New Drug Slows Growth of Breast Cancer

Adding lapatinib (Tykerb) to capecitabine (Xeloda), controls cancer growth more effectively than capecitabine alone in women with advanced breast cancer that continues to get worse despite treatment with trastuzumab (Herceptin), according to a new study. Capecitabine is approved by the U.S. Food and Drug Administration (FDA) to treat advanced breast cancer that has continued to grow despite prior therapy.

Women participating in this clinical trial were diagnosed with HER-2/neu-positive cancers, which are fast-growing and difficult to treat. Trastuzumab is the first approved drug to treat HER-2/neu-positive breast cancers; however, this drug stops working in some women. Lapatinib is a drug in the form of a pill taken by mouth. It works by blocking the HER-2/neu protein on the inside of the cancer cells, whereas trastuzumab blocks that protein on the outside of cancer cells.

“Trastuzumab is a very effective drug that has substantially improved the available treatments for women with metastatic breast cancer that produces large amounts of the HER-2/neu protein. However, because trastuzumab eventually stops controlling these cancers, there is a need for effective, alternative treatments that block the function of HER-2/neu in another way,” said Charles E. Geyer, Jr., MD, Director of Breast Medical Oncology at Allegheny General Hospital in Pittsburgh and lead author of the study. “These results indicate that lapatinib can be effective in helping control the growth of breast cancers that are not being controlled by trastuzumab.”

From March 2004 to November 2005, researchers compared the time it took for cancer to grow or spread between 160 women who received lapatinib plus capecitabine and 161 women who received capecitabine alone.

Lapatinib controlled the disease for nearly 37 weeks for the patients receiving lapatinib and capecitabine, compared with nearly 20 weeks for the patients taking only capecitabine. In addition, cancer spread to the brain in only four women treated with lapatinib, compared with 11 women who were not treated with capecitabine only. Side effects were generally similar between the two groups; however, more women receiving lapatinib experienced mild to moderate diarrhea (58%) compared with women who did not receive this drug (39%), and more women treated with lapatinib had a mild rash (30%), compared with the women who did not receive this drug (18%).

What This Means For Patients

For women with HER-2/neu-positive breast cancer that no longer responds to trastuzumab treatment, this study shows that lapatinib can delay the growth of cancer. However, it is too soon to know yet whether lapatinib treatment helps women live longer.
Dear Friends,

Today, caring for patients with cancer involves providing high-quality care to current patients and long-term survivors of cancer, finding new and more effective cancer treatments, and advancing our understanding of the science of cancer. To highlight these goals, the theme for the 2006 ASCO Annual Meeting is Oncology for the 21st Century: Advocating Survivorship, Clinical Science, & Oncology Quality Care.

Cancer Advances: News from the 2006 ASCO Annual Meeting provides people living with cancer and their families with the latest information about cancer research, prevention, care, and treatment as presented each year at ASCO’s Annual Meeting. The information contained in this issue was presented at the 42nd Annual Meeting of the American Society of Clinical Oncology held in Atlanta, Georgia, from June 2–6, 2006.

This year, Cancer Advances highlights research on new prevention strategies for breast and gynecologic cancers; advances in novel therapies for breast and kidney cancers; the latest research advances in treating multiple myeloma, chronic myeloid leukemia, and cancers of the head and neck; and studies on the long-term needs of cancer survivors.

The results of these studies provide a real opportunity to change the practice of oncology and meet these goals of cancer care. I hope you are as encouraged by the studies as I am. For more information about cancer, please visit ASCO’s People Living With Cancer website (www.plwc.org).

Sincerely,

Sandra J. Horning, MD
ASCO President

A Word From the President

Findings from the Study of Tamoxifen and Raloxifene (STAR) trial, one of the largest breast cancer prevention clinical trials ever conducted, show that tamoxifen (Nolvadex) and raloxifene (Evista) both reduce the risk of invasive breast cancer (cancer that has spread into the surrounding breast tissue) by about 50% in women at high risk for the disease. The study also found that raloxifene was not as effective as tamoxifen in lowering the number of noninvasive breast cancers. However, tamoxifen was associated with more uterine cancers and blood clots than raloxifene. A second analysis found no significant difference in the women’s overall quality of life when comparing the two drugs.

