Reply to the Letter to the Editor

Melanie Kripp¹ · Salah-Eddin Al-Batran² · Ralf-Dieter Hofheinz¹

Received: 3 May 2015 / Accepted: 6 August 2015 / Published online: 20 August 2015
© The International Gastric Cancer Association and The Japanese Gastric Cancer Association 2015

We appreciate the comments on our article “Quality of life of older adult patients receiving docetaxel-based chemotherapy triplets for esophagogastric adenocarcinoma: a randomized study of the Arbeitsgemeinschaft Internistische Onkologie (AIO)” [1].

We do not see any relevant conflicts. The FLOT65+ study [2] compared a triplet versus a doublet combination in older adult patients with gastric cancer, and the statistics and end points of the primary trial are well explained in the methods section of the primary publication. In addition, the FLOT65+ study included an add-on quality-of-life (QoL) substudy with its own predefined end points. The primary end point of this QoL substudy [1] was the time to 5 % definitive deterioration of global health status (GHS) from the baseline, on the basis of the TAX 325 trial [3, 4], as assessed by time-to-event methods (Kaplan–Meier curves). In our article, we focused on the predefined end points of the substudy. The results showed no significant difference between biweekly oxaliplatin therapy plus 5-fluorouracil continuous infusion and folinic acid (FLO) and FLO in combination with docetaxel at 50 mg/m² (FLOT) regarding this end point. Hence, our conclusion was that no negative impact of the addition of docetaxel could be demonstrated.

In the primary publication, Al-Batran et al. [2] looked at another measure, which was changes in the global QoL/GHS score by 10 points or more at 8 weeks, based on data from Osoba et al. [5]. Al-Batran et al. found that more patients experienced such deterioration with the triple therapy. However, in the results section, Al-Batran et al. also indicated there was no significant difference in the mean QoL global health scores between arms.

Hence, the difference in the results in both publications is caused by the different methods used, and this is not unusual in QoL research. All analyses have methodological advantages and disadvantages, the explanation of which would extend beyond this letter. See the discussion section in our article [1] for a comprehensive discussion of this point.

In conclusion, considering the time-to-deterioration analysis and the mean global QoL/GHS scores, our study does not demonstrate a negative impact of the addition of docetaxel to 5-FU and oxaliplatin therapy in older adult patients with gastric cancer.

The primary study was partially funded by Sanofi-Aventis, but the QoL substudy was not. The conflict of interest for Al-Batran and the funding were clearly outlined in the study by Al-Batran et al. [2].

This comment refers to the article available at
doi:10.1007/s10120-015-0499-7.

✉ Melanie Kripp
melanie.kripp@medma.uni-heidelberg.de

¹ III. Medizinische Klinik, Universitätsmedizin Mannheim, Universität Heidelberg, Theodor-Kutzer-Ufer 1-3, 68167 Mannheim, Germany

² Institut für Klinisch-Onkologische Forschung, Krankenhaus Nordwest, Steinbacher Hohl 2–26, 60488 Frankfurt am Main, Germany

References

1. Kripp M, Al-Batran SE, Rosowski J, Pauligk C, Homann N, Hartmann JT, et al. Quality of life of older adult patients receiving docetaxel-based chemotherapy triplets for esophagogastric adenocarcinoma: a randomized study of the Arbeitsgemeinschaft Internistische Onkologie (AIO). *Gastric Cancer*. 2014;17(1): 181–7.
2. Al-Batran SE, Pauligk C, Homann N, Hartmann JT, Moehler M, Probst S, et al. The feasibility of triple-drug chemotherapy combination in older adult patients with oesophagogastric cancer:

- a randomised trial of the Arbeitsgemeinschaft Internistische Onkologie (FLOT65+). *Eur J Cancer*. 2013;49(4):835–42.
3. Van Cutsem E, Moiseyenko VM, Tjulandin S, Majlis A, Constenla M, Boni C, et al. Phase III study of docetaxel and cisplatin plus fluorouracil compared with cisplatin and fluorouracil as firstline therapy for advanced gastric cancer: a report of the V325 Study Group. *J Clin Oncol*. 2006;24(31):4991–7.
 4. Ajani JA, Moiseyenko VM, Tjulandin S, Majlis A, Constenla M, Boni C, et al. Quality of life with docetaxel plus cisplatin and fluorouracil compared with cisplatin and fluorouracil from a phase III trial for advanced gastric or gastroesophageal adenocarcinoma: the V-325 Study Group. *J Clin Oncol*. 2007;25(22):3210–6.
 5. Osoba D, Rodrigues G, Myles J, Zee B, Pater J. Interpreting the significance of changes in health-related quality-of-life scores. *J Clin Oncol*. 1998;16(1):139–44.