Patients

This analysis shows that women are living longer with stage IV breast cancer, but these improvements are seen primarily in white women, and these differences are increasing over time. It is important for all women to know that advanced breast cancer is treatable.

Because the information available in the SEER database is limited, the researchers were not able to compare differences in treatment that the patients received. Future research will focus on examining the factors causing racial disparities and ways to eliminate them.

Incidence of Heart Failure in Women Receiving Trastuzumab Does Not Increase Over Time

After five years, the risk of congestive heart failure (CHF) associated with adding trastuzumab (Herceptin) to combination chemotherapy for early-stage breast cancer did not increase, according to a phase III clinical trial from the National Surgical Adjuvant Breast and Bowel Project (NSABP). CHF can cause symptoms such as shortness of breath and a reduction in the heart’s pumping ability, as measured by the left ventricular ejection fraction (LVEF).

“We are encouraged by these new data showing no additional late heart problems associated with trastuzumab,” said lead author Priya Rastogi, MD, Assistant Director of Medical Affairs for the NSABP and Assistant Professor of Medicine at the University of Pittsburgh Cancer Institute in Pennsylvania. “While we still need to check patients closely for side effects to the heart, this is reassuring news for women taking this drug.”
Preventive Radiation Therapy Decreases Spread of Lung Cancer to the Brain

A report from Dutch researchers shows that giving radiation therapy to the head lowers the risk of the spread of cancer to the brain and helps patients with extensive-stage small cell lung cancer live longer.

Small cell lung cancer makes up about 15% of lung cancers and is described as either limited stage (the cancer is located on one side of the chest) or extensive stage (the cancer has spread to other areas of the chest or outside of the chest). Patients with extensive-stage cancer are usually treated with chemotherapy, but the risk of the cancer spreading to the brain is high. Prophylactic cranial irradiation (PCI, preventive radiation therapy) is used to treat patients with limited-stage small cell lung cancer. This is the first study to evaluate PCI in patients with extensive-stage cancer.

Researchers evaluated 286 patients with extensive-stage small cell lung cancer whose tumors shrunk in response to chemotherapy. Half of the patients received PCI, and half received no PCI. PCI was given daily for one to two weeks.

One year later, only 15% of the patients that received PCI had symptoms indicating that the cancer had spread to the brain, compared with 40% of the patients who did not receive PCI. Moreover, 27% of the patients receiving PCI were alive after one year, compared with 13% of the other patients. PCI was associated with mild side effects that included nausea, vomiting, and headache.

What This Means For Patients

“Our data suggest that all patients with extensive-stage small cell lung cancer that responds to chemotherapy could benefit from PCI,” said lead author Ben Slotman, MD, PhD, Professor and Chairman of Radiation Oncology at VU University Medical Center in Amsterdam. “Because improvements in treatment for patients with advanced small cell lung cancer have been minimal in the past two decades, these findings are important.”
Arising compound helps patients with rare leukemia live longer

Adding arsenic trioxide (Trisenox) to standard treatment significantly extends the lives of adults with newly diagnosed acute promyelocytic leukemia (APL), according to a new study. APL is a subtype of acute myeloid leukemia (AML) and accounts for about 1,500 cases in the United States each year. It is most often diagnosed in young and middle-age adults.

Standard treatment for APL involves three stages known as induction, consolidation, and maintenance therapy. Induction therapy is given first to eliminate all of the leukemia cells. Consolidation therapy helps destroy any remaining leukemia cells after successful induction therapy, and maintenance therapy is given to keep the cancer from returning.

In this phase III clinical trial, 257 adults received the standard consolidation treatment, and 261 adults received two courses of arsenic trioxide in addition to the standard consolidation treatment. After three years, 86% of the patients who received arsenic trioxide were alive compared with 77% of the patients who received only the standard therapy. In addition, the leukemia did not relapse (come back) during this three-year period in 77% of the patients who received arsenic trioxide compared with 59% of patients who received the standard treatment.

The side effects included heart irregularities and lowered blood counts, which were similar between the two groups. More patients taking arsenic trioxide experienced infections and headaches (43%) than the patients who did not receive the arsenic trioxide (28%).

What This Means For Patients

Arsenic trioxide is currently used as a second treatment when the standard therapy is no longer effective. “The data from this study are important enough to justify including arsenic trioxide in the initial treatment of APL,” said Bayard L. Powell, MD, Professor of Hematology and Oncology at Wake Forest University Baptist Medical Center in North Carolina and the study’s lead author. “Arsenic trioxide has already shown great benefits as a second-line treatment for APL, a cancer for which patients previously had few good treatment options. This study shows that even more patients will benefit if we give it earlier in the course of treatment.”

