Capecitabine Inhibits Postoperative Recurrence and Metastasis after Liver Cancer Resection in Nude Mice with Relation to the Expression of Platelet-Derived Endothelial Cell Growth Factor

Jian Zhou, Zhao-You Tang, Jia Fan, Zhi-Quan Wu, Yuan Ji, Yong-Sheng Xiao, Ying-Hong Shi, Xiao-Ming Li, Qi-Man Sun, Yin-Kun Liu, and Sheng-Long Ye
Liver Cancer Institute and Zhongshan Hospital, Fudan University, Shanghai, People’s Republic of China

ABSTRACT

Purpose: This study was to investigate the effect of capecitabine on recurrent tumor and metastasis after curative resection of liver cancer, xenografts of a highly metastatic human hepatocellular carcinoma (HCC) tumor (LCI-D20), with special reference to the expression of platelet-derived endothelial cell growth factor (PD-ECGF).

Experimental Design: LCI-D20 and LCI-D35 (a low metastatic human HCC model) liver tumors were orthotopically implanted in 96 nude mice and divided into a treatment group (24 LCI-D20 mice and 24 LCI-D35 mice) and a prevention group (48 LCI-D20 mice). In the prevention group, curative resection of liver tumors was done 10 days after the orthotopic implantation of LCI-D20 tumor. Arabic gum (control), 5-fluorouracil (5-FU), and capecitabine were administrated respectively to all of the 96 mice.

Results: In the treatment group, tumor volume was 468 ± 138, 442 ± 81, and 240 ± 119 mm³ (P < 0.01) in the control, 5-FU, and capecitabine subgroups, respectively, in LCI-D20 mice, whereas it was 168 ± 35, 164 ± 23, and 144 ± 21 mm³ (P > 0.05), respectively, in LCI-D35 mice. In the prevention group, incidence of liver recurrence was 19 days, respectively.

Capecitabine inhibits tumor growth and metastatic recurrence after resection of HCC in highly metastatic nude mice model. The effect of capecitabine may be attributed to the high expression of PD-ECGF in tumors.

INTRODUCTION

Liver cancer is the fifth most important cancer worldwide in terms of numbers of cases but third in terms of mortality (548,600 in the year of 2000; Ref. 1). Surgical resection has been accepted the best treatment for HCC, the most common type of primary liver cancer in China. However, the postoperative recurrence and metastasis remain the major obstacles for further prolonging survival after resection. The effective postoperative adjuvant chemotherapeutic agent has not yet been developed.

Capecitabine, a novel prodrug of 5-FU, is an orally administered tumor-selective cytotoxic agent that is converted to 5-FU by three enzymes (2). After oral administration, capecitabine is converted to 5′-deoxy-5-fluorouridine by cytidine deaminase in both the liver and tumors, and finally to 5-FU by TP in various tumors. Studies show TP is the rate-limiting enzyme needed to convert capecitabine to 5-FU (3, 4). PD-ECGF, an angiogenic factor, is known to be identical to TP (5). PD-ECGF has been expressed in a wide range of human carcinomas such as esophageal, gastric, pancreatic, colon, lung, bladder, ovarian, breast and renal cancers, compared with the surrounding normal tissues (6–13). Our previous study found that PD-ECGF mRNA was highly expressed in human HCC and particularly in portal vein tumor thrombus as compared with noncancerous liver tissues (14). This finding suggested that capecitabine may be an effective agent for HCCs in which PD-ECGF are highly expressed. This study investigates whether capecitabine can suppress tumor growth, inhibit postoperative recurrence, and prolong animal life span after resection of HCC xenografts and also evaluates whether the effect of capecitabine is related to the expression of PD-ECGF in tumors.

The costs of publication of this article were defrayed in part by the payment of page charges. This article must therefore be hereby marked advertisement in accordance with 18 U.S.C. Section 1734 solely to indicate this fact.

Received 5/16/03; revised 8/19/03; accepted 8/20/03.
Grant support: National Key Project for the Development of Basic Research Grant G1998051211, the Shanghai Science Foundation for Colleges and Universities Grant 02JG05035, and the Foundation for “New Star of Medicine” of Shanghai Health Bureau.

