#### 24th Annual Cancer Progress Conference

### A Few Remarks on Chemoprevention of Cancer

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#### A New Approach to Control of Cancer is Badly Needed

### Total Cancer Deaths in Men, USA

#### Total Cancer Deaths in Women, USA

Site	1971	2013	Site	1971	2013
Lung	53,000	87,000	Lung	11,000	72,000
Colorectal	22,000	26,000	Colorectal	24,000	25,000
Prostate	17,000	30,000	Breast	31,000	40,000
Pancreas	10,000	19,000	Pancreas	8,000	19,000
			Ovary	10,000	14,000

Deaths for 2013 are estimated. These are total deaths, not rates which are adjusted for population. Data from Siegel, R.L. et al., CA Cancer J Clin 63: 11-30, 2013.

## Can Chemoprevention really work?

Does it work in experimental animals?

Does it work in real people?

#### **Chemoprevention Works**

- Basic science in support of chemoprevention
  - What is chemoprevention?
  - Proof of principle in animal studies

Lung

Pancreas

Breast

Liver

Colon

Bladder

Prostate

Ovary

Brain...total failure!

# Clinical evidence for cancer chemoprevention

- Breast cancer
  - SERMS
    - Tamoxifen
    - Raloxifene
    - Lasofoxifene
  - RETINOIDS
    - Fenretinide (pre-menopausal women)

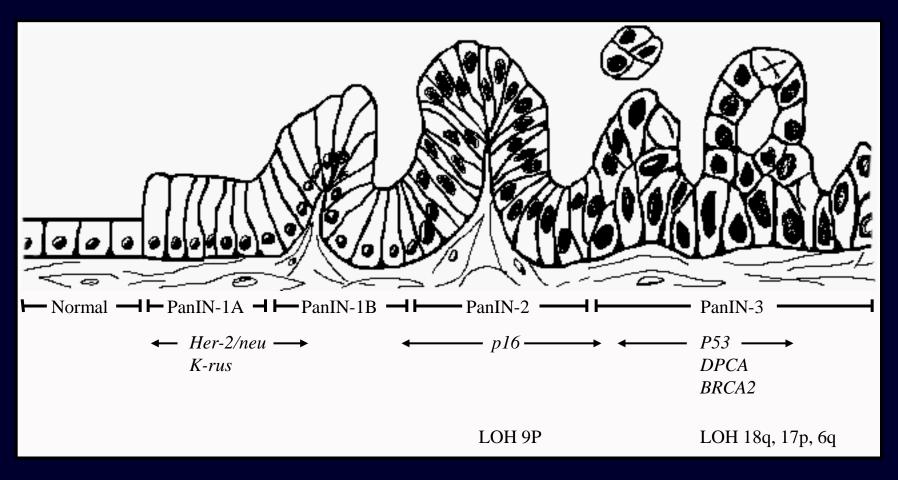
# Clinical evidence for cancer chemoprevention

- Prostate Cancer
  - Finasteride
  - Dutasteride

### The disease is carcinogenesis, NOT cancer

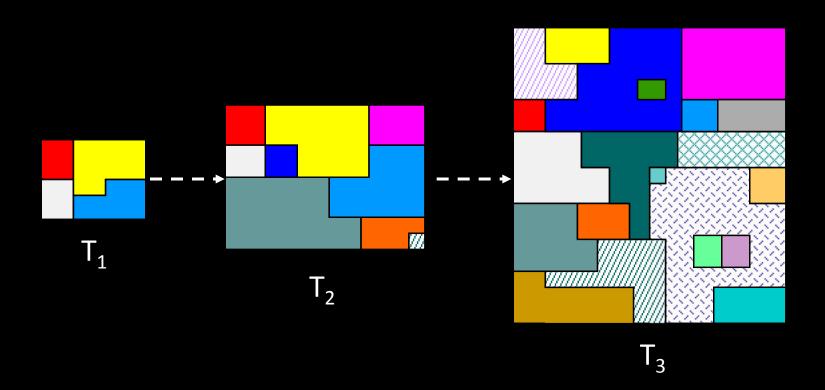
- What is carcinogenesis?
  - Carcinogenesis is a process that extends over a long time, not a static event

