Research

**Analgesic Use and Risk of Ovarian Cancer**

The use of analgesic agents has been associated with a reduced risk of colon cancer. In a cohort study, Barnard and colleagues analyzed analgesic use and ovarian cancer diagnosis data from the Nurses' Health Study I and II to evaluate whether aspirin or nonsteroidal anti-inflammatory drug use is associated with a decreased risk of ovarian cancer. Results showed a reduced risk of ovarian cancer with regular use of low-dose aspirin and an increased risk with long-term use of other analgesic agents. Further work is needed to confirm if long-term use of other analgesics is associated with an increased ovarian cancer risk. Seewaldt provides an Editorial.

**Role of MUC16 Mutation in Gastric Cancer Outcomes**

In this statistical analysis, Li and colleagues analyzed genomic data from gastric cancer samples obtained from 2 cohorts to determine whether MUC16 mutations are associated with tumor mutation load and prognosis in patients with gastric cancer. Gastric cancer samples with MUC16 mutations exhibited significantly greater tumor mutation loads than those without MUC16 mutations, and these mutations were significantly associated with better prognosis. MUC16 mutations may be used as an indicator of prognosis and to guide the use of immune therapy in patients with gastric cancer. Smyth and Fitzgerald provide an Invited Commentary.

**Circulating Tumor Cell Assay for Monitoring Breast Cancer**

Sparano and colleagues performed a secondary analysis of a randomized clinical trial to determine if detectable circulating tumor cells (CTCs) were associated with late recurrence of breast cancer. In multivariable models, a positive CTC assay result was associated with a 13.1-fold higher risk of recurrence. This assay may be able to predict late recurrence of hormone receptor–positive breast cancer and may be used to risk stratify for surveillance and guide novel therapies.

**Fatal Toxic Effects of Immune Checkpoint Inhibitors**

In a meta-analysis of drug reactions, Wang and colleagues analyzed the fatal toxic effects associated with the use of immune checkpoint inhibitor antibodies to evaluate their incidence in patients with cancer treated with these antibodies. Deaths related to anticytotoxic T lymphocyte antigen-4 were usually from colitis, and deaths owing to the use of anti–programmed death-1/ligand-1 antibodies were most often associated with pneumonitis followed by hepatitis. Myocarditis had the highest fatality rate.

**hu3F8 Dosing for Neuroblastoma**

Kushner and colleagues performed a randomized clinical trial to determine the maximum-tolerated dose of hu3F8, a humanized anti-GD2 monoclonal antibody, in patients with neuroblastoma. No maximum dose was identified. Human antihuman antibody positivity developed in 9% patients after treatment cycle 1. Antineuroblastoma activity included major responses associated with higher dosing. The tolerability and overall lack of immunogenicity of hu3F8 allows multicyle dosing.

LETTERS

**Research Letter**

1778 The Use of “Trend” Statements to Describe Statistically Nonsignificant Results in the Oncology Literature

KT Nead and Coauthors

1779 Early Adoption of Biosimilar Growth Factors in Supportive Cancer Care

X Chen and Coauthors

1781 Remission and PFS in Patients With Newly Diagnosed Multiple Myeloma Treated With Carfilzomib, Lenalidomide, and Dexamethasone

D Kazandjian and Coauthors

**Comment & Response**

1783 Cognitive Impairment Among Older Patients With Hematologic Cancers

1784 Accounting for All Costs in the Total Cost of Chimeric Antigen Receptor T-Cell Immunotherapy

1786 Progestin, Not Progesterone

1786 Paclitaxel in Patients With Myelofibrosis

1787 Cancer Risk Estimates for Study of Multiple-Gene Testing After Diagnosis of Breast Cancer

1788 Moving Precision Oncology Forward Amid Myths and Misconceptions

1791 Focus on the Number of Radiation Oncology Trials or on Clinical Relevance?

1792 Correction

HUMANITIES

**Poetry and Oncology**

1793 White Noise

M Banerjee

1673 Abstracts of JAMA Oncology Online Only Articles

Departments

1641 Staff Listing

1721 CME Article

1795 Classified Advertising

1795 Journal Advertiser Index

1796 Contact Information

1797 CME Questions

Instructions for Authors

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