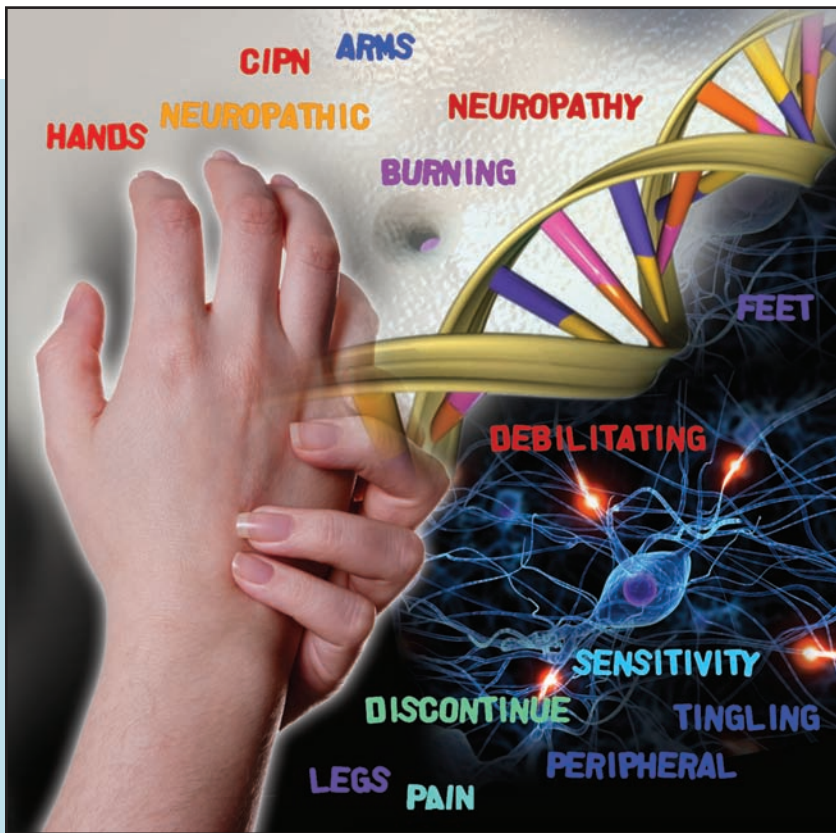


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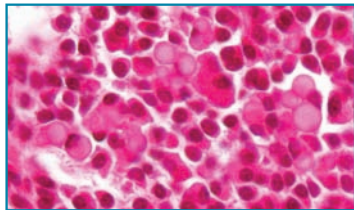


Neuropathy: Genetic Markers of Risk Found, Opening Door to Predictive Tests, Prevention

BY RABIYA S. TUMA, PHD

In what is being called a big step forward in supportive care, researchers reported at the ASCO Annual Meeting that markers have been found to show who is at risk for getting taxane-related nerve damage—not only one of the most common and severe side effects of those key cancer drugs, but which can also cause patients to stop treatment.

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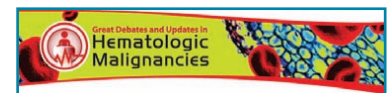


Relapsed Myeloma: Subcutaneous Bortezomib as Good as Intravenous, But Safer, Easier

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- Cervical Cancer: 3-Year Screening Interval OK for HPV-Negative Women
 - Ovarian Cancer: Olaparib Maintenance
 - Cabozantinib Promising in Solid Tumors, Bone Mets
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Follicular Lymphoma Pro-Con: 'Watch & Wait' for Asymptomatic Advanced Disease? p.42

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Smokers Shown to Have Higher Risk of Recurrence after Radical Prostatectomy

BY PEGGY EASTMAN

WASHINGTON, DC—Smoking has been associated with many cancers, and now a new study links smoking and prostate cancer.

A trial of more than 600 men presented here at the American Urological Association Annual Meeting shows that men who smoke, especially those who smoke heavily, are more likely to have adverse pathologic outcomes and a higher risk of biochemical recurrence following radical prostatectomy.

In this study, heavy smoking was an independent variable for biochemical recurrence following radical prostatectomy. Specifically, smoking predicted a higher risk that was dose dependent—it translated into an approximately 1% per-pack-year increase in the risk of biochemical recurrence, as measured by a rising prostate-specific antigen level.

“Previous epidemiological studies have been inconsistent” on whether smoking is associated with higher prostate cancer incidence and mortality, said study co-author Joseph Presti, Jr., MD, Professor of Urology and Director of Urologic Oncology at Stanford University School of Medicine. But Dr. Presti noted that these studies were done during the 1980s, well before the widespread use of PSA.