#### **Progression Model for Pancreatic Cancer**

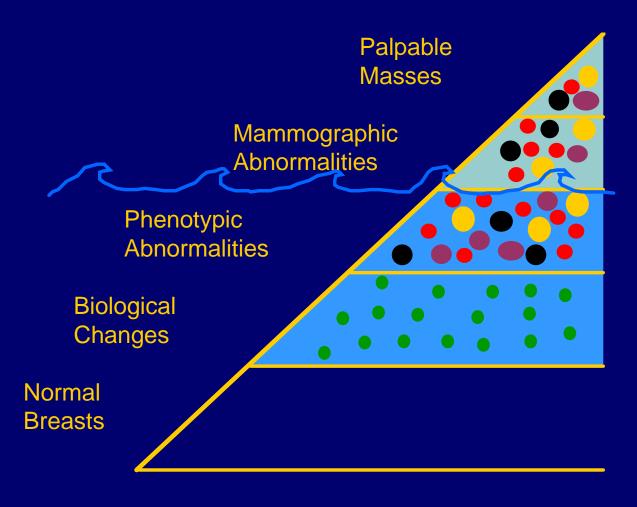


Progression model for pancreatic cancer. The progression from histologically normal epithelium to low-grade PanIN to high-grade PanIN (left to right) is associated with the accumulation of specific genetic alterations (Hruban et al., Am. J. Pathol., 156:1821, 2000)

### Changes in the Cellular Composition of Tumors During Tumor Progression



#### The Iceberg



- Invasive Cancer
- Non-invasive Cancer
- Biological Changes

- Hyperplasia
- Benign

### The goal is to melt the iceberg before it surfaces

### My Personal #1 Priority

- Development of new drugs for chemoprevention
  - High degree of EFFICACY
  - High degree of SAFETY
- Development of effective combinations

### **Conceptual Negativity**

- Inadequate conceptions of a "healthy person"
- Benefit vs. risk arguments side effects of drugs
- "You need to treat thousands of people to prevent one cancer death"
- "Don't tamper with our bodies"
- Poorly designed clinical trials

## Inadequate conceptions of a "healthy" person

- The bizarre notion that people are "healthy" until they have actual symptoms of disease
  - Is there a smoldering fire in the barn before it bursts into flames?

## The young man with his head on the block is a metaphor for the patient with pancreatic cancer, shortly before diagnosis

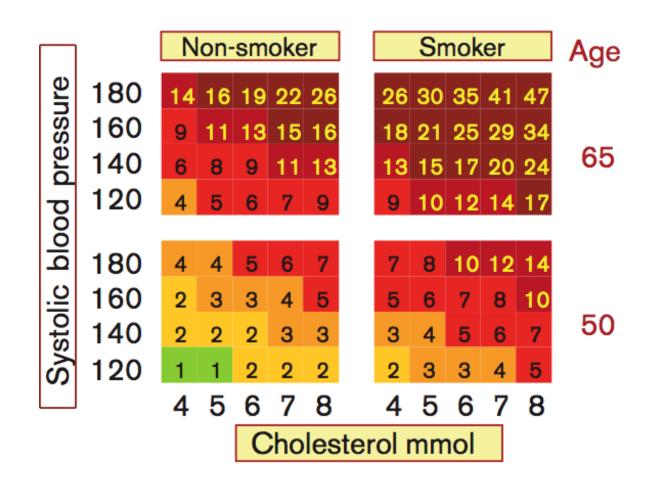


Sporn and Liby, Nature Clinical Practice Oncology, 2005

#### Misperception of the Concept of Risk

- It's really "risk vs. risk", not "benefit vs. risk"
  - It's the risk of doing nothing vs. the risk of taking a chemopreventive drug for a long period of time.
- Need for development of a "Scorecard" of risk for cancer

# European Society of Cardiology Scorecard for 10-year risk of fatal cardiovascular disease



Eur J. Cardiovasc. Prev. Rehabil. 10: S1-S10, 2003

#### **High Risk Groups**

- Restrict chemoprevention trials to people of exceptionally high risk
- Small cohort of patients would yield valuable data --- no need to treat thousands of people
  - BRCA mutation
  - Pancreatic incidentaloma
  - Advanced dysplasia of lung epithelium

### It's all about quality of life

Are we here only to treat advanced disease?

OR

Are we really here to keep people healthy?