Annals of Oncology 26: 245–253, 2015

Is fluoropyrimidindes without oxaliplatin optimal for the adjuvant treatment of mainstream stage III colon cancer?

We have read the large ACTS-CC trial by Yoshida published in September 9 issue of *Annals of Oncology* [1]. They have randomized 1518 stage III colon cancer patients either S-1 or UFT after curative surgery and demonstrated that S-1 was noninferior to UFT (1). We have several comments:

They stated that oxaliplatin plus 5-fluorouracil or capecitabine are recommended for the adjuvant treatment of colon cancer in the western guidelines, but fluoropyrimidine alone remains one of the options. NCCN recommends oxaliplatin plus fluoropyrimidines in the order of category 1 [2] and ESMO recommends it as standard and fluoropyrimidines alone are recommended only if oxaplatin is contraindicated [3]. However, the patients in both arms received oral fluorpyrimidine without oxaliplatin in the current trial where two thirds of the participants are below 70 years of age and about 85% had stage IIIB or IIIC disease.

We have the feeling that the patients in this trial may not have received the best standard of the time. Given the fact that superiority of oxaliplatin plus fluoropyrimidines were known when the trial was designed, we think that the authors should answer the question of why they designed the arms without oxaliplatin.

H. Abali*, S. Yavuz, Z. Calıkusu & E. Seyrek

Medikal Onkoloji BD, Acibadem Universitesi Tip Fakültesi Adana Hastanesi, Adana, Turkey
(*E-mail: habali1970@yahoo.com)

disclosure

The authors have declared no conflicts of interest.

references

1. Yoshida M, Ishiguro M, Ikejiri K et al. S-1 as adjuvant chemotherapy for stage III colon cancer: a randomized phase III study (ACTS-CC trial). Ann Oncol 2014; 25: 1743–1749.
2. National Comprehensive Cancer Network: NCCN Clinical Practice Guidelines in Oncology; Colon cancer version 3. 2014; http://www.nccn.org/professionals/physician_gls/pdf/colon.pdf (2 September 2014, date last accessed).
3. Labianca R, Nordlinger B, Beretta GD et al. Early colon cancer: ESMO Clinical Practice Guidelines. Ann Oncol 2013; 24: vi64–vi72.

doi: 10.1093/annonc/mdu473
Published online 14 October 2014

Reply to the Letter to the Editor 'Is fluoropyrimidindes without oxaliplatin optimal for the adjuvant treatment of mainstream stage III colon cancer?' by Abali et al.

We thank Professor Huseyin et al. [1] for their consideration of our paper. Our study, ACTS-CC trial, aimed to demonstrate the efficacy of S-1 as adjuvant chemotherapy for colon cancer through evaluating the noninferiority to tegafur-uracil plus leucovorin, and the primary end point was met [2].

Oxaliplatin plus fluoropyrimidines (FUs) have been reported their superiority in disease-free survival (DFS) with a constant hazard ratio of 0.8 compared with 5-fluorouracil/LV in several 'Western' clinical trials [3–5]. However, we do not consider that oxaliplatin plus FUs is the best/optimal standard for all stage III colon cancer patients.

de Gramont et al. [6, 7] indicated that stage III consists of subgroups of patients with various risk of recurrence, and the expected benefits of oxaliplatin vary with the risk subgroups. So, they proposed to selecting treatment regimen according to given survival data by the risk subgroup.

When considering the risk of recurrence, impact of the surgical treatment must be taken in consideration. There are several differences between the Japanese and Western surgical approach to colon cancer. In Japan, D3 lymph node dissection which is recommended to stage II–III colorectal cancer by the Japanese Guidelines [8, 9] has been carried out nationwide as the standard surgery [10–12]. D3 lymph node dissection as well as 'complete mesocolic excision with central vascular ligation' proposed by Honenberger et al. [13] are anatomically and oncologically justified, and West et al. [11, 12] have reported that these surgical procedures may eradicate tumors more effectively and result in better treatment outcomes than the conventional Western approach.

JCOG0205 study which is the randomized clinical trial of adjuvant chemotherapy for stage III colon cancer [14] reported favorable outcome with D3 lymph node dissection and FUs without oxaliplatin; the 5-year overall survival rate was 88% and

© The Author 2014. Published by Oxford University Press on behalf of the European Society for Medical Oncology.
All rights reserved. For permissions, please email: journals.permissions@oup.com.