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Survey reveals education gaps in head and neck cancer

People with head and neck cancers want more information on treatment options to help them make informed decisions and improved support networks to help them cope with the impact of the disease, reveals a survey of European patients, which also shows the need for improved education of health-care professionals on this type of cancer.

The survey, About Face 2, interviewed 104 patients with head and neck cancers (aged 50–70 years) representative of patient populations in six European countries. They were interviewed about their experiences and feelings before and at diagnosis. The findings showed most of the patients' needs – at every stage of their disease journey – were related to information and education, in addition to support from health-care professionals. There was also a

need for improved education on head and neck cancer for both the public and health professionals so that people with symptoms present earlier and can benefit from earlier diagnosis and treatment.

Once diagnosed, patients wanted more information to help them to make appropriate choices of treatment. They wanted information that explained potential outcomes and was tailored to their needs.

'The public and GPs need to be better informed about the symptoms of head and neck cancers because they can be quite non-specific, including sore throat, hoarse voice and earache. This will help to achieve earlier diagnosis,' suggested lead author Professor Jean-Louis Lefebvre, from the Centre Oscar Lambret Northern France Comprehensive Centre, Lille Cedex, France, and

President of the European Head and Neck Society.

Cancers of the oral cavity, pharynx and larynx account for almost 5% of all cancers, and the vast majority are currently diagnosed at a late stage. He added: 'We also need to improve communication with patients at the time of diagnosis and when explaining treatment options.'

Key findings from the survey were presented as a theatrical performance during a unique

Professor Jean-Louis Lefebvre, from the Centre Oscar Lambret Northern France Comprehensive Centre, Lille Cedex, France



'Senseless' symposium, hosted by the European Head and Neck Society and Merck Serono. It told the story of a head and neck cancer patient's journey from initial symptoms, through the devastating moment of diagnosis, and coping with the side effects of treatment.

Professor Lefebvre explained that a group of experts from national head and neck cancer societies will develop a report recommending practical measures to improve education, awareness and support for head and neck cancer patients. He concluded: 'We hope our efforts will reduce the senseless number of lives being lost to head and neck cancer.' Delegates signed a 'wall' supporting the call to action for better education and information in head and neck cancer.

Sue Mayor

Cetuximab increases resection rate for colorectal liver metastases

One-third of colorectal cancer patients with initially non-resectable liver disease can undergo complete resection of their liver metastases after treatment with cetuximab plus chemotherapy, and this is associated with improved survival, according to results from the Cetuximab in Neoadjuvant Treatment of Non-resectable Colorectal Liver Metastases (CELIM) study.

The independently conducted study randomized 110 patients with colorectal cancer and non-resectable liver metastases to first-line treatment with cetuximab, a monoclonal antibody targeting the epider-

mal growth factor receptor, plus FOLFOX6 (oxaliplatin, fluorouracil and folinic acid) or FOLFIRI (irinotecan, fluorouracil and folinic acid). Patients' responses were assessed every 8 weeks using computed tomography or magnetic resonance imaging. A multidisciplinary team reassessed resectability after 16 weeks and then every 2 months for up to 2 years.

Nearly two-thirds of patients (62%) responded to treatment and 34% were able to undergo complete (R0) resection. Patients undergoing R0 resection of liver metastases showed significantly longer overall sur-

vival (median 46.7 months) than those who did not (median 27.3 months; $P=0.002$). Three-year overall survival in patients with R0 resection was 64%, and overall survival was 49% at 4 years compared to only 16% in those not resected ($P=0.002$).

'The median overall survival of almost 4 years for patients in CELIM who underwent complete resection of liver metastases is remarkable,' said lead author Professor Gunnar Folprecht, Senior Consultant in Medical Oncology at University Carl Gustav Carus, Dresden, Germany. He noted that potentially curative surgical resection is a major treat-

ment goal for metastatic colorectal cancer: 'This trial helps to support the common belief that complete resection improves overall survival... we can improve overall survival by increasing patients' chances of undergoing liver resection.'

Around 25% of colorectal cancer patients present with metastatic disease at diagnosis and the majority are considered unresectable, said Professor Folprecht. 'Medical treatment to shrink metastases to a point where they can be removed by surgery offers the only possibility of cure for these patients,' he said.

Sue Mayor