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Oncology in 2010 – small steps towards personalized medicine with special focus on elderly cancer patients

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Every year we gain new insights into the biology of cancer, and academic and pharmaceutical engagements offer some new strategies to manage this disease. However, we have had to face the fact that some very promising drugs failed to prove their efficacy in phase III trials. Reasons for this development have been manifold, based either on the selection of patients or on the chosen endpoints. Again, 2010 has been a year in which the future strategies of testing new drugs have been discussed emotionally [1], and in many countries the pharmacoeconomic dimension has gained growing attention [2].

In breast cancer, a meta-analysis of three studies with bevacizumab failed to prove a survival benefit [3]. Therefore the routine application of bevacizumab has to be questioned and its mode of action needs to be reinterpreted. More encouraging is that the role of PARP-1 inhibitors in triple-negative or BRCA-mutated disease has led to promising results, and that new her2 inhibitors are being developed [4].

In colorectal cancer there were no major steps of improvement. Nevertheless, we have gained information on some important details for our daily clinical routine [5]. Thus, adjuvant oxaliplatin-based chemotherapy could be considered in elderly patients, in stage II, however, FOLFOX 4 should only be recommended for high-risk elderly patients. In the metastatic setting, the role of cetuximab in KRAS-wild type patients has again been confirmed.

In this issue, new developments in gastric cancer have been summarized by E. Wöll [6]. A Cochrane meta-analysis proved that preoperative chemotherapy had a significant overall survival benefit, which supports the use of preoperative chemotherapy as a standard of care for locally advanced gastric cancer [7]. In analogy to breast cancer results, the addition of bevacizumab to chemotherapy in first-line treatment increased progression-free survival (PFS) but failed to improve overall survival [8].

The presentation of the high efficacy of the ALK-inhibitor crizotinib in EML4/ALK positive NSCLC was one of the highlights at the ASCO-Meeting 2010 [9]. In heavily pretreated patients, a clinical benefit rate of 95% and a response rate of 57% were remarkable and according to G. Pall a further step towards personalized medicine [10]. Of special interest was a study randomizing between early palliative care and palliative care on request, which showed an improvement in quality of life and prevention of depression [11]. Another study evaluated erlotinib treatment in a rather old population with a median age of 77 years [12]. In this study, a survival benefit was shown in female patients.

In neuro-oncology, the management of elderly glioma patients was one of the main topics. Marosi et al. [13] reported that in this group resection rates were lower when compared with younger patients.

In the plenary session of the ASCO 2010 meeting, a study on advanced melanomas was presented [14]. Despite many frustrating attempts in the past to find new strategies to treat this disease, the application of ipilimumab, a fully human monoclonal antibody against cytotoxic T-lymphocyte antigen-4, demonstrated promising activity. In fact, ipilimumab is the first agent that improved median and long-term overall survival in a phase III study of previously treated melanoma patients.

In 2010, only very few achievements have proved to change clinical standards (e.g. ipilimumab in melanoma and crizotinib in NSCLC). However, much effort has been taken to clarify various open questions in clinical practice to meet the individual needs of our patients and especially the management of the elderly has attracted the attention of the clinical community.

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Conflict of interest

The author declares that there is no conflict of interest.

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