Arsenic Trioxide and Reduced Anthracycline Dose in Pediatric Acute Promyelocytic Leukemia

In the phase III historically controlled Children's Oncology Group AAML0631 trial, arsenic trioxide consolidation permitted the use of lower-dose anthracycline without appearing to compromise outcomes in pediatric patients with acute promyelocytic leukemia. The results were reported in the Journal of Clinical Oncology by Kutny et al.1

Detection of Early-Stage Cancers With Circulating Tumor DNA

In a paper published by Phallen et al2 in Science Translational Medicine, scientists reported the development of a test that spots tiny amounts of circulating tumor DNA in blood and have used it to accurately identify more than half of 138 people with relatively early-stage colorectal, breast, lung, and ovarian cancers.

Liquid Biopsies Identify Distinct Genomic Profiles With Potentially Targetable Alterations in Carcinoma of Unknown Primary

Next-generation sequencing of circulating tumor DNA identified distinct genomic profiles with potentially targetable alterations in 99.7% of patients with carcinoma of unknown primary who have detectable alterations, according to results published by Kato et al3 in Cancer Research.

Comparison of Screening Recommendations for Mammography

A new study compares the number of deaths that might be prevented as a result of three of the most widely discussed recommendations for screening mammography. Published by Arleio et al4 in Cancer, the findings may provide valuable guidance to women and their physicians about choosing a screening regimen.

Screening for Occult Cancer in Patients With Unprovoked Venous Thromboembolism

van Es et al5 found that occult cancer is detected in 1 in 20 patients within a year of receiving a diagnosis of unprovoked venous thromboembolism and that older age is associated with a higher cancer prevalence. Although extensive screening detected twice as many cancer cases as limited screening alone, no statistically significant difference was found in cancer detection between the two approaches. This study was published in the Annals of Internal Medicine.

Prolonged and Intensified Neoadjuvant Therapy for Esophageal Adenocarcinoma

A UK phase III trial has shown no significant survival benefit of extended and intensified neoadjuvant chemotherapy with epirubicin, cisplatin, and capecitabine versus standard cisplatin/flourouracil followed by resection in patients with esophageal adenocarcinoma. The findings were reported in The Lancet Oncology by Alderson et al.6

Women More Likely Than Men to Experience Response After Induction Chemoradiotherapy and Esophagogastrectomy for Esophageal Cancer

Female patients with locally advanced esophageal cancer treated with chemotheraphy and radiation therapy before surgery are more likely to have a favorable response to the treatment than male patients are, and women are less likely to experience cancer recurrence, according to a study published by Roswe et al7 in The Annals of Thoracic Surgery.

Medical Costs and HPV Vaccination in Oropharyngeal Cancer

In a study published in Cancer Epidemiology, Biomarkers & Prevention, Lairson et al8 found that the health-care cost of the first 2 years of treatment of new cases of oropharyngeal cancer among commercially insured patients in Texas is nearly $140,000. The cost estimates provide parameters for the development of decision-analytic models to inform decision-makers about the potential value of initiatives for increasing the HPV immunization rate in the state.

Individualized Adaptive Stereotactic Body Radiotherapy for Liver Tumors

In a single-center phase II study reported in JAMA Oncology, Feng et al9 found that individualized adaptive stereotactic body radiotherapy achieved high rates of local tumor control with low complication rates in patients with liver tumors and preexisting liver dysfunction.

REFERENCES