New Staging System for Multiple Myeloma
Zoledronic Acid for Multiple Myeloma
Researchers Identify Factors Boosting Leukemia’s Aggressiveness
New Lymphoma Therapy May Be More Effective With Fewer Side Effects
Armed Antibody Triggers Remissions for Hodgkin Lymphoma
Pancreatic Cancers May Develop Slowly Over Many Years
Peptide to Treat Atherosclerosis Inhibits Ovarian Growth in Animal Models
Prostate Cancer’s Multiple Personalities Revealed
More Evidence Suggests Aspirin May Prevent Colorectal Cancer
Personalized Therapeutic Vaccine for Glioma
Targeted Therapy for High Grade Glioma
A Signaling Pathway that may Drive Pediatric Bone Cancer
Protein Found on Tumor Blood Vessels Might Be Cancer Target
Surgical Procedure for Spine Fractures in Cancer Patients
It’s Never Too Late to Lower Your Cancer Risk
Glossary

News in Brief: Chemoablation of Metastatic Melanoma. p.164
Chemoablation of Metastatic Melanoma: Results of a Phase II clinical study of Rose Bengal (PV-10) for metastatic melanoma was conducted by Provectus Pharmaceuticals, Inc. and was presented at the 4th Interdisciplinary Melanoma & Skin Cancer Center’s Meeting, held at the Melanoma 2010 Congress in Sydney, Australia on November 4, 2010. The preliminary data are promising. In this study cohort of 80 subjects, 14 subjects had Stage IV-M1b melanoma and 11 subjects had Stage IV-M1c (the most advanced stage, characterized by metastases to the liver, brain or other visceral sites). A Complete Response (CR) of PV-10 injected lesions was achieved in 24% of subjects, Partial Response (PR, requiring at least a 30% reduction in tumor volume) in 25% of subjects and Stable Disease (SD, requiring less than 20% increase in tumor volume) in 18% of subjects, with 23% of subjects experiencing disease progression (PD, 20% or greater increase in tumor volume). Response was considerably higher in the 55 subjects with cutaneous or nodal disease only than in the 25 subjects with visceral metastases (35% OR with a 56% rate of disease control). An OR was achieved in untreated bystander lesions in 37% of subjects having an evaluable bystander lesion at baseline, with 55% of subjects achieving locoregional disease control in their bystander lesions. Bystander response was closely correlated with successful ablation of injected lesions, with 67% of subjects achieving an OR of their bystander lesions if they achieved an OR in their injected lesions vs. 5% in subjects who did not achieve an OR in their injected lesions. Mean Progression Free Survival was 8.2 months for all subjects, while the OR cohort had a significantly longer PFS estimated to be 11.7 months vs. 4.1 months for SD or PD subjects; subjects with cutaneous or nodal disease achieved a mean PFS of 8.8 months vs. 6.2 months for subjects with visceral metastases. Adverse Experiences (“AE”) during the study interval were generally mild to moderate, locoregional and transient, with no deaths or life-threatening experiences attributable to PV-10.