Requests for reprints: Zhao-You Tang, Liver Cancer Institute and Zhongshan Hospital, Fudan University, 136 Yi Xue Yuan Road, Shanghai 200032, People’s Republic of China. Phone: 86-21-64037181; Fax: 86-21-64037181; E-mail: zytang@srcap.stc.sh.cn.

1 The abbreviations used are: HCC, hepatocellular carcinoma; PD-ECGF, platelet-derived endothelial cell growth factor; TP, thymidine phosphorylase; 5-FU, 5-fluorouracil; AFP, α-fetoprotein; TUNEL, terminal deoxynucleotidyl transferase-mediated dUTP nick end-labeling; AI, apoptotic index; CI, confidence interval.
MATERIALS AND METHODS

Mice. BALB/ca male nude mice (Shanghai Institute of Materia Medica, Chinese Academy of Science, Shanghai, China) of ~20 g at 4–6 weeks of age were used in this study, which were kept in laminar-flow cabinets under specific pathogen-free conditions, cared, and handled according to the recommendations of the NIH Guidelines for Care and Use of Laboratory Animals. Experimental protocol was approved by Shanghai Medical Experimental Animal Care Committee.

Highly and Low Metastatic Model of Human HCC in Nude Mice. At the authors’ institution, by using orthotopic implantation of histologically preserved metastatic tumor tissues of 30 surgical specimens, a highly metastatic model of human HCC in nude mice (named as LCI-D20) has been established. All mice with transplanted LCI-D20 tumors in the liver exhibited 100% transplantability and metastatic ability, as well as various manifestations of tumor behavior in HCC patients. These included local growth, regional invasion, spontaneous metastasis to liver, lungs, lymph nodes, and peritoneal seeding (15). Abnormal serum AFP level and hepatitis B surface antigen were found in this model.

In the same way, the low metastatic LCI-D35 model of HCC was established by using orthotopic implantation of the low metastatic sample selected from primary liver tumors. The model exhibited 100% transplantability and failed to metastasize either regionally or at distant sites. Normal serum AFP levels were found and hepatitis B surface antigen was undetectable in this model.

Orthotopic Implantation and Partial Hepatectomy in Nude Mice Model. A left upper abdominal pararectal incision was made under anesthesia. The left lobe of the liver was exposed and a part of the liver surface mechanically injured with scissors. Then, a LCI-D20 or LCI-D35 tumor piece ~2 mm in diameter was fixed within the liver tissue, and the abdominal wall was finally closed. On the tenth day after implantation, through a left upper abdominal pararectal incision, the lobes where tumors were implanted were excised in some of the mice bearing LCI-D20 tumor. The tumor size was ~3 mm in diameter on the tenth day. The incisional margin and tumor edge was ≥3 mm.

Treatment and Mice Grouping. Capecitabine was provided by Nippon Roche Research Centre (Kanagawa, Japan), and 5-FU was supplied by Shanghai Xuedonghaipu Pharmaceuticals Ltd. Capecitabine was dissolved in 40 mM citrate buffer (pH 6.0) containing 5% Arabic gum as the vehicle, whereas 5-FU was dissolved in a saline solution (16).

The experiments comprised of 96 nude mice, which were divided into a treatment group and a prevention group. The aim of the treatment group was to evaluate the effect of capecitabine on well-established tumor burden and whether it was related to the expression of PD-ECGF in HCC xenografts, whereas the aim of the prevention group was to test the effect of capecitabine on potential small tumor burden after resection of HCC xenografts. In the treatment group, 24 mice with implanted LCI-D20 tumor and 24 mice with implanted LCI-D35 tumor were given (p.o., once daily × 5/week) maximum-tolerated dosage of capecitabine (2.10 mmol/kg, n = 6), 5-FU (0.21 mmol/kg, n = 6), and 5% Arabic gum as a control (0.3 ml, n = 12), respectively, by a stomach tube on day 3 after tumor implantation for 3 weeks. All of the 48 mice were killed 72 h after the final oral administration. In the prevention group, 48 LCI-D20 mice underwent curative tumor resection and were given (p.o., once daily × 5/week) maximum-tolerated dosage of capecitabine (n = 12), 5-FU (n = 12), and 5% Arabic gum as a control (0.3 ml, n = 24), respectively, by a stomach tube on day 3 after tumor resection for 3 weeks. Twenty-four mice were killed 72 h after the final oral administration (6 mice in capecitabine group; 6 mice in 5-FU group, and 12 mice in control group), and the remaining 24 mice were kept on oral administration of Arabic gum until death to observe the life span, which was counted as days starting from the day of tumor resection.

