



progressive disease. Some patients also reported improvements in DTC-related symptoms. Survival at 6 months and 12 months was 89% and 79%, respectively. In addition, the median progression-free survival was 10 months.

As in the previous clinical trial, lenvatinib was associated with adverse effects. As a result of adverse effects, lenvatinib treatment was briefly stopped in 23 patients and was stopped completely in 12 patients. Adverse effects, including fatigue, hypertension, weight loss, diarrhoea and anorexia, were experienced by 93% of patients. Two patients (who both had lung metastases) also experienced pneumothorax during lenvatinib treatment, which was fatal in one patient. The other patient continued treatment with a reduction in the dose of lenvatinib.

The authors of the paper conclude that their results support the use of lenvatinib in real-life patients with rDTC. The high frequency of adverse effects means that patients need to be monitored closely. However, the authors suggest that most adverse effects can be managed by modifying the dose of lenvatinib and with medical therapy.

Claire Greenhill

“ their results support the use of lenvatinib in real-life patients with rDTC ”

Previously, a randomized controlled trial demonstrated that lenvatinib safely and effectively prolongs progression-free survival time in patients with radioiodine-refractory thyroid cancer, leading to its approval by the FDA, EMA and other drug approval bodies. However, clinical trials often exclude the sickest patients so their findings might not be applicable to real-life settings. A new paper published in *Thyroid* confirms that lenvatinib is safe and effective for the treatment of radioiodine-refractory thyroid cancer in real-life patients.

The study included 75 patients with radioiodine-refractory differentiated thyroid cancer (rDTC) who were treated at 27 centres across France. Patients were treated for a median of 6 months, receiving a median dose of lenvatinib of 20 mg per day. The median follow-up period was 7 months from initiation of lenvatinib treatment.

CT scans were used for morphological examinations. No complete response was observed, but 23 patients had a partial response, 38 had stable disease and 4 had

ORIGINAL ARTICLE Berdelou, A. et al. Lenvatinib for the treatment of radio-iodine refractory thyroid cancer in real-life practice. *Thyroid* <http://dx.doi.org/10.1089/thy.2017.0205> (2017)

FURTHER READING Schlumberger, M. et al. Lenvatinib versus placebo in radioiodine-refractory thyroid cancer. *N. Engl. J. Med.* **372**, 621–630 (2015)