17TH WORLD CONGRESS ON Gastrointestinal CANCER

Reintroduction of oxaliplatin for patients with metastatic colorectal cancer

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Background: Oxaliplatin-based chemotherapy is an effective first- and second-line treatment for patients with metastatic colorectal cancer (mCRC). We aimed to assess the effectiveness and safety of the reintroduction of oxaliplatin, as a salvage therapy in patients who were sequentially treated with oxaliplatin followed by irinotecan , after disease progression on irinotecan.

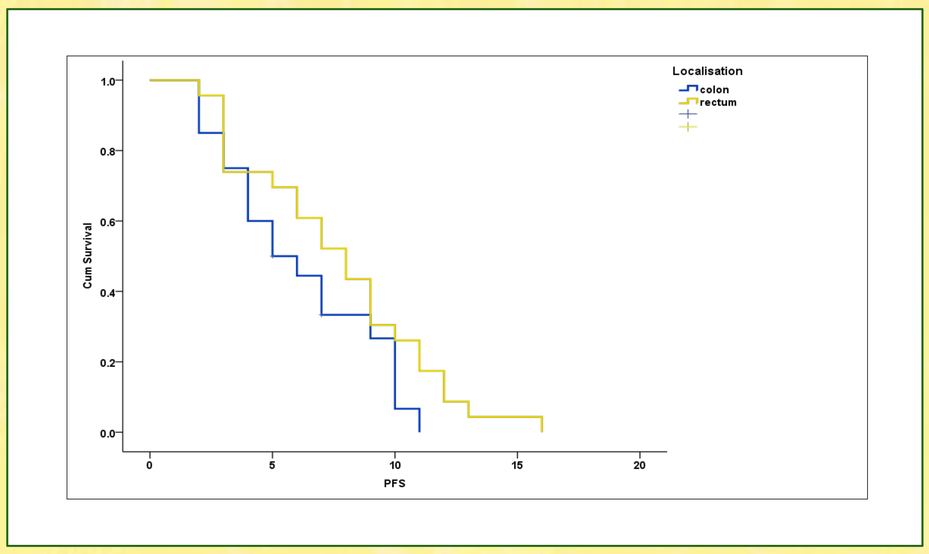
Methods:
This retrospective analysis included patients with CRC who were retreated with chemotherapy FOLFOX4. All patients had initial metastatic disease, and were treated earlier with FOLFOX4 as the first line therapy. Minimum PFS in first line FOFLOX4 was at least 6 months. Patients were retreated with oxaliplatine based chemotherapy until best response is achieved (maximum 12 cycles of chemotherapy),progression of disease or limiting toxicity.

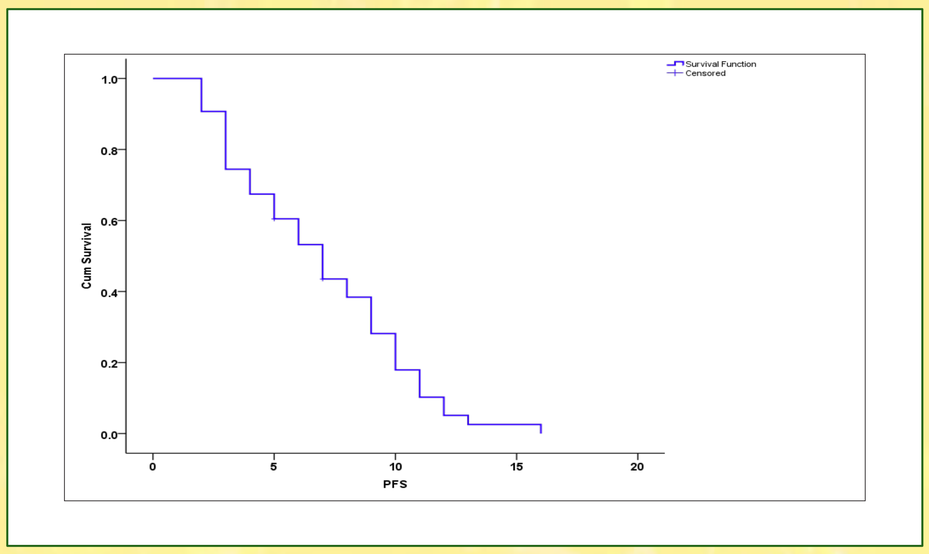
Results: Between January 2010. and February 2015. 43 patients with mCRC were retreated with FOLFOX4 chemotherapy, 25 male (58%) and 18 female (42%), with good performance status (PS 0 and 1). The median age was 60 years at diagnosis, range 29 to 77. Twenty patients had colon as primary origin of tumor, and 23 had rectal carcinoma. The median number of cycles of retreatment was 8.

Median PFS	
Overall	7 months (5.23 - 8.76 for CI 95%)
Colon cancer	5 months (2.18 - 7.82 for CI 95%)
Rectal cancer	8 months (5.67 – 10.33 for CI 95%)

Best response to therapy was: SD (26 patients, 60%), while 8 patients had PR (19%), and 9 patients (21%) had progression of disease on first control. Progression of disease was confirmed in 41 patients, and only 2 still receive FOLFOX4 retreatment .

Median progression-free survival (PFS) was 7 months (5.23-8.76 for CI 95%). Mean progression-free survival (PFS) was 6.97 months (5.88-8.07 for CI 95%). Median PFS for primary rectal carcinoma was 8 months, and for colon cancer was 5 months, but comparison of means didn`t confirmed statistically significant difference between these groups (LogRank X^2 2.351; p 0.125; Breslow X^2 1.48; p 0.223) .
The some form of registered hematological toxicity had 24 patients, with usual development after 3 cycles (median). Neutropenia was presented in 22 patients, from whom 3 had gr. I-II, 11 gr. III and 8 patients had gr. IV neutropenia. Only one patient had thrombocytopenia (gr. II). 8 patients (19%) had some form of allergic reaction.





Toxicity	
Neutropenia	
• gr. I-II	3
• gr. III	11
• gr. IV	8
Allergic reaction	8

Conclusion(s): Reintroduction of oxaliplatin can be considered as safe and efficient option in the salvage treatment of metastatic colorectal cancer patients with good PS and response on initial treatment. Our results should be confirmed by further large prospective studies.

WCGC 2015
329-P
Clinical Rectal Cancer
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DOI: 10.3252/pso.eu.17wcgc.2015
Poster presented at: 17th World Congress on Gastrointestinal Cancer, 1–4 JULY 2015, BARCELONA, SPAIN