

New treatment approach for advanced anal cancer

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A new approach to treating advanced anal cancer is safer and more effective than the most widely used current treatment, according to the first ever randomised clinical trial in this group of patients.

Around 1,300 people are diagnosed with anal [cancer](#) each year in the UK and this number is rising by around three per cent per year. Due to small patient populations, there is very limited evidence to guide treatment decisions, and international consensus among clinicians is lacking. The findings from this study will set a new standard of care for this rare type of cancer.

The international randomised phase II trial, led by The Royal Marsden NHS Foundation Trust and presented today (Monday 22 October) at the European Society for Medical Oncology (ESMO) Congress 2018, analysed data from 91 [patients](#) in four countries, including the UK, Norway, the US and Australia.

The researchers found that a [chemotherapy combination](#) of Carboplatin and Paclitaxel—which is primarily used to treat other cancers, including ovarian, womb and lung cancer—performed better overall compared to chemotherapy treatment with Cisplatin and 5-fluorouracil.

In the trial, endorsed by the International Rare Cancer Initiative (IRCI), Carboplatin and Paclitaxel performed better both in terms of survival rates and safety. Until now, when anal cancer had spread or come back after treatment, doctors had considered Cisplatin and 5-fluorouracil to

be the preferred first-line treatment option.

Study Chief-Investigator Dr. Sheela Rao, Consultant Medical Oncologist at The Royal Marsden, said: "The results of this study will immediately change patient care. While treatment with Cisplatin and 5-fluorouracil was generally considered a reasonable option for advanced anal cancer, we now know that carboplatin and paclitaxel is more effective and better tolerated. In our study, these patients lived seven months longer overall.

"Around 30 per cent of people with anal cancer will develop advanced disease which cannot be treated surgically, and all of these patients are eligible to receive this chemotherapy combination."

Professor David Sebag-Montefiore, a study co-author and Cancer Research UK anal cancer expert, said: "Making progress in rare cancers is incredibly difficult, so it's very exciting to see these results which, in my opinion, are practice changing. This important research informs both patients and their cancer teams that the combination of the chemotherapy drugs carboplatin and paclitaxel should be first line treatment for advanced anal cancer.

"This study also shows the benefit of international collaboration within the International Rare Cancer Initiative (IRCI) - it can deliver results in rare diseases that individual countries cannot achieve on their own."

Professor David Cunningham, Director of the NIHR Biomedical Research Centre at The Royal Marsden and The Institute of Cancer Research, London, said: "These findings set a new standard of care and highlight the importance of international collaboration for advances in the [treatment](#) of rare cancers. We now have the backbone for future trials into novel treatments for advanced [anal cancer](#), including immunotherapy."

More information: ESMO 2018 abstract - LBA21 - "InterAACT: A multicentre open label randomised phase II advanced anal cancer trial of cisplatin (CDDP) plus 5-fluorouracil (5-FU) vs carboplatin (C) plus weekly paclitaxel (P) in patients (pts) with inoperable locally recurrent (ILR) or metastatic treatment naïve disease - An International Rare Cancers Initiative (IRCI) trial" - will be presented by Dr Sheela Rao on Monday 22 October.

Provided by The Royal Marsden NHS Foundation Trust

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