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IN BRIEF

FROM ESMO—BREAST CANCER

Optimal duration of trastuzumab treatment shown?

Since 2005, patients with early stage HER2-positive breast cancer have been treated with 1 year of adjuvant trastuzumab (an anti-HER2 antibody) as standard of care. However, results from the FinHer trial indicated that shorter durations of treatment might be equally efficacious. Against this background, the PHARE trial recruited over 3,380 HER2-positive patients with breast cancer and randomly assigned them to receive either 6 months or 1 year of adjuvant trastuzumab. When the data were presented at a Presidential Symposium Session at the ESMO annual symposium, noninferiority of the shorter trastuzumab treatment could not be shown. Lead author Xavier Pivot stated: “there was a trend favouring the standard 12-month treatment. However, there were significant differences in cardiac events favouring 6-month treatment.”

Original abstract Pivot, X. *et al.* PHARE trial results comparing 6 to 12 months of trastuzumab in adjuvant early breast cancer [abstract]. *Ann. Oncol.* 23 (Suppl. 9), LBA5_PR (2012)

FROM ESMO—BREAST CANCER

Trastuzumab treatment does not need to be extended

In the same ESMO Presidential Symposium where the PHARE breast cancer trial data were discussed, the 8-year follow-up data of the HERA trial were announced. The HERA trial assessed the results of 3,105 patients with early stage HER2-positive breast cancer who were randomly assigned to receive either 1 year or 2 years of adjuvant trastuzumab and who were disease free at 1 year after randomization. The primary end point of the trial was disease-free survival, and this was shown to be comparable in the two arms (hazard ratio of 0.99). In addition, the overall survival and cardiac end points were also comparable for both arms. The presenter of the study, Richard Gelber, pointed out that “the key message of 2012 is that 1 year of treatment with trastuzumab remains the standard of care for HER2-positive breast cancer patients.”

Original abstract Gelber, R. D. *et al.* HERA trial: 2 years versus 1 year of trastuzumab after adjuvant chemotherapy in women with HER2-positive early breast cancer at 8 years of median follow up [abstract]. *Ann. Oncol.* 23 (Suppl. 9), LBA6_PR (2012)

FROM ESMO—LUNG CANCER

Crizotinib data could change practice

PROFILE 1007 is a randomized, phase III clinical trial designed to assess the efficacy of crizotinib as a second-line therapy in patients with non-small-cell lung cancer (NSCLC) who have chromosomal rearrangements of *ALK*—referred to as *ALK*-positive NSCLC. This trial consisted of 347 patients with stage IIIB or IV *ALK*-positive NSCLC who were randomly assigned to receive crizotinib or chemotherapy (pemetrexed or docetaxel). The patients in the crizotinib arm had a longer median progression-free survival than those in the control arm: 7.7 months versus 3.0 months. The study presenter Alice Shaw suggested, “these results establish crizotinib as the standard of care for patients with advanced, previously treated *ALK*-positive NSCLC.”

Original abstract Shaw, A. T. *et al.* Phase III study of crizotinib versus pemetrexed or docetaxel chemotherapy in patients with advanced *ALK*-positive non-small cell lung cancer (NSCLC) (PROFILE 1007) [abstract]. *Ann. Oncol.* 23 (Suppl. 9), LBA1_PR (2012)