



National Trial Will Study Ovarian Cancer Recurrence

The National Cancer Institute is leading a clinical trial to develop an accurate means of detecting ovarian cancer soon after the disease returns. Researchers will collect blood samples from women with advanced-stage ovarian cancer who show no signs of cancer after completing their first program of chemotherapy for ovarian cancer.

Advanced-stage ovarian cancer has a high likelihood of returning within three years of initial treatment, even when no signs of cancer exist. Current tests, such as CA-125 and transvaginal ultrasound, do not accurately predict whether cancer will return or find it in the first place. New biomarkers, such as those found in blood, are needed.

The trial will enroll 400 women over 24 months. Eligible women must have advanced-stage ovarian cancer, have completed their initial chemotherapy within nine weeks of starting the trial, and show no evidence of cancer following completion of their first treatment with drugs such as carboplatin or cisplatin with paclitaxel or docetaxel. The women will have a physical examination and laboratory tests performed every three months and a computed tomography scan of the abdomen and pelvis (plus chest if indicated) every six months. Research samples will be frozen to create a repository for analysis of blood proteins. The study also will compare the blood protein test with CA-125 to see whether it is better at predicting the return of cancer. Additional blood samples will be stored to create a repository so that other blood tests for ovarian cancer may be studied.

Eleven sites across the country will enroll eligible women. For more information and a list of participating institutions, visit www.cancer.gov/newscenter/pressreleases/ovarianmultiinstitutional.

Researchers Believe That a Single Gene Causes Skin Cancer

British researchers using gene chip array technology have discovered that a single gene may be responsible for causing certain types of skin cancer.

The researchers discovered that mutations in the “patched” gene play a key role in 70% of basal cell carcinomas, and they concluded that this gene most likely was the “first hit” in this type of skin cancer

and therefore essential to the development of the disease.

They hope that the technique will help to identify genes responsible for other cancers. Currently, the technology is being used to study breast, bladder, and prostate tumors as well as HIV and Crohn disease.

The study was reported in *Cancer Research* (Vol. 65, pp. 8597–8603).

U.S. Cancer Death Rate for All Sites Continues to Drop

According to a report from the American Cancer Society, the Centers for Disease Control and Prevention, the National Cancer Institute, and the North American Association of Central Cancer Registries, the overall cancer death rate for all sites has decreased in the past several years.

The report is released annually; the 2005 report focused on the 15 most common cancers and looked at the trends across five racial and ethnic groups from 1992–2002.



The incidence of cancer increased by 0.3% in women from 1987–2002 but has remained stable for men. Mortality from cancer fell by 1.1% annually from 1993–2002. Death rates for individual cancers also fell during this time. The one exception was lung cancer mortality among women, which increased from 1995–2002.

The report appeared in the *Journal of the National Cancer Institute* (Vol. 97, pp. 1407–1427).

Radiotherapy May Treat Hodgkin Lymphoma

According to Australian researchers, radiotherapy without chemotherapy may be a treatment option for patients with early-stage lymphocyte-predominant Hodgkin lymphoma (LPHL). The researchers retrospectively reviewed data on 202 patients with a median age of 31. Thirty-three patients were lost to follow-up. Most of the patients were male, 80% had Ann Arbor stage I disease, 80% had supradiaphragmatic disease, and 3% had B symptoms. Fifty-two percent were treated with full-mantle radiation, 24% with less than full mantle, and 17% with an inverted Y-field.

At 15 years, overall survival was 83%; 84% of patients with stage I disease and 73% with stage II were free from progres-

sion. No recurrences were reported, and only one patient developed non-Hodgkin lymphoma. Three percent of patients died from LPHL.

Adverse prognostic factors included age 45 years or older, having B symptoms, and having an increased number of involved sites.

The researchers cautioned that the curative potential of monotherapy has not been well studied and that toxicity may lead healthcare providers to minimize initial treatment.

The study was reported in *Cancer* (Vol. 104, pp. 1221–1229).

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