

COSA 36th Annual Scientific Meeting

17–19 Nov 2009, Gold Coast, QLD



A/Prof Michael Jefford (second from right) sharing a light moment with panel members.

The Clinical Oncological Society of Australia (COSA) 36th Annual Scientific Meeting was held 17–19 Nov at the Gold Coast. The theme for this year's meeting was *Cancer Services and Our Community: Awareness, Access, Action, with special focus on brain and lung cancers*. The meeting attracted some 900 participants, with contributions from eminent regional and international speakers from different disciplines. *Carolyn Ng reports.*

'Chemobrain' is Real and Can Have Lasting Effects

The negative impact of chemotherapy on memory and concentration is real and can be sustained in some cancer survivors, compromising their ability to function and quality of life, says oncologists Dr Janette Vardy.

Speaking at a plenary session, Dr Vardy spoke about the effects of 'chemobrain' or 'chemofog' in cancer patients following chemotherapy, adding that it was only in the last 10 years that the condition has gained recognition. In the past, oncologists often believed that the condition was "all in the mind" of patients.

"The impairment can be subtle but it can have a significant impact on daily living, affecting things like the ability to multitask," Dr Vardy said. "For most patients, any cognitive impairment ... improves after ceasing chemotherapy, but for a subset of patients the symptoms are sustained and can impact on their quality of life and ability to function," she explained.

Recent studies have shown some 20%–30% of cancer survivors suffering from

cognitive problems. Unlike Alzheimer's dementia, 'chemobrain' is more of a subcortical impairment with main cognitive impairments being affected include working memory, and executive function such as multitasking, information and processing speed, and memory retrieval. "Newer imaging studies have shown that there can be differences in blood flow and metabolic activity in people who have had chemotherapy when they are performing memory tasks," Dr Vardy explained.

What are the causes and how long does it last? "The short answer is we don't know," she said.

The issue of chemobrain is further complicated by evidence that the condition was present in some cancer patients before the start of treatment.

"Prospective studies report that up to 30% of patients with breast and colorectal cancer have cognitive impairment prior to receiving chemotherapy," she said in a press statement. "This suggests that in many cases, other factors such as the cancer itself or stress may contribute, rather than it being the treatment."

Clinical implications

"There are implications for informed consent if the patient has some impairment at the time of diagnosis," Dr Vardy said. She called for the condition to be viewed as a side effect of treatment and followed up as such. There is currently no effective treatment for this condition.

"So, what do we do about it? For those who self report, the most important thing to do is to exclude anxiety, depression and fatigue. Once those are excluded, we may want to consider neuropsychological assessment," Dr Vardy advised.

Dr Vardy and her team are currently conducting a longitudinal study of patients in Australia and Canada in a bid to unravel the mysteries of chemobrain. "Once we have a better idea of the causes, we will be

in a much better position to develop effective treatments," she said.

Exercise Program Improves Function, Symptoms But Not QoL in Women with Breast Cancer

A weekly, supervised exercise program improved social function and systemic side effects of women treated for breast cancer, but did not markedly improve their quality of life in comparison with usual care, reports a recent study.

"The majority of women in both groups reported generally high quality of life at 4 months post-surgery"

Among women who participated in the 8-week upper limb exercise program within 6-weeks post-operation, approximately 40% were functioning within the normal range of age-matched healthy women at the end of 8 weeks. Also, some 40% to 70% of these women reported symptoms that were within the normal range. There was, however, no difference in health-related quality of life in comparison with women receiving usual care.

"The health-related quality of life was not significantly improved by undertaking our exercise training program," said study

lead author A/Prof Sharon Kilbreath of the Faculty of Health Sciences, University of Sydney, when presenting the study results.

The lack of difference between groups may be due to the regular follow-up of both groups by the researcher or to the generally high quality of life of women after breast cancer, wrote the study authors (*Asia-Pacific Journal of Clinical Oncology* 2009; 5 (Suppl 2): A157 [abstract 76]). The majority of women in both groups reported "generally high quality of life at 4 months post-surgery," A/Prof Kilbreath said.

