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## Safety and efficacy of oxaliplatin/fluoropyrimidine regimens with or without bevacizumab as first-line treatment of metastatic colorectal cancer (mCRC): Final analysis of the TREE-Study.

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### BACKGROUND

The addition of bevacizumab (bev) to fluorouracil-based combination chemotherapy results in statistically significant improvement in survival among patients (pts) with mCRC. This randomized, multicenter trial was designed to assess the safety, tolerability and efficacy of each of three oxaliplatin (OX) plus bolus (b), infusional, or oral fluoropyrimidine (FP) regimens without (TREE1 cohort) or with (TREE2 cohort) bev for 1<sup>st</sup> line tx of mCRC.

### METHODS

Eligibility included age  $\geq$  18 years, measurable, untreated mCRC, ECOG performance status  $\leq$  1. Primary endpoint: incidence of grade (gr) 3-4 toxicities (tox) on each arm during the 1<sup>st</sup> 12 weeks of therapy; secondary endpoints: ORR, TTP, OS. Regimens TREE-1: FOLFOX: OX 85mg/m<sup>2</sup>; leucovorin (LV) 350mg, 5-FU bolus 400mg/m<sup>2</sup> and 2400mg/m<sup>2</sup> CIV over 46 hours ; bFOL : OX 85mg/m<sup>2</sup> days (d) 1&15, LV 20 mg/m<sup>2</sup> and bolus 5-FU

500mg/m<sup>2</sup> d 1,8,15 q 4 wks; CapeOx: OX 130 mg/m<sup>2</sup> d 1, Capecitabine 1000-850 mg/m<sup>2</sup> bid for 14 d. In TREE-2 bev 5 mg/kg q14 or 7.5 q 21 d was added.

### RESULTS

147 pts were treated in TREE1 and 213 treated in TREE2. Overall, incidence of any gr 3-4 toxicity (TREE1 vs. TREE2 respectively) = FOLFOX 75% vs. 66%, bFOL 42% vs. 59%, CapeOx 73% vs. 54%. Addition of bev in TREE2 caused more gr 3-4 hypertension, impaired wound

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## Cytogenetic responses to the hypomethylating agent, decitabine (DAC), in a phase III trial of DAC vs supportive care (SC) in patients (pts) with myelodysplastic syndromes (MDS).

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### BACKGROUND:

Clonal cytogenetic abnormalities are detected in 40%-70% of cases of de novo MDS and 95% of cases of therapy-related MDS, and the incidence increases with poor risk. DAC is a cytosine analog that reverses aberrant DNA methylation, leading to re-expression of silenced tumor suppressor genes. In this analysis, we asked whether the hypomethylating agent DAC leads to cytogenetic response in MDS.

### METHODS:

We report cytogenetic response data from a Phase III randomized, open-label trial of DAC vs SC in 170 MDS pts. Eligibility requirements included confirmed MDS (de novo or secondary) fitting any of the recognized French-American-British classifications and an International Prognostic Scoring System (IPSS) score of 0.5 or more as determined by complete blood count, cytogenetics, and bone marrow assessment. Cytogenetics was

assessed as a secondary endpoint, whereas primary endpoints were response rate (CR+PR) and time to AML or death. For pts with clonal abnormalities at baseline, follow-up cytogenetic evaluations at study end were available for 26 pts in the DAC arm and 21 pts in the SC alone arm.

### RESULTS:

As previously reported, overall response

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