Tracking Tobacco Use for Trials and Treatment

Last summer, a study revealed that only 29% of clinical trials in the National Cancer Institute’s (NCI) Clinical Trials Cooperative Group Program asked patients about tobacco use during study enrollment (JCO 2012;30:2869–75). In addition, less than 5% of clinical trials assessed tobacco use during follow-up appointments even though evidence shows that continued tobacco use during and after cancer treatment leads to more adverse side effects, less-effective treatment, and higher overall mortality rates.

“We were all disappointed with those results,” says Roy Herbst, MD, PhD, chair of the American Association for Cancer Research (AACR) Subcommittee on Tobacco and Cancer and chief of medical oncology at Yale Comprehensive Cancer Center in New Haven, CT.

Herbst’s subcommittee released an AACR policy statement (Clin Cancer Res 2013;19:1941–8) calling upon oncologists to assess tobacco use by cancer patients in all settings and to help facilitate smoking cessation, at the AACR Annual Meeting 2013, held in Washington, DC, April 6–10.

“We have to get to a point in clinical trials where we factor a patient’s tobacco use into how we evaluate patient outcomes, just like we do with other drugs or comorbidities,” says Herbst. “Right now, the field is not doing that with any regularity.”

“I think some clinicians feel that once a person is diagnosed with cancer that it’s too late,” says Benjamin Toll, PhD, lead author of the policy statement and an associate professor of psychiatry and program director of the Smoking Cessation Service at Yale Comprehensive Cancer Center. “But that’s just not true. There are plenty of reasons to help that person quit.”

Data suggest that, relative to continued use, tobacco cessation can
- speed healing, with fewer complications, after cancer surgery;
- increase the efficacy of radiotherapy and certain anticancer drugs; and
- decrease comorbidities; and
- reduce the risk of recurrence of the primary cancer as well as the development of secondary cancers.

Because continued smoking can change clinical outcomes, “it’s not a huge stretch to say that it’s a moderator of treatment in clinical trials,” adds Toll, potentially confounding trial results. Herbst and Toll say that patients’ smoking status should be documented in their medical records at each visit. In addition, patients who currently use tobacco should be referred to a tobacco cessation program. Hospitals and private practices that lack such a program should direct patients to a state-run telephone quit line (1-800-QUIT-NOW).

But these measures are not enough. Herbst notes that every patient he sees plans to quit but that many continue to use tobacco to cope with the stress of treatment or because they simply aren’t ready to try to break their addiction. “There has to be follow-up by the oncologist,” he says.

In 2010, the AACR subcommittee, previously called the AACR Task Force on Tobacco and Cancer, issued a much broader policy statement calling for increased investment in tobacco-related research, the creation of new strategies to convince people not to start using tobacco, and the continued development of evidence-based treatments for tobacco cessation. Rather than replacing this earlier policy statement, says Herbst, the new one complements it.

A “Super-Enhancer” Start-up

It’s not unusual for venture capitalists to yawn at biomedical breakthroughs that garner headlines. Not so in the case of Syros Pharmaceuticals, a Watertown, MA-based company that recently snapped up $30 million in start-up funding for drug development targeting master regulators in the genome.

“It was all about the timing,” explains Nancy Simonian, MD, the company’s chief executive officer. “Investors need to see a path from the breakthrough to potential therapeutics.”

Pioneered by researchers in the lab of Richard Young, PhD, at Whitehead Institute in Brussels, Belgium, Piccart is the cofounder and chair of the Breast Cancer International Group, which unites 49 research groups and currently runs more than 30 clinical trials.

Philips also at the ASCO meeting, Charles L. Sawyers, MD, head of the Human Oncology and Pathogenesis Program at MSKCC and president of the American Association for Cancer Research, received the Science of Oncology Award on June 2. The award honors his research on prostate cancer and how it progresses to a state of castration resistance, no longer controlled through androgen deprivation. Working with both castration-sensitive and castration-resistant xenografts, he found that increased androgen receptor expression was both necessary and sufficient to confer resistance.

Clifford A. Hudis, MD, chief of the breast cancer medicine service at Memorial Sloan-Kettering Cancer Center (MSKCC) in New York, NY, began a 1-year term as president of the American Society of Clinical Oncology (ASCO) at its 2013 Annual Meeting in Chicago, IL, on June 3. Hudis focuses his research on preventing and treating breast cancer recurrence, conducting clinical and translational studies to develop more effective hormone therapies, less-toxic chemotherapies, and targeted agents.

Martine J. Piccart, MD, PhD, president of the European Society for Medical Oncology, received the David A. Karnofsky Memorial Award on June 2. The award recognizes her leadership in breast cancer research and drug development. A professor of oncology at the Université Libre de Bruxelles and director of medicine at the Jules Bordet Institute in Brussels, Belgium, Piccart is the cofounder and chair of the Breast Cancer International Group, which unites 49 research groups and currently runs more than 30 clinical trials.

Also at the ASCO meeting, Charles L. Sawyers, MD, head of the Human Oncology and Pathogenesis Program at MSKCC and president of the American Association for Cancer Research, received the David A. Karnofsky Memorial Award on June 2. The award recognizes his research on prostate cancer and how it progresses to a state of castration resistance, no longer controlled through androgen deprivation. Working with both castration-sensitive and castration-resistant xenografts, he found that increased androgen receptor expression was both necessary and sufficient to confer resistance.

PEOPLE