

## Low Weight Linked With Mortality After Nephrectomy

German researchers, led by Dr. Axel Haferkamp, reported in the May 2008 issue of the *British Journal of Urology International* that a low body mass index (BMI) is linked to a reduction in the long-term survival of patients with renal cell carcinoma after tumor nephrectomy. The researchers studied the effects of BMI on survival among 780 patients who underwent nephrectomy between 1990 and 2005 (median age, 61.6 years). Of the 780 patients, 254 patients died during a median follow-up of 5.3 years. Tumor stage, sex, and BMI were identified as some of the independent prognostic factors. Of these patients, cancer-specific survival rates 5 years postsurgery were found to be significantly higher in obese patients compared to patients with a BMI below 18.5. The overall 5-year cancer-specific survival rate was 67.3%. Patients of normal weight had a survival rate of 62.1%, whereas patients with a BMI less than 18.5 had a survival rate of 47.6%. Patients who were overweight and obese had the highest survival rates, 69.8% and 70.5%, respectively. An analysis performed on the subgroup of patients with solely localized disease demonstrated a less aggressive disease course in overweight patients. This finding led to the conclusion that being underweight is unfavorable because of the possible reduction in cancer-specific survival in patients with renal cell carcinoma treated by nephrectomy; however, the favorable effects of being overweight also require further analysis.

## Exemestane May Improve Survival After Tamoxifen Therapy

An analysis of the National Surgical Adjuvant Breast and Bowel Project (NSABP) B-33 trial found that extended therapy with exemestane (Aromasin, Pfizer), a steroidal aromatase inhibitor, after 5 years of tamoxifen treatment greatly increases relapse-free survival in women with early-stage, hormone receptor-positive breast cancer. Despite the improvement in relapse-free survival with exemestane, the findings did not support the study's primary endpoint, statistically significant improvement in disease-free survival. In the April 20 issue of *Journal of Clinical Oncology*, Dr. Eleftherios P. Mamounas and associates reported the results of a study involving 1,598 postmenopausal women who were

disease-free after tamoxifen therapy and were assigned to receive exemestane (25 mg/day) or placebo on a randomized basis for 5 years. Initially, when the patient accrual process for the B-33 trial began, there was little information available on the benefits of aromatase inhibitors following tamoxifen therapy; however, soon after, the findings of a similar study indicated that therapy with an aromatase inhibitor was beneficial. The NSABP committee thus terminated B-33 accrual and, instead, unblinded treatment assignment and offered exemestane to patients originally randomized to placebo. Of the patients randomized to receive exemestane therapy, 72% continued with the drug. Of the patients who were randomized to placebo, 44% opted to switch to exemestane. After a median of 30 months, follow-up identified a higher 4-year disease-free survival with exemestane as compared to placebo (91% vs 89%); however, the difference was not statistically significant. Conversely, the relapse-free survival with exemestane compared to placebo reached statistical significance (96% vs 94%;  $P=.004$ ). "These findings demonstrate that exemestane may provide another option for the extended adjuvant treatment of postmenopausal women with hormone receptor-positive breast cancer who complete 5 years of adjuvant tamoxifen," noted the researchers. Treatment with exemestane was well tolerated and associated with endurable toxicity. Despite the termination of patient accrual and the crossover to exemestane, the original exemestane randomization resulted in decreases in disease-free- and relapse-free-survival events, similar to the decrease seen with nonsteroidal aromatase inhibitors in this setting.

### In Brief

**Prophylactic aerosolized liposomal amphotericin B prevents invasive pulmonary aspergillosis** in high-risk patients with chemotherapy-induced prolonged neutropenia. (*Clin Infect Dis.* 2008;46:1401-1408.)

**The 5- and 10-year survival rates for patients with scalp and neck melanomas are 9% and 13% lower**, respectively, than for patients with melanomas elsewhere on the body. (*Arch Dermatol.* 2008;144:515-521.)