

Trial watch

REDUCING RECTAL CANCER RECURRENCE

Data from a worldwide clinical trial presented by David Sebag-Montefiore at the UK National Cancer Research Institute (NCRI) Cancer Conference on 8 October indicate that treating patients with rectal cancer with radiotherapy before surgery, rather than after, reduces tumour recurrence and improves survival.

Rectal tumours are usually removed by surgery, but the tumours often recur. This trial examined 1,350 patients from the UK, Canada, South Africa and New Zealand who were treated either with routine pre-operative radiotherapy or selective post-operative chemo-radiotherapy. Pre-operative patients received 5 daily treatments of radiotherapy followed by surgery within 2 weeks, and post-operative patients who had cancer cells within 1 mm of the edge of the removed tissue (10% of these patients) received 25 daily radiotherapy treatments over 5 weeks combined with chemotherapy.

Local recurrence of the tumour occurred in only 5% of patients in the pre-operative group compared with 17% in the post-operative group. The risk of local recurrence was lowered to only 1% in the patients who received pre-operative radiotherapy and the highest quality of surgery. The patients treated pre-operatively also had a 75% 5 year survival rate compared with a rate of 67% in patients treated post-operatively.

Sebag-Montefiore commented that these results could increase the use of pre-operative radiotherapy for rectal cancer, and that patients should discuss this option with their physicians.

WEB SITE <http://www.ncri.org.uk>

WILMS TUMOUR BEST TREATED WITH CHEMOTHERAPY BEFORE SURGERY

The timing of surgery for children with Wilms tumour has been debated for some time. Data presented by Christopher Mitchell at the NCRI Cancer Conference on 10 October and published in the *European Journal of Cancer* indicate that chemotherapy should be used before surgery to minimize late side effects.

A total of 205 patients with newly diagnosed non-metastatic kidney tumours (186 had confirmed Wilms tumour histologies) were randomized to receive either immediate surgery or a 6-week course of vincristine and actinomycin D chemotherapy before surgery. Overall survival was similar between the two groups. However, giving chemotherapy before surgery significantly improved stage distribution, increasing the number of stage I tumours by 10% and decreasing stage III tumours by 20%. Furthermore, 20% fewer children who had pre-operative chemotherapy required radiotherapy or doxorubicin after surgery, therefore lowering their risk of late side effects from these treatments.

These data allow the recommendation that pre-operative chemotherapy be standard for children with Wilms tumour.

WEB SITE <http://www.ncri.org.uk>

ORIGINAL RESEARCH PAPER Mitchell, C. *et al.* Immediate nephrectomy versus preoperative chemotherapy in the management of non-metastatic Wilms' tumour: results of a randomised trial (UKW3) by the UK Children's Cancer Study Group. *Eur. J. Cancer* **42**, 2554–2562 (2006)