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IN BRIEF

BONE CANCER

Denosumab—new treatment option for GCTB

There is no standard treatment for giant-cell tumour of bone (GCTB), a rare but very aggressive osteolytic tumour. In a phase II open-label trial in adults or adolescents with histologically confirmed GCTB, 282 patients were divided into three cohorts based on whether tumours were surgically salvageable or based on prior treatment with denosumab. Denosumab reduced the need for morbid surgery, representing a new therapy option for these patients with GCTB.

Original article Chawla, S. *et al.* Safety and efficacy of denosumab for adults and skeletally mature adolescents with giant cell tumour of bone: interim analysis of an open-label, parallel group, phase 2 study. *Lancet Oncol.* doi:10.1016/S1470-2045(13)70277-8

HAEMATOLOGICAL CANCER

ATRA and arsenic trioxide treatment for leukaemia

For patients with acute promyelocytic leukaemia (APL), all-*trans* retinoic acid (ATRA) and chemotherapy is the standard of care. A multicentre, phase III trial has now compared ATRA plus chemotherapy with ATRA plus arsenic trioxide for low-to-intermediate risk patients with APL. The ATRA plus arsenic trioxide regimen demonstrated non-inferiority compared with standard therapy and was associated with less haematological toxicity and fewer infections, but greater hepatic toxicity.

Original article Lo-Coco, F. *et al.* Retinoic acid and arsenic trioxide for acute promyelocytic leukemia. *N. Engl. J. Med.* **369**, 111–121 (2013)

GYNAECOLOGICAL CANCER

Declining use of brachytherapy for cervical cancer in USA

To determine the use of brachytherapy in the USA, researchers assessed the Surveillance, Epidemiology, and End Results (SEER) database, and identified over 7,300 patients with cervical cancer who were treated with external-beam radiotherapy between 1988 and 2009. The study revealed that the use of brachytherapy has declined considerably during this time period (from 83% to 58%). Since brachytherapy is associated with significantly higher cause-specific survival and overall survival, its use should be implemented wherever possible.

Original article Han, K. *et al.* Trends in the utilization of brachytherapy in cervical cancer in the United States. *Int. J. Radiat. Oncol. Biol. Phys.* doi:10.1016/j.ijrobp.2013.05.033

EPIDEMIOLOGY

Benefit for low-dose, alternate-day aspirin use for CRC

Evidence has indicated that daily aspirin use reduces cancer risk, especially for colorectal cancer (CRC), but the benefit of alternate-day dosing is unclear. In a long-term observational follow-up study of a randomized trial in more than 33,600 women, use of alternate-day low-dose aspirin was associated with a reduced risk for CRC. Although the study limitations included that not all women received extended follow-up and ascertainment bias could not be ruled out, these data indicate a positive effect for low-dose alternate-day aspirin use for CRC prevention.

Original article Cook, N. R. *et al.* Alternate-day, low-dose aspirin and cancer risk: long-term observational follow-up of a randomized trial. *Ann. Intern. Med.* **159**, 77–85 (2013)