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Raltitrexed + irinotecan as second-line chemotherapy in elderly patients with advanced colorectal cancer

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ABSTRACT

Aims and Background: Irinotecan is a standard option for relapsed/refractory advanced colorectal cancer. Combination with raltitrexed and irinotecan at lower than MTD doses should preserve disease stabilisation while decreasing toxicity. **Patients and Methods:** From January 2004 to April 2009, we analyzed, retrospectively, our data on irinotecan + raltitrexed, fixed doses, as a second-line chemotherapy in elderly patients (>70 years) with advanced colorectal cancer after failure of oxaliplatin based chemotherapy. Twenty-three patients were evaluated. Irinotecan 350 mg + raltitrexed 2.6 mg were given every 3 weeks. Tumor measurements were obtained after every third course of therapy. Toxicity was assessed weekly using the National Cancer Institute Common Toxicity Criteria, version 2. **Results:** The median number of treatment courses received per patient was 4 (range, 1 - 8). All patients were assessable for toxicity and 21 for response. The most frequently observed severe toxicities were diarrhea (grade 2, 13%). No cases of significant neutropenia occurred. Objective partial responses were observed in 3 patients (13%). An additional 10 patients (43%) had stable disease as their best response. To date, 12 patients have progressed with a median time-to-progression of 4.3 months and a median survival of 8.3 months. **Conclusions:** A three weekly irinotecan + raltitrexed administration can induce tumor control in elderly patients with advanced colorectal cancer that has progressed during or shortly after oxaliplatin-based chemotherapy. The diarrhea by irinotecan, seems mitigated by coadministration of a smaller dose of raltitrexed

KEYWORDS

Colorectal; Elderly; Irinotecan; Second-Line; Unresectable

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