

# NEWS ROUND

Selected press reports compiled by the ESO Cancer Media Centre

## Statins do not help protect against breast cancer

→ [Journal of Clinical Oncology](#)

**T**aking statins, the anti-cholesterol drug, does not prevent breast cancer according to a recent meta-analysis of studies, published in the *Journal of Clinical Oncology*.

Statins are a relatively safe group of drugs given to lower cholesterol. They are commonly used in people over 50 years of age to help protect against high cholesterol, which causes heart disease. Recent studies in laboratories have shown that statins may cause breast cancer cells to self-destruct, known as apoptosis. However patient studies have remained unclear as to the benefits of the drug.

The University of Athens looked at seven large randomised trials and nine observational studies published in peer-reviewed journals, and analysed the data. The collaboration found that statin use did not significantly affect breast cancer. Moreover, there was no evidence to suggest that statins have a protective effect against breast cancer. The authors did, however, note that this conclusion is limited by the relatively short follow-up times of the studies analysed. Further studies are required to look at the potential decrease in breast cancer risk among long-term statin users.

■ Use of statins and breast cancer: a meta-analysis of seven randomized clinical trials and nine observational studies. S Bonovas, K Filioussi, N Tsavaris et al. *JCO* 1 December 2005, 23:8606-8612; Can statin therapy reduce the risk of breast cancer? (Editorial). VG Vogel *ibid* pp 8553-8555

## Extensive surgery is best option for advanced-stage ovarian cancer patients

→ [Mayo Clinic](#)

**R**esearchers from the Mayo Clinic Cancer Center, Rochester, have found that extensive surgery to remove as much cancer as possible through the stomach is the best option for women with ovarian cancer.

William Cliby, a gynaecologic oncologist who headed the study, found that extensive surgery significantly improves survival rates for patients where the cancer has spread the most. The researchers also found that patients undergoing surgery to remove the source of the cancer had a five-year survival rate of 55% versus 28% for those who did not, indicating that extensive surgery aids survival. "This study provides further evidence that surgery to remove as much tumour as possible at the initial operation is the best option for most patients," said Cliby.

The study included 194 women who had undergone surgery for stage 3C ovarian cancer at the Mayo Clinic between 1994 and 1998. In patients with the largest amount of cancer (carcinomatosis), the researchers found that extensive surgery removing the source of the cancer greatly improved the five-year survival rates. "Our study showed a significant survival advantage when a more aggressive surgical approach is used," says Cliby. "Hopefully we'll see increased education and a movement towards a more uniform surgical management of ovarian cancer."

■ Mayo Clinic Cancer Center, Rochester, United States

## Chemotherapy treatment for endometrial cancer is more effective than radiotherapy

→ [Journal of Clinical Oncology](#)

**A** new study has shown that giving two chemotherapy drugs to women with endometrial cancer after surgery reduces the risk of the cancer coming back by 29% and increases survival by 32% compared with women who received whole abdominal radiotherapy.

Between 1992 and 2001, researchers from the Gynecologic Oncology Group (GOG) assessed 396 women with an average age of 63. The trial measured patient overall survival and the rate of cancer recurrence. A total of 194 patients with advanced endometrial cancer received doxorubicin and cisplatin for a period of five months following surgery. Another 202 patients received radiotherapy for the whole abdominal area for about one-and-a-half months.

Both patient groups were followed up for just over six years. After five years, 50% of women receiving the chemotherapy drugs were predicted to be alive, compared with 38% of women who received the radiotherapy.

"For the first time, adjuvant chemotherapy has been shown to extend survival in patients with advanced endometrial cancer," said the study's lead author, Marcus Randall, Director of the Leo W. Jenkins Cancer Centre at the Brody School of Medicine at East Carolina University in Greenville, North Carolina. "These findings were surprising, given that previous studies

showed that single chemotherapy agents do not have a significant impact on the disease."

The trial concluded that treatment with chemotherapy significantly improved overall survival for women with endometrial cancer, compared to women treated with whole abdominal radiation.

