

# Surveillance scans offer limited benefits in PTCL

ELVIRA MANZANO

**R**outine surveillance imaging (RSI) is commonly used at various times during remission in patients with peripheral T-cell lymphoma (PTCL), but a local study shows it has limited utility in detecting early relapses and has no effect on survival.

Oncologists and hematologists from the National Cancer Centre Singapore (NCCS), the Singapore General Hospital (SGH) and Weill Cornell Medical College (WCMC) in New York evaluated the utility of RSI in 351 patients with PTCL. Of these, 145 achieved first clinical remission (CR1). Of 64 patients who relapsed, only nine had the relapse detected by surveillance scans versus 51 that were detected on clinical exams.

At the time of relapse, 93 percent were symptomatic, 87 percent had signs and 76 percent had elevated lactate dehydrogenase

(LDH) regardless of the method of detection used. Three had no clinical evidence of relapse, two had angioimmunoblastic T-cell lymphoma (AITL) and one had natural killer T-cell lymphoma (NKTL).

sponse in the RSI group (95% CI, 16-NR;  $p=0.652$ ).

“Our data suggest that most patients with PTCL in CR1 have abnormal symptoms, signs or increased LDH at relapse, and RSI

**“ The study adds to the growing body of evidence suggesting that PTCL patients may not benefit from routine imaging ”**

After a median follow-up of 37 months, the median progression-free survival (PFS) was 14.5 months in the RSI group vs 19.6 months in the clinical exam group ( $p=0.740$ ). No statistically significant improvement was noted among PTCL patients detected by RSI. The median overall survival (OS) was 65 months in the clinical exam group and there was no re-

does not impact the detection,” said first author Dr. Tiffany Tang, associate consultant at NCCS Division of Medical Oncology, and colleagues. “RSI also does not appear to affect survival outcomes.”

The study adds to the growing body of evidence suggesting that PTCL patients may not benefit from routine imaging. In some patients, clinical checks may be enough



**Routine imaging did not impact detection of relapse and survival outcomes in PTCL patients.**

post-treatment surveillance to detect relapses. This could potentially lower healthcare cost and reduce patient exposure to radiation during routine scanning, said the researchers. However, further studies are warranted to validate the results.

The study has won the researchers the 2014 Conquer Cancer Foundation of American Society of Clinical Oncology (ASCO) Merit Award. Tang will present the full results at the ASCO annual meeting in Chicago, Illinois, US this month. **(ot)**

# Cervical cancer prevention a top priority

RICHARD PHILIP

**C**ervical cancer is last on the list of top 10 cancers affecting Singaporean women, but it is better to be safe than sorry when it comes to cervical cancer prevention, Singapore doctors say.

Senior consultant in the Department of Obstetrics and Gynecology at the Singapore General Hospital (SGH) Professor Tay Sun Kuie said that although the incidence of cervical cancer in Singapore has dropped dramatically as a result of prevention programs, women should remain vigilant about taking steps to prevent the disease.

“Cancer always strikes you at

the most unexpected time and it always happens to the most unexpected person,” said Tay underscoring his point that no woman should underestimate her risk of having cervical cancer.

He was speaking at a recent event for local female lifestyle bloggers aimed at raising awareness about cervical cancer prevention, initiated by GlaxoSmithKline in partnership with the Singapore Cancer Society, the Singapore Pediatric Society, Health Promotion Board and SGH.

In Singapore, women aged between 25 to 69 years old who have had sexual intercourse are advised to have a Pap smear done once

every 3 years. A Pap smear can detect pre-malignant lesions, also referred to as cervical intraepithelial neoplasia, which, if left untreated, may develop into cancer. Once detected, lesions can be surgically removed.

Women can also get vaccinated to protect themselves against human papillomavirus (HPV) types 16 and 18, which cause 70 percent of invasive cervical cancers worldwide. Currently available vaccines do not protect against the HPV types that cause the remaining 30 percent of invasive cervical cancers. Hence, women must continue going for cervical cancer screening even if they have been vaccinated.

HPV vaccines have been shown to be safe and effective. A recent systematic review and meta-analysis concluded that “prophylactic HPV vaccines are highly efficacious in preventing persistent infection and cervical diseases associated with vaccine HPV types among young female adults.” The study looked at seven randomized control trials of HPV vaccines involving 44,142 subjects. The subjects were non-pregnant women aged 15 to 44 years, who had had six or fewer sex partners and no abnormal Pap smears in the past. [*BMC Infectious Diseases* 2011; doi: 10.1186/1471-2334-11-13]

However, the authors pointed



**Women can get vaccinated to protect themselves from HPV.**

out that whether HPV vaccines can offer long-term protection remains unknown.

“Future efficacy data from longer-term follow-up of bivalent and quadrivalent vaccine trials are critical to fully address long-term efficacy,” they said. **(ot)**

# AbbVie to begin phase III veliparib trials for NSCLC

RADHA CHITALE

**A** new global phase III trial will compare AbbVie’s cancer drug veliparib to placebo, alongside standard chemotherapy, in patients with non-small cell lung cancer (NSCLC).

Veliparib is a poly ADP ribose polymerase (PARP) inhibitor that blocks DNA repair and is thought to enhance standard chemotherapy.

AbbVie plans to include 900 patients with previously untreated

locally advanced or metastatic NSCLC. Patients will receive standard chemotherapy consisting of paclitaxel and carboplatin plus either veliparib or placebo.

Overall survival will be the primary efficacy outcome and the researchers will also look at progression-free survival and objective response rate and response duration.

The drug has already shown promising results in treating breast cancer and further trials are underway in leukemia and melanoma.

NSCLC accounts for up to 90 percent of all diagnosed cancer cases, according to The American Cancer Society. Squamous cell carcinoma is a subtype of NSCLC and accounts for about one-third of those cancer cases, and is frequently the result of smoking.

Patient prognosis relies heavily on stage of cancer and the patient’s age. However, lung cancer is often detected in advanced stages, at which point treatment may prolong time to progression but will not cure disease. **(ot)**



**A new trial will compare PARP inhibitor veliparib to placebo for NSCLC.**