Tamoxifen is approved by the U.S. Food and Drug Administration (FDA) to reduce the risk of breast cancer recurrence (return) and to lower the risk of developing breast cancer for premenopausal and postmenopausal women at high risk for this disease. Raloxifene is approved by the FDA to prevent osteoporosis (thinning of the bones), and has been shown in previous clinical trials to reduce breast cancer risk in postmenopausal women. The STAR trial is the first head-to-head comparison of these drugs.

The STAR trial was conducted at more than 500 sites in the United States and Canada by the National Surgical Adjuvant Breast and Bowel Project (NSABP). It included 19,747 postmenopausal women at increased risk of breast cancer. The women received either raloxifene or tamoxifen once daily for five years, starting in July 1999.

After four years, the researchers found a similar number of invasive breast cancers in women taking tamoxifen (163 cases), compared with the women taking raloxifene (167 cases). However, fewer noninvasive breast cancers, such as ductal carcinoma in situ (DCIS) or lobular...
carcinoma in situ (LCIS), were reported in the women receiving tamoxifen (57 cases) than the women receiving raloxifene (81 cases). Untreated DCIS may become an invasive cancer in some women.

The number of uterine cancers was greater among women on tamoxifen (36) than in those who received raloxifene (23). Although both drugs are known to increase the risk of blood clots, the risk was 29% lower in the raloxifene group compared with the tamoxifen group. Researchers found no significant difference between the groups with regard to the incidence of heart problems, stroke, bone fracture, or death.

“These findings show that raloxifene represents an effective alternative for breast cancer prevention in postmenopausal women at high risk for this disease, with fewer side effects than tamoxifen,” said D. Lawrence Wickerham, MD, Associate Chairman of the NSABP and the study’s lead author. He noted that the decision to choose one drug over another is based on a woman’s medical history, and that women with certain cardiovascular problems or uncontrolled diabetes may not be able to take raloxifene. Raloxifene has not been evaluated in premenopausal women at high risk for breast cancer, Dr. Wickerham added, but they may be candidates for tamoxifen.

In a second analysis, researchers compared quality of life among 973 women taking tamoxifen and 1,010 women taking raloxifene. The women were followed for about five years, and researchers found no difference between the two groups in overall physical or mental health and depression.

Researchers evaluated the severity of the side effects in all 19,747 women. Most side effects reported by the women were mild, but there were differences between the drugs. For example, the women taking tamoxifen were more likely to report hot flashes (mainly seen in women under age 60), vaginal bleeding and discharge, bladder control problems, and leg cramps, whereas women taking raloxifene were more likely to report joint pain, pain during sexual intercourse, and vaginal dryness.

“We now have two drugs that are effective for reducing breast cancer risk in women at high risk for this disease, neither of which significantly impairs overall quality of life,” said Patricia Ganz, MD, Professor at the UCLA Schools of Medicine and Public Health and Director of Cancer Prevention and Control Research at the Jonsson Comprehensive Cancer Center in Los Angeles, who directed the quality of life assessment in the STAR trial.

What This Means For Patients

Both tamoxifen and raloxifene lower the risk of invasive breast cancer for women at high risk. Patients and their doctors should consider the patient’s medical history, current symptoms, and personal preferences when selecting the appropriate drug.

Vaccine for Cervical Cancer May Also Prevent Most Vaginal and Vulvar Cancers

A new study from Finland shows that a vaccine (Gardasil) developed to prevent cervical cancer could also prevent cancers of the vagina and vulva associated with the human papillomavirus (HPV), the same virus linked to cervical cancer. According to Jorma Paavonen, MD, Professor and Chief Physician, Department of Obstetrics and Gynecology, University of Helsinki, and the study’s lead author, HPV is present in 80% of the 6,000 cases of vaginal and vulvar cancers diagnosed in the United States each year.

