

# THE ONCOLOGY CENTER OF CENTRAL BALTIMORE

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## INTRODUCTION

*I WOULD LIKE TO WELCOME YOU TO THE FIRST ISSUE OF THE ONCOLOGY CENTER OF CENTRAL BALTIMORE'S NEWSLETTER.*

*THIS BIMONTHLY NEWSLETTER IS DESIGNED TO KEEP YOU INFORMED ABOUT THE LATEST ADVANCES IN ONCOLOGY WITH OUR JOURNAL WATCH AND CANCER TREATMENT HIGHLIGHTS. IT WILL ALSO TRY TO KEEP YOU INFORMED OF THE STANDARDS OF CARE IN SCREENING AND SURVEILLANCE FOR THE VARIETY OF CANCERS YOU COME IN CONTACT WITH IN EVERYDAY PRACTICE. IN OUR CLINICAL TRIALS SECTIONS, WE WILL BE PUBLISHING A LIST OF CURRENTLY AVAILABLE CANCER TRIALS THAT WILL BE AVAILABLE TO PATIENTS STARTING IN NOVEMBER 1999.*

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## NEW TREATMENTS IN ONCOLOGY HERCEPTIN-A NEW CLASS OF MONOCLONAL ANTIBODIES

IN EACH ISSUE OF OUR NEWS LETTER, WE WILL BE SELECTING A NEW THERAPY IN ONCOLOGY AND HIGHLIGHTING ITS USAGE IN TODAY'S PRACTICE AND HOW IT AFFECTS YOUR PATIENTS.

HERCEPTIN IS A NEW DRUG THAT HAD RECENTLY BEEN RELEASED FOR THE TREATMENT OF METASTATIC BREAST CANCER. IT IS ONE OF A GROWING NUMBER OF MONOCLONAL ANTIBODIES THAT HAVE BEEN DEVELOPED FOR THE TREATMENT OF CANCER.

HERCEPTIN IS AN ANTIBODY AGAINST AN ONCOGENE CALLED HER2NEU. OVER EXPRESSION OF THIS GENE BY A CANCER CELL CAN ENHANCE THE CANCER'S GROWTH. SUCH AN OVER EXPRESSION OF THIS GENE IS SEEN IN 25%-30% OF ALL PATIENTS WITH BREAST CANCER.

BREAST CANCER BIOPSIES AT UNION MEMORIAL HOSPITAL ARE NOW BEING ROUTINELY TESTED FOR ER-PR RECEPTORS, DNA POLYPOID, S-PHASE FRACTION, AND NOW HER2NEU STATUS.

HERCEPTIN IS NOW BEING USED AT OUR CENTER IN PATIENTS WITH METASTATIC DISEASE WHO HAVE DEMONSTRATED TO HAVE AN OVER EXPRESSION OF THE ONCOGENE HER2NEU. IT IS CURRENTLY BEING COMBINED WITH TAXOL, WHERE IT HAS BEEN SHOWN IN CLINICAL TRIALS, TO IMPROVE THE OVERALL RESPONSE RATE AS

WELL AS THE DURATION OF RESPONSE COMPARED TO CHEMOTHERAPY ALONE. UNFORTUNATELY HERCEPTIN IS NOT A POTENTIAL THERAPY FOR PATIENTS WHO DO NOT SHOW OVER EXPRESSION OF THE GENE.

AS OF NOW, HERCEPTIN IS NOT BEING USED ROUTINELY IN ADJUVANT THERAPY IN PATIENTS WHO EXPRESS THE GENE. HOPEFULLY ONGOING CLINICAL TRIALS WILL DEFINE ITS ROLE IN THE FUTURE.

HERCEPTIN HAS BEEN WELL TOLERATED BY THE PATIENTS WHO HAVE RECEIVED IT THUS FAR. IT IS ADMINISTERED WEEKLY INTRAVENOUSLY ON A WEEKLY BASIS AS AN OUTPATIENT. ITS MAJOR POTENTIAL PROBLEM IS CARDIOTOXICITY, WHICH IS WHY WE DON'T USE IT WITH ADRIAMYCIN AND WHY ALL PATIENTS GO THROUGH A CARDIAC EVALUATION WITH AN ECHOCARDIOGRAM OR MUGA SCAN PRIOR. THE DRUG CAN ALSO CAUSE FEVERS AND CHILLS AS WELL AS ALLERGIC LIKE REACTIONS THAT RESPOND WELL TO TYLENOL, BENADRYL AND DEMEROL AND BECOME LESS COMMON WITH CONTINUED USAGE. BLOOD COUNTS ARE ALWAYS MONITORED BECAUSE OF RISK OF LEUKOPENIA AND ANEMIA IN ASSOCIATION WITH ITS USE WITH CHEMOTHERAPY.

