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IN BRIEF

PREVENTION

An aspirin a day keeps the CRC at bay in Lynch syndrome

Whether adiposity is a risk factor for the development of hereditary colorectal cancer (CRC) in patients with Lynch syndrome is unclear. In a prospective study, 937 patients were randomly assigned to receive daily aspirin (600 mg) or placebo. The CRC risk was greater in obese patients than normal-weight or underweight participants. Moreover, obesity was associated with a substantially increased risk of CRC in patients with Lynch syndrome; however, this risk was abrogated in patients taking aspirin. Thus, aspirin could provide benefit as a prevention strategy in these patients.

Original article Movahedi, M. *et al*. Obesity, aspirin, and risk of colorectal cancer in carriers of hereditary colorectal cancer: a prospective investigation in the CAPP2 study. *J. Clin. Oncol.* doi:10.1200/JCO.2014.58.9952

COLORECTAL CANCER

Sequence of drugs—more important than drug exposure?

The best second-line therapy in patients with wild-type *KRAS* metastatic colorectal cancer was investigated in terms of drug choice, duration of therapy, and efficacy of subsequent therapy in patients treated with first-line FOLFIRI plus either cetuximab (arm A) or bevacizumab (arm B) in the FIRE-3 trial. Second-line therapy was given for a median of 5.0 months for patients in arm A versus 3.2 months for those in arm B. Both overall and progression-free survival after initiation of second-line treatment were longer in patients in arm A than those in arm B. In this patient population, first-line anti-EGFR therapy might enable more-effective subsequent treatment, including responses to antiangiogenic agents.

Original article Modest, D. P. *et al*. Impact of subsequent therapies on outcome of the FIRE-3/AIO KRK0306 trial: first-line therapy with FOLFIRI plus cetuximab or bevacizumab in patients with *KRAS* wild-type tumors in metastatic colorectal cancer. *J. Clin. Oncol.* doi:10.1200/JCO.2015.61.2887

TRANSPLANTATION

Avoiding a mismatch to limit GVHD

Haematopoeitic-cell transplantation from unrelated donors is associated with acute graft-versus-host disease (GVHD), and this risk is increased when donor and recipient are HLA-DPB1 mismatched. Researchers explored the possibility that GVHD risk is correlated with the rs9277534 allele and HLA-DPB1 mismatch in recipients. They genotyped 3,503 patients and showed that HLA-DPB1 expression was influenced by the rs9277534 marker: rs9277534G (high-expression allele) was associated with a greater GVHD risk in recipients than those with the rs9277534A (low-expression allele).

Original article Petersdorf, E. W. *et al*. High HLA-DP expression and graft-versus-host disease. *N. Engl. J. Med.* **373**, 599–609 (2015)

OVARIAN CANCER

Identifying moderate risk susceptibility genes

In a case–control study among 3,429 patients with invasive epithelial ovarian cancer and 2,772 unaffected women, including 2,000 women without *BRCA* mutations, researchers have identified that *RAD51C* and *RAD51D* are moderate-risk suscepibility genes conferring sufficient risk that might warrant their inclusion alongside *BRCA1/2* genetic testing.

Original article Song, H. *et al*. Contribution of germline mutations in the *RAD51B*, *RAD51C*, and *RAD51D* genes to ovarian cancer in the population. *J. Clin. Oncol.* doi:10.1200/JCO.2015.61.2408