"This study represents a major advance in the treatment of advanced endometrial cancer," noted Gini Fleming, Director of the Medical Oncology Gynecologic and Breast Cancer Programs at the University of Chicago.

■ Randomized phase III trial of whole-abdominal irradiation versus doxorubicin and cisplatin chemotherapy in advanced endometrial carcinoma: A Gynecologic Oncology Group Study. ME Randall, VL Filiaci, H Muss et al. *JCO* 1 January 2006, 24:36–44; Major progress for a less common cancer. (Editorial) G Fleming *ibid* pp6–8

### Fatigue can be a long-term problem for breast cancer survivors

→ Cancer

More than 30% of breast cancer survivors report problems with fatigue for as long as 10 years after they had been diagnosed with the disease, according to the findings of a recent study conducted at the University of California at Los Angeles. The study found that women suffering from depression or those who had cardiovascular problems were more likely to also suffer from fatigue. Women treated with both radiation and chemotherapy were also more likely to report problems with fatigue.

Julie Bower, one of the study team at the Jonsson Cancer Center, and an assistant professor of psychiatry and bio-behavioural sciences, said: "Fatigue is recognised as one of the most common and distressing side effects of cancer and its treatment. It can

significantly impact a woman's quality of life... As survival times for women with early-stage breast cancer lengthen, understanding the long-term effects of cancer and its treatment on functioning and quality-of-life is becoming increasingly important...The study does indicate that fatigue appears to be a persistent problem for a significant number of breast cancer survivors... It also identifies potential targets for intervention, specifically depression and cardiovascular problems, both of which appear to increase risk for persistent fatigue."

■ Fatigue in long-term breast carcinoma survivors: a longitudinal investigation. JE Bower, PA Ganz, KA Desmond, et al. *Cancer*, 15 February 2006, 106:751–758

### New cervical screening technique is no better than Pap smear test

→ The Lancet

A new cervical screening technique – liquid-based cytology – being introduced in the UK and the US has been found to be no better than the conventional cervical smear test.

Elizabeth Davey, from the University of Sydney, Australia, and her colleagues, reviewed 56 studies. They concluded that there is no evidence that liquid-based cytology reduced the number of unsatisfactory slides compared to the Pap smear test, nor is there any evidence that it detected more obvious changes in the cells taken from the cervix.

For more than 30 years, screening for cervical cancer has been done using the Pap smear test.

The smear involves the general practitioner or nurse removing cells from the surface of the cervix using a spatula, cotton swab or brush. The cells are placed on a

glass slide so that they can be examined under a microscope. As a result of this screening method, incidences of cervical cancer have fallen substantially.

Liquid-based cytology has been developed as an alternative and has been reported to increase the sensitivity of smear tests and decrease the number of slides that aren't good enough to assess for cervical cancer.

According to Davey, "Although we did not find liquid-based cytology to be more accurate than conventional cytology, equivalent performance might be sufficient if liquid-based cytology has other advantages, such as the opportunity for concurrent HPV [human papilloma virus] DNA testing, or reduced reading times, or is more economical than conventional cytology."

■ Effect of study design and quality on unsatisfactory rates, cytology classifications, and accuracy in liquid-based versus conventional cervical cytology: a systematic review. E Davey, A Barratt, L Irwig et al. *The Lancet* 14 January 2006, 367:122–132

### Older women are given less of a chance to survive breast cancer

→ PLoS Medicine

Women aged between 70 and 84 have a 13% lower chance of surviving their breast cancer, according to researchers from Sweden who did a population-based study in one health-care region.

The study, led by Sonja Eaker from the University of Uppsala, looked at 9,059 women between the ages of 50 and 84 who had been diagnosed with primary breast cancer between 1992 and 2002.

The five-year relative survival ratio was estimated for patients classified by age group, diagnostic activity, tumour characteristics, and treatment.

Big differences were found between the management of the cancer according to age.

Older women had larger tumours and fewer lymph nodes examined, and did not receive chemotherapy or radiotherapy as often as the younger group of women did.

The study concluded that less diagnostic activity, less aggressive treatment, and later diagnosis in older women are associated with poorer survival, and that the large differences in treatment of older women are difficult to explain by co-morbidity alone.

