gefitinib in women with locally advanced or metastatic breast cancer. A secondary goal was to analyze pharmacodynamic and biological profiles in skin and tumor tissue to determine whether EGFR inhibition in skin could be used to predict its inhibition in tumor.

The study included 31 women with stage IIIb or IV breast cancer that was resistant to first-line or second-line chemotherapy. After two 500 mg doses of gefitinib 12 h apart, each patient received 500 mg gefitinib daily until disease progressed, unacceptable toxic effects occurred, or consent was withdrawn. Maximum treatment duration was 15 months. As per protocol, the trial was terminated when RECIST CRITERIA were no longer met (i.e. when more than a third of the group failed to show an adequate response to treatment).

While 500 mg daily gefitinib successfully blocked phosphorylation of the EGFR in tumor, the clinical effect of this inhibitor was small. The authors suggest that this particular set of tumors was not EGFR-dependent, and propose that further studies are carried out to investigate gefitinib in combination with other agents and in different sets of patients, to identify those in whom EGFR inhibition is likely to be effective.

Rebecca Doherty

Original article Baselga J *et al.* (2005) Phase II and tumor pharmacodynamic study of gefitinib in patients with advanced breast cancer. *J Clin Oncol* [doi: 10.1200/JCO.2005.08.326]

Tumor COX2 expression does not affect colorectal cancer survival

The cyclo-oxygenase-2 (COX2) pathway is thought to play an important role in colorectal cancer development. COX2 expression is elevated in cancers and adenomas compared with normal bowel tissue, and experimental evidence suggests that inhibition of COX2 (through the use of agents such as nonsteroidal anti-inflammatory drugs) suppresses development of adenoma and colorectal cancer. The results of previous small studies examining the impact of COX2 expression on survival of colorectal cancer have been difficult to interpret. This large single-center retrospective study aimed to clarify that relationship.

COX2 expression was analyzed by immunostaining of colorectal cancer specimens from 747 individuals treated in the years 1987–1997, and survival was ascertained by review of patient records. Multivariate analysis showed that only node status and metastasis were significantly related to survival and that COX2 expression on its own did not influence either overall or disease-free survival. Results were similar after the exclusion of patients with either stage IV disease or rectal cancer.

This study suggests that COX2 expression does not play a role in colorectal cancer survival. The authors propose that pathways other than those involving COX2, such as the peroxisome proliferative activated receptor pathway, might be influenced by the use of nonsteroidal anti-inflammatory drugs. These other pathways, rather than COX2, might mediate the chemopreventive action of these agents and merit further investigation.

Rebecca Doherty

Original article Fux R *et al.* (2005) Cyclooxygenase-2 expression in human colorectal cancer is unrelated to overall patient survival. *Clin Cancer Res* **11:** 4754–4760

GLOSSARY

RECIST CRITERIA
Criteria for measuring tumor shrinkage as an indicator of antitumor activity, as evaluated by the Response Evaluation Criteria in Solid Tumors Group (RECIST)

FDG-PET in Hodgkin's lymphoma

A new study has shown that early interim 2-[^{18}F]fluoro-2-deoxyglucose positron emission tomography (FDG-PET) can be used to predict outcome in patients receiving chemotherapy for Hodgkin's lymphoma. An early scan of this type is known to be of prognostic value in patients with high-grade non-Hodgkin's lymphoma, but Hodgkin's lymphoma patients have not been studied separately until now.

Hutchings and colleagues studied 85 patients who underwent FDG-PET after two or three cycles of chemotherapy for Hodgkin's lymphoma. In all cases, half-body scans were carried out after a 6-hour fast, and the results were categorized as negative (no evidence of disease), minimal residual uptake (low-grade uptake of the tracer within an area unlikely to correspond with malignancy), or positive (increased uptake suspicious for malignant disease).

All patients showed abnormal uptake of tracer in an initial, staging FDG-PET. Early interim results were negative in most cases (63 of 85 patients), with minimal residual uptake recorded in 9 patients and positive results in the