New drug effective as first treatment for chronic myeloid leukemia

Dasatinib (Sprycel) is effective as an initial treatment for newly diagnosed patients with chronic phase (early stage) chronic myeloid leukemia (CML), according to a phase II clinical trial from The University of Texas M. D. Anderson Cancer Center.

CML is a cancer of the blood-producing cells of the bone marrow. Patients with CML have an acquired genetic mutation (change) in their bone marrow cells called the Philadelphia chromosome, which produces the BCR-ABL protein. This protein causes the bone marrow cells to grow uncontrollably.

Dasatinib is currently approved as a second-line treatment when imatinib (Gleevec), the standard initial treatment, is no longer effective. Dasatinib and imatinib are targeted therapies that disrupt BCR-ABL. Both medications are given as a pill by mouth.

The 31 patients in this study received either 50 milligrams (mg) twice a day or 100 mg once a day of dasatinib. No differences were found between the two doses. After three months, 81% of the 26 patients who were evaluated at that time had a complete hematologic response, meaning that their blood counts were in the normal range and the spleen was not enlarged. A complete cytogenetic response, defined as no evidence of the Philadelphia chromosome found in the bone marrow, occurred in 73% of the patients. After six months, 20 (95%) of the 21 patients evaluated at that time had a complete response.
Cetuximab Added to Chemotherapy Helps Patients With Head and Neck Cancers Live Longer

Adding the drug cetuximab (Erbitux) to chemotherapy for the initial treatment of head and neck cancer that is metastatic (has spread to other areas of the body) or recurrent (has come back after treatment) extends patients’ lives, according to a new study. Most patients in the study had cancers of the larynx (voice box) or pharynx (throat).

In this clinical trial, 222 patients received cetuximab and chemotherapy consisting of fluorouracil (5-FU, Adrucil) and either cisplatin (Platinol) or carboplatin (Paraplatin), and 220 patients received only chemotherapy. Patients who received cetuximab lived an average of 10 months, while those who did not receive cetuximab lived for an average of seven months. The most common side effect for patients who received cetuximab was an acne-like rash that was treatable and eventually went away.

“The length of time these patients survived is among the longest ever seen in a large clinical trial,” said Jan Baptist Vermorken, MD, PhD, Professor of Oncology at the University of Antwerp in Belgium and lead author of the study. “With new targeted agents such as cetuximab, we are on the brink of changing the way we treat patients with head and neck cancers.”

What This Means For Patients

This is the first study of dasatinib as a first treatment for early-stage CML. Although these results look promising, it is too early to know if dasatinib helps patients live longer, said Dr. Atallah. Several clinical trials at a number of centers are now enrolling patients or are underway to directly compare dasatinib with imatinib as an initial treatment. Patients are encouraged to enroll in these clinical trials.

What This Means For Patients

This is the first study to show that cetuximab is an effective treatment for a large group of patients with this type of head and neck cancer when used as the first treatment. In the United States, cetuximab is approved for the treatment of head and neck cancer that has spread to nearby lymph nodes and/or outside the place where the tumor started when given in combination with radiation therapy, or it can be used alone in patients with metastatic or recurrent cancer. It is also used to treat cancers that persist after initial treatment. Patients with head and neck cancer are encouraged to talk with their doctors about their treatment options.

WHAT IS A CLINICAL TRIAL?

Clinical trial: A research study involving people that tests new treatment and prevention methods to find out if they are safe, effective, and better than the current standard of care (the best known treatment)

Visit www.plwc.org/clinicaltrials to learn more about clinical trials and find resources for searching clinical trials.
New Drug Helps Patients With Advanced Liver Cancer Live Longer

A new study shows that sorafenib (Nexavar) helps patients with advanced liver cancer live about 44% longer than patients who did not receive this drug. Sorafenib is a pill that is taken by mouth. It is approved in the United States for treating a type of advanced kidney cancer and is being studied for treating other cancers.

Advanced liver cancer has spread throughout the liver and/or to other parts of the body, such as the lungs and bones. About 40% of liver cancers are diagnosed at an advanced stage. Treatment options include surgery (if possible), radiation therapy, and/or chemotherapy delivered directly to the liver, but no effective systemic drug (medication that enters the bloodstream) has proven effective for treating this type of liver cancer.

In this phase III clinical trial, researchers measured the overall survival and time it took for the cancer to grow among 602 patients with previously untreated liver cancer. About half (299 patients) received sorafenib, and 303 patients received a placebo (inactive pill) for six months. The researchers found that patients who received sorafenib lived an average of nearly 11 months, compared with 8 months for those who received the placebo. The cancer took about five and a half months to grow in patients taking sorafenib and nearly three months for patients taking the placebo. Because the findings from this study were so positive, the study was stopped early.

The occurrence of side effects was similar between the two groups of patients. Some of the patients taking sorafenib experienced diarrhea (11%) compared with 2% of the patients taking the placebo, and 8% of those taking sorafenib had skin reactions to the hands and feet compared with 1% of the patients taking the placebo.

