A POST-AUTHORIZATION SURVEY DOCUMENTING THE THERAPEUTIC MANAGEMENT OF OXALIPLATIN AS FIRST-LINE CHEMOTHERAPY IN SOUTH AFRICAN PATIENTS WITH METASTATIC COLORECTAL CANCER

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Background: Oxaliplatin is a standard first-line treatment for MCC. In South Africa, incidence rates for MCC are 4.34% for males and 3.59% for females. The objectives were to document the therapeutic management of oxaliplatin in South Africa, determine the incidence and severity of sensory neuropathy, and record the 2 year survival rate.

Methods: Meccelox was an observational survey conducted over four years in adult patients with stage IV MCC treated with capecitabine plus oxaliplatin (XELOX) (62 patients) or 5-fluorouracil/folinic acid plus oxaliplatin (FOLFOX4) (118 patients). The remaining 15 patients received other oxaliplatin containing regimens. 80% of patients received palliative treatment and 20% neo-adjuvant treatment. All patients were clinically evaluated for the presence of sensory neuropathy symptoms. At the end of treatment, the total number of treatment cycles received, the reason for treatment discontinuation and planned subsequent treatment, sensory neuropathy data and adverse events were documented.

Results: Among the 195 enrolled patients, 61% were treated with FOLFOX regimen (average of 12 cycles) and 32% patients were with XELOX (average of 6-8 cycles). Approximately 6 months of treatment in both regimens. In the FOLFOX regimen 2 patients continued beyond 14 cycles of treatment (1 patient continuing for 22 cycles). In the XELOX regimen, 3 patients continued treatment beyond 8 cycles (1 patient continuing for 16 cycles). The two year survival rate was 30%. 64% of the patients experienced sensory neuropathy which increased with each cycle of chemotherapy. More patient receiving the FOLFOX regimen had sensory neuropathy symptoms compared to those receiving the XELOX regimen. At the end of oxaliplatin treatment, least 50% of the patients had a complete, partial or stable disease, with 18% of patients having disease progression. 94% of the patients were alive at 30 days post oxaliplatin treatment discontinuation with 30% of patients alive at 2 years. Of the patients still alive at 2 years, more than half had experienced a relapse. The most frequent cause of death was colorectal cancer.

Conclusion: Globally, there has been a shift in treatment strategy from prescribing lines of therapy until disease progression to treatment being tailored to the individual while keeping toxicity in mind. Only 24% of patients in this study are known to have received subsequent therapy which highlights premature cessation of treatment in South Africa. An additional factor is cost, with the majority of the population relying on government funding. XELOX has been shown to have slightly higher direct costs to FOLFOX but far less indirect costs due to the 3 weekly oral administration as opposed to the 2 weekly IV infusion. These reduced costs, along with the reduction in neuropathic side effects, may mean that medical insurance coverage could fund a greater number of cycles for patients rather than deciding in advance on the duration of treatment.