

Pemetrexed Maintenance Therapy Following Induction Therapy in Advanced NSCLC

According to a study in the February 16 online issue of *The Lancet Oncology* by Paz-Ares and associates, continuation of pemetrexed (Alimta, Eli Lilly) as maintenance therapy significantly reduced the risk of disease progression and was well tolerated in patients with advanced nonsquamous non–small cell lung cancer (NSCLC) who had not progressed after induction therapy with pemetrexed plus cisplatin. In the randomized, double-blind, multicenter phase III PARAMOUNT (Phase III Study of Maintenance Pemetrexed [pem] Plus Best Supportive Care [bsc] Versus Placebo Plus bsc Immediately Following Induction Treatment With Pem Plus Cisplatin for Advanced Nonsquamous Non-Small Cell Lung Cancer [NSCLC]) trial, patients who did not progress on standard therapy and had an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 were subsequently randomized to maintenance therapy with either pemetrexed (500 mg/m² on day 1 of a 21-day cycle) plus best supportive care (359 patients) or placebo plus best supportive care (180 patients) until disease progression. Median progression-free survival was 4.1 months for the pemetrexed arm versus 2.8 months for the placebo arm. Patients in the pemetrexed group experienced more grade 3/4 adverse events (9%) than patients in the placebo group (1%).

Helicobacter Pylori Eradication Therapy in Early-Stage Gastric Diffuse Large B-Cell Lymphoma

Results from an explorative study published in the March 7 online issue of *Blood* showed that a significant portion of early-stage, *Helicobacter pylori*-positive gastric de novo DLBCL is *H. pylori*-dependent and responds to antibiotic treatment. Kuo and coworkers evaluated the efficacy of *H. pylori* eradication (HPE) therapy in early-stage gastric diffuse large B-cell lymphoma (DLBCL) without features of mucosa-associated lymphoid tissue (MALT), known as pure (de novo) DLBCL, compared with its efficacy in high-grade transformed tumors (DLBCL with features of MALT; DLBCL[MALT]). Of the 16 de novo DLBCL patients, 100% experienced successful eradication of *H. pylori* infection, compared with 32 of the 34 DLBCL(MALT) patients. Complete pathologic remission following HPE occurred in 68.8% of patients with de novo DLBCL and in 56.3% of patients with DLBCL(MALT).