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IN BRIEF

PROSTATE CANCER

Enzalutamide improves quality of life in mCRPC

In the AFFIRM trial, androgen receptor antagonist therapy with enzalutamide improved the overall survival of men with metastatic castration-resistant prostate cancer (mCRPC) with disease progression after docetaxel treatment, compared with placebo. A new analysis of the secondary end points of this trial has revealed that the therapeutic benefit of enzalutamide extended to patient wellbeing and function outcomes. The improvements in these domains included a significantly greater incidence of overall improvement in health-related quality of life (HRQoL) compared with placebo (42% versus 15%; $P < 0.0001$), as well as delayed time to HRQoL deterioration (median 9.0 months versus 3.7 months; $P < 0.0001$). Median time to first skeletal-related event and various pain outcomes were also all markedly improved in the enzalutamide group.

Original article Fizazi, K. *et al.* Effect of enzalutamide on time to first skeletal-related event, pain, and quality of life in men with castration-resistant prostate cancer: results from the randomised, phase 3 AFFIRM trial. *Lancet* doi:10.1016/S1470-2045(14)70303-1

GENETICS

Cross-tissue molecular subtypes of tumour identified

A Cancer Genome Atlas project study has analysed 3,527 specimens of 12 cancer types using five different genome-wide platforms and one proteomic platform. The analysis revealed that the tumours could be classified into 11 molecular subtypes, five of which were similar to their tissue-of-origin counterparts; however, other novel molecular subtypes encompassed cancers from diverse locations, such as squamous-like lung, head and neck, and bladder cancers. Classification of cancers into subtypes with distinct molecular profiles might provide multiple opportunities to improve disease management compared with tissue-of-origin classifications; for example, by informing prognosis and guiding patient enrolment in clinical trials of molecularly targeted therapies.

Original article Hoadley, K.A. *et al.* Multiplatform analysis of 12 cancer types reveals molecular classification within and across tissue of origin. *Cell* doi:10.1016/j.cell.2014.06.049

HAEMATOLOGICAL CANCER

Do we still need alkylators?—yes we do

In the GEM2005 trial, induction therapy with bortezomib, the alkylating agent melphalan, and prednisone (VMP) in elderly patients with multiple myeloma was compared with a regimen in which melphalan was substituted with thalidomide (VTP). At a median of 6 years follow up, progression-free survival and overall survival were 32 months and 63 months, respectively, in the VMP group, versus 23 months and 43 months in the VTP cohort. Striking responses were observed in patients who achieved a flow cytometric complete response (flow-CR) compared with the standard definition of CR; in the VMP arm in particular, 66% of patients with flow-CR remained alive at 8 years, and 55% were progression free. The authors conclude that the VMP induction regimen should remain the standard of care, with flow-CR as a key goal.

Original article Mateos, M.-V. *et al.* Update of the GEM2005 trial comparing VMP/VTP as induction in elderly multiple myeloma patients: do we still need alkylators? *Blood* doi:10.1182/blood-2014-05-573733