

Single-agent cyclophosphamide in hepatoblastoma

There is currently no consensus regarding the treatment of children with resistant or relapsing hepatoblastoma. Partly because of the rarity of the condition, few chemotherapeutic agents have been rigorously tested in this setting. Until now, the efficacy of cyclophosphamide (CPM) as a single agent has not been assessed. Cacciavillano and colleagues from the SIOPEL group have recently published the results of their phase II trial, which was designed to evaluate the response to high-dose CPM in children with hepatoblastoma.

The international study included 18 children with refractory or relapsing hepatoblastoma, all of whom had received first-line chemotherapy according to the SIOPEL 2 or 3 protocols. One patient was excluded from the study after one course of CPM (disease stabilized); the remainder received between one and four courses of the drug and were then evaluated.

Only one patient responded to CPM, achieving complete response after three courses. Despite further treatment with carboplatin and doxorubicin, this child relapsed again and subsequently died. A second patient achieved stable disease but died during hepatic surgery. The remaining 15 patients all experienced disease progression and died.

Given the low response rate and severe side effects of CPM, the authors conclude that the drug is not effective as a single agent in this setting.

Original article Cacciavillano WD *et al.* (2004) Phase II study of high-dose cyclophosphamide in relapsing and/or resistant hepatoblastoma in children: a study from the SIOPEL group. *Eur J Cancer* **40**: 2274–2279

Surgical practice patterns in stage IV colorectal cancer

In asymptomatic patients with stage IV colorectal cancer and unresectable metastases, the net benefit of resection of the primary tumor is unclear. Temple and colleagues have analyzed US practice patterns for stage IV colorectal cancer, using SEER–Medicare-linked data on a cohort of 9,011 patients presenting between 1991 and 1999.

The patients, all of whom were diagnosed with stage IV colon or rectal cancer at ≥ 65 years of age, were divided into two groups: those who had received primary–cancer-directed surgery (CDS) within 4 months of diagnosis, and those who had not. The authors evaluated surgical practice patterns by analyzing the patient characteristics and the use of other treatment modalities in each group.

A total of 6,469 (72%) patients received primary–CDS. Patients were significantly less likely to undergo CDS if they had left-sided or rectal lesions or if they were black, aged >75 years, had low income, or were unmarried. Those who had received primary–CDS were significantly more likely to be treated with chemotherapy than patients in the no CDS group (47% vs 31%, $P < 0.001$). Only 350 (3.9%) patients underwent metastasectomy.

Given the high surgical resection rate shown in the study, the authors propose that the practice merits systematic evaluation, in terms of symptom control, quality of life and survival. This is particularly important in the context of improved chemotherapy and endoluminal stenting now available.

Original article Temple LKF *et al.* (2004) Use of surgery among elderly patients with stage IV colorectal cancer. *J Clin Oncol* **22**: 3475–3484

GLOSSARY

SIOPEL

Childhood Liver Tumors Strategy Group of the International Society of Pediatric Oncology

SEER PROGRAM

Surveillance, Epidemiology, and End Results Program