Chemotherapy Helps Patients With Early-Stage Pancreatic Cancer Live Longer

The study: In a large clinical trial of adjuvant therapy (treatment after surgery) for early-stage pancreatic cancer, researchers evaluated whether treatment with gemcitabine (Gemzar) helped patients live longer. Gemcitabine is the standard treatment for advanced pancreatic cancer that cannot be surgically removed. In this study (called CONKO-001), 368 patients either received treatment with gemcitabine after complete surgical removal of the tumor and no evidence of cancer remaining after surgery, or received no additional treatment after surgery (which is the standard treatment). Previous results from this study presented at the 2005 ASCO Annual Meeting showed that treatment with gemcitabine increases the amount of time that a patient is free of cancer. This study was continued to find out if treatment with gemcitabine also increases survival.

The results: Adjuvant treatment with gemcitabine increases survival for patients with early-stage pancreatic cancer. After three years, 37% of patients who received gemcitabine were alive, compared with 20% of those who did not, and cancer did not return for 24% patients who received gemcitabine, compared with 8% of patients who did not receive gemcitabine. After five years, 21% of patients who received gemcitabine were alive, compared with 9% of those who did not, and cancer did not return for 17% of patients who received gemcitabine, compared with 6% of patients who did not receive gemcitabine. A small percentage of patients (between 1% and 2%) who received gemcitabine had a slight decrease in white blood cell counts and platelets (parts of the blood that help with clotting).

What this means for patients: “The goal of chemotherapy after surgery is to improve the cure rate, and we have shown that this treatment more than doubles the overall survival five years after treatment,” said Hanno Riess, MD, PhD, Professor at Charité University Medical School in Berlin, Germany and author of the CONKO study group. “Based on earlier results of this study, this treatment is already widely used in both Europe and the United States.” Patients with early-stage pancreatic cancer that can be removed with surgery should talk with their doctor about chemotherapy.

For More Information: Pancreatic Cancer
- Cancer.Net Guide to Pancreatic Cancer (www.cancer.net/pancreatic)

What to Ask Your Doctor
- What is the stage of my cancer? What does this mean?
- Can surgery be used to treat the cancer?
- What are my other treatment options?
- What are the possible side effects of this treatment?
Dear Friends,

Welcome to the 2008 American Society of Clinical Oncology (ASCO) Annual Meeting. The theme, One Community: Innovating Patient Care, reflects the common goal of uniting all oncology professionals to deliver the highest quality care while striving for improved treatment outcomes.

High-quality cancer care starts with good communication between doctors and patients and reliable, patient-friendly information. To help people learn about progress in cancer, ASCO publishes Cancer Advances, a series of consumer information resources. Cancer Advances: News for Patients from the 2008 ASCO Annual Meeting provides the latest information about cancer research, prevention, care, and treatment as presented at ASCO’s Annual Meeting. The information in this issue was presented at the 44th ASCO Annual Meeting held in Chicago, Illinois from May 30-June 3, 2008.

I am excited and encouraged by the progress made in the prevention, diagnosis, and treatment of cancer. Together, we are making a world of difference in cancer care. For additional information about cancer, please visit Cancer.Net (www.cancer.net), ASCO’s patient information website.

Sincerely,

Nancy E. Davidson, MD
ASCO President

Cetuximab With Chemotherapy Helps Patients With Advanced Lung Cancer Live Longer

The study: In a study of 1,125 patients from 30 countries, researchers looked at adding cetuximab (Erbitux) to chemotherapy with cisplatin (Platinol) and vinorelbine (Navelbine) for patients newly diagnosed with advanced non-small cell lung cancer (NSCLC). Cetuximab is a targeted therapy that blocks the epidermal growth factor receptor (EGFR), a protein that helps lung cancer cells grow and multiply. The current standard treatment for these patients is platinum-based chemotherapy, such as cisplatin or carboplatin (Paraplatin), combined with newer types of chemotherapy, such as vinorelbine, gemcitabine (Gemzar), paclitaxel (Taxol), or docetaxel (Taxotere).

