

Chemotherapy increases survival in patients with multiple myeloma

Chemotherapy has been shown to prolong survival in patients with multiple myeloma (MM); however, little is known about the impact of chemotherapy on the survival of elderly patients, as this population is under-represented in clinical trials. A study by Rohatgi *et al.* has assessed the effect of chemotherapy on the survival of patients aged 65 years or older, outside the clinical trial setting.

This retrospective study included 4,902 MM patients with stage II or III disease, 52% of whom received chemotherapy during their disease course. The receipt of chemotherapy decreased substantially with age (65.7% of patients aged 65–69 years old and 34.3% of patients aged 80 years or older received chemotherapy) and was associated with an increased comorbidity score. Compared with white patients, black patients were 23% less likely to receive chemotherapy. Patients who received chemotherapy were 39% less likely to die of MM (adjusted hazard ratio 0.61; range 0.56–0.67) and 35% less likely to die of any cause (adjusted hazard ratio 0.65; range 0.61–0.69) than were those who did not receive chemotherapy. An increase in the number of chemotherapy cycles was associated with a decreased risk of MM-specific and all-cause mortality ($P < 0.001$ for trend), and survival benefit was significant across all age, sex and ethnic groups, and comorbidity scores.

While further studies to confirm these findings in younger patients are needed, this study indicates that chemotherapy is associated with increased survival in patients with MM outside the clinical trial setting.

Original article Rohatgi N *et al.* (2007) Chemotherapy and survival for patients with multiple myeloma: findings from a large nationwide and population-based cohort. *Am J Clin Oncol* 30: 540–548

CT colonography enables selective polypectomy in advanced neoplasia

Many colorectal carcinomas are prevented by the detection and removal of advanced adenomas that are ≥ 10 mm in diameter, have a substantial villous component and show high-grade dysplasia (classed as advanced adenomas). Polypectomy is recommended if advanced neoplastic lesions are found. The standard method for colorectal screening is optical colonoscopy (OC), which combines endoscopy with the excision of adenomas.

Although generally successful, OC is also invasive. Since only a small proportion of all adenomas are advanced, a reliable noninvasive detection method, such as CT colonography (CTC), to enable selective polypectomy could be advantageous. Kim *et al.* compared OC and CTC in patients attending routine colorectal screening programs in one institution.

Primary CTC screening in 3,120 consecutive adults detected 123 advanced neoplasms, including 14 invasive cancers. Primary OC screening in 3,163 consecutive adults detected 121 advanced neoplasms, including 4 invasive cancers. Advanced neoplasia was confirmed in 100 (3.2%) patients in the CTC group and 107 (3.4%) patients in the OC group.

In the OC group, polyps were removed during primary OC irrespective of size. Hence, 2,434 polypectomies were performed, resulting in seven colonic perforations. Referral for OC was offered to the 7.9% of patients in the CTC screening group who had polyps ≥ 6 mm in size, resulting in 561 polypectomies, with no colonic perforations. The authors suggest that primary CTC with selective OC can achieve similar results to OC screening but with much lower polypectomy rates.

Original article Kim DH *et al.* (2007) CT colonography versus colonoscopy for the detection of advanced neoplasia. *N Engl J Med* 357: 1403–1412