ClinicalTrials.gov Protocol and Results Registration System (PRS) Receipt
Release Date: 12/19/2012

Docetaxel and Oxaliplatin in Gastric Cancer

This study has been completed.

Sponsor:	Sanofi
Collaborators:	
Information provided by (Responsible Party):	Sanofi
ClinicalTrials.gov Identifier:	NCT00382720

Purpose

This phase II study addressed the use of docetaxel in combination with oxaliplatin with or without 5-FU or capecitabine in metastatic or locally recurrent gastric cancer previously untreated with chemotherapy for advanced disease. Prior to this study a pilot phase I (part I) determined the optimal dose by assessing the safety and tolerability of 2 dose levels in each arm. The optimal dose was administered in the Part II study. Participants who received the optimal dose in each treatment arm in Part I were included in the Part II analysis population.

Primary objective:

- To assess the time to progression (TTP) of Docetaxel in combination with Oxaliplatin with or without 5-Fluorouracil (5-FU) or Capecitabine in metastatic or locally recurrent gastric cancer previously untreated with chemotherapy for advanced disease (part II).

Secondary objectives:

- To establish the safety profile.
- To assess the Overall Response Rate (ORR) based on the World Health Organization (WHO) criteria
- To assess the Overall Survival (OS)

Condition	Intervention	Phase
Stomach Neoplasms	Drug: Docetaxel + Oxaliplatin Drug: Docetaxel + Oxaliplatin + 5-FU	Phase 2

Condition	Intervention	Phase
	Drug: Docetaxel + Oxaliplatin + Capecitabine	

Study Type: Interventional
Study Design: Treatment, Parallel Assignment, Open Label, Randomized, Safety/Efficacy Study
Official Title: A Randomized Phase II Study of Docetaxel in Combination With Oxaliplatin With or Without 5-FU or Capecitabine in Metastatic or Locally Recurrent Gastric Cancer Previously Untreated With Chemotherapy for Advanced Disease

Further study details as provided by Sanofi:

Primary Outcome Measure:

- Time to Progression [Time Frame: every 8 weeks up to a maximum of 36 months] [Designated as safety issue: No]
  The number of months measured from the day of randomization to the first tumor progression according to World Health Organization (WHO) criteria evaluation of cancer response, or death from any cause. WHO Criteria for Progressive Disease: ≥ 25% increase in the size of at least one bidimensionally or unidimensionally measurable lesion.

Secondary Outcome Measures:

- Best Overall Response Rate (ORR) [Time Frame: every 8 weeks up to a maximum of 36 months] [Designated as safety issue: No]
  Percentage of partial and complete responses, according to WHO criteria: Complete Response: Disappearance of all known disease, determined by 2 observations not less than 4 weeks apart. Partial Response: Decrease by at least 50% of the diameters of all measurable lesions, determined by 2 observations not less than 4 weeks apart.
- Overall Survival (OS) [Time Frame: up to a maximum of 36 months] [Designated as safety issue: No]
  The number of months measured from the date of randomization to the date of death due to any cause.

Enrollment: 275
Study Start Date: September 2006
Primary Completion Date: April 2010
Study Completion Date: April 2010

Arms	Assigned Interventions
Experimental: TE (Taxotere and Eloxatin) Docetaxel (Taxotere) in combination with Oxaliplatin (Eloxatin). Each chemotherapy cycle was repeated every 21 days. Participants received either the optimal or non-optimal dose for Taxotere and Eloxatin. Participants who received the optimal dose for Taxotere and Eloxatin were analyzed in this study.	Drug: Docetaxel + Oxaliplatin Dose level 1 (non-optimal dose): Docetaxel 75 mg/m² as an 1-hour intravenous (IV) infusion on day 1 followed by Oxaliplatin 100 mg/m² as a two to six-hour IV infusion on day 1 Dose level 2 (optimal dose): Docetaxel 75 mg/m² as an 1-hour IV infusion on day 1 followed by Oxaliplatin 130 mg/m² as a two to six-hour IV infusion on day 1
Experimental: TEF (Taxotere, Eloxatin and 5-FU)	Drug: Docetaxel + Oxaliplatin + 5-FU Dose level 1 (non-optimal dose):

