

## Re: For those of you with Medline access.....

**Source:** <http://sci.tech-archive.net/Archive/sci.med.diseases.cancer/2005-02/0290.html>

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**From:** Steph ([steph\\_at\\_vancouver.island](mailto:steph_at_vancouver.island))

**Date:** 02/22/05

Date: Tue, 22 Feb 2005 16:09:45 GMT

"J" <[virtual@privacy.net](mailto:virtual@privacy.net)> wrote in message  
news:421B5717.592DA2E1@execulink.com...

> *Peter Moran wrote:*

>

>> *"Steph" <[steph@vancouver.island](mailto:steph@vancouver.island)> wrote in message*

>> *news:UPySd.463723\$Xk.138639@pd7tw3no...*

>> > *I'd be interested in everyone's views on this article.*

>> > *I think it is one of the most important articles in the medical*

>> > *literature*

>> > *in the past 10 years.*

>> *There seems to be no reason not to post the abstract and here it is.*

>> *I*

>> *agree with the conclusions, from the point of view of ensuring accurate*

>> *informed consent whenever chemotherapy is offered to patients. But*

>> *think*

>> *the value of chemotherapy varies too greatly over many different clinical*

>> *contexts for such \*overall\* calculations to be meaningful.*

>

> *Same point made here.*

>

> *Questioning methodology – accusing them of statistical gymnastics.*

> *This seems to be making 3 points:*

> *Some cancers/stages do respond (maybe I saw that elsewhere – mentioned  
> testicular)*

> *The authors did not include people with mets and/or see Colon Duke C ?*

> *The authors ignore the positives of partial responses at year 1, 2, 3, 4*

>

The paper is very careful to state that it only includes people being treated with curative or adjuvant intent, not patients with metastatic disease.

It also points out that the survival improvements from chemotherapy for patients with metastatic disease would certainly be even less.

What positives of partial responses are you referring to? The paper didn't try to address that.

Read the entire thing, not just the abstract

sci.med.diseases.cancer: Re: For those of you with Medline access.....

Bottom line:

Of the 22 most common adult cancers (excluding non-melanoma skin cancer), there is evidence of a survival benefit from chemotherapy in only 9.

The overall benefit is 2.6%

If the three cancers with a proven track record with chemo (Hodkin's lymphoma, NHL and testis germ cell) are excluded, the overall advantage is 1.4%.

I think the maths is very robust, and based on very firm data.

It's also not a surprise to me as an oncologist.