

Chemonaïveté in inoperable malignant bowel obstruction

The Editor
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We are writing concerning the article titled “Metronomic chemotherapy with 5-fluorouracil and cisplatin for inoperable malignant bowel obstruction because of peritoneal dissemination from gastric cancer” recently published in your journal by Yang *et al.*¹.

First, the study showed very interesting results. We know that malignant bowel obstruction occurs mostly in the terminal stages of gastric cancer, whereas fluoropyrimidines are usually given in first-line treatment^{2,3}. In the Yang *et al.* study, patients were excluded if they had received chemotherapy or radiotherapy within the preceding 28 days; however, the authors did not specify whether the patients were chemonaïve. In our opinion, that information is very important to the interpretation of the results.

Saber Boutayeb MD
Ibrahim El Ghissassi MD

Hind Mrabti Prof
Hassan Errihani Prof
Department of Medical Oncology
National Institute of Oncology
University Mohammed V
Morocco

CONFLICT OF INTEREST DISCLOSURES

We have read and understood *Current Oncology*'s policy on disclosing conflicts of interest, and we declare that we have none.

REFERENCES

1. Yang S, Li S, Yu H, *et al.* Metronomic chemotherapy with 5-fluorouracil and cisplatin for inoperable malignant bowel obstruction because of peritoneal dissemination from gastric cancer. *Curr Oncol* 2016;23:e248–52.
2. Tuca A, Guell E, Martinez-Losada E, Codorniu N. Malignant bowel obstruction in advanced cancer patients: epidemiology, management and factors influencing spontaneous resolution. *Cancer Manag Res* 2012;4:159–69.
3. Park SC, Chun HJ. Chemotherapy for advanced gastric cancer: review and update of current practices. *Gut Liver* 2013;7:385–93.