

## Gene expression testing is viable in UK setting

Region-specific data, presented at the 12th International Breast Cancer Conference (St Gallen, Switzerland, 16–19 March), showed that gene expression testing was readily applicable to UK patients with early stage breast cancer.

The Oncotype DX breast cancer test, developed by Genomic Health, provides a snapshot of tumour activity at the molecular level by measuring the expression of 21 genes using real time polymerase chain reaction on tumour blocks to measure levels of RNA. Readouts are then used to produce the patient's recurrence score, giving a numerical figure to the woman's likelihood of benefitting from chemotherapy and experiencing a metastasis over the next 10 years on scales between 0 and 100.

The recurrence score, together with other laboratory results and clinical findings, helps doctors develop unique tumour plans for individual patients.

'In the past we've used a "one size fits all" approach where all women with early stage breast cancer get offered chemotherapy,' said Dr Steven Shak, from Genomic Health, 'but only four out of 100 women actually benefit, with the remainder experiencing unnecessary toxicity.'

The Oncotype DX test is widely used in the US where it was launched in 2004 and is now routinely offered to women with stage I or II node negative and oestrogen receptor positive disease. What was less clear is whether the Oncotype DX test would be valuable in European health-care settings that traditionally use less chemotherapy.

At St Gallen Mr Simon Holt, a surgical oncologist at the Prince Philip Hospital, Llanelli, Wales, presented a prospective analysis of 107 patients who had undergone testing at the South West Wales Breast Cancer Network (abstract P196). The team analysed how many women who had initially been evaluated with the Nottingham Prognostic Index had treatment decisions changed following evaluation with the Oncotype DX technology.

Treatment decisions changed for 33% of patients in the study, with 23.6% changing from receiving both chemotherapy and hormone therapy to just receiving hormone therapy and 9.4% changing from just receiving hormone therapy to receiving hormone therapy plus chemotherapy. 'From the clinical perspective it's probably more important to identify those patients who'll benefit from chemotherapy,' said Mr Holt, adding that they found women were quite happy to undergo treatment once they appreciated its significance.

Also presented at St Gallen (abstract P215A) was a cost-effective analysis, from the International Medical Centre in Singapore, showing that the average direct potential savings per patient test were €1569 for chemotherapy, €90 for management of adverse events and €714 for administration.

Genomic Health launched an assay for colon cancer in 2010, and has another in development for prostate cancer. 'Future assays may even be able to show whether anthracyclines or taxanes would be more effective in individual patients,' said Dr Shak.

Janet Fricker

## First treatment approved for idiopathic pulmonary fibrosis

Esbriet (pirfenidone) is the first treatment approved by the EU for adults with mild to moderate idiopathic pulmonary fibrosis, a condition which leads to inflammation and fibrosis in the lungs and affects over 100 000 adults in Europe.

## Taking tamoxifen for 5 years reduces breast cancer recurrence

Long-term results from a Cancer Research UK-funded trial of nearly 3500 women, published in the *Journal of Clinical Oncology*, show that breast cancer recurrence was less likely in women who took tamoxifen for 5 years (40%) than those who took it for 2 years (46%).

## Once-daily darunavir approved for treatment-experienced adults with HIV

The EU has approved once-daily Prezista (darunavir) tablets in combination with ritonavir to treat human immunodeficiency virus (HIV-1) in treatment-experienced adult patients with no darunavir resistance-associated mutations and who meet other criteria.

## Cardiac surgeons call for greater transparency in NHS

Patients are being denied access to real choice in treatment because the medical profession and NHS are dragging their feet on providing reliable, independent and accessible information, says a provocative new report from the Society for Cardiothoracic Surgery.

The study summarizes a decade of comprehensive public audit in the UK by the specialty and makes suggestions for future developments.

The key points of the report are that clinical outcome measurement is good value for money; data collection improves patient care; the

internet is rapidly changing public perceptions of access to information; and there should be public demonstration of effective continuing professional development.

The report emphasizes that as individual mortality reporting is now possible for thoracic surgery, following the example set by cardiac surgeons, other specialties should be following suit.

*Maintaining patients' trust: modern medical professionalism* includes both findings from the Society for Cardiothoracic Surgery and external contributions. The report can be downloaded from [www.scts.org/](http://www.scts.org/)

