

Capecitabine in Advanced Gastric or Oesophagogastric Cancer

A Viewpoint by Yoon-Koo Kang

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Although the role of systemic chemotherapy has been established for the treatment of advanced nonresectable gastric or oesophagogastric cancer, the prognosis of these patients remains poor, with a median overall survival of <1 year. Over the past decade, based on results from several randomised trials, continuous infusion fluorouracil plus cisplatin, with or without epirubicin, has been considered as the standard or reference chemotherapy option for the treatment of advanced gastric cancer. However, treatment with fluorouracil infusion requires hospitalisation or the use of a central venous access device, which may result in complications.

Capecitabine is an oral prodrug of fluorouracil, which is metabolised preferentially in tumour rather than in normal tissue. Although it mimics continuous infusion fluorouracil, capecitabine therapy may be more advantageous than fluorouracil therapy in terms of its convenience, safety and efficacy. Pa-

tients receiving capecitabine-based therapies may avoid the inconvenience and complications associated with continuous infusion fluorouracil. Moreover, capecitabine therapy more readily permits the prevention of severe toxicities by stopping medication when toxicities are of moderate severity. These advantages of capecitabine over fluorouracil have been largely confirmed in colorectal cancers.

Recently, two randomised phase III trials have shown that capecitabine may replace fluorouracil in fluorouracil, cisplatin plus epirubicin or fluorouracil plus cisplatin regimens. With respect to efficacy, capecitabine-based regimens were noninferior to fluorouracil-based regimens in terms of progression-free survival or overall survival. Furthermore, in terms of toxicity, capecitabine was tolerated as well as fluorouracil. Although hand-foot syndrome was more common with capecitabine therapy, severe grade 3 toxicities may be prevented by modifying the capecitabine dosage.

Capecitabine plus cisplatin combination therapy is now considered the new standard of chemotherapy in patients with advanced gastric cancer and it is time to develop more effective chemotherapy regimens by combining new anti-tumour agents with this standard regimen. ▲