

# Single-agent capecitabine maintenance therapy after induction ofXELOX (or FOLFOX) in first-line treatment of mCRC

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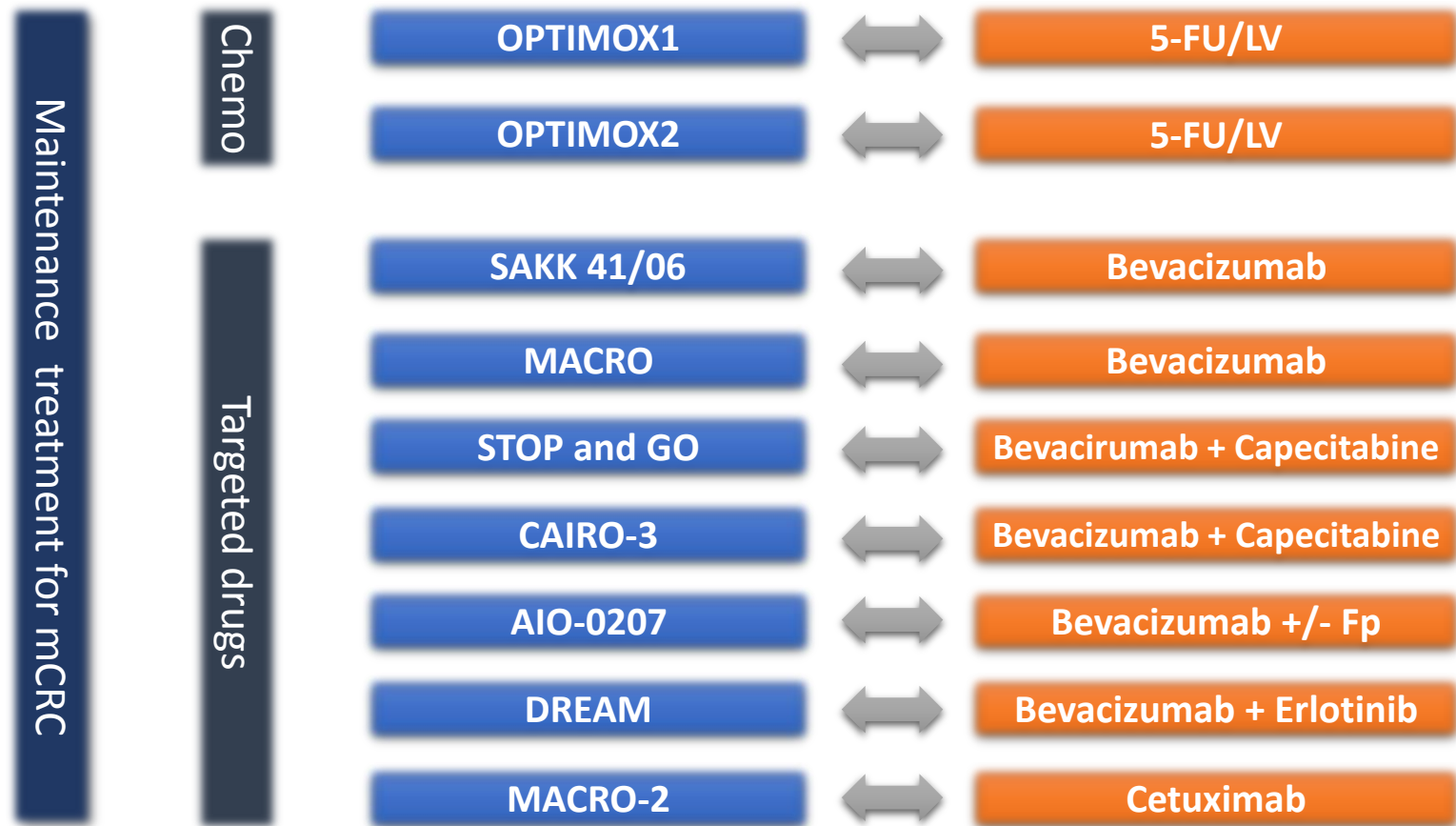
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# Disclosure

