

# LATE BREAKING ABSTRACTS FROM ASCO 2004

Oncology Associates recently attended the 40th Annual ASCO Convention in New Orleans, June 5-8, 2004. ASCO is about personally interacting with our physician members and answering questions about how to better serve their practices. A significant amount of time was spent at the conference reinforcing and building new relationships with our Pharma

partners. This activity was key to enhancing the product and service agreements we provide and will ensure that we offer quality service and value to our members in the months ahead.

There were a number of important abstracts presented at ASCO that are relevant to you and we are excited to feature these late breaking summaries for your review.

## Recent ASCO Update and Annual Meeting

By Dr. Joe DiBenedetto, Jr., OA Medical Director

The X-ACT trial (**see Abstract #1403**) compared treatment with Xeloda to bolus 5FU/Leucovorin as adjuvant therapy for Duke's C colon carcinoma. The patients were randomized to receive either oral Xeloda or 5FU/Leucovorin on the Mayo Clinic regimen for 24 weeks of treatment. The trial accrued almost 2,000 patients. Xeloda was at least equivalent to 5FU/Leucovorin with regard to disease-free survival. Relapse-free survival was superior for Xeloda vs 5FU/Leucovorin. This data is exciting, and I believe it shows a significant potential of Xeloda to cure more patients with early stage colonic carcinoma. These results also justify planned clinical trials of Xeloda in combination with other chemotherapeutic agents and targeted therapies.

There were two major Phase III trials showing that Taxotere (**see Article #3**) not only relieved pain in patients with advanced prostate cancer that had become resistant to hormonal therapy, but also extended survival. One study was conducted by SWOG. It involved 666

patients who were randomized to receive either Taxotere and estramustine or standard therapy which consisted of mitoxantrone and prednisone. Patients with hormone refractory prostate cancer treated with Taxotere and estramustine survived 18 months compared to the mitoxantrone-prednisone group that had a 16-month survival. This suggests that chemotherapy can prolong lives and could be considered the standard of care for this disease.

Velcade was shown to be superior to standard treatment for multiple myeloma. In a Phase III randomized trial (**see Abstract # 6511**), Velcade was compared to dexamethasone in relapsed multiple myeloma. Six hundred sixty-nine patients with relapsed multiple myeloma who were previously treated with one to three prior therapies, were randomized to receive either Velcade or dexamethasone. The primary endpoint was time to progression and secondary endpoints were overall survival. At the interim analysis patients receiving Velcade demonstrated a higher



significant benefit of time to progression of 5.7 months vs 3.6 months on dexamethasone. There was a slightly lower incidence of severe infection among the patients who received Velcade compared to those receiving dexamethasone.

Oncology Associates is proud to have partnered with Roche, the maker of Xeloda, Aventis, the manufacturer of Taxotere, and Millennium, the manufacturer of Velcade for the benefit of our patients. **OA**