

STOMACH AND ESOPHAGEAL CANCER



There's new hope for
people with advanced
stomach cancer:
drug combinations
and an effective oral
chemotherapy.

Stomach and Esophageal Cancer

A Report on the Latest Research and Treatments from
ASCO—the American Society of Clinical Oncology

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ASCO's 2006 Annual Meeting, visit www.OncologyReport.com

Lymph Node Removal during Surgery for Stomach Cancer

When surgery is performed to remove stomach cancer, surgeons typically remove nearby **lymph nodes** for examination. The lymph nodes are a linked system of small, bean-shaped structures throughout the body that help filter out and destroy bacteria and other toxic substances. Lymph nodes can be analyzed to help



determine a cancer's **stage**—a measure of the tumor's size, whether it has spread, how aggressive it is, and what, if any, additional treatment is needed.

In Japan, the standard treatment for stomach cancer is removal of the tumor along with two sets of lymph nodes. In a recent study of nearly 500 people, Japanese researchers compared the effects of this technique with a procedure involving removal of even more lymph nodes.

They found that removing the extra lymph nodes did not extend people's

lives or slow cancer growth any more than the standard procedure did. In fact, the additional intervention increased participants' blood loss and the length of time they spent on the operating table. Given the findings, the researchers concluded that surgical treatment of stomach cancer should not involve removal of extra lymph nodes, above and beyond the standard procedure.

Bevacizumab (Avastin) with Chemotherapy for Advanced Stomach and for Esophageal Cancer

The findings from a small study suggest that combining the targeted treatment bevacizumab (Avastin) with chemotherapy

What's New, What's Important

- Removing more than the usual number of lymph nodes during surgery for advanced stomach cancer does not extend people's lives.
- The findings from a small study suggest that combining the drug bevacizumab (Avastin) with chemotherapy prolongs the lives of people with advanced stomach cancer and cancer of the esophagus.
- The results of a large international study suggest that chemotherapy with the drug capecitabine (Xeloda), which can be taken in pill form, should be a new standard treatment for people with advanced stomach cancer.
- In three-drug chemotherapy combinations, capecitabine could replace 5-FU, and oxaliplatin (Eloxatin) could replace cisplatin (Platinol) without decreasing effectiveness in treating advanced stomach and esophageal cancers.

prolongs the lives of people with advanced stomach cancer and cancer of the **esophagus** (the tube through which food passes on its way to the stomach). The clinical trial involved nearly 40 people with the disease, none of whom had been treated with chemotherapy used in the study. The participants were given the targeted treatment bevacizumab and the drugs irinotecan (Camptosar) and cisplatin (Platinol).

Overall, the participants survived about a year after treatment, which is longer than expected if they had been treated with chemotherapy alone. What's more, adding bevacizumab to the chemotherapy treatment did not lead to intolerable side effects. This was a particular concern, as some of the possible side effects of bevacizumab, such as excess bleeding or the development of holes in the intestinal tract, can be especially problematic for people with stomach cancer.

More studies of the bevacizumab/chemotherapy combination for stomach and esophageal cancer are currently under way.

Capecitabine (Xeloda) for Advanced Stomach Cancer and for Esophageal Cancer

The drugs fluorouracil (5-FU) and cisplatin (Platinol) are standard medications used as a first treatment for people with advanced stomach cancer. Both drugs have to be administered **intravenously** (through a blood vein). Because a chemotherapy called capecitabine (Xeloda) has proven safe and effective as a treatment for breast and colorectal cancers, researchers decided to test it in people with advanced stomach cancer. Capecitabine can be taken in pill form, making it much more convenient for patients.

In an international clinical trial, more than 300 patients from 12 countries with high rates of stomach cancer were split into two groups. All of the participants had advanced stomach cancer that had not been treated previously. One group of patients was treated with the standard 5-FU/cisplatin treatment plan. The other received cisplatin and capecitabine.



More than 40 percent of the people treated with capecitabine experienced tumor disappearance, shrinkage, or stabilization (tumor neither shrinking nor growing). In contrast, only about 30 percent of the patients treated with the standard chemotherapy plan

had a **response**. In addition, people who took capecitabine survived significantly longer, overall, than people who did not take the drug: ten-and-a-half months, compared with about

nine months. Equally encouraging, the capecitabine was both easy to take and easy to tolerate.

The results indicate that treatment with capecitabine should be a new standard treatment for people with advanced stomach cancer.

In a separate study, capecitabine was compared with another chemotherapy treatment plan commonly used in the United Kingdom and Europe. The investigation, called the REAL 2 clinical trial, involved more than 1,000 people with esophageal or stomach cancer that had spread to nearby or distant parts of the body. The patients were treated with one of four chemotherapy plans:

- ECF (the standard treatment plan): epirubicin (Ellence), cisplatin, and 5-FU
- ECX: epirubicin, cisplatin, and capecitabine
- EOF: epirubicin, oxaliplatin (Eloxatin), and 5-FU
- EOX: epirubicin, oxaliplatin, and capecitabine

The group treated with EOX had the best survival rate—approximately 11 months, overall, after treatment. That is the longest survival which researchers report seeing in their clinical trials of people with advanced stomach and esophageal cancers. The tumors of patients in this group had the best response rate, with nearly 50 percent shrinking or stabilizing. When the researchers used sophisticated statistical techniques to compare the effectiveness of cisplatin with oxaliplatin in the participants, they found that oxaliplatin was just as effective. And when they compared 5-FU with capecitabine, they found those to be equally effective as well.

The findings suggest that in three-drug chemotherapy combinations, capecitabine could replace 5-FU, and oxaliplatin could replace cisplatin without decreasing the treatment plan's effectiveness. In addition, the EOX treatment plan appears to be better than the standard chemotherapy plan at prolonging the lives of people with advanced stomach and esophageal cancer.