HOPEFULLY HERCEPTIN WILL CONTINUE TO IMPROVE THE LIVES OF OUR BREAST CANCER PATIENTS TREATED AT OUR ONCOLOGY CENTER.

## CLINICAL TRIALS

I AM PLEASED TO ANNOUNCE THAT AS OF NOVEMBER 1999, WE WILL BE OFFERING PATIENTS THE ABILITY TO PARTICIPATE IN NATIONAL CLINICAL ONCOLOGY TRIALS AS PART OF THE SOUTHWEST ONCOLOGY GROUP (SWOG) RESEARCH GROUP.

SWOG HAS BEEN A MAJOR FACTOR IN ESTABLISHING STANDARDS OF CARE THROUGH THE COOPERATIVE ONCOLOGY STUDIES THEY DO. THE GROUP IS

ONE OF SEVERAL MAJOR NATIONAL RESEARCH GROUPS SPONSORED BY THE NCI. OUR PARTICIPATION WITH THEM WILL ALLOW OUR PATIENTS TO CONTINUE TO RECEIVE STATE OF THE ART ONCOLOGY CARE AS WELL AS ALLOWING THEM ACCESS TO MEDICATIONS THAT APPEAR TO BE PROMISING AND PREVIOUSLY ONLY AVAILABLE AT THE MAJOR CANCER CENTERS.

FUTURE ISSUES OF OUR NEWSLETTER WILL CONTAIN A LIST OF THE CURRENTLY AVAILABLE PROTOCOL STUDIES. COPIES OF THOSE STUDIES WILL BE AVAILABLE FOR YOUR REVIEW BY CONTACTING THE ONCOLOGY CENTER. I HOPE IN THE FUTURE YOU WILL BE ABLE TO DOWNLOAD THEM FROM OUR WEB SITE.

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## BREAST CANCER SURVEILLANCE

THE QUESTION ALWAYS ARISING HOW DO YOU FOLLOW A PATIENT WHO HAS HAD A DIAGNOSIS OF CANCER, HOW OFTEN DO YOU SEE THEM, WHAT BLOOD TESTS OR X-RAYS DO THEY NEED. RECOMMENDATIONS HAVE BEEN ESTABLISHED BASED ON EVIDENCE BASED MEDICINE. BELOW ARE THE SURVEILLANCE GUIDELINES FOR PATIENTS HAVING COMPLETED PRIMARY TREATMENT FOR BREAST CANCER. THESE GUIDELINES WERE ESTABLISHED BY THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY AND PUBLISHED IN THE JOURNAL OF CLINICAL ONCOLOGY IN 1997 VOLUME 15 PAGES 2149-2156.

PROCEDURE	FREQUENCY
HISTORY AND PHYSICAL EXAMINATION	EVERY 3-6 MONTHS FOR THE FIRST 3 YEARS, EVERY 6-12 MONTHS FOR THE NEXT 2 YEARS, THEN ANNUALLY
BREAST SELF EXAMINATION	MONTHLY
MAMMOGRAPHY	ANNUALLY
COMPLETE BLOOD TESTS, CHEMISTRIES, TUMOR MARKER (CEA, CA15-3)	NOT RECOMMENDED
BONE SCANS, CAT SCANS	NOT RECOMMENDED

# TREATMENT RECOMMENDATIONS FOR ADJUVANT BREAST CANCER THERAPY

THE ROLE OF ADJUVANT THERAPY FOR BREAST CANCER DEVELOPED AFTER THE RECOGNITION THAT BREAST CANCER COULD BE A SYSTEMIC DISEASE AT THE TIME OF ITS ORIGINAL DIAGNOSIS. THE BEST SURGICAL RESULTS ARE FUTILE IF MICRO METASTATIC DISEASE IS PRESENT.

THE CURRENT RECOMMENDATIONS REPRESENT KNOWLEDGE BASED ON MORE THAN 400 RANDOMIZED CLINICAL TRIALS INVOLVING MORE THAN 220,000 PATIENTS.

THE EARLY BREAST CANCER TRIALISTS' COLLABORATIVE GROUP (EBCTCG) PREFORMED A META-ANALYSIS OF ALL AVAILABLE PROSPECTIVE RANDOMIZED TRIALS OF ADJUVANT

SYSTEMIC THERAPY FOR OPERABLE BREAST CANCER. THE ANALYSIS WAS FIRST PREFORMED IN 1985 AND UPDATED IN 1992 AND 1995.

