GLOSSARY

VISUAL ANALOG SCALE (VAS)
A line anchored by word descriptors (e.g. 'no pain' and 'very severe pain') used to assess a characteristic that ranges across a continuum of values

NCI COMMON TOXICITY CRITERIA
National Cancer Institute criteria for identifying treatment-related adverse events to facilitate the evaluation of new cancer therapies, treatment modalities, and supportive measures; now replaced by the NCI Common Terminology Criteria for Adverse Events (CTCAE) v3

best-practice management is ineffective in 14% of patients. The Cancer Pain Trial (1999–2001) aimed to address this issue by investigating the efficacy of an implantable drug delivery system (IDDS). Smith *et al*., of the IDDS Study Group, now present the long-term results of this multicenter, international trial.

Patients with cancer-related pain, unmanageable with 200 mg/day of oral morphine or equivalent, and VISUAL ANALOG SCALE (VAS) pain scores of ≥5, were randomized to receive either comprehensive medical management (CMM) alone ($n = 99$), or intrathecal analgesics by IDDS plus comprehensive medical management ($n = 101$). Crossover from the CMM to IDDS groups was permitted in the event of clinical failure. VAS pain scores and NCI COMMON TOXICITY CRITERIA were assessed throughout the 6-month follow-up period.

At 12 weeks, 57.9% of IDDS patients and 33.3% of non-IDDS patients had experienced a ≥20% reduction in pain and toxicity ($P = 0.01$). VAS pain scores decreased in both groups and, although significantly lower in IDDS patients after 4 weeks ($P = 0.002$), the difference was no longer significant at 12 weeks because of crossover between the treatment arms. Notably, there was a 66% reduction in toxicity in IDDS patients at 12 weeks—significantly better than in the non-IDDS group ($P = 0.01$). Survival at 6 months, although not a primary endpoint, was greater in IDDS patients (52–54%) than in the non-IDDS group (32%). The authors concluded that IDDS relieves pain, reduces toxicity and is associated with improved survival in patients with refractory cancer pain.

Original article Smith TJ *et al.* (2005) An implantable drug delivery system (IDDS) for refractory cancer pain provides sustained pain control, less drug-related toxicity, and possibly better survival compared with comprehensive medical management (CMM). *Ann Oncol* **16:** 825–833

OCFL combination for the treatment of metastatic colorectal cancer

Results of a phase I–II study from Switzerland have demonstrated the safety and efficacy of OCFL—a combination of oxaliplatin, irinotecan and 5-fluorouracil/leucovorin—in patients with metastatic colorectal cancer.

The study included 30 patients with metastatic colorectal cancer and a performance status of ≤1, none of whom had received previous palliative chemotherapy. Patients received a weekly 24 h infusion of 5-fluorouracil (2,300 mg/m^2), intravenous leucovorin (30 mg) on days 1, 8, 15 and 22, and alternating doses of oxaliplatin (on days 1 and 15) and irinotecan (on days 8 and 22). The oxaliplatin and irinotecan doses were escalated, from 70 to 85 mg/m^2 and 80 to 140 mg/m^2, respectively, in cohorts of between three and six patients. The treatment cycle was repeated every 5 weeks and patients received a median of 5 cycles each.

Dose-limiting toxicity was observed at dose level 3; dose level 2 (oxaliplatin 70 mg/m^2 and irinotecan 100 mg/m^2) was therefore recommended for phase II. The regimen was well tolerated overall, with diarrhea and neutropenia the most common grade 3 and 4 toxicities (23% and 20% of patients, respectively). In some patients experiencing grade 3 or 4 diarrhea, when the dose was lowered to 2000 mg/m^2 no further diarrhea occurred and the authors recommend using this dosage in the future.

Of 28 patients with measurable disease, two achieved a complete response to treatment and 20 showed a partial response. This corresponded to an overall response rate of 78%, which is "amongst the highest response rates ever reported for metastatic colorectal cancer". The authors conclude that the OCFL regimen is efficient, generally well tolerated, and suitable for tumor control prior to surgical resection of metastatic lesions.

Original article Seium Y *et al.* (2005) Oxaliplatin combined with irinotecan and 5-fluorouracil/leucovorin (OCFL) in metastatic colorectal cancer: a phase I–II study. *Ann Oncol* **16:** 762–766

A new indicator of disease progression in gastrointestinal stromal tumors

Little is known about patterns of recurrence in gastrointestinal stromal tumors (GISTs) treated with the receptor tyrosine kinase inhibitor imatinib mesylate (Gleevec® [previously Glivec®], Novartis, New York, NY). Shankar *et al*. have recently described an indicator of GIST disease progression that, to the knowledge of the