Parameters Observed. At necropsy, tumor volume was measured for largest (a) and smallest (b), and the tumor volume was calculated as V = a × b^2/2 (17). Paraffin blocks of 10% buffered formalin-fixed samples of lung were prepared, and serial sections were cut at 4 μm and stained with H&E to determine the presence of lung metastases. The blood of those killed mice was collected for the examination of serum AFP level by radioimmunoassay.

Immunohistochemical Assay and Detection of Apoptotic Cell in HCC Xenografts. In treatment group, the expression of PD-ECGF in HCC xenografts and lung specimens with metastases in nude mice of controls was determined in paraffin-embedded sections of 4-μm thickness by using immunoperoxidase method, and apoptotic cells for HCC xenografts in all of the 48 nude mice were detected by using the TUNEL method.

Paraffin-embedded sections were stained with the monoclonal antibody against human PD-ECGF (Oncogene, San Diego, CA) diluted 1:150 in PBS (pH 7.4). In brief, deparaffined sections were rinsed with PBS (3 × 2 min) and sequentially incubated in 10% normal goat serum (0.03% H2O2 in PBS), treated with mouse antibody PD-ECGF in a warm box (37°C) for 60 min, then washed in PBS and added with EnVision, goat antimouse/horseradish peroxidase (Dako, Glostrup, Denmark) for 30 min. Horseradish peroxidase staining was visualized with 3-amino-9-ethyl carbazole (Dako). The sections were counterstained with hematoxylin. Negative staining controls included substitution or irrelevant monoclonal antibody and PBS for primary monoclonal antibody. Two pathologists independently observed and interpreted the results of the immunohistochemical staining, which was analyzed and scored according to the following method. The staining intensity was first scored (0 = negative; 1 = weak; 2 = moderate; 3 = high), then the percentage of positive cells was also scored (0 = no immunopositive cells; 1 = <25% positive cells; 2 = 25–50% positive cells; and 3 = >50% positive cells). The final score of each sample was obtained by adding the scores for staining intensity and number of cells. The samples of this investigation were classified as negative when the scores ranged from 0 to 2 and positive when they fell between 3 and 6 (10).

TUNEL method was based on the specific binding of terminal deoxynucleotidyltransferase to the 3′-OH ends of DNA, ensuring the synthesis of a polydeoxynucleotide polymer (18). For this purpose, the ApopTagPlus In Situ Apoptosis Detection Kit-Peroxidase (Oncor, Gaithersburg, MD) was used. Briefly, after routine deparaffinization, rehydration, and block-
ing of endogenous peroxidase with 0.3% H$_2$O$_2$ in methanol for 30 min at room temperature, the tissue sections were digested with 20 µg/ml proteinase K for 15 min at room temperature. After they were washed in distilled water, Equilibration Buffer was applied to the sections for 60 s at room temperature, followed by incubation with Working Strength Terminal Deoxyxucleotidyl Transferase Enzyme, and then they were covered with a coverslip in a humidified chamber for 60 min at 37°C. The reaction was terminated in prewarmed Working Strength Stop/Wash Buffer for 30 min at 37°C. After being washed in PBS, the sections were covered with Anti-Digoxigenin-Peroxidase for 30 min at room temperature, followed by color development with 3,3′-diaminobenzidine-H$_2$O$_2$ solution. The sections were counterstained with hematoxylin. To confirm the staining specificity, the TUNEL procedure was modified as follows: for the positive control, control slides (ApopTag Kit) were stained as described above; and the negative control sections were obtained by substituting distilled water for terminal deoxynucleotidyltransferase. The AI in liver tumors in treatment group was defined as the percentage of TUNEL-positive cells relative to counted carcinoma cells in the clearly labeled areas, as determined by scanning at a low magnification. The AI was determined by counting at least 1000 cells in the selected fields at ×400 magnification. Multiple fields were necessary to obtain >1000 cells for each case. Serial H&E sections were observed to avoid miscounting necrotic cells as far as possible.

