Suppl 2. Additional baseline characteristics of the included studies.

No.	Author, year	Characteristics of participants
1	Alberto et al, 1988	WHO index > 4, white blood cell (WBC) count > 4,000/mm^3, platelet count > 100,000/mm^3 as well as normal bilirubin and creatinine levels.
2	Ansari et al, 2017	Patients were those with clinically resectable adenocarcinoma of the rectum, ultrasound or magnetic resonance imaging staged as T3, with the lower border of the tumor within 12 cm of the anal verge and with no evidence of any distant metastases.
3	Bajetta et al, 1993	Patients were required to have histologically confirmed colorectal carcinoma, advanced, metastatic or recurrent, not suitable for curative surgery and not previously treated with chemotherapy. Patients with one lesion < 3 cm in diameter on the liver, ascites, pleural effusion or bone metastases as the unique lesion were considered ineligible.
4	Barutca et al, 2004	- Patients had colorectal cancer and gastrointestinal system cancers. - Patients with cardiac diseases, diabetes mellitus, neuropathy, pulmonary insufficiency, renal and hepatic dysfunctions and those receiving medications that would interfere with the parameters studied were excluded.
5	Bécouarn et al, 1995	Histologically confirmed adenocarcinoma, documented tumor progression at initiation of treatment, measurable disease, performance status of 50% or more (Karnofsky's scale), life expectancy of at least 2 months, normal hematologic, renal, cardiac, and hepatic functions (apart from abnormalities due to cancer extent), Patients who had received prior chemotherapy for metastatic disease were eligible, and four of the seven patients in this category experienced disease progression after receiving 5-FU bolus.
6	Berenberg et al, 1995	Patients with biopsy-proven gastric adenocarcinoma that was locally advanced and/or metastatic were enrolled. Eligibility criteria specified no prior chemotherapy, a life expectancy of greater than 10 weeks, and a performance status of 0-3 (SWOG). Bidimensionally measurable disease was required, defined as a palpable mass equal to or greater than 2 cm or a clearly defined lesion on imaging study or radionuclide liver scan.
7	Bonnetain et al, 2005	Eligible patients had a histological-proven metastatic adenocarcinoma, a measurable metastatic disease, no symptomatic brain metastases, an age between 18 and 75 years, and a World Health Organization performance status (WHO PS) d 2 with life expectancy of more than 2 months.
8	Breton et al, 2021	From each of the included data sets, the following information was collected: age at diagnosis, sex, body mass index, Eastern Cooperative Oncology Group (ECOG) performance status, number of sites with metastatic disease, primary tumour resection, primary tumour site, biological parameters (complete blood count, kidney and liver function, serum lactate dehydrogenase level, tumour markers), Ko¨hne and GERCOR scores, chemotherapy characteristics and toxicity regardless of the grade, and type of adverse events.
9	Brücher et al, 2004	Patients with histological proven locally advanced esophageal squamous cell carcinoma without distant metastases (uT3/4-, N0/C-, M0-tumours), who were considered physiologically fit for surgery.
10	Cascinu et al, 2003	- Patients must have had proven histology of adenocarcinoma of the colon and have undergone complete resection of the primary tumor, without any evidence of gross or microscopic residual disease. - Only patients whose primary colon cancer showed evidence of regional lymph node metastases were eligible.

11	Cashin et al, 2016	- Histo-pathologically verified adenocarcinoma of the colon, rectum or appendix; tumour spread to at least two different peritoneal sites (confirmed by computed tomography [CT] or intraoperatively). - Resectable disease as judged at a multidisciplinary team meeting by the operating surgeon.
12	Ceyhan et al, 2005	All patients were evaluated with an initial physical examination, blood pressure measurement, ECG, cardiac enzymes (creatinine phosphokinase, creatinine phosphokinase-MB), conventional echocardiographic examination, CVIBS analysis; at the 0^{th}, 48^{th} hours of the first cycle, and on day 15 after the treatment.
