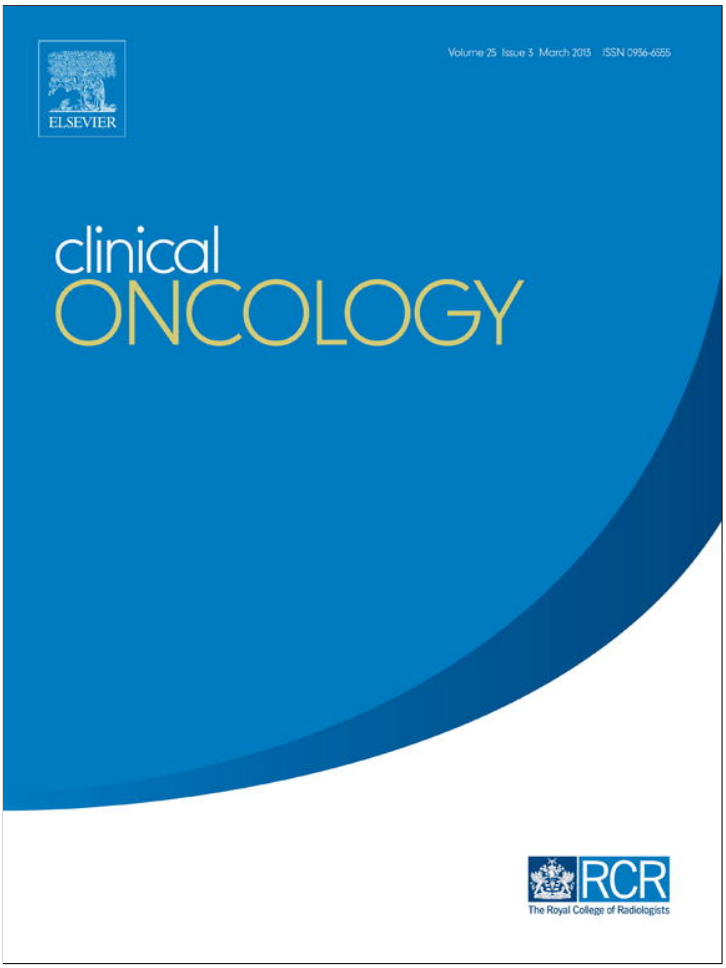

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Letters

Intensity-modulated Radiotherapy for the Treatment of Breast Cancer

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Sir — In the systematic review of intensity-modulated radiotherapy (IMRT) in the treatment of breast cancer reported in *Clinical Oncology* by Dayes and colleagues [1], the only prospective randomised clinical trial ($n = 306$) testing forward-planned IMRT to have reported a 5 year outcome for adverse effects [2] was excluded on the spurious grounds that no outcomes of interest were reported (Appendix 3). In this trial, the control arm patients were 1.7 times more likely to have a change in breast appearance than the IMRT arm patients after adjustment for the year of photographic assessment (95% confidence interval 1.2–2.5, $P = 0.008$).

In addition, the systematic review discussion gave no reference to a larger breast randomised trial ($n = 1145$) also testing forward-planned IMRT [3]. Patients in the control group were more likely to develop telangiectasia than those in the IMRT group (odds ratio = 1.68; 95% confidence interval = 1.13–2.40; $P = 0.009$). In patients who had good surgical cosmesis, those randomised to IMRT were less likely to deteriorate to a moderate or poor overall cosmesis than those in the control group (odds ratio = 0.63; $P = 0.061$; 95% confidence interval 0.39–1.03). The manuscript for the updated 5 year results of this study are in preparation.

These omissions are not easily explained, given easy access to the literature and awareness among colleagues working in the field of the available evidence.

References

[1] Dayes I, Rumble RB, Bowen J, Dixon P, Warde P, Members of the IMRT Indications Expert Panel. Intensity-modulated radiotherapy in the treatment of breast cancer. *Clin Oncol (R Coll Radiol)* 2012;24(7):488–498.
[2] Donovan E, Bleakley N, Denholm E, *et al*. Breast Technology Group. Randomised trial of standard 2D radiotherapy (RT) versus intensity modulated radiotherapy (IMRT) in patients prescribed breast radiotherapy. *Radiother Oncol* 2007;82(3):254–264.
[3] Barnett GC, Wilkinson JS, Moody AM, *et al*. A randomised controlled trial of forward-planned intensity modulated radiotherapy (IMRT) for early breast cancer: interim results at 2 years. *Int J Radiat Oncol Biol Phys* 2012;82:715–723.

http://dx.doi.org/10.1016/j.clon.2012.11.003

Call for a Consensus Treatment Approach to the Management of Post-cricoid and Upper Oesophageal Squamous Cell Carcinoma

Sir — Post-cricoid and upper oesophageal squamous cell carcinomas are uncommon tumours in contiguous anatomical locations with similar risk factors and histological features [1,2]. They are currently treated by either the head and neck or upper gastrointestinal multidisciplinary teams according to markedly different site-specialised treatment protocols.

We identified 102 post-cricoid and 109 upper oesophageal age- and stage-matched patients presenting with each site of disease to our institution between 1997 and 2011 and compared treatment received and outcomes.

In total, 75% of post-cricoid patients, but only 31% of upper oesophageal patients, were treated with radical intent. Post-cricoid patients received less concurrent chemoradiotherapy (31% versus 74%), but a higher mean radical radiotherapy dose (64.5 Gy versus 50.2 Gy) to larger planning target volumes (988.9 cm^3 versus 338.1 cm^3) than upper oesophageal patients. All differences were highly significant ($P < 0.0001$).