Neurotoxic Effects of Anthracycline-Based Chemotherapy

One adverse effect of systemic chemotherapy is cognitive impairment. Kesler and Blayney studied the cognitive functioning of 62 breast cancer survivors an average of 2.4 years after chemotherapy. Approximately half of the patients received a regimen containing an anthracycline. Cognitive impairments, as measured by function testing and defects via imaging, were greater in the group that received anthracycline-based treatment. These data indicate that some chemotherapies are more prone to induce cognitive deficits than others. Nudelman and colleagues provide an Editorial.

Neurocognitive Outcomes After Childhood Osteosarcoma

Edelmann et al provide the first objective data that survivors of childhood cancer may have long-lasting cognitive impairment related to their curative treatment. Eighty survivors of childhood osteosarcoma, evaluated an average of 25 years from diagnosis, demonstrated lower reading, attention, memory processing speed, and executive functioning skills and more chronic health conditions than controls. These data underscore the need for ongoing support programs specific to childhood cancer survivors to mitigate the long-term health consequences of cancer therapy. Effinger and Link provide an Editorial.

Erlotinib Therapy and the Risk of Oral Cancer

William et al conducted a randomized phase 3 study of the use of erlotinib to prevent oral cancer. The study targeted the highest-risk patients as defined by specific loss of heterozygosity (LOH) profiles. Patients with oral premalignant lesions and high-risk LOH were randomized to receive erlotinib or placebo for 1 year. While treatment with erlotinib did not result in a superior cancer-free survival between the 2 groups, LOH was validated as a marker of oral cancer risk. Bauman and Grandis provide an Editorial.

Antiemetic Prophylaxis per Risk Model vs Physician’s Choice

Chemotherapy-induced nausea and vomiting is often managed with readily available drugs rather than matching specific patient factors with potentially more appropriate medications. In this randomized clinical trial, Clemons and colleagues compared the administration of antiemetic prophylaxis guided by a risk model vs the physician’s choice of agent in 2014 patients. Using the risk model, patients in 1 arm were categorized as low or high risk and thus assigned to specific antiemetic regimens. These patients experienced significantly less nausea and vomiting. Warr and colleagues provide an Invited Commentary.

Oncofertility and the Rights to Future Fertility

The ability to preserve the right to have children after cancer therapy is gaining increasing attention as reproductive technologies become more advanced. Concerns surrounding the rights of ownership of embryos held in storage for future birth are discussed. Several high-profile legal cases have brought to light specific issues regarding marriage, divorce, and reproduction during and after cancer care. In this Special Communication, Fournier details the controversy, problems, and possible solutions to embryo ownership. Gracia and Crockin provide an Editorial, and Woodruff and colleagues call oncologists to action in a Viewpoint.

LETTERS

Research Letter

Identification of BRAF Kinase Domain Duplications Across Multiple Tumor Types and Response to RAF Inhibitor Therapy
SJ Klempner and Coauthors

Associations Between Industry Sponsorship and Results of Cost-effectiveness Analyses of Drugs Used in Breast Cancer Treatment
JD Lane and Coauthors

Comment & Response

Differing Perspectives on Breast Cancer Chemoprevention

Clarifying Assumptions and Outcomes in Cost-effectiveness Analyses

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