TOLERANCE TO CHEMORADIOTHERAPY TREATMENT: COMPARING CAPECITABINE WITH 5-FLUOROURACIL IN NEOADJUVANT THERAPY FOR STAGE II-III RECTAL CANCER

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Background

The standard treatment for rectal cancer stage II-III is neoadjuvant chemoradiotherapy based on oral capecitabine (CPC) or continuous 5-fluorouracil (5-FU) infusion. While efficacy has been demonstrated to be equivalent between the two treatments, there is discrepancy over safety.

Purpose

To assess the incidence of adverse events (AE) between CPC and 5-FU in neoadjuvant chemoradiotherapy for rectal cancer to compare the safety profiles of both treatments.

Material and methods

This was an observational, retrospective study on patients treated with CPC (1650mg/m²/day) or 5-FU (225mg/m²/day) from 2012 to 2018. Data was obtained from medical records and the oncology software Oncofarm®. AE (reported as Grade 1-2 or ≥3), dose reductions, treatment interruptions and administration related AE were assessed.

Results

76 patients were included, 32 treated with CPC and 44 with 5-FU. Mean age was 63.1±10.1 in the CPC group and 62.3±11.8 in the 5-FU group. Sex: 24(75.0%) in the CPC group and 34(77.3%) in the 5-FU group were men. Adverse events: 36 AE G1-2 and 2 AE G≥3 were reported in the CPC group; 61 AE G1-2 and 1 AE G≥3 were reported in the 5-FU group. 2 patients in the CPC group reduced doses for diarrhea and palmar-plantar erythrodysesthesia (PPE) and 3 patients stopped the treatment for diarrhea, PPE and fatigue with anorexia; 1 patient in the 5-FU group reduced doses for PPE.

		CPC N(%)	5-FU N(%)
Anorexia	G1-2	4(12.5)	8(18.2)
	G≥3	0(0.0)	0(0.0)
Diarrhea	G1-2	7(21.9)	15(34.1)
	G≥3	1(3.1)	0(0.0)
Dysgeusia	G1-2	1(3.1)	2(4.6)
	G≥3	0(0.0)	0(0.0)
Fatigue	G1-2	14(43.8)	19(43.2)
	G≥3	0(0.0)	0(0.0)
Hematologic alteration	G1-2	0(0.0)	2(4.6)
	G≥3	0(0.0)	0(0.0)
Maculopapular rash	G1-2	1(3.1)	2(4.6)
	G≥3	0(0.0)	0(0.0)
Mucositis	G1-2	2(6.3)	3(6.8)
	G≥3	0(0.0)	0(0.0)
Nausea/vomiting	G1-2	3(9.4)	5(11.4)
	G≥3	0(0.0)	0(0.0)
PPE	G1-2	4(12.5)	3(6.8)
	G≥3	1(3.1)	1(2.3)
Administration	-	-	2(4.6)

Conclusions

While the CPC group had a lower incidence of AE except for PPE, they had more dose reduction and treatment interruption. A posterior analysis showed that dose reduction and treatment interruption in the CPC group happened in the last week of treatment. In disagreement with previous studies, 5-FU patients had a higher incidence of diarrhea.

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