Arms	Assigned Interventions
Docetaxel (Taxotere) in combination with Oxaliplatin (Eloxatin) and 5-FU (5-Fluorouracil). Each chemotherapy cycle was repeated every 14 days. Participants received either the optimal or non-optimal dose for Taxotere, Eloxatin and 5-FU. Participants who received the optimal dose for Taxotere, Eloxatin and 5-FU were analyzed in this study.	Docetaxel 40 mg/m² as a 1-hour intravenous (IV) infusion day 1; Oxaliplatin 85 mg/m² simultaneously with folinic acid 400 mg/m² as a 2-hour IV infusion, followed by 5-FU 2400 mg/m2 as a 46-hour continuous infusion day 1. Dose level 2 (optimal dose): Docetaxel 50 mg/m² as a 1-hour IV infusion day 1; Oxaliplatin 85 mg/m² simultaneously with folinic acid 400 mg/m² as a 2-hour IV infusion, followed by 5-FU 2400 mg/m² as a 46-hour continuous infusion day 1.
Experimental: TEX (Taxotere, Eloxatin and Xeloda) Docetaxel (Taxotere) in combination with Oxaliplatin (Eloxatin) and capecitabine (Xeloda). Each chemotherapy cycle was repeated every 21 days. Participants received either the optimal or non-optimal dose for Taxotere, Eloxatin and Xeloda. Participants who received the optimal dose for Taxotere, Eloxatin and Xeloda were analyzed in this study.	Drug: Docetaxel + Oxaliplatin + Capecitabine Dose level 1 (optimal dose): Docetaxel 50 mg/m² as a 1-hour intravenous (IV) infusion on day 1, Oxaliplatin 100 mg/m² as a two to six-hour IV infusion on day 1, Capecitabine 625 mg/m2 two times a day continuously. Dose level 2 (non-optimal dose): Docetaxel 65 mg/m² as a 1-hour IV infusion on day 1, Oxaliplatin 100 mg/m² as a two to six-hour IV infusion on day 1, Capecitabine 625 mg/m² two times a day continuously.

Detailed Description:

The purpose of this study (Part II) was to evaluate the time to progression in the 3 arms at an optimal dose level of docetaxel and oxaliplatin defined during a prior pilot (Part I) phase study. The estimated duration of treatment was to be 6 months. Treatment was to be administered up to progression, unacceptable toxicities, or withdrawal of consent. The reason and date of removal of all participants was documented on the case report form.

Participants who ended treatment but had not yet progressed (e.g. unacceptable toxicities or withdrawal of consent) were be followed every 8 weeks with a complete tumor assessment until documented progression or further anti-tumor therapy. Then, they would be followed every 3 months after progression for survival status; date of death or progression were reported. Participants who ended treatment for progression, were to be followed every 3 months until death. Date of death was reported. The planned duration of the study was 30 months.

Eligibility

Ages Eligible for Study: 18 Years and older
Genders Eligible for Study: Both
Accepts Healthy Volunteers: No

Criteria

Inclusion criteria:

- Histologically proven gastric adenocarcinoma, including adenocarcinoma of the gastro-oesophageal junction
- Metastatic or locally recurrent disease
- Prior adjuvant (and/or neo-adjuvant) chemotherapy with 5-Fluorouracil, Cisplatin, epirubicin is allowed provided that the patient has relapsed > 12 months after the end of the chemotherapy
- Performance status Karnofsky index > 70
- Hematology within 7 days before randomization:Hemoglobin ≥10g/dl, Absolute Neutrophil Count ≥2.0 10^9/L, platelets ≥100 x 10^9/L
- Blood chemistry within 7 days before randomization:Total bilirubin ≤1x Upper Normal Limit(UNL), Aspartate Aminotransferase (AST) Serum Glutamic Oxaloacetic Transaminase SGOT) and Alanine Aminotransferase (ALT)Serum Glutamate Pyruvate Transaminase(SGPT) ≤2.5xUNL, alkaline phosphatase ≤ 5x UNL, provided that AST or ALT > 1.5 x UNL is not associated with alkaline phosphatase > 2.5 x UNL; creatinine ≤1.25x UNL or 1.25x UNL < creatinine ≤1.5x UNL and calculated/measured creatinine clearance ≥60 ml/min)
- Measurable and/or evaluable metastatic disease

Exclusion criteria:

- Any prior palliative chemotherapy
- Neurosensory symptoms National Cancer Institute Common Toxicity Criteria for Adverse Events grade≥2

The above information is not intended to contain all considerations relevant to a patient's potential participation in a clinical trial.

