Shorter Radiation Schedule Yields Same Benefit to Breast Cancer Patients

Three weeks of radiation therapy following a lumpectomy is just as effective as a five-week course of treatment in women with early-stage breast cancer, an international group of researchers has concluded. Reducing the length of treatment is not only more convenient for patients, but also diminishes the duration of side-effects and saves healthcare resources.

The study is the first to evaluate the length of radiation therapy in patients after breast-conservation surgery. In the study, 1,234 women whose breast tumors had not spread to the surrounding lymph nodes were randomly assigned to receive either 22 or 35 days of radiation therapy. Radiation substantially reduces the recurrence of breast cancer, and is typically offered daily for five to six weeks.

Five years after treatment, survival rates between the two groups were the same: 93 percent of patients who received three weeks of radiation, compared to 94 percent of those who received five weeks of therapy. In addition, 88 percent of those who had the shorter period of radiation therapy had not experienced cancer recurrence, compared to 90 percent who were treated for a longer period of time. Any differences between the two groups were not statistically significant, meaning they could be attributed to chance.

Given the study results, “a three-week course of radiation is an acceptable alternative,” said lead investigator Timothy Wheylan, MD, of Hamilton Regional Cancer Center in Ontario, Canada. (Abstract #5)

What Does This Mean for Patients?
If you have early-stage breast cancer and your doctor recommends radiation therapy, you may want to discuss the above study to see if a shorter radiation schedule is appropriate for you. Please remember that this study only applies to a select group of patients with cancer that has not spread to the lymph nodes.

QUICK FACTS

- More than 184,000 new cases of breast cancer will be diagnosed this year, and about 41,200 will die of the disease.
- Death rates from breast cancer declined significantly from 1992 to 1996, with the largest decrease in younger women — both Caucasian and African American.
- The earlier breast cancer is detected, the better the chances for successful treatment. As part of an early detection program, women should have an annual mammogram and clinical exam beginning at age 40.
Dear Friends:

This newsletter has been prepared to provide you with the latest cancer research news from the 36th Annual Meeting of the American Society of Clinical Oncology, held May 20–23, 2000 in New Orleans.

The articles featured here summarize some of the most important research presented at the meeting. These studies are likely to have a major impact on cancer care in the coming years, with significant benefits for patients’ survival and quality of life. Because some of these treatments are not yet available for widespread use, you should talk to your doctor to find out if you would qualify for a clinical trial in which the therapy is being offered.

In addition to these research summaries, there are two other articles I hope will be of interest to you. The first, on page one, covers a major study asco is undertaking to evaluate the quality of cancer care in the United States. This unprecedented initiative is ultimately intended to serve as a benchmark for improving the quality and consistency of care for all cancer patients in the U.S.

The second, on page four, is an article on cancer clinical trials, covering patients’ access to trials, the role of trials in cancer research, and questions about safety and cost. The article also includes an update on high-dose chemotherapy followed by bone marrow transplants for the treatment of breast cancer.

Every year, and at each ASCO Annual Meeting, research advances bring us closer to our goal — the eradication of cancer. I hope you find this newsletter helpful in explaining the latest advances in cancer treatment and care presented at the ASCO meeting.

Sincerely,

Joseph S. Bailes, MD
President, American Society of Clinical Oncology

New Lung Cancer Chemotherapies Offer Survival Advantage

The first clinical trial to evaluate four new chemotherapies for lung cancer has found that all offer roughly the same survival rates, although some differences exist in the frequency of side effects and the length of time they can stave off cancer recurrence.

Although there are “no clear winners” among the new chemotherapies, all four offered patients about eight months median survival, which is two months longer than would be expected with no treatment. Currently, chemotherapy is not widely offered to lung cancer patients. This study demonstrates, however, that chemotherapy can provide some benefit, and should be offered as a treatment option.

The study randomly assigned 1,146 patients with advanced non-small cell lung cancer who had not been previously treated to receive one of four chemotherapy regimens currently in use: cisplatin and gemcitabine; cisplatin and docetaxel; carboplatin and Taxol; and the ECOG standard combination of cisplatin and Taxol.

