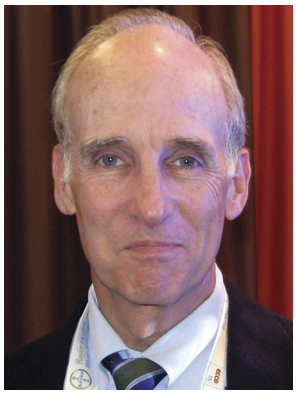
From ASCO 2013, a line-up of possible practice changers

With this issue of COMMUNITY ONCOLOGY, memories of this year's annual meeting of the American Society of Clinical Oncology in Chicago are starting to fade, but we are still trying to make sense of the wealth of data that was presented there. I found a number of the presentations particularly noteworthy and some of the findings likely to have an impact on how we practice. The aTTom trial[1] by a group of British researchers was presented at the plenary session and dovetailed nicely with the ATLAS trial[2] findings that were presented at last year's San Antonio Breast Cancer Symposium. Both trials examined 5 and 10 years of adjuvant tamoxifen in women with early stage, hormone-positive breast cancer, and findings from both trials showed reductions in recurrence, breast cancer mortality, and overall mortality in women who remained on tamoxifen to year 10.

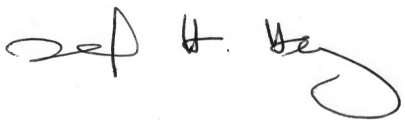


Two presentations examined frequency of scanning in Hodgkin and non-Hodgkin lymphoma and both groups of researchers concluded what many of us have often suspected – that we overscan, and that clinical surveillance is an adequate strategy for detecting recurrence. One study showed that most diffuse large B-cell lymphoma relapses were found by detection of symptoms during a physical exam, lab abnormalities, or even the patients themselves, and that routine surveillance scans did not add much to the detection of relapse.[3] Findings from a second study showed that routine surveillance did not result in any survival advantage in patients with classical Hodgkin lymphoma who had achieved complete remission.[4]

I was impressed by a presentation in which the researchers compared second-line docetaxel with active symptom care in patients with advanced esophago-gastric adenocarcinoma. I expected to hear that the active symptom care would be the winner, but it was just the opposite, and they reported that the second-line docetaxel in this setting yielded a significant benefit in overall survival, improved symptom scores, and no deterioration in patient quality of life.[5]

Two lung cancer presentations[6,7] were notable in the oral session. In both presentations, pemetrexed plus carboplatin followed by maintenance pemetrexed was compared with paclitaxel/carboplatin/bevacizumab followed by maintenance bevacizumab in patients with advanced nonsquamous non–small-cell lung cancer. There was no difference in disease free and overall survival outcomes between the two treatment groups, but taxane-containing arms had a greater instance of febrile neutropenia and peripheral neuropathy. In one of the studies, progression-free survival was longer in the pemetrexed arm and for patients who were younger than 70 years.

Finally, Daniel von Huff presented findings from the IMPACT trial[8] in which patients with advanced pancreatic cancer were randomized to receive nab-paclitaxel plus gemcitabine or gemcitabine alone. The disease free and overall survival advantage was significantly better in the combination chemotherapy arm. This regimen also seems to be better tolerated.



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