

## News from ASCO GI Conference: Capecitabine and oxaliplatin better than 5-fluorouracil and leucovorin for colon cancer

Date: 24/01/2010 20:28:53

Adjuvant capecitabine plus oxaliplatin more effective than 5-FU and leucovorin in improving disease-free survival in patients of all ages, including those 70 and older

A randomized phase III study has shown that post-surgical (adjuvant) treatment with the capecitabine and oxaliplatin (a combination called XELOX) is more effective than standard 5-fluorouracil and leucovorin (5-FU/LV) therapy for slowing the progression of stage III colon cancer among patients of all ages, including those age 70 and older. Previous data have suggested that older patients may not benefit from or be able to tolerate aggressive adjuvant treatment with newer chemotherapy drugs, beyond 5FU/LV.

“These findings indicate that patients with stage III colon cancer benefit more from the newer, XELOX adjuvant treatment regimen than from traditional adjuvant chemotherapy, and that this benefit persists among older patients. While treatment decisions should be made on an individual basis, these findings shed important new light on how we can best treat otherwise healthy patients age 70 and older,” said lead author Daniel G. Haller, MD, Professor of Medicine and Deenie Greitzer Professor of Gastrointestinal Oncology at the Abramson Cancer Center at the University of Pennsylvania.

In this study, 1,886 patients with stage III colon cancer were randomly assigned to receive XELOX or 5-FU/LV chemotherapy following surgery. After 3 years, 71 percent of patients in the XELOX group did not experience disease progression compared with 67 percent of the 5-FU/LV group, a difference that was statistically significant. Among patients younger than 70, 72 percent of patients in the XELOX group did not experience disease progression after three years versus 69 percent of those in the 5-FU/LV group. The corresponding figures for patients age 70 and older were 66 percent and 60 percent, respectively. Analysis of overall survival is ongoing.

The use of newer chemotherapy drugs in the adjuvant setting for older patients with stage III colon cancer has been a topic of controversy, and these findings contradict conclusions from two recent studies. The first, a 2009 retrospective meta-analysis of six clinical trials, found that elderly patients with stage III colon cancer did not experience improved disease-free survival or longer overall survival after receiving therapy that included newer drugs such as oxaliplatin, irinotecan and capecitabine, compared to 5FU/LV controls. In addition, the prospective MOSAIC trial recently reported that adjuvant treatment with oxaliplatin and 5-FU/LV did not provide additional benefit for elderly patients.

These data have prompted some clinicians to decide against using these drugs for their older patients. In addition, German clinical guidelines were amended based on these previous studies, and a European trial

examining

adjuvant treatment for colorectal cancer – PETACC-8 – was amended to exclude patients over age 70. According to the authors of the current study, these new data are strong enough to recommend that patients should be evaluated on an individual basis for XELOX therapy, regardless of age.

**Source:** 2010 Gastrointestinal Cancers Symposium

---

© 2010 ecancermedicalscience