

Capecitabine plus Oxaliplatin (XELOX) versus FOLFOX4 as adjuvant therapy for Colon Cancer

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Abstract

Background: Adjuvant chemotherapy improves overall survival (OS) in patients with locally advanced, node-positive (stage III) colon cancer.

Methods: This study was designed to compare capecitabine/oxaliplatin (XELOX) with FU/LV/oxaliplatin (FOLFOX4) as adjuvant treatment for patients with high risk stage II and stage III colon carcinoma in terms of toxicity, patient convenience, event-free survival (EFS) and overall survival. Patients were followed up for a median period of 39 months ranging from 30 to 48 months.

Results: Sixty four patients were enrolled in each arm. The overall survival at 36 and 48 months for the XELOX group was 73.8% and 62% respectively. While the overall survival for FOLFOX group was 72% and 58% respectively (HR 0.8338, 95% CI= 0.2557-2.719). The difference was not statistically significant. Grade 3/4 neutropenia was more significant with FOLFOX 22% versus 9.4% (p=0.01). XELOX was associated with more G3/4 diarrhea 17.2% versus 11% (p=0.25), and hand and foot syndrome 9.4% versus 1% (p=0.04).

Conclusion: This study reveals that XELOX is as effective and safe as FOLFOX and has a manageable tolerability profile in the adjuvant setting with more convenience to the patients.