The study combined data from three clinical trials evaluating the HPV vaccine in 18,150 women from North America, South America, Europe, and Asia. The women in the study received up to three doses of the vaccine or a placebo (inactive vaccine) over a six-month period starting in 2002 and were followed for two years. None of the women who received the vaccine developed HPV-related vaginal or vulvar precancers, compared with 24 women who received the placebo.

What This Means For Patients

“This study shows that the HPV vaccine may be similarly effective in preventing vaginal and vulvar cancers as it is for cervical cancer,” said Dr. Paavonen. “Since treating these precancers is challenging, this vaccine could help lower the number of new cases of vaginal and vulvar cancers.”
Cancer Risk Reduction with Ovary Removal Varies According to Type of BRCA Mutation

Surgery to remove the ovaries and fallopian tubes in women with mutations (changes) in certain breast cancer genes (BRCA1 and BRCA2) reduces the risk of developing breast and ovarian cancers, according to a long-term study. This reduction in risk varies according to the type of mutation. For example, women with mutations in the BRCA1 gene have a larger decrease in ovarian cancer risk following the surgery, while those with BRCA2 mutations have a larger decrease in breast cancer risk.

“This study provides the strongest confirmation to date that risk-reducing removal of the ovaries and fallopian tubes prevents both breast and ovarian cancers in women with mutations in BRCA1 and BRCA2,” said Noah Kauff, MD, Assistant Attending Physician at Memorial Sloan-Kettering Cancer Center in New York City and lead author of the study. “It is also the first study to suggest that removal of the ovaries may have different effects on BRCA1 and BRCA2 mutation carriers.”

In this study, researchers compared the number of new cases of breast and ovarian cancers between 561 women with a BRCA1 or BRCA2 mutation who had surgery to remove their ovaries and fallopian tubes, and 325 women with these mutations who did not have the surgery. All of the women in the study were age 30 or older; they were enrolled in the study beginning in November 1994 and followed through November 2005.

After 40 months of follow-up, the breast cancer risk was lowered by 47% and the ovarian cancer risk by 89% in women who had the surgery. Further analysis showed that the surgery reduced breast cancer risk in women with a BRCA2 mutation by 72%, compared with 39% among those with a BRCA1 mutation. The surgery reduced ovarian cancer risk in women with a BRCA1 mutation by 87%. No ovarian cancers were found after surgery in women with BRCA2 mutations; however, ovarian cancer was found in two women who did not have surgery.

What This Means For Patients

Women with BRCA1 or BRCA2 mutations are encouraged to talk with their doctors about the risks and benefits of risk-reducing surgery to remove their ovaries and fallopian tubes. Although the benefits of this surgery have been previously studied, the results of this study provide additional information that the type of mutation relates to differences in risk reduction. Knowing this information may help women with BRCA mutations make decisions about their health.

CANCER RESEARCH TERMS

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)

Randomized clinical trial: A clinical trial where the participants are assigned a treatment group by chance

Phase I: A clinical trial designed to find the safe dose and timing of the new treatment

Phase II: A clinical trial designed to provide more detailed information about the safety of the treatment, as well as to evaluate the effectiveness of the drug

Phase III: A clinical trial that takes a new treatment that has shown promising results when used to treat a small number of patients with a particular disease and compare it with the current standard of care for that specific disease
Two New Drugs Show Benefit for Patients with Advanced Kidney Cancer

Two new drugs, sunitinib (Sutent) and temsirolimus (CCI-779), benefit patients with advanced renal cell carcinoma, a common type of kidney cancer, according to two different clinical trials. Advanced kidney cancer is hard to treat and there is no effective chemotherapy for it. The standard treatment is interferon-α (Roferon) or interleukin-2 or aldesleukin (Proleukin), but these drugs only work in a small number of patients and are associated with serious side effects.