“We at Stanford had a more contemporary patient sample,” Dr. Presti said at a news briefing. “The data show that being a smoker at the time of radical prostatectomy puts you at higher risk.... The connection between bladder cancer and smoking is fairly well known, but not the connection between smoking and prostate cancer.” These results, he said, “show that the number of pack-years smoked is an independent predictor to fail radical prostatectomy.”

Dr. Presti and his colleagues studied 630 men who underwent radical prostatectomy between 1989 and 2005 and who had detailed smoking histories. There were 321 smokers and 309 nonsmokers. Several pathologic factors were studied: prostate weight; volume of cancer; volume of high-grade cancer; margin status; seminal vesicle involvement; extraprostatic extension; perineural invasion; angiolymphatic invasion; and the presence of nodal metastasis. Biochemical recurrence was defined as a postoperative PSA of 0.2 ng/ml.



JOSEPH PRESTI, JR., MD: “The connection between bladder cancer and smoking is fairly well known, but not the connection between smoking and prostate cancer.... For men, the message is clear: Quitting smoking now could impact your ability to survive prostate cancer later.”

The Stanford researchers found that smokers had a larger cancer volume and a greater volume of high-grade cancer (Gleason 7 or greater) than nonsmokers.

“Heavy smokers had the largest cancers and the most aggressive cancers,” said Dr. Presti. It was these heavy smokers, defined as those with a 20 or more pack-year history, who had the greatest risk of biochemical recurrence.

Cadmium, Androgen

Although it isn't known why smoking is associated with adverse pathologic findings and raises the risk of biochemical recurrence following radical prostatectomy, Dr. Presti noted that cadmium, a heavy metal, is present in tobacco, and carcinogens are present in cigarette smoke. Also, he said, “Smokers in general tend to have higher androgen levels.”

“My take-home message is that smoking is associated with other cancers,” said Dr. Presti. He recommended that if the study findings are confirmed in other studies, that smoking history should be included in risk-assessment models of prostate cancer.

And for men, he said, the message is clear: “Quitting smoking now could impact your ability to survive prostate cancer later.”

Gay Men Face Extra Burden Coping with Prostatectomy

BY ED SUSMAN

WASHINGTON, DC—Gay men have a tougher time dealing with the aftermath of prostatectomy than heterosexual men do, researchers reported here at the American Urological Association Annual Meeting.

The physical as well as psychosocial quality of life of gay men appears to suffer more acutely the side effects of the cancer treatment compared with the situation for straight men, said David M. Latini, PhD, Assistant Professor of Urology & Psychiatry at Baylor College of Medicine and Chief of the Design and Analysis Program at the VA Health Science Research and Development Center of Excellence.

“We find that men in our sample are significantly different in almost every domain of quality of life, and these differences are large enough to not just be statistically significant but are also clinically relevant,” Dr. Latini said at a news briefing.

Consistent Negative Results

“These are important differences that we think people should know about,” he said.

He and colleagues used a battery of studies to determine the health-related quality of life for gay men compared with a historical control group.

Those results showed that gay men fared consistently worse than the comparison group. For example:

- The mean urinary function score for the 90 gay men who completed that part of the questionnaire was 67.2 compared with 86.5 in the comparison sample of 252 men. Dr. Latini said this may relate to urinary leakage and the number of pads men may have to use following prostatectomy.

- The mean urinary “bother” score for the 90 gay men who completed that part of the questionnaire was 68.9 compared with 75.8 in the comparison sample. “Bother,” Dr. Latini explained, might be urinary incontinence episodes that are not particularly a concern as part of activities of daily living.

- The mean sexual function score for the 89 gay men who completed that part of the questionnaire was 38.7 vs 29.5 in the comparison sample—sexual functioning considers erectile dysfunction, ability to perform intercourse, the number of erections, and other aspects of sexual activity.

- The mean sexual bother score for the 89 gay men who completed that part of the questionnaire was 40.1 vs 41.1 in the comparison sample.



DAVID M. LATINI, PHD, noted that although large databases may be sufficient for registry studies, the registries are not set up to ask about sexual orientation—“They don't ask people about the gender of their partner. In large disease registry studies that report results for prostate cancer for quality of life, we actually have gay men in the studies but we just don't know who they are.”

- The mean bowel function score for the 90 gay men who completed that part of the questionnaire was 77.6 vs 87.9 in the comparison sample.

- The mean bowel bother score for the 90 gay men who completed that part of the questionnaire was 77.5 vs 85.3 in the comparison sample.

- The mean hormonal function score for the 85 gay men who completed that part of the questionnaire was 73.5 vs 84.0 in the comparison sample—this test relates to depression, loss of hair, development of gynecomastia, etc., he said.

