SUPPLEMENTAL DISCUSSION

In the HCT116 experiment, we aimed to mimic the (clinical) standard therapy of FOLFOX chemotherapy by combining oral UFT, oral folinic acid, and intraperitoneal oxaliplatin. This “FOLFOX-like” treatment, although capable of reducing the absolute levels of bioluminescence, and hCG levels compared to controls, did not significantly delay the subsequent increase in both parameters, and failed to prolong survival compared to controls (P=0.059). However, survival and in vivo monitoring results showed a trend toward an improved outcome in FOLFOX-like treated mice, which previously, using metronomic UFT alone, had not been observed. Clinical FOLFOX therapy consists of a complex infusion schedule which complicates accurate translation in preclinical models. Furthermore, since two mice were lost to toxicity in the group treated with FOLFOX-like+topotecan+pazopanib, we discontinued oxaliplatin after a total of 3 doses to avoid further toxicity.