

IN BRIEF

HAEMATOLOGICAL CANCER**Dexrazoxane confers cardioprotection**

Newly published data from a cohort of patients receiving doxorubicin-containing regimens for newly diagnosed T-cell acute lymphoblastic leukaemia or lymphoblastic non-Hodgkin lymphoma reveal that addition of dexrazoxane ameliorates the cardiotoxic effects of doxorubicin. No significant differences in overall survival, or in the incidence of treatment-related adverse events were observed; however, significant improvements were observed in a range of cardiac parameters in the dexrazoxane plus chemotherapy group; these effects were sustained up to 6.4 years after diagnosis.

ORIGINAL ARTICLE Asselin, B. L. et al. Cardioprotection and safety of dexrazoxane in patients treated for newly diagnosed T-cell acute lymphoblastic leukemia or advanced-stage lymphoblastic non-Hodgkin lymphoma: a report of the Children's Oncology Group Randomized Trial Pediatric Oncology Group 9404. *J. Clin. Oncol.* <http://dx.doi.org/10.1200/JCO.2015.60.8851>

TARGETED THERAPIES**Bevacizumab is effective against mesothelioma**

Malignant mesothelioma, which can be caused by exposure to asbestos, often has a poor prognosis. Now, data from a phase III randomized controlled trial show that the addition of the anti-VEGF monoclonal antibody bevacizumab to the existing standard-of-care chemotherapy regimen significantly improves overall survival. Of note, however, treatment with bevacizumab did increase the risks of grade 3 or higher hypertension and thrombotic events compared with standard-of-care regimens.

ORIGINAL ARTICLE Zalcman, G. et al. Bevacizumab for newly diagnosed pleural mesothelioma in the Mesothelioma Avastin Cisplatin Pemetrexed Study (MAPS): a randomised, controlled, open-label, phase 3 trial. *Lancet* [http://dx.doi.org/10.1016/S0140-6736\(15\)01238-6](http://dx.doi.org/10.1016/S0140-6736(15)01238-6)

HAEMATOLOGICAL CANCER**Cancer risks persist after Hodgkin lymphoma**

Patients who have survived Hodgkin lymphoma are known to have a significantly increased risk of cancer compared with the general population, which persists for many years after treatment. Findings of a study of 3,905 patients who survived at least 5 years after initiation of treatment confirm that, despite the introduction of more-advanced treatments for this disease, the risk of second cancers does not differ significantly between patients treated between 1965–1976, 1977–1988 or 1989–2000.

ORIGINAL ARTICLE Schaapveld, M. et al. Second cancer risk up to 40 years after treatment for Hodgkin's lymphoma. *N. Engl. J. Med.* **373**, 2499–2511 (2015).

LUNG CANCER**Anti-PD-L1 therapy: patient selection is important**

Data from a randomized, open label, phase II/III clinical trial investigating the efficacy of pembrolizumab versus docetaxel in patients with advanced-stage non-small-cell lung cancer demonstrate a modest, but significant, improvement in overall survival in the pembrolizumab group — although, no improvements in progression-free survival were observed. When tested only in the subgroup of patients in which PD-L1 is detected in at least 50% of tumour cells, however, pembrolizumab resulted in a much greater overall survival benefit, in addition to a significant improvement in progression-free survival, thus demonstrating the increasing importance of careful selection of clinical trial cohorts.

ORIGINAL ARTICLE Herbst, R. S. et al. Pembrolizumab versus docetaxel for previously treated, PD-L1-positive, advanced non-small-cell lung cancer (KEYNOTE-010): a randomised controlled trial. *Lancet* [http://dx.doi.org/10.1016/S0140-6736\(15\)01281-7](http://dx.doi.org/10.1016/S0140-6736(15)01281-7)