13	Citron et al, 1992	Patients with histologically documented metastatic non-small cell lung cancer or relapsed disease in the chest after radiation or surgery were eligible, no previous chemotherapy was allowed; prior radiation therapy to the brain was permitted, other criteria for patient selection included acceptable hematologic and renal status, CALGB performance status of I 2, and, a serum bilirubin less than 1.5 times normal.
14	Cunningham et al, 2009	Age ≥ 18 years, no prior chemotherapy for metastatic disease, World Health Organization (WHO) performance status (PS) ≤ 2, no major biochemical/hematologic abnormalities, unidimensionally measurable lesions; and completion of any previous adjuvant chemotherapy (not containing oxaliplatin and/or irinotecan) ≥ 6 months before study entry.
15	Daniele et al, 2003	- patients aged 70 or more, with stage IV histologically proven colorectal cancer, ECOG performance status not worse than 2, at least one site of measurable disease, normal baseline hematologic and biochemical profile (with the exception of liver tests in case of massive liver metastases), normal kidney function, absence of severe comorbidities that would contraindicate any type of chemotherapy. - Patients with comorbidities not severe or well controlled by chronic treatments (e.g., hypertension, hearth arrhythmia, diabetes) could be included. - Previous adjuvant chemotherapy was allowed, provided it had been stopped at least 12 months before entering the study.
16	de Forni et al, 1992	Eligible - Patients who were scheduled to receive high-dose 5-FU. Exclusion - history of symptomatic or unstable cardiac disease.
17	Dencausse et al, 2002	All eligible patients had histologically confirmed stage III (Dukes' C) adenocarcinoma of the colon and had undergone potentially curative en bloc resection without gross or microscopical evidence of residual disease. Surgery had to be performed with sufficient radicality: all regional lymph nodes had to be removed, in case of local infiltration, en bloc resection of adjacent tissue was required. Further inclusion criteria were age above 18 years, WBC count above 4,000/µl, and platelet count above 130,000/µl.
18	Dencauss et al, 2001	- Stage II (Dukes B2) or stage III (Dukes C) adenocarcinoma of the rectum and curative en-bloc resection without gross or microscopic evidence of residual disease. - All patients were above 18 years, had white blood cells above 4,000/µl, hemoglobin above 10 g/dl, and platelet counts above 100,000/µl.
19	Ducreux et al, 2002	A life expectancy of at least 2 months, a WHO performance status (PS) of < 3, age < 75 years, no previous chemotherapy, no hormonotherapy during the previous 3 months, and no radiotherapy treatment of indicator lesions.
20	Ducreux et al, 2004	No previous chemotherapy with the exception of 5-FU administered with radiotherapy with a disease-free interval between the end of radiotherapy, metastatic disease of ≥ 3 months, aged between 18 and 75 years, life expectancy ≥ 12 weeks, World Health Organization (WHO) performance status (PS) ≤ 2, adequate bone marrow reserve (hemoglobin ≥ 9 g/100 ml; neutrophil count ≥ 2,000/mm^3; platelet count ≥ 100,000/mm^3), renal (creatinine ≤ 2 × ULN and/or creatinine clearance ≥ 60 ml/min), liver functions (bilirubin ≤ 1.5 × ULN; transaminases ≤ 2.5 × ULN; alkaline phosphatases ≤ 5 × ULN; prothrombin time ≥ 60% without anticoagulants).

21	Ducreux et al, 2005	Patient selection criteria were histologically proven locally advanced or metastatic biliary tract cancer. World Health Organization (WHO) performance status (PS) 0-2, bilirubin < 2 × upper limit of normal (in case of jaundice, a satisfactory biliary drainage had to be done before the inclusion of the patient), no cardiac or pulmonary insufficiency.
22	Dyhl-Polk et al, 2021	Patients with colorectal cancer treated with 5-FU-based regimens in the adjuvant or metastatic setting (February 2013 to September 2016) and patients with local or locally advanced anal cancer treated with concomitant chemoradiation including 5-FU.
