

Oncology Week

In Review

Published by cancereducation.com

Vol. III, No. 13 March 28, 2002

Only 26% of Medicare Patients With NSCLC Wind Up Getting Chemotherapy

BOSTON—Not everyone with metastatic lung cancer gets referred to an oncologist or other physician who might prescribe chemotherapy, but Caucasian patients seem to have an edge over African Americans.

In a retrospective cohort study of 12,015 Medicare patients over age 65 who were diagnosed with metastatic non-small-cell lung cancer—a group taken from the NCI's SEER registry—only 64% ever saw a physician who provides chemotherapy. Three thousand ninety-eight patients (26%) were given chemotherapy at some



Craig C. Earle, M.D.

time during their illness.

The median time to seeing a physician who could provide chemotherapy was 19 days after diagnosis, and the median time to starting it was 11 more days, Dr. Craig C. Earle of the Dana-Farber Cancer Institute here and colleagues reported in the April 1

Journal of Clinical Oncology.

"Black race, probably acting as a proxy for lower socioeconomic status, was associated with both a diminished likelihood of seeing a cancer specialist and subsequently receiving chemotherapy," they reported. They said that 74% of

continued on page 2

Low-Molecular-Weight Heparin Makes a Difference After Abdominal Cancer Surgery

UPPSALA, Sweden—Prophylaxis with a month of low-molecular-weight heparin, compared with a week's worth, appears to more than halve the rate of venous thromboembolism after surgery for abdominal or pelvic cancer.

This was the bottom line of an international study of 332 patients who, after six to 10 days of subcutaneous enoxaparin (Lovenox, Aventis) postsurgery at 40 mg/day, were randomized to three weeks' more prophylaxis or placebo.

At that point, the placebo group had a 12.0% rate of venous thromboembolism (20 of 167), compared with 4.8% for those taking the low-molecular-weight heparin (eight of 165), Dr. David Bergqvist of Academic Hospital here and colleagues in the Enoxaparin and Cancer (Enoxacan) II trial reported in the March 28 *New England Journal of Medicine*. It was an absolute risk reduction of 7.2 percentage points and a relative risk reduction of 60%.

continued on page 2

In the Pipeline...

Vaccine shrinks lesions

Xenova Group of Slough, England, said a phase-2a trial of the vaccine TA-HPV, given for up to 15 years to 12 women with high-grade HPV-positive anogenital intraepithelial neoplasia, a precursor to vulval cancer, showed five with a 50% reduction in total lesion diameter after 24 weeks. One woman had a complete regression, and there was an average decrease in lesion size of 40%. Eight women showed some improvement.

Zevalin ready to go

IDEC Pharmaceuticals of San Diego said it would begin filling orders for Zevalin (ibritumomab tiuxetan) on March 28. The radiopharmaceutical was approved by the FDA on Feb. 19 for relapsed or refractory low-grade, follicular, or transformed B-cell non-Hodgkin's lymphoma, including patients with rituximab-refractory follicular NHL.

Antisense plus irinotecan

Hybridon of Cambridge, Mass., said it has begun a phase-1/2 trial of GEM231, an antisense inhibitor of the R1a subunit of protein kinase, in combination with irinotecan (Camptosar, CPT-11, Pharmacia) for patients with solid tumors.

continued on page 2

OCOG

online collaborative
oncology group

Conducting clinical trials is a *Science*.
Ensuring on-time, on-budget recruitment
is an *Art*.

Let OCOG help
you reach your
recruiting goals

TRIAL SPONSORS CONTACT BOB BIRCH: (PHONE) 901-684-1900 EXT. 202 (EMAIL) B.BIRCH@OCOG.NET

For HPV-Positive Women, Pill Use Plays Role in Cervical Cancer

BARCELONA, Spain—Epidemiologists calculate that long-term use of oral contraceptives could contribute to a fourfold rise in the risk of cervical cancer in women who are positive for cervical HPV DNA.

