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INCIDENCE AND CAUSES OF CAPECITABINE DOSE ADJUSTMENT IN COLON CANCER PATIENTS

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BACKGROUND

- Capecitabine is indicated in colon cancer alone or in combination. Recommended posology is calculated with BMI and pharmacotherapeutic scheme, although adjustments can happen if drug-related toxicity occurs.

PURPOSE

- To describe incidence adjustment of Capecitabine dose in colon cancer patients(CCP). To analize the causes that motivates such adjustment.

MATERIALS AND METHODS

- Retrospective observational study of 49 CCP treated with Capecitabine at least with 3 cicles of 14 days from June 2011 through February 2012. Data were collected from the dispensary and medical history. The severity of the toxicity was classified according to the CTCAEv.4.

RESULTS

- Fourty-nine patients were enrolled: 25male, average age of 61(34-82), average BMI of 1,75m2. Most of them presented ECOG0 (26patients) at the beginning of the treatment, followed by ECOG1 (18patients). The average follow up was 4 months. Most of the patients were treated with Capecitabine-Oxaliplatin, followed by the ones treated with Capectiabine monotherapy and other minority schemes (Cyclophosphamide or Bevacizumab). The median starting dose of Capecitabine was 3300 mg.
- Thirty-two percent of patients had to do a posology adjustment (delay and/or dose reduction) during the follow up period. Twenty-six percent of patients got a delay by an average of 16 days (2 of the patients had to delay 2 cycles). Twenty-four percent of patients reduced the previous dose (twice in three of the patients).
- Toxicity in any grade was reported by 30% of the patients. Severe toxicities (grade 3 of CTCAE) were sickness and neutropenia. Most frecuent toxicities were gastrointestinal side effects (6patients) and hand-foot syndrome grade 2 (4 patients), followed by mucositis, skin side effects, hyperbilirubinemia and thrombocytopenia.
- Toxicity or dose adjustment were not statistically related with treatment scheme, ECOG, gender or age.

CONCLUSIONS

- The toxicity profile was consistent with the trials. Eighty-one percent of patients who had a dose adjustment didn't need a new dose reduction.

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