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IN BRIEF

FROM ECC2013—BREAST CANCER

T-DM1 shows promise in heavily pretreated patients

Results from the phase III TH3RESA trial of the conjugated monoclonal antibody T-DM1 in women with advanced HER2-positive breast cancer has revealed a significantly improved progression-free survival (6.2 months versus 3.3 months) for T-DM1 compared with standard therapy. In the trial, 602 women with inoperable disease received either T-DM1 or standard-of-care therapy; those treated with T-DM1 also had an improved safety profile.

Original abstract Wildiers, H. et al. T-DM1 for HER2-positive metastatic breast cancer (MBC): primary results from TH3RESA, a phase 3 study of T-DM1 vs treatment of physician's choice [abstract]. *Eur. Cancer Congress 2013* LBA15 (2013)

FROM ECC2013—SKIN CANCER

Ipilimumab-treated patients survive up to 10 years

Patients with advanced melanoma who have been treated with ipilimumab can survive for up to 10 years, according to the largest analysis of overall survival in patients treated on any globally approved melanoma therapy. In this pooled analysis of long-term survival data, the researchers assessed survival results from 2,985 patients not treated on a clinical trial in addition to data from 1,861 patients treated on various trials. These results confirm the durability of the overall survival trend observed.

Original abstract Schadendorf, D. et al. Pooled analysis of long-term survival data from phase II and phase III trials of ipilimumab in metastatic or locally advanced, unresectable melanoma [abstract]. *Eur. Cancer Congress 2013* LBA24 (2013)

FROM ECC2013—GASTROINTESTINAL CANCER

Irrefutable evidence that CRC screening reduces mortality

A study has shown that screening for colorectal cancer (CRC) in European countries is highly effective at reducing mortality. Researchers used data collected from the SHARE project to calculate changes in death rates from CRC in different countries, and correlated the data with screening practices. Unsurprisingly, a noticeable reduction in death rate was not observed in countries where screening was low. The researchers suggest that resources from breast and prostate screening would be better directed to early detection of CRC.

Original abstract Autier, P. et al. Trends in colorectal cancer mortality and screening activities in European countries [abstract]. *Eur. Cancer Congress 2013* a1405 (2013)

FROM ECC2013—UROLOGICAL CANCER

French study—PSA screening does more harm than good

PSA screening is used widely in France, but a new study has shown that men experience more harm than good from routine PSA screening. Adverse effects from treatment, such as impotence and incontinence, severely affect quality of life. The researchers propose that PSA testing should be avoided as a main tool for biopsy or further examination, and should only be reserved as an additional aid for diagnosis and treatment. To prevent one death in 1,000 screened men, the number of biopsies would double and many men would endure harmful treatment morbidity.

Original abstract Perrin, P. et al. Number needed to harm in prostate cancer screening with PSA [abstract]. *Eur. Cancer Congress 2013* a1481 (2013)