In this study, 557 patients received chemotherapy and cetuximab, and 568 patients received only chemotherapy. Of these patients, nearly all had stage IV lung cancer, which means that cancer had spread to other parts of the body.

The results: Patients who received cetuximab plus chemotherapy lived slightly longer than 11 months, compared with approximately 10 months for patients who received chemotherapy alone. Treatment with chemotherapy and cetuximab slowed tumor growth and/or caused tumor shrinkage for 36% of patients, compared with 29% of patients who received only chemotherapy. Cetuximab helped patients with different subtypes of NSCLC, including adenocarcinoma and squamous cell carcinoma. Like other drugs that target EGFR, the most common side effect was an acne-like rash that was treatable with medication.

What this means for patients: “Patients with advanced NSCLC have limited treatment options, and life expectancy is short, so the survival increase shown in this study is an important step for these patients,” said lead author Robert Pirker, MD, Associate Professor of Medicine at Medical University of Vienna, Austria. “These results clearly establish cetuximab in combination with chemotherapy as a new standard
Cetuximab is injected into the vein and is currently approved to treat colorectal and head and neck cancers.

**What to Ask Your Doctor**

- What stage lung cancer do I have? What does this mean?
- What are my treatment options?
- What are the possible side effects of these treatments?

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**Additional Treatment With Chemotherapy Delays Lung Cancer Growth**

**The study:** Researchers looked at the effect of maintenance therapy with pemetrexed (Alimta) given 3 to 6 weeks after completing a first treatment with chemotherapy for patients with advanced non-small cell lung cancer (NSCLC). Maintenance therapy is given in an effort to prevent the cancer from growing or spreading.

In this study, all of the patients were first treated with a platinum drug, such as cisplatin (Platinol) or carboplatin (Paraplatin). Then, 441 patients were given maintenance therapy with pemetrexed, and 222 patients were given best supportive care with close follow-up (the current standard treatment, which is no maintenance therapy). Pemetrexed is approved by the U.S. Food and Drug Administration for treating advanced NSCLC that has already grown or spread despite previous chemotherapy.

**The results:** Maintenance therapy with pemetrexed delayed by 50% the time it took for NSCLC to grow or spread. The tumors of patients who received pemetrexed did not grow or spread for slightly more than 4 months, compared with just less than 3 months for those who received best supportive care. Overall survival was 13 months for those who received pemetrexed and about 10 months for those who received best supportive care. The most common side effect of pemetrexed was anemia (low red blood cell count), which occurred in approximately 5% of patients who received pemetrexed, compared with 1% of those who received best supportive care.

**What this means for patients:** “This is the first study to show that patients with lung cancer can benefit from maintenance therapy. This approach significantly increases the amount of time that patients have before their cancer grows or spreads, without additional side effects,” said lead author Tudor Eliade Ciuleanu, MD, PhD, Associate Professor at the University of Medicine and Pharmacy Iuliu Hatieganu in Romania. “We recommend giving pemetrexed after a patient completes initial treatment with chemotherapy, but before the cancer grows or spreads. This approach increases the chance of killing stray cancer cells before they contribute to tumor growth.”

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**Genetic Analysis of Lung Tumors May Predict Chemotherapy Benefit for Patients With Lung Cancer**

**The study:** Canadian researchers performed a genetic analysis of frozen, banked tumor samples from 133 patients with early-stage non-small cell lung cancer (NSCLC) to identify a set of genes that could predict whether a patient would benefit from adjuvant chemotherapy (treatment after surgery). This study is a follow-up analysis from the National Cancer Institute of Canada’s Clinical Trials Group study JBR.10 and was conducted in collaboration with the U.S. National Cancer Institute. Of the 133 patients, genetic analysis was able to predict chemosensitivity in 87 patients (65%). This is the first study to show that genetic analysis of lung tumors can identify patients who would benefit from chemosensitivity testing.

