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IN BRIEF

FROM ASCO—GYNAECOLOGICAL CANCER

Pazopanib in ovarian cancer delays progression

Results from a phase III clinical trial in 940 patients with advanced-stage ovarian cancer were reported at the ASCO annual conference this year. Following initial successful therapy, patients were randomly assigned to pazopanib maintenance therapy or to placebo. The primary end point of improved progression-free survival was met with an increase of 5.6 months over placebo. Lead author Andreas Du Bois stated that “our findings show that we finally have a drug that can maintain control over ovarian cancer growth achieved through initial treatments.”

Original abstract Du Bois, A. *et al.* Randomized, double-blind, phase III trial of pazopanib versus placebo in women who have not progressed after first-line chemotherapy for advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer (AEOC): results of an international Intergroup trial (AGO-OVAR16) [abstract]. *J. Clin. Oncol.* **31** (Suppl.), LBA5503 (2013)

FROM ASCO—TARGETED THERAPIES

Sorafenib shows efficacy in thyroid cancer

Promising results were reported from the phase III DECISION trial, which has shown that treatment with sorafenib had efficacy in patients with thyroid cancer. Patients with locally advanced or metastatic differentiated thyroid cancer who were refractory to radioactive iodine were randomly assigned to sorafenib or placebo. The primary end point of improved progression-free survival was met, indicating that this is a therapy option for these patients.

Original abstract Brose, M. S. *et al.* Sorafenib in locally advanced or metastatic patients with radioactive iodine-refractory differentiated thyroid cancer: the phase III DECISION trial [abstract]. *J. Clin. Oncol.* **31** (Suppl.), a4 (2013)

FROM ASCO—BREAST CANCER

Reduced dose of paclitaxel is efficacious and safe

The S0221 phase III clinical trial compared two doses of paclitaxel, low-dose once-weekly and standard, every 2 weeks. The study led by G. Thomas Budd randomly assigned 2,716 patients with node-positive and high-risk node-negative breast cancer. The 5-year disease-free survival was 82% for weekly paclitaxel and 81% for 2-weekly paclitaxel. However, fewer adverse effect occurred in the low-dose cohort. Budd says “our results suggest that either regimen will give a good outcome, but the weekly schedule seems to result in better quality of life for patients.”

Original abstract Budd, G. T. *et al.* S0221: Comparison of two schedules of paclitaxel as adjuvant therapy for breast cancer [abstract]. *J. Clin. Oncol.* **31** (Suppl.), CRA1008 (2013)

FROM ASCO—GASTROINTESTINAL CANCER

MET amplification drives resistance in colorectal cancer

Resistance to anti-EGFR therapies in patients with colorectal cancer who initially respond to treatment is common. A study has shown that in tumours lacking *KRAS* mutations, amplification of *MET* drives resistance, which could be detected in the blood before relapse was clinically evident. This noninvasive, sensitive method for monitoring and predicting drug resistance might also enable alternative therapy options to be offered to patients.

Original article Bardelli, A. *et al.* Amplification of the MET receptor drives resistance to anti-EGFR therapies in colorectal cancer. *Cancer Discov.* doi:10.1158/2159-8290.CD-12-0558 (2013)