

Abiraterone has benefits for metastatic castration-resistant prostate cancer

A new phase III trial shows that when abiraterone is given to men with no or mild symptoms of prostate cancer before chemotherapy it can double the time before tumour progression can be detected by a scan (Ryan et al, 2012).

The trial was stopped early so that all patients in the study could receive abiraterone. The Food and Drug Administration approved abiraterone, in combination with prednisone, for use in patients before chemotherapy.

Professor Johann de Bono, Institute of Cancer Research, London



Some 1088 men from the UK and elsewhere, who had stopped responding to standard hormone-suppressing drugs but had not received chemotherapy, took part in the randomized, double-blind study.

Men taking abiraterone went an average of 16.5 months before tumour growth was detected by a computed tomography or magnetic resonance imaging scan – twice as long as the 8.3 months among men taking a placebo. Men in the abiraterone group also reported less pain than those on placebo.

The drug's benefits appeared greater than in the earlier trial in men with advanced prostate cancer, where men taking abiraterone went an average of 5.6 months before tumour growth was detected, compared with 3.6 months with placebo.

Study author Professor Johann de Bono, leader of the

prostate cancer targeted therapy team at The Institute of Cancer Research and honorary consultant at The Royal Marsden NHS Foundation Trust, said: 'Abiraterone was initially approved for use in patients who had run out of standard treatment options, but this trial shows that if we can give patients the drug at an earlier stage we can slow their decline and block their cancer growth for longer'.

He continued: 'Abiraterone is not only keeping cancer in check and extending men's lives, but it is also set to deliver substantial benefits to men's quality of life, because its side-effects are so much milder than those of conventional chemotherapy.'

Ryan CJ, Smith MR, de Bono JS et al (2012) Abiraterone in metastatic prostate cancer without previous chemotherapy. *N Engl J Med* December 10 (Epub ahead of print)

Contact allergy and allergic contact dermatitis rates still increasing

A team of Danish researchers (Mortz et al, 2012) has looked at the incidence rate and persistence of contact allergy and allergic contact dermatitis in a group of 8th grade school children followed up 15 years later.

Cases of allergic contact dermatitis to nickel had not only persisted but had increased in number, despite increased awareness and preventative measures having been introduced, such as the EU Nickel Directive.

This study was the first to study both contact allergy and allergic contact dermatitis developing from adolescence to adulthood. The research group used the Odense Adolescence Cohort Study which was conducted in 1995–6. The researchers used the same questionnaires, interviews and clinical examinations as used in 1995 in order to conduct the 15-year follow up.

At the time of testing of contact allergy the prevalence increased from 15.1% (of those studied) to 20.1%. Reported past or present allergic contact dermatitis increased from 7.2% to 12.9%.

Mortz CG, Bindslev-Jensen C, Andersen KE (2012) Prevalence, incidence rates and persistence of contact allergy and allergic contact dermatitis in The Odense Adolescence Cohort Study: a 15-year follow-up. *Br J Dermatol* Sep 26 (Epub ahead of print)

Stenting in lower limb arteries is reliable

One-year follow-up results of a worldwide, multicentre trial with 744 patients show that 90% of participants had successful procedures that did not require a repeat treatment.

A new study presents results of a clinical trial of the Misago self-expanding rapid-exchange nitinol stent system (Schulte et al, 2012). The MISAGO 2 study included 744 patients with at least 70% occlusion of the femoral or popliteal arteries who were treated in 76 medical centres worldwide. Success of the procedures was assessed at 6 and 12 months following stent placement.

Mean length of lesions was 63.9 mm; 282 (37.6%) vessels

were completely occluded. Primary study end-points were the need for target lesion revascularization and event-free survival rates for the assessment of efficacy and safety, respectively. At 6 and 12 months post intervention, the overall target lesion revascularization rate was 10.1% among 671 (90.3%) patients evaluated at 1 year (and 3.1% among 709 (95.3%) patients at 6 months). Event-free survival at 12 months was 84.9%.

The use of balloon angioplasty in the peripheral arteries has proven safe and effective – at least in the short term. High plaque burden, low blood flow velocities and

lesion length present obstacles to the success of this technique. The additional placement of a stent can prevent recoil of the dilated vessel, limit residual stenosis and decrease the risk of dissection.

Significant improvements were noted for patients' ischaemic symptoms and pain-free walking distances. With a low incidence of complications, the study raised no safety concerns for use of the Misago system.

Schulte K-L, Kralj I, Gissler HM et al (2012) MISAGO 2: one-year outcomes after implantation of the Misago self-expanding nitinol stent in the superficial femoral and popliteal arteries of 744 patients. *J Endovasc Ther* 19(6): 774–84