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GASTROINTESTINAL NEWS

Newsletter di aggiornamento sui tumori gastrointestinali

GASTROINTESTINAL NEWS nel 2007 si presenta rinnovato sia nella veste che nel contenuto. Nato per iniziativa del comitato scientifico e coordinato da Intermedia, mantiene la pubblicazione quindicinale e continua ad occuparsi di cancro gastrointestinale. Le news non verranno più tradotte in italiano, ma pubblicate in lingua inglese e, una volta al mese, verrà proposto un commento su un particolare articolo, preparato da un componente del comitato scientifico.

NEWS DALLA RICERCA

Split-dose docetaxel, cisplatin and leucovorin/fluorouracil as first-line therapy in advanced gastric cancer and adenocarcinoma of the gastroesophageal junction: results of a phase II trial - Annals of Oncology 2007; Volume 18, Number 10, October: Pages 1673 – 1679 (abstract)

A Multicentre Phase II Study of Docetaxel plus Cisplatin for the Treatment of Advanced Gastric Cancer - Chemotherapy 2007; Volume 53: Pages 454 – 460 (abstract)

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NEWS DALLA RICERCA

Split-dose docetaxel, cisplatin and leucovorin/fluorouracil as first-line therapy in advanced gastric cancer and adenocarcinoma of the gastroesophageal junction: results of a phase II trial

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Annals of Oncology 2007; Volume 18, Number 10, October: Pages 1673–1679

Background: Phase II and III trials of docetaxel, cisplatin and fluorouracil (DCF) have shown superior efficacy versus cisplatin and fluorouracil alone but high rates of hematologic toxicity in advanced gastric cancer. To reduce toxicity while maintaining the efficacy of DCF, we investigated split doses of docetaxel (T), cisplatin (P), leucovorin (L) and fluorouracil (F).

Patients and methods: Chemotherapy-naive patients with advanced gastric-/esophageal adenocarcinomas received T 50 mg/m2 and P 50 mg/m2 on days 1, 15 and 29 and L 500 mg/m2 plus F 2000 mg/m2 weekly, every 8 weeks. Because significant dose reductions to <80% became necessary in 80% of patients, the regimen was amended after the first 15 patients to T 40 mg/m2, P 40 mg/m2, L 200 mg/m2 and F 2000 mg/m2. The primary endpoint was response rate.

Results: Sixty patients were enrolled: 24 had locally advanced (LA) tumors and 36 had metastatic disease. Grade 3/4 toxicities included neutropenia (22%), febrile neutropenia (5%), diarrhea (20%) and lethargy (18%). The overall response rate was 47%. Twenty-three LA patients underwent secondary surgical resection (96%); complete resection was achieved in 87%. Overall, median time to progression and overall survival were 9.4 and 17.9 months, respectively (8.1 and 15.1 months, respectively, for patients with metastatic disease).

Conclusion: T-PLF regimen is highly active and has a favorable toxicity profile.

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A Multicentre Phase II Study of Docetaxel plus Cisplatin for the Treatment of Advanced Gastric Cancer

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Chemotherapy 2007;Volume 53: Pages 454 – 460

Background: The optimum regimen for advanced gastric cancer requires definition. This multicentre phase II study evaluated docetaxel-cisplatin combination in advanced gastric cancer.

Methods: Chemotherapy-naïve patients with locally advanced or metastatic disease received docetaxel plus cisplatin (75/75 mg/m 2) every 21 days for up to 9 cycles. Endpoints included tumour response, time to progression, overall survival and toxicity.

Results: Of 113 patients recruited, 88 were completely evaluable. The median age was 58 years, and most patients had metastatic disease. The overall response rate was 29.6%. Five patients (5.7%) achieved a complete response and 21 patients (23.9%) had a partial response. Tumour control, including stable disease, was achieved in 57 patients (64.8%). The median time to progression and median overall survival time was 4.8 and 8.7 months, respectively. The major toxicity was haematological: 37.5% of patients experienced grade 3–4 neutropenia, whereas febrile neutropenia was observed in only 2% of patients.

Conclusion: Docetaxel-cisplatin was active with a predictable and manageable toxicity profile.

