Get Real

By Andrew Holtz, MPH

There is a lot of interest in the use of reality shows as a way to communicate health information. In a recent study, the Kaiser Family Foundation introduced producers and experts to a group of young women who were being treated for cancer. The study found that these reality shows can be a useful tool for communicating health information, especially to young people who are at risk for certain diseases.

Teen Survivors

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The Kaiser Family Foundation report was an effort to get the discussions going, asking what’s distinct about reality shows, and what the characteristics of this genre mean for health experts and institutions interested in communicating through popular television shows.

‘Incredibly Relatable’

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Meanwhile, while the news is real (well, as real as TV gets) and the story subjects are real people, there is little verisimilitude and well-developed, everyman characters is both the greatest strength and potentially the most worrisome feature of reality TV.

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For instance, the winners of the show, some of the contestants spoke about how they had never known anyone with HIV and that only when they met Marvelyn Brown did it really sink in that something like this could happen to them. Ms. Hoff says that the segments raised, and then corrected, misconceptions, such as fears that people could become infected with HIV by sharing earrings.

Reality Shows Considered in the Kaiser Family Foundation Paper

The study of entertainment media and health over the past few years has even added a reality TV element as well. At first glance, it appears that reality TV may well be more persuasive than either dramas or conventional news. A producer of a reality TV show used the term “incredibly relatable” to describe the characters they display, which is a sharp contrast to the impossibly beautiful and talented characters populating most TV dramas and comedies.

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The Worse the Skin Toxicity with EGFR Therapy, the More Promising the Outcome for Many Patients with Metastatic Colorectal Cancer

By Naomi Pfeiffer

Chicago—For patients with metastatic colorectal cancer receiving anti-epidermal growth factor receptor (EGFR) therapy, the appearance of rash, pain, and other typical class-specific side effects has been welcomed as signs of efficacy. Included in this class of drugs are such targeted agents as erlotinib, cetuximab, and panitumumab, the first fully human monoclonal antibody directed against the receptor (the others are part mouse).

To date, however, no study had measured the specific correlations of skin toxicity severity to progression-free survival, overall survival, disease-related symptoms, and quality of life following EGFR.

“Although it is a paradox, we found that the more intense the skin discomfort, the longer the cancer patient’s progression-free survival,” said the lead investigator of a poster study presented here at the ASCO Annual Meeting, Marc Peeters MD, PhD, Coordinator of the Digestive Oncology Unit at University Hospital in Ghent, Belgium.

“We now can see such associations with the other endpoints as well. Thus, our results support the role of skin toxicity severity as a surrogate marker of on-target activity associated with clinical benefit.”

This means, for example, that despite the pain of Grades 3-4 skin toxicity due to anti-EGFR therapy, a far better outcome awaits colorectal cancer patients than if they had not received the therapy—an important finding for both clinician and patient,” Dr. Peeters said.

“But that’s actually the worst-case scenario,” he pointed out in an interview. “In most instances, adverse reactions to treatment with drugs in the anti-EGFR class are mild to moderate—Grades 1 or 2—and managed with antibiotics, analgesics, corticosteroids, and psychotherapy.”

Pivotal Study Revisited

Dr. Peeters and his team of Belgian and Italian investigators revisited data from an earlier Phase III pivotal trial showing that panitumumab—plus best supportive care—reduced the rate of disease progression by half compared with supportive care alone in metastatic colorectal patients. The results led to the approval of panitumumab last year. “Now our updated analysis of those same patients’ biopsies shows not only improved progression-free survival, but also greater overall survival, less colorectal cancer symptomatology, and a better health-related quality of life.”

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“Now our updated analysis of those same patients’ biopsies shows not only improved progression-free survival, but also greater overall survival, less colorectal cancer symptomatology, and a better health-related quality of life,” he said.

“All were associated with worsening skin toxicity as measured by standard grading scales, dermatology life-quality indexes, and patient-reported outcomes. The median time to the most severe skin toxicity was 15 days, Dr. Peters said, explaining that the worst skin toxicity may occur beyond 28 days.

EGFR Inhibition

“EGFR is a naturally occurring protein that plays a major role in cancer cell signaling,” he explained. “The skin and other tissues depend on EGFR signals to function normally and survive. But EGFR inhibition interferes with the signaling, and studies show that when signals are blocked, more than 90 percent of patients treated with an EGFR inhibitor develop skin outbreaks ranging from mild to very severe.”

Examples of these clinical manifestations, which usually are accompanied by pain and/or rash, include dermatitis aceriform, pruritus, erythema, fissures, and hypomagnesemia.

Additionally, the US prescribing information for EGFR therapy includes warning language as part of the evolving FDA labeling for this class, Dr. Peeters pointed out.

“Official safety information emphasizes that, according to recent studies, severe toxicities leading to dose modification developed in eight to 17 percent of patients receiving EGFR inhibitors. And when such dermatologic toxicities were complicated by infection, anti-EGFR treatment had to be stopped, sometimes permanently.”

However, looking at panitumumab treatment separately in a pooled analysis of 966 patients with metastatic colorectal cancer receiving the agent as monotherapy, Dr. Peeters reported that severe infusion reactions occurred only in about 1% of patients.

“The drug is generally well tolerated by patients and although many may experience skin toxicity symptoms from panitumumab, they also can expect a real clinical benefit—such as control of their underlying oncologic disease.”

Additional analyses are under way to explore the predictive value of early onset of skin toxicity severity, he said.

Asked to comment on Dr. Peeters’ report, surgical oncologist Ashwani Rajput, MD, from Roswell Park Cancer Institute, a colorectal cancer specialist but not a participant in the study, said, “This study confirms objectively what we saw clinically—that is, we had noticed for some time [in patients on panitumumab] that tumors seemed to be shrinking while skin conditions were worsening, but there were no data on any correlations.

“The study also confirms that although patients treated with panitumumab report more disturbing toxicity symptoms than patients on best supportive care, their cancer symptoms and quality-of-life scores trended in favor of drug therapy.”

Send comments to: OTLetters@oncology-times.com

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