

IN BRIEF

 **BLADDER CANCER****Combination therapy effective in advanced disease**

In a randomized, double-blind, phase III trial in 530 platinum-refractory patients with advanced or metastatic urothelial carcinoma, addition of the anti-vascular endothelial growth factor receptor 2 (VEGFR2) antibody ramucirumab to docetaxel treatment was more effective than addition of placebo. Progression-free survival was significantly prolonged in patients receiving ramucirumab plus docetaxel compared with those receiving placebo plus docetaxel (median 4.07 months versus 2.76 months; HR 0.757, 95%CI 0.607–0.943; $P=0.0118$). Objective responses were observed in 24.5% of 216 patients assigned to ramucirumab and 14.0% of 221 assigned to placebo.

ORIGINAL ARTICLE Petrylak, D. P. *et al.* Ramucirumab plus docetaxel versus placebo plus docetaxel in patients with locally advanced or metastatic urothelial carcinoma after platinum-based therapy (RANGE): a randomised, double-blind, phase 3 trial. *Lancet* [http://dx.doi.org/10.1016/S0140-6736\(17\)32365-6](http://dx.doi.org/10.1016/S0140-6736(17)32365-6) (2017)

 **PROSTATE CANCER****Potential biomarkers of aggressive disease**

TOP2A and EZH2 might be biomarkers of disease with increased metastatic potential, according to a genome-wide analysis of data from nine cohorts of patients with primary or metastatic castration-resistant prostate cancer, and one prospective cohort. In addition, in prostate cancer mouse cell line models, concurrent increase of TOP2A and EZH2 led to hypersensitivity to treatment with a combination of the topoisomerase II inhibitor etoposide and inhibitors of EZH2.

ORIGINAL ARTICLE Labbé, D. P. *et al.* TOP2A and EZH2 provide early detection of an aggressive prostate cancer subgroup. *Clin. Cancer Res.* <http://dx.doi.org/10.1158/1078-0432.CCR-17-0413> (2017)

 **BLADDER CANCER****Benefit of adjuvant chemotherapy in UTUC unclear**

A new analysis of outcomes of adjuvant chemotherapy compared with observation in 1,544 patients with upper tract urothelial carcinoma (UTUC) from 15 centres who had undergone radical nephroureterectomy demonstrated no difference in overall survival between the two groups (HR 1.14, 95%CI 0.91–1.43; $P=0.268$). The benefit from adjuvant chemotherapy in these patients remains unclear and dedicated trials and improved patient selection criteria are still needed.

ORIGINAL ARTICLE Necchi, A. *et al.* Adjuvant chemotherapy after radical nephroureterectomy does not improve survival in patients with upper tract urothelial carcinoma: a joint study of the EAU-Young Academic Urologists and the Upper Tract Urothelial Carcinoma Collaboration. *BJU Int.* <http://dx.doi.org/10.1111/bju.14020> (2017)

 **KIDNEY CANCER****Combination of HDAC inhibitor with IL-2 promising**

Results of a single-arm phase I/II study show that addition of the class 1 HDAC inhibitor entinostat to high-dose IL-2 treatment in patients with metastatic clear cell renal cell carcinoma might be beneficial. In 47 patients at a median follow-up time of 21.9 months, objective response rate was 37%, median progression-free survival was 13.8 months, and median overall survival was 65.3 months. The most common grade 3 or 4 toxicities (hypophosphataemia (16%), lymphopenia (15%), and hypocalcaemia (7%)) were transient. Decreased numbers of regulatory T cells after entinostat treatment were associated with response ($P=0.03$).

ORIGINAL ARTICLE Pili, R. *et al.* Immunomodulation by entinostat in renal cell carcinoma patients receiving high dose interleukin 2: a multicenter, single-arm, phase 1/2 trial (NCT017870). *Clin. Cancer Res.* <http://dx.doi.org/10.1158/1078-0432.CCR-17-1178> (2017)