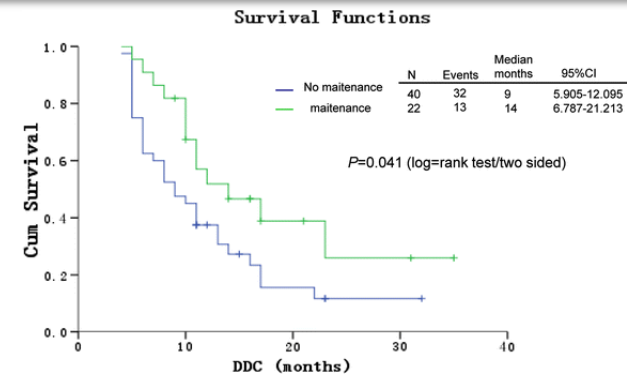
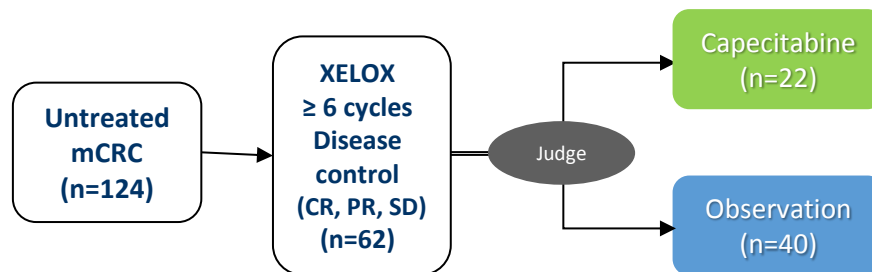
We have no conflicts of interest to declare.

# Background



# Singe-drug capecitabine as maintenance?

- Phase II study of XELOX as first-line treatment followed by maintenance of **capecitabine** in patients with mCRC



R. Xu, et al. J Cancer Res Clin Oncol 2010

R. Xu, et al. ASCO 2009

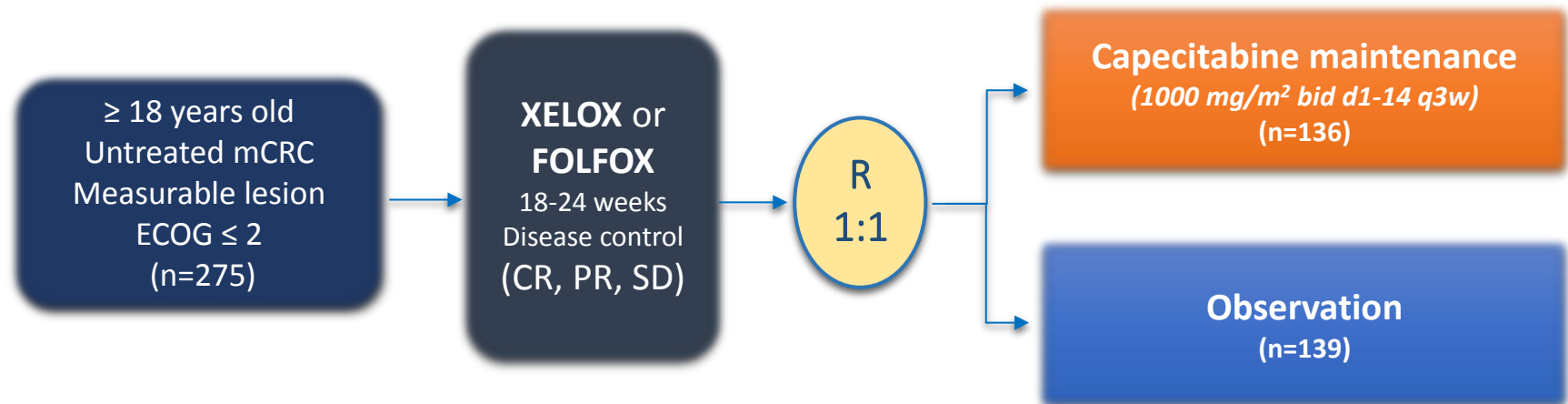
- Phase III study of XELOX/FOLFOX as first-line treatment followed by maintenance of **capecitabine** in patients with mCRC