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Effect of timing of metastasis/disease recurrence and histologic differentiation on survival of patients with advanced gastric cancer

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Cancer 2007 Volume 110, Issue 10, 15 November: Pages 2186 - 2190

Background Patients with advanced gastric cancer have a median survival (MS) of <9 months. It is unclear whether the MS of patients who have advanced cancer at the time of diagnosis (synchronous, Group A) is different from that for patients who develop advanced cancer after curative surgery (metachronous, Group B). It was hypothesized that survival would be similar.

Methods The medical records of all patients treated at the University of Texas M. D. Anderson Cancer Center who were in either Group A or Group B were reviewed. Survival of patients was assessed by the Kaplan-Meier method. A Cox proportional hazards model was used for multivariate hazards ratios that were adjusted for the effects of location of recurrence, histologic differentiation, patient sex and age, the location of the primary tumor, and timing of disease recurrence (Group A or Group B) on survival.

Results In all, 773 consecutive patients qualified for the analysis. The distribution of age, race, histologic differentiation, and primary tumor location was similar in both groups. The MS of Group A (n = 603 patients) and Group B (n = 170 patients) was the same (7.6 months). Similarly, the location of the primary tumor and patient sex were found to have no impact on survival. Patients with poorly differentiated tumors (World Health Organization grade 3 or 4) were found to have a shorter survival compared with those with well-differentiated or moderately differentiated tumors (grade 1 or 2; $P = .004$). Patients with distant metastases had a shorter survival ($P = .01$) than those with locoregional disease recurrence.

Conclusions The data show that MS is similarly poor in patients with advanced gastric cancer with synchronous metastasis (Group A) or those with metachronous metastasis/disease recurrence (Group B). Poor differentiation and anatomically distant site of metastasis were found to impact MS adversely.

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Ex vivo sentinel lymph node “mapping” in colorectal cancer

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European Journal of Surgical Oncology (EJSO) 2007; Volume 33, Issue 10, December, Pages 1177 - 1182

Background The purpose of this study was to evaluate the feasibility and reliability of ex vivo sentinel lymph node mapping in patients with colorectal cancer.
Methods In the period January–June 2006, 44 consecutive patients underwent curative surgery for colorectal cancer. In patients with colon and rectal cancer, 0.5–2 ml of Patent Blue Dye was injected submucosally. The injection sites where then gently massaged for 5 min.
Results In 96% of the patients with colon cancer and 94% of the patients with rectal cancer, at least one sentinel lymph node was found.
There were no patients with a false negative sentinel node. The sensitivity was 100% with a negative predictive value of 100%. In 19% of the patients with colon cancer and 18% of the patients with rectal cancer the sentinel node was the exclusive site of lymph node metastases. After additional sectioning and staining, 7 of the 23 patients (30%) with a Dukes B colorectal cancer were upstaged.
Conclusion The technique of ex vivo sentinel lymph node mapping is technically feasible with high sensitivity, high negative predictive value and a high rate of upstaging.
The next step is to investigate, if detection of micro-metastases is associated with decreased survival and/or increased local recurrence rates.

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Cetuximab for the Treatment of Colorectal Cancer

Derek J. Jonker, M.D., Chris J. O'Callaghan, Ph.D., Christos S. Karapetis, M.D., John R. Zalcberg, M.D., Dongsheng Tu, Ph.D., Heather-Jane Au, M.D., Scott R. Berry, M.D., Marianne Krahn, M.D., Timothy Price, M.D., R. John Simes, M.D., Niall C. Tebbutt, M.D., Guy van Hazel, M.D., Rafal Wierzbicki, M.D., Christiane Langer, M.D., and Malcolm J. Moore, M.D.

Ottawa Hospital Research Institute, University of Ottawa, Ottawa (D.J.J.); National Cancer Institute of Canada Clinical Trials Group, Queen's University, Kingston, ON (C.J.O., D.T.); Flinders Medical Centre, Adelaide, Australia (C.S.K.); Peter MacCallum Cancer Centre and Department of Medicine, University of Melbourne, Melbourne, Australia (J.R.Z.); Cross Cancer Institute, Edmonton, AB, Canada (H.-J.A.); Toronto–Sunnybrook Regional Cancer Centre, Toronto (S.R.B.); St. Boniface General Hospital, Winnipeg, MB, Canada (M.K.); Queen Elizabeth Hospital, Adelaide, Australia (T.P.); National Health and Medical Research Council Clinical Trials Centre, University of Sydney, Sydney (R.J.S.); Austin Health, Melbourne, Australia (N.C.T.); Sir Charles Gairdner Hospital, Perth, Australia (G.H.); Lakeridge Health, Oshawa, ON, Canada (R.W.); Bristol-Myers Squibb, Wallingford, CT (C.L.); and Princess Margaret Hospital, Toronto (M.J.M.). Drs. Jonker and O'Callaghan contributed equally to this article.