Sunitinib is a pill given by mouth, and temsirolimus is a drug that is given intravenously (through a vein). Both drugs block angiogenesis (the process of new blood vessel formation) in different ways. Angiogenesis is necessary for kidney cancer to grow and spread.

In the first study, 375 patients with advanced kidney cancer received sunitinib, and 375 patients received interferon-α. Most patients had surgery to remove the tumor or diseased kidney, and none received prior chemotherapy. Researchers found that the cancer did not worsen after 47 weeks in the patients receiving sunitinib, compared with 25 weeks in the patients receiving interferon-α. In addition, the tumors shrunk in nearly a quarter of the patients receiving sunitinib, compared with 5% of the patients receiving interferon-α.

“As a result of this trial, we believe that sunitinib will become a new standard of care for advanced renal cell cancer,” said Robert J. Motzer, MD, Attending Physician at Memorial Sloan-Kettering Cancer Center in New York City and the study’s lead author. “There were some side effects, including fatigue and reduced blood counts, but because of the overwhelming superiority and effectiveness of this drug, and the fact that the side effects were well-tolerated, the benefits clearly outweigh the risks.”

The second study evaluated temsirolimus as the initial treatment for high-risk patients with advanced kidney cancer. All patients had a poor prognosis (chance of recovery), based on a standard set of criteria, such as the spread of cancer to multiple places in the body. Typically, these high-risk patients live less than six months.

Of the 626 patients enrolled in the study, 207 received interferon-α, 209 received temsirolimus, and 210 received both therapies. The patients receiving temsirolimus survived the longest (11 months), compared with the patients receiving interferon-α (7 months) or the combination of these drugs (8 months).

The most common side effect was asthenia (weakness and fatigue), which was not as common for patients receiving temsirolimus. Because of how temsirolimus works, it had other side effects, such as rashes and increased blood glucose levels, which were mild and easily controlled.

“Until just a few years ago there were no promising drugs for kidney cancer. Now there are two that have recently been approved by the U.S. Food and Drug Administration (FDA), and several more that are looking very good in clinical trials,” said Gary R. Hudes, MD, Director of the Genitourinary Malignancy Program at Fox Chase Cancer Center in Philadelphia and the study’s lead author. “Temsirolimus is the first of these new drugs to show an overall survival advantage for kidney cancer. In addition, this was the first study for patients whose cancer was so advanced they would not qualify for most other clinical trials.”

What This Means For Patients

Both of these studies provide treatment options for advanced kidney cancer. The sunitinib study shows that it slowed cancer growth and shrank tumors. The temsirolimus study finds that it helps high-risk patients live longer and has few side effects.

It is not yet known whether sunitinib extends the lives of patients with this cancer. The FDA approved sunitinib in January 2006 for advanced kidney cancer. The researchers plan to compare the differences in fatigue (extreme tiredness) and quality of life between the two groups of patients. Temsirolimus is not approved by the FDA, which means that it is only available as part of a clinical trial.
Adding Docetaxel to Standard Treatment for Advanced Head and Neck Cancer Lowers Risk of Death

Findings from a clinical trial show that induction chemotherapy (chemotherapy that is given before other treatment) with docetaxel (Taxotere), cisplatin (Platinol), and fluorouracil (5-FU) reduces the risk of death by 30% for patients with advanced head and neck cancer. Patients were then given weekly chemotherapy together with radiation therapy (chemoradiotherapy) to complete their treatment. This treatment program is referred to as sequential therapy.

