High Vitamin D Levels Increase Survival Rates in Patients With Metastatic Colorectal Cancer

Study participants with high levels of vitamin D in their bloodstream prior to being treated with chemotherapy and targeted drugs survived longer, on average, than patients with lower levels of the vitamin, according to a study by researchers at the Dana-Farber Cancer Institute in Boston, Massachusetts.

The study was presented at the 2015 ASCO Gastrointestinal Cancers Symposium, held in San Francisco, California, from January 15 to 17, 2015. Researchers analyzed data from more than 1000 patients with metastatic colorectal cancer who enrolled in a phase 3 clinical trial of chemotherapy plus biologic therapies.

Patients with the highest levels of vitamin D survived for a median of 32.6 months compared with 24.5 months for those with the lowest levels. The authors say their work adds support to the potential role of vitamin D in inhibiting cancer.

Lead author Kimmie Ng, MD, MPH, a medical oncologist at the Dana-Farber Cancer Institute, says the study is the largest to date to examine the role of vitamin D in colorectal cancer. She and her colleagues did not assess whether there was a biological cause-and-effect relationship between the vitamin and the disease, and she adds that it is too early to recommend vitamin D as a treatment. The researchers are conducting further studies in that area.

The study measured blood levels of 25-hydroxy vitamin D, a substance produced in the liver from vitamin D, in 1043 patients when they enrolled in a phase 3 trial of 3 different drug combinations for newly diagnosed, advanced colorectal cancer. Vitamin D levels in the patients ranged from an average of 8 ng/mL in the lowest group to an average of 27.5 ng/mL in the highest group. The average level was 17.2 ng/mL.

On average, patients with the highest vitamin D levels survived 33% longer than those with the lowest levels. Furthermore, higher vitamin D levels were associated with a longer time to disease progression (12.2 months versus 10.1 months). Dr. Ng says she and her colleagues controlled for other healthy lifestyle factors that are associated with higher vitamin D levels including diet, obesity, and physical activity levels.

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Physicians say HPV Testing Alone Can Screen for Cervical Cancer

New guidelines issued by a group of cervical cancer screening experts say that primary human papillomavirus (HPV) screening can be considered an alternative to Papanicolaou (Pap) tests for cervical cancer screening. This interim guidance replaces previously published guidelines that recommended either cervical cytology alone or the co-use of a Pap test and an HPV test.[1]

The guidance, written by a group of cervical cancer screening experts led by University of Alabama at Birmingham gynecologist Warner K. Huh, MD, was issued by the Society of Gynecologic Oncology and the American Society for Colposcopy and Cervical Pathology. It comes on the heels of approval by the US Food and Drug Administration of an HPV test as a primary test for cervical cancer screening. The test detects DNA from 14 high-risk HPV types, including types 16 and 18, which cause approximately 70% of cervical cancers.

The authors note that their review of the data, which included 11 studies, indicated that primary HPV testing misses fewer precancers and cancers than Pap smears alone, and therefore the test could be considered an option for cervical cancer screening.

The authors also note that women with a negative HPV test have greater reassurance of having a very low risk of developing a cervical cancer precursor lesion in the future when compared with women who have negative Pap smears in their primary screening.

Specifically, the guidance recommends:

- Primary HPV testing can be considered for women starting at age 25 years.
- Women aged younger than 25 years should continue to follow current guidelines that recommend cytology alone beginning at age 21 years.
- Women with a negative primary HPV test result should not be retested again for 3 years. This is the same screening interval recommended under current guidelines for women with a normal cytology test result.
- A test that is positive for HPV types 16 and 18 should be followed with colposcopy, which enables examination of the cervix under illumination and magnification.
- A test that is positive for HPV types other than 16 and 18 should be followed by reflex cytology testing.

Reference

1. Huh WK, Ault KA, Chelmow D, et al. Use of primary high-risk human papillomavirus testing for cervical cancer screening: interim clinical guidance. *Gynecol Oncol*. 2015;136:178-182.

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