

GLOSSARY

TNM

Tumor–Node–Metastasis classification system

remaining 13 cases. During the median follow-up of 3.3 years, statistically significant associations were found between these results and the patients' long-term outcomes. Projected 5-year, progression-free survival was significantly lower in patients with a positive early interim FDG-PET (38.5%) than in those with negative results or minimal residual uptake (91.5%). The mean times to relapse in these two groups were 9 months and 24.3 months, respectively.

These findings suggest, say the authors, that FDG-PET is "an accurate and independent predictor of progression-free and overall survival" in this setting. Importantly, a positive interim FDG-PET result indicates that relapse within 2 years is likely among those with advanced disease.

Ruth Kirby

Original article Hutchings M *et al.* (2005) Prognostic value of interim FDG-PET after two or three cycles of chemotherapy in Hodgkin lymphoma. *Ann Oncol* 16: 1160–1168

IL-2 with radiotherapy: an effective treatment for late-stage nasopharyngeal carcinoma

A recent paper by Jacobs *et al.* from the Utrecht Medical Centre in The Netherlands provides the first clinical evidence, to the authors' knowledge, that local interleukin-2 (IL-2) therapy in combination with radiotherapy is an effective treatment for late-stage nasopharyngeal carcinoma (NPC).

In this case–control study, 10 cases with TNM stage III–IV NPC were treated with 7,000 cGy external beam irradiation over 7 weeks, and intratumoral injection of 3×10^4 IU IL-2 on 5 consecutive days in weeks 2, 4, and 6 of radiotherapy. Each case was compared with two historical controls from hospital records, matched for their TNM status, who had undergone radiotherapy only. Patients were all male, with a mean age of 54 years. After 5 years' follow-up, the censored disease-free survival in the IL-2 group (63%) was significantly greater than that of the control group (8%) ($P=0.014$). In addition, the incidence of tumor recurrence was significantly reduced in the patients treated with IL-2 (42%) versus the control patients (92%) ($P=0.03$).

The authors conclude that radiotherapy combined with intratumoral administration of IL-2 in patients with late-stage NPC is a novel and effective treatment for this aggressive malignancy. They recommend that a randomized, prospective

phase III clinical trial be initiated to further investigate these findings.

Alexandra King

Original article Jacobs JJJ *et al.* (2005) Treatment of stage III–IV nasopharyngeal carcinomas by external beam irradiation and local low doses of IL-2. *Cancer Immunol Immunother* 54: 792–798

Radiation enteritis should be routinely investigated by a gastroenterologist

Many patients who have undergone radiotherapy for pelvic malignancies develop gastrointestinal symptoms (radiation enteritis) as a side effect that can affect their quality of life, but referral to a gastroenterologist is not routine procedure in the UK. A new study by Andreyev and colleagues at the Chelsea and Westminster and Royal Marsden Hospitals highlights the importance of this issue, and the authors have proposed a novel algorithm for gastroenterological investigation in these patients.

Data were prospectively recorded from a consecutive series of 265 patients who had received radiotherapy for pelvic cancer and were referred to a gastroenterologist for investigation of gastrointestinal symptoms. Patients underwent flexible sigmoidoscopy and other standard gastrointestinal examinations. The majority of patients were diagnosed with two or more gastrointestinal conditions, and 34% of all diagnoses were unrelated to radiotherapy. Evidence of malignancy was found in 12% of patients, half of whom had recurrence of their original pelvic tumor. Symptoms did not differ significantly between diagnoses related or unrelated to radiotherapy, and in multivariate analysis abdominal pain was the only symptom significantly associated with a diagnosis of neoplasia ($P<0.001$).

The authors conclude that radiation enteritis is a complex disease, not easily diagnosed by assessment of symptoms alone. They suggest that patients presenting with gastrointestinal symptoms after pelvic radiotherapy should be referred to a gastroenterologist and assessed according to the proposed algorithm.

Alexandra King

Original article Andreyev HJN *et al.* (2005) Gastrointestinal symptoms after pelvic radiotherapy: role for the gastroenterologist? *Int J Radiat Oncol Biol Phys* 62: 1464–1471