This study included 538 patients with squamous cell cancer of the larynx (voice box), pharynx (back of the throat), and oral cavity (mouth, tongue, and jaw). Half of the patients received induction chemotherapy with a three-drug
Adding Thalidomide to Standard Treatment Extends Survival for Older Patients with Multiple Myeloma

Adding thalidomide (Thalomid) to the standard treatment of melphalan (Alkeran) and prednisone (MP, a class of drug similar to cortisone) significantly improves survival for newly-diagnosed patients age 65 and older with multiple myeloma, according to a new study. This is the first and only clinical trial to compare MP and thalidomide with either MP alone or a stem cell transplantation.

In this study, patients between the ages of 65 and 75 were assigned to three groups: 196 patients received MP, 125 received MP and thalidomide, and 126 patients received high doses of melphalan followed by autologous (using the patient’s own stem cells) stem cell transplants, which is the standard treatment for younger patients.

Follow-up was measured at a median of 37 months. The cancer began to worsen after nearly 28 months for patients receiving MP and thalidomide, compared with 17 months for patients in the MP group and 19 months for patients in the transplant group.

“Adding thalidomide to standard treatment slows the development of multiple myeloma in older patients and helps them live longer. Thalidomide also causes more side effects. Patients should talk with their doctors to better understand the risks and benefits of thalidomide and ways to help manage side effects.”

What This Means For Patients

Treating patients with advanced head and neck cancer with docetaxel, cisplatin, and 5-FU first, followed by chemoradiotherapy, helps them live longer. However, it is not yet known whether this treatment approach is better than chemoradiotherapy alone, which is the standard of care at many hospitals. Patients are encouraged to talk with their doctors about the best way to treat advanced head and neck cancer.
Drug Used for Sleep Disorders Improves Quality of Life for People with Brain Cancer

A new study shows for the first time that modafinil (Provigil), a drug generally used to treat sleeping disorders, improves cognitive functions (such as concentration and attention) and mood and lowers fatigue levels in patients with brain cancer.

In this pilot study, 30 patients with brain cancer who had noticeable attention, memory, and fatigue problems received either a lower or higher dose of modafinil for three weeks. All of the patients had already received some combination of treatment, including surgery, radiation therapy, and/or chemotherapy. After a one-week period in which patients did not receive the drug, each patient received modafinil for eight weeks at what was determined to be an optimal dose.

Patients were given comprehensive neurologic examinations and were evaluated at specific times with standardized tests of concentration and attention, fatigue self-ratings, and a structured interview to evaluate mood and identify specific symptoms of depression. In addition, patients received magnetic resonance imaging (MRI) scans of the brain before, during, and after the trial.

After two to three months of taking modafinil, test results were compared with those from each patient at the beginning of the study. Results showed that the patients’ memory and attention improved by an average of 21%, their mood improved by 35%, and fatigue levels were lowered by 47%. The most common side effects of the drug were mild or moderate and included headaches (42%), insomnia (26%), dizziness (23%), and nausea (13%). Most of the side effects were managed by adjusting the dose and schedule of modafinil.

“This study shows there are interventions that can improve quality of life of patients with brain cancer,” said Thomas Kaleta, PhD, Assistant Professor of Psychiatry at the University of California, Los Angeles, and the lead author of the study.

What This Means For Patients

Modafinil is a drug that can improve the quality of life for survivors of brain cancer. Before this drug is widely used for this purpose, however, researchers need to determine the long-term effects of this medication.

Genetic Differences May Explain Why Childhood Cancer Survivors Are More Likely to Experience Heart Problems Later in Life

According to a new study, variations in genes that metabolize (break down) certain types of anticancer drugs may explain why some survivors of childhood cancer experience heart problems, such as congestive heart failure, later in life.

Anthracyclines are a class of anticancer drugs often used to treat many types of childhood cancer and include daunorubicin (Daunomycin, Cerubidine), doxorubicin (Adriamycin, Rubex), epirubicin (Ellence), idarubicin (Idamycin), and mitoxantrone (Novantrone). Although these drugs have greatly improved survival rates for children with cancer, they may cause damage to the heart that may not appear until 10 or 15 years after treatment. This study was done so that doctors could begin to understand why some survivors are more likely to have heart problems than others.

