CORRESPONDENCE

A Phase III Evaluation of a Somatostatin Analogue (Octreotide) in the Treatment of Patients with Asymptomatic Advanced Colon Carcinoma

I read with interest the paper by Goldberg et al, "A Phase III Evaluation of a Somatostatin Analogue (Octreotide) in the Treatment of Patients with Asymptomatic Advanced Colon Cancer."[1]

The disappointing results of this study contrast with recently reported cellular kinetic data for rectal cancer treatment with somatostatin. It should be noted that the dosage used in our study[2] was much higher and that rectal cancer may well be more susceptible to somatostain treatment because of a higher neuroendocrine cell content. However, a recent study from Italy by Cascinu et al.[3] reported a significant survival advantage in patients with advanced gastrointestinal cancer treated with octreotide at a dosage of 200 μg three times a day, which is only slightly higher than the dosage used in the study by Goldberg et al.

Although Cascinu et al. treated patients with stomach, pancreatic, and colorectal cancer, there were survival advantages seen in all three groups. I cannot see any real explanation for this difference and would value the authors' comments.

REFERENCES

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Author Reply

We are pleased to respond to Dr. Morris' query regarding the disparity of our results that suggest that octreotide at 150 μg thrice daily is inactive in the treatment of colon cancer[1] and those of Cascinu et al.[2] who concluded that octreotide confers a survival advantage when compared with best supportive care alone in patients with colon cancer. In comparing the trials, one notes that the study by Cascinu et al. enrolled patients with chemotherapy refractory advanced disease whereas our