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IN BRIEF

LUNG CANCER

Ziv-aflibercept is effective in platinum-resistant SCLC

In a recently reported phase II study, second-line topoisomerase inhibition with topotecan (4 mg/m^2 weekly) combined with the VEGF inhibitor ziv-aflibercept (6 mg/kg every 21 days) improved the 3-month progression-free survival (PFS) of patients with platinum-resistant small-cell lung cancer (SCLC), compared with patients with platinum-sensitive SCLC (27% versus 10%, $P=0.02$). Combination therapy also improved the disease control rate compared with topotecan alone in patients with platinum-resistant SCLC (24% for combination versus 15% for topotecan, $P=0.05$) and in platinum-sensitive patients, although not reaching statistical significance in the latter (25% versus 15%, $P=0.14$). The median PFS and overall survival rates were similar across both groups of patients.

Original article Allen, J. W. *et al.* Southwest Oncology Group S0802: a randomized, phase II trial of weekly topotecan with and without ziv-aflibercept in patients with platinum-treated small-cell lung cancer. *J. Clin. Oncol.* doi:10.1200/JCO.2013.51.4109

HAEMATOLOGICAL CANCER

Synergizing with statins to enhance apoptosis

A new *in vitro* screen of FDA-approved drugs has identified that the small molecule dipyridamole, which inhibits thrombus formation and is used to prevent cerebral ischaemia, enhances the cancer-specific antiapoptotic activity of statins. The screen results in acute myelogenous leukaemia and multiple myeloma cell lines were also reflected in *in vivo* studies. Mechanistically, after statin administration, dipyridamole was determined to inhibit the feedback loop regulating HMG-CoA reductase and HMG-CoA synthase 1, which are part of the mevalonate pathway for the production of cholesterol. These preclinical results suggest that targeting this pathway might be an effective strategy in haematological cancers.

Original article Pandyra, A. *et al.* Immediate utility of two approved agents to target both the metabolic mevalonate pathway and its restorative feedback loop. *Cancer Res.* doi:10.1158/0008-5472.CAN-14-0130

TARGETED THERAPIES

EXPERT-C 5 years on: the predictive role of *TP53* status

The EXPERT-C phase II trial in patients with operable high-risk rectal cancer examined adding weekly cetuximab to a regimen of neoadjuvant capecitabine and oxaliplatin (CAPOX), followed by chemoradiotherapy with capecitabine, surgery, and adjuvant CAPOX. Addition of cetuximab (CAPOX-C) was not associated with improved progression-free survival (PFS) or overall survival in either *KRAS*/*BRAF* wild-type or unselected patients. Now, an *ad hoc* 5-year analysis has corroborated the previous report; there was no difference in PFS or overall survival. However, subgroup analysis revealed that patients with wild-type *TP53* in the CAPOX-C arm had significantly better PFS (89.3% versus 65.0%, $P=0.02$) and overall survival (92.7% versus 67.5%, $P=0.02$) compared with those treated with CAPOX. Indeed, *TP53* status emerged as an independent predictor of cetuximab benefit. These results suggest that *TP53* could be a predictive biomarker in rectal cancer, but prospective validation is required.

Original article Sclafani, F. *et al. TP53* mutational status and cetuximab benefit in rectal cancer: 5-year results of the EXPERT-C Trial. *J. Natl Cancer Inst.* doi:10.1093/jnci/dju121