

This issue's topics



Letrozole—the next rung on the therapeutic ladder?

Letrozole superior to anastrozole in postmenopausal women with advanced breast cancer

Letrozole treatment resulted in a significantly higher overall response rate (ORR) than anastrozole when given to postmenopausal women with advanced breast cancer who had failed previous anti-oestrogen therapy, a study reports in this issue. Rose and colleagues compared data from a randomised, multicentre, open-label phase IIIb/IV trial including 713 patients (356 in the letrozole arm and 357 in the anastrozole arm). Although there were no differences between the two treatment arms in the primary endpoint, time to progression, letrozole was significantly superior than anastrozole in terms of the ORR (19.1% compared with 12.3%; $P=0.013$). Both agents were well tolerated. “These results support previous data documenting the greater aromatase-inhibiting activity of letrozole and indicate that advanced breast cancer is more responsive to letrozole than to anastrozole as second-line endocrine therapy,” they said.

Outpatient treatment with S-1 and cisplatin for metastatic gastric cancer

Approximately 90% of metastatic gastric cancer patients given 20 mg/m² of cisplatin intravenously together with the oral drug S-1 could be treated in the outpatient setting, a phase I dose-escalation study reports in this issue. Hyodo and colleagues administered S-1 over 2 weeks at a fixed dose of 70 mg/m²/day and cisplatin on days 1 and 8 at doses of 10, 15 and 20 mg/m². Cycles were repeated every 3 weeks. A recommended dose of 20 mg/m² was set for the combined treatment. An overall response rate of 61% was observed in 18 evaluable patients. Chemo-naïve patients ($n=9$) showed an even higher response rate of 78%. The authors propose “A randomised phase II study comparing this combination with S-1 alone in chemo-naïve patients is warranted”.

Radiotherapy dose associated with increased risk of melanoma after childhood cancer

The risk of melanoma after childhood cancer increased after local doses of > 15 Gy, Guerin and colleagues report in this issue. The authors studied two cohorts of patients; 4401 3-year survivors of childhood cancer and 25 120 patients younger than 20 years of age at their first malignant neoplasm (FMN). 16 patients (6 in the first cohort and 10 in the second) developed melanoma as a second malignant neoplasm (SMN) and these patients were matched to 3–5 controls from the same cohorts. Radiotherapy > 15 Gy was associated with an Odds Ratio (OR) of 13 (95% Confidence Interval (CI) 0.94–174). An increased risk for children treated for a gonadal tumour was also observed (OR 8.7; 95% CI 0.9–86). “Radiotherapy may contribute to an increased risk of melanoma as a SMN, but only at very high doses of low linear energy transfer radiation,” they said.

Forthcoming papers

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A Cooper

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Drug resistance reversal - are we getting closer?

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Invariant p53 immunostaining in primary and recurrent breast cancer

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Are carcinomas of the cardia oesophageal or gastric adenocarcinomas?

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Genetic analysis of the *LKB1/STK11* gene in hepatocellular carcinomas

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Uptake of 5-FU in peritoneal metastases in relation to mode of administration and surgical tumour reduction: an autoradiographic study in the rat

H Mahteme, B. Larsson, A Sundn, *et al.*

In vitro cytoprotective activity of squalene on a bone marrow versus neuroblastoma model of cisplatin-induced toxicity: implications in cancer chemotherapy

B Das, H Yeger, MH Freedman, *et al.*