- The 1<sup>st</sup> multicenter, randomized, controlled phase III clinical trial
- Recruitment time: 2010 ~ 2014
- Follow-up: 2010 ~ 2015
- Censored: zero

# Inclusion criteria

- Pathologically confirmed colorectal adenocarcinoma
- Non-resectable metastatic CRC
- With at least 1 measurable lesion as defined by RECIST 1.1
- Patients had received first-line induction chemotherapy with **XELOX or FOLFOX** for 18-24 weeks, and achieved disease control (**CR,PR,SD**)
- ECOG  $\leq 2$
- Adequate organ functions
- No contraindications to chemotherapy
- Informed written consent
- No exclusion criteria were specified

# Study design

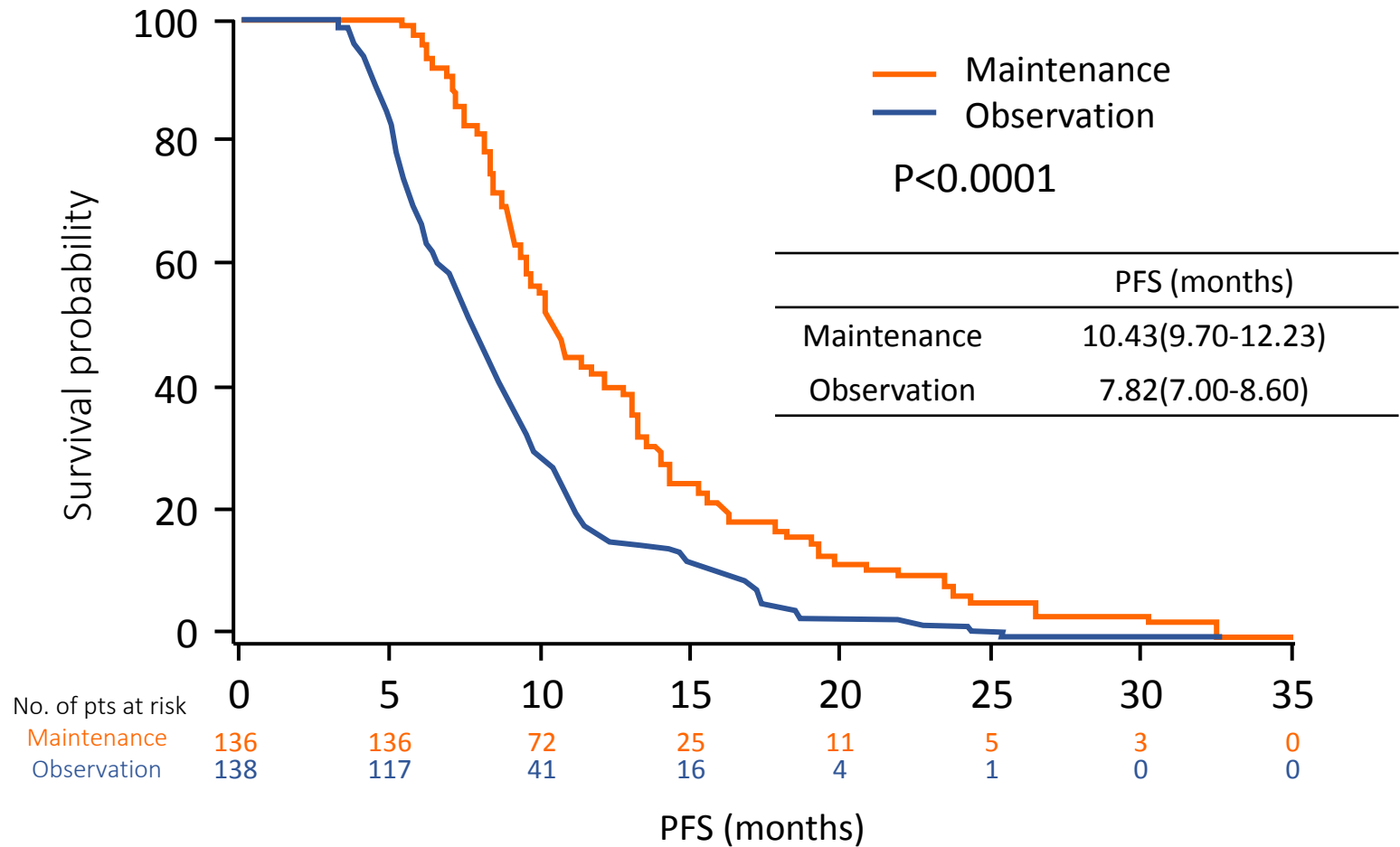


- Primary endpoint: **Progression-free disease (PFS)**
- Secondary endpoints: **Overall survival (OS), Overall response rate (ORR), Safety.**

