

CRC RESEARCH #15

1. Diet Linked With Colorectal Cancer Survival

A diet high in meat, fat, refined grains, and sweets may increase the risk of cancer recurrence and death among patients with Stage III colon cancer. A study among 1,009 who had been treated with surgery and chemotherapy for stage III colon cancer, concluded that a diet high in red and processed meats, refined grains, sweets, high fat dairy products and french fries was more than three times more likely to experience a recurrence or death than individuals who ingested a prudent diet characterized by high intake of fruits, vegetables, whole grains, legumes, poultry and fish. Meyerhardt, JA, et al., Association of dietary patterns with cancer recurrence and survival in patients with Stage III colon cancer. *JAMA*. 2007,; 298: 754-764

2. Reintroduction of Eloxatin (Oxaliplatin) Improves Survival in CRC Patients

A limitation of oxaliplatin is that it is associated with neuropathy (numbness, pain, tingling and loss of ability to control fine movements). Once treatment is discontinued for a while, the neuropathy often reverses itself which allows patients to return to the treatment. Patients treated with reintroduction of folfox had a **44%** improved survival rate compared with patients who received folfox until cancer progression. De Gramont A, et al., Reintroduction of oxaliplatin is associated with improved survival in advanced colorectal cancer. *J of Clinical Oncology*. 2007; 25: 3224-3229.

3. Addition of Avastin to Folfox Produces High Activity in Metastatic Colorectal Cancer

Researchers from Greece recently conducted a clinical trial to evaluate the addition of Avastin to Folfox as initial therapy for metastatic colorectal cancer who had not received prior therapy. Patients were treated with either Avastin + folfox or folfox alone. The researchers concluded that the combination of folfox plus avastin appears to be highly effective, provides impressive results and is well tolerated as treatment for metastatic colorectal cancer. Emmanouilides C, et. Front-line bevacizumab in combination with oxaliplatin, leucovorin and 5-fluorouracil (folfox) in patients with metastatic colorectal cancer: a multicenter Phase II study. 2007; 7:91. Available at : <http://www.biomedcentral.com/1471-2407/7/91>. Accessed 2007

4. Addition of Vectibix to Avastin Plus Chemotherapy Does Not Improve Outcomes for Metastatic CRC

According to the results presented at the 9th World Congress on Gastrointestinal Cancer, the addition of Vectiix (panitumumab) to avastin and the chemotherapy regimens folfox or folfiri does not improve outcomes for patients with metastatic crc. All patients were treated with avastin plus chemo and one group also received vectibix in addition to that regimen. The group that received vectibix did not appear to improve outcomes compared to the group who received avastin plus chemo alone for there were higher rates of diarrhea, dehydration and infection among the group of patients treated with the addition of vectibix. Hecht J, et al. An interim analysis of efficacy and safety from a randomized controlled trial of panitumumab with chemotherapy plus bevacizumab in metastatic colorectal cancer. *Proceedings of the 9th World Congress on Gastrointestinal Cancer in Barcelona, Spain*. 2007. Abstract #33.

5. Avastin Increases Risk of Blood Clots in Arteries

According to a combined analysis of 5 clinical trials, treatment of metastatic crc, breast cancer, or non-small cell lung cancer with a combination of avastin and chemotherapy results in a higher risk of arterial blood clots than treatment with chemotherapy alone. These trials enrolled 1,745 patients and concluded that this treatment combination may increase the risk of blood clots in the arteries. Risk of a blood clot in a vein was not increased among patients treated with avastin and chemo. Scappaticci, FA, et.al. Arterial thromboembolic events in patients with metastatic carcinoma treated with chemotherapy and bevacizumab. J. of the National Cancer Institute. 2007; 99: 1232-9.

6. DNA Test Predicts Harmful Effects of Cancer Drug Irinotecan

Irinotecan is used mainly as a second-line treatment for crc. The FDA currently recommends screening patients for a gene that could make them more susceptible to the harmful side effects of the drug, the most worrisome of which is neutropenia (low white blood count). Patients who receive medium or high doses of the drug run the risk of neutropenia. But if a patient has two copies of the gene, at lower doses, the risk of developing neutropenia was the same. The review showed that at low doses, the drug is well tolerated and can be taken by most people. But if the gene is present, then there isn't a low enough dosage that a patient can tolerate.

August 28, J. of the National Cancer Institute, UNC's Dr.

7. Efficacy of a Medical Nutriment in the Treatment of CRC

Avemar is derived from the smallest component of the wheat grain kernel which is the **germ**. It makes up only 2-3% of the kernel and in it is found a rich source of **vitamins, minerals, proteins and fats**. Wheat germ is then subjected to fermentation with yeast (*Saccharomyces cerevisiae*) to produce benzoquinones. After fermentation, water is decanted, spray-dried, homogenized, encapsulated, and formulated. End product is a powder fit for human consumption.

The product was developed by Hungarian biochemist Mate Hidvegi and was registered in Hungary as a medical nutriment in 2002 for cancer patients and is currently available in 10 other countries including the U.S.

One of the first clinical trials of Avemar was an open-label comparative cohort trial in colorectal cancer patients. The control cohort had 104 patients who received adjuvant therapy alone. The therapy was a 5FU based standard chemo regimen and/or radiation therapy following surgery. The avemar cohort had 66 patients who received adjuvant therapy plus 9 g of avemar in 150ml of water once or twice daily depending on body weight. The overall percentage of patients with progression events was 42.3% in the control and 16.7% in the avemar cohort. In addition the cumulative probabilities of both progression-free and overall survivals were greater in the avemar patients than in the controls. Jakab, F, et al. A medical nutriment has supportive value in the treatment of crc. Br. J. Cancer. Aug 4 2003; 89(3); 465-469.