In This Issue

**JAMA Oncology**

- **Research**
  - Assessing EGFR Mutations From Circulating DNA
    - Use of cancer treatments that target tumor mutations has resulted in the need for genetic testing, but a cancer's mutational landscape can change as disease progresses. Investigators are thus exploring the use of a "liquid biopsy" to assess mutations in tumor cells circulating in the blood or from free DNA in the blood. Karachaliou et al present data from the EURTAC trial, in patients with advanced lung cancer, demonstrating the feasibility of assessing EGFR mutations from circulating DNA. Moreover, the type of mutation detected correlated with disease outcome. Morgensztern et al provide an Editorial.
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  - Use of 21-Gene Recurrence Score Assay for Breast Cancer
    - Since reimbursement for the Oncotype DX assay has become widespread, has the use of the test expanded beyond its intended purpose? To find out, Dinan et al evaluated 70,802 Medicare beneficiaries with a diagnosis of breast cancer. Whereas the use of Oncotype DX increased 10-fold, the majority of the testing was performed in the target population for the assay. Almost all other individuals receiving the test had borderline indications for its use. The authors concluded that Oncotype DX was adopted quickly and appropriately for use in treatment decision making in intermediate-risk estrogen receptor–positive node-negative breast cancer. Flaum and Gradishar provide an Invited Commentary.
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  - Patient Perception of Physician Compassion
    - As oncology practitioners, we often face difficult discussions about cancer diagnosis and outcomes. It is said that there is no good way to deliver bad news, but findings regarding patient perception of physician compassion in communicating difficult information refute that old adage. There may be a better way. In a randomized video study in which the discussion was controlled for body language and empathetic statements, Tanco et al found that physicians who delivered a more optimistic message scored higher for compassion and trust. Gilewski provides an Invited Commentary.
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  - Regional Correlations in Inappropriate Cancer Imaging
    - The practice of medicine can vary across regions, and investigators are beginning to assess how these regional differences may affect health care costs. Makarov et al used the Surveillance, Epidemiology, and End Results–Medicare linked data base to evaluate the use of imaging in nearly 40,000 individuals with low-risk prostate cancer and breast cancer and found high rates of inappropriate imaging use in tests for each disease. The use of inappropriate imaging was associated with specific hospital referral regions. In an Invited Commentary, Swisher-McClure and Bekelman discuss diagnostic imaging use for patients with cancer.
    - Invited Commentary 194
  - Germline TP53 Mutations and Early-Onset Colorectal Cancer
    - A young patient with invasive cancer always invites the question of genetic susceptibility. Yurgelun et al used the Colon Cancer Family Registry to evaluate the frequency of germ-line TP53 mutations in 457 patients who had received a diagnosis of colon cancer before age 40 years who had no known hereditary cancer syndrome. Although none met the criteria for Li-Fraumeni syndrome, a few carried germline TP53 missense alterations—a frequency comparable to that for germline APC mutations. Thus, younger patients with colon cancer should be considered for genetic testing regardless of family history.
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