Trial watch

HITTING THEIR TARGETS

Results from two international phase 3 trials of the small-molecule kinase inhibitors sorafenib and sunitinib in patients with renal-cell carcinoma show that both of these drugs can prolong progression-free survival.

Robert Motzer and colleagues randomized 750 patients with previously untreated, metastatic renal-cell carcinoma to either sunitinib or interferon-α, a standard therapy. Sunitinib prolonged median progression-free survival compared with interferon-α (11 versus 5 months), and sunitinib was associated with a higher objective response rate, as assessed by blinded review of tumour imaging. The benefits of sunitinib were seen across all prognostic risk categories, although the poor-risk group was small. There was no significant difference in overall survival between the sunitinib and interferon-α groups, but the final survival results have not yet been reported.

Bernard Escudier and colleagues conducted a placebo-controlled trial of sorafenib in 903 patients with renal-cell carcinoma resistant to standard therapy. Median progression-free survival was higher in the sorafenib group (5.5 months versus 2.8 months with placebo), and significantly more patients who received sorafenib responded or had stable disease as assessed by independent reviewers. Overall survival was higher in the sorafenib group, but the difference was not significant.

Both studies found that kinase inhibitor therapy caused toxic side effects. However, patient-reported quality of life was higher for patients in the sunitinib study. Continued evaluation of the safety and efficacy of these drugs is warranted.

ORIGINAL RESEARCH PAPERS Motzer, R. J. *et al.* Sunitinib versus interferon α in metastatic renal-cell carcinoma. *N. Engl. J. Med.* **356**, 115–124 (2007) | Escudier, B. *et al.* Sorafenib in advanced clear-cell renal-cell carcinoma. *N. Engl. J. Med.* **356**, 125–134 (2007)

STATINS AND CANCER RISK

Although previous data in colon cancer cell lines has indicated that statins have anticancer activity, a population-based case–control study reported by Patricia Coogan and colleagues suggests that statins might not prevent colorectal cancer.

The authors determined statin use through telephone interviews of 1,809 patients with colorectal cancer and 1,809 control subjects matched for sex, age and town precinct in Massachusetts, United States. Regular statin use had no significant effect on risk of colorectal cancer. There did not seem to be an interaction between non-steroidal anti-inflammatory drugs and statins and there was no obvious trend for dose or duration of statin use. There was a reduced risk of stage IV cancers with statin use, indicating that statins might inhibit the progression rather than the initiation of cancer, but this requires confirmation. A limitation of this study was that it was based on self-reported drug use. As epidemiological studies on the association between statins and colorectal cancer risk have been conflicting, further studies are warranted.

ORIGINAL RESEARCH PAPER Coogan, P. F., Smith, J. & Rosenberg, L. Statin use and risk of colorectal cancer. *J. Natl Cancer Inst.* **99**, 32–40 (2007)