The study involved 160 women aged 52.6 ± 11.6 years who had undergone either axillary node dissection or sentinel node biopsy for unilateral early stage breast cancer treated by either mastectomy or wide local excision. Participants were randomised to either an exercise group (n = 81) or usual care group (n = 79) after stratification for axillary surgery and hospital. Women in the exercise group were prescribed a weekly supervised and home exercise program comprising moderate to vigorous resistance training and prolonged passive stretching for shoulder muscles.

The aim of the study was to determine if such an exercise regime that included prolonged stretching and resistance training commencing within 6 weeks postoperatively will positively impact the overall quality of life of women with breast cancer, particularly in the self-reported arm and breast symptoms.

Young Cancer Survivors Not Getting Adequate Post-treatment Care

Adolescent and young adult cancer survivors are not receiving the specialised care and support they need to make a full recovery, says consultant oncologist A/Prof Michael Jefford.

Around 1,000 adolescent and young adult cancer survivors aged 15 to 29 years are "missing out" because health professionals do not fully understand, or are ill-equipped

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to response to their unique needs, said A/Prof Jefford.

The needs of these subpopulation of cancer patients are unique, he said, because not only are the types of cancers encountered different from that of the adult population, but young adults also need physical, emotional and social support that will help them adjust into adulthood.

“Adolescents experience cancers different to those in children and adults. A cancer diagnosis and treatment can seriously interfere with normal development and affect important aspects such as education, career plans and efforts to establish independence,” A/Prof Jefford said.

He added that adolescents may also indulge in health risk behaviours, such as smoking, drinking, or drug use, or may fail to adhere to their medical treatment, adversely affecting treatment outcomes. “They need to be aware of the consequences of cancer and its treatments and know how they can stay well and return to a healthy, rewarding life,” A/Prof Jefford explained.

“...young adults also need physical, emotional and social support that will help them adjust into adulthood”

The long-term consequences for survivors of childhood cancer was demonstrated in a study by Oeffinger and colleagues who reported that the “cumulative incidence of a chronic health condition 30 years post diagnosis is 73.4%, with a 42.4% incidence of severe, disabling, or life-threatening conditions or death” (*N Engl J Med* 2006; 355: 1572–82).

A/Prof Jefford spoke of a risk-stratified shared care model between community providers, cancer specialists, and long-term follow-up clinics to address the issues surrounding post-treatment survivorship care in adolescents and young adult cancer patients.

The aims of survivorship care, he said, are to:

- prevent new and recurrent cancer
- ensure regular surveillance for cancer recurrence, as well as the consequences of treatments
- reduce or prevent consequences of cancer and its treatment
- ensure coordination between specialists and primary care providers.

Repeat Brain Surgery for GBM Improves Function, Quality of Life

Repeat surgery improves survival as well as the functional and quality of life status of glioblastoma multiforme patients, reports neurosurgeon Dr Charlie Teo.

In their study, Dr Teo and a colleague from the Centre for Minimally Invasive Neurosurgery in Sydney found that a greater extent of resection at re-surgery

for glioblastoma multiforme (GBM) “may provide a benefit similar to that seen in primary GBM surgery, without causing undue neurological deficit.”

“Up until a few years ago, there was no rationale to do repeat surgery because pretty much every patient would die as quickly or more quickly than if they didn’t have the extra surgery, sometimes on the operating table,” Dr Teo said in a press statement.

“However, keyhole surgery has advanced rapidly in recent years and this latest study clearly demonstrates that we can extend survival for most patients and achieve improved quality of life,” he added.

