Adjuvant Chemotherapy in Resected GE Cancer

Gastroesophageal (GE) cancer is treated with preoperative chemoradiotherapy (CRT) followed by surgical resection, but the role of adjuvant chemotherapy after resection is not well defined. Mokdad et al performed a propensity score–matched analysis of 732 patients with GE from the National Cancer Database who received adjuvant chemotherapy after surgery and 3660 patients who underwent postoperative observation alone. Adjuvant chemotherapy was associated with improved overall survival compared with postoperative observation, indicating that adjuvant chemotherapy after CRT and surgical resection may benefit patients with GE cancer. Smyth and Cunningham provide an Invited Commentary.

Individualized Radiotherapy for Liver Tumors

Feng et al hypothesized that patients with preexisting liver dysfunction could benefit from personalized therapy to balance maximal tumor control and minimal risk of liver failure. They designed an individualized adaptive stereotactic body radiotherapy single-arm phase 2 study including 90 patients with liver cancer, intrahepatic cholangiocarcinoma, or metastatic liver disease. Sixty-two patients received all 5 fractions (47 full dose, 15 dose-reduced). The 1- and 2-year local control rates were 99% and 95%, respectively. In this new approach, dose is based on individual, rather than population-based, tolerance to treatment.

Secondary Cancers After Kaposis Sarcoma

Patients with Kaposis sarcoma (KS) are at high risk for secondary cancers, but the introduction of highly active antiretroviral therapy (HAART) may have changed that risk. Mukhtar et al identified 14 905 individuals with KS from the Surveillance, Epidemiology, and End Results database. Standardized incidence ratios were calculated for the development of new secondary cancers in the pre-AIDS era (1973-1979), pre-HAART era (1980-1995), and HAART era (1996-2013). The overall risk of secondary cancers after a KS diagnosis has decreased, but certain cancers, such as acute lymphocytic leukemia and cancers of the tongue and penis, have become more common. These results can inform cancer screening strategies.

HLA-Mismatched Microtransplant for AML

Guo et al report a multicenter study enrolling 185 patients with de novo acute myeloid leukemia (AML) who received HLA-mismatched microtransplantation. The patients were divided into 4 age groups: 60 to 64, 65 to 69, 70 to 74, and 75 to 85 years. The overall complete remission rate was not significantly different among the 4 age groups. The 2-year overall survival rates were higher in the first 2 age groups than in the last 2 age groups. Microtransplant achieved a high complete remission rate in patients with AML aged 60 to 85 years and higher 1-year overall survival in those aged 60 to 74 years.

Non-Small-Cell Lung Cancer Nodal Staging Quality

Smeltzer et al used the Mid-South Quality of Surgical Resection cohort to explore whether survival was affected by more stringent definitions of pathologic nodal staging in 2047 patients with non–small-cell lung cancer who underwent resection with curative intent. They found sequential improvement in the N category–stratified 5-year survival of patients with pN0 and pN1 tumors from the least stringent to the most stringent group. The authors concluded that differences in thoroughness of nodal staging may explain much of the survival differences reported and that more thorough nodal examination practices could improve the value of the TNM staging system. Choe and Schipper provide an Invited Commentary.