Oncology Bulletin May 2019

Articles

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A deep learning mammography-based model for improved breast cancer risk prediction.
[Mammographic density improves the accuracy of breast cancer risk models. However, the use of breast density is limited by subjective assessment, variation across radiologists, and restricted data. Deep learning models that use full-field mammograms yield substantially improved risk discrimination compared with the Tyrer-Cuzick (version 8) model.]
*Freely available online*

A Randomized Trial of Lymphadenectomy in Patients with Advanced Ovarian Neoplasms.
[Systematic pelvic and paraaortic lymphadenectomy in patients with advanced ovarian cancer who had undergone intraabdominal macroscopically complete resection and had normal lymph nodes both before and during surgery was not associated with longer overall or progression-free survival than no lymphadenectomy and was associated with a higher incidence of postoperative complications.]

Anti-GD2 antibody-containing immunotherapy postconsolidation therapy for people with high-risk neuroblastoma treated with autologous haematopoietic stem cell transplantation.
Peinemann F. *Cochrane Database of Systematic Reviews* 2019;4:CD012442.
[Neuroblastoma is a rare malignant disease that primarily affects children. Tumours mainly develop in the adrenal medullary tissue, and an abdominal mass is the most common presentation. High-risk disease is characterised by metastasis and other primary tumour characteristics resulting in increased risk for an adverse outcome. The GD2 carbohydrate antigen is expressed on the cell surface of neuroblastoma tumour cells and is thus a promising target for anti-GD2 antibody-containing immunotherapy.]

Atezolizumab plus bevacizumab versus sunitinib in patients with previously untreated metastatic renal cell carcinoma (IMmotion151): a multicentre, open-label, phase 3, randomised controlled trial.
Rini BI. *Lancet* 2019;--.
[Atezolizumab plus bevacizumab prolonged progression-free survival versus sunitinib in patients with metastatic renal cell carcinoma and showed a favourable safety profile. Longer-term follow-up is necessary to establish whether a survival benefit will emerge. These study
results support atezolizumab plus bevacizumab as a first-line treatment option for selected patients with advanced renal cell carcinoma.

Capecitabine compared with observation in resected biliary tract cancer (BILCAP): a randomised, controlled, multicentre, phase 3 study.
[Although this study did not meet its primary endpoint of improving overall survival in the intention-to-treat population, the prespecified sensitivity and per-protocol analyses suggest that capecitabine can improve overall survival in patients with resected biliary tract cancer when used as adjuvant chemotherapy following surgery and could be considered as standard of care. Furthermore, the safety profile is manageable, supporting the use of capecitabine in this setting.]
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End-to-end lung cancer screening with three-dimensional deep learning on low-dose chest computed tomography.
[Lung cancer screening using low-dose computed tomography has been shown to reduce mortality by 20–43%. Existing challenges include inter-grader variability and high false-positive and false-negative rates. Describes a deep learning algorithm that uses a patient’s current and prior computed tomography volumes to predict the risk of lung cancer. This creates an opportunity to optimize the screening process via computer assistance and automation.]
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External Validation of the European Association of Urology Biochemical Recurrence Risk Groups to Predict Metastasis and Mortality After Radical Prostatectomy in a European Cohort.
[Our findings corroborate the validity of this novel BCR risk grouping, which is easily applicable in daily practice and could be valuable in decision-making for salvage therapy and clinical trials. The European Association of Urology grouping for the risk of biochemical recurrence of prostate cancer after radical prostatectomy was valid when applied in a European study cohort.]

Haematological adverse events associated with tyrosine kinase inhibitors in chronic myeloid leukaemia: A network meta-analysis.
[Dasatinib appeared as the least safe drug for chronic myeloid leukaemia, probably because it binds to multiple key kinase targets, being more prone to cause serious haematological adverse events. Nilotinib demonstrated a safer profile, mostly due to its selective binding capacity.]
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Hepatic late adverse effects after antineoplastic treatment for childhood cancer.
Mulder RL. Cochrane Database of Systematic Reviews 2019;4:CD008205.
Survival rates have greatly improved as a result of more effective treatments for childhood cancer. Unfortunately, the improved prognosis has been accompanied by the occurrence of late, treatment-related complications. Liver complications are common during and soon after treatment for childhood cancer. To make informed decisions about future cancer treatment and follow-up policies, it is important to know the risk of, and associated risk factors for, hepatic late adverse effects.

**Nonpharmacological Interventions for Cancer-Related Fatigue: A Systematic Review and Bayesian Network Meta-Analysis.**
Wu C. *Worldviews on Evidence-Based Nursing* 2019;16(2):102-110 . [Comprehensive analysis of the results indicated that multimodal therapy, CBT, and qigong might be the optimum selections for reducing cancer-related fatigue.]
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**Outcomes of Cancer Patients Discharged From ICU After a Decision to Forgo Life-Sustaining Therapies.**
Praça APA. *Critical Care Medicine* 2019;47(6):e454-e460. [Many cancer patients are admitted to an ICU and decisions to forgo life-sustaining therapies are frequent during ICU stay. A significant proportion of these patients are subsequently discharged from ICU, but their outcomes are unknown.]

