

GASTROINTESTINAL NEWS

Newsletter di aggiornamento sui tumori gastrointestinali

Comitato Scientifico: *Corrado Boni, Stefano Cascinu, Francesco Cognetti, Pierfranco Conte, Francesco Di Costanzo, Roberto Labianca*
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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.

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Capecitabine plus oxaliplatin and irinotecan regimen every other week: a phase I/II study in first-line treatment of metastatic colorectal cancer - Annals of Oncology 2007; Volume 18, Number 11, November: Pages 1810 - 1816 (abstract)

Severe enteropathy among patients with stage II/III colon cancer treated on a randomized trial of bolus 5-fluorouracil/leucovorin plus or minus oxaliplatin A prospective analysis - Cancer 2007; Volume 110, Issue 9, 1 November: Pages 1945 - 1950 (abstract)

Which patients with colorectal cancer are followed up by general practitioners? A population-based study - European Journal of Cancer Prevention 2007; Volume 16, Number 6, December: Pages 535 - 541 (abstract)

Menstrual and reproductive factors and gastric cancer risk in a large prospective study of women - Gut 2007; Volume 56, Number 12, December: Pages 1671 - 1677 (abstract)

Adjuvant Chemotherapy for Gastric Cancer with S-1, an Oral Fluoropyrimidine - The New England Journal of Medicine 2007 Volume 357 Number 18, November 1: 1810-1820 (abstract)

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NEWS DALLA RICERCA

Capecitabine plus oxaliplatin and irinotecan regimen every other week: a phase I/II study in first-line treatment of metastatic colorectal cancer

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Annals of Oncology 2007; Volume 18, Number 11, November: Pages 1810 - 1816

Background: A phase I/II study was performed to determine the safety and activity of a capecitabine plus oxaliplatin and irinotecan (COI) regimen using capecitabine concurrently with oxaliplatin and irinotecan in previously untreated patients with metastatic colorectal cancer.

Patients and methods: Patients received irinotecan on day 1, oxaliplatin (85 mg/m²) on day 2 and capecitabine (1000 mg/m² orally twice daily) on days 2–6 of a biweekly schedule. Three dose levels ranging from 150 to 180 mg/m² were explored for irinotecan in sequential cohorts of three to six patients. Once the recommended dose was determined, a total of 28 eligible patients were planned at this dose level.

Results: Thirty-eight patients received a median of six cycles. The recommended phase II dose of irinotecan was 180 mg/m². Toxicity was manageable: the most common severe toxicities were diarrhoea (24%) and nausea (16%). Of 27 assessable patients treated at the recommended dose, 17 achieved a partial response (overall response rate (ORR) 63%; 95% confidence interval (CI), 44 to 78%), with eight patients undergoing liver metastasectomy. Estimated progression-free survival and overall median survival were 8.5 and 23.5 months, respectively.

Conclusions: Biweekly COI is feasible and active. Tolerability and ease of administration make the regimen well suited for downsizing hepatic colorectal metastases before curative surgery.

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Severe enteropathy among patients with stage II/III colon cancer treated on a randomized trial of bolus 5-fluorouracil/leucovorin plus or minus oxaliplatin A prospective analysis

J. Philip Kuebler, MD^{1,2}, Linda Colangelo, MD³, Michael J. O'Connell, MD¹, Roy E. Smith, MD⁴, Greg Yothers, MD³, Mirsada Begovic, MD³, Bridget Robinson, MD^{5||}, Thomas E. Seay, MD⁶, Norman Wolmark, MD^{1,7}

¹National Surgical Adjuvant Breast and Bowel Project (NSABP), Pittsburgh, Pennsylvania ²Community Clinical Oncology Program (CCOP) Columbus, Ohio ³Biostatistical Center, National Surgical Adjuvant Breast and Bowel Project (NSABP), Pittsburgh, ⁴Shadyside Hospital, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania ⁵Christchurch Hospital, Christchurch, New Zealand ⁶Atlanta Cancer Care, Atlanta, Georgia ⁷Allegheny General Hospital, Pittsburgh, Pennsylvania

Cancer 2007; Volume 110, Issue 9, 1 November: Pages 1945 - 1950

Background Cases of severe gastrointestinal toxicity were monitored prospectively during NSABP C-07, a randomized clinical trial of adjuvant therapy for patients with stage II/III colon cancer.

