Letter to the Editor

Dear Sir,

Every year important new data with the potential to be practice changing are presented at the American Society of Clinical Oncology (ASCO) annual meeting. This year was no exception.

The British phase III, randomized, BILCAP study showed that adjuvant chemotherapy with capecitabine used for 6 months after surgery for biliary tract cancer improves median overall survival (OS) by 15 months compared with observation after the surgical intervention (51 *vs* 36 months). Biliary disease has long been considered a poorly chemoresponsive disease, but these findings challenge our perceptions and could form the basis for a new standard of care in biliary tract cancer.

In the gynecological session, the preliminary results of the DESKTOP trial in recurrent ovarian cancer were presented. The trial randomized patients with platinum-sensitive recurrence to receive secondary cytoreduction followed by chemotherapy *versus* chemotherapy alone. Patients were selected according to the AGO score, considering performance status, ascites and the results of previous surgery. A significant increase in progression-free survival (PFS) was reported, although the trial had OS as its primary endpoint.

In the plenary session, the results of the IDEA (International Duration Evaluation of Adjuvant chemotherapy) study comparing 3 and 6 months of oxaliplatin-based therapy in stage III colorectal cancer were presented. The goal of this study, which pooled data from 6 studies conducted in America, Europe, and Asia, was to determine if 3 months of chemotherapy was as effective as 6 months. Three months chemotherapy was associated with just a 1% lower chance of being colon cancer-free at 3 years compared to the standard 6-month treatment (74.6% *vs* 75.5%). In patients considered at low risk of cancer recurrence, the difference was even smaller (83.1% in patients receiving a 3-month course *vs* 83.3% in patients receiving a 6-month course). These data will define a new standard of care for patients al low risk of recurrence, where 3 months of chemotherapy should be considered enough.

The LATITUDE trial in high-risk metastatic hormone-naïve prostate cancer explored the early use of abiraterone acetate in combination with androgen deprivation therapy. Data clearly show that adding abiraterone plus prednisone to standard hormonal therapy for men newly diagnosed with high-risk, metastatic prostate cancer reduces the chance of death by 38%. Overall, drug sequencing in prostate cancer is about to change, and patient selection will be a hot topic this year.

The OlympiAD trial compared the oral poly adenosine diphosphate (ADP) ribose polymerase (PARP) inhibitor olaparib *versus* chemotherapy for patients with triple negative breast cancer and a germline BRCA mutation. Compared to standard chemotherapy, olaparib reduced the chance of progression of advanced, BRCA-related breast cancer by 42%; disease progression was delayed by approximately 3 months. BRCA mutation is estimated to be present in approximately 3% of the breast cancer population. For these patients, the trial opens a new way for better control of the disease that has already been demonstrated for olaparib in ovarian cancer.

Sandro Pignata

Division of Medical Oncology, Department of Urology and Gynecology, National Cancer Institute of Naples, Naples, Italy

Correspondence to:
Sandro Pignata, MD,
Division of Medical Oncology,
Department of Urology and Gynecology
Istituto Nazionale Tumori Fondazione
G. Pascale IRCCS,
Via M. Semmola 52, 80131 Napoli, Italy.
Phone: +39 081 590 3637
Fax: +39 081 590 3861
E-mail: s.pignata@istitutotumori.na.it
CANCER BREAKING NEWS 2017;5(2):55
DOI: 10.19156/cbn.2017.0050