CNS relapse related to adjuvant taxane treatment in node-positive breast cancer

Node-positive breast cancer is a disease with a significant risk of relapse and death. Anthracycline-containing adjuvant chemotherapy has been shown to increase disease-free survival (DFS) and overall survival. However, breast cancer central nervous system (CNS) metastases are an increasingly important problem because of high CNS relapse rates in patients treated with trastuzumab and/or taxanes. In this issue, Pestalozzi et al. [pp. 1837–1842], on behalf of the BIG 02-98 Collaborative Group, report an evaluation of 2887 node-positive breast cancer patients randomized in the BIG 02-98 trial comparing anthracycline-based adjuvant chemotherapy (control arms) to anthracycline–docetaxel-based sequential or concurrent chemotherapy (experimental arms). After a median follow-up of 5 years, 403 patients had died and detailed information on CNS relapse was collected for these patients. These authors report that CNS relapse occurred in 4.0% of control patients and 3.7% of docetaxel-treated patients.

Telomere shortening, DNA damage response and telomeric protein downregulation in colorectal preneoplastic lesions

Telomere length abnormality appears to be one of the earliest and most prevalent genetic alterations in the multistep process of malignant transformation. However, it remains unclear whether telomere dysfunction induces chromosomal instability, initiating certain human epithelial malignancies. It has recently been shown that DNA damage repair is activated early in most human epithelial carcinogenic processes. In this issue, Raynaud et al. [pp. 1873–1881] report an evaluation of telomere length and telomere protein levels and their relationship to the DNA damage repair pathway activation in the multistep process of colorectal carcinogenesis. These authors report that telomere attrition occurs early in carcinogenic progression in the colon model, with telomere shortening observed in low-grade dysplasia. This attrition peaks in high-grade dysplasia, and it is only when the full invasive potential of the tumor has been reached that telomere length returns to levels close to those observed in normal tissue.

CD5 expression as a predictor of outcome in patients with DLBCL receiving rituximab plus CHOP therapy

Recently, it has been recognized that addition of rituximab to anthracycline-based regimens may alter the previously identified prognostic factors, in view of the markedly improved outcome of patients with diffuse large B-cell lymphoma (DLBCL). Although several studies analyzing the prognostic significance of individual biomarkers have been carried out since the introduction of rituximab, none has investigated outcome by considering these biomarkers together. In this issue, Ennishi et al. [pp. 1921–1926] report the results of a retrospective study that aimed to investigate the predictive value of three biomarkers—BCL2, germinal center (GC) phenotype, and CD5—in 121 DLBCL patients treated with rituximab plus cyclophosphamide, doxorubicin, vincristine and prednisone. These authors report that CD5 expression was the only significant prognostic factor among the biomarkers examined in this study.

Euthanasia, life sustaining treatment and acceleration of death

The percentage of physicians who approve of euthanasia and assisted suicide is increasing and ranges from 35% to 88% in different countries; this is in agreement with findings from the general population. In this issue, Catania et al. [pp. 1947–1954] report the results of a study that aimed to evaluate the awareness and personal opinions of members of the Italian Association of Medical Oncology (AIONM) regarding advance directives, acceleration of death, euthanasia and ‘life-sustaining treatment’. These authors report that 63% of respondents felt culturally and psychologically prepared to face these issues. 54% believed that what had been decided while the patient enjoyed good health is no longer applicable in an advanced state of terminal illness. 39% believed that doctors should abide by these directives, while 49% believed that this should be discussed on a case-by-case basis. 14% of oncologists were favourable towards euthanasia and 42% only in particular circumstances. 56% had received at least one request for accelerating death. The authors call for a debate within the medical world and for a shared judicial regulation.

Quote

“Now in my morning the weariness of death
Sends me to sleep. Had I made coffins
I might have lived singing to three score.”

Condemned to die for love Bilhana Kavi considers his fate in the Chaurapanchasika, from E. Powys Mathers’s translation Black Marigolds

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