Prolonged response duration in lymphoma after rituximab maintenance therapy

Treatment with a combination of rituximab and chemotherapy (R-chemotherapy) improves the prognosis of patients with follicular lymphomas (FLs) or mantle-cell lymphomas (MCLs). Forstpointner *et al.* have now demonstrated that maintenance therapy with rituximab (R-maintenance) after R-chemotherapy results in an improved response in lymphoma patients who are responsive to initial R-chemotherapy.

The study included patients with refractory or recurring FL or MCL who were randomized to receive fludarabine, cyclophosphamide and mitoxantrone (FCM) alone or together with rituximab (R-FCM). High response rates were observed in the R-FCM arm and 176 of these responsive patients were subsequently randomized to receive R-maintenance or no further treatment. All patients in the R-maintenance arm had a prolonged response duration compared with patients who received no maintenance ($P = 0.001$), and this benefit of R-maintenance remained when the analysis was restricted to patients who had received initial R-FCM therapy ($P = 0.035$ for those with FL and $P = 0.049$ for those with MCL). The estimated percentages of patients alive at 3 years were 77% after R-maintenance therapy and 57% after no maintenance ($P = 0.100$).

These results demonstrate that the anti-lymphoma activity of rituximab is maintained through all phases of treatment, and indicate that R-maintenance is a promising therapy for patients with FLs and those with MCLs, producing no significant side effects.

Original article Forstpointner R *et al.* (2006) Maintenance therapy with rituximab leads to a significant prolongation of response duration after salvage therapy with a combination of rituximab, fludarabine, cyclophosphamide, and mitoxantrone (R-FCM) in patients with recurring and refractory follicular and mantle cell lymphomas: results of a prospective randomized study of the German Low Grade Lymphoma Study Group (GLSG). *Blood* **108:** 4003–4008

Whole-body PET–CT colonography proves accurate for colorectal cancer staging

Colonography comprising a combined modality of PET and CT (PET–CT) could shorten the multimodality diagnostic work-up required for the conventional staging of patients with colorectal cancer. In a prospective study, Veit-Haibach *et al.* have demonstrated that the staging accuracy of whole-body PET–CT colonography is at least equivalent to that of CT followed by PET (CT + PET).

In total, 52 patients were referred for whole-body PET–CT colonography on the basis of clinical findings and optical colonoscopy. Of these patients, 47 (mean age 71 years) underwent surgery after PET–CT staging and were included in the study. On the basis of lesion-to-lesion analysis, PET–CT colonography, CT alone (with a threshold for malignant lymph nodes of 0.7 cm), and PET + CT correctly determined tumor–node–metastasis (TNM) stage in 74%, 52% and 64% of lesions, respectively. PET–CT colonography was significantly more accurate in defining TNM stage than CT imaging alone (+22%, 95% CI 9–36%; $P = 0.003$), largely owing to a more accurate determination of the T stage. No significant difference in the accuracy of N-stage determination was seen between PET–CT colonography and PET + CT. When compared with CT alone at a lymph node threshold of 1.0 cm, PET–CT was significantly more accurate in determining malignant lymph nodes ($P = 0.003$). No statistically significant differences were found when comparing the M-staging accuracies of the different imaging modalities. Overall, when compared with conventional staging, PET–CT colonography altered the management of four patients. The changes in management were attributable to either a more accurate assessment of tumor stage or concomitant findings on PET–CT colonography.

Original article Veit-Haibach P *et al.* (2006) Diagnostic accuracy of colorectal cancer staging with whole-body PET/CT colonography. *JAMA* **296:** 2590–2600

Allogeneic hematopoietic stem cell transplantation increases risk of secondary malignancy

Allogeneic hematopoietic stem cell transplantation (allo-HSCT) is a widely used therapeutic approach for patients with various life-threatening conditions; however, previous studies have shown that allo-HSCT can result in late undesired consequences such as secondary malignancy. Gallagher and Forrest carried out a study to determine the frequency