The researchers from the Eastern Cooperative Oncology Group (ECOG), led by Joan Schiller, MD, of the University of Wisconsin, found some differences in treatment. Gemcitabine/cisplatin slowed the time it took the cancer to progress to 4.5 months, compared to 3.5 months for the other treatments. The most commonly used chemotherapy, carboplatin/Taxol, produced significantly fewer side effects, such as nausea, vomiting and fatigue, but patients’ tumors did not shrink as significantly with this drug combination as with the other drug regimens.

According to Dr. Schiller, the decision to use one chemotherapy over another should be made after considering side effects, dosing schedules and how patients respond to the drugs. (Abstract #2)

What Does This Mean for Patients? While the four chemotherapies were more effective than those available five years ago, all offered similar survival rates when compared with one another. However, there were important differences in the frequency of side effects and the time it took the cancer to recur. If you have advanced non-small cell lung cancer, you should discuss this study with your doctor so that together you can decide which therapy is most appropriate for you. ■

For more on Lung Cancer, turn to page 8.

Estimated Deaths by Type of Cancer

Lung cancer claims the lives of more Americans every year than colon, breast and prostate cancer, combined.

Source: American Cancer Society

Colon 47,700
Breast 41,200
Prostate 31,900

Lung 156,900
Tamoxifen Benefits African-American Women

A new study provides the first definitive evidence that tamoxifen is equally effective in both African-American and Caucasian women in preventing the spread of breast cancer from a diseased or previously treated breast to a healthy breast.

Tamoxifen has already been shown to reduce the risk of developing breast cancer in Caucasian women who have an increased risk of the disease due to age, family history, delayed childbearing, or other factors. Until now, researchers have been unable to confirm the drug’s benefits in high-risk African-American women because — although they have been proportionately represented in clinical trials — their numbers in each of those studies have been too low to draw significant conclusions.

In the latest study, researchers reviewed the results of nine tamoxifen treatment trials that enrolled a total of 15,106 women with breast cancer; 8 percent were African-American. They found that tamoxifen reduced the incidence of “contralateral” breast cancer — that which develops in a healthy breast after disease was found in the opposite breast — by 43 percent in African-American women and 39 percent in Caucasian women. The difference is not statistically significant, meaning it could be attributed to chance.

“Based on our findings, all women should be given access to tamoxifen treatment trials, and they should feel comfortable entering them,” said the study’s lead investigator, Worta McCaskill-Stevens, MD, of the National Cancer Institute.

Like Caucasian women, African-American women who take tamoxifen experience a small but significant increased risk of uterine cancer and serious blood clots, the researchers found. (Abstract #269)

What Does This Mean for Patients?

If you are an African-American woman with breast cancer that is confined to one breast, you should talk to your doctor about taking tamoxifen to help reduce the recurrence of cancer in your healthy breast. Your doctor will want to discuss tamoxifen’s benefits and risks, which include a small but significant risk of uterine cancer and serious blood clots.

Breast Cancer Treatment Success Linked to Hospitals’ Experience

Breast cancer patients who receive their care at hospitals that treat at least 25 such women a year fare better than those who are treated at hospitals that care for fewer than 25 breast cancer patients annually.

In a study of 1,304 hospitals throughout the United States, 39 percent treated fewer than 25 breast cancer patients each year. Survival at these hospitals was 18 percent less than would have been expected at hospitals that treated more breast cancer patients.

The difference in survival was so striking that a breast cancer patient treated at a less experienced hospital may want to seek a second opinion at an institution specializing in breast cancer, according to lead investigator Monica Morrow, MD, of Northwestern University Medical School. Patients should also request that their care be coordinated by a team of the most appropriate experts — including cancer physicians who specialize in surgery, chemotherapy and radiation.

Dr. Morrow says that survival differences are likely due to “systems of care” (e.g., speed of referrals through a hospital system and overall coordination of care between departments) rather than physician expertise. The research was conducted by the American College of Surgeons. (Abstract #309)

What Does This Mean for Patients?

The results of this study should not dissuade breast cancer patients from receiving treatment at hospitals that treat fewer than 25 breast cancer patients annually. But as health care consumers, patients should request that all of the appropriate cancer specialists are involved in determining the best treatment plan, and may wish to seek a second opinion at a larger hospital to obtain a plan that outlines the course of treatment.

