

***American Cancer Society Journals***

***Monthly Highlights for Healthcare Professionals***

***August 15, 2014 Updates***

As many health systems publish monthly newsletters as a means to communicate current research to providers, the American Cancer Society provides newsletter content that is free to use with license to populate your monthly letter. Our content consists of abstracts and other information from the three peer-reviewed medical journals published by ACS: *CA: A Cancer Journal for Clinicians*, *Cancer*, and *Cancer Cytopathology*.

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***CA: A Cancer Journal for Clinicians***

* *CA* is a journal for oncologists, primary care physicians, nurses and anyone involved in cancer care.
* *CA* offers all content for free online. Go to cacancerjournal.com.
* *CA* offers free journal-based continuing education to health professionals. Visit acsjournals.com/ce to learn more.

***Cancer***

* *Cancer* is a general oncology journal for all oncology specialists.
* *Cancer* offers all content 12 months or older online for free. Go to canceronlinejournal.com to access the abstracts of the latest research articles available online.
* *Cancer* publishes educational supplements online for free.

***Cancer Cytopathology***

* *Cancer Cytopathology* is a specialty journal for cytopathologists and cytotechnologists.
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* Read the “Best of the American Cancer Society Journals 2013” digital issue: bit.ly/BestofACS13
* Read the “American Cancer Society: Guidelines & Patient Pages” digital issue: bit.ly/acsguidelines



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***CA: A Cancer Journal for Clinicians***

**Perspectives: No cost or safety advantage to robot-assisted radical prostatectomy compared with open-procedure surgery for patients with prostate cancer**

A recent study has demonstrated that robot-assisted radical prostatectomy (RARP) is not safer than open radical prostatectomy (ORP), and results in higher charges compared with ORP. Prior large observational studies have also not shown any differences in postoperative complications or long-term outcomes between RARP and ORP. However, these studies were performed when physicians were less experienced with the robotic procedure. In the current study, the authors set out to reexamine the outcomes of surgeries and determine whether a benefit to RARP would emerge in the postdissemination era when there was more experience.

<http://onlinelibrary.wiley.com/doi/10.3322/caac.21241/full>

**Published online: 7/15/14**

**Perspectives: Oncologists and primary care physicians infrequently provide survivorship care plans**

A recent study has shown that most primary care physicians (PCPs) and oncologists do not consistently provide survivorship care plans (SCPs) to cancer survivors. This finding is important, because there are currently about 14 million cancer survivors in the United States, and with an aging population and better cancer therapeutics, this number is ever increasing. The Institute of Medicine recommends that, after primary treatment, all patients receive an SCP that includes a treatment summary and individualized follow-up plan that makes clear which physician will be responsible for carrying out the plan. Other organizations such as the American Cancer Society, the American College of Surgeons Commission on Cancer, and the American Society of Clinical Oncology also support SCPs. Despite the recommendations, it appears that SCPs are not widely used. The current study examined how frequently PCPs and oncologists provide and discuss SCPs with their surviving patients.

<http://onlinelibrary.wiley.com/doi/10.3322/caac.21240/full>

**Published online: 7/15/14**

**Palliative radiotherapy at the end of life: A critical review**

When delivered with palliative intent, radiotherapy can help to alleviate a multitude of symptoms related to advanced cancer. In general, time to symptom relief is measured in weeks to months after the completion of radiotherapy. Over the past several years, an increasing number of studies have explored rates of radiotherapy use in the final months of life and have found variable rates of radiotherapy use. The optimal rate is unclear, but would incorporate anticipated efficacy in patients whose survival allows it and minimize overuse among patients with expected short survival. Clinician prediction has been shown to overestimate the length of survival in repeated studies. Prognostic indices can provide assistance with estimations of survival length and may help to guide treatment decisions regarding palliative radiotherapy in patients with potentially short survival times. This review explores the recent studies of radiotherapy near the end of life, examines general prognostic models for patients with advanced cancer, describes specific clinical circumstances when radiotherapy may and may not be beneficial, and addresses open questions for future research to help clarify when palliative radiotherapy may be effective near the end of life.

