original articles

- Cascinu S, Labianca R, Barone C et al. Adjuvant treatment of high-risk, radically resected gastric cancer patients with 5-fluorouracil, leucovorin, cisplatin, and epidoxorubicin in a randomized controlled trial. J Natl Cancer Inst 2007; 8: 601–607.
- Bajetta E, Floriani I, Di Bartolomeo M et al. Randomized trial on adjuvant treatment with FOLFIRI followed by docetaxel and cisplatin versus 5-fluorouracil and folinic acid for radically resected gastric cancer. Ann Oncol 2014; 25: 1373–1378.
- Schuhmacher C, Gretschel S, Lordick F et al. Neoadjuvant chemotherapy compared with surgery alone for locally advanced cancer of the stomach and cardia: European Organisation for Research and Treatment of Cancer Randomized Trial 40954. J Clin Oncol 2010; 28(35): 5210–5218.
- Becker K, Langer R, Reim D et al. Significance of histopathological tumor regression after neoadjuvant chemotherapy in gastric adenocarcinomas: a summary of 480 cases. Ann Surg 2011; 253(5): 934–939.

- Jiang L, Yang KH, Guan QL et al. Survival benefit of neoadjuvant chemotherapy for resectable cancer of the gastric and gastroesophageal junction: a meta-analysis, J Clin Gastroenterol 2015; 5: 387–394.
- 26. Tsuburaya A, Yoshida K, Kobayashi M et al. Sequential paclitaxel followed by tegafur and uracil (UFT) or S-1 versus UFT or S-1 monotherapy as adjuvant chemotherapy for T4a/b gastric cancer (SAMIT): a phase 3 factorial randomised controlled trial. Lancet Oncol 2014; 15(8): 886–893.
- Hartgrink HH, van de Velde CJH, Putter H et al. Neo-adjuvant chemotherapy for operable gastric cancer: long term results of the Dutch randomised FAMTX trial. Eur J Surg Oncol 2004; 6: 643

 –649.
- 28. Pauligk C, Tannapfel A, Meiler J et al. Pathological response to neoadjuvant 5-FU, oxaliplatin, and docetaxel (FLOT) versus epirubicin, cisplatin, and 5-FU (ECF) in patients with locally advanced, resectable gastric/esophagogastric junction (EGJ) cancer: data from the phase II part of the FLOT4 phase III study of the AlO. J Clin Oncol 2015; 33(suppl): abstr 4016.

Annals of Oncology 27: 673–679, 2016 doi:10.1093/annonc/mdv625 Published online 7 January 2016

Quality-of-life and performance status results from the phase III RAINBOW study of ramucirumab plus paclitaxel versus placebo plus paclitaxel in patients with previously treated gastric or gastroesophageal junction adenocarcinoma[†]

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Received 4 September 2015; revised 17 November 2015; accepted 18 December 2015

Background: The phase III RAINBOW trial demonstrated that the addition of ramucirumab to paclitaxel improved overall survival, progression-free survival, and tumor response rate in fluoropyrimidine—platinum previously treated patients with

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[†]Some of the quality-of-life results were presented as a poster presentation at the American Society of Clinical Oncology (ASCO) 50th Annual Meeting, 30 May–3 June 2014, in Chicago, IL, and as an oral presentation at the European Society for Medical Oncology (ESMO) 16th World Congress on Gastrointestinal Cancer, 25–28 June 2014, in Barcelona, Spain. Data associated with the primary efficacy endpoints and baseline/end-of-treatment quality of life scores were published in *Lancet Oncol* 15:1224–1235, 2014.

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