**Statistical Analysis.** The one-way ANOVA and Dunnett’s test were performed for comparisons among groups regarding tumor volume, AFP values, and life span. Comparisons among groups regarding lung metastasis rate, intrahepatic recurrence rate, and AI were analyzed by performing Kruskal-Wallis test. All data were analyzed by a computer program, SPSS 10.0 (SPSS, Inc., Chicago, IL), and the significance of these differences was defined as $P < 0.05$.

**RESULTS**

**Immunohistochemistry and TUNEL Staining.** In LCI-D20 nude mice of control, PD-ECGF immunoreactivity was detected in both the cytoplasm and nuclear compartments of HCC cells as described in previous studies (19, 20). Whereas, PD-ECGF was seldom noted on the adjacent noncancerous tissues (Fig. 1A). PD-ECGF protein was 100% highly expressed in HCC xenografts of LCI-D20 nude mice (staining scores: 5.8 ± 0.4), even in several metastatic HCC cells in lung (Fig. 1B); however, it was hardly expressed in HCC xenografts of LCI-D35 nude mice (staining scores: 1.3 ± 0.5; Fig. 1C).

TUNEL signals were detectable within the nuclei of the HCC cells. An intense signal was observed in cells with apoptotic morphological changes. Such signals were also found even in the nonpyknotic nuclei of tumor cells.

**Inhibition of Tumor Growth and Metastases by Capcitabine.** In the treatment group, as shown in Table 1, statistical differences were found among the groups of control, 5-FU, and capcitabine in LCI-D20 model regarding tumor volume ($F = 7.364, P = 0.004$), AFP level ($F = 17.161, P < 0.001$), incidence of lung metastasis ($X^2_{K-W} = 18.158, P < 0.001$), and AI in the liver tumors ($X^2_{K-W} = 11.245, P = 0.004$). Capcitabine significantly inhibited the tumor growth (240 ± 119 versus 468 ± 138 mm$^3$, $P = 0.002$), 95% CI −83 to −375 mm$^3$), decreased AFP level (121 ± 54 versus 703 ± 224 µg/liter, $P < 0.001$, 95% CI −829 to −336 µg/liter), inhibited lung metastasis (17 versus 100%, $P < 0.001$), and increased AI in liver tumors (3.00 ± 0.89 versus 1.17 ± 0.39, $P < 0.001$; Fig. 2A and B) as compared with the control. Whereas, mice treated with 5-FU did not show significance regarding tumor volume, lung metastasis rate, AFP level, and AI in tumors as compared with the control ($P > 0.05$).

As shown in Table 2, when comparison was made among the groups of control, 5-FU, and capcitabine in LCI-D35 model, no significance was found regarding tumor volume ($F = 1.311, P = 0.291$) and AI in liver tumors ($X^2_{K-W} = 0.889, P = 0.641$). There was no metastasis of lung, and AFP level was normal in any group of LCI-D35 nude mice.

**Inhibition of Recurrence and Metastases after Curative Resection by Capcitabine.** In the prevention group, as shown in Table 3, statistical differences were found among the groups of control, 5-FU, and capcitabine in LCI-D20 model regarding intrahepatic recurrent tumor volume ($F = 55.394, P < 0.001$), AFP level ($F = 6.581, P = 0.006$), incidence of intrahepatic recurrence ($X^2_{K-W} = 9.857, P = 0.007$), lung metastasis ($X^2_{K-W} = 18.158, P < 0.001$), and life span of mice ($F = 41.603, P < 0.001$). Capcitabine significantly inhibited the intrahepatic recurrent tumor growth, decreased the AFP level and the rate of intrahepatic recurrence as well as lung metastasis, and prolonged the life span as compared with control (168 ± 206 versus 3162 ± 690 mm$^3$, 95% CI −3689 to −2300 mm$^3$; 107 ± 90 versus 1519 ± 807 µg/liter, 95% CI −2399 to −427 µg/liter; 50 versus 100%; 17 versus 100%; 77 ± 19 versus 31 ± 5 days; 95% CI 34–59 days, $P < 0.01$). Whereas, mice treated with 5-FU did not show significant difference as compared with the control ($P > 0.05$).

