Phase II trial demonstrates activity of axitinib against metastatic renal cell cancer

Axitinib, a selective inhibitor of vascular endothelial growth factor receptors 1, 2 and 3, has displayed clinical activity against metastatic renal cell cancer in a phase II trial.

The study enrolled 52 patients between 3 October 2003 and 7 April 2004, who received oral axitinib at an initial dose of 5 mg twice daily. As measured by the RECIST (response evaluation criteria in solid tumors), 23 patients responded to treatment; the overall objective response rate was 44.2%, including 2 patients who had a complete response. The median response duration was 23 months; 12 of the 23 responders had disease progression by the time of final analysis in January 2007. Of the 29 patients who did not have an objective response, 22 had stable disease for at least 8 weeks, including 13 patients who had stable disease for at least 24 weeks. Overall median time to progression was 15.7 months, and median overall survival was 29.9 months; 24 patients were still alive at the end of the study. Treatment-related adverse events occurred in 48 patients, including grade 3 or 4 events in 28 patients; adverse events were generally manageable by dose modification or supportive care. The most common adverse events were diarrhea, hypertension and fatigue.

The authors conclude that the effect of axitinib against metastatic renal cell cancer compares favorably with other drugs. Randomized controlled studies are required to confirm these findings.

Original article Rixe O *et al.* (2007) Axitinib treatment in patients with cytokine-refractory metastatic renal-cell cancer. *Lancet Oncol* **8:** 975–984

Tumor markers of testicular cancer underutilized in the US: a quality-of-care concern?

The use of tumor markers is an important component of diagnosis and management of testicular cancers, and failure to measure these markers might be deemed suboptimum care. In a recent paper, Gilbert *et al.* have reported the possible underuse of these markers in the US, which represents an important quality-of-care concern.

The authors identified 4,742 cases of testicular cancer from the US population-based SEER database and evaluated the use of the tumor markers α-fetoprotein (AFP), human chorionic gonadotropin (hCG) and lactate dehydrogenase (LDH). For each marker, data were collapsed into two categories: measured, and not measured or unknown. Measurement of all three markers was documented in only 16.8% of patients; 44.7% of patients had records of at least AFP and hCG measurements. Documented use of tumor markers varied significantly by geographic region, with a trend towards less-frequent measurement in metropolitan areas as compared with whole states (range 6.7–83.0% for at least AFP and hCG measured). In multivariate analysis, geographic location and year of diagnosis independently predicted tumor marker use, although the majority of sites did not show increased frequency of measurement with time. By contrast, in prostate cancer cases, documented PSA measurement was common (frequency 70–90%), suggesting that the observed low frequency of AFP, hCG and LDH measurement was not attributable to inadequate reporting.

Without measurement of tumor markers, patients with testicular cancer are at risk for inappropriate staging and inaccurate assessment of treatment response.

Original article Gilbert SM *et al.* (2007) The use of tumor markers in testis cancer in the United States: a potential quality issue. *Urol Oncol* [doi:10.1016/j.urolonc.2006.12.018]

Mortality in men hospitalized with AUR: the effects of age and comorbidity

Acute urinary retention (AUR) is a complication of benign prostatic hyperplasia, but might also indicate severe systemic disease. Using data from the UK Hospital Episode Statistics database, Armitage and colleagues have investigated the relationship between hospital admission for acute AUR and mortality.

The researchers identified 176,046 men (aged >45 years) who were admitted to National Health Service hospitals with a diagnosis of primary AUR. They classified AUR as being spontaneous if recorded as the primary diagnosis or if associated with a primary diagnosis of benign prostatic hyperplasia ($n = 100,067$); all other cases were