

AMERICAN SOCIETY OF CLINICAL ONCOLOGY CHICAGO, MAY 30–JUNE 4

Tamoxifen for 10 years has increased benefits

Ten years of adjuvant treatment with tamoxifen reduces late recurrence and deaths from breast cancer by nearly one-quarter in women with oestrogen receptor-positive breast

Professor Richard Gray, Professor of Medical Statistics, University of Oxford, Oxford



cancer compared to the standard 5 years of tamoxifen, show the UK aTTom study results.

Between 1991 and 2005 the study randomized 6953 women who had been taking tamoxifen for 5 years to continue treatment with tamoxifen for a further 5 years or to stop taking the drug at that point. They were then contacted each year to assess compliance with treatment, recurrence, hospital admissions and deaths.

Results showed that continuing with tamoxifen significantly reduced breast cancer recurrence (580/3468 *vs* 672/3485, $P=0.003$). This reduction was time dependent, with a rate ratio of 0.99 during years 5–6,

0.84 during years 7–9 and 0.75 (25% reduction) from 10 years onwards. Longer treatment with tamoxifen also reduced breast cancer deaths, with the benefit again increasing over time to 24% reduction from 10 years. Non-breast-cancer mortality was not affected.

Lead author Professor Richard Gray, Professor of Medical Statistics at the University of Oxford, said: 'This study and its international counterpart ATLAS confirm that there is definitely a survival benefit from longer tamoxifen treatment and many doctors will likely recommend continuing tamoxifen for an extra 5 years.'

Susan Mayor

Pazopanib delays advanced ovarian cancer relapse

Disease-free survival was extended by an average of 5.6 months compared to placebo in women with advanced ovarian cancer treated in a phase III clinical trial with pazopanib (an oral multikinase inhibitor) following initial successful chemotherapy.

A total of 940 patients with stage III/IV ovarian, fallopian tube and primary peritoneal cancer were randomized to receive pazopanib (800 mg once daily) or placebo for 24 months.

All had prior surgery and five or more rounds of chemotherapy that prevented the disease from worsening. The median time from diagnosis to randomization was 7.1 months in the placebo arm and 7.0 months in the pazopanib arm.

The median progression-free survival in the pazopanib and placebo group was 17.9 and 12.3 months respectively (hazard ratio 0.766, $P=0.0021$). First interim analysis showed no difference in overall survival between the two arms.

'These data show that we finally have a drug that can maintain control over ovarian cancer growth achieved through initial treatments,' said Professor Andreas du Bois, Professor of Gynaecologic Oncology, Kliniken Essen Mitte, Essen, Germany.

Stephen Pinn

Nintedanib trialled in recurrent renal cancer

Sunitinib is established as a standard first-line therapy for patients with advanced renal cell carcinoma. However, in about 20% of patients, treatment is limited because of drug-related toxicity.

Professor Tim Eisen from the Cambridge University Clinical Trials Centre and Department of Oncology, Addenbrooke's Hospital, Cambridge, highlighted data from a phase II study assessing the efficacy and safety of nintedanib, an investigational triple angiokinase inhibitor of vascular endothelial, platelet-derived and fibroblast growth factor receptors, as well as the RET proto-oncogene and the Flt3 kinase protein.

Nintedanib (200 mg twice daily) was evaluated against sunitinib (50 mg once daily) on a two-to-one basis in 96

previously untreated patients (mean age 60.4 years and 55.5 years, COG performance status 0–1) with advanced, unresectable or recurrent clear cell renal cell carcinoma. Treatment continued until disease progression or unacceptable drug-related adverse events.

There was no significant difference in terms of progression-free survival at 9 months (43% *vs* 45%, $P=0.85$) neither were there any statistically significant differences between median progression-free survival (8.44 months *vs* 8.38 months, hazard ratio 1.16, $P=0.56$), confirmed overall response rate (18.8% *vs* 31.3%, $P=0.19$), median overall survival (20.37 months *vs* 21.22 months, $P=0.63$), median time-to-progression (8.48 months *vs* 8.54 months, $P=0.52$) and median time-to-

treatment-failure (8.41 months *vs* 8.36 months, $P=0.46$).

Grade ≥ 3 adverse events occurred in 47% and 56% of nintedanib- and sunitinib-treated patients respectively. Common adverse events included diarrhoea, nausea, fatigue and vomiting.

Significant dermatological adverse events (7.8% *vs* 46.9%) were less frequent with nintedanib than sunitinib. There was no increase from baseline in QTc >60 ms on days one or 15 in nintedanib-treated patients, and there was no relationship between nintedanib exposure and QT interval change.

Professor Eisen concluded that these results provided a sound rationale for further investigation of nintedanib in patients with advanced renal cell carcinoma.

Stephen Pinn