

## Contemporary clinical trial reports from australasian region

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### SHORT COMMUNICATION

Please cite this paper as: Zheng G. Contemporary clinical trial reports from australasian region. AMJ 2022;15(8):444-445. <https://doi.org/10.21767/AMJ.2022.3903>

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### Introduction

The most recent clinical level research across Australasian region were focused on the usage of adjuvants in the treatment of gastrointestinal stromal tumors, usage of imatinib, ibrutinib and BTK inhibitor in cases of lymphoma and laparoscopy techniques for rectal neoplasms. Over the past few years, the incidence of cancer including gastrointestinal tumors and the rectal cancer has become emerging public health concern particularly among the working age adults in countries of Australia and New Zealand. The incidence of cancer types associated with the gastrointestinal track are due to higher level of alcohol consumption, intake of red meat and processed meat and higher incidence of obesity. The treatment of these form of cancers are often invasive and could potentially affect their employment by way of reduced working hours and earning and discontinuation of other socio-economic activities. These ramifications lead to financial burden and psychological stress for cancer survivors affecting not only the quality of life but also their economic security<sup>1</sup>.

In this context of surgical treatment of neoplasms, laparoscopic assisted resection were found to be relatively beneficial due to less blood loss, few adhesions, shorter stay at hospital, and faster return to work. This technique is suggested for colon and rectal cancer treatment. One of communication focuses on the clinical outcomes of treatment method, the effect of laparoscopic-assisted surgery on gastrointestinal cancer survivors and evaluates the relative advantages of the recent laproscopic techniques over the conventional treatment procedures.

Recently a randomized clinical trial was conducted on the usage of Imatinib as an adjuvant in the treatment of

localized gastrointestinal stromal tumors among included Australasian Gastrointestinal Trials Group. This study was conducted across 12 countries including Australasian region by studying the end points of failure and relapse free survival, overall survival and toxicity. The study revealed that there was better long term imatinib failure-free survival among imitanib treated patients within high risk sub group and there was significant overall survival among high risk patients who were treated with adjuvant imitinib for a period of three years<sup>2</sup>.

Recently, the Australasian Lymphoma Alliance and Anderson cancer center studied the usage of Ibrutinib for the central nervous system lymphomas. These lymphomas are rare and aggressive with dismal outcomes. The phase I and phase II clinical trials for the treatment of relapsed refractory primary and secondary central nervous system with Ibrutinib were reviewed. Based on the median progression free survival and the overall survival of the patients it was observed that the usage of Ibrutinib showed encouraging activity against these aggressive malignancies. A recent study based on the data collected by Australasian leukemia and lymphoma group and Australian research consortium provided new insights on the chronic lymphoma leukemia. The clinical significance of the low frequency deletion of 17p13 and mutation of tumour protein p53 (TP53) among chronic lumphocytic leukemia was studied which revealed that low frequency deletion without tumor protein mutation resulted in significantly longer progression-free survival and overall survival durations of the patients<sup>3</sup>.

Australasian gastro-intestinal trials group conducted investigations on laparoscopic resection for treatment of the rectal cancer in terms of preoperative work status over 12 months after operation. The study revealed that laparoscopic surgery for the treatment of the rectal cancer was associated with higher rate of return to work but was however not statistically significant<sup>4</sup>. Recently, the health care cost of the laparoscopic surgery and the open surgery for the treatment of rectal cancer was analyzed over the period of 12 months in Australasian Laparoscopic cancer of the rectum trial. The cost included index surgery, hospital admissions, readmissions, and follow-up care for 12 months. Due to longer operation time and involvement of costly equipment laparoscopic technique was initially more cost intensive. However, over a period of 12 month follow-up period the cost of the laparoscopic surgery was similar to

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open surgery without any significant difference in the overall cost<sup>5</sup>. However the clinicians were advised to select the procedure based on the clinical need. Another multicenter randomized clinical trial study of the Australasian Laproscopic Cancer of the rectum trial conducted across Australia and New Zealand and on the impact of the low anterior resection syndrome on the quality of life among rectal cancer survivors revealed that surgical approach does not seem to influence the severity of low anterior resection syndrome<sup>6</sup>.

These recent clinical trials originating from the Australasian region are of immense significance in the optimization of effective and economical treatment options for cancer patients.

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