Contacts and Locations

Locations

United States, New Jersey
sanofi-aventis administrative office
Bridgewater, New Jersey, United States

Belgium
sanofi-aventis administrative office
Diegem, Belgium

France
sanofi-aventis administrative office
Paris, France

Germany
sanofi-aventis administrative office
Frankfurt, Germany

Hungary
sanofi-aventis administrative office
Budapest, Hungary

Italy
sanofi-aventis administrative office
Milan, Italy

Portugal
sanofi-aventis administrative office
Porto Salvo, Portugal

Russian Federation
sanofi-aventis administrative office
Moscow, Russian Federation
Spain
sanofi-aventis administrative office
Barcelona, Spain
Switzerland
sanofi-aventis administrative office
Genève, Switzerland
Turkey
sanofi-aventis administrative office
Istanbul, Turkey
United Kingdom
sanofi-aventis administrative office
Guildford Surrey, United Kingdom

Investigators

Study Director:	Jean-Philippe Aussel	sanofi-aventis

More Information

Responsible Party:	Sanofi
Study ID Numbers:	DOCOX_C_00082 EudraCT # : 2005-005464-92
Health Authority:	Belgium: Federal Agency for Medicines and Health Products, FAMHP

Study Results

Participant Flow

Recruitment Details	A total 275 participants from 12 countries were randomized in the part I/II study. 64 participants were enrolled in Part I. 211 new participants were enrolled specifically for Part II.
Pre-Assignment Details	The intent-to-treat (ITT) population, included 254 participants randomized to the optimal dose of study medication from Parts I (43) and II (211), and excluded 21 participants administered the non-optimal dose in Part I.

Reporting Groups

	Description
(TE) Taxotere and Eloxatin	Participants administered Docetaxel (Taxotere) 75 mg/m² as an 1-hour IV infusion on day 1 followed by Oxaliplatin (Eloxatin) 130 mg/m² as a two to six-hour IV infusion on day 1 per chemotherapy cycle.
(TEF) Taxotere, Eloxatin and 5-fluorouracil	Participants administered with Docetaxel (Taxotere) 50 mg/m² as a 1-hour IV infusion day 1; Oxaliplatin (Eloxatin) 85 mg/m² simultaneously with folinic acid 400 mg/m² as a 2-hour IV infusion, followed by 5-FU 2400 mg/m² as a 46-hour continuous infusion day 1 per chemotherapy cycle.
(TEX) Taxotere, Eloxatin and Xeloda	Participants administered Docetaxel (Taxotere) 50 mg/m² as a 1-hour intravenous (IV) infusion on day 1, Oxaliplatin (Eloxatin) 100 mg/m² as a two to six-hour IV infusion on day 1, Capecitabine (Xeloda) 625 mg/m2 two times a day continuously per chemotherapy cycle.

Overall Study

	(TE) Taxotere and Eloxatin	(TEF) Taxotere, Eloxatin and 5-fluorouracil	(TEX) Taxotere, Eloxatin and Xeloda
Started	79	89	86
Administered Non-Optimal Dose (Part I)	10	11	0
Administered Optimal Dose (Parts I & II)	78	88	82
Full Analysis Population (FAP)	78 [1]	88 [1]	82 [1]
Completed	0	0	0
Not Completed	79	89	86
Adverse Event	21	23	15
Protocol Violation	2	5	1
Death	0	1	2
Progressive disease	37	28	38
Withdrew consent	1	1	2
Withdrawal by Subject	11	20	12
Surgery	1	1	4
Patient did not receive study medication	1	1	4
Clinically progressive disease	0	1	0
Good prognosis	0	1	0
Investigator/Clinical decision	5	6	6

	(TE) Taxotere and Eloxatin	(TEF) Taxotere, Eloxatin and 5-fluorouracil	(TEX) Taxotere, Eloxatin and Xeloda
Discontinued at end of study	0	1	2

[1] ITT who received at least one dose of study medication

Baseline Characteristics

Reporting Groups

	Description
(TE) Taxotere and Eloxatin	Participants administered Docetaxel (Taxotere) 75 mg/m² as an 1-hour IV infusion on day 1 followed by Oxaliplatin (Eloxatin) 130 mg/m² as a two to six-hour IV infusion on day 1 per chemotherapy cycle.
(TEF) Taxotere, Eloxatin and 5-fluorouracil	Participants administered with Docetaxel (Taxotere) 50 mg/m² as a 1-hour IV infusion day 1; Oxaliplatin (Eloxatin) 85 mg/m² simultaneously with folinic acid 400 mg/m² as a 2-hour IV infusion, followed by 5-FU 2400 mg/m² as a 46-hour continuous infusion day 1 per chemotherapy cycle.
(TEX) Taxotere, Eloxatin and Xeloda	Participants administered Docetaxel (Taxotere) 50 mg/m² as a 1-hour intravenous (IV) infusion on day 1, Oxaliplatin (Eloxatin) 100 mg/m² as a two to six-hour IV infusion on day 1, Capecitabine (Xeloda) 625 mg/m2 two times a day continuously per chemotherapy cycle.

