GASTROINTESTINAL CANCER

mDCF—new standard-of-care?

The adoption of docetaxel, cisplatin and 5-fluorouracil (DCF) as the standard first-line chemotherapy for advanced-stage gastric cancer has improved patient survival and quality of life, but is also associated with a high frequency of toxicity. A modified DCF regimen (mDCF) has now been tested in a phase II study from the US Gastric Cancer Consortium, and demonstrated reduced toxicity and similar efficacy.

A total of 124 patients from multiple centres across the USA participated in this study. The patients, with advanced-stage gastric or gastroesophageal-junction adenocarcinoma who were untreated for metastatic carcinoma, were randomly allocated to receive DCF every 3 weeks, or mDCF, which is administered at reduced doses every other week.

In the first 3 months, 22 out of 31 patients enrolled in the DCF arm experienced grade 3/4 toxicity, whereas only 29 out of 54 patients receiving mDCF experienced such adverse effects.

The median overall survival was significantly better for patients treated with mDCF versus DCF (18.8 months versus 12.6 months). Median progression-free survival was also more favourable for patients in the mDCF arm, although the difference was not statistically significant. These results indicate that the modification of the DCF regimen does not hinder its efficacy and even improves it.

Manish Shah, one of the investigators involved in this trial, explains that “this regimen offers a new first-line three-drug combination that should be considered a standard treatment option.” Importantly, “mDCF serves as a platform that can be combined with targeted therapies as well.”

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Original article Shah, M. A. *et al.* Randomized multicenter phase II study of modified docetaxel, cisplatin, and fluorouracil (DCF) versus DCF plus growth factor support in patients with metastatic gastric adenocarcinoma: a study of the US Gastric Cancer Consortium. *J. Clin. Oncol.* doi:10.1200/JCO.2015.60.7465