next step will be to use the validated model to select patients who do not need (immediate) surgery.

6048 POSTER

A comparison of efficacy of first-line chemotherapy regimens for metastatic colorectal cancer (mCRC): FOLFIRI+ bevacizumab vs. XELIRI+ bevacizumab

J. Ocvirk[1], M. Rebersek[1], M. Boc[1]. [1]*Institute of Oncology, Medical Oncology, Ljubljana, Slovenia*

Background: FOLFIRI in combination with bevacizumab (BV) is a standard treatment option in first-line Cht for mCRC. Capecitabine is an oral prodrug of 5-FU, which is converted to 5-FU by three enzymatic steps. It can maintain a constant level of 5-FU without complications. The primary endpoint was to determine the efficacy of XELIRI/BV and to compare it to FOLFIRI/BV. The secondary endpoints were overall survival (OS), time to progression (TTP) and evaluation of side effects of BV.
Methods: Pts with histologically proven, previously untreated mCRC, older than 18 years, ECOG PS 0−2 and adequate organ and hematological functions were included to receive a combination of irinotecan 180 mg/m^2 iv day 1, BV 5 mg/kg iv day 1, LV 400 mg/m^2 iv day 1, 5-FU 400 mg/m^2 bolus iv day 1and 5-FU 2400 mg/m^2 in continuosly 46-hour infusion, repeated every 2 weeks, or irinotecan 250 mg/m^2 iv day 1, BV 7.5 mg/kg iv day 1 and capecitabine 1000 mg/m^2, po twd day 1−14, repeated every 3 weeks.
Results: From February 2005 to December 2007 139 pts with mCRC were included. Median age was 58 years (31−77), M/F = 61.9%/38.1%. Of 139 44 pts were treated with FOLFIRI/BV and 95 pts with XELIRI/BV. On analysis of results, data of all pts were available. Median duration of treatment was 22 weeks (2−36 weeks) in FOLFIRI/BV group and 20.1 weeks (3−36 weeks) in XELIRI/BV group. RR were CR 15.9% (7 pts), PR 22.7% (10 pts), SD 36.4% (16 pts), PD 20.5% (9 pts) in FOLFIRI/BV group and CR 11.6% (11 pts), PR 33.7% (32 pts), SD 41.1% (39 pts), PD 7.4% (7 pts) in XELIRI/BV group. Median TTP was 13.9 months in FOLFIRI/BV group and 17.6 months in XELIRI/BV group (95% CI). Median OS was 43.3 mo in FOLFIRI/BV group and 63.6 mo in XELIRI/BV group (p = 0.112). In 40 pts, BV was discontinued because of severe side effects. Deep venous thrombosis was detected in 7 pts, pulmonary embolism in 2 pts, colon perforation in 1 pt, any hemorrhagic event in 4 pts, G 3−4 hypertension in 2 pts, proteinuria G 3−4 in 8 pts. None of pts died because of side effects.
Conclusions: XELIRI/BV is at least as effective as FOLFIRI/BV in first-line treatment of mCRC. The results of efficacy of both regimens in our pts are comparable with the results from previous phase III studies in first-line treatment of bevacizumab + chemotherapy. Median OS was longer in XELIRI/BV, but it was not statisticaly significant. The observed adverse effects of BV in our study are comparable to those previously reported in mCRC.

6049 POSTER

Phase II trial of combined chemotherapy with irinotecan, S-1, and bevacizumab in patients with metastatic colorectal cancer

K. Hatanaka[1], Y. Komatsu[2], S. Yuki[3], M. Nakamura[4], T. Miyagishima[5], M. Kudo[6], M. Munakata[7], Y. Sakata[7], M. Asaka[3]. [1]*Hakodate Municipal Hospital, Gastroenterology, Hakodate, Japan;* [2]*Hokkaido University Hospital Cancer Center, Cancer Chemotherapy, Sapporo, Japan;* [3]*Hokkaido University Hospital, Gastroenterology, Sapporo, Japan;* [4]*Sapporo City General Hospital, Gastroenterology, Sapporo, Japan;* [5]*Kushiro Rosai Hospital, Internal Medicine, Kushiro, Japan;* [6]*Sapporo Hokuyu Hospital, Gastroenterology, Sapporo, Japan;* [7]*Misawa City Hospital, Medical Oncology, Misawa, Japan*

