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# IN BRIEF

## COLORECTAL CANCER

### Nivolumab effective against MSI tumours

The outcomes of a phase II, single-arm study involving patients with microsatellite-unstable (MSI) metastatic colorectal cancer receiving treatment with nivolumab reveal high levels of effectiveness. In a heavily pretreated population, 23 patients (31% of the cohort) had an objective response, while 51 (69%) had disease control for at least 12 weeks, after a median follow-up duration of 12 months. These data confirm the promise of previous studies involving immune-checkpoint inhibition in patients with MSI-positive solid tumours.

**ORIGINAL ARTICLE** Overman, M. J. *et al.* Nivolumab in patients with metastatic DNA mismatch repair-deficient or microsatellite instability-high colorectal cancer (CheckMate 142): an open-label, multicentre, phase 2 study. *Lancet Oncol.* http://dx.doi.org/10.1016/S1470-2045(17)30422-9 (2017)

## BREAST CANCER

### 10-year follow-up of the TEAM cohort reported

Follow-up data after 10 years of the Tamoxifen Exemestane Adjuvant Multinational (TEAM) trial, in which patients received either exemestrane for 5 years, or tamoxifen followed by exemestane for a total treatment duration of 5 years, confirm the durable efficacy of both approaches. Both groups of patients had similar disease-free survival rates of 67% (exemestane) and 68% (exemestane followed by tamoxifen), suggesting that either approach can be used, with treatment selection conducted on an individualized basis.

**ORIGINAL ARTICLE** Derks, M. G. *et al.* Adjuvant tamoxifen and exemestane in women with postmenopausal early breast cancer (TEAM): 10-year follow-up of a multicentre, open-label, randomised, phase 3 trial. *Lancet Oncol.* http://dx.doi.org/10.1016/S1470-2045(17)30419-9 (2017)

## PROSTATE CANCER

### Chemotherapy outcomes similar in mCRPC

The findings of a randomized phase III trial reveal similar levels of efficacy of 20 mg/m$^2$ or 25 mg/m$^2$ cabazitaxel, or 75 mg/m$^2$ docetaxel (all regimens included prednisone) in men with metastatic castration-resistant prostate cancer (mCRPC). Patients in each group had median overall survival durations of 24.5, 25.2, and 24.3 months, respectively. Patients receiving 25 mg/m$^2$ cabazitaxel had the highest radiographic tumour response rate, but also the greatest incidence of grade 3–4 adverse events, including febrile neutropenia, diarrhoea and haematuria. These findings reveal similar efficacy of either approach, albeit with differing risks of adverse events.

**ORIGINAL ARTICLE** Oudard, S. *et al.* Cabazitaxel versus docetaxel as first-line therapy for patients with metastatic castration-resistant prostate cancer: a randomized phase III trial-FIRSTANA. *J. Clin Oncol.* http://dx.doi.org/10.1200/JCO.2016.72.1068 (2017).

## HAEMATOLOGICAL CANCER

### Lenalidomide improves survival after ASCT

A meta-analysis of patient-level data from three randomized controlled trials involving patients with newly diagnosed multiple myeloma indicates that lenalidomide maintenance therapy significantly improves the outcomes of patients undergoing autologous stem-cell transplantation (ASCT). In this analysis, patients receiving lenalidomide had a median progression-free survival duration of 52.8 months versus only 23.5 months in the placebo group. These findings confirm the value of lenalidomide maintenance in this setting.

**ORIGINAL ARTICLE** McCarthy, P. L. *et al.* Lenalidomide maintenance after autologous stem-cell transplantation in newly diagnosed multiple myeloma: a meta-analysis. *J. Clin. Oncol.* http://dx.doi.org/10.1200/JCO.2017.72.6679 (2017)