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IN BRIEF

FROM ASH—CHRONIC LYMPHOCYTIC LEUKAEMIA

More-effective treatment for patients with comorbidities

Researchers at the University Hospital of Cologne, Germany, have conducted a head-to-head comparison of rituximab and obinutuzumab (GA101). The study assigned 781 patients with chronic lymphocytic leukaemia (average age 73 years) to three treatment arms: in the first arm patients received GA101 in combination with the standard chemotherapy chlorambucil (Clb; GC1b, $n=333$), in the second arm patients received rituximab and Clb (RC1b, $n=330$), and Clb alone in the third group ($n=118$). Patients in the GC1b group experienced prolonged median progression-free survival (26.7 months) compared with the RC1b arm (15.2 months) and higher overall response rate (78% versus 65%) with acceptable toxicity.

Original abstract Goede, V. *et al.* Head-to-head comparison of obinutuzumab (GA101) plus chlorambucil (Clb) versus rituximab plus Clb in patients with chronic lymphocytic leukemia (CLL) and co-existing medical conditions (comorbidities): final stage II results of the CLL11 trial [abstract]. *Blood* **122**, a6 (2013)

FROM ASH—MULTIPLE MYELOMA

Options for patients ineligible for stem-cell transplantation

The standard treatment for patients with newly diagnosed multiple myeloma (NDMM) is a combination of melphalan, prednisone, and thalidomide (MPT). The phase III TMM-020/IFM 07 01 trial compared the efficacy and safety of combining lenalidomide and low-dose dexamethasone (Rd) with MPT. The study included 1,623 patients ineligible for stem-cell transplantation, due to age or other factors, who were randomly assigned to three treatment groups: continuous Rd until disease progression, Rd for 72 weeks, or MPT for 72 weeks. Patients treated with continuous Rd were less likely (28%) to experience disease progression or death than those patients treated with MPT. The safety profiles of the two treatment regimens were similar, although patients treated with Rd showed fewer secondary haematological malignancies than those treated with MPT.

Original abstract Facon, T. *et al.* Initial phase III results of the first (frontline investigation of lenalidomide + dexamethasone versus standard thalidomide) trial (MM-020/IFM 07 01) in newly diagnosed multiple myeloma patients ineligible for stem cell transplantation [abstract]. *Blood* **122**, a2 (2013)

FROM ASH—ACUTE MYELOID LEUKAEMIA

Improving event-free survival in paediatric patients

Results from the Children's Oncology Group have revealed that adding the monoclonal antibody gemtuzumab to standard chemotherapy improves event-free survival in children with acute myeloid leukaemia (AML) without excessive toxicity. The AAML0531 phase III trial randomly assigned 1,022 children (average age 10 years) to receive gemtuzumab or a standard treatment regimen, followed by additional chemotherapy for low-risk patients and stem-cell transplantation for high-risk patients. The addition of gemtuzumab did not improve overall survival significantly (74% versus 70%), but was associated with better disease-free survival (61% versus 55%) and reduced relapse risk (33% versus 41%).

Original abstract Gamiš, A. S. *et al.* Gemtuzumab ozogamicin (GO) in children with de novo acute myeloid leukemia (AML) improves event-free survival (EFS) by reducing relapse risk—results from the randomized phase III Children's Oncology Group (COG) trial, AAML0531 [abstract]. *Blood* **122**, a355 (2013)