In this open-label, single-arm phase 2 trial, Edeline and colleagues evaluated concomitant first-line chemotherapy with cisplatin and gemcitabine with selective internal radiotherapy for treatment of unresectable intrahepatic cholangiocarcinoma (ICC). A total of 41 patients were enrolled. The combination chemotherapy and radiotherapy had antitumor activity in unresectable ICC, and a significant proportion of patients were downstaged to surgical intervention. Scott and Shroff provide an Editorial.

Editorial

Hepatic Arterial Infusion of Floxuridine for ICC

In this single-arm phase 2 clinical trial by Cercek and colleagues, 38 patients with unresectable intrahepatic cholangiocarcinoma (ICC) were treated with hepatic arterial infusion of floxuridine in combination with systemic gemcitabine and oxaliplatin. Hepatic arterial infusion plus systemic chemotherapy appears to be highly active and tolerable in patients with unresectable ICC. Scott and Shroff provide an Editorial.

Editorial

Lumpectomy and Reirradiation for Breast Cancer Recurrence

In the NRG Oncology/Radiation Therapy Oncology Group 1014 trial, Arthur and colleagues conducted a phase 2, single-arm, prospective clinical trial of partial breast reirradiation after a second lumpectomy for recurrence of breast cancer in the ipsilateral breast after previous whole breast irradiation. Of the 58 women who were evaluable for analysis, 4 had breast cancer recurrence with a 5-year cumulative incidence of 5%. A second breast conservation was achievable in 90% of patients. Cook and DiNome provide an Invited Commentary.

Invited Commentary

Ipilimumab After Chemoradiotherapy in Cervical Cancer

In this multi-institutional phase 1 trial by Mayadev and colleagues, 21 patients with nodal-positive cervical cancer received chemoradiotherapy followed by ipilimumab therapy at a maximum tolerated dose of 10 mg/kg. Human papillomavirus genotype and human leukocyte antigen subtype were not associated with progression-free survival or overall survival. The 12-month overall survival was 90%, and progression-free survival was 81%. Data suggest that the approach is tolerable with encouraging clinical efficacy.

Abemaciclib Plus Fulvestrant in Breast Cancer

Sledge and colleagues performed a phase 3 randomized clinical trial (MONARCH 2) of abemaciclib plus fulvestrant vs placebo plus fulvestrant for treatment of women with hormone receptor-positive, ERBB2-negative advanced breast cancer that progressed during endocrine therapy. A total of 669 patients were randomized. Treatment with abemaciclib plus fulvestrant resulted in a statistically significant and clinically meaningful improvement in median overall survival.

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