Phase II study of capecitabine plus cisplatin in patients with gastric cancer

A phase II study was conducted to assess the efficacy and toxicity of combination therapy with capecitabine and cisplatin in patients with de-novo advanced gastric cancer, and in patients with refractory/recurrent gastric cancer after previous nonplatinum-based therapy. Sixty-four patients were enrolled in the study. Of these, 50 patients had untreated gastric cancer, and 14 had received previous therapy with nonplatinum-based therapy. All patients received oral capecitabine 1250mg/m2 twice daily, days 1â€“14, and intravenous cisplatin 60mg/m2 on day 1. This cycle was repeated every 3 weeks. Among the 50 previously untreated patients, three achieved complete response, and 19 had partial response, giving a response rate of 44% in the intention-to-treat population. The median time to progression and median overall survival were 6 months [95% confidence interval (CI): 1.4â€“10.6] and 9 months (95% CI: 5.7â€“12.3), respectively. In patients who had received previous therapy, clinical usefulness was evaluated resulting in response rate of 14%, disease control rate of 28.5%, and median overall survival of 4 months (95% CI: 3.1â€“4.9). The principal grade 3/4 adverse events were neutropenia (20%), anemia (14%). No neutropenic fever or treatment-related deaths. Capecitabine in combination with cisplatin is effective and well tolerated as first-line treatment in patients with advanced gastric cancer. Unfortunately, we could not positively suggest the usefulness of the same combination regimen as salvage therapy in patients with progressive or recurrent disease after nonplatinum-based therapy.

Keywords: advanced gastric cancer, capecitabine, cisplatin, efficacy, refractory/recurrent gastric cancer, toxicity

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Hormone-Receptor Negative Status and Outcome Of Sequential Adjuvant Docetaxel For Node-Positive Breast Cancer Patients

Purpose
This trial compared six cycles of fluorouracil, doxorubicin, and cyclophosphamide (FAC) with a sequential regimen of three cycles of FAC followed by three cycles of docetaxel (FAC-D) as adjuvant treatment for women with node-positive, hormone-receptor negative breast cancer.

Patients and methods:
Eighty-five patients with node-positive, hormone receptor negative breast cancer women were randomly assigned to either FAC every 21 days for six cycles, or three cycles of FAC followed by three cycles of docetaxel (FAC-D), both given every 21 days. Radiotherapy was performed after the 6 cycles of chemotherapy. The primary end-point was disease-free survival.

Results
Median follow-up was 44 months, disease-free survival was 60.5% with FAC, and 78.5% with FAC-D, demonstrating 47% reduction in the risk of relapse. The high risk of an event was found during the first 2 years. Overall-survival rates were 69.8% with FAC and 81% for FAC-D, demonstrating 33% reduction in the risk of death. The incidence of neutropenia and parasethia, were higher in the sequential arm of the study (p = 0.03; 0.017, respectively).

Hormone receptor-negative breast cancer. Manal A. Salah-Eldin
Though non-significant difference, incidence of amenorrhea was higher in the FAC group (p=0.06).

Conclusion
Sequential adjuvant chemotherapy with FAC followed by docetaxel resulted in significant improvement in disease-free survival but no significant improvement in overall-survival in node-positive, hormone-receptor negative breast cancer patients and has an acceptable toxicity.

Key words: Sequential Docetaxel, Adjuvant, HR-negative, Breast cancer.

Gemcitabine, Cisplatin and Dexamethasone in Patients with Recurrent or Refractory B-Cell Lymphoma Not Candidates for High-Dose therapy

Selenium is an essential trace element for most living organisms. Much scientific attention is currently focused on the possible role of selenium as an antineoplastic drug and the hypothetical involvement of this trace element in the etiology of human cancer.

Patients and methods:
This study was carried out on fifty-patients with newly diagnosed non-Hodgkin’s lymphoma and in 25 control subjects, blood samples were taken for measurement of selenium by spectrosmetry.

Results:
In comparison to the control subjects the serum selenium level was significantly lower with NHL with a mean of 0.033 (SD, 0.1) vs 0.81 (SD, 0.05), p < 0.001. The mean serum selenium was significantly lower in patients with poorer performance status (p=0.03) and in patients with advanced stage (p=0.02), but there was no significant relation to the
aggressiveness of the disease. Serum albumin was the only parameter that showed a significant positive correlation with serum selenium. There was a trend for serum selenium level to be higher in patients who achieved CR, but the difference was not statistically significant (p= 0.1).

Conclusion:
Selenium may play a role in the pathogenesis and prognosis of patients with NHL. In this study; the level of selenium was found inversely associated with the clinical stage of the disease, and the performance status, and may predict for the response to treatment in aggressive lymphoma. The possible utility of measuring serum selenium in NHL deserves further evaluation in clinical trials.

Key words: Selenium; Non-Hodgkin’s lymphoma (NHL) Trace element; pathogenesis; Prognosis

Introduction:

4-Pentoxifylline and Local Honey for Radiation-Induced Burn Following Breast Conservative Surgery.

Abstract

INTRODUCTION: Breast-conserving therapy is currently the standard of management of breast cancer cases. Radiotherapy is an integral part of it; however, it has several complications. Radiation induced burn is a common complication of radiotherapy that requires more effective lines of management rather than the classically used ones. We investigated whether the addition of pentoxifylline (PTX) alone or in combination with topical honey is effective in its management compared to the standard measures.

METHODS AND MATERIALS: In this prospective study, patients were randomly allocated into three groups each of 50 cases. Group A received standard burn treatment (control group). Group B received additionally 400 mg PTX twice daily. Group C received the same treatment as Group B with adding topical purified honey ointment. Patients were assessed initially and subsequently after 4 and 12 weeks, for projected coetaneous surface area (PCSAs) of burn, pain severity, limitation of movement and exudation.

RESULTS: There was a striking regression of the mean PCSAs of lesions among groups B and C at 12 weeks, with reduction rates (8661±10%) and (7658±10%) respectively (p

CONCLUSION: Combination of PTX and honey is an ideal measure for treatment of radiation-induced burn following breast conservative surgery.