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IN BRIEF

HAEMATOLOGICAL CANCER

A new treatment option for relapsed and refractory MM

A multicenter, open-label, randomized phase II study has demonstrated clinical efficacy and safety of treatment with pomalidomide (POM), with or without low-dose dexamethasone (LoDEX), in patients with relapsed and refractory multiple myeloma (RRMM). The POM+LoDEX combination was generally well tolerated, and it significantly increased the median progression-free survival (4.2 months) when compared with POM alone (2.7 months). The efficacy of POM+LoDEX was not affected by prior treatment indicating that this regimen represents an important new treatment option for patients with RRMM who had received multiple prior therapies.

Original article Richardson, P. G. *et al.* Pomalidomide alone or in combination with low-dose dexamethasone in relapsed and refractory multiple myeloma: a randomized phase 2 study. *Blood* doi:10.1182/blood-2013-11-538835

PANCREATIC CANCER

Optimal timing for post-surgery chemotherapy

An intention-to-treat analysis has shown that timing and duration of adjuvant chemotherapy can be optimized to allow full postoperative recovery for patients undergoing resection for pancreatic adenocarcinoma. This analysis included 985 eligible patients randomly assigned to one of two equally effective chemotherapy regimens; 68% of these patients completed the full course of chemotherapy (six cycles), whereas 30% completed one-to-five cycles. The best recurrence-free survival and overall survival was observed in patients who had received the full course of treatment. Among these patients, there was no difference in overall survival when treatment was started early (within 8 weeks of surgery) or later (up to 12 weeks after surgery).

Original article Valle, J. W. *et al.* Optimal duration and timing of adjuvant chemotherapy after definitive surgery for ductal adenocarcinoma of the pancreas: ongoing lessons from the ESPAC-3 study. *J. Clin. Oncol.* doi:10.1200/JCO.2013.50.7657

GENETICS

Early onset kidney cancer should trigger genetic analysis

A recent study that analysed the age distribution in patients with renal cell carcinoma (RCC) in the SEER-17 database concluded that early age of onset might be a sign of hereditary RCC. Among patients with RCC, 5–8% of cases are hereditary. Moreover, there is evidence to suggest that nearly 60% of patients with RCC have an hereditary predisposition. However, there are no guidelines for patient selection for RCC mutation testing. The age of onset for both hereditary RCC and RCC syndromes is much younger than that observed in the general population—46 years and 64 years, respectively. Generally, family history, bilateral or multifocal tumours, associated clinical manifestation of RCC and specific tumour histologies are important signs in the selection of patients for mutation analysis. This study concluded that early age of onset of kidney cancer should be regarded as a major indicator of a hereditary RCC and, when encountered by clinicians, should trigger referral to a geneticist for counselling and mutation screening.

Original article Shuch, B. *et al.* Defining early-onset kidney cancer: implications for germline and somatic mutation testing and clinical management. *J. Clin. Oncol.* doi:10.1200/JCO.2013.50.8192