**What to Ask Your Doctor**

- What type of lung cancer do I have?
- What is my current treatment plan?
- Do you recommend maintenance chemotherapy?
- What clinical trials are open to me?
Analysis of Lung Tumors May Predict Chemotherapy Benefit

Continued from page 3

482 patients in the original study, tumor samples were available from 133 patients. Of these patients, 62 had not received adjuvant chemotherapy, and 71 patients received adjuvant chemotherapy.

The results: A set of 15 genes was first identified in the 62 patients who had not received adjuvant chemotherapy. Some of these genes help control cancer cell growth and cell death or regulate other cancer-related genes. The researchers used this information to classify the tumor samples by risk of recurrence (chance that the cancer comes back after treatment) and found that 31 of the 62 patients had lung cancer with a high risk of recurrence, and 31 patients had lung cancer with a low risk of recurrence.

The tumors from the 71 patients who received adjuvant chemotherapy as part of the JBR.10 study were then tested to find the set of 15 genes that could predict the risk of recurrence for each patient. The patients predicted to have lung cancer with a high risk of recurrence experienced the most benefit from chemotherapy; they were 67% less likely to die from lung cancer than those who did not receive adjuvant chemotherapy. However, adjuvant chemotherapy did not lower the risk of death for patients predicted to have lung cancer with a low risk of recurrence because these patients already had a low risk of cancer recurrence.

What this means for patients: “Not all patients benefit from chemotherapy, and not all patients require chemotherapy.

Bevacizumab Benefits Women With Advanced Breast Cancer

The study: Researchers looked at adding the targeted therapy bevacizumab (Avastin) to chemotherapy with docetaxel (Taxotere) for women newly diagnosed with locally advanced or metastatic breast cancer (breast cancer that has spread outside of the breast and nearby lymph nodes). Targeted therapy is a treatment that targets faulty genes or proteins that contribute to cancer growth and development. Bevacizumab blocks angiogenesis (the formation of new blood vessels), which is needed for tumor growth and spread. Paclitaxel (Taxol), a drug similar to docetaxel, is already approved in combination with bevacizumab by the U.S. Food and Drug Administration for the treatment of newly diagnosed metastatic breast cancer.

In this study, 736 women received treatment with either docetaxel alone, a higher dose of bevacizumab plus docetaxel, or a lower dose of bevacizumab plus docetaxel. The higher dose of bevacizumab is the standard established in previous breast cancer studies, and the lower dose is the standard used for colorectal cancer treatment.

The results: After approximately 11 months, women who received the lower dose of bevacizumab were 28% less likely to have their breast cancer grow or spread, compared with the women who received only docetaxel. Also, this study showed that the tumors shrank in 44% of women who received docetaxel alone, compared with 55% of women who received the lower dose of bevacizumab, and 63% of women who received the higher dose of bevacizumab. Because of the small size of the study, researchers were not able to compare the higher and lower doses.

About three-fourths (75%) of women taking either dose of bevacizumab experienced severe side effects, compared with 67% of women who received docetaxel alone. Although most side effects were from the chemotherapy, the most common side effect of bevacizumab was high blood pressure, which is treatable with medication.
Breast Cancer May Be More Likely to Spread for Women With Low Levels of Vitamin D

The study: Researchers looked at the connection between vitamin D levels at the time of breast cancer diagnosis and the occurrence of metastases (areas where the cancer has spread) and survival in 512 women diagnosed with breast cancer between 1989 and 1995. These women were followed for more than 11 years after diagnosis. Vitamin D is found in food and supplements and is made by the body after exposure to ultraviolet rays from the sun. It is necessary for bone health, and some studies have suggested that it may have a protective effect against breast cancer development.

The results: Only a small number of women (24%) had adequate levels of vitamin D when diagnosed with breast cancer. Women with low vitamin D levels at the time of diagnosis were more likely to have aggressive breast cancer (cancer that has a higher risk of spreading). Although these women were more likely to have breast cancer metastases and more likely to die from breast cancer when compared with women with adequate levels of vitamin D, more than two-thirds (69%) of these women did not have breast cancer metastases, and about three-fourths (74%) were still alive after 10 years. After 10 years, cancer did not spread in 83% of women with adequate vitamin D levels and 85% were still alive.