- The mean hormonal bother score for the 90 gay men who completed that part of the questionnaire was 52.4 vs 88.7 in the comparison sample.

- The mean Short Form-36 Mental Composite Summary score for the 86 gay men who completed that part of the questionnaire was 43.9 vs 51.9 in the comparison sample.

- The mean Short Form-36 Physical Component Summary score for the 86 gay men who completed that part of the questionnaire was 48.3 vs 48.9 in the comparison sample.

- The mean “fear of recurrence”

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score for the 91 gay men who completed that part of the questionnaire was 49.2 vs 20.0 in the comparison sample.

- The mean ejaculatory function score for the 89 gay men who completed that part of the questionnaire was 4.5 vs 12.4 in the comparison sample.

Drug May Lack Impact

Dr. Latini also noted that many gay men, especially the insertive partner, had severe sexual quality-of-life disturbances because the aftermath of prostatectomy was not helped as much by phosphodiesterase-5 inhibitor medication that allows men with erectile dysfunction to function sexually.

“For gay men this is a particularly difficult area,” he explained. “The phosphodiesterase-5 inhibitors were created with an endpoint in the trials of vaginal penetration. We know that an erection has to be firmer to penetrate someone anally. So for sexual intercourse between two males, these medications are usually not sufficient.

“Many of the guys in our sample are struggling with that, and are forced, if they want to remain the insertive partner to go to other more invasive treatments.”

“The take home message is that straight men now may be more willing to talk about this problem with their physician, but gay men may not reveal their sexual orientation to their treating provider.”

The moderator of the news conference, Tomas Griebing, MD, MPH, Professor of Urology at the University of Kansas Medical Center, said, “From my perspective, one of the biggest things we learned from these results is that gay men and straight men experience prostate cancer and the effects of prostate cancer in different ways. For gay men the negative impact on their overall health-related quality of life is more severe. It’s more profound.”

3%-5%

Dr. Latini said that since gay men constitute about 3% to 5% of the



TOMAS GRIEBLING, MD, MPH:
 “When we were selecting items for the press program, this abstract was unanimously selected. This is a population that is very underrepresented in research and particularly in urological research.”

total male population of the United States, that also means that about 3% to 5% of the 200,000 men diagnosed with prostate cancer are gay and that 3% to 5% of the men living with prostate cancer are gay men.

“So we are talking about a fairly substantial subsample of men and yet there is really nothing in the literature” that had looked at the problem beyond a couple of small studies.

Filling a Research Void

He and his colleagues attempted to start filling in this research gap. Using the Internet and handing out flyers in Toronto and Houston and contacting patients in a clinic in San Francisco, Dr. Latini was able to assemble a convenience sample of 92 men for the study. “We used some

validated questionnaires used in many other prostate cancer studies as well as a number of scales that are unique to gay men," he said.

He noted that although large databases may be sufficient for registry studies, the registries are not set up to ask about sexual orientation. "They don't ask people about the gender of their partner," he said. "In large disease registry studies that report results for prostate cancer for quality of life we actually have gay men in the studies, but we just don't know who they are."

"From my perspective, one of the biggest things we learned from these results is that gay men and straight men experience prostate cancer and the effects of prostate cancer in different ways. For gay men the negative impact on their overall health-related quality of life is more severe. It's more profound."

Continuing Project

Dr. Latini said the results presented at the

AUA meeting are just the beginning of his research project. He and his research

team also collected data from about two dozen of the partners of the 92 men who self-selected for the survey. They are continuing to review their data on how prostatectomy may affect the partners of gay men.

He said the research is also delving into the characteristics that show how some men are coping with the aftermath of prostatectomy compared with those men who are not doing as well.

"Many gay men have had bad
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experiences with the health care system and it is difficult for them to be open with their urologist about the fact that they are gay,” Dr. Latini noted. Similarly, he said, gay men have difficulty being open in groups of non-gay men in discussing sexual activities; they may not have the support of their male partner being in the room with them in the same way that a heterosexual couple can.

Additional Studies Required

“More research is needed to determine what steps we can take to diminish these impacts,” Dr. Griebing said. “When we were selecting items for the press program, this abstract was unanimously selected. This is a population that is very underrepresented in research and particularly in urological research.

“This is very important preliminary data, and the results show there is a significant issue here. It lays the groundwork for the fact that we need well-designed, prospective trials that

address these issues, specifically within the context of sexual orientation of the patients and their partners.”

Dr. Griebing noted that for many years men—regardless of sexual orientation—were reluctant to discuss the sexual and physical aspects of post-prostatectomy functioning. “The take home message,” he said, “is that straight men now may be more willing to talk about this problem with their physician, but gay men may not reveal their sexual orientation to their treating provider.” ■

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