Nature Reviews Clinical Oncology **11**, 684 (2014); published online 21 October 2014; doi:10.1038/nrclinonc.2014.184

GASTROINTESTINAL CANCER

FOLFIRI—improving toxicity in first-line treatment of advanced gastric cancer

Gastric cancer imposes a considerable health burden worldwide, accounting for ~700,000 deaths every year. The disease is often diagnosed at advanced stages and has a poor prognosis. Many chemotherapy regimens have demonstrated efficacy in this disease, but with high toxicity. Rosine Guimbaud *et al*. have now shown that the combination of 5-fluorouracil, folinic acid and irinotecan (FOLFIRI), is less toxic and better tolerated than the gold-standard regimen ECX (epirubicin, cisplatin and capecitabine) in the first-line setting.

Patients were randomly assigned to receive first-line FOLFIRI followed by ECX, or ECX followed by FOLFIRI. "This treatment sequence was used to determine the best first-line therapy, and to study the efficacy benefits of second-line treatments, which were not clearly established," explains Guimbaud. The primary end point was time-to-treatment failure (TTF).

At a median follow-up of 31 months, TTF was longer with first-line FOLFIRI versus first-line ECX in patients with advanced gastric and oesophagogastric junction cancers. Survival data were comparable among the two arms; however, first-line FOLFIRI was better tolerated. No significant difference in terms of second-line treatment was reported.

This study demonstrates that FOLFIRI is a valuable option, "especially for patients not able to received platinum-based drugs," says Guimbaud. She continues, "we should explore the combination of targeted therapies and first-line FOLFIRI, as FOLFIRI is active, well tolerated and already identified as a partner of targeted therapy in other settings".

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Original article Guimbaud, R. *et al*. Prospective, randomized, multicenter, phase III study of fluorouracil, leucovorin, and irinotecan versus epirubicin, cisplatin, and capecitabine in advanced gastric adenocarcinoma: a French Intergroup (Fédération Francophone de Cancérologie Digestive, Fédération Nationale des Centres de Lutte Contre le Cancer, and Groupe Coopérateur Multidisciplinaire en Oncologie) Study. *J. Clin. Oncol*. doi:10.1200/JCO.2013.54.1011