What to Ask Your Doctor

- What is the stage of my breast cancer?
- What are my treatment options?
- What are the short-term and long-term side effects of this treatment?
Vitamin D and Breast Cancer
Continued from page 5

What this means for patients:
“This study shows an association between low vitamin D levels and aggressive breast cancer, but we can’t say at this time if very low vitamin D levels cause more aggressive cancer or if another factor is causing this association,” said lead author Pamela Goodwin, MD, Professor of Medicine at the University of Toronto, Canada, and holder of the Marvelle Koffler Chair in Breast Research at the Samuel Lunenfeld Research Institute, Mount Sinai Hospital. Dr. Goodwin also expressed concern that vitamin D deficiency was so common for women diagnosed with breast cancer. More studies are needed before any recommendations can be made about the possible breast cancer benefits of vitamin D supplements for women.

Bone Loss Drug Reduces Early-Stage Breast Cancer Recurrence Risk

The study: Researchers looked at whether zoledronic acid (Zometa) lowers the risk of breast cancer recurrence (cancer that comes back after treatment) for premenopausal women with early-stage breast cancer. Zoledronic acid is a drug called a bisphosphonate that is used to reduce bone loss caused by cancer treatment. The women were treated with surgery, ovarian suppression (drugs that stop the production of hormones by the ovaries), and hormone therapy. Hormone therapy is used to treat breast cancer that is hormone-receptor positive (uses estrogen or progesterone to grow) and includes tamoxifen (Nolvadex) and anastrozole (Arimidex).

In this study, 1,803 women who were undergoing drug-induced ovarian suppression were divided into four treatment groups: tamoxifen only, anastrozole only, tamoxifen and zoledronic acid, or anastrozole and zoledronic acid. Tamoxifen is the standard treatment for premenopausal women with hormone-receptor positive tumors. Anastrozole is only approved for the treatment of postmenopausal women with hormone-receptor positive tumors. However, premenopausal women in this study were able to take this drug while receiving ovarian suppression.

The results: After approximately five years, treatment with zoledronic acid combined with hormone therapy reduced a woman’s risk of recurrence by 35%, compared with women who received hormone therapy alone. There was no difference in the reduction of the risk of recurrence between the tamoxifen and anastrozole. Women in this study had no unexpected side effects, and the overall occurrence of side effects was low.

What this means for patients: “It’s very exciting to find that in addition to preventing bone loss in women receiving hormone therapy for breast cancer, zoledronic acid can also reduce the likelihood that breast cancer will return in some women,” said lead author Michael Gnant, MD, Professor of Surgery at the Medical University of Vienna and President of the Austrian Breast and Colorectal Cancer Study Group. “Future research will focus on developing the appropriate treatment schedule and determining which women will benefit the most from this treatment.”

What to Ask Your Doctor

- What is the stage of my breast cancer?
- What is the chance that the cancer will recur?
- What is my current treatment plan?
- Would I benefit from treatment to reduce bone loss?
More Women With Early Breast Cancer Receiving Mastectomies

The study: Researchers at the Mayo Clinic in Rochester, Minnesota looked at how the use of magnetic resonance imaging (MRI) before surgery affected the number of women with early-stage breast cancer who had a mastectomy (removal of the breast as a treatment for breast cancer) instead of a lumpectomy (removal of the tumor and a small, cancer-free area around the tumor) between 1997 and 2006. Lumpectomy plus radiation therapy is a common treatment for women with early-stage (stage I and II) breast cancer and has been shown to be as effective as mastectomy. When MRI is used before surgery, it may find cancer in more than one part of the breast, leading women and their doctors to choose mastectomy more often than lumpectomy. However, about half of the possible tumors that show up on MRI are noncancerous and only need to be monitored.