Radiation Plus Tamoxifen Reduces Breast Cancer Recurrence

Patients with early-stage invasive breast cancer that has not spread to surrounding lymph nodes can dramatically reduce their risk of cancer recurrence if they are treated with both radiation therapy and tamoxifen after lumpectomy, according to a study of more than 1,000 women. This combination therapy works substantially better than either therapy alone.

Patients in the study all had small tumors less than one centimeter in size that were removed by lumpectomy. The risk of cancer recurrence in the same breast was 6.8 times higher for women who received tamoxifen alone and 3.9 times higher for women treated exclusively with radiation, compared to women who received both therapies. In addition, compared to women who received the combination therapy, women on tamoxifen alone were 4.4 times as likely to develop a new tumor in either breast; the risk of tumor recurrence in either breast was 2.3 times higher in women treated with radiation therapy alone.

The researchers had expected the combination therapy would reduce tumor recurrence, but “the magnitude of differences is somewhat surprising,” said Norman Wolmark, MD, Chairman of the National Surgical Adjuvant Breast and Bowel Project, which conducted the research. “Offering women both therapies should become standard practice.” (Abstract #271)

What Does This Mean for Patients?

If you have invasive breast cancer that has not spread to the lymph nodes, you should talk to your doctor about whether the radiation/tamoxifen combination therapy is right for you to prevent disease recurrence. Other treatment options may be recommended depending upon your age and clinical circumstances. As with any drug, tamoxifen has risks and benefits. Women who take tamoxifen have a slightly increased risk of developing both uterine cancer and serious blood clots. If you choose to take tamoxifen, your doctor will monitor you carefully for any adverse effects.

For more on Breast Cancer, turn to page 5.
Patients Must Have Greater Access

What’s the key to progress in the battle against cancer? Most cancer specialists give one simple answer: clinical trials. Clinical trials not only offer patients access to state-of-the-art therapies—which can be the best hope of effective treatment—but also enable progress in cancer research.

Yet only 2–3 percent of all adult cancer patients in the U.S. are enrolled in clinical trials, even though as many as 20 percent may be eligible. This low rate of enrollment severely impedes progress in cancer research, to the detriment of patients, cancer specialists say.

“Ensuring that cancer patients have access to the potentially groundbreaking treatments offered in clinical trials remains the number one policy priority among cancer specialists and patient advocates alike,” said Derek Raghavan, MD, PhD, Chief of Medical Oncology at the University of Southern California Norris Comprehensive Cancer Center, and Chair of asco’s Cancer Communications Committee.

One of the most significant factors hindering enrollment in cancer clinical trials is the threat that a patient’s routine costs will not be covered by private insurance or Medicare. Most insurers currently prohibit such coverage due to policies regarding “experimental” therapies.

However, all that may now change. Congress is currently considering two broad proposals to eliminate this barrier and require insurance coverage for cancer clinical trials. One proposal—the Medicare Cancer Clinical Trials Coverage Act—would ensure Medicare coverage of cancer clinical trials for elderly Americans. The second, included as a provision of the Patients’ Bill of Rights, would require private insurers to cover cancer clinical trials.

What About Cost?

Insurers typically argue that covering cancer trials would be too costly. But several studies, including two presented at this year’s asco meeting, conclude that the cost of routine care in a clinical trial is equivalent to that of standard cancer therapy. (Abstracts # 1695, 1696)

Are Clinical Trials Safe?

Recent high-profile concerns with gene therapy trials have led some patients to question the safety of clinical research studies.

Cancer clinical trials are tightly controlled and carefully monitored to ensure the highest standards of safety. All patients have a right to feel secure in the knowledge that their care and treatment in a trial is carried out in the safest manner possible, in accordance with all federal guidelines on informed consent, reporting and record-keeping.

Perhaps one of the most telling indicators of safety and efficacy in cancer trials is the case of pediatric cancer. Nearly 75 percent of children with cancer are enrolled in clinical trials for their treatment. Their progress is monitored extremely closely, and treatment adjusted when necessary. As a result, progress in pediatric cancer has been much faster—75 percent of children with cancer survive their disease, compared with 50 percent of adults.