23	Francini et al, 1994	All of the eligible patients had undergone a potentially curative en bloc colon cancer resection, and none of them presented with any postoperative evidence of residual disease. The patients were informed about the purpose, procedure, and risks of the study, and each gave their informed consent before being randomly assigned to chemotherapy or observation confirmed alone after eligibility by means of a pre-established table.
24	Garufi et al, 1997	Admission criteria included biopsy-proven carcinoma, measurable recurrent or metastatic adenocarcinoma of the colon or rectum and a life expectancy of more than 1 month.
25	Gradishar et al, 1991	All patients had advanced disease nor usually curable with surgery and/or radiotherapy, Biopsy-proven squamous-cell carcinoma of head and neck or adenocarcinoma of gastric cancer, ECOG ≤ 2, measurable disease, life expectancy of at least 8 weeks.
26	Granito et al, 2015	Child-Pugh (CP) score ≤ B8, total bilirubin ≤ 3 mg/dl, Eastern Cooperative Oncology Group performance status (PS) ≤ 2, platelet count ≥ 50,000/mm^3, Hb > 9 g/dl, WC > 1,500/mm^3, transaminases < 5 × the upper normal level, creatinine <1.5 mg/dl, INR < 2, no decompensated ascites (defined as diuretic uncontrolled ascites), no encephalopathy, no history of heart disease.
27	Haas et al, 1995	Eligible patients were also allowed to have had one prior cytotoxic chemotherapy regimen for advanced disease (but not including 5-FU/leucovorin). They were to be of good performance status (0-2 ECOG), and to have a life expectancy of at least 12 weeks.
28	Harbeck et al, 2017	Women aged ≥ 18 years with metastatic disease of cytologically or histologically confirmed breast cancer whose clinical condition allowed monotherapy treatment or who expressed a desire to be treated with monotherapy, ECOG 0-2, sufficient life expectancy to receive chemotherapy, adequate renal, liver, and bone marrow function; and normal sodium and potassium serum levels.
29	Hartung et al, 1996	All patients in both studies were required to have undergone a potentially curative en bloc resection of an adenocarcinoma of the colon or the rec- tum without gross or microscopic evidence of residual disease. In the colon cancer study, only Dukes C patients (T l-4 N l-3 M0) were eligible; in the rectal cancer study Duke B2 (T3-4 NO M0) and Duke C patients were eligible. It was further required that all patients be of age above 18 years, leucocyte count above 4,000/p.l, platelet count above 130,000/p.l, WHO grade 0-1.
30	Hartung et al, 2001	Patients ≥ 18 years of age with histologically confirmed incurable recurrent or metastatic carcinoma of the colon or rectum were eligible for study entry. An Eastern Cooperative Oncology Group performance status ≤ 3 was required as were normal bone marrow reserve (neutrophil count > 2,000/µl) and platelet count > 100,000/µl) and adequate hepatic (bilirubin < 2 mg/dl and ASAT < 3 times the upper level of normal values) and renal (serum creatinine concentration < 2 mg/dl) function.
31	Highley et al, 2009	Patients had transitional cell carcinoma of the urinary tract, with either pelvic relapse after radiotherapy or surgery, or metastatic disease. All had measurable lesions, with or without evaluable disease.
32	Hoff et al, 2001	- Patients with advanced or metastatic colorectal cancer who had not received prior chemotherapy for metastatic disease. - Adjuvant chemotherapy, if administered, should have been completed at least 6 months before enrollment in the trial. - Patients were required to have a Karnofsky performance status ≥ 70% and a life expectancy of at least 3 months. - All patients were at least 18 years old and gave written informed consent before their inclusion in the study.
33	Jack et al, 1995	Patients up to the age of 70 years with invasive breast cancer of Stage I and II with histological evidence of node involvement, or who had operable or inoperable Stage III disease.

