

HAND FOOT SYNDROME IS COMMON WITH SINGLE AGENT CAPECITABINE

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Introduction:

Capecitabine is well known as oral prodrug of 5-fluorouracil. Capecitabine has been introduced in oncology practice for last 5 to 10 years. It has been substituting conventional 5-fluorouracil. This regimen change in treatment of colorectal cancer is based on evidence of the efficacy equivalence of these two drugs, convenience of oral administration and the lack of an increase in overall toxic effects when capecitabine is used.

Many investigators in different parts of the world have determined their own starting dose for capecitabine, usually based on their experience of toxic events within the population of patients they treat. Usual starting dose for capecitabine is between 1,000 to 1,250 mg/m².1, which is administered twice daily for 14 days followed by 7 days rest. The significant adverse-effect of capecitabine include hand foot syndrome with incidence 15 to 20%.2

We analyzed association of hand foot syndrome with two commonly used regimens; single agent capecitabine and Oxaliplatin and capecitabine XELOX at our Institute.

Methodology:

This was retrospective analysis of 50 cases of colorectal carcinoma treated with either single agent capecitabine in a dose of 1,250 mg/m or in combination with Oxaliplatin in a dose of 1000mg/m² XELOX.

Study was conducted at Advanced Medical and Dental Institute and Hospital Kepala Batas from June to Dec.2008.

All cases of colorectal cancer treated with capecitabine based regimens were assessed for occurrence of hand foot syndrome. Data was collected on grade of hand foot syndrome and the type of regimen given.

Results:

Data was analyzed using SPSS soft ware and association of Hand foot syndrome with chemotherapy regimens was assessed using chi square test.

Out of 65 cases studied total 25, 38.5% patients developed Hand foot syndrome of which 18 belonged to Single agent group and 7 patient to combination group (xelox). Chi square analysis showed association of Hand foot syndrome with single agent Capecitabine, Pearson chi square 12.55 df 2 p <0.02.

Conclusion

Our results show that Hand foot syndrome was significantly associated with Capecitabine as single agent in a dose of 1,250mg/m²

A high number of patient develop hand foot syndrome on 1,250mg/m².Dose of capecitabine



needs revision in Asian population.

References

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