Background: A study comparing the effectiveness and safety of irinotecan plus S-1 (IRIS) with that of a combination of 5-fluorouracil, leucovorin, and irinotecan (FOLFIRI) as second-line treatment in patients with advanced, recurrent colorectal cancer (FIRIS trial) is ongoing in Japan. We previously reported that IRIS is very effective as first-line treatment (33rd ESMO in 2008). Bevacizumab, a molecular targeted agent, is positioned as a standard regimen for the treatment of advanced colorectal cancer. We examined the effectiveness and safety of the IRIS regimen combined with bevacizumab.
Materials and Methods: Eligible patients had to have mCRC with a confirmed diagnosis of adenocarcinoma, an age of $\geqslant$20 years, a ECOG performance status (PS) of 0−1, and no history of prior chemotherapy. S-1 40−60 mg twice daily p.o. was given on days 1−14 and irinotecan 100 mg/m^2 and bevacizumab 5 mg/kg i.v. were given on days 1 and 15 of a 28-day cycle. The primary endpoint was safety. The secondary endpoints included overall response (OR), progression-free survival (PFS), and overall survival (OS).
Results: The target number of 53 patients was enrolled as of March 2009. The results are reported for 45 patients with evaluable lesions. The clinical characteristics of the patients were as follows. The median age was 63 years (interquartile range, 48 to 82). The male:female ratio was 3:2. The performance status on the Eastern Cooperative Oncology Group scale was 0. At interim analysis, median follow-up was 162 days. On safety analysis, the incidence of grade 3 or 4 neutropenia was 27%. The incidences of other grade 3 or 4 adverse reactions were as follows: diarrhea, 13%; anorexia, 7%; stomatitis, 2%; hypertension, 11%; and gastrointestinal perforation, 0%. The overall response rate was 53%. Twenty-four patients (53%) had a partial response, 17 (38%) had stable disease, none had progressive disease, and 4 (9%) were not evaluable. Median progression-free survival and overall survival were not reached.
Conclusions: Our results suggest that IRIS plus bevacizumab is a well-tolerated, highly effective chemotherapeutic regimen that is easy to administer. The latest data will be reported at this meeting.

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Clinical features of interstitial lung disease induced by FOLFOX or FOLFIRI for colorectal cancer

T. Shimura[1], N. Fuse[1], T. Yoshino[1], K. Minashi[1], M. Tahara[1], T. Doi[1], T. Joh[2], A. Ohtsu[1]. [1]*National Cancer Center Hospital East, Division of Gastrointestinal Oncology and Digestive Endoscopy, Kashiwa, Japan;* [2]*Nagoya City University Graduate School of Medical Sciences, Department of Gastroenterology and Metabolism, Nagoya, Japan*

Background: Either infusional fluorouracil, leucovorin and oxaliplatin (FOLFOX) or infusional fluorouracil, leucovorin and irinotecan (FOLFIRI) has been recognized as one of the standard chemotherapy for colorectal cancer. Chemotherapy-induced interstitial lung disease (ILD) is rare, and few patients with ILD following FOLFOX or FOLFIRI have been reported. The aims of this study are to clarify and evaluate the clinical features of ILD after treatment of FOLFOX or FOLFIRI for colorectal cancer.
Material and Methods: We identified 734 patients with colorectal cancer treated with FOLFOX or FOLFIRI from April 2005 to December 2008 at National Cancer Center East Hospital by using computerized data base of the institution. ILD was defined when a chest computed tomography revealed interstitial infiltrates and the other pulmonary disease was clinically excluded. We categorized patients with ILD into improved ones and dead ones.
Results: Of 734 patients, 449 (92) received FOLFOX (with bevacizumab), 55 (18) FOLFIRI (with bevacizumab) and 230 (93) both FOLFOX and FOLFIRI (with bevacizumab). Eleven (1.5%) patients developed ILD, which consisted of 7 improved ones and 4 dead ones. All patients with ILD were men, and 10 of 11 patients were heavy smoker. Of 11 patients, 10 patients had any pulmonary shadows except lung metastases before chemotherapy. FOLFOX has been ever administered for all of the ILD patients. Six patients developed ILD during FOLFOX therapy, one occurred on the 137th day after completion of adjuvant chemotherapy with FOLFOX, and four developed ILD during the other regimens (FOLFIRI in three patients and fluorouracil/leucovorin plus bevacizumab in one). Median Brinkman Index was 700 (range, 0–1000) in the improved patients and 1085 (range, 380–1380) in the dead ones. Median days from the last dose of any chemotherapy to the episode were 8 days (range, 0–137 days) in the improved patients and 1.5 days (range, 0−10 days) in the dead ones. Median days from the episode to start of the treatment were 8.5 days (range, 0−14 days) in the improved patients and 13 days (range, 5−21 days) in the dead ones.
Conclusions: This study was the first systemic analysis to investigate the incidence of ILD induced by FOLFOX or FOLFIRI. The incidence of ILD was not so common, but it is life-threatening complication. We should be careful to the onset of ILD not only during, but also after chemotherapy for colorectal cancer.

6051 POSTER

Balancing pros and cons of the addition of Bevacizumab (BEVA) to first-line chemotherapy (CT) for advanced/metastatic colorectal cancer (MCRC): Meta-analysis of randomized clinical trials exploring absolute benefits

F. Cuppone[1], V. Vaccaro[1], F. Loupakis[2], M. Milella[1], P. Carlini[1], C. Nisticò[1], A. Falcone[2], D. Giannarelli[1], F. Cognetti[1], E. Bria[1]. [1]*Regina Elena National Cancer Institute, Medical Oncology, Roma, Italy;* [2]*Istituto Toscano Tumori, Medical Oncology, Livorno, Italy*

Background: Although the addition of BEVA to CT has provided a significant survival benefit for MCRC, the magnitudes of both the advantages and the drawbacks (with particular regard to vascular toxicities) have not been extensively weighted. With these perspectives, a literature-based meta-analysis was conducted.