THE SEQUENTIAL ADMINISTRATION OF XELOX AND XELIRI WAS EFFECTIVE, FEASIBLE AND MANAGEABLE FOR PATIENTS WITH MCRC

Fukui Taro1, Suzuki Koichi2, Kato Takaharu3, Muto Yuta4, Ichida Kosuke5, Takayama Yuji6, Watanabe Fumiaki7, Tsujinaka Shingo4, Sasaki Junichi4, Noda Hiroshi8, Horie Hisanaga7, Rikiyama Toshiki4

1 Saitama Medical Center, Jichi Medical University, Saitama, Japan
2 Department of Surgery, Saitama Medical Center, Jichi Medical University, Saitama-shi, Japan
3 Department of Surgery, Jichi Medical Center, Jichi Medical University, Saitama-shi, Japan
4 Saitama Medical Center, Jichi Medical University, Saitama, Japan
5 Saitama Medical Center, Jichi Medical University, Saitama-shi, Japan
6 Department of Surgery, Saitama Medical Center, Jichi Medical University, Saitama-shi, Japan
7 Saitama Medical Center, Jichi Medical University, Saitama, Japan
8 Saitama Medical Center, Jichi Medical University, Saitama-shi, Japan

Introduction: Sequential administration of XELOX and XELIRI in a first to second-line setting would allow patients to be managed more easily in an outpatient unit. However, only a small number of studies have addressed the benefits of this strategy and concerns regarding cumulative adverse events as a consequence of the continuous use of capecitabine still remain. In this study, we evaluated the efficacy and feasibility of the XELOX-XELIRI regimen compared with those of the FOLFOX-FOFIRI regimen.

Methods: We present a retrospective review of 81 consecutive mCRC patients treated using the FOLFOX-FOFIRI regimen (n = 40) or the XELOX-XELIRI regimen (n = 41) in a first to second-line chemotherapy in our hospital from 2006 to 2012. The disease control rate (DCR), the progression free survival (PFS), overall survival (OS) and adverse events were assessed and compared between the XELOX-XELIRI regimen and the FOLFOX-FOFIRI regimen. In addition, the treatment interval (TI) from the start of a first-line chemotherapy to the end of a second-line chemotherapy was also assessed in both groups.

Results: Median follow-up was 16.1 months (5.1-39.0) in the FOLFOX-FOFIRI regimen and 19.9 months (4.0-46.6) in the XELOX-XELIRI regimen. Ten patients were treated with bevacizumab in either a first or second setting in the FOLFOX-FOFIRI regimen, whereas 20 patients were treated with bevacizumab in the XELOX-XELIRI regimen. In the first-line chemotherapy, DCR was 85.0% in the FOLFOX regimen and 58.5% in the XELOX regimen, whereas, in the second-line chemotherapy, DCR was 50.0% in the FOLFIRI regimen and 41.4% in the XELIRI regimen. In the first-line chemotherapy, the median PFS was 6.5 months in the FOLFOX regimen and 6.0 months in the XELOX regimen (p = 0.127). In the second-line chemotherapy, the median PFS was 4.6 months in the FOLFIRI regimen and 4.0 months in the XELIRI regimen (p = 0.370). The median OS was 24.5 months in the FOLFOX-FOFIRI regimen and 23.2 months in the XELOX-XELIRI regimen (p = 0.994). The median TI was 14.0 months in the FOLFOX-FOFIRI regimen and 12.0 months in the XELOX-XELIRI regimen (p = 0.142). Regarding the most frequently reported grade 3-4 adverse events, 32.5% of patients (13/40) showed neutropenia in FOLFOX regimen and 22.5% (9/40) in FOLFIRI regimen and totally 45.0% of patients showed grade 3-4 neutropenia (18/40) throughout the FOLFOX-FOFIRI regimen. In the XELOX-XELIRI regimen, 5% of patients (2/41) showed grade 3 hypertension in XELOX regimen and 12.5% (3/41) showed grade 3-4 neutropenia in XELIRI regimen and totally 15.0% of patients showed grade 3 hypertension (6/41) throughout the XELOX-XELIRI regimen. The FOLFOX-FOFIRI regimen likely showed 3-4 neutropenia while the XELOX-XELIRI regimen likely showed grade 3 hypertension, which was well controlled by a single antihypertensive drug. No treatment-related deaths were found.

Conclusion: Our results showed that the sequential administration of XELOX and XELIRI was effective and feasible. Tri-weekly schedule reducing the number and duration of infusion visits and no need of a home infusion pump must give great convenience to patients with mCRC.