In this study, researchers identified 47 patients with congestive heart failure and selected 195 patients without heart problems as a
Yoga Improves Quality of Life During Radiation Therapy for Breast Cancer

Women who participated in a yoga program while receiving radiation therapy for breast cancer improved their ability to be physically active and socially involved, lowered their levels of fatigue and frequency of sleep disorders, and improved their own perception of their overall health, according to a new study.

In this study, 61 women with breast cancer who were receiving radiation therapy were randomly assigned to attend biweekly yoga classes during the entire course of radiation therapy or to be on a waiting list (as a comparison group). The yoga classes included stretching, breathing exercises, and other relaxation techniques. A week after the radiation therapy was finished, the women completed questionnaires that measured different aspects of their quality of life.

After taking into account factors that may influence quality of life, such as stage of cancer or time since diagnosis, the researchers found that women in the yoga classes reported better quality of life when compared with the control group. However, researchers found no differences between the two groups in signs of depression and anxiety, two additional quality-of-life measures assessed in the study.

“This is the first study to incorporate yoga as part of the treatment plan for cancer patients,” said Lorenzo Cohen, PhD, Associate Professor and Director of the Integrative Medicine Program at the University of Texas M. D. Anderson Cancer Center in Houston and the study’s lead author. “Because yoga deals with both mind and body, we thought that cancer patients would benefit both physically and emotionally, and we found that to be the case.”

What This Means For Patients

This study suggests that participating in a yoga program can improve a person’s quality of life during cancer treatment. Patients may want to ask their doctors about participating in an approved yoga program. It is important to note that a possible reason for quality of life improvement of the women in the yoga study could be due to the emotional and social support they received from participating in class, and not the yoga itself. To study this issue, the research team is planning a new study with an “active” control group, in which patients who are not participating in yoga will take a class that teaches general stretching exercises.

What This Means For Patients

“We can’t say based on this study that we’re ready to start testing patients for these variations. We need to look at more patients and look for additional genetic changes that may be important,” said Richard Aplenc, MD, Assistant Professor of Pediatrics at the University of Pennsylvania School of Medicine, Attending Physician at Children’s Hospital of Philadelphia, and the study’s lead author. “However, our hope is that one day we might use this type of information to guide treatment decisions and determine which cancer survivors should be more closely monitored for heart problems in the years following treatment.”

The researchers collected DNA samples from the patients and studied the genes that are thought to be the cause of anthracycline-related heart damage. They found several specific genetic variations that appeared to be risk factors for heart disease in these patients, and these variations may explain why some childhood cancer survivors are more likely to have heart problems later in life.
Primary Care Doctors Less Likely to Refer Patients with Advanced Lung Cancer for Treatment

A new survey of primary care doctors in Wisconsin shows they are less likely to refer patients with advanced lung cancer to an oncologist than they are to refer patients with advanced breast cancer. This difference was seen despite the fact that most doctors surveyed said that the type and stage of a patient’s cancer did not influence how strongly they encouraged patients to seek treatment.

Researchers surveyed 1,132 primary care doctors who were assigned one of four groups. Each group received a questionnaire asking how the doctor would care for the hypothetical patient. The only difference between the patients was whether they had lung cancer or breast cancer and whether they were smokers or nonsmokers.

Questionnaires were returned by 672 primary care doctors. Researchers found that 11% of doctors were likely to refer patients with advanced lung cancer to an oncologist, compared with 25% of doctors who said they would refer patients with advanced breast cancer to an oncologist. In addition, the primary care doctors were less likely to understand the benefits of chemotherapy for the treatment of advanced lung cancer—both as an adjuvant treatment after surgery and as a first-line treatment for recurrent cancer (cancer that has returned after treatment). Three quarters of the doctors surveyed did not know the benefits of chemotherapy for advanced lung cancer, and 65% did not know the benefits of chemotherapy for advanced breast cancer. Finally, only 30% of the primary care doctors knew that chemotherapy helped patients with recurrent lung cancer.

