ASCO Clinical Practice Guidelines on Tumour Markers in Breast and Colorectal Cancer

The American Society of Clinical Oncology have published their guidelines for the use of tumour markers in breast and colorectal cancer prevention, screening, treatment and surveillance [1]. This document will be updated annually.

The Expert Panel write, "These guidelines describe the use of tumour markers in routine clinical practice. These guidelines should not be applied in the context of clinical trials, in which the use of tumour markers may be prospectively dictated or may even be the subject of the investigation."

Colorectal cancer

For colorectal cancer, the Panel recommend that carcino-embryonic antigen (CEA) levels be measured before operation if this would change surgical management. If resection of liver metastasis would be clinically indicated, CEA levels should be monitored every 2 to 3 months for >2 years.

The Panel conclude that data are insufficient to recommend the routine use of lipid-associated sialic acid, CA 19-9, DNA index, DNA flow cytometric proliferation analysis, *TP53* tumour suppressor gene, and *ras* oncogene.

Breast cancer

For breast cancer, the Panel recommend that oestrogen receptor and progesterone receptor are measured on every primary specimen, but on subsequent specimens only if it would lead to a change in management.

Again, there is not enough data to recommend the routine use of DNA index, DNA flow cytometric proliferation analysis, CA 15-3, CEA, c-erbB-2, p53 or cathepsin-D. In the absence of readily measurable disease, CA 15-3 and CEA levels can be used to document treatment failure.

1. American Society of Clinical Oncology. Clinical practice guidelines for the use of tumor markers in breast and colorectal cancer. *J Clin Oncol* 1996, **14**, 2843–2828.

From Europe

MAJOR NEW BREAST CANCER EVENT

The Breast Cancer Cooperative Group of the European Organization for Research and Treatment of Cancer (EORTC-BCCG), the European Society of Mastology (EUSOMA) and Europa Donna (the European Breast Cancer Coalition) are to unite for the first time in 1998 to create a new European forum—the 1st European Breast Cancer Conference—where issues relating to the common focus of the three organisations—-translation, dissemination and implications of recent cancer research—will be brought to the attention of the entire spectrum of scientific and lay opinion.

The 1st European Breast Cancer Conference will be held in Florence from 29 September to 3 October 1998.

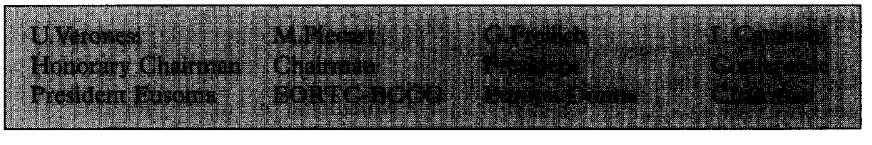
This exciting new event will replace the well established EORTC Breast Cancer Working Conference, International EUSOMA Conference and Europa Donna International Conference to become the European platform for all major communications on breast cancer.

The clearly identified goals of these organisations, their unique background and expertise, will contribute to the development of a new type of conference providing basic research scientists, clinical oncologists of all disciplines, national cancer leagues and breast cancer support groups with the latest information on epidemiology, prevention, screening, diagnosis, treatment and care of individuals with breast cancer.

Florence—that most eminent of Italian Renaissance cities, birthplace of so much that has contributed to the best of the European heritage—offers the ideal setting for this important new example of European collaboration in the field of breast cancer.

- *EORTC Breast Cancer Cooperative Group* is a multidisciplinary group of clinical researchers involved in the stimulation, development and conduct of prospective multicentre clinical trials in the field of breast cancer carried out in Europe.
- *EUSOMA's* main role is to unify and publicise the results of scientific research and increase contacts between basic scientists and clinicians in order to facilitate the passage of information from the experimental stage to stage-of-the-art treatments.
- *Europa Donna* is a coalition of organisations and individuals whose primary aim is to mobilise the support of European women in pressing for improved breast cancer education, appropriate screening, optimal treatment and care and increased funding for research.

For further information about the conference, please contact the FECS Conference Unit, Avenue E. Mounier 83, B-1200 Brussels, Belgium.
Tel: +32 (2) 7750206;
Fax: +32 (2) 7750200.



