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IN BRIEF

HAEMATOLOGICAL CANCER

Ibrutinib is efficacious in CLL with *TP53* aberrations

A phase II trial has investigated ibrutinib monotherapy in patients with chronic lymphocytic leukaemia (CLL) harbouring *TP53* aberrations, who often have a poor response to first-line chemoimmunotherapy. The trial enrolled 51 patients, mostly with *TP53* deletions. At 24 months, 33 patients with untreated CLL and 15 with relapse or refractory disease were evaluable for response; 32 and 12 patients, respectively, had an objective response. Treatment-related adverse effects of grade ≥ 3 were neutropenia, anaemia, thrombocytopenia, pneumonia and rash, observed in 24%, 14%, 10%, 6% and 2% of patients, respectively. The promising activity and manageable safety profile observed supports the use of ibrutinib in the first-line and second-line treatment of CLL.

Original article Farooqui, M. Z. *et al.* Ibrutinib for previously untreated and relapsed or refractory chronic lymphocytic leukaemia with *TP53* aberrations: a phase 2, single-arm trial. *Lancet Oncol.* doi:10.1016/S1470-2045(14)71182-9

BREAST CANCER

Trastuzumab therapy for small, HER2-positive breast tumours

A standard adjuvant treatment for small (<3 cm), node-negative, HER2-positive breast cancer is lacking. Now, an uncontrolled trial in this setting has demonstrated that weekly adjuvant treatment with trastuzumab and paclitaxel for 12 weeks, followed by trastuzumab monotherapy for 9 months, was associated with better outcomes than those expected based on historical data: after a median of 4 years follow up, only 12 relapses were seen among 406 patients, equating to a 98.7% 3-year invasive-disease-free survival rate. However, grade 3 neuropathy and clinically relevant asymptomatic declines in ejection fraction were each reported for 13 patients, and two patients had symptomatic congestive heart failure. Although promising, these results do not confirm trastuzumab therapy as the standard for all patients with small, HER2-positive tumours, and many patients—particularly those with ≤ 1 cm (T1a–b) tumours—might decide to forgo trastuzumab-based treatment in order to avoid the risk of adverse events.

Original article Tolane, S. M. *et al.* Adjuvant paclitaxel and trastuzumab for node-negative, HER2-positive breast cancer. *N. Engl. J. Med.* doi:10.1056/NEJMoa1406281

HAEMATOLOGICAL CANCER

Modifying Hodgkin lymphoma therapy—omission impossible

The standard of care for early stage, favourable Hodgkin lymphoma is two cycles of chemotherapy with doxorubicin, bleomycin, vinblastine and dacarbazine (the ABVD regimen), followed by involved-field radiotherapy. There is considerable interest in omitting bleomycin and dacarbazine, owing to their toxicity. However, a recent randomized trial in 1,502 patients demonstrated that although regimens lacking bleomycin (AVD), dacarbazine (ABV), or both of these agents (AV) were associated with lower frequencies of adverse events, they had substantially inferior efficacy: respective 5-year freedom from treatment failure rates were 89.2%, 81.4%, 77.1%, compared with 93.1% for the ABVD regimen. Thus, these drugs cannot be omitted from therapy in this disease setting.

Original article Behringer, K. *et al.* Omission of dacarbazine or bleomycin, or both, from the ABVD regimen in treatment of early-stage favourable Hodgkin's lymphoma (GHSG HD13): an open-label, randomised, non-inferiority trial. *Lancet* doi:10.1016/S0140-6736(14)61469-0