No animal experienced a weight loss of >10%, anemia, neutropenia, or thrombocytopenia during the treatment regimen (data not shown).

**DISCUSSION**

HCC is largely a problem of developing countries where 81% of the world total occurs. China alone accounts for 54% of the world total of cases (21). Even after curative resection of small HCC, the recurrent rate remained as high as 45% (22), 54% (23), and 57% (24) in the 5 years after operation and is the major reason for the death of patients after operation (25). Furthermore, these tumors have been shown to be quite resistant to radiotherapy or chemotherapy (26). The effective postoperative adjuvant chemotherapeutical agent has not yet been developed.

5-FU has been the mainstay of treatment of gastrointestinal, breast, and head and neck cancers for the past 40 years (27). Capcitabine was rationally designed to generate 5-FU preferentially at the TP/PD-ECGF-expressing tumor site. The enhancement of sensitivity to capcitabine was observed in human carcinoma cells transfected with TP/PD-ECGF cDNA (13). Capcitabine as monotherapy or in combination with other cytotoxic agents has shown encouraging activity in breast, colorectal, pancreatic, ovarian, and renal cell cancers (28, 29). Furthermore, capcitabine showed a superior safety profile com-
Fig. 1  Immunohistological localization of PD-ECGF with the anti-PD-ECGF monoclonal antibody. A, the cancerous portion strongly expressed PD-ECGF (arrows; magnification, ×100) and noncancerous portion was negatively immunostained in LCI-D20 nude mice (˚; magnification, ×100). B, PD-ECGF was positively immunostained in several metastatic HCC cells in lung of LCI-D20 nude mice (arrows; magnification, ×100). C, PD-ECGF was hardly expressed in HCC xenografts in LCI-D35 nude mice (arrow; magnification, ×100).
pared with 5-FU/leucovin, with a significantly lower incidence ($P < 0.001$) of diarrhea, stomatitis, nausea, and alopecia, together with a reduced treatment-related hospitalization rate (30). In addition, the incidence of neutropenic fever/sepsis was significantly lower in patients receiving capecitabine (31). PD-ECGF is identical to TP in amino acid sequence, and the TP activity is indispensable for chemotactic and angiogenic activity of PD-ECGF (32). PD-ECGF has been expressed in a wide range of human carcinomas and is also related to the tumor invasion and metastasis (7, 33, 34). Our results showed that PD-ECGF was expressed in highly metastatic LCI-D20 liver tumor xenografts (100%), even in human metastatic HCC cells in lung, which suggested that PD-ECGF may be associated with the growth and metastasis of HCC. These results were coincident with our previous report (14). Because high expression of PD-ECGF in cancer cells means high activity of TP (32) and the

**Table 1** Capecitabine inhibited both tumor growth and lung metastasis in nude mice bearing LCI-D20 liver tumor xenografts

<table>
<thead>
<tr>
<th>Group</th>
<th>Tumor volume (mm$^3$) Mean ± SD</th>
<th>Lung metastases Case (%)</th>
<th>AFP (µg/liter) Mean ± SD</th>
<th>AI Mean ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controls ($n = 12$)</td>
<td>468 ± 138</td>
<td>12/12 (100)</td>
<td>703 ± 224</td>
<td>1.17 ± 0.39</td>
</tr>
<tr>
<td>5-FU ($n = 6$)</td>
<td>442 ± 81$^a$</td>
<td>6/6 (100)$^a$</td>
<td>659 ± 255$^a$</td>
<td>1.50 ± 0.55$^a$</td>
</tr>
<tr>
<td>Capecitabine ($n = 6$)</td>
<td>240 ± 119$^b$</td>
<td>1/6 (17)$^b$</td>
<td>121 ± 54$^b$</td>
<td>3.00 ± 0.89$^b$</td>
</tr>
</tbody>
</table>

$^a$ Not significant ($P > 0.05$) compared with control values.