For more information on cancer clinical trials, visit www.asco.org/people

Update on High-Dose Chemotherapy for Breast Cancer

Last year, four of five major studies presented at the asco Annual Meeting found that standard doses of chemotherapy provided the same benefit as high-dose chemotherapy followed by bone marrow transplant for the treatment of breast cancer.

As was prominently covered in the media this year, the one study that showed a significant survival benefit has since been discredited as part of an investigation into serious scientific misconduct on the part of the lead South African researcher.

Complicating matters further is the fact that many women over the last 10–15 years, have received high-dose chemotherapy and bone marrow transplant outside of a carefully controlled clinical trial, before it had been scientifically determined whether the treatment was effective. As a result, not enough women participated in clinical trials, making it difficult to answer critical questions about effectiveness in a timely manner.

So what does this mean for women with breast cancer?

• ASCO recommends that women only undergo high-dose chemotherapy followed by bone marrow transplantation in the context of a carefully controlled clinical trial. None of the ongoing clinical trials in the U.S. uses the drug regimen used in the South African trial.

• As part of the informed consent process, asco believes physicians must notify patients of the trial results thus far and the lack of certainty of benefit from this procedure.
**Surgery and Immune Therapy Extends Kidney Cancer Survival**

Patients with advanced kidney cancer who have surgery to remove a diseased kidney, and receive an immune booster, live 50 percent longer than patients who receive only immune therapy, according to a study by the Southwest Oncology Group.

In the largest study of its kind, researchers found that the combination therapy gives patients’ immune systems a better chance to fight the disease. The 123 patients who received surgery followed by an immune-boosting agent (interferon alfa 2b) lived an average of 12 months, compared to eight months for another 123 patients who were given only immune therapy.

“Based on this work, conducted at multiple centers and with hundreds of patients, there should be a substantial shift toward treating advanced kidney cancer with both surgery and biologic agents,” said lead researcher Robert Flanigan, MD, of Loyola University’s Stritch School of Medicine.

![QUICK FACTS KIDNEY CANCER](#)

- There will be about 31,200 new cases of kidney cancer this year. About 11,900 people will die from the disease.
- The most common type of kidney cancer, renal-cell carcinoma, occurs twice as often in men as in women.
- The disease is most frequently diagnosed in people between the ages of 50 and 70.

Newer immune boosters than the one used in this study are now available and may further lengthen survival, Dr. Flanigan said. (Abstract #3)

**What Does This Mean for Patients?**

Patients with kidney cancer should talk with their doctors to determine if they would benefit from both surgery to remove their tumor and an immune-boosting agent to augment their immune systems.

**Combination Therapy Improves Stomach Cancer Survival**

Stomach cancer patients who receive a combination of surgery, chemotherapy and radiation therapy survive significantly longer than those who receive the standard therapy of surgery alone, a new study shows.

The study is the first to offer progress “in a disease we didn’t have good options for,” said John MacDonald, MD, Chief of the Oncology Division at St. Vincent’s Cancer Center in New York City.

In the study of 556 patients, half were randomly assigned for treatment with surgery alone; the other half received surgery followed by chemotherapy and radiation therapy. Three years after treatment, 52 percent of patients who received the combination therapy were still alive, compared to 41 percent of those who received surgery alone.

The findings are expected to change the way patients with stomach cancer are treated, according to Dr. MacDonald, who led the research for the Southwest Oncology Group. “The combination approach is clearly going to become the standard of care.”

Newer chemotherapies than those tested in the study may improve survival rates even more. (Abstract #1)

**What Does This Mean for Patients?**

The results of this study are expected to change the way some patients with stomach cancer are treated. If you have been diagnosed with stomach cancer, you should talk with your doctor to determine if surgery plus chemotherapy and radiation therapy is right for you.

![QUICK FACTS STOMACH CANCER](#)

- An estimated 21,500 Americans will be diagnosed with stomach cancer this year, and an estimated 13,000 will die of the disease.
- Most people diagnosed with stomach cancer are in their 60s and 70s.
- In the United States, stomach cancer is now only one-fourth as common as it was in 1930. The reasons for this decline may be related to increased use of refrigeration and decreased use of salted and smoked foods.

**Antidepressant Treats Hot Flashes in Breast Cancer Patients**

A drug commonly prescribed to treat depression also offers the first effective non-estrogenic therapy for alleviating hot flashes in breast cancer patients, according to a study of 229 women conducted at the Mayo Clinic.