Methods Patients were treated with weekly bolus 5-fluorouracil (5-FU) and leucovorin (FL; "Roswell Park Regimen") or the same regimen plus oxaliplatin (FLOX).

Results Of 1857 patients, 79 (4.3%) developed a syndrome of bowel wall injury (BWI, small or large) characterized by hospitalization for the management of severe diarrhea or dehydration and radiographic or endoscopic evidence of bowel wall thickening or ulceration. Fifty-one (64.6%) of these adverse events occurred in patients treated with FLOX and 28 (35.4%) in those treated with FL ($P < .01$). Enteric sepsis (ES), characterized by grade 3 or greater diarrhea and grade 4 neutropenia with or without proven bacteremia occurred in 22 patients treated with FLOX, versus 8 in those treated with FL ($P = .01$). Patients >60 years were at higher risk for BWI after treatment with FLOX (6.7%) versus treatment with FL (2.9%, $P < .01$). Female patients had a higher incidence of BWI with FLOX (9.1%) than with FL (3.9%, $P < .01$). Severe gastrointestinal toxicity usually occurred during the third or fourth week on the first cycle of therapy, required hospitalization, and was managed with fluids, antidiarrheals, and antibiotics. There were 5 deaths (0.3%) due to enteropathy, 2 related to ES and 3 related to both BWI and ES. Seventy-one percent of patients resumed treatment with FL after recovery.

Conclusions Patients treated with adjuvant FL should be closely monitored for diarrhea and aggressively managed, especially if oxaliplatin has been added to the regimen.

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Which patients with colorectal cancer are followed up by general practitioners? A population-based study

Mahboubi, Amel; Lejeune, Catherine; Coriat, Romain; Binquet, Christine; Bouvier, Anne-Marie; Bejean, Sophie; Bedenne, Laurent ; Bonithon-Kopp, Claire

European Journal of Cancer Prevention 2007; Volume 16, Number 6, December: Pages 535 - 541

Abstract: The aim of the study was to assess the contribution of general practitioners in the surveillance of colorectal cancer, and to examine characteristics and survival of patients with routine general practitioner follow-up. This French registry-based study included 389 patients diagnosed with first colorectal cancer in 1998 and free of disease at least 6 months after curative surgery. For each physician involved, medical records were thoroughly reviewed to collect information about the clinical examinations and follow-up tests prescribed within 3 years after surgery or until death or detection of recurrence. Five-year vital status was obtained through registry records. The proportion of routine clinical examinations performed by general practitioners increased from 35% in the first year to 65% in the third year. Patients having undergone regular general practitioner routine examinations (\geq one examination every 6-month period) had significantly less advanced disease (odds ratio: 0.45; 95% confidence interval: 0.21-0.96), preoperative complications (odds ratio: 0.28; 95% confidence interval: 0.08-0.91) and routine examinations by gastroenterologists/oncologists (odds ratio: 0.37; 95% confidence interval: 0.14-0.98) compared with those without general practitioner examinations. Routine general practitioner follow-up had no influence on 3 and 5-year survival. General practitioners detected significantly more recurrences than specialists in patients over 75 and in those presenting symptoms. French general practitioners are widely involved in the surveillance of patients with early-stage colorectal cancer, without any unfavourable impact on the patient's survival. Some suggestions exist that continuing education in oncology may increase the implication of general practitioners in colorectal cancer surveillance.

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Menstrual and reproductive factors and gastric cancer risk in a large prospective study of women

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Gut 2007; Volume 56, Number 12, December: Pages 1671 - 1677

Background: Gastric cancer incidence rates are consistently lower in women than men in both high and low-risk regions worldwide. Sex hormones, such as progesterone and estrogen, may protect women against gastric cancer.

Objective: To investigate the association of menstrual and reproductive factors and gastric cancer risk.

Methods: These associations were prospectively investigated in 73 442 Shanghai women. After 419 260 person-years of follow-up, 154 women were diagnosed with gastric cancer. Hazard ratios (HR) and 95% confidence intervals (CI) were calculated using Cox proportional hazards models adjusted for age, body mass index, education, income, and cigarette use.

