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Clinical practices in the use of adjuvant chemotherapy for patients with colon cancer

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Background: Adjuvant chemotherapy is a crucial part of treatment for patients with locally advanced colon cancer. The objective of this study was to investigate the actual practices in the use of adjuvant chemotherapy for patients with high-risk stage II or stage III colon cancer. **Methods:** This was a 24-month open-label, prospective, observational study conducted at 12 centers across South Korea. Patients with high-risk stage II and stage III colon cancer receiving adjuvant chemotherapy after curative surgery were included, and data were collected at baseline, third, and sixth month. **Results:** A total of 246 patients were included in the analyses. Of five available regimens (5-FU/LV, FOLFOX, CAPOX, capecitabine, and UFT/LV), FOLFOX was most commonly used (82.5%). Investigators indicated the "efficacy" as the major cause for selecting FOLFOX or CAPOX. For capecitabine, 5-FU/LV, or UFT/LV, the "safety" or "patient's characteristics (age, comorbidity, and stage)" was one of the most important selecting factors. Patients receiving capecitabine, 5-FU/LV, or UFT/LV had older age, worse PS and lower disease stage (stage II) than patients receiving FOLFOX or CAPOX. Hematologic toxicities were the most common cause of dose adjustment and treatment delay. **Conclusions:** In South Korea, FOLFOX was the most commonly used chemotherapy regimen and its efficacy was the main cause for selecting this regimen. Patients receiving capecitabine, 5-FU/LV, or UFT/LV had older age, worse PS and lower disease stage (stage II) than patients receiving FOLFOX or CAPOX. Hematologic toxicities were the most common cause of dose adjustment and treatment delay. **Keywords:** Adjuvant chemotherapy; Colon cancer; Capecitabine; 5-fluorouracil; Oxaliplatin

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ETS and DoR to predict survival benefit over third line chemotherapy in metastatic colorectal cancer

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Background: Taken into consideration of weak benefit of third line chemotherapy in metastatic colorectal cancer (mCRC), there has been no effective clinical markers to make a decision whether to go ahead or stop palliative chemotherapy after progression over second line chemotherapy. Recently early tumor shrinkage (ETS) and depth of response (DoR) have been adopted as prognostic markers to predict survival. Therefore we evaluate the role of ETS and DoR after 1st line chemotherapy in mCRC as clinical decision tools to select patients who would be benefit from further treatment after 2nd line chemotherapy. **Methods:** We retrospectively examined tumor response such as RECIST, ETS (≥ 20%) and DoR after 1st line palliative chemotherapy from 242 mCRC patients. The association between response measurements (ETS and DoR) and survival outcomes including of progression-free survival (PFS), post-progression survival (PPS) and overall survival (OS) were evaluated. Factors affecting survival benefit after receiving over third line chemotherapy were also evaluated. **Results:** After 1st line chemotherapy, overall response rate (ORR), ETS and median DoR were shown in 41.3%, 42.6% and 38.5% in patients, respectively and all these measurements were significantly associated with PFS, PPS and OS. The efficacy of third line chemotherapy, mostly using fluoropyrimidine based regimen (75%), had an ORR of 15.3%, disease control rate (DCR) of 42.4% with a duration of response about 15 weeks. In univariate analysis, the factors associated with survival benefit in patients receiving over third line chemotherapy were rectal cancer and DoR over 60% and only DoR over 60% was associated with survival in multivariate analysis. **Conclusions:** ETS and DoR are useful tool to predict survival in conventional chemotherapy in mCRC. In addition, patients who showed good response such as DoR over 60% after 1st line chemotherapy could be rechallenged using previously used fluoropyrimidine to prolong survival.