GLOSSARY

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Surgical practice patterns in stage IV colorectal cancer

In asymptomatic patients with stage IV colorectal cancer and unresectable metastases, the net benefit of resection of the primary tumor is unclear. Temple and colleagues have analyzed US practice patterns for stage IV colorectal cancer, using SEER–Medicare-linked data on a cohort of 9,011 patients presenting between 1991 and 1999.

The patients, all of whom were diagnosed with stage IV colon or rectal cancer at ≥65 years of age, were divided into two groups: those who had received primary–cancer-directed surgery (CDS) within 4 months of diagnosis, and those who had not. The authors evaluated surgical practice patterns by analyzing the patient characteristics and the use of other treatment modalities in each group.

A total of 6,469 (72%) patients received primary–CDS. Patients were significantly less likely to undergo CDS if they had left-sided or rectal lesions or if they were black, aged >75 years, had low income, or were unmarried. Those who had received primary–CDS were significantly more likely to be treated with chemotherapy than patients in the no CDS group (47% vs 31%, $P<0.001$). Only 350 (3.9%) patients underwent metastasectomy.

Given the high surgical resection rate shown in the study, the authors propose that the practice merits systematic evaluation, in terms of symptom control, quality of life and survival. This is particularly important in the context of improved chemotherapy and endoluminal stenting now available.

Original article Temple LKF *et al.* (2004) Use of surgery among elderly patients with stage IV colorectal cancer. *J Clin Oncol* **22:** 3475–3484

Reduced postoperative chemotherapy for Wilms' tumor

High rates of recurrence-free and overall survival have been achieved for Wilms' tumor, so the emphasis of current research is on reducing treatment-related toxicity. Results from the SIOP 93-01 trial indicate that postoperative chemotherapy can be shortened—potentially reducing the risk of side-effects—without compromising effectiveness.

This international non-inferiority study compared 2-year event-free survival in 410 children with stage I intermediate-risk or anaplastic Wilms' tumor. After preoperative chemotherapy and surgery, the patients received four doses of vincristine plus one course of dactinomycin. They were then randomized to the standard treatment of two further courses of the same chemotherapy ($n=210$) or no further chemotherapy ($n=200$).

At 2 years' follow-up, there had been 18 recurrences in the standard treatment group, compared with 22 in the children receiving shorter duration of treatment. Event-free survival—91.4% and 88.8% for the two groups, respectively—was not significantly different between the two groups. Five-year overall survival was approximately 95% in both groups.

The authors conclude that a shortened postoperative chemotherapy regimen is feasible in children with stage I intermediate-risk or anaplastic Wilms' tumor. This approach could reduce the burden of treatment in terms of acute and late side-effects, inconvenience for patients and parents, and health costs.

Original article de Kraker J *et al.* (2004) Reduction of postoperative chemotherapy in children with stage I intermediate-risk and anaplastic Wilms' tumour (SIOP 93-01 trial): a randomised controlled trial. *Lancet* **364:** 1229–1235

Preserving salivary output following head and neck irradiation

Damage to the submandibular salivary glands is an important side effect of head and neck radiation therapy. The resulting xerostomia causes problems with chewing, swallowing and changes to the oral microbial flora, adversely affecting the patient's quality of life. Pathak and colleagues have described a technique for protecting the contralateral submandibular salivary gland from radiation by transferring it to the submental space prior to treatment. This approach has been used previously in patients undergoing neck dissection as part of primary treatment. The new study, however, deals with those patients not requiring neck dissection.

A total of 22 patients with oropharyngeal or hypopharyngeal tumors underwent contralateral submandibular salivary gland transfer (SMSGT) as an upfront, day care procedure. The incision was small, extending from the tip of the greater