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Cancer patients willing to delay treatment to benefit from biomarker-led therapy

Nearly three-quarters of patients with metastatic colorectal cancer are willing to delay starting treatment for 2 weeks or longer in order to undergoing biomarker testing to benefit from targeted effective therapy, revealed an international survey reported at ESMO 2012.

Professor Sabine Tejpar, University Hospital Gasthuisberg, Leuven, Belgium

The survey interviewed 811 patients diagnosed with different types of cancer in the last 5 years using telephone-based questionnaires. The patients included 164 with late-stage breast cancer, 157 with stage III/IV non-small cell lung cancer and 490 with metastatic colorectal cancer from Argentina, China, France, Germany, Italy, Spain and the UK.

Results revealed that 73% of patients with metastatic colorectal cancer would be willing to delay starting treatment by 2 weeks or more in order to be prescribed treatment that is targeted and effective. Two weeks is the average turnaround time for KRAS testing results to be reported, which guides decisions on treatment with KRAS inhibitors.

Nearly one-third of patients (31%) said they would be prepared to wait 'as long as it takes' to benefit from personalized therapy, and 73% would be willing to undergo a re-biopsy if necessary. In addition, 66% of all patients would delay treatment if this helped select the most effective drug.

'KRAS testing and other biomarker tests can be beneficial in the management of patients, and it would be useful to have these tests conducted as early as possible,' said lead author Professor Sabine Tejpar, of University Hospital Gasthuisberg, Leuven, Belgium.

Susan Mayor

Crizotinib nearly doubles progression-free survival in patients with ALK-positive lung cancer

The tyrosine kinase inhibitor crizotinib nearly doubles progression-free survival in patients with advanced ALK-positive lung cancer compared to standard chemotherapy, according to a phase III study.

The global study randomized 347 patients with ALK-positive lung cancer already treated with chemotherapy to crizotinib or standard single-agent chemotherapy with pemetrexed or docetaxel. Crizotinib prolonged progression-free survival to a median of 7.7 months compared to 3.0 months with chemotherapy (hazard ratio 0.49; $P<0.0001$). The overall response rate was also significantly higher with crizotinib (65% *vs* 20%; $P<0.0001$).

'This study is the first head-to-head comparison of crizotinib with standard chemotherapy in this patient group,' said Dr Alice Shaw, Massachusetts General Hospital Cancer Center in Boston, USA, reporting the findings. She added: 'These results establish crizotinib as the standard of care for patients with advanced, previously treated, ALK-positive lung cancer.'

The study is not yet mature enough to assess impact on overall survival. However, many patients randomized to chemotherapy crossed over to crizotinib, which will make it difficult to assess the effect on overall survival. Side effects were more frequent with crizotinib, but Dr Shaw said that, despite this, patients on the targeted therapy reported improved quality of life.

The independent discussant, Dr Enriqueta Felip of Vall d'Hebron University Hospital, Barcelona, Spain, said the results are of great clinical relevance: '... this is the second group of lung cancer patients to clearly benefit from a therapy directly targeting a molecular alteration. The results of this study represent a significant step towards individualized therapy in lung cancer patients.'

Susan Mayor

Studies confirm 1-year treatment with trastuzumab in breast cancer

Two studies confirmed that the optimal duration of treatment with trastuzumab (Herceptin) is 1 year in women with HER-2 positive early breast cancer.

Latest results from the HERA trial, led by the Breast International Group since 2001, showed that 1 year of treatment with trastuzumab is as effective as 2 years of treatment.

After finishing primary therapy with surgery, chemotherapy and radiotherapy, women with early HER-2 positive breast cancer were randomized to trastuzumab every 3 weeks for 1 year, 2 years, or observation. The hazard ratio for disease relapse for women in the 2-year treatment arm *vs* the 1-year arm was 0.99. The overall survival rate in the two groups was similar (hazard ratio 1.05; $P=0.6333$).

A second study from the French National Cancer Institute compared 6 months with 12 months of trastuzumab therapy in women with HER-positive early breast cancer. 'The trial results were inconclusive for the non-inferiority hypothesis,' said Professor Xavier Pivot, Université de Franche Comté, France, but he said there was a trend in favour of 12 months treatment for the overall population.

Susan Mayor