In a pooled analysis of data from eight case-control studies of patients with histologically confirmed invasive cervical cancer and from two studies of patients with carcinoma in situ, 1,465 of 1,561 patients with the former (94%) and 211 of 292 with the latter (72%) were positive for HPV DNA. By contrast, only 255 of 1,916 controls (13%) were positive.

Compared with never-users of oral contraceptives, there was no increased risk of cervical cancer for those who used the Pill for less than five years, Dr. Victor Moreno of the Catalan Institute of Oncology here and colleagues reported for the International Agency for Research on Cancer's Multicentric

Cervical Cancer Study Group in the March 30 *Lancet*.

But the risk nearly tripled for women who used oral contraceptives for five to nine years, and it quadrupled for those who used them for 10 years or more, the investigators added.

In another study in the same *Lancet* by the Multicentric Cervical Cancer Study Group, Dr. Nubia Muñoz of the International Agency for Research on Cancer in Lyon, France, and colleagues pooled data from the same 10 studies and showed that high parity increases the risk of squamous-cell disease.

For women with seven full-term pregnancies, the risk of squamous-cell cervical cancer was 3.8 times higher than it was for nulliparous women, they reported. But there was no association between the number of pregnancies and the risk of adenocarcinoma or adenosquamous carcinoma.

Only 26% of Medicare Patients With NSCLC Wind Up Getting Chemotherapy

from page 1

white patients were referred to an oncologist, and 35% were given chemotherapy. By contrast, 70% of black patients were referred to an oncologist, and 28% were given chemotherapy.

Women were more likely than men to be seen by an oncologist (76% vs. 72%), but less likely than men to be given chemotherapy (33% vs. 37%).

The study looked at SEER data from 1991 through 1996. Overall chemotherapy use in this population increased from 24.9% in 1991 to 30.3% in 1996, just as HMO enrollment steadily increased from 11% in 1991 to 24% in 1996.

The "unexplained practice variation in the care of lung-cancer patients can

be largely explained by whether they ever saw a physician who provides chemotherapy," the authors concluded. "Among patients seeing an oncologist, decisions seem to be mostly determined by appropriate medical factors, such as age and comorbidity."

In an accompanying editorial, Drs. Alfred I. Neugut and Victor R. Grann of Columbia in New York said that "physician recommendations and referrals can be crucially important factors" in determining the kind of care patients receive. "Therapeutic nihilism must no longer be acceptable among surgeons and primary-care physicians when it comes to the management of malignancies, even solid tumors," they added.

Low-Molecular-Weight

from page 1

Three months after surgery the venous thromboembolism difference persisted between the groups—13.8% vs. 5.5%. Six patients in the placebo group died, vs. three patients in the enoxaparin group.

The investigators, who did bilateral venography at the end of the study, or sooner if there were symptoms of venous thromboembolism, said there were no significant differences between the groups in the rates of bleeding or other complications.

In the Pipeline...

from page 1

EPT shows efficacy

Genetronics Biomedical of San Diego said 16 of 18 newly diagnosed, previously untreated Stage T1 or T2 head-and-neck cancer patients given electroporation therapy (EPT) with the company's system showed no signs of viable cancer cells when the tumors were excised four weeks later. The other two had histologically positive biopsies. EPT involves the use of brief, intense, pulsed electric fields to temporarily permeabilize cell membranes, creating transient pores that allow drugs to enter cancer cells directly.

Colorectal vaccine in phase-1

Aventis Pasteur of Toronto said it has begun a phase-I study of a therapeutic vaccine, called ALVAC-CEA/B7.1, for up to 90 North American patients with untreated metastatic colorectal cancer. Patients will be randomized to a group getting the vaccine before starting standard chemotherapy and will receive additional concurrent doses of the vaccine with the chemotherapy. Controls will be given standard chemotherapy without the vaccine but responders will have the option of receiving the vaccine after chemotherapy is completed.