Research

Research Practices in Oncology Systematic Reviews 1550
In systematic reviews and meta-analyses, reproducible research practices ensure that summary effects used to guide patient care are stable and trustworthy. Wayant and colleagues performed a cross-sectional investigation of a series of meta-analyses cited by the National Comprehensive Cancer Network guidelines to determine whether these studies adhered to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Results showed that only 64% of meta-analytic estimates (2375 of 3696) were reproducible in theory. These data underscore the need for quality improvement in meta-analyses reporting. Unger provides an Editorial.

Editorial 1545

Neuropathy and Chemotherapy for Colon Cancer 1574
Oxaliplatin-based chemotherapy is associated with peripheral sensory neuropathy (PSN) in patients with stage III colon cancer. Yoshino and colleagues performed an open-label, multicenter, phase 3 randomized clinical trial to determine whether a shorter 3-month course of oxaliplatin-based adjuvant chemotherapy (modified fluorouracil, leucovorin, and oxaliplatin or capecitabine plus oxaliplatin) vs a 6-month course would lessen the incidence and severity of chemotherapy-induced PSN. Results showed that shorter duration of oxaliplatin therapy did not compromise outcome.

Sorafenib Plus Doxorubicin vs Sorafenib Alone for HCC 1582
Substantial improvement in overall survival with doxorubicin plus sorafenib for advanced hepatocellular cancer (HCC) has been reported. Abou-Alfa and colleagues performed an unblinded randomized phase 3 clinical trial to determine whether the addition of doxorubicin to sorafenib vs sorafenib alone would result in superior overall survival for HCC. Results revealed that, compared with sorafenib alone, sorafenib plus doxorubicin did improve clinical outcomes in HCC. Toxic effects also were more common in patients treated with combination therapy.

Mortality in Men vs Women With Breast Cancer 1589
Although survival difference between men and women with breast cancer has been reported, underlying factors associated with the disparity have not been fully studied. Wang and colleagues performed a nationwide, registry-based cohort study using data from the National Cancer Database to compare mortality between men and women with breast cancer and evaluate the factors associated with the sex-based disparity in mortality. Results showed that mortality after cancer diagnosis was higher in men than in women, even after accounting for clinical characteristics, treatment factors, and access to care. The data suggest that other factors that should be identified to eliminate the disparity in mortality between men and women with breast cancer.

Exercise and Weight Loss Programs for BCRL 1605
The effects of combined home-based exercise and weight loss programs on breast cancer-related lymphedema (BCRL) outcomes have not been fully studied. Schmitz and colleagues performed a randomized clinical trial of overweight breast cancer survivors with BCRL to assess the effect of home-based exercise and weight loss programs on clinical lymphedema outcomes. Results showed that home-based exercise and weight loss programs may not be as effective as a facility-based resistance exercise program for the treatment of BCRL.