# Baseline characteristics of patients

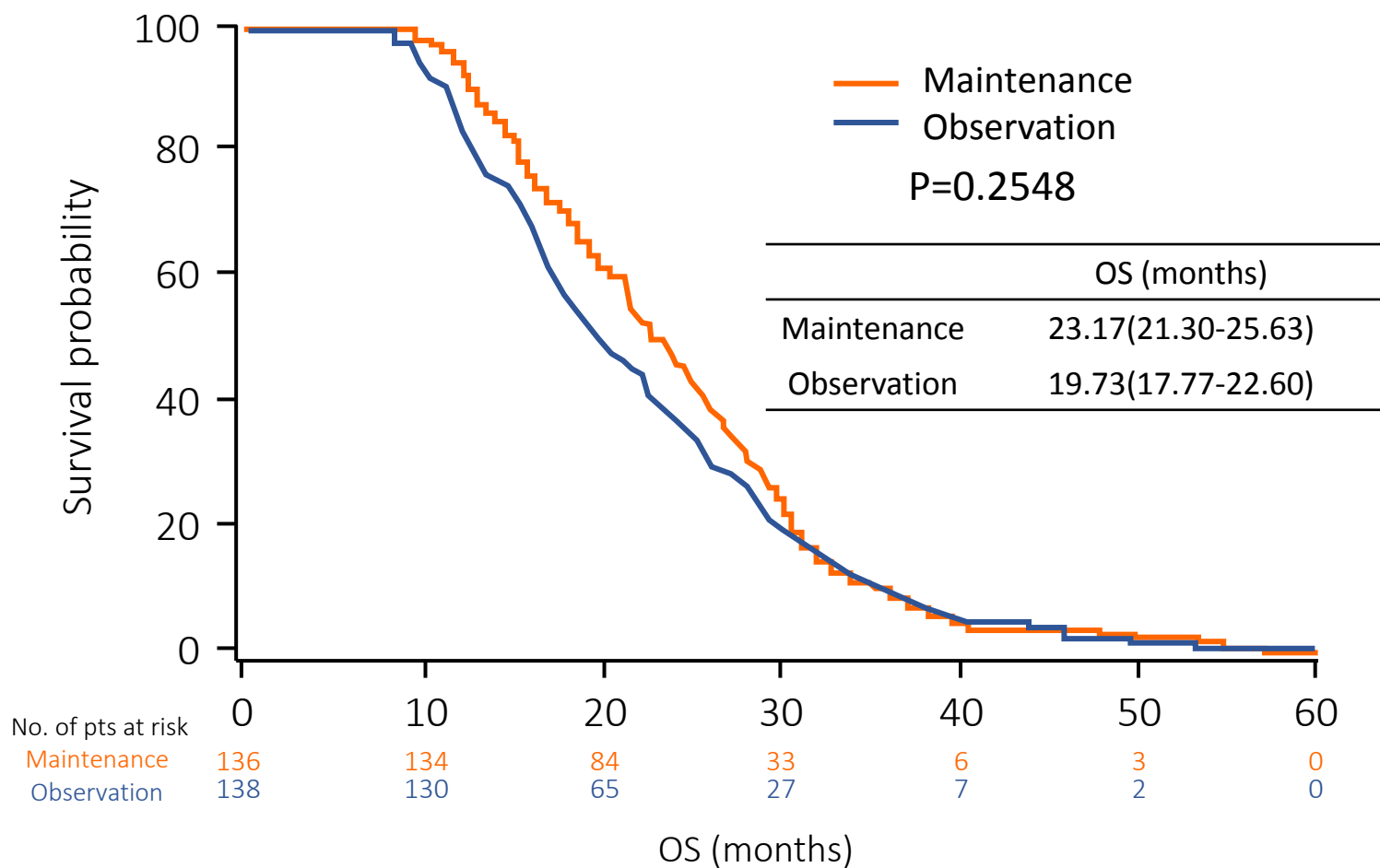
Characteristic	Capecitabine(n=136)		Observation(n=139)	
	n	%	n	%
Median age, yrs (range)	56(27-78)		54(23-78)	
Sex				
Male	83	61.1	87	62.6
Female	53	38.9	52	37.4
Metastatic time				
Metachronous	76	55.9	78	56.2
Synchronous	60	44.1	61	43.8
Median N of organs involved	3		3	
Histology (Adenocarcinoma)				
Well differentiated	8	5.9	11	7.9
Moderately differentiated	57	41.9	49	35.3
Poorly differentiated	71	52.2	79	56.8
Response to induction treatment				
CR	7	5.1	5	3.6
PR	51	37.5	57	41
SD	78	57.4	77	55.4