THE OVERVIEW SHOWED THAT CHEMOTHERAPY (AS OPPOSED TO NO TREATMENT) REDUCED THE RISK OF RECURRENCE BY 35% IN WOMEN LESS THEN 50 YEARS OLD, AND 20 % IN WOMEN BETWEEN 50-69 YEARS. THERE WAS A CORRESPONDING REDUCTION OF MORTALITY BY 27% AND 11% RESPECTIVELY.

THE OVERVIEW SHOWED A SIMILAR REDUCTION IN RISK OF RECURRENCE AND MORTALITY WHEN TAMOXIFEN IS ALSO STUDIED.

THESE RECOMMENDATIONS ARE AS THEY APPEARED IN THE NEW ENGLAND JOURNAL OF MEDICINE OCTOBER 1, 1998 VOLUME 339 NUMBER 14 PAGE 974.

THEY WERE THE BASIS OF THE ST.GALLEN INTERNATIONAL CONSENSUS PANEL IN 1998, AND MOST RECENTLY APPEARED AGAIN IN THE JOURNAL DISEASE-A-MONTH SEPTEMBER 1999 VOLUME 45 NUMBER 9

THE DATA FROM THIS STUDY IS THE BASIS OF THE TREATMENT RECOMMENDATION THAT WE FOLLOW AT THE CANCER CENTER TODAY.

## SELECTION OF ADJUVANT SYSTEMIC THERAPY FOR WOMEN WITH OPERABLE PRIMARY BREAST CANCER AND INDICATIONS FOR ADJUVANT TREATMENT

AGE	ESTROGEN RECEPTOR STATUS	LEVEL OF RISK	ADJUVANT SYSTEMIC THERAPY
LESS THEN 50 YEARS	NEGATIVE	ANY	CHEMOTHERAPY
	POSITIVE	LOW	HORMONAL THERAPY OR CHEMOTHERAPY OR CHEMOTHERAPY AND HORMONAL THERAPY
	POSITIVE	MODERATE OR HIGH	CHEMOTHERAPY AND HORMONAL THERAPY OR INVESTIGATIONAL DRUGS
MORE THEN 50 YEARS	UNKNOWN	ANY	CHEMOTHERAPY AND HORMONAL THERAPY
	NEGATIVE	ANY	CHEMOTHERAPY
	POSITIVE	LOW	TAMOXIFEN OR CHEMOTHERAPY AND HORMONAL THERAPY
	POSITIVE	MODERATE AND HIGH	CHEMOTHERAPY AND HORMONAL THERAPY OR INVESTIGATIONAL DRUGS
	UNKNOWN	ANY	CHEMOTHERAPY AND HORMONAL THERAPY

# JOURNAL WATCH

IN EACH ISSUE OF OUR NEWSLETTER WE WILL HIGHLIGHT THOSE ONCOLOGY ARTICLES THAT APPEARED IN THE FIVE MAJOR INTERNAL MEDICINE JOURNALS OVER THE PRECEDING TWO MONTHS. WE HOPE THAT THIS WILL KEEP YOU ABREAST OF CHANGES THAT ARE OCCURRING IN THE FIELD. HOPEFULLY IN THE FUTURE WE HOPE TO LINK THESE JOURNALS TO OUR WEB SITE SO THAT YOU CAN DOWNLOAD ABSTRACTS THAT YOU MAY BE INTERESTED IN.

1. USE OF ALTERNATIVE MEDICINE BY WOMEN WITH EARLY-STAGE BREAST CANCER. BURSTEIN ET AL, NEW ENGLAND JOURNAL OF MEDICINE- JUNE 3,1999-VOLUME 340 NUMBER 22 PAGES 2733-1739

*CONCLUSIONS: AMONG WOMEN WITH NEWLY DIAGNOSED EARLY-STAGE BREAST CANCER WHO HAD BEEN TREATED WITH STANDARD THERAPIES, NEW USE OF ALTERNATIVE MEDICINE WAS A MARKER OF GREATER PSYCHO SOCIAL DISTRESS AND WORSE QUALITY OF LIFE.*
2. LONG TERM SURVIVAL AND LATE DEATHS AFTER ALLOGENIC BONE MARROW TRANSPLANTION. SOCIE ET AL,NEW ENGLAND JOURNAL OF MEDICINE-JULY 1,1999-VOLUME 341 NUMBER 1 PAGES 14-21.