Breast cancer patients who are treated with chemotherapy often experience hot flashes similar to those associated with menopause. The most common treatment for hot flashes — hormone therapy with estrogen and progesterone — is often not appropriate for breast cancer patients because it may stimulate the cancer to grow.

The antidepressant venlafaxine (trade name Effexor) reduced hot flashes by 61 percent in patients with breast cancer who took 75 mg daily for four weeks (the standard dose to treat depression is 150 mg daily). “That is a sizable reduction in hot flashes for women who can’t take hormone therapy because it may adversely affect the cancer,” said Charles Loprinzi, MD, of the Mayo Clinic, who led the study for the North Central Cancer Treatment Group. Women who took a placebo, or sugar pill, experienced a 27 percent reduction in hot flashes.

In the future, venlafaxine may also be an option for menopausal women without breast cancer who prefer not to take estrogenic and progesterone, Dr. Loprinzi said. (Abstract #4)

**What Does This Mean for Patients?**

If you have breast cancer and are experiencing hot flashes, you may want to discuss this study’s findings with your doctor. While the drug venlafaxine has not yet been approved specifically to treat hot flashes, your doctor can tell you if this therapy is right for you. A small number of women in the study experienced decreased appetite, nausea and dry mouth, but there were no reports of other side effects commonly associated with the use of antidepressants, such as diminished libido, dizziness and nervousness.

For more on Breast Cancer, see pages 1 and 3.
**Thalidomide Benefits Patients with Multiple Myeloma**

The controversial drug Thalidomide is offering new hope to patients with multiple myeloma, a cancer of the bone marrow. In a study of 169 patients who received the drug, 55 percent of patients were still living after 18 months, and 30 percent remained disease-free through that period.

The results are “stunning” for these patients, who had already experienced cancer recurrence after both standard therapy and stem cell transplants, which are the most aggressive therapies available, said lead investigator Bart Barlogie, MD, of the University of Arkansas for Medical Sciences.

In the 1960s, Thalidomide, a sedative, was used by pregnant women to treat morning sickness. It was banned after it was found to cause birth defects in children born to mothers who took the drug.

Recent data suggest that it has “anti-angiogenic” activity — meaning that it may help stop the growth of blood vessels that feed tumors — which might explain some of the anti-cancer benefit. (Abstract #28)

**Antibody Therapy Lengthens Survival in Head and Neck Cancer**

In a small but significant study of patients with advanced head and neck cancer, researchers found that survival was almost doubled if patients received both radiation and an antibody drug, IMC-c225, designed to halt the proliferation of cancer cells.

All 15 patients in the study responded to the treatment, and 87 percent had a complete response. The standard treatment — radiation alone — yields a response rate of 30 to 50 percent. More than one-and-a-half years after the combination therapy, 60 percent of patients were still living, compared to a more typical survival rate of 20 to 45 percent, said James Bonner, MD, of the University of Alabama at Birmingham. “This is not a home run yet, but it is very encouraging,” he said. (Abstract #5F)

**Natural Body Chemical Boosts Effectiveness of Melanoma Vaccine**

Interleukin-12, a natural chemical released by the immune system, enhances the effectiveness of a cancer vaccine in patients with melanoma. The treatment is designed to induce the patient’s own immune system to kill cancer cells and prevent the skin cancer from recurring.

A single dose of IL-12 given along with the melanoma vaccine enhanced the immune response in patients whose tumors had already been removed surgically. While information about cancer recurrence and survival is incomplete, results so far are encouraging, said Jeffrey Weber, MD, PhD, of the University of Southern California’s Norris Cancer Center.

The study is the largest to date of the IL-12 booster, involving 48 patients with locally advanced or metastatic melanoma. All patients received eight vaccinations over a six-month period; half also received the IL-12 booster. IL-12 acts in concert with the vaccine, which consists of small proteins that cancer cells display on their surface. The vaccine shows the immune system what to target and IL-12 triggers the attack. The study authors used laboratory tests to measure the patients’ immune responses to the vaccine. (Abstract #1786)
Chemotherapy Benefits Older Colon Cancer Patients

Elderly colon cancer patients stand to benefit just as much as their younger counterparts if they receive chemotherapy following surgery, according to new research.