$^b$ Statistically significant ($P < 0.01$) compared with control values.

Fig. 2. Apoptotic cells labeled by the TUNEL method. A, many apoptotic cells (arrows; magnification, ×200) are noted in LCI-D20 liver tumor xenografts after oral capecitabine. B, very few apoptotic cells (arrows; magnification, ×200) are seen in controls.
tumor selectivity of the novel TP-activated capecitabine is achieved through exploitation of the significantly higher activity of TP in tumor tissue compared with healthy tissue (2), the present results provide information and interests that tumor selectivity of capecitabine may be achieved as treatment for HCCs with high expressing of PD-ECGF.

In this study, the authors showed that capecitabine rather than 5-FU significantly inhibited the tumor growth and lung metastasis, correspondingly decreased the AFP level and enhanced the apoptosis in tumor cells as compared with control in LCI-D20 mice, whereas capecitabine was not effective for liver tumor in LCI-D35 mice. Pharmacokinetic profiles of 5-FU and capecitabine have been examined in human cancer xenograft models. Capecitabine produced significantly higher levels of 5-FU in tumors than in plasma or muscle. In contrast, 5-FU itself produced similar levels of 5-FU in tumors and muscle tissue and in plasma (16). Thus, possible explanation for the discrepancy in the sensitivity of LCI-D20 liver tumor to capecitabine or 5-FU in vivo would be that 5-FU itself gave very low levels of 5-FU in tumor tissues and did not show efficacy in the tumor model as compared with capecitabine. In this study, we found that PD-ECGF expression is much higher in liver tumor xenograft of LCI-D20 mice than that of LCI-D35 mice at the individual cell level (Fig. 1). The effect of capecitabine in LCI-D20 mice may be attributed to the high expression of PD-ECGF in liver tumor xenograft, and the low expression of PD-ECGF in xenografts of LCI-D35 mice resulted in no effect of capecitabine for liver tumors. It has been reported that chemotherapeutic agents induce apoptosis (35, 36). 5-FU enhanced the induction of apoptosis of human gastric carcinoma cells (37). Therefore, the enhanced apoptosis in HCC xenografts in capecitabine-treated group may result from the high concentration of 5-FU in tumors converted by PD-ECGF and was one of the reasons for the inhibition of tumor growth and lung metastasis in LCI-D20 mice.

The highly metastatic orthotopic model of human HCC in nude mice (LCI-D20) used in this study is a patient-like model. With primary tumor resection on postimplantative day 10, all LCI-D20 models represent 100% intrahepatic recurrence and metastases to the lungs after 26 days. The present study revealed that capecitabine rather than 5-FU inhibited the recurrence and metastasis of HCC after HCC resection (a maximum of 50% reduction in intrahepatic recurrence, 83% reduction in lung metastasis). The preventive effect of capecitabine with 19-fold reduction on tumor recurrence and 14-fold reduction on AFP level in the prevention group was more prominent than the inhibition effect with 2-fold on tumor growth and 6-fold reduction on AFP in the treatment group. Our results extrapolate that capecitabine possibly plays more effective role in the prevention of postoperative recurrence and metastasis of HCC with potential minimum tumor burden than that in the inhibition of tumor with well-established larger tumor burden.

Most patients prefer an orally administered therapy to i.v. treatment. Oral agents potentially permit convenient, patient-orientated therapy and avoid complications associated with i.v. drug administration (38). In the future, capecitabine may replace i.v. 5-FU in many clinical settings, providing patients with a more convenient and potentially more effective, better-tolerated treatment option (28). In the current study, the authors demonstrated that PD-ECGF was highly expressed in HCC xenografts and their metastases, and capecitabine had proven beneficial to holding micrometastatic lesions and tumor growth of HCC in LCI-D20 model. The effect of capecitabine on HCC may be attributed to the high expression of PD-ECGF in tumors. A clinical randomized trial of capecitabine for the prevention of postoperative recurrence and metastasis of HCC after liver tumor resection is ongoing in the authors’ institution. If such a prevention protocol could be developed, it may provide a new approach to improve the prognosis of HCC with positive expression of PD-ECGF, especially for those patients whose liver tumors have been curatively resected.

