GLOSSARY

ASTRO

American Society for
Therapeutic Radiology and
Oncology

RECIST

Response Evaluation
Criteria in Solid Tumors

patients with stage T1–T2 disease received radiation to the prostate only. Toxicities were assessed 6 weeks after completion of therapy, then every 3 months for the first year, and every 6 months thereafter. At 5 years, the overall biochemical relapse-free survival rate (bRFS) was 85% according to the ASTRO failure definition; using an alternative definition of nadir PSA + 2 µg/l, the overall 5-year bRFS rate was 88%. The 5-year bRFS rates for patients with disease of low, medium, or high risk were comparable for both definitions. Rectal and urinary grade 2 and 3 late toxicities were 5% and 8%, respectively, when calculated from last follow-up.

From these encouraging results, the authors conclude that this regimen is highly effective for the treatment of localized prostate cancer and is substantially more convenient for the patient than longer treatment schedules.

Alexandra King

Original article Kupelian PA *et al.* (2005) Hypofractionated intensity-modulated radiotherapy (70 Gy at 2.5 Gy per fraction) for localized prostate cancer: long-term outcomes. *Int J Radiat Oncol Biol Phys* **63**: 1463–1468

MRI is important for preradiotherapy evaluation of nasopharyngeal carcinoma

Researchers from Taiwan have recently published the results of a study on preradiotherapy imaging for nasopharyngeal carcinoma (NPC). To the authors' knowledge, this is the first study of this nature to assess the impact of MRI on tumor control and survival in NPC.

Chang *et al.* reviewed the records of 330 patients with epidermoid carcinoma of the nasopharynx and cranial-nerve palsy treated with conventional external radiotherapy at a single institution between September 1979 and December 2000. Tumors were evaluated by nasopharyngoscopy, X-ray or conventional tomography, or, after 1983, CT or MRI as the techniques became available. Patients then underwent radiotherapy with a median external dose of 70.2 Gy (range 63–77.5 Gy). Additional brachytherapy was administered in 156 patients, and 139 patients received chemotherapy. The data showed that MRI was associated with significantly improved local control when compared with CT (>20%; $P=0.015$). The differences in the 5-year

rates of disease-specific and overall survival between patients who underwent MRI versus CT assessment were also significant ($P=0.015$ and $P=0.001$, respectively). Other favorable prognostic indicators were higher radiotherapy dose (>70.2 Gy), cranial-nerve palsy limited to one area, and complete resolution of cranial-nerve palsy. Notably, patients who received brachytherapy had worse local control, disease-specific survival, and overall survival, compared with those who underwent external radiotherapy alone.

The authors conclude that MRI imaging is important for the accuracy of tumor assessment in patients with NPC, therefore expediting tumor control and improving outcome.

Alexandra King

Original article Chang JT *et al.* (2005) Nasopharyngeal carcinoma with cranial nerve palsy: the importance of MRI for radiotherapy. *Int J Radiat Oncol Biol Phys* **63**: 1354–1360

Combination targeted therapy for metastatic renal-cell carcinoma

Existing therapies for metastatic renal-cell carcinoma (RCC) generally produce response rates of less than 10% and are associated with considerable toxicity. Treatments that are both efficacious and well tolerated are therefore urgently required. Hainsworth and co-workers have conducted the first study of combination targeted therapy in this area, reporting on bevacizumab and erlotinib, agents that target the vascular endothelial growth factor and epidermal growth factor receptor, respectively.

This nonrandomized, multicenter phase II trial enrolled 63 patients with biopsy-proven metastatic or locally recurrent RCC with at least 75% clear-cell histology. All patients had undergone nephrectomy prior to treatment. Patients received intravenous bevacizumab on days 1 and 15 of each 28-day cycle, and daily oral erlotinib. Response was evaluated after 8 weeks of treatment and then at 2-month intervals. The median treatment duration was 8 months. At 8 weeks, 25% of 59 assessable patients had achieved an objective response by RECIST criteria and 61% had stable disease. The progression-free and overall survival rates were 43% and 26% respectively at 12 months, and 78% and 60% respectively at 18 months. The regimen was well tolerated and only two