Baseline Measures

	(TE) Taxotere and Eloxatin	(TEF) Taxotere, Eloxatin and 5-fluorouracil	(TEX) Taxotere, Eloxatin and Xeloda	Total
Number of Participants	79	89	86	254
Age, Continuous [units: years] Mean (Standard Deviation)	59.2 (11.4)	57.9 (11.1)	59.0 (11.0)	58.7 (11.1)
Gender, Male/Female [units: participants]				
Female	28	28	22	78
Male	51	61	64	176
Race/Ethnicity, Customized [units: participants]				
Asian/Oriental	0	1	0	1
Black	1	0	0	1
White	77	87	84	248

	(TE) Taxotere and Eloxatin	(TEF) Taxotere, Eloxatin and 5-fluorouracil	(TEX) Taxotere, Eloxatin and Xeloda	Total
Unknown or Not Reported	1	1	2	4
Karnofsky Performance Status (KPS) [units: participants]				
100% Normal, no complaints: no evidence of disease	19	28	19	66
90% Able to carry on normal activity; minor signs	26	35	31	92
80% Normal activity with effort, some signs	31	24	33	88
70% Cares for self but unable to work	1	2	3	6
<70% Requires assistance	1	0	0	1
Missing	1	0	0	1
Weight loss during last 3 months [units: participants]				
less than or equal to 5%	39	47	44	130
greater than 5%	39	42	41	122
Missing	1	0	1	2

Outcome Measures

1. Primary Outcome Measure:

Measure Title	Time to Progression
Measure Description	The number of months measured from the day of randomization to the first tumor progression according to World Health Organization (WHO) criteria evaluation of cancer response, or death from any cause. WHO Criteria for Progressive Disease: ≥ 25% increase in the size of at least one bidimensionally or unidimensionally measurable lesion.
Time Frame	every 8 weeks up to a maximum of 36 months
Safety Issue?	No

Analysis Population Description

248 participants in the full analysis population (FAP).

Reporting Groups

	Description
(TE) Taxotere and Eloxatin	Participants administered Docetaxel (Taxotere) 75 mg/m² as an 1-hour IV infusion on day 1 followed by Oxaliplatin (Eloxatin) 130 mg/m² as a two to six-hour IV infusion on day 1 per chemotherapy cycle.
(TEF) Taxotere, Eloxatin and 5-fluorouracil	Participants administed with Docetaxel (Taxotere) 50 mg/m² as a 1-hour IV infusion day 1; Oxaliplatin (Eloxatin) 85 mg/m² simultaneously with folinic acid 400 mg/m² as a 2-hour IV infusion, followed by 5-FU 2400 mg/m² as a 46-hour continuous infusion day 1 per chemotherapy cycle.
(TEX) Taxotere, Eloxatin and Xeloda	Participants administered Docetaxel (Taxotere) 50 mg/m² as a 1-hour intravenous (IV) infusion on day 1, Oxaliplatin (Eloxatin) 100 mg/m² as a two to six-hour IV infusion on day 1, Capecitabine (Xeloda) 625 mg/m2 two times a day continuously per chemotherapy cycle.

Measured Values

	(TE) Taxotere and Eloxatin	(TEF) Taxotere, Eloxatin and 5-fluorouracil	(TEX) Taxotere, Eloxatin and Xeloda
Number of Participants Analyzed	78	88	82
Time to Progression [units: Months] Median (95% Confidence Interval)	4.50 (3.68 to 5.32)	7.66 (6.97 to 9.40)	5.55 (4.30 to 6.37)

2. Secondary Outcome Measure:

Measure Title	Best Overall Response Rate (ORR)
Measure Description	Percentage of partial and complete responses, according to WHO criteria: Complete Response: Disappearance of all known disease, determined by 2 observations not less than 4 weeks apart. Partial Response: Decrease by at least 50% of the diameters of all measurable lesions, determined by 2 observations not less than 4 weeks apart.
Time Frame	every 8 weeks up to a maximum of 36 months
Safety Issue?	No

Analysis Population Description

248 participants in the full analysis population (FAP).