*CONCLUSIONS: IN PATIENTS WHO RECEIVE AN ALLOGENIC BONE MARROW TRANSPLANT AS TREATMENT OF ACUTE MYELOGENOUS OR LYMPHOBLASTIC LEUKEMIA, CHRONIC MYELOGENOUS LEUKEMIA OR APLASTIC ANEMIA AND WHO ARE FREE OF THEIR ORIGINAL DISEASE TWO YEARS LATER, THE DISEASE IS PROBABLY CURED.*
3. MECHANISM OF DISEASE: THE BIOLOGY OF CHRONIC MYELOID LEUKEMIA. FADERI ET AL, NEW ENGLAND JOURNAL OF MEDICINE- JULY 15,1999-VOLUME 341 NUMBER 3 PAGES 164-172.
4. EFFECTS OF FALSE-POSITIVE MAMMOGRAMS ON INTERVAL BREAST CANCER SCREENING IN A HEALTH MAINTENANCE ORGANIZATION. BURMAN ET AL. ANNALS OF INTERNAL MEDICINE JULY 6,1999-VOLUME 131 NUMBER 1 PAGES 1-6.

*CONCLUSIONS: AMONG WOMEN WITH NO HISTORY OF BREAST CANCER, HAVING A FALSE-POSITIVE MAMMOGRAMS DID NOT ADVERSELY EFFECT SCREENING BEHAVIOR IN THE NEXT RECOMMENDED INTERVAL.*
5. MANAGEMENT OF PAIN AND SPINAL CORD COMPRESSION IN PATIENTS WITH ADVANCED CANCER. ABRAHM ET AL.ANNALS OF INTERNAL MEDICINE JULY 6,1999-VOLUME 131 NUMBER 1 PAGES

*THIS PAPER USES A CASE STUDY TO ILLUSTRATE AN EVIDENCE-BASED APPROACH TO THE MOST COMMON CLINICAL CHALLENGES SUCH PATIENTS PRESENT.*
6. SURVEILLANCE FOR ENDOMETRIAL CANCER IN WOMEN RECEIVING TAMOXIFEN. SUH-BURGMANN ET AL. ANNALS OF INTERNAL MEDICINE JULY 20,1999-VOLUME 1313 NUMBER 2- PAGES

*THIS PAPER REVIEWS THE LITERATURE ON THE OCCURRENCE OF ENDOMETRIAL CANCER IN WOMEN TAKING TAMOXIFEN AND THE USEFULNESS OF VARIOUS SCREENING METHODS IN THIS SETTING.*
7. ASSOCIATION BETWEEN HEPATITIS C VIRUS AND NON-HODGKIN'S LYMPHOMA, AND EFFECTS OF VIRAL INFECTION ON HISTOLOGIC SUBTYPE AND CLINICAL COURSE. AMERICAN JOURNAL OF MEDICINE-MAY 1999-VOLUME 106 NUMBER 5 PAGE 556

*THE FINDINGS SUGGEST THAT THE HEPATITIS C VIRUS MAY HAVE A ROLE AS AN ETIOLOGIC AGENT IN NON-HODGKIN'S B-CELL LYMPHOMA.*
8. POSTMENOPAUSAL HORMONE THERAPY AND THE RISK OF COLORECTAL CANCER: A REVIEW AND META-ANALYSIS.GRODSTEIN ET AL. AMERICAN JOURNAL OF MEDICINE MAY 1999-VOLUME 106-NUMBER 5 PAGE 574

*OBSERVATIONAL STUDIES SUGGEST A REDUCED RISK OF COLORECTAL CANCER AMONG WOMAN TAKING POSTMENOPAUSAL HORMONES. THERE IS BIOLOGIC EVIDENCE TO SUPPORT THIS ASSOCIATION*
9. THE EFFECTS OF RALOXIFENE ON THE RISK OF BREAST CANCER IN POSTMENOPAUSAL WOMEN. CUMMINGS ET AL. THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION JUNE 16.1999 VOLUME 281 PAGES 2189-2197

*CONCLUSIONS: AMONG POSTMENOPAUSAL WOMEN WITH OSTEOPOROSIS, THE RISK OF INVASIVE BREAST CANCER WAS DECREASED BY 76% DURING 3 YEARS OF TREATMENT WITH RALOXIFENE.*
10. HORMONE REPLACEMENT THERAPY AND RISK OF BREAST CANCER WITH A FAVORABLE HISTOLOGY.RESULTS OF THE IOWA WOMEN'S HEALTH STUDY. GAPSTUR ET AL. THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION JUNE 9,1990- VOLUME 281 pages 2091-2097

*CONCLUSIONS: EXPOSURE TO HRT WAS ASSOCIATED MOST STRONGLY WITH AN INCREASED RISK OF INVASIVE BREAST CANCER WITH A FAVORABLE PROGNOSIS.*