«Treatment of metastatic colorectal cancer. Experience of Centro Javeriano de Oncología - Hospital Universitario San Ignacio. Bogotá, Colombia»

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Purpose: To describe therapeutical, histopathological and demographic characteristics of patients with metastatic colorectal cancer who were treated in "Centro Javeriano de Oncología - Hospital Universitario San Ignacio" between 2.008 and 2.011

Study design: descriptive and retrospective study.

Results:

126 patients were included, 52% were classified as stage IV at diagnosis and the rest developed metastasis during follow-up. Average age was 59.7 years. 54% of the tumors were originated in rectum. The main metastasis sites were liver, lung and peritoneum. KRAS study was available in 53% of the patients, 69% expressed wild-type KRAS. 31% of patients with colon cancer was diagnosed during an emergency surgery. In 73% of patients with rectal cancer who received neoadjuvant chemoradiation was possible surgical resection of the primary tumor.

Table 1. Population characteristics

Characteristic	Colon N=58 (46%)	Rectum N=68 (54%)	Total N=126
Age (years	57.8	61.2	59.7
Sex			
Female	37 (53%)	33 (47%)	70 (56%)
Male	21 (37%)	35 (63%)	56 (44%)
Stage at diagnosis			
I	0	3 (4%)	3 (2%)
II	6 (10%)	4 (6%)	10 (8%)
III	20 (35%)	28 (41%)	48 (38%)
IV	32 (55%)	33 (49%)	65 (52%)
Metastasis site			
Liver	25 (78%)	19 (58%)	44 (68%)
Lung	8 (25%)	15 (46%)	23 (35%)
Peritoneum	7 (21%)	6 (18%)	13 (20%)
Bone	3 (9%)	4 (12%)	7 (11%)
K-ras			
Wild-type	27 (47%)	19 (28%)	46 (36%)
Mutated	6 (10%)	15 (22%)	21 (17%)
No information	25 (43%)	34 (50%)	59 (47%)

102 patients were operated, 45% received adjuvant chemotherapy (17% stage II and 83% stage III). Average time of progression for patients who received adjuvant chemotherapy was 21.5 months in stage II and 22.9 months in stage III. 110 patients received chemotherapy with palliative intention, 41% one line, 28% two lines, 20% three lines and 11% four lines. The most often used chemotherapy scheme as first-line treatment included Oxaliplatin (82% FOLFOX and 18% XELOX), in subsequent lines the most used scheme was FOLFIRI.

55% of patients received monoclonal antibody plus chemotherapy in first-line treatment and 77% in second-line, being Bevacizumab the most used agent. In this group of patients better response rates were reported. Progression-free survival was similar for all lines of treatment, independent of the chemotherapy scheme used, with an average of 5.5 months. Overall survival for general population was 40 months.

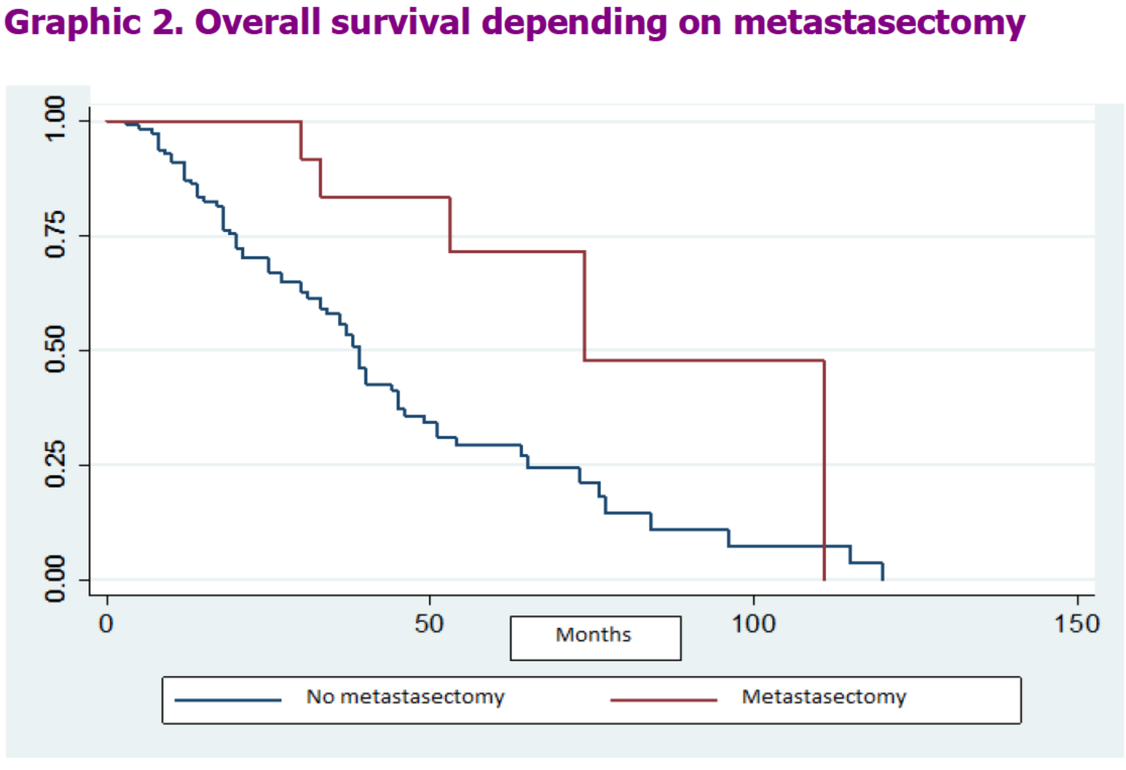
21% of patients who received FOLFOX during treatment presented significant neuropathy and 11% presented gastrointestinal toxicity with FOLFIRI. Of 108 patients who received Bevacizumab, 5.5% had thrombotic events and 1.8% gastrointestinal hemorrhage. With Cetuximab significant toxicity was not reported.

Graphic 1. Progression free survival

	Without monoclonal antibody	Bevacizumab	Cetuximab
I Line	5 months	7 months	N/A
2 Line	4 months	7 months	5 months
3 Line	4 months	5 months	4 months

11% of patients with estage IV disease was carried to metastasectomy. 28% was wild-type KRAS. 50% required systemic chemotherapy prior to metastasectomy (6 cycles of FOLFOX plus Bevacizumab were used in all cases). Overall survival reported was 74 months, compared to 39 months in the group of patients that didn't underwent metastasectomy (p=0.001).

Graphic 2. Overall survival depending on metastasectomy



Conclusions:

In the studied population, demographic characteristics and tumor response to treatment were similar to those described in literature. Any chemotherapy scheme showed superiority in response rates, associated toxicity was predictable. Biologic therapies presented higher response rates when compared to conventional chemotherapy and toxicity profile was also predictable. Patients who underwent metastasectomy showed a higher overall survival.

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