IN THE NEWS FROM ASCO 2015

At the 2015 ASCO annual meeting, immunotherapy breakthroughs were, unsurprisingly, at the forefront of data presented in late-breaking abstracts and the plenary session. In patients with advanced-stage nonsquamous non-small-cell lung cancer (NSCLC), the PD-1 immune checkpoint inhibitor nivolumab significantly improved overall survival compared with docetaxel chemotherapy, in previously treated disease. All patients, except those with *EGFR* mutations, derived a survival benefit from nivolumab, and this agent was associated with less toxicity. These data provide a practice-changing new standard of care in this setting.

In the USA alone, over 200,000 patients are diagnosed with brain metastases each year. Most patients receive whole-brain radiation therapy (WBRT) at some point in their treatment trajectory, but this treatment is associated with cognitive complications. Stereotactic radiosurgery, although effective, is also associated with a high rate of new metastases. Therefore, in a large randomized trial, patients with one to three brain metastases were randomly assigned to receive radiosurgery alone or radiosurgery plus WBRT. The combination improved local control but not overall survival. Moreover, cognitive decline was more frequent in patients receiving WBRT. Thus, in newly diagnosed patients, radiosurgery alone is recommended as the initial treatment.

Patients are now living longer with cancer and, as a result of the ageing population, survivorship analysis is becoming increasingly important, so that the long-term consequences of treatment on patients quality of life can be studied and the long-term effects on mortality assessed. An analysis from the Childhood Cancer Survivor Study of data from more than 34,000 5-year survivors of childhood cancer treated over three decades showed that all-cause mortality declined; this illustrates that therapy modification to reduce late-effects combined with earlier detection have been successfully translated to a reduction in mortality.

In a phase II trial of heavily pretreated patients with multiple myeloma who had at least three lines of prior therapy, the anti-CD38 antibody daratumumab—at a 16 mg/kg dose—resulted in a meaningful and durable single-agent response, with deep responses and a favourable safety profile. The median overall survival has not yet been reached, however, this agent clearly shows promise in this refractory and notoriously difficult-to-treat patient population.

Lisa Hutchinson