**Exercise and Mortality in Survivors of Childhood Cancer**

Adult survivors of childhood cancer are at risk for many health issues, and Scott et al asked whether exercise could attenuate those risks. In a cohort analysis of 15,450 adult survivors of childhood cancer from the Childhood Cancer Survivor Study, the authors found a significant inverse association across quartiles of exercise and all-cause mortality after adjusting for comorbidities and treatment exposures. Among a subset of 5,689 survivors, increased exercise over an 8-year period was associated with improved all-cause mortality vs maintenance of low exercise. Exercise, particularly if vigorous, can benefit these adult survivors.

**Lay Health Worker Intervention for Veterans With Cancer**

The use of lay health workers improves cancer screening and treatment adherence, but does such a program affect health care use and cost of care? Patel et al conducted a randomized clinical trial of 213 patients with stage 3 or 4 or recurrent cancer in the Veterans Affairs system. After 6 months, intervention patients had greater documentation of goals of care than controls and larger increases in satisfaction; in the 30 days before death, they also had greater hospice use, fewer emergency department visits and hospitalizations, and lower costs. The use of lay health workers in the VA system can benefit patients.

**Complementary Medicine and Survival of Curable Cancers**

Many patients use complementary medicine (CM) during cancer treatment, and Johnson et al questioned whether these patients were less likely to adhere to standard treatment regimens. Using National Cancer Database data on 1,901,155 patients with nonmetastatic breast, prostate, lung, or colorectal cancer, the authors found that those using CM did not delay initiating standard treatment but more often refused surgery, chemotherapy, radiotherapy, and hormone therapy. Patients who used CM had poorer 5-year overall survival and greater risk of death than those who did not. The importance of adherence to treatment should be emphasized for patients who are interested in CM.

**Maintenance Treatment and Survival in Myeloma**

Gay et al analyzed and compared the effectiveness of different maintenance regimens for newly diagnosed multiple myeloma via a network meta-analysis. Eleven trials and 8 different treatment regimens including a total of 5,073 participants were included. Studying progression-free survival analysis, lenalidomide-based regimens (lenalidomide-prednisone, lenalidomide alone) were identified as the most effective options. An overall survival analysis suggested that lenalidomide alone was the best option. These data provide some basis for a preferred choice of regimen for maintenance therapy.