



when combined with irinotecan at 250 mg/m² because of overlapping toxicities. An additional insight into colorectal cancer management offered by this trial is that celecoxib is not active when combined with chemotherapy nor does it ameliorate any of the adverse events associated with cytotoxic agents. Interestingly, cardiovascular related events were not triggered by celecoxib. FOLFIRI + bev was the clear winner in this study with regard to adverse events and efficacy parameters although median overall survival remains uncertain but greater than the 18.7 months observed on the mIFL arm.

GASTRIC CANCER

1) REAL 2 Trial

Comparing capecitabine (X) to 5-FU (F) and cisplatin (C) to oxaliplatin (O) in first-line locally advanced and metastatic gastric cancer comprised the objectives of this British study. Epirubicin was administered across all trial arms which were: ECF vs ECX vs EOF vs EOX (N ranged from 235 to 249 patients/arm). This was a non-inferiority trial that demonstrated that

capecitabine was not inferior to 5-FU and that oxaliplatin was not inferior to cisplatin. Efficacy parameters favored EOX (11.2 months overall survival) over ECF (9.9 months overall survival) with a p value of 0.02. Using triplet therapy in this setting is becoming more common in Europe as other international trials (J. Ajani, DCF regimen) also bypass doublet options which are still considered to be a part of our standard of care.

2) Phase III Trial of XP vs FP in Advanced Gastric Cancer

This international study (316 patients from 12 countries) reported by Yoon-Koo Kang on behalf of the ML17032 investigators evaluated continuous infusion 5-FU 800 mg/m²/day D1-5 + cisplatin (80mg/m²) every 3 weeks to capecitabine (1,000 mg/m² BID D1-14 + cisplatin (80mg/m²) every 3 weeks. With 156-160 patients/arm, the investigators concluded that the non-inferiority objectives were not only met but suggested that XP was "superior" to FP based on response rates (41% vs 29%, respectively) and overall

survival (10.5 vs 9.3 months, respectively, p<0.008) and hazard ratio of 0.85 (95% confidence interval of 0.64 to 1.13). This trial clearly supports the "doublet" practice style common in the U.S.

GASTROINTESTINAL STROMAL TUMORS (GIST)

Imatinib not only provides effective medical therapy for this disease but also influences the pathologic classification of tumors previously considered collectively to be "soft tissue sarcomas". While imatinib offers true benefit for these patients, it is not associated with "curing" the disease and thus resistance is commonplace. While studies have focused on higher doses (600-800mg) of imatinib as potential salvage strategies, there also has been the introduction of another "oral small molecule tyrosine kinase inhibitor", sunitinib. Also, understanding the KIT mutations is becoming more important in determining which patients might respond to higher imatinib doses. M Debiec-Rychterk, Eur J Cancer 2006;42:1093-1103, reports that patients with KIT exon 9