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IN BRIEF

FROM ASCO—PROSTATE CANCER

Chemohormonal therapy leads the way in prostate cancer

Men with newly diagnosed metastatic hormone-sensitive prostate cancer now have a new treatment combination that offers survival benefits unparalleled to that seen in other trials in this disease setting. At the ASCO plenary session, the results of a randomized phase III trial in which men were randomly assigned to androgen-deprivation therapy (ADT) alone or ADT plus docetaxel were presented. Median overall survival was 57.6 months in the combination arm and 44.0 months in the hormonal therapy arm. The overall survival difference between the two arms was even greater in men with high-volume disease (49.2 months versus 32.2 months). For men with low-volume disease, median overall survival had not been reached at the time of analysis. These data point to a new standard of care for hormone-sensitive tumours, certainly in men with high-volume disease.

Original article Sweeney, C. *et al.* Impact on overall survival (OS) with chemohormonal therapy versus hormonal therapy for hormone-sensitive newly diagnosed metastatic prostate cancer (mPrCa): an ECOG-led phase III randomized trial [abstract]. *ASCO Annual Meeting 2014 LBA2* (2014)

FROM ASCO—COLORECTAL CANCER

Cetuximab or bevacizumab with chemo: take your pick

In patients with metastatic colorectal cancer (mCRC) lacking *KRAS* mutations, bevacizumab or cetuximab in combination with either FOLFOX or FOLFIRI chemotherapy provides similar overall survival of 29 months, indicating a new benchmark for patients with this disease. The adverse events for the two arms were as expected for the two classes of targeted therapies. As 73% of patients received FOLFOX and 27% FOLFIRI, comparisons between the arms in terms of chemotherapy regimen were not possible. Nonetheless, these results provide several options for patients with metastatic CRC.

Original article Venook, A. P. *et al.* CALGB/SWOG 80405: phase III trial of irinotecan/5-FU/leucovorin (FOLFIRI) or oxaliplatin/5-FU/leucovorin (mFOLFOX6) with bevacizumab (BV) or cetuximab (CET) for patients (pts) with *KRAS* wild-type (wt) untreated metastatic adenocarcinoma of the colon or rectum [abstract]. *ASCO Annual Meeting 2014 LBA3* (2014)

FROM ASCO—BREAST CANCER

Ovarian function suppression plus exemestane improves DFS

Results of the TEXT and SOFT studies in premenopausal women with hormone receptor-positive breast cancer were presented at the ASCO plenary session. The TEXT trial enrolled 2,672 women who were assigned to receive exemestane and ovarian function suppression (OFS) for 5 years or tamoxifen and OFS following surgery; in the SOFT trial, 3,066 women were randomly assigned to the same regimens or monotherapy with tamoxifen after surgery or within 8 months of neoadjuvant or adjuvant chemotherapy. After 5 years, disease-free survival (DFS) for exemestane and OFS was 91.1%, and 87.3% for tamoxifen and OFS, showing that combining OFS with exemestane is more effective than with tamoxifen.

Original article Pagani, O. *et al.* Randomized comparison of adjuvant aromatase inhibitor (AI) exemestane (E) plus ovarian function suppression (OFS) vs tamoxifen (T) plus OFS in premenopausal women with hormone-receptor-positive (HR+) early breast cancer (BC): joint analysis of IBCSG TEXT and SOFT trials [abstract]. *ASCO Annual Meeting 2014 LBA1* (2014)