Capecitabine plus oxaliplatin versus 5-fluorouracil/folinic acid plus oxaliplatin as first-line therapy in adjuvant colon cancer

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Background: To describe the treatment results of capecitabine plus oxaliplatin (XELOX) versus 5-fluorouracil/folinic acid and oxaliplatin (FOLFOX-4) as first-line therapy in adjuvant setting in patients with colon cancer.

Patients and methods: This is a retrospective multicenter cross-sectional study in which 99 Colon cancer patients who received XELOX or FOLFOX-4 as their first-line adjuvant chemotherapy were classified according their stage of disease at diagnosis and the follow up results.

Results: All together from 99 patients, 51.5% was male and 48.5% was female, Karnofski score (KS) at presentation in nearly all patient was greater than 75 (98.9%). Tumor location was 72.2% at descending and sigmoid colon, 22.2% in ascending and 5.1% in transverse colon. Table 1 shows the distribution of the stage between two treatment groups:

Oncologists had to reduce the dose on 7.4% of XELOX group but on 25% of FOLFOX. Treatment-related grade 3/4 adverse events occurred in 50% of XELOX- and 65% of FOLFOX-4- treated patients. Whereas neutropenia were more common with FOLFOX-4 (15.2% with XELOX versus 25% with FOLFOX), grade 3/4 diarrhea (67.4% versus 12.5% with XELOX) and grade2/ 3 hand foot syndrome (32.6% versus 2.3%) and grade1/2/3 peripheral neuropathy (100% versus 68.7%) were more common with XELOX. Metastasis occurred in 16.6% with XELOX after 7.3 months and 20% in 8.6 months with FOLFOX.

Conclusion: It seems side effects of XELOX regimen is lesser than FOLFOX therefore dose reduction is less necessary, and more patients can successfully take the full course of therapy with XELOX. It is time to run a multicentre randomized trial to show the efficacy and survival advantage of each regimen.

Key words: capecitabine, 5-fluorouracil/folinic acid, FOLFOX-4, Nonmetastatic colorectal cancer, oxaliplatin, XELOX.