Older Adults with Cancer Receive Intense Treatment at the End of Life

Adults age 65 and older with cancer received more chemotherapy towards the end of life throughout the 1990s, according to a new study.

Using data from the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) program, researchers reviewed the care received by all Medicare-eligible patients age 65 and older who died of cancer between 1991 and 2000. Of these patients, 215,488 met eligibility criteria for the study.

The purpose of this study was to find the best way to measure end-of-life care. However, during the review of the treatments these patients received, the researchers observed a steady increase from 10% in 1993 to 12% in 1999 in the use of chemotherapy within two weeks of death. Admissions to the intensive care unit (ICU) in the last month of life increased from 8% in 1993 to 11% in 1999. During this period, the patients entering hospice in the last three days of life increased from 12% to 15%, which is too brief for most patients to receive the benefits of hospice.

“This study indicates that cancer care towards the end of life is continuing to become increasingly aggressive, and possibly as a result, some patients are not benefiting from palliative services, such as hospice care,” said Craig C. Earle, MD, Associate Professor of Medicine at Harvard Medical School in Boston and the study’s lead author.

What This Means For Patients

This study illustrates the importance of older patients and their families, friends, and caregivers honestly discussing the reasons for cancer treatment. For example, is chemotherapy being used to treat the cancer or relieve symptoms? If it becomes clear that effective treatment options are no longer available, patients may wish to talk with their doctors or nurses about hospice care.
cancer live longer, and 39% knew that chemotherapy helped patients with recurrent breast cancer live longer. The researchers found no statistical differences in how the doctors approached the treatment of smoking and nonsmoking patients for both types of cancer.

“Our findings suggest a bias in referral patterns on the part of primary care doctors,” said Timothy R. Wassenaar, MD, the study’s lead author and a hematology fellow at the University of Wisconsin School of Medicine and Public Health in Madison, where the research was conducted. “We also found a general lack of knowledge about the benefits of newer treatments for lung cancer that have come to the forefront over the past few years that have improved prospects for many patients.”

### What This Means For Patients

Cancer treatment information changes quickly. Patients with cancer are encouraged to discuss the risks and benefits of various treatment options with an oncologist in addition to their primary care doctor.

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**Older Patients Benefit From Adjuvant Chemotherapy After Lung Cancer Surgery**

Patients age 65 and older with early-stage lung cancer can benefit from adjuvant chemotherapy (chemotherapy after surgery) and do not experience more side effects when compared with younger patients, according to the results of a new study.

Using data from a clinical trial that compared the administration of cisplatin (Platinol) and vinorelbine (Navelbine) chemotherapy versus no chemotherapy for patients with early stage non-small cell lung cancer, researchers retrospectively compared the overall survival rate and occurrence of side effects for 327 patients younger than 65 and 155 patients older than 65. Of the older patients that received adjuvant chemotherapy, 66% were alive after five years, compared with 46% of patients that did not receive adjuvant chemotherapy.

Older patients received significantly fewer doses of chemotherapy and were less likely to complete their treatment. However, the rates of hospitalizations from treatment, side effects from treatment, and use of medications to prevent infection, such as filgrastim (Neupogen), were similar in older and younger patients. The reasons for the lower number of doses among older patients are not clear, but may be because both patients and doctors were unwilling to accept even mild side effects of treatment, given that the benefits of adjuvant chemotherapy were unproven.

“With these findings, we hope that doctors and patients can be assured that older patients can have a prolonged life and can be given this treatment without a fear of increased side effects because of their age,” said Carmela Pepe, MD, a clinical research fellow at Princess Margaret Hospital in Toronto and the study’s lead author.

### What This Means For Patients

Adjuvant chemotherapy is safe and effective for patients 65 and older with early-stage lung cancer and helps them live longer. Further study is needed in patients older than 75.

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