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IN BRIEF

FROM ECC 2015—NEUROENDOCRINE CANCER

RADIANT-4 trial—NET improvement with everolimus?

At the ECC 2015, James Yao reported early data from the RADIANT-4 placebo-controlled trial of everolimus in patients with advanced-stage nonfunctioning gastrointestinal or lung neuroendocrine tumour (NET). Median progression-free survival (PFS) was improved with everolimus (11.0 months versus 3.9 months; HR 0.48, $P<0.00001$), with a trend towards a significant improvement in overall survival (HR 0.64, $P=0.037$). Everolimus is the first agent with demonstrated activity against lung NET in a randomized trial; data from the RADIANT trial series now support its use in patients with advanced-stage NET, independent of primary tumour origin. Discussant Enrique Grande questioned the relevance of the findings, citing the need for comparisons of everolimus against and/or in combination with somatostatin analogues, which have been associated with similar results.

Original article Yao, J. *et al*. Everolimus in advanced non-functional neuroendocrine tumours (NET) of lung or gastrointestinal (GI) origin: efficacy and safety results from the placebo-controlled, double-blind, multicentre, phase 3 RADIANT-4 study [abstract LBA 5]. Presented at the ECC 2015

FROM ECC 2015—NEUROENDOCRINE CANCER

SSA therapies—^{177}Lu-DOTATATE is a better one in NETTER-1

The NETTER-1 trial is evaluating somatostatin analogue (SSA) therapy with octreotide (30 mg monthly) and the radionuclide SSA ^{177}Lu-DOTATATE in patients with advanced-stage mid-gut neuroendocrine tumour; at ECC 2015, Philippe Ruszniewski reported that the median PFS had not been reached in 115 patients at ~28 weeks follow up, but was only 8.4 months in the control group of 115 patients who received standard 60 mg monthly octreotide. The objective response rate was 19% versus 3%, and 13 versus 22 deaths had occurred at interim analysis, suggesting an overall survival benefit. Recognizing these impressive results, Enrique Grande praised the use of an active comparator and highlighted the novel mode of action of ^{177}Lu-DOTATATE, but commented on safety and logistical issues as potential pitfalls.

Original article Ruszniewski, P. *et al*. ^{177}Lu-DOTATATE significantly improves progression-free survival in patients with mid-gut neuroendocrine tumours: results of the phase III NETTER-1 trial [abstract LBA 6]. Presented at the ECC 2015

FROM ECC 2015—LUNG CANCER

Novelty of Rova-T—first targeted agent for SCLC

Presenting at ECC 2015, Catherine Pietanza outlined data indicating that a delta-like ligand 3 (DLL3)-directed antibody–drug conjugate, rovalpituzumab tesirine (Rova-T), promises to become the first targeted agent for small-cell lung cancer (SCLC)—a disease with a dismal prognosis. In a phase I trial, 73 patients received Rova-T in the second-line or third-line (no agents are approved in the latter setting). The frequency of DLL3 expression was high (>70%), and among 27 DLL3+ patients treated in the expansion cohorts, 44% had a partial response and 34% stable disease. Importantly, in the third-line setting, the response rate was 45% in the DLL3+ patients. Ongoing reponses approaching 1 year have been observed in some patients, which is remarkable.

Original article Pietanza, C. *et al*. Safety, activity, and response durability assessment of single agent rovalpituzumab tesirine, a delta-like protein3 (DLL3)-targeted anibody drug conjugate (ADC), in small cell lung cancer (SCLC) [abstract LBA 7]. Presented at the ECC 2015