When investigators reviewed treatment outcomes of 3,351 stage II and III colon cancer patients enrolled in clinical trials, they found that chemotherapy reduced the risk of death from colon cancer by 24 percent both in patients older than 70 and those younger than 70. Overall five-year survival in all patients receiving chemotherapy was 71 percent.

In recent years, there has been controversy over whether elderly colon cancer patients are resilient enough to withstand chemotherapy, said Richard Goldberg, MD, of the Mayo Clinic. “This should provide some reassurance to physicians and patients,” he said.

In order to be included in the study, all patients were screened to confirm that they were active and reasonably healthy. (Abstract #933)

What Does This Mean for Patients?

Elderly patients with colon cancer who are otherwise in good health should be offered chemotherapy after surgery to remove their tumor. If you are an elderly patient with colon cancer, you should discuss the study’s results with your doctor to ensure that you are receiving all possible effective treatments, including chemotherapy.

Quick Facts

CoLON CANCER

■ When detected early, colon cancer is highly treatable.

■ An estimated 93,800 cases of colon cancer will be diagnosed in 2000, and there will be 47,700 deaths from the disease.

■ While genetics plays a role in the development of colon cancer, recent studies have not been able to confirm the presumed benefit of a diet high in fiber in preventing colon cancer.

Long-term Hormone Therapy Slows Prostate Cancer Recurrence

A testosterone-blocking drug taken for more than two years after initial treatment—significantly longer than current practice—may prolong the lives of some men with prostate cancer. The results of a large-scale study of over 1,500 men are so encouraging that they may change the way men with locally advanced prostate cancer—that which has not spread beyond the prostate gland—are treated.

Testosterone stimulates prostate cancer growth, and drugs to block this effect are commonly given to men who are treated with radiation therapy. Lengthening the time that patients took the testosterone-blocking drug Zoladex from four months to 28 months reduced the overall rate of cancer recurrence.

Disease-free survival for men on short-term hormone therapy was 34 percent, compared with 54 percent taking Zoladex on a long-term basis.

So far, overall patient survival is the same for both short-term and long-term therapy after an average of 4.8 years. “Over time, there may be a survival advantage for men who use long-term hormone suppression,” said lead investigator Gerald Hanks, MD, at the Department of Radiation Oncology at the Fox Chase Cancer Center in Philadelphia. (Abstract #1284)

What Does This Mean for Patients?

If you have locally advanced prostate cancer that has not spread, you may want to ask your doctor if long-term hormone therapy is right for you. This study suggests it can make a significant difference in reducing cancer recurrence.

Quick Facts

Prostate Cancer

■ This year, 180,000 American men will be diagnosed with prostate cancer and 31,900 will die.

■ An annual blood test for the prostate specific antigen (PSA) helps detect prostate cancer early, when it is most treatable.

■ Black men are twice as likely to die of the disease and are less likely to get the annual blood test.

Chairman of the Department of Radiation Oncology at the Fox Chase Cancer Center in Philadelphia. (Abstract #1284)

Colon Cancer

■ When detected early, colon cancer is highly treatable.

■ An estimated 93,800 cases of colon cancer will be diagnosed in 2000, and there will be 47,700 deaths from the disease.

■ While genetics plays a role in the development of colon cancer, recent studies have not been able to confirm the presumed benefit of a diet high in fiber in preventing colon cancer.

Please note that the information in this newsletter represents the latest available data at the time of printing. Some data may be updated during the Annual Meeting presentations. Please check www.asco.org for updates. Unless otherwise noted, information included in “Quick Facts” boxes is from the American Cancer Society and National Cancer Institute.
CANCER INFORMATION RESOURCES

ASCO RESOURCES
On Asco OnLine, www.asco.org, visit the “People Living with Cancer” section, where you can find, among other helpful resources, the following features:

ASCO Patient Guidelines These consumer guidelines provide practical recommendations based on all available evidence about the best diagnostic tools, treatment options and side effects, and clinical trials, among other topics. Current guidelines cover breast and lung cancer. ASCO will soon release guidelines for colorectal cancer and anti-nausea drugs.