<http://onlinelibrary.wiley.com/doi/10.3322/caac.21242/abstract>

**Published online: 7/15/14**

**MicroRNAome genome: A treasure for cancer diagnosis and therapy**

The interplay between abnormalities in genes coding for proteins and noncoding microRNAs (miRNAs) has been among the most exciting yet unexpected discoveries in oncology over the last decade. The complexity of this network has redefined cancer research as miRNAs, produced from what was once considered “genomic trash,” have shown to be crucial for cancer initiation, progression, and dissemination. Naturally occurring miRNAs are very short transcripts that never produce a protein or amino acid chain, but act by regulating protein expression during cellular processes such as growth, development, and differentiation at the transcriptional, posttranscriptional, and/or translational level. In this review article, miRNAs are presented as ubiquitous players involved in all cancer hallmarks. The authors also describe the most used methods to detect their expression, which have revealed the identity of hundreds of miRNAs dysregulated in cancer cells or tumor microenvironment cells. Furthermore, the role of miRNAs as hormones and as reliable cancer biomarkers and predictors of treatment response is discussed. Along with this, the authors explore current strategies in designing miRNA-targeting therapeutics, as well as the associated challenges that research envisions to overcome. Finally, a new wave in molecular oncology translational research is introduced: the study of long noncoding RNAs.

<http://onlinelibrary.wiley.com/doi/10.3322/caac.21244/abstract>

**Published online: 8/7/14**

***Cancer***

**Cancer incidence patterns among children and adolescents in Taiwan from 1995 to 2009: A population-based study**

Currently, little information is available on childhood cancer incidence rates in Eastern Asia. The objective of this study was to report the first population-based cancer surveillance of children and adolescents in Taiwan. Data from the Taiwan Cancer Registry were examined for cancer frequencies and incidence rates among individuals ages birth to 19 years from 1995 to 2009. Types of cancers were grouped according to the International Classification of Childhood Cancer. Rates were compared by sex and age. For further comparisons with other countries, rates were age standardized to the 2000 world standard population in 5-year age groups. Trends in incidence rates also were evaluated.

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.28903/abstract>

**Published online: 7/16/14**

**CancerScope: New national clinical trials network faces challenges: Budget cuts and enrollment caps have group leaders concerned**

After several years of consultation and development, the National Cancer Institute (NCI) launched its newly formed cooperative group system for clinical trials research, the National Clinical Trials Network (NCTN), on March 1, 2014. The new network was developed based on recommended changes from a 2010 Institute of Medicine report, along with input from cooperative group investigators; NCI comprehensive cancer center directors; and others, including patient advocates and industry representatives. The overall goal of the new system is to improve the speed and efficiency of clinical trials and to be able to respond more rapidly to scientific opportunities.

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.28886/full>

**Published online: 7/21/14**

**CancerScope: New findings in colon cancer incidence, screening**

Two recent colon cancer studies reported findings on incidence rates and a new noninvasive screening tool. In the first study, researchers found that colon cancer incidence rates have dropped 30% in the United States in the last 10 years among adults aged 50 years and older due to the widespread use of colonoscopy. Published in CA: A Cancer Journal for Clinicians, the report found the largest decrease in incidence in people aged older than 65 years. At the same time, colonoscopy use has tripled among adults aged 50 to 75 years, from 19% in 2000 to 55% in 2010. The article was released by American Cancer Society researchers as part of an initiative by the National Colorectal Cancer Roundtable to increase screening rates to 80% by 2018. They used incidence data from the NCI's Surveillance, Epidemiology, and End Results program and the Centers for Disease Control and Prevention's National Program of Cancer Registries.

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.28887/full>

**Published online: 7/21/14**

**CancerScope: Twice-daily pill could treat leukemia**

Scientists have determined that a twice-daily pill could turn chronic lymphocytic leukemia (CLL) into a highly treatable disease. Researchers at Weill Cornell Medical College (WCMC) in New York City led a multinational team that published their findings in The New England Journal of Medicine.

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.28888/full>

**Published online: 7/21/14**

**Impact of lung cancer screening results on participant health-related quality of life and state anxiety in the National Lung Screening Trial**

Low-dose computed tomography (LDCT) lung screening has been associated with a 20% reduction in lung cancer mortality. A major barrier to the adoption of lung screening is the potential negative psychological impact of a false-positive (FP) screen, occurring in 20% to 50% of those screened. The objective of this study was to assess the impact of abnormal findings on health-related quality of life (HRQoL) and anxiety in the American College of Radiology (ACRIN)/National Lung Screening Trial (NLST).

