
There is a publication bias in that ‘positive’ trials inevitably receive greater publicity [1]. So much the more, it is praiseworthy as well as important to find this excellent report on the use of 5-fluorouracil (5-FU), folinic acid, etoposide and cisplatin for the treatment of advanced gastric cancer in this issue of *ONKOLOGIE* with a negative statement because of marked objective and subjective side effects.

Usually, oncologists feel compelled to treat patients suffering from chemosensitive cancer like gastric cancer with intensive chemotherapy based on mostly uncontrolled phase II studies promising to be more effective than so-called standard treatments. However, considering the most important treatment goal in non-curable disease to provide the patient palliation and a higher quality of life, it must be recognized that intensified chemotherapies in gastric cancer, such as EAP [2, 3] or, currently FLEP [4] have been dismal failures. Toxicity of those treatment protocols is unacceptably severe for patients with incurable disease, and remission rates as well as survival benefit are not significantly superior to ELF [5], FAM or even 5-FU alone [6].

A well-documented EORTC phase III study comparing FAM with FAMTX indicated a statistically significant improvement in short-term survival for advanced gastric cancer patients treated with FAMTX [7]. These results require further investigations preferably by comparing FAMTX with well-tolerated ELF regimen.

Once again, we have to face two facts: Firstly, intensified combination chemotherapy based on a positive biochemical in vitro interaction of cytotoxic agents, like the proven synergism of cisplatin, 5-FU and folinic acid [8] as rationale for the FLEP regimen [4], is no guarantee for a better outcome of the cancer patient. Secondly, only controlled comparative clinical trials can tell what is best for the patient with advanced gastric cancer. R. Hartenstein

References


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