Survival Odds Rise for Cancer Patients as Years Pass

BY BETSY BATES
Los Angeles Bureau

SAN FRANCISCO — The odds of surviving cancer improve with time, making prognosis a moving target for any individual patient, researchers noted at a symposium sponsored by the American Society of Clinical Oncology.

The concept of "conditional survival" drove investigators to begin formulating survival odds for patients who live beyond 1 year after a diagnosis with gastric or gallbladder adenocarcinoma.

They are working on conditional survival paradigms for other cancers as well.

Patients often ask, "Doc, what's my chance of survival now that I've survived a year?" recounted Dr. Samuel J. Wang of the department of radiation oncology at the University of Texas Health Science Center at San Antonio. "Clinicians are left making their best guess or estimate, based on 5- or 10-year survival data from the time of diagnosis," he said. "It might be that a patient is ahead of the curve by having beaten the odds at 1 year."

Dr. Wang and associates therefore used the Surveillance, Epidemiology, and End Results (SEER) database to compare survival of gastric cancer from the time of diagnosis to survival of patients who had already lived with the disease for 5 years.

Survival probability improved markedly over time for patients with any stage of the disease, they found. For example, the 5-year observed, conditional survival was 46% at the time of diagnosis for a patient with localized disease, but improved to 65% after 5 years. Patients whose cancer had spread to regional lymph nodes had a 27% chance of 5-year survival at diagnosis, but a 62% chance of survival after living 5 years.

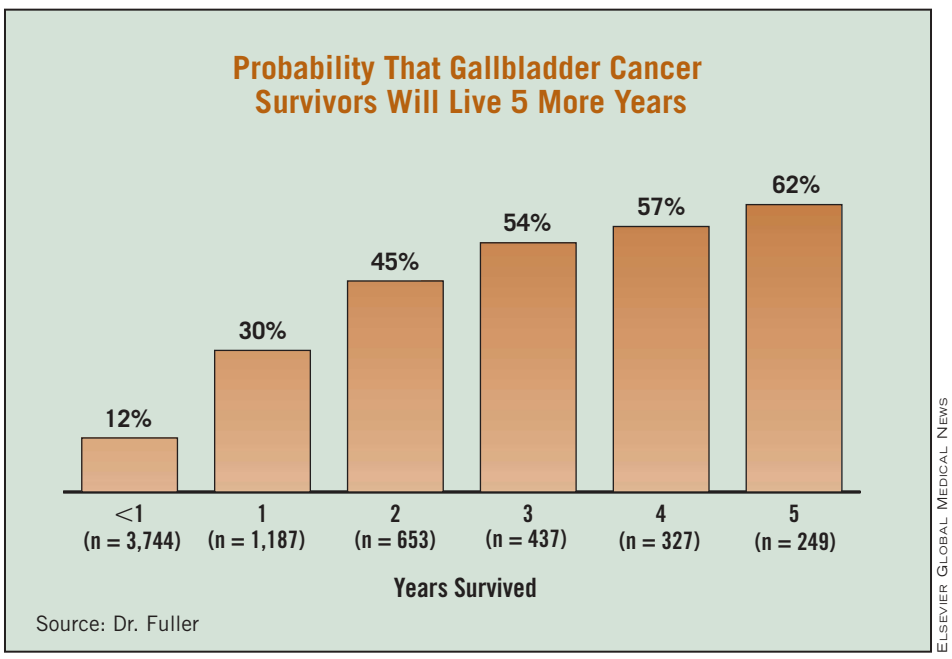
Improvement in conditional survival was greatest for patients with distant disease and for those under age 65, Dr. Wang said.

Patients with distant disease had a 5-year observed conditional survival of 2% at the time of diagnosis, compared with 53% at 5 years post diagnosis. Conditional survival for patients under age 65 increased from 19% to 76% at 5 years.

A second study examined year-by-year conditional survival of gallbladder adenocarcinoma.

Led by Clifton D. Fuller, a medical student in the department of radiation oncology at the University of Texas Health Science Center at San Antonio, the team found "dismal 5-year survival at diagnosis," but improving odds for patients who lived between 1 and 4 years, when conditional survival began to plateau. (See box.)

"Although the disease-free survival outcomes for patients with gallbladder adenocarcinoma remain low, for those patients surviving even 1 year post diagnosis, conditional survival estimates increase rapidly," the authors reported in their poster presentation at the meeting, which also was sponsored by the American Gastroenterological Association, the American Society for Therapeutic Radiology and Oncology, and the Society of Surgical Oncology.



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Conditional survival calculations can offer some encouragement to cancer patients and can help clinicians decide how aggressively they should work up survivors as the years pass after a cancer diagnosis, Dr. Wang said in an interview at the meeting.