34	Jäger et al, 1995	- Colorectal cancer patients were eligible with histologically confirmed, unresectable, and bidimensionally measurable, progressive disease under treatment with weekly FU 500 mg/m^2 combined with either FA 500 mg/m^2 or 20 mg/m^2. - Sufficient blood cell counts (weekly test of white blood cell count > 3.500/mcl, platelets > 100,000/mcl), liver function (bilirubin < 5 mg/dl) and renal function (creatinine < 2 mg/dl) were required
35	Jegannathen et al, 2011	All patients had histologically proven SCCHN, stage III or IV with the primary intact and no distant metastases, performance status 0-2 (World Health Organization), age over 18 years with no upper age limit
36	Jensen et al, 2006	The patients included were consecutively treated for colorectal or gastric cancers.
37	Kerr et al, 1995	Entry criteria included Patients with hepatic metastases from colorectal cancer confined to the liver, normal renal function (creatinine concentration < 120 mmol), reasonable hepatic function bilirubin level < 30 mmol/L, and AST ALT, and alkaline phosphatase < three times the upper limit of normal), and normal hematologic indices (hemoglobin level more than 11 g/dL, WBC count $\geq 4.0 \times (10)^9$/L, and platelet count $\geq 100{,}000 \times (10)^9$/L).
38	Khan et al, 2012	Patients with a definitive diagnosis of cancer and having received 5-FU and 5-FU based chemotherapy regimen.
39	Kim et al, 2003	Patient with histologically confirmed adenocarcinoma of the colon, Dukes' stage B2 or C2, and life expectancy of more than 5 years were enrolled in this study. All patients had undergone a potentially curative resection, with neither gross nor microscopic evidence of residual disease, and were enrolled in the study no later than 21 days after the operation.
40	Klausner et al, 1987	Patients with malignant melanoma were treated in the oncological and surgical departments of the Hadassah hospital in Tel Aviv between 1980 and 1985, 30 patients who developed large, bulky metastases confined to one body area.
41	Köhne et al, 2005	Patients were at least 18 years of age and had a WHO performance status of 0, 1, or 2. Their disease was measurable or assessable and outside of the irradiation field in patients who had previously received radiotherapy. Previous adjuvant chemotherapy was allowed if it did not contain topoisomerase I inhibitor(s) and had been completed at least 6 months before entry onto the trial.
42	Kok et al, 1996	No prior chemotherapy; measurable tumor parameters; performance status (WHO) 0-2; life expectancy > 3 months; adequate bone marrow and kidney function.
43	Kolarić et al, 1986	The trial included patients, up to 75 years old. Patients with a performance status < 40 (Karnofsky) were not entered. Similarly, the patients were expected to present a normal leukocyte and platelet count, and normal liver and kidney function tests. Patients with a history or presence of cardiac disease were not included in the study either. The patient's life expectancy was to be at least 2 months.
44	Kosmas et al, 2008	- Patients with 5FU chemotherapy regimen or oral capecitabine monotherapy, absence of other cardiotoxic medications, normal clinical cardiologic examination and pretreatment ECG, and a negative past medical history for coronary artery disease, other symptomatic or unstable cardiac diseases, severe uncontrolled arterial hypertension, diabetes mellitus, or peripheral vascular disease. - Patients were on no medication other than chemotherapy.
45	Kuzel et al, 1993	Patients were required to have bidimensionally measurable lesions or evaluable lesions on bone scan or radiograph with elevated serum levels of prostate-specific antigen (PSA), no pre-existing severe cytopenias, and an ECOG score less than or equal to 2.
46	Kwakman et al, 2017	N/A
47	Labianca et al, 1982	The patients with 5FU in monotherapy or in association with other antiblastic drugs and the presence or the absence of previous, well proved, ischemic cardiopathy.
48	Labianca et al, 1988	Age < 70 years; performance status (PS) < 3 (ECOG); life expectancy > 2 months; measurable disease; no concomitant chronic disease; no previous chemotherapy; no brain metastases; oral informed consent.
49	Leichman et al, 2005	Patients were required to have had a performance status of 0-2 and adequate hematologic, renal, hepatic and cardiac function.

