The adjuvant therapy in gastric adenocarcinoma is supported by the U.S. Intergroup INT-0116. To apply the same treatment and see if the results are comparable

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Materials/methods. Retrospective study in 119 p. with gastric adenocarcinoma underwent to surgery R0-1 and D2 lymphadenectomy who received adjuvant QTRT like INT-0116 scheme. Statistical material SPSS 20.0. Average age 62. Males 67.2%. By location, antrum 47.9%, body 36.1%, cardia 2.5% multicenter 4.2%, pylorus 6.7%, stump 2.5%. Total gastrectomy 43.7%. Edge + microscopic 13.4%. Media of lymph nodes removed: 19.23 (0–55). Affected lymph nodes. Average: 6.5 (0–33).
Results. Complete adjuvant therapy 87.9%. Toxicity with hospital admission 31.3%. Stadium: pT1 3.4%, pT2 33.1%, pT3 50.8%, pT4 12.7%, pN0 17.6%, pN1 40.3%, ≥pN2 42%. Toxicity ≥G2: hematologic 46.2%, gastrointestinal 19.3%, pain 1.7%, infection 10.1%, none 20.2%. Median follow up 54 months. Overall survival at 3 years was 53.2%. SLE 42 months. Relapse: local 3.4%, peritoneal 11.8%, distant 24.4%. Significant prognostic factors in multivariate analysis: stage, vasculolymphatic infiltration and lymph node affectation.
Conclusions. The results obtained in our study, even with adverse prognostic factors, are comparable to those presented by the U.S. Intergroup and confirm the efficacy of treatment with acceptable toxicity.

http://dx.doi.org/10.1016/j.rpor.2013.03.750

Toxicity in rectal cancer patients treated with neoadjuvant radiotherapy combined with capecitabine vs. raltitrexed

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Background and aim. Neoadjuvant treatment with concurrent radiochemotherapy improves local control in locally advanced rectal cancer, however its toxicity profile before and after surgery are still controversial. The aim of this retrospective study was to evaluate the safety and tolerance of neoadjuvant chemoradiotherapy in rectal cancer patients treated either with capecitabine or raltitrexed in combination with radiotherapy.
Methods. Retrospective data from 108 patients with locally advanced rectal cancer (T3-4 N0 M0/Tx N1–2 M0) treated preoperatively with radiotherapy combined with oral capecitabine (825 mg/m^2 twice daily during radiotherapy) in 49 patients or intravenous raltitrexed (3 mg/m^2 days 1-18-36) in 59 patients. The side effects of the treatment were evaluated in each group using The Common Terminology Criteria for Adverse Events v.4.0.
Results. Toxicity grade 1–2 in patients treated with raltitrexed vs. capecitabine was as follows: vomiting 0 vs. 4.1%; diarrhea 30.5 vs. 42.9%; urinary 1.7 vs. 4.1%; radiodermatitis 37.3 vs. 26.6%; anemia 0% both; neutropenia 1.7 vs. 0%. Toxicity grade 3–4 in patients treated with raltitrexed vs. capecitabine was as follows: vomiting 0% both; diarrhea 5.1 vs. 2,04%; urinary 3.4 vs. 0%; radiodermatitis 6.8 vs. 2.04%; anemia 1.7 vs. 2,04%; neutropenia 1.7 vs. 0%.
Conclusions. Neoadjuvant radiotherapy associated with capecitabine or raltitrexed is well tolerated in rectal cancer patients, but we can find more events grade 3–4 in patients treated with raltitrexed. These data need to be confirmed with prospective studies.

http://dx.doi.org/10.1016/j.rpor.2013.03.751

Triple drug docetaxel-based neoadjuvant treatment in gastric cancer: Long-term results

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Purpose. To analyze the feasibility, toxicity and efficacy of triple drug docetaxel-based induction chemotherapy (ICHT) and chemoradiotherapy (CHT-RT) in patients with locally advanced gastric or gastroesophageal cancer.
Methods. Patients with diagnostic of T3–T4 and/or N0-N+ gastric or gastroesophageal adenocarcinoma were planned to receive three cycles of ICHT with capecitabine, oxaliplatin and docetaxel, followed by 45 Gy of tridimensional conformal radiotherapy and concurrent capecitabine, oxaliplatin and docetaxel. Surgery was scheduled 4–6 weeks after completion of CHT-RT. Toxicity