

0.41–0.71). The analysis of the accuracy of the PPI test in diagnosing gastroesophageal reflux disease in NCCP patients included eight studies (321 patients) and revealed a sensitivity and specificity of 80% and 74%, respectively.

Cremonini *et al.* conclude that PPI therapy is a suitable first-line treatment for patients with NCCP, and that the use of a PPI test to identify patients with acid-related pain is “moderately supported” by the available information.

**Original article** Cremonini F *et al.* (2005) Diagnostic and therapeutic use of proton pump inhibitors in non-cardiac chest pain: a meta-analysis. *Am J Gastroenterol* **100**: 1226–1232

### 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  $\leq 1$ , none of whom had received previous palliative chemotherapy. Patients received a weekly 24 h infusion of 5-fluorouracil (2,300 mg/m<sup>2</sup>), 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<sup>2</sup> and 80 to 140 mg/m<sup>2</sup>, 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<sup>2</sup> and irinotecan 100 mg/m<sup>2</sup>) 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).

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 authors, is previously unreported: a new nodule within an existing mass.

Participants of a clinical trial of imatinib mesylate for metastatic GISTs ( $n=92$ ) were followed up over a 29-month period. All patients underwent contrast-enhanced CT of the chest, abdomen and pelvis at 6-week intervals, and positron emission tomography of the trunk every 6–12 weeks. Liver MRI was performed every 3 months in 15 patients, and unenhanced CT was performed in 6 patients, where these procedures were medically indicated. The images were evaluated for evidence of recurrent GISTs, including new tumors, changes in lesion size, and other conspicuous features.

Disease progression was observed in 39 of the trial participants after variable periods of response to therapy (median 14.4 months, range 2–24 months), and 54% of these had a nodule within a mass, confirmed as recurrent disease by needle biopsy, surgical resection, or follow-up imaging. All patients with these nodules demonstrated progression from single to multiple nodules, and growth of lesions from the initial 2 mm–1.4 cm, during the follow-up period. Other indicators of recurrence included new tumors (7 out of 39 patients [18%]) and growth of existing lesions (20 out of 39 patients [51%]). The group concluded that a nodule within a mass is a reliable indication of GIST recurrence after an initial response to imatinib mesylate.

**Original article** Shankar S *et al.* (2005) Gastrointestinal stromal tumor: new nodule-within-a-mass pattern of recurrence after partial response to imatinib mesylate. *Radiology* **235**: 892–898