50	Lestuzzi et al, 2014	Inclusion criteria were age > 18, physical ability to perform a treadmill stress test (TST), patient's consent.
51	Mayer et al, 2021	- clinical stage II or III TNBC (defined as estrogen or progesterone receptor 11 or 21 immunohistochemistry intensity in 10% cells and HER2-negative by immunohistochemistry and/or in situ hybridization) at diagnosis. - At least one full cycle of taxane with or without anthracycline-containing NAC had to be completed. - Patients with synchronous bilateral breast cancers or multifocal breast cancers were eligible if all tumors were TNBC.
52	Meydan et al, 2005	Patient who experienced cardiotoxicity were evaluated the clinical and laboratory characteristic of cardiac manifestations.
53	Naredi et al, 2003	The inclusion criteria were metastases from colorectal cancer with no or limited extrahepatic cancer, i.e., lymph node metastases in the hepatoduodenal ligament, minor or few peritoneal deposits of cancer, or minimal pulmonary metastases.
54	Ngan et al, 2001	- Documented rectal adenocarcinoma whose lower tumor border was within 12 cm of the anal verge. - Stage T3-T4 tumor on clinical or radiologic grounds, or showing evidence of perirectal nodal involvement, with no evidence of distant metastasis. - Patients considered suitable for curative resection (R0 resection) by the participating surgeon; and those having adequate liver and renal function and World Health Organization performance Status 0, 1, or 2.
55	Nobile et al, 1985	All patients had measurable metastatic tumor documented by physical examination and by oriented tests such as chest X-ray, liver echography and thoracic and abdominal computerized tomography. Most of the patients had not received any prior CMT.
56	Öman et al, 2005	Patients Eligible: with pancreas cancer were patients with a morphologically or cytologically documented nonresectable or metastatic ductal pancreas cancer were included. The patients were required to have a Karnofsky Index of 70 or more and the abdominal cavity should be free of extensive adhesions.
57	Poorter et al, 1995	Patients with metastatic gastrointestinal cancer, all patients had progressive measurable disease. Measurable disease was defined as a lesion measurable in two dimensions by computed tomography, ultrasound, chest X-ray or physical examination, Previous chemotherapy was not allowed, Radiotherapy was allowed, provided that the indicator lesion was outside the radiation field, Patients had to have a WHO performance status of ≤ 2, a leucocyte count of $\geq 4.0 \times 10^9$/l and a platelet count of $\geq 100 \times 10^9$/l, Patients were ineligible for this study if they had any other malignancy, except basal cell carcinoma of the skin.
58	Primrose et al, 2019	- Patients aged 18 years or older with histologically confirmed cholangiocarcinoma or muscle-invasive gallbladder cancer who had a macroscopically complete resection with curative intent - All patients should have had radical surgical treatment, which includes liver resection, pancreatic resection, or, less commonly, both ECOG had to be less than 2, adequate renal, hematological, and liver function was required
59	Regazzoni et al, 1996	All Patients with advanced breast cancer who failed previous chemotherapy were treated by continuous infusion with low-dose 5-fluorouracil.
60	Rosso et al, 1994	Evidence of metastatic disease or unresectable, age ≤ 75 years, performance status ≤ 2 (WHO), life expectancy > 3 months, measurable lesions, total bilirubin < 5 mg/100 ml and transaminase levels $\leq 5 \times$ normal value, adequate bone marrow function (leucocytes $\geq 4{,}000$ mm^3 and platelets $\geq 100{,}000/mm^3$).
61	Schober et al, 1993	- All patient were screened before the start of therapy for known cardiac risk factors. - All patient had to be asymptomatic for more than 6 months before therapy initiation.
62	Schuster et al, 1991	Advanced disease not amenable to surgery, age under 75 years, a performance status on the Karnofsky scale of at least 50%, life expectancy of at least three months, white blood cell (WBC) count > 4,000/mcl and platelet count > 100,000/mcl, normal serum bilirubin and creatinine, no anticancer treatments (chemotherapy, radiotherapy) were allowed within four weeks prior to entry into the study.