The results: Between 2003 and 2006, the number of mastectomies performed at the Mayo Clinic increased from 30% to 43%. During this time, the number of women who received MRI before surgery also increased, from 11% to 22%. Of the women who had MRI before surgery, 52% had a mastectomy, compared with 38% of women who did not have MRI, showing that women who received MRI before surgery were more likely to have a mastectomy. Mastectomy rates also increased for women who did not have MRI, from 28% in 2003 to 41% in 2006, suggesting that other factors may contribute to the increase in mastectomy rates.

What this means for patients: “This study shows that many women with early-stage breast cancer are undergoing mastectomy, and it appears to be partially related to the use of MRI before surgery,” said lead author Rajini Katipamula, MD, Senior Clinical Fellow in Hematology/Oncology at the Mayo Clinic. Women should talk with their doctor about the benefits and side effects of mastectomy versus lumpectomy and radiation therapy.

<table>
<thead>
<tr>
<th>What to Ask Your Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you explain my surgical treatment options to me?</td>
</tr>
<tr>
<td>Do I need a mastectomy, or am I a candidate for lumpectomy?</td>
</tr>
<tr>
<td>What are the possible short-term and long-term side effects of these treatments?</td>
</tr>
<tr>
<td>How is a noncancerous tumor found on an MRI monitored?</td>
</tr>
</tbody>
</table>

For More Information: Breast Cancer

- ASCO Patient Guide: Bisphosphonates for Breast Cancer (www.cancer.net/patientguides)
- Cancer.Net Podcast: Dietary and Herbal Supplements (www.cancer.net/podcasts)
- Cancer.Net Feature: Breast MRI for Early Detection of Breast Cancer (www.cancer.net/features)
- Cancer.Net Feature: After a Mastectomy: What to Know (www.cancer.net/features)

Uterine Cancer

Brachytherapy Prevents Recurrence With Fewer Side Effects

The study: Dutch researchers compared the use of vaginal brachytherapy (radiation therapy given internally, using implants) to external-beam radiation therapy (radiation given from a machine outside the body) to treat uterine cancer that has a higher risk of recurrence (cancer that comes back after treatment). For women with this type of uterine cancer, the standard
treatment is surgery followed by external-beam radiation therapy. Brachytherapy is typically used with external-beam radiation therapy for women with advanced uterine cancer.

In this study, 214 women with uterine cancer that has a moderate- to high-risk of recurrence were given external-beam radiation therapy to the pelvis, and 213 women received vaginal brachytherapy. All 427 women had previously been treated with surgery to remove the uterus and ovaries.

**The results:** Brachytherapy is as effective as external-beam radiation therapy and has fewer side effects. After three years, women who received brachytherapy had similar rates of recurrence as women who received external-beam radiation therapy. For example, about 1% of women had a recurrence in the pelvis, and 6% had a recurrence to other areas of the body, regardless of the type of radiation therapy. In addition, 90% of women who received brachytherapy were still alive after three years, compared with 91% of women who received external-beam radiation therapy.

The most common side effect in this study was diarrhea, which was more common in the women who received external-beam radiation therapy both during and after treatment.

**What this means for patients:** “Based on this study, we expect that vaginal brachytherapy will be adopted as the new standard experience a lack of energy 4 weeks after starting treatment, compared with 7% of those who received carboplatin.

**What this means for patients:** “Personal preference is becoming a more important factor in determining the best treatment for men with testicular cancer,” said lead author Tim Oliver, MD, Professor Emeritus of Medical Oncology at St. Bartholomew’s Hospital in London, England. “This study established surgery followed by carboplatin chemotherapy as a safe new option for men who have early-

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**TESTICULAR CANCER**

**Single Dose Chemotherapy Is Effective Treatment for Early-Stage Testicular Cancer**

**The study:** Researchers looked at the long-term effectiveness of treatment with a single dose of chemotherapy compared with radiation therapy, the current standard of care, for men with early-stage testicular cancer. The men who participated in this study had a type of tumor called a seminoma and were first treated with surgery to remove the affected testicle. In this study, 573 men received a single dose of the chemotherapy carboplatin (Paraplatin), and 904 men received daily radiation therapy for 2 or 3 weeks.

