

Sorafenib Plus Interferon Alfa-2b Active Against Metastatic Renal Cell Cancer

A phase II trial of sorafenib (Nexavar, Bayer/Onyx) plus interferon alfa-2b showed substantial activity for the combination in patients with metastatic renal cell cancer, according to a report by Dr. Jared A Gollob and associates in the August 1 issue of the *Journal of Clinical Oncology*. The researchers administered sorafenib 400 mg orally twice daily plus interferon alfa-2b 10 million units subcutaneously three times a week for an 8-week cycle followed by a 2-week break. Forty patients with metastatic disease received the treatment. Most of the patients were naive to treatment (some were refractory to interleukin-2), and none had previously received interferon. Exclusion criteria included severe depression, brain metastases, life-threatening immune disorders, and anticoagulation therapy. The researchers found that 33% of the patients responded, with 11 partial responses and 2 complete responses. Additionally, 18 patients had stable disease for at least one cycle of drug administration. The typical response rate in this population to either drug alone is between 5% and 10%, so the researchers described their findings as encouraging and indicative of favorable interaction between the two agents. The median duration of response was 12 months in the 13 responders; 1 complete responder with lung metastases remained without evidence of disease for 9 months at the last follow-up. Median overall survival was not yet reached, but the median progression-free survival time was 10 months.

Brachytherapy and External-beam Radiation Effective for High-risk Prostate Cancer

Long-term prostate tumor control is possible with external-beam radiation followed by brachytherapy in high-risk patients. The results of a study, led by Dr. Michael Dattoli, of 119 intermediate-risk and 124 high-risk patients treated between 1996 and 1998 were published in the August 1 issue of *Cancer*. All but 39 of the patients were found to have had at least one risk factor for extracapsular cancer extension. The treatment regimen consisted of pelvic 3D conformal external-beam radiation followed 2–4 weeks later by implantation of palladium-103 seeds. Generous brachytherapy margins were used. The median follow-up was 9.5 years in nonfailing patients. Actuarial freedom from biochemical progression at 14 years was 87% in patients with intermediate-risk disease and 72% in patients with high-risk disease. It was reported that the absolute risk of failure progressively decreased and was 1% beyond 6 years after the patients received the treatment. It is widely perceived that brachytherapy is inappropriate

for patients at higher risk for extracapsular cancer extension, but the results of this study strengthen the rationale for brachytherapy-based treatment modalities in high-risk patients, including those who have adverse features that contraindicate surgical resection. In conclusion, the majority of patients in this study were found to be cured without incontinence or impotence. Bowel problems that patients did experience tended to last only 1–2 months beyond treatment.

In a related set of findings, among men who had good sexual function prior to treatment with low-dose brachytherapy for prostate cancer, erectile function is likely to remain good over time, according to an article in the August issue of *BJU International*. Dr. Jamie A. Cesaretti and colleagues remarked, “On average, radiation-treated patients have tended as a group to be a decade older than men who get surgery. If one controls for this referral bias by looking at the outcome of younger men between 50 and 60 years old treated with brachytherapy, one finds that erectile preservation is astonishingly common.” The researchers assessed the effect of low dose–rate brachytherapy on the sexual health of 131 men with at least 7 years of follow-up after treatment for T1b–T3a prostate cancer. All patients had optimal erectile function prior to treatment. They found that 42 men (32%) developed erectile dysfunction, but rates of potency were higher for men between 50 and 59 years when implanted (92%) than for those between ages 60 and 69 years (64%) and 70 and 79 years (58%). PSA failure was considered a predictor of erectile dysfunction because of the use of either intermittent or continuous hormone therapy. Among the 89 patients who maintained erectile function after at least 7 years, 51% were currently using pharmacologic aids for erectile function. The authors concluded that brachytherapy is recommended over radical prostatectomy for the preservation of erectile function.

In Brief

Delayed diagnosis of cancer in children attributable to a variety of factors, including the choice of medical specialty consulted first, anatomic site of cancer and cancer site, initial symptoms, disease stage, child's age at diagnosis, and parents' level of education. (*Cancer*. 2007;110:703-713.)

Women with estrogen receptor–positive breast cancer derive a survival benefit from a diet high in fruits and vegetables and vigorous physical activity, but women with estrogen receptor–negative tumors did not achieve this benefit. (*J Clin Oncol*. 2007;25:2345-2351.)