estramustine and half to receive mitoxantrone plus prednisone. Overall survival was compared in the two treatment groups during a median follow-up of 32 months.

The median overall survival was significantly longer in patients treated with docetaxel plus estramustine compared with those in the mitoxantrone plus prednisone group (17.5 months vs 15.6 months, $P = 0.02$). The median time to progression was also significantly longer in the docetaxel plus estramustine group, and post-treatment declines in serum PSA levels of ≥50% were more common in these patients. Pain relief was similar in both treatment groups. Adverse events (grade 3 or 4 neutropenic fevers, nausea and vomiting, and cardiovascular events) were significantly more frequent, however, in the docetaxel plus estramustine group than in the mitoxantrone plus prednisone group.

The authors conclude that docetaxel plus estramustine treatment moderately increased survival in these patients, but that this must be balanced against the increased rate of adverse events.

Original article Petrylak DP *et al.* (2004) Docetaxel and estramustine compared with mitoxantrone and prednisone for advanced refractory prostate cancer. *N Engl J Med* **351:** 1513–1520

Reduced postoperative chemotherapy for Wilms' tumor

High rates of recurrence-free and overall survival have been achieved for Wilms' tumor, so the emphasis of current research is on reducing treatment-related toxicity. Results from the SIOP 93-01 trial indicate that post-operative chemotherapy can be shortened—potentially reducing the risk of side-effects—without compromising effectiveness.

This international non-inferiority study compared 2-year event-free survival in 410 children with stage I intermediate-risk or anaplastic Wilms' tumor. After preoperative chemotherapy and surgery, the patients received four doses of vincristine plus one course of dactinomycin. They were then randomized to the standard treatment of two further courses of the same chemotherapy ($n = 210$) or no further chemotherapy ($n = 200$).

At 2 years' follow-up, there had been 18 recurrences in the standard treatment group, compared with 22 in the children receiving shorter duration of treatment. Event-free survival—91.4% and 88.8% for the two groups, respectively—was not significantly different between the two groups. Five-year overall survival was approximately 95% in both groups.

The authors conclude that a shortened postoperative chemotherapy regimen is feasible in children with stage I intermediate-risk or anaplastic Wilms' tumor. This approach could reduce the burden of treatment in terms of acute and late side-effects, inconvenience for patients and parents, and health costs.

Original article de Kraker J *et al.* (2004) Reduction of postoperative chemotherapy in children with stage I intermediate-risk and anaplastic Wilms' tumour (SIOP 93-01 trial): a randomised controlled trial. *Lancet* **364:** 1229–1235

GLOSSARY

SIOP
International Society of Paediatric Oncology