Table 2  Capecitabine failed to inhibit tumor growth in nude mice bearing LCI-D35 liver tumor xenografts

<table>
<thead>
<tr>
<th>Group</th>
<th>Tumor volume (mm$^3$)</th>
<th>Lung metastases</th>
<th>AFP (μg/liter)</th>
<th>AI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean ± SD</td>
<td>Case (%)</td>
<td>Mean ± SD</td>
<td>Mean ± SD</td>
</tr>
<tr>
<td>Controls (n = 12)</td>
<td>168 ± 35</td>
<td>0/12 (0)</td>
<td>3 ± 1</td>
<td>0.30 ± 0.06</td>
</tr>
<tr>
<td>5-FU (n = 6)</td>
<td>164 ± 23$^{a}$</td>
<td>0/6 (0)$^{a}$</td>
<td>3 ± 2</td>
<td>0.32 ± 0.08$^{a}$</td>
</tr>
<tr>
<td>Capecitabine (n = 6)</td>
<td>144 ± 21$^{a}$</td>
<td>0/6 (0)$^{a}$</td>
<td>3 ± 1</td>
<td>0.31 ± 0.06$^{a}$</td>
</tr>
</tbody>
</table>

$^{a}$ No significance (P > 0.05) compared with control values.

Table 3  Capecitabine inhibited both tumor intrahepatic recurrence and lung metastases in nude mice after curative resection of LCI-D20 tumor xenografts in the liver

<table>
<thead>
<tr>
<th>Group</th>
<th>Recurrent tumor</th>
<th>Lung metastases</th>
<th>AFP (μg/liter)</th>
<th>Life span (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Case (%)</td>
<td>Volume (mm$^3$)</td>
<td>Case (%)</td>
<td>Mean ± SD</td>
</tr>
<tr>
<td>Controls (n = 12)</td>
<td>12/12 (100)</td>
<td>3162 ± 690</td>
<td>12/12 (100)</td>
<td>1519 ± 807</td>
</tr>
<tr>
<td>5-FU (n = 6)</td>
<td>6/6 (100)$^{a}$</td>
<td>2762 ± 575$^{a}$</td>
<td>6/6 (100)$^{a}$</td>
<td>1517 ± 192$^{a}$</td>
</tr>
<tr>
<td>Capecitabine (n = 6)</td>
<td>3/6 (50)$^{b}$</td>
<td>168 ± 206$^{b}$</td>
<td>1/6 (17)$^{b}$</td>
<td>107 ± 90$^{b}$</td>
</tr>
</tbody>
</table>

$^{a}$ Not significant (P > 0.05) compared with control values.

$^{b}$ Statistically significant (P < 0.01) compared with control values.
Efficacy of Capecitabine on Liver Cancer

ACKNOWLEDGMENTS
We thank Nippon Roche Research Centre for providing the capecitabine and Dr. Hideo Ishitsuka for his suggestions and critical review of the manuscript.

REFERENCES
Capecitabine Inhibits Postoperative Recurrence and Metastasis after Liver Cancer Resection in Nude Mice with Relation to the Expression of Platelet-Derived Endothelial Cell Growth Factor


Updated version
Access the most recent version of this article at:
http://clincancerres.aacrjournals.org/content/9/16/6030

Cited articles
This article cites 31 articles, 7 of which you can access for free at:
http://clincancerres.aacrjournals.org/content/9/16/6030.full#ref-list-1

E-mail alerts
Sign up to receive free email-alerts related to this article or journal.

Reprints and Subscriptions
To order reprints of this article or to subscribe to the journal, contact the AACR Publications Department at pubs@aacr.org.

Permissions
To request permission to re-use all or part of this article, contact the AACR Publications Department at permissions@aacr.org.