Comparison of first-line combination chemotherapy in metastatic colorectal carcinoma

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Introduction

- Both XELOX (capecitabine + oxaliplatin) and 5-fluorouracil/leucovorin plus oxaliplatin (FOLFOX) regimens are widely used in Malaysia as the first-line treatment of metastatic colorectal cancer (MCRC).
- XELOX has been shown in several trials to be as effective as FOLFOX in improving survival of patients with MCRC\(^1\)\(^-\)\(^3\).
- However, their effectiveness and safety outside clinical trial settings are largely unknown.
- We compared these two regimens as first-line chemotherapy in MCRC at our centre.

Methods

- Retrospective analysis of 49 MCRC cases that were treated with XELOX or FOLFOX as first-line chemotherapy between January 2009 and June 2010.
- Stratified into planned resection/resected metastases vs unresectable metastases.
- Treatment allocation according to physician’s discretion and patient’s preference.
- Treatment was continued until disease progression or intolerable side effect, up to maximum of 6 months, whichever comes first.
- Further treatment was at physician’s discretion.
- Time to death (TTD), time to progression (TTP) and toxicity profile were compared between two treatment groups.

Results

- Patient characteristics were well balanced in the two groups.
- Data was censored on 30 June 2012.
- Follow-up for 18.8 months.
- FOLFOX vs XELOX

<table>
<thead>
<tr>
<th>TTD: Planned resection/resected-</th>
<th>28.1 months (95%CI: 19.8-36.2) vs 23.4 months (95%CI: 16.0-30.8)</th>
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</thead>
<tbody>
<tr>
<td>Unresectable mets</td>
<td>12.2 months (95%CI: 9.4-15.1) vs 12.6 months (95%CI: 7.9-17.2)</td>
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<tr>
<td>Log-rank test p=.787</td>
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</table>
TTP: Planned resection/resected - 26.1 months (95%CI: 16.4-35.8) vs 18.3 months (95%CI: 12.0-24.6)
Unresectable mets - 7.8 months (95%CI: 5.1-10.6) vs 8.6 months (95%CI: 5.7-11.6)

Log-rank test p=.666

- Safety profile was comparable between two groups.

Discussion

- This study shows FOLFOX and XELOX have comparable effectiveness and safety in clinical practice, as first-line treatment in metastatic colorectal carcinoma.
- TTD in both groups are shorter compared to clinical trial\(^1\).
- Possible reasons are poorer PS (20.5% WHO PS 2), fewer number of cycles planned (up to max of 6 months c.f. 48 weeks in clinical trial) and few patients receive further treatment after progression (1 in 3).
- TTP is comparable to clinical trial\(^1\).
- Limitations: Retrospective, non-randomised, single centre, treatment allocation influenced by patient characteristics (e.g. socioeconomic status) and subject to physician's discretion

Conclusion

This study shows FOLFOX and XELOX have comparable effectiveness and safety profile in clinical practice, as first-line treatment in metastatic colorectal carcinoma.

References