The New PLWC Podcasts

Access and listen to the audio files at www.plwc.org.

What This Means For Patients

“This is the first time that we’ve had an effective systemic treatment for liver cancer,” said Joseph Llovet, MD, Director of Research in liver cancer at the Mount Sinai School of Medicine in New York City, Professor of Research at the Institut d’Investigacions Biomediques August Pi i Sunyer Hospital Clinic in Barcelona, and lead author of the study. “Our findings demonstrated meaningful survival advantages for patients with liver cancer.”

Type of Specialist Consulted Affects Prostate Cancer Treatment Decisions

The type of treatment men choose for localized prostate cancer is influenced by the type of doctor they see, according to a new study. Treatment options for localized prostate cancer include surgery to remove the prostate, radiation therapy, hormone-reduction therapy, and active surveillance (the cancer is closely monitored until treatment is needed). These treatments have different side effects. For example, removal of the prostate may cause urinary incontinence (inability to control urine flow) and impotence (inability to have or maintain an erection). Radiation therapy may cause diarrhea and urinary problems. Hormone therapy may cause breast tenderness, loss of sex drive, and digestive problems. Although no medical side effects are associated with active surveillance, it may cause worry and anxiety.

Using data from the NCI’s Surveillance, Epidemiology, and End Results (SEER)–Medicare linked program, the 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...
Chemotherapy with Surgery Can Reduce Return of Cancer to the Liver for Patients with Colorectal Cancer

Giving chemotherapy before and after surgery to remove cancer that has spread to the liver in patients with colorectal cancer significantly lowers the risk of the cancer returning to the liver. It is the first study to date to evaluate this treatment, and was led by the European Organization for Research and Treatment of Cancer (EORTC), with the participation of four major European cancer organizations.

Colorectal cancer spreads to the liver in up to 50% of patients. Although liver tumors are removed whenever possible, the cancer often comes back. Approximately 30% to 35% of patients with cancer that has spread to the liver survive five years after removal of the liver tumors.

In this phase III clinical trial, 364 patients with colorectal cancer that spread to the liver and who were able to have surgery were assigned one of two treatments. Half the patients received six cycles of FOLFOX4 chemotherapy to shrink the tumors before surgery and six cycles after surgery, and the other half received only surgery. FOLFOX4 chemotherapy consists of fluorouracil (5-FU, Adrucil), leucovorin (Wellcovorin), and oxaliplatin (Eloxatin).

For various medical reasons, not all of the patients were able to have surgery. Overall, 151 patients who received chemotherapy and 152 patients who had surgery had liver tumors removed. After about four years, the cancer did not come back in the liver in 42% of the patients who received chemotherapy, compared with 33% of the patients who did not receive chemotherapy.

What This Means For Patients

Most patients with prostate cancer are seen by a urologist first because urologists are generally the doctors who perform biopsies and diagnose prostate cancer. However, this study shows that it is important to discuss treatment options with specialists in addition to the urologist, if possible.

“This approach may become the standard of care for patients with colorectal cancer whose cancer has spread to the liver and can be surgically removed,” said Bernard Nordlinger, MD, Professor of Surgery and Chairman of Surgery and Oncology at Ambroise Paré Hospital, Assistance Publique-Hôpitaux de Paris. “The findings also support a multidisciplinary approach to care, with all members of the patient’s health-care team collaborating to find the best combination of chemotherapy and surgery.”
Ginseng May Help Ease Fatigue

A pilot study shows that the herb ginseng may decrease fatigue (extreme tiredness) in people with cancer. “Fatigue is a major complaint for many people with cancer and can greatly affect their quality of life,” said Debra Barton, PhD, Associate Professor of Oncology at the Mayo Clinic in Rochester, Minnesota, and the study’s lead author. “Identifying options to effectively treat this serious side effect is an important research priority.”

Ginseng is often used by people with cancer to increase energy and reduce fatigue. However, its effectiveness for these uses has not been rigorously tested in people with cancer. This study used Wisconsin ginseng from a single crop. It was tested to verify that it had a consistent concentration of the active chemical compounds in ginseng. The ginseng was powdered and given to patients as a capsule.

This study evaluated 282 people with various types of cancer for eight weeks who were either undergoing active treatment (chemotherapy or radiation therapy) or had recently completed treatment, had a life expectancy of at least six months, and had experienced fatigue for at least the past month. The participants were assigned to one of four groups: placebo (no ginseng), 750 milligrams (mg) of ginseng per day, 1,000 mg of ginseng per day, and 2,000 mg of ginseng per day.