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.28833/abstract>

**Published online: 7/25/14**

**CancerScope: Cutting cervical cancer: Organizations and researchers strive to improve screening, prevention**

In 2012, the American Cancer Society (ACS) and US Preventive Services Task Force issued new cervical cancer screening guidelines stating that most women should not be screened more frequently than every 3 to 5 years. Some 25 other medical organizations, including the American Society for Colposcopy and Cervical Pathology and the American Congress of Obstetricians and Gynecologists (ACOG), agreed. Since that time, getting physicians and women to follow these and other cervical cancer prevention recommendations continues to pose challenges. For example, a study published last year found that 74% of 366 obstetrician-gynecologists surveyed continued to recommend annual Papanicolaou (Pap) testing for women aged 21 to 29 years, whereas 53% recommended them for women aged 30 years and older.

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.28919/full>

**Published online: 8/5/14**

**CancerScope: Young people with non-melanoma skin cancers are at higher risk of other cancers**

Patients aged younger than 25 years with nonmelanoma skin cancer (NMSC) have a much higher risk of developing melanoma and 29 other cancer types compared with individuals who do not have the disease. Researchers from Australia's University of Melbourne compared patients with NMSC with individuals who did not have the disease and found that those who did were 1.36 times more likely to subsequently develop any cancer other than NMSC. Specifically, they were 93 times and 94 times, respectively, more likely to develop melanoma and salivary gland cancer.

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.28920/full>

**Published online: 8/5/14**

**CancerScope: ASCO report: Patient access to cancer care likely to suffer**

A comprehensive 2014 report on the state of cancer care in the United States has found that as demand surpasses the supply of oncologists, patient access to care will be threatened. The first-ever report from the American Society of Clinical Oncology (ASCO), which was presented during a Congressional briefing in March, outlines how oncologists are attempting to respond to a growing demand for services, changes in health care delivery, and the increasing economic pressures on small practices.

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.28921/full>

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***Cancer Cytopathology***

**CytoSource: Fair Share? Journal editors, researchers, and others grapple over whether research and clinical data should be shared**

I will be scooped. I will be misrepresented. I have collected the data myself and should be free to use them as I wish. Theodora Bloom, PhD, biology editorial director at open-access publisher Public Library of Science (PLOS), has heard countless excuses from researchers reluctant to share their data. Although many have raised understandable concerns about fairness, proper credit, and misuse, she says the growing debate over sharing comes back to a central question. “What is the purpose of doing research and publishing it?” she asks. “In most cases, especially if it's publicly funded or charity funded, the aim is to provide knowledge and insight that the rest of the scientific community can build on.” The ability to independently verify and bolster another researcher's findings, she says, requires timely access to not only a description of the results but also the actual data. As biomedical information accumulates, advocates of data sharing say greater openness could accelerate the pace of new discoveries. However, many researchers remain leery of what they may be giving up in a “publish or perish” system that still uses journal articles as a prominent measuring stick for grants and promotions. In addition, many drug companies are loath to release data that might imperil their investments.

<http://onlinelibrary.wiley.com/doi/10.1002/cncy.21459/full>

**Published online: 7/14/14**

**CytoSource: Genomic medicine: A question of value: Despite the promise of personalized medicine, genomic testing has yet to prove its cost-effectiveness**

In the near future, according to some predictions, each patient's medical record will include a remarkable data set: a fully sequenced genome. Spelling out everyone's genetic blueprint may offer unprecedented opportunities for truly personalized medicine—but would it be worth the cost? The fact that this question is being pondered indicates how far the technology has come. In September 2001, sequencing a single genome cost more than $95 million, according to the National Human Genome Research Institute. By January 2014, that cost had plummeted to $4000.Genomic sequencing has already been used on a limited basis to match tumors to optimal drugs for example, or to uncover hidden disease susceptibilities and suggest preventive strategies. However, for more widespread or even routine use, experts say much work still remains to demonstrate the value and cost-effectiveness of medicine based on our molecular makeup.

<http://onlinelibrary.wiley.com/doi/10.1002/cncy.21466/full>

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