Results: No associations were observed between gastric cancer risk and age of menarche, number of children, breast feeding, or oral contraceptive use. In contrast, associations were observed with age of menopause (HR 0.80 per five-year increase in menopausal age, 95% CI 0.66–0.97), years of fertility (participants with less than 30 years of fertility were at increased risk compared with those with 30–36 years of fertility, HR 1.90, 95% CI 1.25–2.90), years since menopause (HR 1.26 per five years, 95% CI 1.03–1.53), and intrauterine device use (HR for users 1.61, 95% CI 1.08–2.39).

Conclusions: These results support the hypothesis that female hormones play a protective role in gastric cancer risk.

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Adjuvant Chemotherapy for Gastric Cancer with S-1, an Oral Fluoropyrimidine

Shinichi Sakuramoto, M.D., Mitsuru Sasako, M.D., Toshiharu Yamaguchi, M.D., Taira Kinoshita, M.D., Masashi Fujii, M.D., Atsushi Nashimoto, M.D., Hiroshi Furukawa, M.D., Toshifusa Nakajima, M.D., Yasuo Ohashi, Ph.D., Hiroshi Imamura, M.D., Masayuki Higashino, M.D., Yoshitaka Yamamura, M.D., Akira Kurita, M.D., Kuniyoshi Arai, M.D., for the ACTS-GC Group

Kitasato University School of Medicine, Sagami-hara (S.S.); National Cancer Center Hospital (M.S.), the Cancer Institute Hospital (T.Y., T.N.), Nihon University School of Medicine (M.F.), University of Tokyo (Y.O.), and Tokyo Metropolitan Komagome Hospital (K.A.) — all in Tokyo; National Cancer Center Hospital East, Kashiwa (T.K.); Niigata Cancer Center Hospital, Niigata (A.N.); Sakai City Hospital, Sakai (H.F., H.I.); Osaka City General Hospital, Osaka (M.H.); Aichi Cancer Center Hospital, Nagoya (Y.Y.); and National Hospital Organization Shikoku Cancer Center, Matsuyama (A.K.) — all in Japan.

The New England Journal of Medicine 2007; Volume 357, Number 18, November 1: Pages 1810 - 1820

Background Advanced gastric cancer can respond to S-1, an oral fluoropyrimidine. We tested S-1 as adjuvant chemotherapy in patients with curatively resected gastric cancer.

Methods Patients in Japan with stage II or III gastric cancer who underwent gastrectomy with extended (D2) lymph-node dissection were randomly assigned to undergo surgery followed by adjuvant therapy with S-1 or to undergo surgery only. In the S-1 group, administration of S-1 was started within 6 weeks after surgery and continued for 1 year. The treatment regimen consisted of 6-week cycles in which, in principle, 80 mg of oral S-1 per square meter of body-surface area per day was given for 4 weeks and no chemotherapy was given for the following 2 weeks. The primary end point was overall survival.

Results We randomly assigned 529 patients to the S-1 group and 530 patients to the surgery-only group between October 2001 and December 2004. The trial was stopped on the recommendation of the independent data and safety monitoring committee, because the first interim analysis, performed 1 year after enrollment was completed, showed that the S-1 group had a higher rate of overall survival than the surgery-only group (P=0.002). Analysis of follow-up data showed that the 3-year overall survival rate was 80.1% in the S-1 group and 70.1% in the surgery-only group. The hazard ratio for death in the S-1 group, as compared with the surgery-only group, was 0.68 (95% confidence interval, 0.52 to 0.87; P=0.003). Adverse events of grade 3 or grade 4 (defined according to the Common Toxicity Criteria of the National Cancer Institute) that were relatively common in the S-1 group were anorexia (6.0%), nausea (3.7%), and diarrhea (3.1%).

Conclusions S-1 is an effective adjuvant treatment for East Asian patients who have undergone a D2 dissection for locally advanced gastric cancer.

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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.

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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

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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

di Approfondimento sugli Strumenti Organizzativo-Gestionali

Roma, I modulo: 17-19 aprile e II modulo: 22-24 maggio 2008 - Hotel Villa Morgangi

Commissione Scientifica: Salvatore Palazzo, Rosalbino Biamonte, Mario De Palma, Stefano Federici, Antonio Jirillo, Pietro La Ciura, Candida Mastroianni

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