



## OncoFlash – Research Updates in a Flash!

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## Does Dose-Reduced Radiotherapy Safely Maintain Survival Outcomes in Human Papilloma Virus Positive Head and Neck Cancer?

**MC1675, a Phase III Evaluation of De-Escalated Adjuvant Radiation Therapy (DART) vs. Standard Adjuvant Treatment for Human Papillomavirus Associated Oropharyngeal Squamous Cell Carcinoma. Ma, D.M. et al. *Int J Radiat Oncol Biol Phys* 2021. [1].**

- Standard 60Gy in 2Gy per fraction delivered once daily over six weeks versus (vs.) DART 30–36Gy in 1.5–1.8Gy per fraction delivered bidaily over two weeks, alongside concurrent Cisplatin or Docetaxel chemotherapy, respectively.
- Two-year results of 194 patients have reported reduced grade  $\geq 3$  toxicity at three months (1.6% DART vs. 7.1% standard of care [ $p = 0.058$ ]), alongside significantly reduced swallow function change compared to baseline and better quality of life (QoL).
- Similar excellent rates of loco-regional control, progression-free survival (PFS) and overall survival (OS) were also reported.
- Caution advised regarding the use of DART for patients with both extranodal extension and N2 disease.

## Does Nivolumab Improves OS and PFS in Relapsed Pleural and Peritoneal Mesothelioma?

**Nivolumab versus placebo in patients with relapsed malignant mesothelioma (CONFIRM): a multicentre,**

**double-blind, randomised, phase 3 trial. Fennel, D.A. et al. *Lancet Oncol* 2021 [2]**

- Median PFS 1.8 months (95% CI 1.4–2.6) in the placebo arm versus 3.0 months (2.8–4.1) in the Nivolumab group (adjusted HR 0.67 [95% CI 0.53–0.85;  $p = 0.0012$ ]).
- Median OS was 6.9 months (95% CI 5.0–8.0) in the placebo arm versus 10.2 months (8.5–12.1) in the Nivolumab arm (adjusted HR 0.69 [95% CI 0.52–0.91];  $p = 0.0090$ ).
- No evidence to support the use of PDL-1 status as a predictive biomarker.
- Nivolumab is currently funded in the second line setting in the UK as an alternative to chemotherapy under the NHS England Covid interim guidance.

## Previously Described Similar OS Between Abiraterone and ADT and Docetaxel and ADT in Locally Advanced and Metastatic Hormone Sensitive Prostate Cancer; Does QoL Data Help Us Choose Between Them?

**Quality of Life in Men With Prostate Cancer Randomly Allocated to Receive Docetaxel or Abiraterone in the STAMPEDE Trial. Rush H. et al. *J Clin Oncol*. 2021. [3].**

- Androgen deprivation therapy (ADT) plus either Docetaxel chemotherapy for up to six cycles with prednisolone, or Abiraterone with prednisolone in the locally advanced or metastatic setting. Abiraterone was continued for two years in patients with non-metastatic disease.
- Prospective data collection; the mean modelled global-QoL score +3.9 points (95% CI, +0.5 to +7.2;  $p = 0.022$ ) higher in patients allocated to Abiraterone and ADT.

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- Global-QoL was also higher for patients allocated to Abiraterone and ADT over the first year (+5.7 points, 95% CI, +3.0 to +8.5;  $p < 0.001$ ).
- Data did not meet the predefined value for clinical significance.

## Does Treating Oligoprogressive Disease with Stereotactic Body Radiotherapy (SBRT) Improve Outcomes in Non-small Cell Lung Cancer (NSCLC) and Breast Cancer?

**Consolidative Use of Radiotherapy to Block (CURB) Oligoprogression – Interim Analysis of the First Randomized Study of Stereotactic Body Radiotherapy (SBRT) in Patients With Oligoprogressive Metastatic Cancers of the Lung and Breast. Tsai, C.J. et al. *Int J Radiat Oncol Biol Phys* 2021. [4].**

- Pre-planned interim analysis of 102 patients within the PROMISE-005 phase II trial comparing the addition of SBRT to  $\leq 5$  oligoprogressive metastases plus standard of care (SOC) treatment to SOC treatment alone.
- Overall, the addition of SBRT significantly increased median PFS (22 weeks [SBRT] vs. 10 weeks [SOC],  $p = 0.005$ ). This was exclusively driven by the NSCLC cohort (44 weeks [SBRT] vs. 9 weeks [SOC],  $p = 0.004$ ).
- There was no significant difference for patients with breast cancer (18 weeks [SBRT] vs. 17 weeks [SOC],  $p = 0.5$ ).

## Conflict of interest

The authors declare no conflict of interest.

## References

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