Reporting Groups

	Description
(TE) Taxotere and Eloxatin	Participants administered Docetaxel (Taxotere) 75 mg/m² as an 1-hour IV infusion on day 1 followed by Oxaliplatin (Eloxatin) 130 mg/m² as a two to six-hour IV infusion on day 1 per chemotherapy cycle.
(TEF) Taxotere, Eloxatin and 5-fluorouracil	Participants administed with Docetaxel (Taxotere) 50 mg/m² as a 1-hour IV infusion day 1; Oxaliplatin (Eloxatin) 85 mg/m² simultaneously with folinic acid 400 mg/m² as a 2-hour IV infusion, followed by 5-FU 2400 mg/m² as a 46-hour continuous infusion day 1 per chemotherapy cycle.
(TEX) Taxotere, Eloxatin and Xeloda	Participants administered Docetaxel (Taxotere) 50 mg/m² as a 1-hour intravenous (IV) infusion on day 1, Oxaliplatin (Eloxatin) 100 mg/m² as a two to six-hour IV infusion on day 1, Capecitabine (Xeloda) 625 mg/m2 two times a day continuously per chemotherapy cycle.

Measured Values

	(TE) Taxotere and Eloxatin	(TEF) Taxotere, Eloxatin and 5-fluorouracil	(TEX) Taxotere, Eloxatin and Xeloda
Number of Participants Analyzed	78	88	82
Best Overall Response Rate (ORR) [units: percentage of participants] Number (95% Confidence Interval)	23.1 (14.3 to 34.0)	46.6 (35.9 to 57.5)	25.6 (16.6 to 36.4)

3. Secondary Outcome Measure:

Measure Title	Overall Survival (OS)
Measure Description	The number of months measured from the date of randomization to the date of death due to any cause.
Time Frame	up to a maximum of 36 months
Safety Issue?	No

Analysis Population Description

248 participants in the full analysis population (FAP).

Reporting Groups

	Description
(TE) Taxotere and Eloxatin	Participants administered Docetaxel (Taxotere) 75 mg/m² as an 1-hour IV infusion on day 1 followed by Oxaliplatin (Eloxatin) 130 mg/m² as a two to six-hour IV infusion on day 1 per chemotherapy cycle.
(TEF) Taxotere, Eloxatin and 5-fluorouracil	Participants administed with Docetaxel (Taxotere) 50 mg/m² as a 1-hour IV infusion day 1; Oxaliplatin (Eloxatin) 85 mg/m² simultaneously with folinic acid 400 mg/m² as a 2-hour IV infusion, followed by 5-FU 2400 mg/m² as a 46-hour continuous infusion day 1 per chemotherapy cycle.

	Description
(TEX) Taxotere, Eloxatin and Xeloda	Participants administered Docetaxel (Taxotere) 50 mg/m² as a 1-hour intravenous (IV) infusion on day 1, Oxaliplatin (Eloxatin) 100 mg/m² as a two to six-hour IV infusion on day 1, Capecitabine (Xeloda) 625 mg/m2 two times a day continuously per chemotherapy cycle.

Measured Values

	(TE) Taxotere and Eloxatin	(TEF) Taxotere, Eloxatin and 5-fluorouracil	(TEX) Taxotere, Eloxatin and Xeloda
Number of Participants Analyzed	78	88	82
Overall Survival (OS) [units: months] Median (95% Confidence Interval)	8.97 (7.79 to 10.87)	14.59 (11.70 to 21.78)	11.30 (8.08 to 14.03)

Reported Adverse Events

Time Frame	[Not specified]
Additional Description	248 participants in the full analysis population (FAP) were analyzed for safety.

