

# American College of Surgeons Oncology Group and the Community Surgeon

David M. Ota, MD<sup>a,\*</sup>, A. Marilyn Leitch, MD<sup>b</sup>, Gary Unzeitig, MD<sup>c</sup>

## KEYWORDS

- American College of Surgeons Oncology Group
- Community surgeon • Oncology • Cancer trials

The American College of Surgeons Oncology Group (ACOSOG) conducts cancer trials that are relevant to surgeons who treat patients with breast, thoracic, and gastrointestinal cancers. ACOSOG is funded by the National Cancer Institute and is charged with conducting prospective clinical trials that address important questions in both academic and community practice settings. Examples include role of axillary dissection for microscopic nodal disease, neoadjuvant therapy for organ-conserving surgery, laparoscopic rectal cancer resection, mediastinal nodal staging, and sublobar resection for early-stage non-small cell lung cancer (NSCLC). Such trials are relevant to most practicing surgeons.

ACOSOG was established in 1999 as a national surgeon-based clinical trial cooperative group. Early on, the scientific leadership that developed the trials consisted of surgeons but has evolved to include medical oncologists, radiation oncologists, radiologists, and pathologists. Because cancer treatment is multidisciplinary, current ACOSOG trials have multiple treatment combinations while retaining a surgical focus.

There are several reasons for academic and community surgeons to participate in national clinical trials. First, resectable cancers are commonly seen in community practices and completion of a trial is best accomplished with both academic and community surgeon involvement. There are other reasons for community surgeons to participate in clinical trials. Surgeons are tasked with improving the outcomes of surgical patients. New instruments, procedures, and therapeutic agents are a constant feature of our innovative medical culture, and community surgeons involved in trials

---

<sup>a</sup> Department of Surgery, Duke University, 2400 Pratt Street, Terrace Level, Room 0311, Durham, NC 27705, USA

<sup>b</sup> University of Texas Medical Center, 5323 Harry Hines Boulevard, Dallas, TX 75390, USA

<sup>c</sup> Doctors Hospital of Laredo, 10700 McPherson Road, Laredo, TX 78045, USA

\* Corresponding author.

E-mail address: [david.ota@duke.edu](mailto:david.ota@duke.edu)

are most likely to keep current with new technology. Furthermore, prospective trials are essential to determine safety and outcome of a new procedure or treatment. Lastly, participation in a clinical trial not only improves medical knowledge but also can enhance a surgeon's leadership in the community.<sup>1</sup> This can result in recognition as a leader in the medical community and as an advocate for science. ACOSOG recognizes the importance of community surgeons and has started to fill its scientific leadership positions with these surgeons.

A review of ACOSOG trials reveals that these studies have had an impact on surgical practice patterns and patient outcomes. The portfolio of trials is organized according to organ site and assigned to committees, including breast, gastrointestinal, and thoracic committees. Committee members include practicing surgeons, medical oncologists, radiation oncologists, statisticians, nurses/clinical research associates, and patient advocates. The committees are tasked with developing, assessing feasibility of, prioritizing, overseeing the conduct of, and promoting accrual to ACOSOG trials.

The ACOSOG breast committee has focused on important procedural and multidisciplinary cancer trials. The introduction of lymphatic mapping and sentinel lymph node (SLN) biopsy by Giuliano and associates<sup>2,3</sup> was a major advance in breast cancer surgery and has led to other important practice-changing trials. The most notable example is ACOSOG Z0011, the phase III randomized trial of axillary lymph node dissection versus SLN dissection alone for microscopic detected lymph node metastases. For more than a century, Halsted axillary dissection has been a standard surgical procedure for breast cancer.<sup>4</sup> The advent of lymphatic mapping and sentinel node biopsy changed surgical management of the axilla for breast cancer and melanoma. ACOSOG Z0011 showed no difference in local-regional control and overall survival between the two axillary procedures at 5-year follow-up.<sup>5</sup> This practice-changing trial provided data disputing the need for axillary dissection in patients who have less than or equal to 2 SLNs containing microscopic metastatic disease undergoing breast-conserving surgery (BCS) with radiation.

The breast committee conducted the Z0010 trial to assess the prognostic significance of micrometastases in the SLNs and bone marrow identified by immunohistochemistry (IHC) among patients presenting with clinical stage I and II disease. The focused examination of SLNs encouraged the application of IHC technology for detection of micrometastases when routine hematoxylin-eosin staining was negative for metastatic disease. The clinical significance of IHC-detected micrometastases and the implications for postoperative adjuvant therapy have not been clear. The Z0010 trial showed no difference in local and systemic recurrence rates in patients with SLN micrometastases compared with IHC-negative SLN subjects.<sup>6</sup> Trial data negate the value of routine IHC examination of SLNs in early-stage breast cancer. These two large trials required broad participation for their success.<sup>7</sup> Cancer surgery is primarily done in the private-practice setting, and enrollment to trials, such as these, require the involvement of all surgeons.

SLN trials are continuing. The legacy SLN trials (Z0010 and Z0011) involved early-stage disease. There has been substantial controversy, however, about the role of SLN biopsy in locally advanced breast cancer (LABC). Patients with LABC are often treated with neoadjuvant therapy with downstaging of the primary tumor and involved axillary lymph nodes. ACOSOG Z1071 (Study Chair Dr Judy Boughey) is a 660-patient phase II study of lymphatic mapping for patients who receive neoadjuvant chemotherapy for LABC with positive axillary lymph nodes confirmed by needle biopsy.<sup>8</sup> The primary objective is to determine the accuracy of lymphatic mapping and SLN biopsy after neoadjuvant chemotherapy in predicting residual nodal disease. Patients

Download English Version:

<https://daneshyari.com/en/article/3998840>

Download Persian Version:

<https://daneshyari.com/article/3998840>

[Daneshyari.com](https://daneshyari.com)