Moreover, these calculations "offer answers to very practical questions patients always have," he added. ■

Trimodality Tx May Be Best for Esophageal Ca

BY BETSY BATES
Los Angeles Bureau

SAN FRANCISCO — Trimodality therapy outperformed surgery alone in the treatment of stage I-III esophageal cancer in a prospective, randomized study presented at a symposium sponsored by the American Society of Clinical Oncology.

Patients who received chemoradiation followed by surgery had a median survival of 4.5 years, compared with 1.8 years for those who received surgery alone in the multi-institution Cancer and Leukemia Group B (CALGB)-9781 study.

Five years after diagnosis, 39% of 30 patients in the trimodality group were alive, compared with 16% of 26 patients in the surgery-alone group.

However, the study conducted by 12 institutions in the U.S. Gastrointestinal Intergroup accrued just 56 patients, hundreds short of the original planned cohort, leaving some experts still unsure of the best therapeutic strategy to recommend.

Because so few patients could be found who would agree to be randomized to surgery alone, CALGB-9781 was "very underpowered" to make sweeping conclusions or to clarify ambiguity left in the wake of a host of small studies with conflicting results, said Dr. Bruce D. Minsky of Memorial Sloan-Kettering Cancer Center in New York City.

He said he thinks trimodality therapy probably confers about a 5%-10% survival advantage over other alternatives, "but we would need a large trial to show that."

Dr. Mark Krasna, head of the division of thoracic surgery at the University of Maryland, Baltimore, countered that, despite its small numbers, the CALGB-9781 study was powered to show small differences between the trimodality and surgery-alone arms.

After 6 years of follow-up, the differences were not small. "The results are so stark that I think the conclusions will be vindicated," he said during a press conference preceding the presentation of the study findings.

Trimodality therapy probably confers about a 5%-10% survival edge over other alternatives, 'but we would need a large trial to show that.'

"What's extremely exciting is that in a study that included surgery after combination therapy, we were actually able to assess . . . pathological response, no visible viable tumors or significant response," Dr. Krasna said at the meeting, which was also sponsored by the American Gastroenterological Association, the American Society for Therapeutic Radiation and Oncology, and the Society of Surgical Oncology.

Complete or partial pathological response to chemoradiation was seen in 24 of 30 trimodality patients. No viable tumor cells were seen at surgery in 12.

The study population reflected the demographic population associated with adenocarcinoma of the esophagus. There were 42 patients with that diagnosis, compared with just 14 with squamous cell carcinoma. Males predominated, with 51 enrolled, compared with 5 females. There were 48 whites and 8 blacks.

The trial randomized trimodality patients to receive 5-fluorouracil and cisplatin and 50.4 Gy of radiation over 5 weeks. They underwent surgery 3-8 weeks later.

Patients in the surgery arm underwent surgery shortly after their diagnosis.

Complications were frequent in both study arms, including grade 3 hematologic toxicities in more than half of all patients and GI toxicity in 40%. Surgical complications also occurred, as expected. "This is a very big surgery, considered one of the largest operations we do," said Dr. Krasna.

In the surgery-alone arm, 14 patients suffered complications and 2 died post surgery. There were no surgery-related deaths in the trimodality arm, but 17 patients suffered complications, including 2 who developed leaks between the esophagus and stomach.

Esophagectomy with lymph node dissection is associated with a 3%-10% mortality rate, so the surgical results were not surprising, Dr. Krasna said.

The mean postoperative stay was 10-12 days, "which is actually quite reasonable," he added.

"The important message we can take from this trial is that there is actually a curative possibility for esophageal cancer patients," said Dr. Krasna. "Hopefully, chemotherapy and radiation followed by surgery will make a difference."

Esophageal cancer results in 12,000 deaths a year in the United States, and adenocarcinoma of the esophagus is rising for reasons that are not fully understood. ■

Family History of Colon Cancer Not Linked to Lifestyle

WASHINGTON — A family history of colorectal cancer did not predict healthier lifestyles in a study of 32,374 subjects, Dr. Harvey J. Murff reported at the annual meeting of the American Association for Cancer Research.

No significant differences in diet, vitamin use, alcohol use, or level of physical activity were found between people with a family history of colorectal cancer and those with no such history, Dr. Murff wrote in a poster.

However, significantly more people with family histories reported being screened for colorectal cancer, compared with people who had no such history (70% vs. 49%). In addition, individuals who had family histories of colorectal cancer were more likely to have been smokers than those with no history, but the difference was not statistically significant.

Dr. Murff and his colleagues at Vanderbilt University in Nashville, Tenn., reviewed subjects' responses to questions about diet and lifestyle from the Cancer Control Module of the 2000 National Health Interview Survey; respondents with prior diagnoses of colorectal cancer were excluded.

On the basis of these findings, "individuals with positive family histories … might benefit from targeted lifestyle modification interventions," the investigators said.

—Heidi Splete