Reporting Groups

	Description
(TE) Taxotere and Eloxatin	Participants administered Docetaxel (Taxotere) 75 mg/m² as an 1-hour IV infusion on day 1 followed by Oxaliplatin (Eloxatin) 130 mg/m² as a two to six-hour IV infusion on day 1 per chemotherapy cycle.
(TEF) Taxotere, Eloxatin and 5-fluorouracil	Participants administed with Docetaxel (Taxotere) 50 mg/m² as a 1-hour IV infusion day 1; Oxaliplatin (Eloxatin) 85 mg/m² simultaneously with folinic acid 400 mg/m² as a 2-hour IV infusion, followed by 5-FU 2400 mg/m² as a 46-hour continuous infusion day 1 per chemotherapy cycle.
(TEX) Taxotere, Eloxatin and Xeloda	Participants administered Docetaxel (Taxotere) 50 mg/m² as a 1-hour intravenous (IV) infusion on day 1, Oxaliplatin (Eloxatin) 100 mg/m² as a two to six-hour IV infusion on day 1, Capecitabine (Xeloda) 625 mg/m2 two times a day continuously per chemotherapy cycle.

Serious Adverse Events

	(TE) Taxotere and Eloxatin	(TEF) Taxotere, Eloxatin and 5-fluorouracil	(TEX) Taxotere, Eloxatin and Xeloda
	Affected/At Risk (%)	Affected/At Risk (%)	Affected/At Risk (%)
Total	35/78 (44.87%)	24/88 (27.27%)	36/82 (43.9%)
Blood and lymphatic system disorders			
anemia *	2/78 (2.56%)	0/88 (0%)	1/82 (1.22%)
disseminated intravascular coagulation *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
febrile neutropenia *	7/78 (8.97%)	2/88 (2.27%)	5/82 (6.1%)
leukopenia *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
neutropenia *	1/78 (1.28%)	1/88 (1.14%)	1/82 (1.22%)
Cardiac disorders			
cardiac failure *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
cardiac failure congestive *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
cardiopulmonary failure *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
myocardial infarction *	1/78 (1.28%)	0/88 (0%)	1/82 (1.22%)
Congenital, familial and genetic disorders			
hemoglobin decreased *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
investigations *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
pyloric stenosis *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
Gastrointestinal disorders			
abdominal pain *	1/78 (1.28%)	1/88 (1.14%)	2/82 (2.44%)
abdominal pain upper *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
ascites *	0/78 (0%)	0/88 (0%)	2/82 (2.44%)
colitis *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
diarrhea *	7/78 (8.97%)	3/88 (3.41%)	2/82 (2.44%)
dysphagia *	1/78 (1.28%)	0/88 (0%)	2/82 (2.44%)
enterocolitis *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
gastric hemorrhage *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)

	(TE) Taxotere and Eloxatin	(TEF) Taxotere, Eloxatin and 5-fluorouracil	(TEX) Taxotere, Eloxatin and Xeloda
	Affected/At Risk (%)	Affected/At Risk (%)	Affected/At Risk (%)
gastric perforation *	0/78 (0%)	1/88 (1.14%)	1/82 (1.22%)
gastric ulcer perforation *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
gastrointestinal hemorrhage *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
hematemesis *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
ileus *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
inguinal hernia *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
intestinal obstruction *	1/78 (1.28%)	0/88 (0%)	1/82 (1.22%)
intestinal perforation *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
mechanical ileus *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
nausea *	0/78 (0%)	1/88 (1.14%)	2/82 (2.44%)
rectal obstruction *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
upper gastrointestinal hemorrhage *	0/78 (0%)	2/88 (2.27%)	0/82 (0%)
volvulus *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
vomiting *	2/78 (2.56%)	3/88 (3.41%)	3/82 (3.66%)
General disorders			
asthenia *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
chest pain *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
device occlusion *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
fatigue *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
general physical health deterioration *	3/78 (3.85%)	1/88 (1.14%)	1/82 (1.22%)
generalised edema *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
implant site reaction *	0/78 (0%)	0/88 (0%)	2/82 (2.44%)
mucosal inflammation *	0/78 (0%)	0/88 (0%)	2/82 (2.44%)
performance status decreased *	1/78 (1.28%)	0/88 (0%)	1/82 (1.22%)
pyrexia *	2/78 (2.56%)	1/88 (1.14%)	0/82 (0%)
Hepatobiliary disorders			

