PATTERNS OF EFFICACY, TOXICITY AND TREATMENT DISCONTINUATION IN HCC PATIENTS RECEIVING CAPECITABINE MONOTHERAPY

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Purpose: Sorafenib which is the only approved systemic agent for advanced HCC is not affordable economically for the vast majority of HCC patients in Egypt; a preliminary study suggested that capecitabine may be effective in advanced HCC; thus we explored the use of capecitabine monotherapy for HCC in this phase 2 study.

Methods: HCC patients treated at Ain shams university hospitals, clinical oncology department (Cairo, Egypt) in the period between 2010-2012 were reviewed. The study population consisted of patients with advanced-stage hepatocellular carcinoma, as confirmed by pathological analysis or by typical radiological criteria. We investigated the efficacy, toxicity and treatment discontinuation patterns in our cohort of advanced HCC patients receiving capecitabine monotherapy.

Results: 21 patients were included in the analysis fulfilling the inclusion criteria. At a median follow up period of 13 months, the median PFS for the whole group was 3.9 months (95% CI 3.6-4.3); the median OS for the whole group is 5.07 months (95% CI 4.65-5.48). The median duration of treatment was 4 months (range, 1 to 8). Dermatological toxicity of all grades occurs in 46% and grade 3/4 in 3%. Liver dysfunction of all grades occurs in 34% and grade 3/4 in 11%. Diarrhea of all grades occurs in 30% and grade 3/4 in 4%. The most common reasons for discontinuation in our patients were progression (17 patients), intolerable toxicity (4 patients; of which 3 patients due to hepatic toxicity).

Conclusion: According to our preliminary data, capecitabine monotherapy for advanced HCC has a high risk side effect profile with minimal efficacy; we do not recommend its routine use outside the setting of a clinical trial.