# Primary endpoint: PFS (total population)



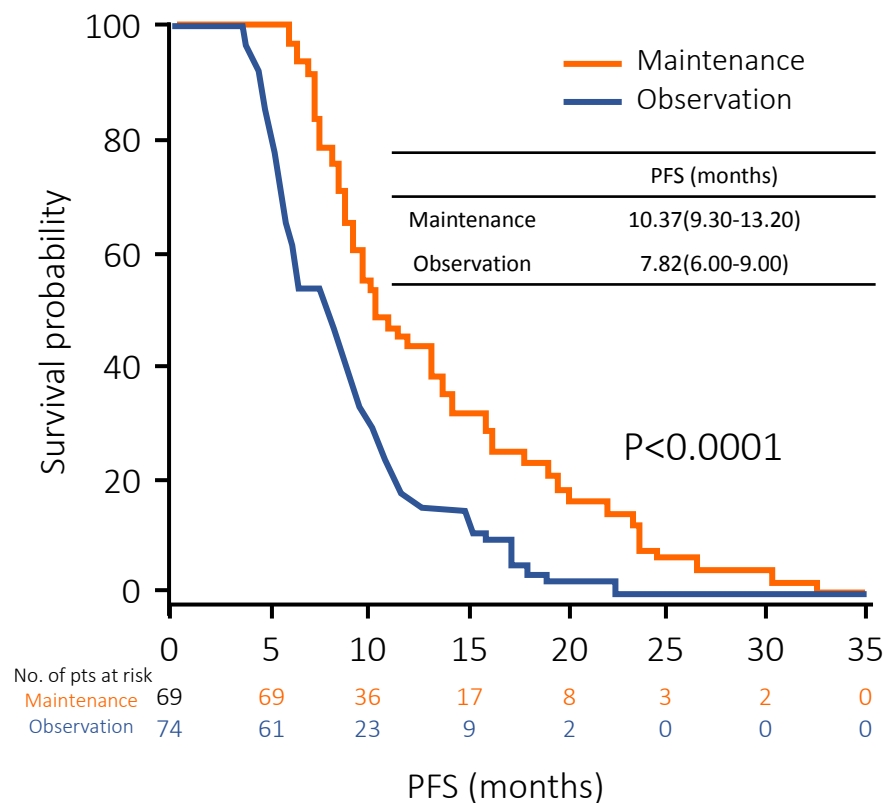


## Secondary endpoint: OS (total population)

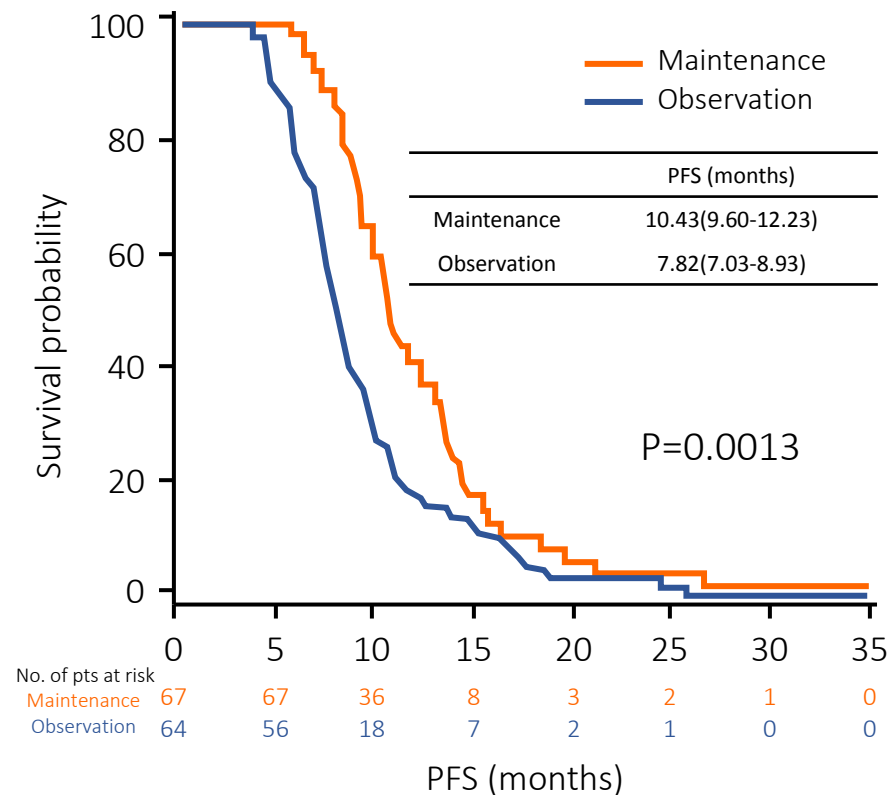


# Subgroup analysis: PFS (XELOX / FOLFOX )

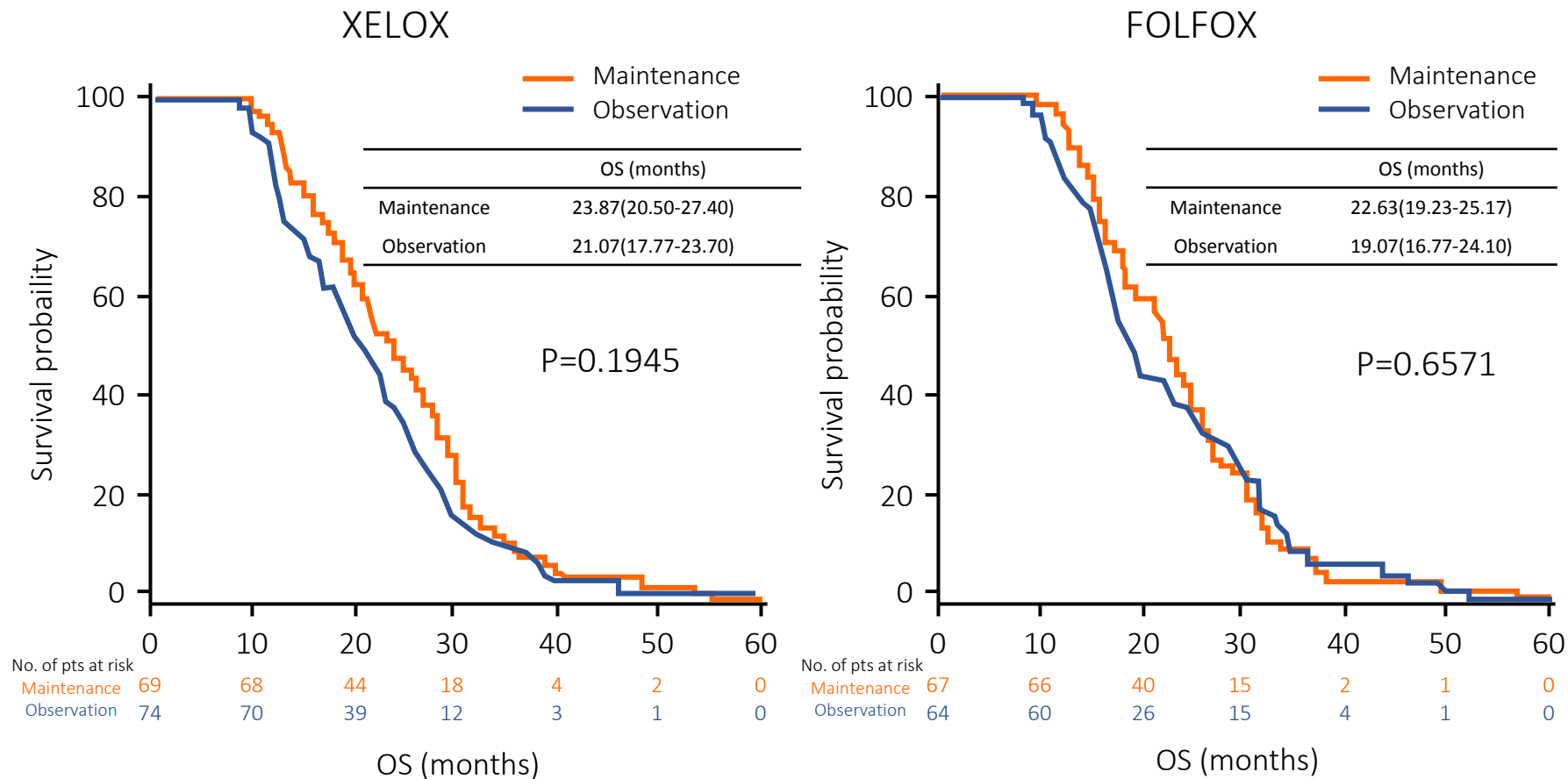
XELOX



FOLFOX



# Subgroup analysis: OS (XELOX / FOLFOX )



## Grade 3 or 4 adverse events related to treatment

Adverse event	Capecitabine (n=136)		Observation(n=139)		P value
	N	%	N	%	
<b>Leukopenia</b>	17	12.5	9	6.4	<0.001
<b>Anemia</b>	2	1.4	3	2.2	0.10
<b>Thrombocytopenia</b>	9	6.6	6	4.3	<0.001
<b>Diarrhea</b>	4	2.9	2	1.4	0.067
<b>Hand-foot syndrome</b>	8	5.9	1	0.7	0.003
<b>Asthenia</b>	3	2.2	1	0.7	0.25
<b>Nausea and vomiting</b>	6	4.4	5	3.6	0.2