**The results:** After five years, 5% of the men who received chemotherapy and 4% of the men who received radiation therapy had a recurrence (cancer that comes back after treatment). After approximately seven years, men who received carboplatin were 78% less likely to develop a tumor in the other testicle. One man who received radiation therapy died of testicular cancer, and none of the men who received carboplatin died of testicular cancer. The occurrence of side effects was low for both types of treatment, although 24% of men who received radiation therapy

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**What to Ask Your Doctor**

- What type of testicular cancer do I have?
- What is the stage of the cancer?
- What are my treatment options?
- What are the risks and benefits of these treatments?
of care for women with this type of uterine cancer,” said lead author Remi A. Nout, MD, a Radiation Oncology Resident in the Department of Clinical Oncology at Leiden University Medical Center in the Netherlands. “This treatment is simpler and just as effective as external-beam radiation therapy, and it makes treatment and recovery for many women much more manageable, allowing them to have a better quality of life during and after treatment.”

What to Ask Your Doctor

- What is the stage of my cancer?
- What is my current treatment plan? Will I receive radiation therapy?
- Would I benefit from brachytherapy instead of external-beam radiation therapy?
- How might this treatment affect my quality of life?

For More Information: Testicular Cancer

- Cancer.Net Guide to Testicular Cancer (www.cancer.net/testicular)

LISTEN TO CANCER.NET PODCASTS!
Access the audio files at www.cancer.net/podcasts.

KIDNEY CANCER

New Drug Helps Patients With Advanced Kidney Cancer Live Longer

The study: Kidney cancer treatment has improved with the development of targeted therapies, which are treatments that target faulty genes or proteins that contribute to cancer growth and development. Researchers evaluated whether treatment with the targeted therapy drug everolimus (Certican) could slow the growth and spread of renal cell carcinoma (a type of kidney cancer) when other targeted therapies, such as sunitinib (Sutent) and/or sorafenib (Nexavar), stopped working. Everolimus belongs to a class of drugs known as mTOR inhibitors. In this study, 272 patients with metastatic kidney cancer (cancer that has spread) were given everolimus, and 138 were given best supportive care (treatment of symptoms).

The results: Treatment with everolimus delayed cancer growth and spread. After 6 months, the cancer had not grown or spread in 26% of the patients who received everolimus, compared with 2% of the patients who received best supportive care. The average time it took the cancer to grow or spread was 4 months for the patients who received everolimus and about 2 months for patients who were given best supportive care. Severe side effects occurred in 5% of patients and included mouth sores, anemia, and weakness.

What this means for patients: “This study has given us a new...”

Continued on page 10
Drug Helps Patients With Kidney Cancer Live Longer

Continued from page 9

and clearly useful tool for treating renal cell tumors, and everolimus is a step forward for patients living with this disease,” said lead author Robert J. Motzer, MD, Attending Physician at Memorial Sloan-Kettering Cancer Center in New York City. “In the future, kidney cancer is likely to be managed as a chronic disease.” Everolimus is only available through a U.S. clinical trial. Talk with your doctor for more information.

What to Ask Your Doctor

- What are my treatment options for kidney cancer?
- What are the possible side effects of this treatment?

For More Information: Kidney Cancer

- Cancer.Net Guide to Kidney Cancer (www.cancer.net/kidney)
- Cancer.Net Feature: Understanding Targeted Treatments (www.cancer.net/features)
- Cancer.Net Feature: Angiogenesis and Angiogenesis Inhibitors to Treat Cancer (www.cancer.net/features)

CHILDhood CANCER SURVIVORSHIP

Childhood Cancer Survivors Face Increased Heart Disease Risk

The study: In an analysis of data from the Childhood Cancer Survivorship Study (CCSS), researchers compared the development of heart disease in 14,358 childhood cancer survivors with 3,899 of their siblings. The survivors were originally diagnosed between 1970 and 1986. The CCSS is the largest study of childhood cancer survivors and has provided the greatest amount of data on the long-term side effects of cancer treatment.