	(TE) Taxotere and Eloxatin	(TEF) Taxotere, Eloxatin and 5-fluorouracil	(TEX) Taxotere, Eloxatin and Xeloda
	Affected/At Risk (%)	Affected/At Risk (%)	Affected/At Risk (%)
cholecystitis *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
cholecystitis acute *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
hyperbilirubinemia *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
Infections and infestations			
abdominal wall abscess *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
bronchopneumonia *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
clostridium difficile colitis *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
device related infection *	0/78 (0%)	1/88 (1.14%)	1/82 (1.22%)
device related sepsis *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
gastroenteritis *	2/78 (2.56%)	0/88 (0%)	0/82 (0%)
infection *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
neutropenic sepsis *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
pelvic abscess *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
peritoneal abscess *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
pneumonia *	0/78 (0%)	1/88 (1.14%)	1/82 (1.22%)
sepsis *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
septic arthritis staphylococcal *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
staphylococcal sepsis *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
Metabolism and nutrition disorders			
cachexia *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
decreased appetite *	0/78 (0%)	0/88 (0%)	3/82 (3.66%)
dehydration *	2/78 (2.56%)	0/88 (0%)	1/82 (1.22%)
hyperkalemia *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
hyponatremia *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
hypovolemia *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
Musculoskeletal and connective tissue disorders			

	(TE) Taxotere and Eloxatin	(TEF) Taxotere, Eloxatin and 5-fluorouracil	(TEX) Taxotere, Eloxatin and Xeloda
	Affected/At Risk (%)	Affected/At Risk (%)	Affected/At Risk (%)
back pain *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
spondylolisthesis *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
Neoplasms benign, malignant and unspecified (incl cysts and polyps)			
malignant pleural effusion *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
metastases to ovary *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
Nervous system disorders			
ataxia *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
facial paresis *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
headache *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
peripheral motor neuropathy *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
syncope *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
Renal and urinary disorders			
renal failure acute *	1/78 (1.28%)	0/88 (0%)	1/82 (1.22%)
Respiratory, thoracic and mediastinal disorders			
acute pulmonary edema *	0/78 (0%)	1/88 (1.14%)	0/82 (0%)
aspiration *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
dysesthesia pharynx *	1/78 (1.28%)	0/88 (0%)	0/82 (0%)
pleural effusion *	1/78 (1.28%)	1/88 (1.14%)	0/82 (0%)
pulmonary embolism *	4/78 (5.13%)	1/88 (1.14%)	2/82 (2.44%)
respiratory arrest *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
respiratory failure *	0/78 (0%)	0/88 (0%)	1/82 (1.22%)
Vascular disorders			
deep vein thromosis *	2/78 (2.56%)	1/88 (1.14%)	0/82 (0%)

* Indicates events were collected by non-systematic methods.

Other Adverse Events

Frequency Threshold Above Which Other Adverse Events are Reported: 5%

	(TE) Taxotere and Eloxatin	(TEF) Taxotere, Eloxatin and 5-fluorouracil	(TEX) Taxotere, Eloxatin and Xeloda
	Affected/At Risk (%)	Affected/At Risk (%)	Affected/At Risk (%)
Total	75/78 (96.15%)	87/88 (98.86%)	77/82 (93.9%)
Blood and lymphatic system disorders			
febrile neutropenia *	4/78 (5.13%)	0/88 (0%)	1/82 (1.22%)
neutropenia *	1/78 (1.28%)	5/88 (5.68%)	1/82 (1.22%)
Gastrointestinal disorders			
abdominal distension *	2/78 (2.56%)	4/88 (4.55%)	5/82 (6.1%)
abdominal pain *	24/78 (30.77%)	19/88 (21.59%)	16/82 (19.51%)
abdominal pain upper *	7/78 (8.97%)	12/88 (13.64%)	9/82 (10.98%)
constipation *	13/78 (16.67%)	15/88 (17.05%)	20/82 (24.39%)
diarrhoea *	48/78 (61.54%)	59/88 (67.05%)	53/82 (64.63%)
dyspepsia *	3/78 (3.85%)	7/88 (7.95%)	12/82 (14.63%)
dysphagia *	6/78 (7.69%)	5/88 (5.68%)	10/82 (12.2%)
nausea *	45/78 (57.69%)	52/88 (59.09%)	43/82 (52.44%)
oral pain *	4/78 (5.13%)	0/88 (0%)	1/82 (1.22%)
stomatitis *	19/78 (24.36%)	39/88 (44.32%)	21/82 (25.61%)
vomiting *	36/78 (46.15%)	30/88 (34.09%)	30/82 (36.59%)
General disorders			
asthenia *	21/78 (26.92%)	22/88 (25%)	16/82 (19.51%)
fatigue *	35/78 (44.87%)	45/88 (51.14%)	39/82 (47.56%)
mucosal inflammation *	1/78 (1.28%)	6/88 (6.82%)	2/82 (2.44%)
oedema *	5/78 (6.41%)	3/88 (3.41%)	1/82 (1.22%)
oedema peripheral *	8/78 (10.26%)	10/88 (11.36%)	12/82 (14.63%)
pyrexia *	12/78 (15.38%)	12/88 (13.64%)	9/82 (10.98%)
Investigations			