The retrospective study involved 96 patients who had previously undergone subtotal (n = 71), near-total (n = 12), gross-total (n = 7), or unknown (n = 6) resection for either primary low-grade gliomas, anaplastic astrocytomas, or GBMs. Repeat surgery was conducted at the Centre for Minimally Invasive Neurosurgery, where a histological review of tissue at surgery confirmed a diagnosis of recurrent or transformed GBM (*Asia-Pacific Journal of Clinical Oncology* 2009; 5 (Suppl 2): A174 [abstract 150]).

Median overall survival was reported to be 77 weeks (95% CI, 62.1–92.2), while survival after re-operation was 43 weeks (95% CI, 35.3–51.3) and progression-free survival 24 weeks (95% CI, 16.9–31.7).

Meanwhile, functional status was stable or improved in 66% of cases immediately post-surgery and in 56% of cases 3 months post-surgery. Re-surgery was found to be safe with peri-operative mortality, complication and temporal deficit rates reported at 0%, 14% and 34%, respectively.

In a press statement, Dr Teo said the research added to a growing evidence base that repeat surgery and aggressive keyhole surgery generally should be recommended for a significant number of patients who currently were not given the option.

“This research will challenge standard practice,” he said. “The question is whether clinicians are prepared to look at it seriously and give their patients who could benefit the choice,” he said.

Barriers to Cancer Care Coordination Identified

Sydney researchers have identified six key barriers to effective cancer care coordination, which they hope will lead to the development of interventions that will improve the quality of cancer care in the country.

The study, presented as a poster at the meeting, found barriers related to various aspects of care, namely information transfer between specialist and primary care; multidisciplinary team (MDT) role uncertainty; inadequate MDT meetings; workforce issues; health service inequity; and transition of care were hindering effective care coordination.

Twenty-four patients and carers, and 29 health professionals participated in the study, which was funded by the Cancer Institute of New South Wales.

“These findings have the potential to be used in future clinical practice and health service research, leading to possible improved measures of, and greater satisfaction with, cancer care services,” the study authors wrote in the abstract (*Asia-Pacific Journal of Clinical Oncology* 2009; 5 (Suppl 2): A174 [abstract 242]).



Dr Janette Vardy

Consumer Products Unfairly Labelled as Cancer Causing

Australians are being subjected to unjustified speculation about consumer products causing cancer because the reporting process favours ‘worst case’ headlines, according to a new study.

“Consumers were given the impression they needed to be overly vigilant, though cancer causation had not occurred and often seemed very unlikely”

International carcinogens expert, Prof Bernard Stewart, told participants at the meeting that comments made in reputable, peer-reviewed journals are progressively scaled up to provoke alarm by the time the information reaches the public.

Prof Stewart, from the University of NSW Faculty of Medicine and South East Sydney Illawarra Health, assessed 100 recent print media reports, covering cancer causation

by consumer products, food contaminants, occupational exposure, environmental pollution and risk-related behaviour.

“Many of the reports headlined unrecognised carcinogens or suggested carcinogenic risk, yet this was not the focus of the original research findings,” Prof Stewart said. “Consumers were given the impression they needed to be overly vigilant, though cancer causation had not occurred and often seemed very unlikely.”

Prof Stewart said that in relation to consumer products, there was no evidence of carcinogenic risk warranting advice beyond using the product in accordance with the instructions. “A typical example involved mothballs being proclaimed a ‘cancer scare’ on the basis of cellular growth control processes being altered by an organic compound,” he said.

According to Prof Stewart, the problem was not media deliberately distorting research findings, but misinterpretation due to the number of players in the reporting process. “It is akin to Chinese whispers,” he said. “From the media release written by the institutional press officer, to the journalist trying to simplify often complex research, to the sub-editor coming up with an attention-grabbing headline, the message is gradually altered to centre upon the likelihood of cancer.”

Prof Stewart said journals should be more responsible in publicising investigator speculation, journalists needed to ensure novel findings were placed in context, and sub-editors needed to take care not to inadvertently sensationalise preliminary observations.

Courtesy of Clinical Oncological Society of Australia. ●