The New England Journal of Medicine 2007; Volume 357, Number 20, November 15: Pages 2040 - 2048

Background Cetuximab, an IgG1 chimeric monoclonal antibody against epidermal growth factor receptor (EGFR), has activity against colorectal cancers that express EGFR.

Methods From December 2003 to August 2005, 572 patients who had colorectal cancer expressing immunohistochemically detectable EGFR and who had been previously treated with a fluoropyrimidine, irinotecan, and oxaliplatin or had contraindications to treatment with these drugs underwent randomization to an initial dose of 400 mg of cetuximab per square meter of body-surface area followed by a weekly infusion of 250 mg per square meter plus best supportive care (287 patients) or best supportive care alone (285 patients). The primary end point was overall survival.

Results In comparison with best supportive care alone, cetuximab treatment was associated with a significant improvement in overall survival (hazard ratio for death, 0.77; 95% confidence interval [CI], 0.64 to 0.92; P=0.005) and in progression-free survival (hazard ratio for disease progression or death, 0.68; 95% CI, 0.57 to 0.80; P<0.001). These benefits were robust after adjustment in a multivariable Cox proportional-hazards model. The median overall survival was 6.1 months in the cetuximab group and 4.6 months in the group assigned to supportive care alone. Partial responses occurred in 23 patients (8.0%) in the cetuximab group but in none in the group assigned to supportive care alone (P<0.001); the disease was stable in an additional 31.4% of patients assigned to cetuximab and in 10.9% of patients assigned to supportive care alone (P<0.001). Quality of life was better preserved in the cetuximab group, with less deterioration in physical function and global health status scores (both P<0.05). Cetuximab treatment was associated with a characteristic rash; a rash of grade 2 or higher was strongly associated with improved survival (hazard ratio for death, 0.33; 95% CI, 0.22 to 0.50; P<0.001). The incidence of any adverse event of grade 3 or higher was 78.5% in the cetuximab group and 59.1% in the group assigned to supportive care alone (P<0.001).

Conclusions Cetuximab improves overall survival and progression-free survival and preserves quality-of-life measures in patients with colorectal cancer in whom other treatments have failed.

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APPUNTAMENTI

1° CONVEGNO NAZIONALE MULTIDISCIPLINARE DI MEDICINA

Convegno di Oncologia: "Prevenzione, Diagnosi, Stadiazione, Terapia e Supporto Psicologico al malato e ai parenti per tumori del Colon Rettale, Polmoni e Mammella"
Evento patrocinato AIOM - Presidente: Prof. Edmondo Terzoli
Roma, 17-20 gennaio 2008 - Nuova Fiera di Roma, Angelo Vescovali, Entrata Nord
Organizzazione: eXit-Us s.r.l.
Via IV Novembre, 15 - 31100 Treviso
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II WORKSHOP CANCRO DEL COLON-RETTO

Roma, 8-9 febbraio 2008 - Istituto Regina Elena, Centro Congressi Bastianelli
Per scaricare il programma consulta il sito web: www.medinews.it (Società Scientifiche-AIOM-Appuntamenti)

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INIBIZIONE DELL'ANGIOGENESI: COME STA CAMBIANDO LA STORIA NATURALE DELLA MALATTIA

Modena, 14-15 febbraio 2008
Promosso da: Accademia Nazionale di Medicina
Policlinico Sant'Orsola-Malpighi, Palazzina Cup,
Via Massarenti 9, 40138 Bologna
Tel 0516360080; Fax 0516364605
E-mail: manganelli@accmed.org
Per scaricare il programma consulta il sito web: www.medinews.it (Società Scientifiche-AIOM-Appuntamenti)

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TERZO CORSO NAZIONALE PER IL TEAM ONCOLOGICO

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