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Cancer Treatment and Research

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For my patients, who continue to teach me

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Series preface

Where do you begin to look for a recent, authoritative article on the diagnosis or management of a particular malignancy? The few general oncology textbooks are generally out of date. Single papers in specialized journals are informative but seldom comprehensive; these are more often preliminary reports on a very limited number of patients. Certain general journals frequently publish good indepth reviews of cancer topics, and published symposium lectures are often the best overviews available. Unfortunately, these reviews and supplements appear sporadically, and the reader can never be sure when a topic of special interest will be covered.

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Where can you go to find quickly a recent authoritative article on any major oncology problem? We hope that Cancer Treatment and Research provides an answer.

WILLIAM L. MCGUIRE
Series Editor

Volume preface

'Supportive care' is a protean subject. During the past decade, our society seems to have gone from a position of great optimism regarding the imminent possibility of cure for cancer to a position in which the 'inevitability' of death for the majority of patients with this disease again governs many decisions. Whole cottage industries have sprung up around 'death and dying'; a new profesion, 'thanatology', vies for clients who need help in the transition from life to death. More disturbing, perhaps, is the attitude expressed by many physicians in training when a cancer patient is admitted to a service; the first question asked of the attending is whether the patient should be resuscitated if perchance he or she should undergo a cardiac arrest while in the hospital.

The effects of these attitudes on the lay public is far more apparent in a community teaching hospital than in a 'cancer center' where the more articulate spokespersons for the oncologic disciplines dwell. The people who seek care in such well known institutions are distinguished primarily by the attitude that they are willing to go to great lengths if there is even a slight chance of cure or prolonged remission. Their counterparts who do not seek such care are generally more fatalistic and less sophisticated; but there is a growing minority of misinformed individuals who have concluded that insofar as medicine is scientific, it must perforce be inhuman. It is disheartening to hear from a middle-aged woman with metastatic breast cancer clinically limited to bone, who is in a great deal of pain after responding to, and then relapsing from, hormonal therapy, that she does not wish to take chemotherapy because she is more interested in the quality of life rather than its duration. It is also sad to see the fatalism among one's professional colleagues who discourage their patients with 'incurable' malignancies from entering clinical trials because participation will not cure them, and may cause significant toxicity.

We seem to be going through a period of retrenchment just as we enter a new era of biologic response modifiers, of oncogenes, of the discovery and

understanding of mechanisms of drug resistance. Extremely important questions need to be answered in large-scale clinical trials, some of which fail because of lack of patient accrual, while others take entirely too long to complete, sometimes becoming irrelevant before the final analysis. As more and more questions are posed, fewer and fewer patients enter trials.* Wittes recently concluded that current prospects for increasing the number of patients entering clinical trials is not very bright, and therefore it is necessary to reduce the number of trials. To reduce the number of trials, it will be necessary to coordinate the activities of the large groups at the level of the federal government. While all this is going on, the nationwide supply of oncologists is rapidly reaching a saturation point. Oncologists in practice must compete for patients; they must evaluate the return on time invested in different activities. Trials created and coordinated at the level of the federal government and run by the large cooperative groups are getting more and more complex, and larger amounts of unrecompensed time must be invested by the practicing oncologist to enroll patients on these trials. It is no wonder that the number of patients entering trials is decreasing, but it is also unlikely that further centralization will stem this tide.

Classical economic theory states that consumers can be persuaded to buy one of several very similar products if that product is seen as sufficiently differentiated from the rest (even though it may not be). Product differentiation accounts for why some people drive Chevrolets, and others drive Fords. It is time our National Cancer Institute tackles the perceptual problem at the level of the lay public, rather than by attempting to use moral suasion on practicing oncologists. One large tobacco company writes clever essays which appear in national magazines, the subtle message being that smokers have as much right to smoke as non-smokers have not to smoke, and there is something impolite about a non-smoker who wishes to breath smoke-free air. Surely we could convince the public that it would be to everyone's best interest if cancer patients requested clinical trials rather than 'standard therapy'.

Clinical trials improve the likelihood that patients are appropriately treated; they guarantee that the patient will receive a treatment which is very nearly equivalent to the best conventional treatment available for that disease, at that stage in its evolution. Clinical trials assure that there will be central review of data – a free consultation! Clinical trials assure that if someone discovers a miracle cure for a particular disease, the patient enrolled on a trial for that disease will be in the vanguard of those who hear about it first.

* Wittes, Robert E., Friedman, Michael A., Simon, Richard. 1986. Some thoughts on the future of clinical trials in cancer. Cancer Treat. Rep. 70(2):241–250.

A person with fatal cancer bears a hatred for the malignant growth which promises his destruction. What better revenge than to contribute to its eventual elimination? My children and grandchildren will have a better chance of 'beating' cancer if I now participate in a clinical trial than if I don't.

Some people argue that participation in clinical trials will raise the total cost of health care to society. Actually, the argument could be more easily defended that the person being treated as part of a clinical trial utilizes society's resources much more efficiently than his counterpart who is treated with 'standard' therapy, off a trial. For relatively little added expenditure, not only is the patient treated, but advances in treatment come about sooner than they would otherwise, saving money in both the short and the long run.

In the current volume, several topics are addressed which have to do with the palliation of the cancer patient. Some of the areas are quite traditional: Klein's chapter on Hospice care; Harbaugh and Saunder's chapter on Neurosurgical options in cancer pain management. Other chapters deal with areas which are quite new, but at present, largely used in palliation: White and Antman's chapter on Regional chemotherapy; Scott's chapter on the use of hyperthermia for treatment of malignant disease.

Our ability to palliate and support the cancer patient has improved dramatically during the last fifteen years. Our improved understanding in biology, psychology, drug action, sociology, and several other fields have allowed us to be increasingly 'scientific' about how we go about relieving pain and suffering in the cancer patient. At the same time, we need to constantly remind ourselves that palliation is necessary because we haven't found the best ways to treat cancer; palliation and supportive care are more worthwhile if in fact these goals are not ends in themselves, but rather, part of an overall strategy to eliminate cancer. Because we can palliate and support better, we have the opportunity to investigate new treatment concepts more adequately.

Its time that professionals and patients alike rekindle the desire to eliminate cancer, using the most effective tool we have, the clinical trial.

I am most appreciative of the efforts of Mrs. Suzanne Bourbonnais in developing this volume.

DONALD J. HIGBY

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