

Gastrointestinal Oncology

Introduction

The Gastrointestinal Oncology Division currently focuses on chemotherapy with or without radiation therapy against gastrointestinal malignancies. We treat many patients practically, and participate in various clinical studies to develop a new or standard treatment prospectively. We also investigate the relationship among clinicopathological features, biological characteristics and clinical outcomes of each treatment for the purpose of developing treatment-oriented diagnosis, stratification or individualization of treatment.

Routine Activities

We participate in many clinical studies. A number of inpatients has been increasing year by year. We indicate outpatient-based chemotherapy for possible candidates including new patients. Thus, more than 20 patients receive chemotherapy everyday. The average hospital stay of patients treated with chemotherapy or palliative therapy was as short as 15.1 (median, 9) days. The most appropriate treatments for all patients are determined in case conferences consisting of medical, surgical, radiation oncologists, and diagnostic radiologists, and are initiated after obtaining patients' informed consent.

Clinical Trials and New Developments

1. Esophageal Cancer

A phase II study of chemo-radiotherapy (CRT) with 5-FU + CDDP + RT for stage II/III esophageal cancer has been completed (JCOG 9906). A phase I/II study of nedaplatin + 5-FU + RT for T4 disease (JCOG 9908-DI) has also been completed and we reported the results of this study on annual meeting of ASCO in 2003 (ASCO #1106). The results of JCOG 9905, a phase II study of nedaplatin + 5-FU for metastatic disease (ASCO #1112) and JCOG 9708, a phase II study of CRT for stage I disease

(ASCO #1147) were also reported on ASCO 2003. On the basis of the results from JCOG 9807, a comparative phase III study of surgery vs CRT (5-FU + CDDP + RT) for clinical stage I is planned as JCOG study.

We reported usefulness of EMR (endoscopic mucosal resection) or PDT (photo-dynamic therapy) for esophageal cancer as salvage therapy for loco-regional failure after CRT. Now we intend to introduce combined therapy of CRT and endoscopic treatment for improvement of local control. A phase II study of combination of EMR and CRT (5-FU + CDDP + RT) for clinical T1b disease is also planned as JCOG study.

2. Gastric Cancer

A phase III study, 5-FU vs CPT-11 + CDDP vs S-1, in advanced gastric cancer patients (JCOG 9912) is presently ongoing. Also, a phase III study of 5-FU vs MTX+5-FU against patients with peritoneal dissemination (JCOG 0106) is underway. A phase II study of CPT-11+MMC (JCOG 0109 DI) as second line chemotherapy against metastatic disease refractory to 5-FU was started in 2002 and patient accrual has been already completed.

We reported the results of phase II global study of ZD1839 (Iressa), EGFR tyrosine kinase inhibitor, for metastatic gastric cancer including pharmacokinetic profile on ASCO 2003 (ASCO #1036).

3. Colorectal Cancer

A phase II study of oxaliplatin (l-OHP) as second-line chemotherapy was completed in 2002 and we reported the results of the study on ASCO 2003 (ASCO #1383). A phase I/II study of l-OHP+5-FU+l-LV for chemo-naive metastatic colorectal cancer has been completed. A phase II study of Capecitabine as first-line chemotherapy was started in 2003 and patient accrual has been completed. A phase I/II study of the combination of intrahepatic

arterial infusion of 5-FU and intravenous CPT-11 for the patients with hepatic metastasis has been initiated in 2003 (JCOG 0208). Also, phase III study of adjuvant chemotherapy (5-FU/LV vs UFT/LV) is now underway (JCOG 0205). As an industrial investigation, a phase I study of PTK787 / ZK 222584, VEGF tyrosine kinase inhibitor, against hepatic metastasis of colorectal cancer is presently ongoing.

4. Gastric Lymphoma

A multi-institutional prospective study of stomach preserving treatment including eradication of H. pylori, radiation and chemotherapy against localized gastric lymphoma is now underway. Patient accrual has been completed and preliminary results of this study will

be reported on annual meeting of ASCO in 2004.

We investigated expression of anti-apoptotic gene "survivin" in gastric MALT lymphoma and reported usefulness of "survivin" for evaluating outcome of H. pylori eradication for gastric MALT lymphoma on annual meeting of ASCO in 2003 (ASCO #3479).

5. Others

A phase II study of STI571 against gastrointestinal stromal tumors (GIST) was initiated in 2002 and patient accrual has been completed. A phase I study of EMD 72000, humanized monoclonal antibody of EGFR, is now underway.

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Average Hospital Stay (Days) in GI Oncology Division (1994-2003)

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
All cases	35	36.7	23.9	17.8	15.2	16.7	14.2	13.8	12.3	13.3
	-15	-19	-10	-8	-8	-9	-8	-8	-7	-7
Chemotherapy or Palliation case	44.8	44.4	28.6	19.9	16.8	17.8	15.2	15.1	13.5	15.1
	-25	-31	-16	-11	-9	-11	-9	-10	-8	-9

() : median (days)

Number of Patients in GI Oncology Division (1994-2003)

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Total number of inpatients	369	394	625	737	953	1059	1226	1340	1418	1562
No. of new referrals	181	191	259	313	346	360	439	457	549	645
Endoscopic treatment	50	46	66	102	119	91	118	122	150	225
Chemotherapy cases	122	141	191	219	223	269	321	335	399	420
Esophageal	31	33	56	79	73	106	118	141	174	192
Stomach	65	69	78	71	91	77	114	129	135	149
Colorectal	26	39	57	69	57	86	89	65	90	79

Number of New Outpatients in GI Oncology Division (2003)

Chemotherapy cases	114
Stomach	38
Colorectal	71
Others (GIST)	5