

# 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.*<sup>1</sup>.

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<sup>2,3</sup>. 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 chemo-naïve. In our opinion, that information is very important to the interpretation of the results.

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## 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.