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How the Cancer Community Fared
During Hurricane Sandy's
Mid-Atlantic Sweep

BY ERIC T. ROSENTHAL



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- Alzheimer's Drug Slows Cognitive Decline in Patients Undergoing WBRT
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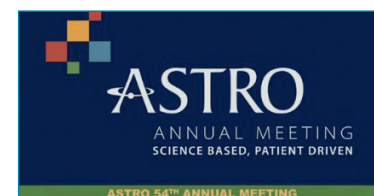
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Older Women with Early Breast Cancer Also Benefit from Adjuvant Radiation

BY CHARLENE LAINO



BOSTON—Elderly women with early-stage breast cancer who receive radiotherapy after lumpectomy have better outcomes than those treated with surgery alone, according to two large studies presented here at the American Society for Radiation Oncology Annual Meeting.

Both studies utilized Surveillance, Epidemiology, and End Results (SEER) database records; one involved 29,949 patients aged 70 to 84 at diagnosis (*Abstract 82*), and the other (*Abstract 84*) included 27,559 women age 70 and over.

In both studies, women treated with both modalities had higher overall and breast cancer–specific survival rates compared with women who received lumpectomy alone.

Commenting on the studies, though, Bruce G. Haffty, MD, Chair of Radiation Oncology at Robert Wood Johnson Medical School of the University of Medicine and Dentistry of New Jersey, cautioned that although large database studies are useful for allowing researchers to see trends that might otherwise go unnoticed, treatment cannot be guided by such studies: “We have to decide on an individual basis which option is best for individual patients, given all the risks and benefits.”



RANDI J. COHEN, MD: “The improvement in survival with the addition of radiation suggests that in healthy, elderly women, adjuvant radiation should be strongly considered as part of their breast cancer treatment.”

The principal investigator of the first study, Randi J. Cohen, MD, Assistant Professor of Radiation Oncology at the University of Maryland, said, “The improvement in breast-cancer survival with the addition of radiation suggests that in healthy, elderly women,

adjuvant radiation should be strongly considered as part of their breast cancer treatment.”

About 76 percent of the women in that study received radiation, and its use dropped with increasing age. The overall survival rate for women

treated with lumpectomy and radiation was about 89 percent at five years and 65 percent at 10 years. In contrast, five- and 10-year survival rates were approximately 73 and 42 percent, respectively, for those who did not receive radiation. “The differences were

highly statistically significant at both time points,” she said.

The cause-specific survival rates at five years were 98 percent in the radiation-plus-surgery group versus 97 percent for those in the no-radiation

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Profiles in Oncology Social Media: Michael Fisch, MD, MPH, @fischMD

BY LOLA BUTCHER

#12 in a Continuing Series

The full archive of Oncology Social Media Profiles can be found in this Collection on the OT website: <http://bit.ly/OT-OncologySocialMediaProfiles>

Twitter Bio:

Department of General Oncology, MD Anderson Cancer Center. Tweets are my own: Oncology, palliative care, symptoms, side effects, survivorship, and disparities. <http://www2.mdanderson.org/cancerwise/author/michael-fisch-md-1/>

MD Anderson Cancerwise Blog Bio:

Focus is on the human element; how to care for patients, applying our knowledge of science, compassion, communication and negotiating into the goals of care. In this role he oversees clinical programs like the Lyndon B. Johnson (LBJ) General Hospital Medical Oncology Program, and the MD Anderson satellite locations.

At the University of Texas MD Anderson Cancer Center, an institution known for its specialists, Michael Fisch, MD, MPH, is a generalist. That means he needs to keep apprised of a wide range of topics—and that makes him a fan of HootSuite, a social media management dashboard that helps him do just that. HootSuite allows users to organize various social media platforms—such as LinkedIn and Facebook—as well as Twitter, but he focuses specifically on Twitter.

“There is almost no way to miss things if you’re on Twitter and you have your Twitter feeds set up right,” he said. “Basically nothing important can get by you. You are like a hockey goalie for information, and there are very few pucks that get by.”

What does “general oncology” mean at MD Anderson?

“The department of general oncology is for settings or topic areas that cut across disease or treatment modality. For example, MD Anderson provides the outpatient and inpatient care in the county safety net hospital LBJ General Hospital in Houston. So we need faculty who are

able to see a broad mix of patients in the outpatient and inpatient settings,

“And then there are topic areas that cut across disease. I’m interested in pain and symptom management and health care disparities and all of supportive oncology. I edit the *Journal of Supportive Oncology*. I think of the general oncology space as the interstium between the disease-specific realms.”

How does social media help you in your work?

“My work often involves connecting the dots and, for that reason, Twitter can be really useful. There is a lot of information that I need to take in, and there are ways to use Twitter to scout it in various ways.

“Articles published in general medical journals often matter to me because I need to know about developments in quality improvement, patient-physician communi-

cation, and various issues outside of cancer that should be applied to cancer care. Plus, I want to read a whole bunch of different cancer journals and all the various sup-

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and an academic general oncologist is a right fit there. Likewise in our regional cancer centers—our Houston-area satellites—we have oncology faculty that see a broad mix of patients in a community oncology setting.

→OLDER

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“We have to decide on an individual basis which option is best for individual patients, given all the risks and benefits.”

group. At 10 years, the rates were 95.5 percent and 93 percent, respectively. Again the differences were statistically significant.

“Women who received radiation are likely to be healthier, so cause-specific survival is a more important endpoint in that sense,” Cohen said.

The median survival was 13.1 years in the radiation group vs. 11.1 years in the no-radiation group.

The second study had similar results, with five- and eight-year survival rates of 87 and 73 percent, respectively, in the radiation arm. In contrast, the rates were only 68 and 50 percent in the lumpectomy-only arm, reported Mariam P. Korah, MD, Assistant Professor of Radiation Oncology at the University of Southern California Keck School of Medicine.

Radiation was also shown to improve cause-specific survival rates, which were 97 and 95 percent for patients who received radiation at the five- and eight-year follow-up points, compared with 95 and 91 percent for those who did not.



MARIAM P. KORAH, MD: “After the NCCN guidelines were published, the proportion of patients receiving radiation therapy declined by 5.5 percent.”

A total of 4,573 deaths were recorded, 17 percent (790) of which were attributed to breast cancer.

The findings contrast, though, with the results of the Cancer and Leukemia Group B 9343 study (*NEJM* 2004; 351:971-977), which found a two to three percent difference in the rates of breast recurrence but no difference in the rates of mastectomy or distant disease-free or overall survival.

That study led to a revision in 2005 of the National Comprehensive Cancer Network (NCCN) guidelines, which now state that breast irradiation may be omitted in patients age 70 and older who have estrogen-receptor positive, clinically node-negative T1 tumors and who receive adjuvant endocrine therapy.

“The proportion of patients receiving radiation therapy declined by 5.5 percent from 2005 to 2009, after the NCCN guidelines were published,” Korah noted. “Moving forward, treatment recommendations should be guided by a synthesis of best available aggregate evidence.”