EORTC Guidelines Show in which Patients Erythropoietin Works

The EORTC is bringing out guidelines on the use of erythropoietin which will help oncologists determine which patients will benefit from long term use.

Professor Heinz Zwierzina of the University of Innsbruck, Clinic of Medicine, Innsbruck, Austria, and one of the authors of the guidelines, said that it was now possible to answer the question about how long to use erythropoietin. "You can foresee after a short period of erythropoietin treatment whether the patient is going to respond to treatment or not," he says.

Prof. Heinz Zwierzina
"You can foresee after a short period of erythropoietin treatment whether the patient is going to respond to treatment or not."

Erythropoietin has received a positive opinion from the EMEA (European Agency for the Evaluation of Medicinal Products) for the treatment of anaemia associated with malignancy, specifically the prevention and treatment of anaemia induced by platin-containing chemotherapy. It is currently on the market in Austria for the treatment of anaemia related to malignant disease. It is not paid for by health insurance in certain European countries (such as Germany or Switzerland among others) for this indication.

The guidelines are expected to be published soon, probably in the *European Journal of Cancer*. Professor Heinz Zwierzina briefly described them. "If you see that the endogenous serum levels of erythropoietin is high and after 2 weeks of treatment the haemoglobin doesn't increase, then the predictive power of non-response is almost 100%, so you shouldn't treat these patients long. If it is not the case, then go on with erythropoietin treatment and if after 2 weeks time the erythropoietin in the serum is still low and the haemoglobin has increased, then you know that 95% of these patients will respond."

However, longer follow-up time of more patients in prospective clinical trials is needed to settle this question, and establish a reliable cost–benefit ratio.

Topotecan for Relapsing Ovarian Cancer Now Licensed in Europe

Topotecan has been licensed by the European Medicines Evaluation Agency (EMEA) for use in the 15 European Union member states for the treatment of patients with metastatic cancer of the ovary after failure of first-line or subsequent therapy.

The authorisation was granted in November, and the U.K. is expected to be the first European country in which the drug will be marketed. This will take place early this year.

In May 1996, topotecan received clearance from the U.S. Food and Drug Administration for the treatment of patients with metastatic ovarian cancer after failure of initial or subsequent chemotherapy. The agent has also received marketing approval in Switzerland, Brazil and Venezuela.

Topotecan (Hycamtin®) kills cancer cells by inhibiting the enzyme topoisomerase I which is essential in the replication of DNA in human cells. The EORTC has played a large role in the development of the agent, as commented in International Cancer News in the report of the U.S. launch.

Ovarian cancer is the fastest spreading and most lethal of women's malignancies. It is without symptoms in its early stages and screening methods are inadequate, 75% of all women are not diagnosed until the tumour has spread beyond the ovaries. Women who relapse within 6 months of primary therapy are unlikely to respond a second time. For these cases, and those who do not respond to primary therapy at all, second-line therapy is the only option.

From The Countries

SWITZERLAND

German-speaking Section of ESO Completes Successful First Year

A new German-speaking section of the European School of Oncology has almost completed its first year of operation (ESO-D). The new section has been developed on similar lines to the "Expression Francaise" and the "Ambito Espanol".

ESO-D promotes the longstanding aims and goals of ESO among health-care professionals (oncologists, primary physicians, nurses, etc) and co-ordinates multidisciplinary teaching activities in oncology in the German-speaking parts of Europe in close co-operation with ESO-Milano and ESO-Vienna.

ESO-D's co-ordinating centre at the Kantonsspital, St Gallen, Switzerland, has for many years been known for its educational activities and interdisciplinary cancer conferences. It is near Lake Constance (Bodensee), the historic "meeting-point" of German-speaking countries in Europe.

In 1996, its first year of operation, ESO-D organised four courses with more than 400 participants. For 1997, the Scientific Committee has planned 10 courses in Germany, Switzerland and Austria (eight for oncologists, two for nurses or for both groups) in various interesting or controversial fields of oncology, ranging from combined curative radiochemotherapy to palliative cancer care.

ESO-D is supported by D-SONK, the "Deutschprachig-Europäische Stifung fur Onkologische Kurse" in St Gallen, a private, government-independent, non-profit foundation, and by ESO-Foundation itself.