# RALTITREXED AS AN END-OF-LIFE TREATMENT IN PATIENTS WITH METASTATIC COLORECTAL







ATC: L01 - Cytostatics **5PSQ-062** 

## **OBJECTIVE**

Raltitrexed is approved for the treatment of advanced colorectal cancer when there is a contraindication to fluoropyrimidines. Compared to different regimens of 5-fluorouracil and folinic acid, no better results were observed in terms of overall survival (OS). However, it was associated with greater toxicity and worse quality of life.

To assess the use of raltitrexed in the treatment of metastatic colorectal cancer.

#### MATERIAL AND METHODS

Observational, retrospective study of patients treated with raltitrexed in monotherapy from January 2014 to June 2017. The data collected were: sex, age, previous chemotherapy regimens, treatment duration and reason for discontinuation, adverse events (AEs), dose modifications and death date. Efficacy was measured in terms of progression-free survival (PFS) and OS.

## **RESULTS**

	<b>January 2014-june 2017</b>
N	40
Age	
Median	66
Range	43-85
Women	27.5% (11)
Men	72.5% (29)
<b>Previous chemotherapy</b>	
regimens	
Median	3
Range	0-5
Administered cycles	
Median	3
Range	1-10
<b>Duration (days)</b>	
Median	48
Range	23-283

PHS	<ul><li>Median: 1.6 months</li><li>Range: 0.9-2.8</li></ul>
$\mathbf{C}$	<ul> <li>Median: 6.6 months</li> </ul>

Anemia: 30% Vomiting and diarrhea: 12.5% Adverse Asthenia: 10% **Events** Neutropenia: 7.5% (%) Thormbocytopenia: 5% Liver enzymes alteration: 5%

• Range: 4.3-12.1

#### **Discontinuation:**

-30 patients: progression

**US** 

- 7 patients: bad performance status
- 3 patients: serious toxicity (asthenia: 2; neutropenia IV: 1)

### **CONCLUSIONS**

- The predominance of men in this study matches the highest incidence in this sex.
- AEs were similar to those described in the literature, with a higher incidence of hematological toxicity.
- The large percentage of patients with any AE, the reasons for treatment discontinuation and dose reductions may be related to the high number of previous administered regimens. All this invites reflection on the use of chemotherapy in situations where support treatment would be indicated.