The results: Childhood cancer survivors are 5 to 10 times more likely than their healthy siblings to develop heart disease in early adulthood, but the occurrence of heart conditions in survivors is low overall. The conditions survivors were at risk for and developed include:

- Hardening of the arteries: 10 times greater risk; occurred in 2% of survivors
- Congestive heart failure: 6 times greater risk; occurred in 4% of survivors
- Heart attack: 5 times greater risk; occurred in 1% of survivors
- Pericardial disease (inflammation of the membrane surrounding the heart): 6 times greater risk; occurred in 3% of survivors
- Valvular disease (disease that affects the flow of blood in the heart): 5 times greater risk; occurred in 4% of survivors

In addition, patients who had been treated with anthracycline drugs, such as doxorubicin (Adriamycin), or radiation therapy to the heart were 2 to 5 times more likely to develop heart disease than those who did not have these treatments.

What this means for patients: “This study shows that childhood cancer survivors in their 20s are developing the kinds of heart disease we typically see in older adults,” said lead author Daniel A. Mulrooney, MD, Assistant Professor of Pediatrics at the Masonic Cancer Center, University of Minnesota in Minneapolis. “Our findings emphasize the need to educate patients, their families, and other health-care providers about the risk of delayed side effects of cancer treatment, so that patients can be closely monitored after treatment and appropriately followed.”

For More Information: Childhood Cancer Survivorship

- Cancer.Net: Childhood Cancer Survivorship (www.cancer.net/survivors)
- Cancer.Net Feature: Late Effects of Childhood Cancer (www.cancer.net/features)
- ASCO Cancer Treatment Summaries (www.cancer.net/survivors)
Patients With Ewing’s Sarcoma Benefit from More Frequent Chemotherapy

The study: Researchers from the Children’s Oncology Group (COG) looked at whether giving chemotherapy to patients with Ewing’s sarcoma every 2 weeks instead of every 3 weeks was more effective. The current standard treatment for patients with Ewing’s sarcoma that has not spread past the bone or nearby tissues is chemotherapy every 3 weeks with a combination of drugs, as well as surgery and/or radiation therapy. The 568 patients in this study were younger than 50 and had not yet been given radiation therapy or chemotherapy. Treatment with chemotherapy began approximately 13 weeks before surgery and/or radiation therapy and continued until the patients received a total of 14 cycles of chemotherapy. Half (284) of the patients received chemotherapy every 2 weeks, and the other half received chemotherapy every 3 weeks.

The results: Chemotherapy every 2 weeks was more effective than chemotherapy every 3 weeks and did not increase the side effects. After approximately three years, 76% of patients who received chemotherapy every other week were still alive and had not experienced a recurrence (cancer that comes back after treatment) or a new cancer, compared with 65% of patients who received chemotherapy every 3 weeks. The incidence and severity of side effects was similar between the two groups. Of the patients who received chemotherapy every other week, 7% had fever with a low white blood cell count, compared with 6% of patients who received chemotherapy every 3 weeks. About 5% of patients in both groups experienced infection.

What this means for patients: “The results of this study are strong enough to change the standard of care for Ewing’s sarcoma that has not spread,” said lead author Richard B. Womer, MD, Senior Oncologist and Professor of Pediatrics at the Children’s Hospital of Philadelphia and the University of Pennsylvania School of Medicine. “This study shows that progress against Ewing’s sarcoma can be made by giving commonly used chemotherapy in new ways.”

What to Ask Your Doctor

- Would you help compile a detailed medical record of my (or my child’s) diagnosis, treatment, and adjustments to treatment?
- What are the possible long-term side effects of this treatment?
- What follow-up tests will I need, and how often will I need them?

For More Information: Ewing’s Sarcoma

- Cancer.Net Guide to Ewing’s Family of Tumors (www.cancer.net/ewings)
- Cancer.Net Feature: Part II: Chemotherapy-Your Personal Experience (www.cancer.net/features)