63	Smorenburg et al, 2014	Female patients aged ≥ 65 years with MBC and an indication for first-line chemotherapy were eligible for this trial. Additional inclusion criteria were as follows: ECOG performance status (PS) 0–2 (3 was allowed in case of pain or a pre-existing disabling disease), life expectancy of at least 3 months, adequate bone marrow function (white blood cells > 3×10^9/l and platelets > 100×10^9/l), acceptable renal function (creatinine clearance >40 ml/min), acceptable liver function (serum bilirubin < 2 × upper normal limit (UNL), AST and ALT values < 2 × UNL in the absence of liver metastases), normal baseline left ventricular ejection fraction by MUGA scan according to institutional limits
64	Stockler et al, 2011	Pathologic diagnosis of breast cancer, performance status (PS; Eastern Cooperative Oncology Group [ECOG]) of 0 to 3, neutrophil count of 1.5×10^9/L or greater, platelet count of 75×10^9/L or greater, calculated creatinine clearance of 30 mL/min or greater, and serum bilirubin less than 50 micro mol/L.
65	Terzoli et al, 2004	2 groups of patients were considered: 1. The first group (group A), 48 patients were included according the following criteria: PS ≤ 2, age ≤ 70 years; measurable metastatic disease, absence of surgically removable metastasis: no previous chemotherapy treatment performed for metastatic disease. 2. In group B, 28 patients with one or two previous chemotherapy treatments performed for metastatic disease, mainly as a 5-day 5-FU-FA bolus infusion, and four with nonmeasurable disease.
66	Tsavaris et al, 1990	Biopsy-proven adenocarcinoma of the colon or rectum, measurable metastatic disease, Karnofsky status of 60 or better, with life expectancy of at least 2 months, no brain metastases.
67	Tsavaris et al, 2005	Absence of other cardiotoxic medications, normal clinical cardiologic examination and pretreatment ECG, and a negative medical history of coronary artery disease, other symptomatic or unstable cardiac diseases, severe uncontrolled arterial hypertension, diabetes mellitus, or peripheral vascular disease. Patients were not allowed to receive medication other than chemotherapy.
68	Tsuchida et al, 2005	All patients displayed adequate hematological (WBC 3,000/mm^3, hemoglobin 10 g/dl, platelets 100,000/mm^3), hepatic (serum bilirubin 1.5 mg/dl), and renal (serum creatinine 1.5 mg/dl; creatinine clearance 60 ml/min) functions.
69	Urba et al, 1992	They were required to have a leukocyte count more than 3,500/pl, platelet count more than 100,000/pl, and bilirubin less than 2.0 mg/dl. A Karnofsky performance status of 60% or more was required.
70	Van Cutsem et al, 2001	- Patients had advanced or metastatic colorectal cancer and had not received prior chemotherapy for metastatic disease. (if administered, must have been completed at least 6 months before enrollment onto trial). - Patients had to be at least 18 years of age, ambulatory (Karnofsky performance status ≥ 70%), have a life expectancy of at least 3 months, and must have given written informed consent.
71	Van Erning et al, 2016	All stage III (pT1e4N1e2M0) colon cancer patients aged 70 years who underwent resection and were diagnosed between 2005 and 2012 were included. Stage was based on the pathological TNM classification. Tumour localization was divided into anatomical subsites: proximal colon, distal colon, and unknown or overlapping subsites of the colon.
72	van Groeningen et al, 1989	All patients were in moderate to good general condition with a median WHO performance status of 1 (range 0-2), Sites of metastases were the liver (in 20 patients), the lungs (8), lymph nodes (6), bone (4), peritoneum (4) and the skin (2), 16 patients had metastatic disease at multiple sites, Besides distant metastases, two patients had locally recurrent disease, all of the patients had had previous treatment with 5-FU given as weekly bolus injections, all patients had normal values for hematological, renal and hepatic parameters except those in whom abnormal liver enzyme levels were due to metastatic liver disease.
