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## BACKGROUND

Adjuvant chemotherapy trials provide little information on safety in elderly patients because they excluded them or pooled their results with those of younger patients.

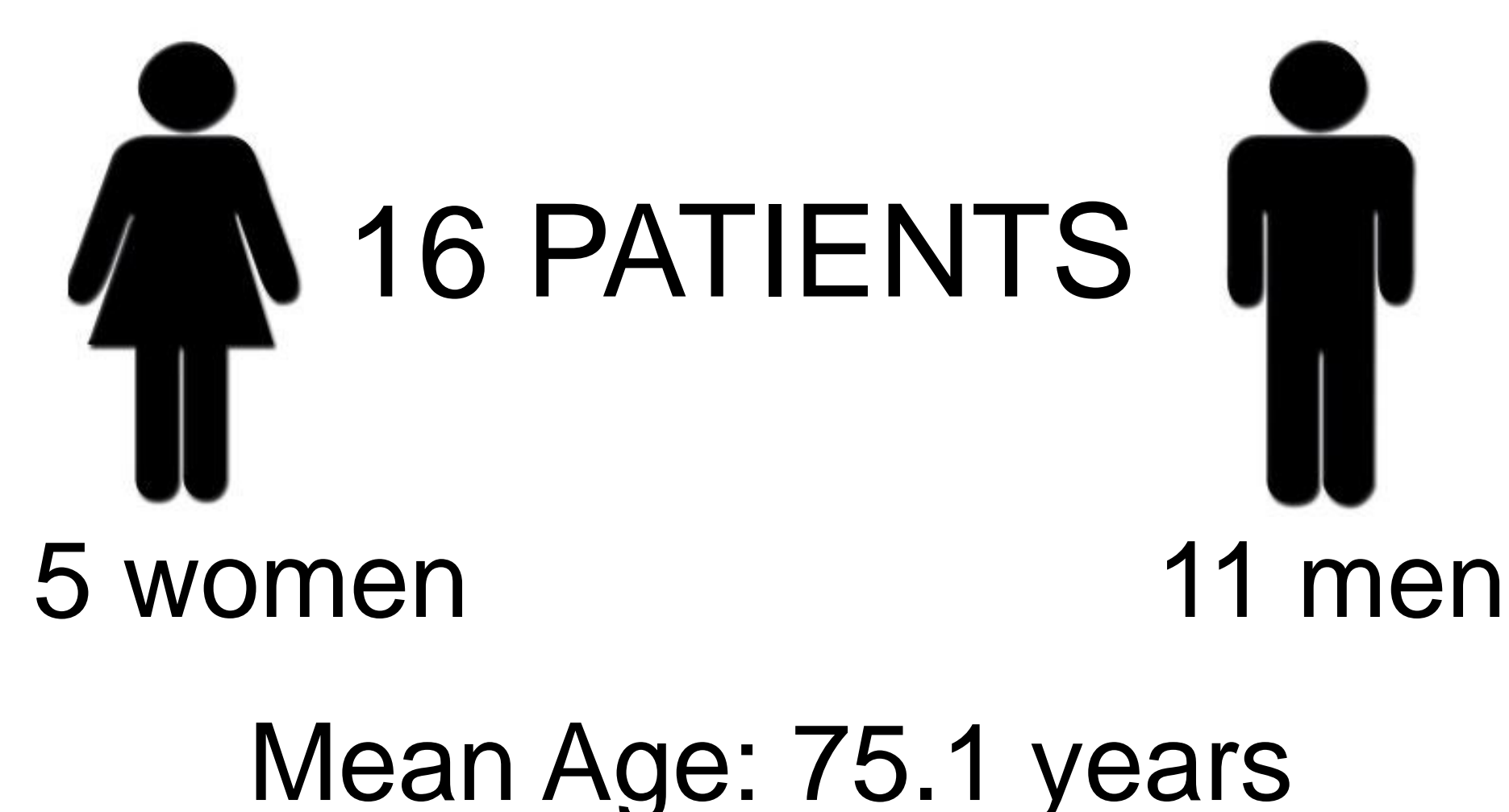
## PURPOSE

To describe the safety of the different adjuvant chemotherapy treatments used in elderly patients with colon cancer diagnosis.

## MATERIALS AND METHODS

Retrospective observational study of colon cancer patients (age >65) diagnosed in 2010 and treated with adjuvant chemotherapy. Each patient was followed since the beginning of the treatment until the end of it. Demographic data, disease stage, antineoplastic agents and treatment-related toxicities were collected from patient's clinical histories.