Participants were surveyed about their levels of fatigue at the beginning of the study, at four weeks, and at eight weeks. Fatigue was measured in a number of different ways to capture the different aspects of the patient’s fatigue. Participants taking the 1,000 mg and 2,000 mg amounts of ginseng reported lower fatigue levels, compared with those taking the placebo and 750 mg amounts of ginseng. In addition, 25% of people taking 1,000 mg of ginseng and 27% of patients taking 2,000 mg of ginseng reported that their fatigue levels were “moderately better” or “much better,” compared with 10% of patients taking 750 mg of ginseng and 10% of patients taking the placebo.

What This Means For Patients

This study supports the idea that ginseng can improve fatigue. However, this was a small study and it did not differentiate between fatigue caused by cancer treatment and the cancer itself.

“While the results of this study are very promising, further studies are needed to determine the definitive benefit, and we cannot recommend routine use of ginseng for fatigue in cancer patients at this time,” Dr. Barton said. “Because this was a pilot study, we cannot be certain that ginseng really lowers fatigue, and if it does, what dose works best. Further study will also help us determine which patients are most likely to benefit.” Because dietary supplements are not regulated, the quality, consistency, and safety of store-bought ginseng supplements are not reliable, added Dr. Barton.

Flaxseed May Delay Prostate Cancer Growth

Adding flaxseed to the diet of men with prostate cancer may slow the growth of the cancer, but lowering dietary fat has no effect on prostate cancer growth, a new study suggests.

Flaxseed is a dietary supplement that has large amounts of omega-3 fatty acids and lignan, a chemical found in plants. Omega-3 fatty acids are believed to be important for slowing cell growth and play a role in other cellular functions. Lignan binds to hormones, such as testosterone, and blocks their cancer-promoting effects. In this study, researchers also looked at dietary fat restriction because previous studies suggested that low-fat diets may slow prostate cancer growth. The researchers also speculated that reducing the amount of fat in the men’s diets might boost the activity of the omega-3 fatty acids within the flaxseed.

This phase II clinical trial followed 161 men diagnosed with prostate cancer who were scheduled to have their prostates removed at least three weeks later. The men were assigned to one of four groups: a control group of men who continued their regular
diets, men who took 30 grams of flaxseed a day (ground and mixed with food or drink), men who restricted their dietary fat to less than 20% of their total calories, and men who took flaxseed and limited the amount of dietary fat. The men followed these diets until their surgery date, an average of 30 days.

After surgery, the tissues from the removed prostates were studied, and the researchers measured how fast the prostate cancer cells were growing. Results showed that the cancer cells grew significantly slower (about 30% to 40%) in the prostates of men who added flaxseed to their diet compared with men who did not take flaxseed and the men who followed a low-fat diet.

In the future, researchers are considering testing the effects of flaxseed for men with early prostate cancer who are under active surveillance (watchful waiting) and men at risk for the prostate cancer returning.

What This Means For Patients

“We know that many of our patients take a variety of dietary supplements. These results demonstrate that flaxseed may well protect against prostate cancer growth,” said Wendy Demark-Wahnefried, PhD, Professor in the School of Nursing and the Department of Surgery at Duke University Medical Center in Durham, North Carolina, and the study’s senior author. “However, this is just the first study. We will need to repeat these results before we can make dietary recommendations.”

Shark Cartilage Extract Does Not Extend Lives of Patients With Lung Cancer

Adding shark cartilage extract to standard chemotherapy and radiation therapy for patients with advanced non-small cell lung cancer does not extend patients’ lives, according to a large phase III clinical trial.

Shark cartilage products have been marketed as alternative medicine “cures” that work by blocking the formation of blood vessels that feed tumors. This clinical trial evaluated the shark cartilage extract Æ-941 (Neovastat) in 384 patients at 53 sites in the United States and Canada. The NCI and Aeterna Zentaris (the Canadian biopharmaceutical company that manufactures Æ-941) sponsored the study.

Non–small cell lung cancer is the most common type of lung cancer. The patients in this study had stage III cancer, meaning that the cancer could not be surgically removed. Most patients with this type of cancer are initially treated with combined chemotherapy and radiation therapy.

In this study, 188 patients received the standard treatment plus the shark cartilage extract (as a liquid, which they drank twice a day), and 191 patients received the standard treatment plus a placebo (a liquid with no shark cartilage extract). After nearly four years of follow-up, patients that received the shark cartilage lived an average of 14 months, compared with nearly 16 months for the patients who did not receive the shark cartilage, a difference that was not significant.

What This Means For Patients

“These results definitively demonstrate that this shark cartilage extract is not effective against lung cancer when combined with chemoradiotherapy,” said Charles Lu, MD, Associate Professor in the Department of Thoracic and Head and Neck Medical Oncology at The University of Texas M. D. Anderson Cancer Center and the study’s lead author. “These negative results are disappointing, but this study shows the benefit of conducting scientifically rigorous studies on potential cancer treatments, including those that some may consider to be alternative therapies.”

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