73	Wang et al, 1998	Patients were diagnosed as having metastatic adenocarcinoma of the colon or rectum, had either recurrent disease after a prior 5-FU based adjuvant chemotherapy or failed to achieve response by prior chemotherapy that included the combination of 5-FU and LV, the disease had to be measurable in two dimensions by computer tomographic (CT) scan, have adequate hematopoietic function as evidenced

		by leukocyte counts > 3,000/mcl and platelet counts > 100,000/mcl, Patients with any active infection or previous history of any other malignancy were excluded from this study.
74	Weh et al, 1994	Histologically-proven metastatic colorectal cancer, bidimensionally measurable disease, pretreatment with chemotherapy, progressive disease at the time of study entry, age ≤ 75 years, Karnofsky performance status ≥ 60%, adequate bone marrow (WBC ≥ 4.0×10^9/l, platelets ≥ 100×10^9/l), liver (serum bilirubin level < 2.0 mg/dl) and renal (serum creatinine level < 2.0 mg/dl) function
75	Wenzel et al, 2002	Histological proof of metastatic renal cell carcinoma in advanced state, age of 19 to 80 years, Karnofsky performance status greater than 70%, life expectancy longer than 3 months, adequate organ function defined by a white blood cell count of 3,500/mcL or greater, platelet count of 100,000/mcL or greater, hematocrit of 30% or greater, serum bilirubin and creatinine levels 1.25 or less times the upper limit of the institution's normal range
76	Yang et al, 1999	An Eastern Cooperative Oncology Group (ECOG) performance status of 0-2, a leukocyte count ≥ 3,000/uL, a platelet count ≥ 100,000/uL, serum bilirubin of ≤ 3.0 mg/dL, serum creatinine of ≤ 3 mg/dL, and normal electrolytes.
77	Yang et al, 2001	The eligibility criteria required histologically proven colorectal adenocarcinoma, a two-dimensional measurable disease, an Eastern Cooperative Oncology Group (ECOG) performance status ranging from 0 to 2, a white blood cell count ≥ 3,500/µl, a platelet count ≥ 100,000/µl, a serum bilirubin level of ≤ 3.0 mg/dl, a serum creatinine concentration of ≤ 3 mg/dl and a normal electrolytes assay.
78	Yang et al, 2002	Patients were required to have unresectable metastasis of colorectal cancer, The eligibility criteria for patients included histologically confirmed colorectal adenocarcinoma, age ≥ 18 and ≤ 75 years, two-dimensional measurable (at least 1.5 × 1.5 cm) disease, Eastern Cooperative Oncology Group (ECOG) performance status of 0-2 and anticipated life expectancy of at least 3 months.
79	Ychou et al, 2003	Histologically proven metastatic adenocarcinoma of the colon or rectum, unresectable locally advanced disease, more than one bidimensionally measurable target lesion at least 15 mm in diameter, WHO performance status (PS) of 2 or less, age 18-75 years, no more than one previous adjuvant or palliative treatment, a wash-out period of 4 weeks from the last course of chemotherapy, provision of written informed consent.
80	Yilmaz et al, 2007	Patients with histopathologically documented gastrointestinal system cancer receiving LV5FU2 regimen as first-line chemotherapy. Exclusion; Patients with an established diagnosis of cardiac disease, uncontrolled hypertension or use of drugs affecting cardiac rhythm as well as significant abnormalities on the 12-lead ECG recordings.

5-FU/FU: 5-fluorouracil, ALT: Alanine aminotransferase, AST: Aspartate transaminase, CMT: Chemotherapy, CT: Computed tomography, ECG: Electrocardiogram, ECOG: Eastern Cooperative Oncology Group, FA: Folinic acid, IV: Intravenous, LV: Leucovorin, MBC: Metastatic breast cancer, N/A: Not applicable, NAC: Neoadjuvant chemotherapy, PS: Performance status, SCCHN: Squamous cell carcinoma of head and neck, TNBC: Triple-Negative Breast Cancers, ULN: Upper limit normal, WHO: World Health Organization.