PEOPLE

Napoleone Ferrara, MD, a professor of pathology and senior deputy director for basic sciences at the University of California, San Diego, Moores Cancer Center, was named editor-in-chief of *Molecular Cancer Therapeutics,* effective September 1. He replaces John C. Reed, MD, PhD.

Before joining Moores Cancer Center in 2012, Ferrara held various scientific positions over 24 years at Genentech in South San Francisco, CA. Prior to that, he served as a postdoctoral research fellow at the Cancer Research Institute at the University of California, San Francisco.

Ferrara's research focuses on the mechanisms of angiogenesis. His pioneering work led to the identification of *VEGF* and the development and approval of two drugs: the anti-VEGF monoclonal antibody bevacizumab (Avastin) for the treatment of multiple cancers and the anti-VEGF monoclonal antibody fragment ranibizumab (Lucentis) for the treatment of age-related macular degeneration. He has received numerous awards, including the Lasker-DeBakey Clinical Medical Research Award.

Steve Hockstein

Bruce G. Haffty, MD, professor and chair of radiation oncology at Rutgers' Robert Wood Johnson Medical School, New Jersey Medical School, and Cancer Institute of New Jersey in New Brunswick, began a 1-year term as president of the American Society for Radiation Oncology in September.

A graduate of Yale School of Medicine in New Haven, CT, Haffty completed his training at Yale-New Haven Hospital. Later a professor of therapeutic radiology at Yale, he served in multiple leadership roles there before moving to New Jersey in 2005.

Haffty's areas of expertise include breast cancer and head and neck cancer. His research aims to identify molecular markers of sensitivity and resistance to radiation.

Olaparib Enters Phase III Clinical Testing

AstraZeneca announced in September the launch of two phase III studies for its PARP inhibitor olaparib in patients with *BRCA*-mutated ovarian cancer. The initiative comes nearly 2 years after an interim analysis of a phase II trial of olaparib in a broader population of ovarian cancer patients showed no overall survival benefit, which led AstraZeneca to discontinue the drug's development in 2011.

The drug maker decided to forge ahead with phase III trials of olaparib after a retrospective analysis of the phase II data showed a marked effect in ovarian cancer patients with a *BRCA* mutation, says Jane Robertson, MD, executive global clinical director at AstraZeneca. "We were getting a lot of pleas from the investigators who had worked on it in the early part of the program to carry on the development," she says.

Median progression-free survival in patients with a *BRCA* mutation reached 11.2 months with olaparib maintenance therapy compared with 4.3 months with placebo, according to the subgroup analysis presented at the American Society of Clinical Oncology (ASCO) 2013 Annual Meeting in June. Median overall survival for patients with a *BRCA* mutation was 3 months longer among those who received olaparib compared with placebo, a finding potentially confounded by 22.6% of placebo patients later receiving another PARP inhibitor.

Difficulty identifying the right dose and schedule for a new oral tablet formulation also necessitated the drug's nearly 2-year hiatus, Robertson explains. "We didn't give up on olaparib," she says. "Now, we're confident we have the right dose and schedule, and we have a clear patient population we know benefits that we can focus our phase III studies on."

The two phase III studies are investigating the PARP inhibitor as maintenance monotherapy. The U.S.-based SOLO 1 study will test olaparib in *BRCA*-mutated ovarian cancer patients who have a complete or partial response to platinum-based chemotherapy in the first-line setting. The Europe-based SOLO 2 trial will test the drug in patients who have a complete or partial response to platinum-based chemotherapy for *BRCA*-mutated ovarian cancer that has relapsed. Results from both studies are expected by 2016.

Susan Domchek, MD, director of the Basser Research Center at the University of Pennsylvania's Abramson Cancer Center in Philadelphia, has conducted research with olaparib in *BRCA*-mutation carriers with ovarian, breast, pancreatic, and prostate cancers. "The resurgence of interest in these drugs is very exciting," she says of PARP inhibitors.

"These new studies emphasize that we must target the group of patients who are most likely to respond based on the cancer's underlying biology," says Domchek, who presented a separate phase II olaparib study at the ASCO meeting. "For olaparib, that's *BRCA1*- and *BRCA2*-mutation carriers."

BRCA1/2 mutations, which are present in about 15% of ovarian cancers, disable the cancer cell's ability to repair double-strand DNA breaks through homologous recombination. Treatment with olaparib blocks PARP, an enzyme involved in the repair of single-strand DNA breaks. Without these pathways it is thought that cells are unable to repair their DNA, and may die.

AstraZeneca recently launched a study in Asia to test olaparib in advanced gastric cancer. The company also plans to assess its effectiveness in *BRCA*-mutated breast cancer and lung cancer. ■

Targeting and Retargeting in Lung Cancer

Clinical studies show that epidermal growth factor receptor (EGFR)–directed treatment is better than chemotherapy in first-line treatment of non–small cell lung cancer (NSCLC) with EGFR mutations. That result holds up consistently in terms of response rate, quality of life, and progression-free survival (PFS) across eight trials, according to a recent *Journal of Clinical Oncology* editorial written by Corey Langer, MD, a professor of medicine at the University of Pennsylvania and director of thoracic