Abstract:
Even though adjuvant systemic therapy significantly increases 5-year survival rates for resectable gastric or gastroesophageal carcinoma, quality assurance research has shown that in practice it is often not given. The European standard, perioperative chemotherapy, is based on results of the MAGIC trial (3 cycles of ECF - epirubicin, cisplatin, 5-FU as infusion before and after surgery). It is to be expected that oral capecitabine will replace infusional 5-FU in perioperative treatment, as in the palliative setting. This change has already taken place in many institutions. For metastatic and locally advanced esophageal and gastric carcinoma, the results of clinical trials over recent years have led to the following concrete changes: the importance of platinum has been confirmed. Oxaliplatin can replace cisplatin. Capecitabine can replace 5-FU. If docetaxel is given in addition to platinum/5-FU, this doubles 2-year survival (with significant toxicity). Targeted drugs such as cetuximab, panitumumab, and bevacizumab are currently undergoing clinical trials.