Nature Reviews Clinical Oncology **9**, 428 (2012); published online 19 June 2012;
doi:10.1038/nrclinonc.2012.108
doi:10.1038/nrclinonc.2012.107
doi:10.1038/nrclinonc.2012.109
doi:10.1038/nrclinonc.2012.110

IN BRIEF

FROM ASCO—UROLOGICAL CANCER

Continuous dosing is preferred option for prostate cancer

Early clinical evidence had indicated an advantage for intermittent androgen deprivation (IAD) over continuous androgen deprivation (CAD) in men with hormone-sensitive metastatic prostate cancer (HSMPC). Now, a randomized phase III trial of over 1,500 men showed that IAD was not inferior to CAD for men with HSMPC but was significantly inferior to CAD for men with minimal disease, suggesting CAD is better for this subgroup.

Original abstract Hussain, M. *et al.* Intermittent (IAD) versus continuous androgen depriviation (CAD) in hormone sensitive metastatic prostate cancer (HSM1PC) patients (Pts): Results of S9346 9INT-0162), an international phase III trial. *J. Clin. Oncol.* **30** (Suppl.), LBA4 (2012)

FROM ASCO—LYMPHOMA

Bendamustine and rituximab triumphs as first-line therapy

The combination of bendamustine and rituximab (B-R) should become the preferred first-line therapy for untreated patients with indolent lymphoma and mantle cell lymphoma. The long-term results from a phase III study comparing B-R with standard CHOP-R therapy showed superior efficacy (median progression-free survival of 69.5 versus 31.2 months) and decreased toxicity (no hair loss, and lower neuropathy, infections and hematotoxicity) for the B-R regimen.

Original abstract Rummel, M. J. *et al.* Bendamustine plus rituximab (B-R) versus CHOP plus rituximab (CHOP-R) as first-line treatment in patients with indolent and mantle cell lymphomas (MCL): updated results from the StiL NHL1 study. *J. Clin. Oncol.* **30** (Suppl.), LBA3 (2012)

FROM ASCO—SKIN CANCER

BRAF kinase inhibitor shows efficacy in brain metastases

In a phase III clinical trial presented at the annual ASCO conference, the selective BRAF inhibitor dabrafenib was shown to improve progression-free survival compared with dacarbazine in patients with metastatic melanoma (median progression-free survival 5.1 months versus 2.7 months). In the same session, data from a phase II trial were presented that showed that, in assessed patients with intracranial metastases and a V600E/K substitution, dabrafenib had activity in treating intracranial and extracranial metastases.

Original abstracts Hauschild, A. *et al.* Phase III, randomized, open-label, multicenter trial (BREAK-3) comparing the BRAF kinase inhibitor dabrafenib (GSK2118436) with dacarbazine (DTIC) in patients with BRAFV600E-mutated melanoma. *J. Clin. Oncol.* **30** (Suppl.), LBA8500^ (2012) | Kirkwood, J. M. *et. al.* BREAK-MB: A phase II study assessing overall intracranial response rate (OIRR) to dabrafenib (GSK2118436) in patients (pts) with BRAF V600E/k mutation-positive melanoma with brain metastases (mets). *J. Clin. Oncol.* **30** (Suppl.), a8501 (2012)

FROM ASCO—TARGETED THERAPIES

Tivantinib shows promise in hepatocellular carcinoma

Tivantinib is a selective oral inhibitor of MET that has now been tested in a phase II trial in patients with unresectable hepatocellular carcinoma. Compared with the placebo control, treatment with tivantinib significantly benefitted patients whose disease had progressed on first-line therapy, especially those patients who were determined to be MET positive by immunohistochemical analysis. A manageable safety profile was reported.

Original abstract Rimassa, L. *et al.* Tivantinib (ARQ 197) versus placebo in patients (Pts) with hepatocellular carcinoma (HCC) who failed one systemic therapy: Results of a randomized controlled phase II trial (RCT). *J. Clin. Oncol.* **30** (Suppl.), a4006 (2012)