	(TE) Taxotere and Eloxatin	(TEF) Taxotere, Eloxatin and 5-fluorouracil	(TEX) Taxotere, Eloxatin and Xeloda
	Affected/At Risk (%)	Affected/At Risk (%)	Affected/At Risk (%)
weight decreased *	5/78 (6.41%)	7/88 (7.95%)	8/82 (9.76%)
Metabolism and nutrition disorders			
decreased appetite *	32/78 (41.03%)	36/88 (40.91%)	37/82 (45.12%)
Musculoskeletal and connective tissue disorders			
back pain *	6/78 (7.69%)	4/88 (4.55%)	9/82 (10.98%)
pain in extremity *	5/78 (6.41%)	6/88 (6.82%)	3/82 (3.66%)
Nervous system disorders			
dizziness *	7/78 (8.97%)	7/88 (7.95%)	4/82 (4.88%)
dysaesthesia *	2/78 (2.56%)	1/88 (1.14%)	6/82 (7.32%)
dysgeusia *	5/78 (6.41%)	23/88 (26.14%)	12/82 (14.63%)
headache *	4/78 (5.13%)	6/88 (6.82%)	8/82 (9.76%)
neuropathy peripheral *	12/78 (15.38%)	19/88 (21.59%)	19/82 (23.17%)
neurotoxicity *	4/78 (5.13%)	3/88 (3.41%)	0/82 (0%)
paraesthesia *	11/78 (14.1%)	16/88 (18.18%)	6/82 (7.32%)
peripheral sensory neuropathy *	27/78 (34.62%)	33/88 (37.5%)	25/82 (30.49%)
Psychiatric disorders			
anxiety *	4/78 (5.13%)	2/88 (2.27%)	3/82 (3.66%)
insomnia *	8/78 (10.26%)	4/88 (4.55%)	8/82 (9.76%)
Respiratory, thoracic and mediastinal disorders			
cough *	5/78 (6.41%)	9/88 (10.23%)	5/82 (6.1%)
dyspnoea *	16/78 (20.51%)	11/88 (12.5%)	9/82 (10.98%)
epistaxis *	1/78 (1.28%)	10/88 (11.36%)	1/82 (1.22%)
hiccups *	2/78 (2.56%)	2/88 (2.27%)	6/82 (7.32%)
oropharyngeal pain *	2/78 (2.56%)	6/88 (6.82%)	3/82 (3.66%)
Skin and subcutaneous tissue disorders			
alopecia *	25/78 (32.05%)	47/88 (53.41%)	36/82 (43.9%)

	(TE) Taxotere and Eloxatin	(TEF) Taxotere, Eloxatin and 5-fluorouracil	(TEX) Taxotere, Eloxatin and Xeloda
	Affected/At Risk (%)	Affected/At Risk (%)	Affected/At Risk (%)
dry skin *	1/78 (1.28%)	2/88 (2.27%)	6/82 (7.32%)
nail disorder *	5/78 (6.41%)	11/88 (12.5%)	17/82 (20.73%)
palmar-plantar erythrodysaesthesia syndrome *	5/78 (6.41%)	4/88 (4.55%)	10/82 (12.2%)
rash *	3/78 (3.85%)	6/88 (6.82%)	5/82 (6.1%)
skin reaction *	4/78 (5.13%)	5/88 (5.68%)	13/82 (15.85%)
Vascular disorders			
hypotension *	0/78 (0%)	3/88 (3.41%)	5/82 (6.1%)

* Indicates events were collected by non-systematic methods.

Limitations and Caveats

[Not specified]

More Information

Certain Agreements:

Principal Investigators are NOT employed by the organization sponsoring the study.

There IS an agreement between the Principal Investigator and the Sponsor (or its agents) that restricts the PI's rights to discuss or publish trial results after the trial is completed.

If no publication has occurred within 12 months after trial completion, the Investigator can publish the results. Prior to publication, the sponsor shall review the manuscript and can request changes, provided they do not jeopardize the accuracy and/or the scientific value of the publication. The approval is given in writing by the sponsor, not exceeding 90 days.

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