<b>Stomatitis</b>	8	5.9	4	2.9	0.003

## Subsequent treatment after disease progression

Second-line treatment	Capecitabine(n=136)	Observation(n=139)
	N(%)	N(%)
<b>Oxaliplatin re-induction</b>	26(19.1)	37(26.6)
<b>Irinotecan</b>	57(41.9)	55(39.6)
<b>Anti-EGFR</b>	8(5.9)	6(4.3)
<b>Irinotecan + anti-EGFR</b>	4(2.9)	3(2.2)
<b>Irinotecan + bevacirumab</b>	13(9.6)	17(12.2)
<b>No systemic treatment</b>	28(20.6)	21(15.1)
<b>Metastatic resection</b>	2(1.5)	0

## Reasons for discontinuation of treatment

Reason	Capecitabine(n=135)	Observation(n=139)
	N(%)	N(%)
<b>Progression</b>	97(71.3)	121(87)
<b>Intolerance</b>	2(1.5)	0
<b>Patient withdrawal</b>	18(13.2)	9(6.5)
<b>Decision of investigators</b>	13(9.6)	3(2.2)
<b>death</b>	2(1.5)	5(3.6)
<b>Other</b>	4(2.9)	1(0.7)

# Summary

- It's the **1<sup>st</sup> multicenter, randomized, controlled phase III** clinical trial of maintenance treatment with **singe-agent capecitabine** for mCRC
- Single-agent capecitabine maintenance therapy after induction of XELOX (or FOLFOX) in first-line treatment of mCRC prolonged **PFS** significantly.
- Single-agent capecitabine maintenance therapy prolonged **OS** of mCRC patients, without significant difference.
- Single-agent capecitabine maintenance was **tolerant, economical, and convenient**.
- No matter what the induction was (**XELOX or FOLFOX**), patients benefited from single-agent capecitabine maintenance.
- It provided new strategy and option for treatment of mCRC.

# Thank you very much