Research

Patient-Oncologist Prognostic Discordance in Advanced Cancer 1421
After a cancer diagnosis, are patients and their physicians on the same page regarding prognosis? Gramling et al, in a cross-sectional study of 236 patients with advanced cancers and their clinicians, found that the majority of patient-physician pairs experienced discordance in their opinions about outcome. Among patients whose ideas about their prognosis were discordant from their clinician, most did not know that their physician disagreed about the prognosis. Also, patients were nearly always more optimistic than their oncologists. These data underscore the need for better and more frequent communication concerning prognosis in the advanced-stage disease setting. Robinson and Jagsi provide an Editorial.

Editorial 1407

CA-125 Tests and Imaging for Ovarian Cancer Surveillance 1427
After a 2009 randomized clinical trial showing no benefit of CA-125 for routine surveillance of ovarian cancer, has frequent CA-125 testing or radiographic imaging for ovarian cancer recurrence decreased? Esselen et al evaluated a prospective cohort of 1241 women with ovarian cancer in clinical remission after completion of primary cytoreductive surgery and chemotherapy to see how these 2 monitoring methods are used in clinical practice. They found that CA-125 and computed tomographic scans are still routinely used for surveillance although clinical benefit has not been shown and there is substantial cost and a decrease in patient quality of life. Goodwin provides an Editorial.

Editorial 1412

Uterine Cancer After Salpingo-oophorectomy in BRCA Carriers 1434
BRCA mutations confer a risk for the development of breast and ovarian cancers in women. Shu and colleagues questioned whether germline mutations would put patients at risk for other gynecologic cancers, such as uterine cancer. In a multicenter prospective cohort study, they observed 1083 women with BRCA1 and BRCA2 mutations for 5 years. Although they found no increase in risk for uterine cancer, the risk of serous-like endometrial cancer was increased in BRCA1 gene mutation carriers. These data should be made available to women when planning risk reduction prevention strategies. Leath et al provide an Editorial.

Editorial 1409

Biomarker-Based Therapy for Refractory Malignant Neoplasms 1452
Recently published single-institution studies of genomic analysis and biomarker-guided therapy have questioned the efficacy of this approach. Schwaederle et al used meta-analysis to determine clinical outcomes in patients with advanced-stage disease whose treatment was guided by the use of biomarkers. The authors evaluated 346 phase 1 studies that enrolled 13 203 patients. The data suggest that patients with treatment-refractory malignant neoplasms whose next therapy was biomarker guided had an improved response rate and progression-free survival than what would have been expected.

Author Audio Interview jamaoncology.com

Hormone-Positive Breast Cancer Neoadjuvant Endocrine Therapy 1477
Endocrine therapy is the most common modality used to treat estrogen receptor-positive breast cancer, yet, in the neoadjuvant setting cytotoxic chemotherapy is often preferred although response rates are low. Spring et al used meta-analysis to discern whether endocrine therapy was effective in this setting. After review of 20 randomized clinical trials evaluating 3490 women, the authors determined that the response rates of neoadjuvant endocrine therapy were similar to those of chemotherapy with a more favorable toxicity profile.

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