

Nonpolypoid Colorectal Neoplasms in Adults in the United States

Researchers, led by Dr. Roy Soetikno, sought to evaluate the frequency of nonpolypoid colorectal neoplasms and characterize their relationship with colorectal cancer. This cross-sectional study was performed among 1,819 patients (mostly male) undergoing elective colonoscopy at a California veterans hospital between July 2003 and June 2004. Patients were classified into subgroups based upon their reasons for undergoing colonoscopy (for screening, surveillance, or symptoms). The main outcome measures included endoscopic appearance, location, size, histology, and depth of invasion of the neoplasms. The results of the study were published in March in *JAMA*.

The authors found the overall prevalence of nonpolypoid colorectal neoplasms to be 9.35% (n=170; 95% confidence interval [CI], 8.05–10.78%). In the patient subgroups for screening, surveillance, and symptoms, the prevalence of nonpolypoid colorectal neoplasms was 5.84% (n=36; 95% CI, 4.13–8.00%), 15.44% (n=101; 95% CI, 12.76–18.44%), and 6.01% (n=33; 95% CI, 4.17–8.34%), respectively. The overall frequency of nonpolypoid colorectal neoplasms with in situ or submucosal invasive carcinoma was 0.82% (n=15; 95% CI, 0.46–1.36%), whereas in the screening subgroup, the prevalence was 0.32% (n=2; 95% CI, 0.04–1.17%). The researchers also found that carcinoma was more likely to be contained in nonpolypoid colorectal neoplasms (odds ratio [OR], 9.78; 95% CI, 3.93–24.4) than polypoid lesions, regardless of size. The positive size-adjusted association of nonpolypoid colorectal neoplasms with in situ or submucosal invasive carcinoma was also seen in the subgroups for screening (OR, 2.01; 95% CI, 0.27–15.3) and surveillance (OR, 63.7; 95% CI, 9.41–431). The highest risk was associated with the depressed type of neoplasms (33%). Nonpolypoid colorectal neoplasms containing carcinoma were smaller in diameter compared to polypoid lesions (mean [SD] diameter, 15.9 [10.2] mm vs 19.2 [9.6] mm, respectively). The authors concluded that in their patient population, nonpolypoid colorectal neoplasms were relatively common lesions that were diagnosed during routine colonoscopy and had a greater association with carcinoma as opposed to polypoid neoplasms, independent of size.

The study further demonstrated that nonpolypoid colorectal neoplasms, often considered mainly a Japanese disease, are prevalent in the United States as well. Bowel preparation is important, as nonpolypoid colorectal neoplasms are flat and difficult to distinguish from normal mucosa membrane, especially with inadequate preparation.

Weekly Paclitaxel After Adjuvant Chemotherapy Improves Survival in Breast Cancer

Dr. Joseph A. Sparano and colleagues reported that weekly paclitaxel after adjuvant chemotherapy improved overall and disease-free survival in women with axillary lymph node–positive or high-risk lymph node–negative breast cancer. Women with HER2–positive and –negative disease were observed to achieve this benefit. The findings were published in the April 17 issue of the *New England Journal of Medicine*. The weekly-administration schedule of paclitaxel was compared with standard therapy (paclitaxel every 3 weeks for four cycles). Patients received adjuvant chemotherapy with doxorubicin and cyclophosphamide followed by either paclitaxel or docetaxel given either weekly or every 3 weeks for four cycles. Compared with standard therapy, weekly paclitaxel, docetaxel every 3 weeks, and weekly docetaxel increased the chance of disease-free survival by 27% ($P=.006$), 23% ($P=.02$), and 9% ($P=.29$), respectively. Moreover, weekly paclitaxel improved overall survival by 32% in comparison to standard therapy. The weekly schedule of paclitaxel was associated with greater grade 2–4 neuropathy than standard therapy (27% vs 20%). Overall, the researchers concluded that adjuvant doxorubicin/cyclophosphamide followed by weekly paclitaxel should be used to optimize overall and disease-free survival, regardless of hormone-receptor status.

Pediatric ALL Patients Can Face Complications Decades Later

Approximately 1 in 5 survivors of pediatric acute lymphoblastic leukemia (ALL) treated in the 1970s and 1980s has developed another serious chronic medical condition or died 25 years after the diagnosis of cancer. Radiotherapy was found to be associated with the greatest risk. The results of a study of 5,760 pediatric ALL survivors by Dr. Joseph P. Neglia and associates were published online in *Blood* on March 31. In comparison, protocols used today to treat pediatric ALL, which eschew radiation unless relapse occurs, “have a quality of life and health profile very similar to our control population,” remarked Dr. Neglia. It was found that 25 years postdiagnosis, 13% of survivors had died, most commonly from recurrent ALL or a second neoplasm. In comparison to siblings, pediatric ALL survivors were 2.8 and 3.6 times more likely to have a chronic and a severe chronic medical condition, respectively. Furthermore, in comparison to siblings, survivors reported poorer general and mental health as well as functional impairment and activity limitations. The study demonstrated that clinicians should be aware that late complications of therapy for pediatric ALL may occur decades after diagnosis.