Older women suffer from not having their cancer identified adequately and having less invasive surgery. Eduardo Franco from McGill University asks: "To what extent do we as a society want to continue to assign lesser importance to our elderly when formulating health policies and research priorities?"

■ Differences in the management of older women influence breast cancer survival: Results from a population-based database in Sweden. S Eaker, PW Dickman, L Bergkvist et al. *PLoS Med* 17 January 2006, 3(3): e25; Epidemiology as a tool to reveal inequalities in breast cancer care. EL Franco *ibid*, e48

## Towards more accurate estimations of survival in terminal cancer

→ **British Journal of Cancer**

People affected by cancer want to know how long they have to live. Unfortunately, oncologists have trouble estimating and talking about their patients' survival.

A study published in the *British Journal of Cancer* investigated the estimations made by oncologists for newly referred patients with incurable cancer. A total of 102 patients were involved and followed for three years. Oncologists were asked how long each patient would survive, and they

were also asked how long 90%, 50% and 10% of similar patients would survive – representing the worst case, predicted and best case scenarios.

Oncologists' estimations of the 90%, 50% and 10% values were fairly accurate. However, their estimations for the majority of their patients were wrong. Only 29% were within 0.67–1.33 times the patient's actual survival, 35% were too optimistic (>1.33 times the actual survival), and 39% were too pessimistic (<0.67 times the actual survival). The proportions of patients with actual survival times bounded by simple multiples of their predicted survival were as follows: 61% between half to double their predicted, 6% at least three to four times their predicted, and 4% no more than one-sixth of their predicted survival.

The authors conclude that the most appropriate way to inform newly referred patients with incurable cancer about their prognosis and the uncertainty surrounding their prognosis is to use the above ranges, based on simple multiples of the predicted survival time.

■ Disarming the guarded prognosis: predicting survival in newly referred patients with incurable cancer. MR Stockler, MHN Tattersall, MJ Boyer et al. *Br J Can* 30 January 2006, 94:208–212

## Chemotherapy directly into the abdomen improves survival in ovarian cancer

→ **New England Journal of Medicine**

Results from a trial conducted at the Johns Hopkins Kimmel Cancer Center, Baltimore, USA, found that women who received chemotherapy directly into their abdomen lived up to one-and-a-half years longer than women who were given traditional, intravenous chemotherapy. There is still no screening test for ovarian cancer, so often the cancer progresses unnoticed. The standard

treatment for advanced ovarian cancer is to have surgery to remove the tumour, followed by combined chemotherapy drugs injected into a vein to enter the blood stream. In the first conclusive trial, the Gynecologic Oncology Group (GOG) compared 415 women. One group of 210 women was given a combined chemotherapy treatment intravenously for 24 hours, the other group – 205 women – received the combined chemotherapy intravenously plus a slightly lower amount of chemotherapy directly into the abdominal area. Both of these treatments were given every three weeks for six cycles, and the results were followed up for just over four years.

Patients who received the chemotherapy drugs directly into the abdominal area increased their median survival by 25% compared to patients receiving the standard treatment. Doctors can give larger doses of the drugs when administering them directly into the abdomen, providing better results.

The study was welcomed by Gordon McVie, of the European Institute of Oncology in Milan. "This result vindicates the work of several European groups which have showed unequivocal complete remissions in small cancers in the abdomen, after treatment with intraperitoneal drugs. These results were achieved after intravenous chemo had failed, and were accompanied with long remissions. The technical difficulties, local complications and lack of a randomised trial delayed uptake of this form of therapy for 20 years. Now advances in technology should cut the problems for the patient, and offer real survival prolongation to suitable patients.

"These results will influence clinical practice. It will now be possible for doctors to discuss this way of giving chemotherapy with selected women who are newly diagnosed with ovarian cancer. The data from the GOG trial establishes this method of giving chemotherapy as an important advance in the treatment of ovarian cancer."

■ Intraperitoneal chemotherapy comes of age. SA Cannistra. *N Engl J Med* 5 January 2006, 354:77–79