

EDITORIAL

Expert opinions – consensus documents – systematic overviews – is the value for clinicians increasing?

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In a recent issue of *Acta Oncologica* one expert from each of the four major Nordic countries presented a statement about the value of aromatase inhibitors in adjuvant and palliative treatment of patients with breast cancer [1], and in this issue, a similar document about the value of targeted drugs, particularly the two antibodies bevacizumab and cetuximab, in advanced colorectal cancer is published [2]. Both documents deal with recent achievements in oncology, meaning progress in tumour and patient outcomes, and they are based upon results achieved in large well performed randomized trials run in collaboration between academy and industry. The results of the trials are publicly available, although not yet always published in full in refereed journals, and the results of the trials have been scrutinized by drug authorities prior to approval in specific clinical situations. The first report was designated “Acta Oncologica Expert Consensus Recommendations” whereas the second one is designated “An Acta Oncologica Expert Report”. This distinction does not in any way reflect the difference in how the two reports were produced, in their scientific quality or how well anchored the conclusions are in the Nordic scientific community. Rather, the difference reflects a self critique within the Acta Oncologica Editorial Board. Although consensus was achieved within the group of experts writing the article, in this context the word consensus should be restricted to documents produced by a wider group of experts (and non-experts) and not only four distinguished scientists.

The intention to support and publish these expert recommendations was to highlight specific topics

of great immediate relevance for the oncological society. Therefore it had to be published timely, yet as systematically as possible based upon all available evidence collected, and the conclusions, reached in consensus by the group, should not be made until after a thorough assessment of the literature. In order to be able to publish them when they are most needed, i.e. when the knowledge is just available and the uncertainties about how clinical care should be affected, it was not considered appropriate to gather a large group of experts or have the document subject to an extensive external review process, motivating the word *consensus*. These two reports by experts [1,2] can not be considered to have same impact as for example the Swedish Council on Technology and Assessment in Health Care (SBU) overviews, also done by a group of experts, but usually extensively scrutinized prior to publication [3,4]. Neither can they have the same impact as similar documents published in other countries, like the ones from the National Institute for Clinical Excellence (NICE) published for the UK National Health Service or the Cochrane Reviews.

Aromatase inhibitors in breast cancer

The Acta Oncologica expert reports can rather be compared with the Alert reports produced by SBU, presenting a system for identification and early assessment concerning new methods in health care. The Alert reports (<http://www.sbu.se/alert>) describe the new methods and their effects. The reports are produced by an Alert secretariat in

collaboration with appointed experts and a board. A SBU Alert report about the use of aromatase inhibitors in breast cancer was published March 02, 2005, i.e. one month later than the Acta Oncologica report [1]. The two projects were evidently run in parallel, but separate from each other. The syntheses of the literature in the two independent reports are the same, but longer follow-up of some of the trials, potentially influencing the conclusions, could have been available prior to completion of the reports. The SBU Alert report provides no recommendations for the routine clinical use whereas this is given in the Acta Oncologica report [1]. The American Society of Clinical Oncology Technology Assessment recently updated their recommendations on the use of aromatase inhibitor as adjuvant therapy for postmenopausal women with hormone receptor positive breast cancer [5]. The recommendations given in the American and Nordic reports are rather similar, which they ought to be when based upon results from trials having the highest levels of scientific evidence (level I), but still important differences exist in the strength of the recommendations. The health care systems in the USA and Nordic countries are quite different, and therefore differences in opinions in how to interpret the trial data can exist. Differences may naturally also be present between doctors or group of doctors in the Nordic countries in interpreting the relatively immature data currently available. Publication of the results of the ongoing trials and maturation of the published trials will hopefully lead to a more precise knowledge, and thus a more cost-effective use of recent developments in a time when we see so much progress rapidly delivered; first as announcements to stock holders, then at scientific meetings and not until much later as regular scientific publications. We have to learn how to handle this rapid information flow, even when sometimes prompted by interests other than purely scientific. Since recommendations can change dramatically, even after a single report with slightly longer follow-up, as has been the case for the use of aromatase inhibitors in breast cancer, we must also ask ourselves whether the incremental gains seen in the trials are sufficient for an immediate change in policy, as appears to be the case.

Targeted drugs in colorectal cancer

Similar to increased use of aromatase inhibitors in breast cancer, widespread introduction of two antibodies, bevacizumab and cetuximab, in the treatment of advanced colorectal cancer will substantially increase costs for the health care. It was thus one natural choice for a second expert recommendation report [2]. Much progress has recently been seen in the

understanding and care of colorectal cancer [6–8], similar to what was seen in breast cancer some five to ten years ago. The systematic review of the literature, also including non-published but publicly available information, together with the recommendations will be an important contribution to the discussions leading hopefully to an appropriate use of the two drugs. I am sure that these recommendations, too, will not be unanimously agreed upon, one reason being their even higher impact on hospital budgets than the use of aromatase inhibitors. Critique will likely come from both sides, i.e. the recommendations are either considered too restricted or too liberal. Acta Oncologica welcomes pertinent correspondence on scientific or economic aspects of these therapies.

Controversies in prostate cancer – more to come

In this issue, the first reports from the second Acta Oncologica symposium about controversial issues in prostate cancer are published. Ideally, all reports from the meeting should have been published together in one issue. However, some of the contributions were ready on time, and do not improve with time, as for example wine can, whereas others have not yet been finalized or are still in a process of external reviewing. Therefore, in order not to delay publications of the first reports from the symposium, I have taken this step to publish them in two separate issues.

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