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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

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