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IN BRIEF

LUNG CANCER

Ceritinib is superior to frontline chemotherapy

The findings of a phase III trial in patients with advanced-stage *ALK*-rearranged non-small-cell lung cancer (NSCLC) reveal the superior efficacy of the ALK inhibitor ceritinib compared with that of platinum-based chemotherapy, in the first-line setting. Patients received four cycles of either ceritinib or cisplatin/carboplatin plus pemetrexed, resulting in a significant improvement in the median progression-free survival duration in patients receiving ceritinib (16.6 months versus 8.1 months). However, these improvements come at a price: diarrhoea, nausea and vomiting were all more common adverse events in patients receiving ceritinib compared with those receiving carboplatin or cisplatin. These data indicate that ceritinib provides a more effective but more toxic alternative to platinum-based chemotherapy for patients with *ALK*-rearranged NSCLC.

ORIGINAL ARTICLE Soria, J. C. *et al.* First-line ceritinib versus platinum-based chemotherapy in advanced *ALK*-rearranged non-small-cell lung cancer (ASCEND-4): a randomised, open-label, phase 3 study. *Lancet* http://dx.doi.org/10.1016/S0140-6736(17)30123-X (2017)

PANCREATIC CANCER

Addition of capecitabine prolongs overall survival

Data from a phase III trial in patients with resected pancreatic ductal adenocarcinoma (PDAC), who generally have a poor prognosis, indicate that patients receiving adjuvant capecitabine plus gemcitabine have a superior median overall survival duration compared with patients receiving gemcitabine alone (28.0 months versus 25.5 months). Patients received a total of six 4-week treatment cycles, commencing within 12 weeks of tumour resection, following a full recovery from surgery. No significant differences in self-reported quality of life between the two groups were detected using questionaires at 3, 6 and 12 months into the follow-up period. These data suggest that, despite a higher risk of adverse events in the capecitabine plus gemcitabine arm, this approach is generally tolerated by patients. These findings provide a new standard-of-care treatment for patients with PDAC following tumour resection.

ORIGINAL ARTICLE Neoptolemos J. P. *et al.* Comparison of adjuvant gemcitabine and capecitabine with gemcitabine monotherapy in patients with resected pancreatic cancer (ESPAC-4): a multicentre, open-label, randomised, phase 3 trial. *Lancet* http://dx.doi.org/10.1016/S0140-6736(16)32409-6 (2017)

HEAD AND NECK CANCER

Buparlisib is an effective second-line treatment

The outcomes of a randomized phase II study in patients with platinum-treated, recurrent and/or metastatic squamous-cell carcinoma of the head and neck indicate that treatment with the PI3K inhibitor buparlisib plus paclitaxel provides an improved progression-free survival compared with paclitaxel alone (4.6 months versus 3.5 months). However, patients in the buparlisib group had a higher risk of grade 3–4 adverse events, including hyperglycaemia, anaemia and neutropenia — although investigators described the adverse event profile as manageable. These data provide evidence that buparlisib plus paclitaxel could be an effective approach in this setting, although data from phase III trials are required to support this hypothesis.

ORIGINAL ARTICLE Soulières, D. *et al.* Buparlisib and paclitaxel in patients with platinum-pretreated recurrent or metastatic squamous cell carcinoma of the head and neck (BERIL-1): a randomised, double-blind, placebo-controlled phase 2 trial. *Lancet Oncol.* http://dx.doi.org/10.1016/S1470-2045(17)30064-5 (2017)