## RESULTS



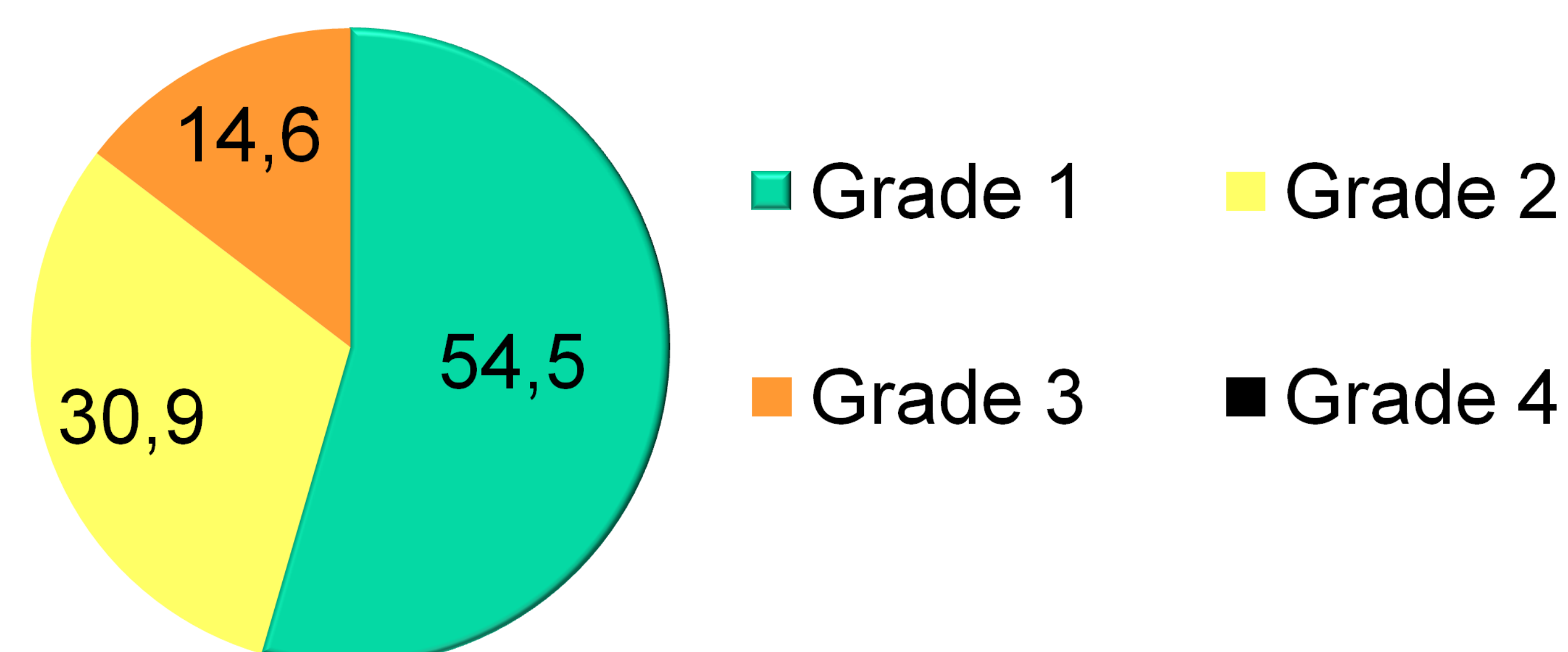
Disease Stage (TNM classification <sup>1</sup> )	
Stage II	Stage III
2 patients (12.5%)	14 patients (87.5%)

Chemotherapy Regimens		
FOLFOX (5- Fluorouracil + Oxaliplatin)	XELODA® (Capecitabine in monotherapy)	XELOX (Capecitabine + oxaliplatin)
6 patients (37.5%)	4 patients (25%)	6 patients (37.5%)

Toxicity	Nº Patients	% Patients
Neurotoxicity	12	75
Asthenia/Fatigue/ Anorexia	11	68.8
Thrombocytopaenia	6	37.5
Diarrhoea	6	37.5
Stomatitis/Mucositis	5	31.3
Hand-Foot-Syndrome	5	31.3
Nausea/Vomiting	5	31.3
Neutropaenia	4	25
Anaemia	2	12.5
Alopecia	1	6.3
TOTAL	57	

Most frequent toxicities by Chemotherapy regimen	
FOLFOX n=6	NEUROTOXICITY 5 patients (83.3%)
XELODA n= 4	HAND-FOOT-SYNDROME 3 patients (75%)
XELOX n=6	NEUROTOXICITY 6 patients (100%)

### Grade of Adverse Events (%)



### Toxicity's Consequences

Delay the Cycle/ Reduce Dose	11 patients (68.8%)
Discontinue the treatment	5 patients (31.3%)

## CONCLUSIONS

A high number of adverse reactions were detected, but majority were grade 1-2. The safety profile of drugs studied in our population is in line with that described in the literature in younger patients.