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IN THE NEWS

FROM ESMO

Among the most impressive survival data presented at this year's ESMO conference was the CLEOPATRA trial, in which addition of pertuzumab to trastuzumab and docetaxel therapy in women with advanced-stage HER2-positive breast cancer extended overall survival by almost 16 months compared with trastuzumab plus docetaxel. Importantly, this unprecedented survival improvement was analysed with no adjustment for crossover; patients who crossed over from the placebo arm to the pertuzumab arm were included in the data for the placebo arm, thus, the survival analysis was conservative.

Immunotherapy also dominated the sessions, particularly regarding further advances in the treatment of patients with advanced-stage, metastatic melanoma. Preliminary phase III data showed the antibody nivolumab achieved superior response rates, a longer duration of response and lower toxicity than standard chemotherapy in patients with disease progression after treatment with ipilimumab.

Combination targeted therapy with the BRAF inhibitor vemurafenib and the MEK inhibitor cobimetinib achieved significantly greater progression-free survival (PFS) and response rates than vemurafenib and placebo in a randomized phase III study. These data demonstrate that blocking two points within the same signalling pathway can provide considerable clinical benefit. In patients with *BRAF*-mutated tumours, significantly improved response rates, PFS and overall survival were also noted for dabrafenib plus trametinib compared with the current standard vemurafenib, propelling this combination as a potential new standard of therapy.

Less impressive perhaps—despite the optimistic study name—were the results of the IMPRESS randomized phase III trial. The trial confirmed that patients with *EGFR* mutated non-small-cell lung cancer should not receive gefitinib and chemotherapy if they had progressed after first-line targeted therapy; thus, the standard remains chemotherapy alone.

In patients with head and neck cancer, second-line treatment with the targeted agent afatinib significantly improved PFS compared with methotrexate chemotherapy in patients with recurrent or metastatic disease. Importantly, patients had a significant delayed worsening of symptoms and experienced less pain. These promising results provide a significant benefit for this difficult-to-treat population.

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