Pediatric Centers May Improve Survival for Adolescents and Young Adults With ALL

Adolescents and young adults with acute lymphocytic leukemia (ALL) have a survival advantage if they receive treatment at a pediatric cancer center vs an adult center, according to a study published by Mufly et al in *Blood* [4]. The findings also suggest that treatment at a center affiliated with the National Cancer Institute improves overall survival.

**Link Between Risk of Alzheimer's Disease and Melanoma, Nonmelanoma Skin Cancers**

A recent study by Ibler et al in *Journal of the European Academy of Dermatology and Venereology* aimed to determine whether an association exists between melanoma or nonmelanoma skin cancers and Alzheimer's disease.

**Brachytherapy for Patients With Cervical Cancer Does Not Increase Risk of Ureteral Stricture**

New research from two large international trials showed that intracavitary and interstitial brachytherapy for the treatment of cervical cancer is safe and does not increase the risk of ureteral stricture.

**Results From AREN0533: Treating Higher-Risk Favorable-Histology Wilms Tumor**

In a report from the Children's Oncology Group AREN0533 study published in *Journal of Clinical Oncology*, Dix et al [4] found improved survival outcomes with a modified approach to treatment of favorable-histology Wilms tumor with lung metastases.

**Survival Analysis for Adjuvant Chemotherapy vs Observation After Pathologic Complete Response and Resection in Rectal Cancer**

In a propensity-score matching analysis reported in *JAMA Oncology*, Polanco et al [5] found that adjuvant chemotherapy was associated with a survival benefit vs observation among patients with locally advanced rectal cancer who underwent resection after pathologic complete response following neoadjuvant chemoradiotherapy.

**Many Economic Evaluations of Oncotype DX May Have Misleading Conclusions**

Research from the Yale School of Public Health has found that the majority of published papers analyzing the cost-effectiveness of a widely used test for breast cancer used a study design that can increase bias. These findings were published by Wang et al in *Journal of Clinical Oncology*.

**Results From Phase III RANGE Study of Ramucirumab in Advanced or Metastatic Urothelial Cancer**

Additional results were recently announced from the phase III RANGE trial [7] evaluating ramucirumab in combination with docetaxel in patients with locally advanced or resectable or metastatic urothelial carcinoma whose disease progressed on or after platinum-based chemotherapy.

**FDA Approves Dabrafenib Plus Trametinib for Adjuvant Treatment of Melanoma With BRAF V600E or V600K Mutations**

On April 30, 2018, the US Food and Drug Administration (FDA) granted regular approval to dabrafenib (Tafinlar) and trametinib (Mekinist) in combination for the adjuvant treatment of patients with melanoma with BRAF V600E or V600K mutations (as detected by an FDA-approved test) and involvement of lymph nodes following complete resection.

**Addition of Everolimus to Fulvestrant in HR-Positive, HER2-Negative, Aromatase Inhibitor-Resistant Metastatic Breast Cancer**

In a phase II trial reported in *Journal of Clinical Oncology* by Kornblum et al [9], the addition of everolimus to fulvestrant improved progression-free survival in postmenopausal women with hormone receptor (HR)-positive, HER2-negative metastatic breast cancer resistant to aromatase inhibitor therapy.

**REFERENCES**


8. US Food and Drug Administration: FDA approves dabrafenib plus trametinib for adjuvant treatment of melanoma with BRAF V600E or V600K mutations. [https://www.fda.gov/](https://www.fda.gov/)