Find an Oncologist Allows patients to access ASCO’s membership directory of 14,000 oncologists, to search for a doctor by geographic location or specific medical institution.

JCO News Digest Provides consumer summaries of important cancer research published in ASCO’s semi-monthly peer reviewed scientific publication, Journal of Clinical Oncology.

Cancer in the News Provides cancer patients with a responsible assessment of cancer studies featured in the news. Experts provide brief, objective perspective on widely reported and emerging cancer topics.

Congressional Watch and Advocacy Programs Provide regular updates on legislation that affects cancer patients, and ways for people to get involved in the advocacy community.

ADDITIONAL RESOURCES

American Cancer Society ACS’s web site, www.cancer.org, and free phone line (1-800-ACS-2345) provide information to patients on cancer diagnosis, treatment, early detection and prevention, as well as services for cancer patients and their families across the country.

Cancer Care, Inc. Cancer Care is the nation’s oldest and largest patient service organization. Their web site, www.cancercare.org, provides extensive patient support and treatment resources, and their toll-free help line, 1-800-813-HOPE, is staffed by trained oncology social workers.

National Cancer Institute (NCI) The NCI’s Cancer Information Service (CIS) provides up-to-date, accurate cancer information. In the U.S., you can call the CIS between 9:00 a.m. and 4:30 p.m., eastern time, Monday through Friday at 1-800-4-CANCER (1-800-422-6237).

CancerNet™ Provides comprehensive information on topics such as cancer genetics, causes, risk factors, prevention, treatment, and support. cancernet.nci.nih.gov

CancerTrials is NCI’s comprehensive clinical trials web site, providing access to NCI’s clinical trials database, news about cancer research, and information for patients and health professionals about participating in clinical trials. cancertrials.nihs.gov

Cansearch: A Guide to Cancer Resources on the Internet Cansearch is produced by the National Coalition for Cancer Survivorship to provide survivors and patients with a step-by-step guide to the many cancer resources on the Internet. www.cansearch.org/canserch/canserch.htm

CenterWatch This web site provides extensive information on clinical trials, including a listing of more than 41,000 industry- and government-sponsored trials. www.centerwatch.org

OncoLink Sponsored by the University of Pennsylvania, OncoLink offers a comprehensive, well-organized source of cancer information for patients and health care professionals. oncolink.upenn.edu

Chemotherapy Agent Offers Lung Cancer Survival Benefit

The drug docetaxel may increase the survival of patients with advanced lung cancer when it is administered immediately following standard chemotherapy and radiation therapy, suggests a study by the Southwest Oncology Group.

Docetaxel is most often given to patients with metastatic lung cancer. However, patients in this study had cancer that had not spread beyond the lung, but was not treatable by surgery.

In 81 patients with stage IIIb non-small cell lung cancer who received docetaxel, the two-year survival was 48 percent. Although the study did not include a comparison with patients receiving standard chemotherapy/radiation therapy, an earlier study using the same chemotherapy/radiation indicated that the median two-year survival rate for such patients was 34 percent.

“No other treatment in the medical literature parallels this kind of survival benefit,” said the study’s leader, David Gandara, MD, of the University of California Davis Cancer Center. “Although we need to confirm our results, I believe docetaxel should be an acceptable therapy.” (Abstract #1916)

What Does This Mean for Patients?
While the study’s results need to be confirmed in a larger, randomized trial, docetaxel may be available as part of a clinical trial in your area. Docetaxel clearly has demonstrated activity in lung cancer; the optimum use of it and other treatments needs to be further evaluated. To find out if there is a clinical trial near you, contact the National Cancer Institute’s Cancer Information Service at 1-800-4CANCER or online at cancertrials.nci.nih.gov.

LUNG CANCER QUICK FACTS

- Lung cancer is the leading cause of cancer death for both men and women. This year, there will be about 164,100 new cases of lung cancer, and about 156,900 people will die of the disease.
- Smoking is by far the leading risk factor for lung cancer. More than 80% of lung cancers are thought to result from smoking. Quitting smoking — at any age — greatly lowers the risk of getting lung cancer, heart disease, emphysema and bronchitis.
- The average age of people found to have lung cancer is 60.
- Non-small cell lung cancer accounts for 75% of all lung cancer cases.