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Cancer Drugs Enter the Era of Less

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It's the year of less at the big American Society of Clinical Oncology meeting. Rather than buzzing about some promising new drug or treatment, lots of docs are talking about when patients shouldn't get treated with particular drugs.

"We're starting to better understand and explore less treatment instead of more for colorectal cancer patients," M.D. Anderson's Scott Kopetz told the Health Blog.

Dana Farber's Eric Winer told us: "There is clearly a group of women — young women with hormonally sensitive breast cancer — who probably don't need chemotherapy. In and of itself, that's an improvement. It's taking away a drug or drugs that were toxic."

Winer was referring to the study that showed that the bone drug Zometa reduces the risk of recurrence in certain breast cancer patients. But, he noted, another striking feature of that study was that none of the patients received any chemotherapy — and 98% were alive five years later, with well over 90% disease-free.

Kopetz pointed to a gene called KRAS, which he called an "exquisite" marker for EGFR drugs such as Imclone's Erbitux. One of today's plenary sessions shows that colorectal cancer patients with a common mutant form of the gene receive no benefit at all from the drug. The study suggests that lots of patients have been suffering the sometimes serious side effects of the drug, at a cost of tens of thousands of dollars, with no clinical benefit.

In advanced lung cancer, only about 20% of patients respond to standard, platinum-based chemotherapy, Duke's Jennifer Garst told us. But there's no proven way to figure out which patients will be among that 20%. Garst is among the researchers looking for genetic and protein-based signals that may illuminate which patients will benefit (and which won't), which could allow doctors to customize chemo.

Researchers are finding ever-more ways to classify tumors. In breast cancer, for example, docs now want to know:

Is the tumor her-2 positive?

Is it hormone-sensitive?

Is the patient pre- or post-menopausal?

If you have her-2 positive breast cancer, drugs such as Genentech's Herceptin may be wonderful news for you. Hormone therapy may help if you have a hormone-sensitive tumor. But if you have a tumor that's her-2 negative and that's not sensitive to hormone therapy, you may have fewer options.

"We are doing extremely well in some subgroups of patients, and we're still doing quite poorly in others," Winer said.

Expect to hear that sentiment again and again in the coming years, and not just in breast cancer. Understanding tumors on the molecular and genetic level makes for good science, and good medicine. It means doctors can increase the chances that patients will benefit from the drugs they take, and reduces the chances of suffering serious side effects from drugs that provide no benefit.

But if the oft-cited benefit of personalized medicine is delivering drugs beautifully tailored to a patient's particular disease, the flip side is that there will continue to be disease types for which there are fewer options. Inevitably, some patients will still be told, sorry, we just don't have anything left that's been proven to help patients with a tumor like yours.