good side-effect profile, has been used to take further the ongoing phase II trial.
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669 PUBLICATION

Capecitabine and oxaliplatin (XELOX) as first-line treatment for elderly patients (pts) with advanced / metastatic colorectal cancer (MCRC)

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Background: XELOX is a highly active combination in 1st line MCRC, comparable to FOLFOX with less neutropenia and a convenient 3-weekly cycle length. As a well-tolerated, more home-based therapy, XELOX deserves investigation in a more elderly pt population.
Material and methods: Objectives of this phase II study were response rate, safety profile, time to progression and overall survival after XELOX chemotherapy as 1st line treatment in pts aged $\geqslant$70 years with histological confirmation of MCRC. Selection criteria included no prior chemotherapy (except adjuvant therapy), measurable disease according to RECIST, ECOG PS $\leqslant$2 and adequate bone marrow, renal and hepatic function. Patients received oxaliplatin 130 mg/m^2 i.v. D1 followed by oral capecitabine 1000 mg/m^2 twice daily for 14 days (750 mg/m^2 if Cr Cl=30–50 ml/min) every 3 weeks. Toxicity was evaluated according to WHO toxicity criteria.
Results: 50 pts were included: M/F, 36/14, median age 75 years (70–82), ECOG PS 0/1: 54%/46%. 40% of patients presented comorbid disease $\geqslant$1, 74% had mild dependence on help (Barthel Index) and most (M/F 58%/50%) were autonomous (Lawton Index). Median number of metastatic sites was 1 (1 site 78.7%), liver (68.1%), lung (34%) and nodes (12.8%), mainly. Previous treatment included surgery (84%), adjuvant chemotherapy (30%) and radiotherapy (12%). A total of 227 cycles have been administered: median 4.5 (1–8). Median relative dose intensity was 92% for oxaliplatin and 98%/86% (in pts with Cr Cl $\leqslant$50 / Cr Cl >50 ml/min, respectively) for capecitabine. Intent-to-treat efficacy analysis: 5 pts achieved CR, 13 PR, 12 SD, 14 PD and 6 NE (3 toxicity, 1 exitus, 1 lost of follow-up, 1 consent withdrawal), with an ORR of 36% (95% CI: 22.7–49.3). Median follow-up was 10.7 months, median TTP was 5.8 months (95% CI: 3.9–7.8) and median OS was 12.3 months (95% CI: 7.6–16.9). One year survival was 51% (95% CI: 37.0–65.0). There were 1 treatment-related death due to diarrhea and asthenia.
Conclusions: XELOX appears to be effective and well tolerated in 1st line treatment of elderly pts with MCRC.

Grade 3–4 Adverse Events per patient (%)

Diarrhea	22	Febrile neutropenia	2
Asthenia	14	Leukopenia	2
Vomiting	14	Fever	2
Nausea	10	Stomatitis	2
Anorexia	8	Paresthesia	2
Neutropenia	6	Anaemia	2
Thrombocytopenia	6	Abdominal pain	2
Hand–foot syndrome	4	Melaenas	2

670 PUBLICATION

Hepatic arterial infusion (HAI) oxaliplatin and intravenous (i.v.) LV5FU2 after resection of colorectal liver metastases

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Background: There is no consensus regarding adjuvant therapy after resection of colorectal liver metastases (LM). The promising response rate of 64% obtained with HAI oxaliplatin and i.v. 5-fluorouracil (5FU) and leucovorin (LV) in patients with unresectable LM (1) prompted us to assess the tolerance and efficacy of this regimen in the postoperative adjuvant setting.
Methods: An HAI catheter was inserted intra-operatively during resection of colorectal LM in patients (pts) at high risk of recurrence (2). All pts had undergone resection of the primary tumor. Adjuvant treatment consisted of HAI oxaliplatin (100 mg/m^2) plus simplified i.v. LV5FU2 (LV, 200 mg/m^2; 5FU, bolus 400 mg/m^2; 5FU, 2400 mg/m^2 48-hour continuous infusion) and was repeated twice monthly for 4 to 6 months. The endpoints were toxicity and survival.
Results: 24 pts (9 men; median age, 54 years; range, 30–68), of whom 21 (88%) had previously received systemic chemotherapy including oxaliplatin or CPT-11, were included. Intra-operative radiofrequency ablation treatment was performed in 14 pts; LM resection was R0 in 21 and R1 in 3 pts. Adjuvant chemotherapy was possible in 19 pts (79%; median number of chemotherapy cycles, 8; range, 3–12). Five pts (21%) did not receive the treatment due to HAI catheter dysfunction (n = 4) or postoperative sepsis (n = 1). Treatment was discontinued due to HAI catheter obstruction or toxicity in one pt each. Grade 3/4 neutropenia or peripheral neuropathy occurred in 26% and 10% of pts, respectively. There were no treatment-related deaths. The 1- and 3-year overall survival rates were 88% and 44%, respectively. The 1- and 3-year extrahepatic recurrence-free survival rates were 66% and 31%, respectively. The 1- and 3-year intrahepatic recurrence-free survival rates were 83% and 66%, respectively.
Conclusion: HAI oxaliplatin and i.v. LV5FU2 is an effective and safe regimen after resection of colorectal LM. Given the low intrahepatic recurrence rate, HAI oxaliplatin should be evaluated in association with more aggressive i.v. chemotherapy in pts at high risk of recurrence.

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671 PUBLICATION

Radiation therapy (RT) with concomitant capecitabine and celecoxib followed by surgery in patients with locally advanced cancer of the rectum: A phase II study

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Background: Preoperative chemo-RT may increase the rate of complete resections (R0) in the treatment of locally advanced rectal cancer. We evaluated the efficacy and safety of preoperative chemo-RT consisting of continuous per oral capecitabine and celecoxib given concomitantly with RT in patients with fixed/locally advanced rectal cancer.
Methods: Patients with fixed or cT4N0–2M0 rectal cancer were eligible. Pretreatment pelvic MRI and/or CT were performed for staging. RT was given using a 3-field technique up to the total dose of 45 Gy/25 fractions, followed by a boost to 9 Gy/5 fractions. Capecitabine 825 mg/m^2 p.o. bid and celecoxib 400 mg p.o. bid were initiated on d. 1 of RT, and capecitabine was discontinued on the last day of RT. Celecoxib was continued until surgery, scheduled to take place 6 weeks after completion of RT. Toxicity was graded according to the NCI CTCAEv3.0 scale. The primary endpoint was pathologic complete response (pCR).
Results: Between January 2003 and May 2005 17 consecutive patients (14 male, 3 female; mean age 56 years, range 40–72 years; WHO PS 0–2) were enrolled. Fourteen patients are evaluable for pCR and toxicity during chemo-RT (Table 1). Two patients had tumour-related abscess requiring drainage (grade 3), one of these patients had a rectoanal fistula and the other one tumour growth to the seminal vesicles prior to therapy.
All patients responded to therapy and surgery could be attempted in all cases. Three (21%) patients had pCR (95% CI 5–50%), and one further