News in brief. . . News in brief. . . News in brief. . . News in brief. . .

Robert H Carlson reports from the 40th annual meeting of the American Society of Clinical Oncology (ASCO), New Orleans, LA, USA; June 4–8, 2004.

Capecitabine versus 5-fluorouracil

Use of capecitabine as first-line chemotherapy for metastatic colorectal cancer improves treatment response compared with use of 5-fluorouracil plus leucovorin, a multinational trial by the X-ACT Study Investigators has shown. 1987 patients with Dukes' C colon cancer were randomly assigned oral capecitabine or the Mayo Clinic regimen of 5-fluorouracil plus leucovorin. Median follow-up was 3·8 years. Disease-free survival for capecitabine was at least equivalent to that of 5-fluorouracil plus leucovorin, with trends towards improved disease-free survival and overall survival. Relapse-free survival was better for capecitabine, which had a more favourable safety profile.

Neoadjuvant docetaxel

Addition of docetaxel to neoadjuvant cisplatin plus 5-fluorouracil before radiotherapy for locally advanced squamous-cell carcinoma of the head and neck improves response, progression-free survival, and overall survival, say EORTC investigators, led by Jan Vermoken, Antwerp, Belgium. Trial 24971 enrolled 358 patients and found hazard ratios favouring the docetaxel group, of 0·72 and 0·73 for progression-free survival and overall survival, respectively, at 32 months. Response for patients given the docetaxel-containing regimen was 67·8% compared with 53·6% for patients who received cisplatin plus 5-fluorouracil. The investigators also noted improved tolerance in the docetaxel group.

Rights were not granted to include this image in electronic media. Please refer to the printed journal.

© Fermilab/Science Photo Library

Epothilone B for prostate cancer

The epothilones, a class of tubulin-polymerising agents, have activity in both taxane-sensitive and taxane-resistant tumour models, but their clinical potential has been unknown. However, according to two US studies, BMS-247550, a semisynthetic epothilone-B analogue used either alone or in combination, is active in patients with metastatic hormone-resistant prostate cancer. In a phase II trial, 92 patients were randomly assigned BMS-247550 either alone or in combination with estramustine. After a median of five cycles of treatment, 69% of evaluable men given the combination had at least a 50% decrease in PSA concentration, and 44% had a partial regression. Of evaluable patients given BMS-247550 alone, 56% had a decrease in PSA concentration and 23% had a partial response. In the second phase II study, 41% of 22 men assigned BMS-247550 alone showed a PSA response and three of ten patients had objective responses. Toxic effects included fatigue and manageable neutropenia.

Chemotherapy for glioblastoma

Adding temozolomide to standard surgery and radiotherapy for glioblastoma multiforme greatly improves survival. Roger Stupp presented results of a phase III trial sponsored by the EORTC/National Cancer Institute of Canada Clinical Trials Group. In the trial, 286 patients received radiotherapy and 287 patients received radiotherapy and temozolomide. Median survival was 15 months for the temozolomide group versus 12 months for radiotherapy alone. 2-year survival was 27% for the chemoradiotherapy group compared with 10% for those who received radiotherapy alone. The disease-free intervals were 7·5 months and 5·0 months, respectively. Stupp also told delegates that temozolomide was safe and well-tolerated.

Testosterone for prostate cancer

Many treatments for prostate cancer are designed to stop testosterone production or its uptake by the tumour. However, tumours developing in a castrate environment that have become insensitive to antihormone therapy might be resensitised to treatment by administration of exogenous testosterone. Michael Morris and colleagues at Memorial Sloan-Kettering Cancer Center, New York, USA, have taken the first step to test this idea in humans by determining that testosterone can be given safely to men with hormone-independent prostate cancer. In the study, 12 men with advanced disease were given testosterone by gel or patch without any increase in tumour-related symptoms or dose-limiting tumour flares. The PSA concentration also stabilised in three patients.

Rights were not granted to include this image in electronic media. Please refer to the printed journal.

© Robert Harding Picture Library

Rituximab plus CHOP for DLBCL

The Austrian MabThera International Trial (MINT) has been stopped after the first interim analysis because adding rituximab to six cycles of CHOP-like chemotherapy significantly increased time to treatment failure, complete response, and overall survival in patients aged 60 years or younger with low-risk diffuse large B-cell non-Hodgkin lymphoma. Interim analysis of 326 patients showed equivalent toxicity between the groups given chemotherapy alone or chemotherapy plus rituximab. 84·7% of patients receiving combination therapy had complete remission compared with 66·0% of those in the CHOP-like group (median follow-up of 15 months). The rate of progressive disease was lower in patients given rituximab than in those given the CHOP-like regimen (6·3% *vs* 17·7%).