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Colorectal Cancer 13　Adjuvant Chemotherapy
大腸 13　補助化学療法

P2-5-58 Feasibility study of sequential L-OHP-based regimen followed by capecitabine in resected colorectal cancer: JSWOG C2

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大腸癌術後補助化学療法としての3ヶ月の FOLFOX (XELOX) 後、3ヶ月のカペシタビン療法の feasibility 試験：JSWOG C2

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[English]

Background: Six months oxaliplatin (L-OHP)-based chemotherapy is the standard adjuvant chemotherapy in completely resected stage III colorectal cancer. However it is known that L-OHP-induced neurotoxicity is dose-dependent, dose-limiting toxicity and sometimes progresses to irreversible. In this study, we performed sequential chemotherapy with L-OHP-based therapy followed by capecitabine in completely resected colorectal cancer, and prospectively investigated the feasibility of this regimen and the neurotoxicity of L-OHP with physician-based CTCAE grading and patient-based scale, self-reported questionnaires (Patient Neurotoxicity Questionnaire: PNQ).

Methods: Patients with completely resected Stage III, aged over 20 years and PS 0-1 were eligible for this study. Patients were treated mFOLFOX6 or XELOX for 3 months followed by Capecitabine (2500mg/m^2 on day1-14, q3w) for 3 months. Primary endpoint was the frequency and the grade of the induced neurotoxicity by CTCAE and PNQ. (UMIN000004934)

Results: Between 2011 and 2014, 91 patients were enrolled and 86 patients (49 men: median age, 65 years: PS 0/1, 81/5) were assessed. 84% of patients completed the planned treatments for L-OHP regimen for 3 months and then 63% of patients completed the all treatments for 6 months. The Median dose of L-OHP received was 479 mg/m^2. The overall incidence of CTCAE grade 3-4 peripheral sensory and motor neuropathy were 3.5% and 1.2% respectively. In sensory component, the frequency of PNQ (Grade C-E) and CTCAE (Grade2-4) at 1.5, 3, 6 month was 11.3%, 22.1%, 29.4% and 5.3%, 4.4%, 11.3%, respectively (spearman correlation coefficient: 0.47).

Conclusions: Sequential chemotherapy with L-OHP-based therapy followed by oral anticancer drug showed feasible regimen and low frequency of neuropathy. PNQ appers to detect L-OHP sensory neurotoxicity earlier than CTCAE.