**Prehabilitation for adults diagnosed with cancer: A systematic review of long-term physical function, nutrition and patient-reported outcomes.**
Faithfull S. *European Journal of Cancer Care* 2019;;e13023. [When combined with rehabilitation, greater benefits were seen in 30-day gait and physical functioning compared to prehabilitation alone. Large-scale randomised studies are required to translate what is already known from feasibility studies to improve overall health and increase long-term cancer patient outcomes.]
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**Prostate MRI, with or without MRI-targeted biopsy, and systematic biopsy for detecting prostate cancer.**
Drost FH. *Cochrane Database of Systematic Reviews* 2019;4:CD012663. [Multiparametric magnetic resonance imaging (MRI), with or without MRI-targeted biopsy, is an alternative test to systematic transrectal ultrasonography-guided biopsy in men suspected of having prostate cancer. At present, evidence on which test to use is insufficient to inform detailed evidence-based decision-making.]

**Risk-reducing medications for primary breast cancer: a network meta-analysis.**
Mocellin S. *Cochrane Database of Systematic Reviews* 2019;4:CD012191. [Breast cancer is the most frequently occurring malignancy and the second cause of death for cancer in women. Cancer prevention agents (CPAs) are a promising approach to reduce the burden of breast cancer. Currently, two main types of CPAs are available: selective estrogen receptor modulators (SERMs, such as tamoxifen and raloxifene) and aromatase inhibitors (AIs, such as exemestane and anastrozole).]
Robotic versus open radical cystectomy for bladder cancer in adults.
Rai BP. Cochrane Database of Systematic Reviews 2019;4:CD011903.
[It has been suggested that in comparison with open radical cystectomy, robotic-assisted radical cystectomy results in less blood loss, shorter convalescence, and fewer complications with equivalent short-term oncological and functional outcomes; however, uncertainty remains as to the magnitude of these benefits.]

Sodium-glucose co-transporter-2 (SGLT-2) inhibitors and cancer: A meta-analysis of randomized controlled trials.
Dicembrini I. Diabetes, Obesity and Metabolism 2019;:.
[Available data from randomized trials do not suggest a detrimental effect of SGLT-2is on the incidence of malignancies in general, or in bladder cancer in particular.]

Guidelines

The following new guidance has recently been published:

Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy.
National Institute for Health and Care Excellence (NICE);2019.
https://www.nice.org.uk/guidance/ta579
[1 Recommendations. 1.1 Abemaciclib with fulvestrant is recommended for use within the Cancer Drugs Fund as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer in people who have had endocrine therapy only if: exemestane plus everolimus would be the most appropriate alternative and the conditions in the managed access agreement for abemaciclib with fulvestrant are followed...]
Freely available online

Cabozantinib for previously treated advanced hepatocellular carcinoma (terminated appraisal).
National Institute for Health and Care Excellence (NICE);2019.
https://www.nice.org.uk/guidance/ta582
[NICE is unable to make a recommendation about the use in the NHS of cabozantinib (Cometriq) for previously treated advanced hepatocellular carcinoma in adults because Ipsen Ltd did not provide an evidence submission. We will review this decision if the company decides to make a submission.]
Freely available online

Durvalumab for treating locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiation.
National Institute for Health and Care Excellence (NICE);2019.
https://www.nice.org.uk/guidance/ta578
[1 Recommendations. 1.1 Durvalumab monotherapy is recommended for use within the Cancer Drugs Fund as an option for treating locally advanced unresectable non-small-cell lung cancer (NSCLC) in adults whose tumours express PD-L1 on at least 1% of tumour cells...]
and whose disease has not progressed after platinum-based chemoradiation only if they have had concurrent platinum-based chemoradiation; the conditions in the managed access agreement are followed.

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**Enzalutamide for hormone-relapsed non-metastatic prostate cancer.**
National Institute for Health and Care Excellence (NICE); 2019.
[https://www.nice.org.uk/guidance/ta580](https://www.nice.org.uk/guidance/ta580)
[1 Recommendations 1.1 Enzalutamide is not recommended, within its marketing authorisation, for treating high-risk hormone-relapsed non-metastatic prostate cancer in adults. 1.2 This recommendation is not intended to affect treatment with enzalutamide that was started in the NHS before this guidance was published...]

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**Nivolumab with ipilimumab for untreated advanced renal cell carcinoma.**
NICE; 2019.
[https://www.nice.org.uk/guidance/ta581](https://www.nice.org.uk/guidance/ta581)
[1 Recommendations 1.1 Nivolumab with ipilimumab is recommended for use within the Cancer Drugs Fund as an option for adults with untreated advanced renal cell carcinoma that is intermediate- or poor-risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria. It is recommended only if the conditions in the managed access agreement for nivolumab with ipilimumab are followed...]

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**Prostate cancer.**
National Institute for Health and Care Excellence (NICE); 2019.
[https://www.nice.org.uk/guidance/q591](https://www.nice.org.uk/guidance/q591)
[This quality standard covers managing prostate cancer in people referred to secondary care or having follow-up for prostate cancer in primary care. In May 2019 this quality standard was updated to reflect changes to the updated NICE guideline on prostate cancer. Statement 2 was amended so that active surveillance is an equal choice alongside prostatectomy and radiotherapy for people with low-risk localised prostate cancer. ]

Freely available online

**Prostate cancer: diagnosis and management.**
National Institute for Health and Care Excellence (NICE); 2019.
[https://www.nice.org.uk/guidance/ng131](https://www.nice.org.uk/guidance/ng131)
[This guideline covers the diagnosis and management of prostate cancer in secondary care, including information on the best way to diagnose and identify different stages of the disease, and how to manage adverse effects of treatment. It also includes recommendations on follow-up in primary care for people diagnosed with prostate cancer.]

Freely available online

**WHO Guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents.**
World Health Organization (WHO); 2019.
The goal of cancer pain management is to relieve pain to a level that allows for an acceptable quality of life. 

**New books added to ClinicalKey**


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