Abstract #81168

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Geriatric factors to predict toxicity and dose-intensity reduction in FFCD 2001-02 phase III study comparing a first-line chemotherapy of LV5FU2 or FOLFIRI in treatment of metastatic colorectal cancer (mCRC) in elderly patients.

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Abstract Text:

Background: Elderly patients form a heterogeneous population. The evaluation of geriatric factors could help the selection of eligible patients for an intensified chemotherapy. **Methods:** Elderly pts (75+) with previously untreated mCRC were randomly assigned to receive a 5FU-based CT, either alone (FU arms: LV5FU2 or simplified LV5FU2) or in combination with irinotecan (IRI arms: LV5FU2-CPT11 or FOLFIRI) from 2003 to 2010. Sites participating to the geriatric sub-study, completed Karnofsky, Charlson index and a visual analogue scale (VAS) of quality of life (QoL) at inclusion. Cognitive function, autonomy and depression were assessed with MMSE, IADL and GDS score respectively. Clinical and biologic tumour factors were also analysed to determine predictive factors of grade 3-4 toxicity and reduction of chemotherapy dose-intensity >33% during the first 4 months after randomization. **Results:** Geriatric score were fullfilled in 123 (48%) pts randomized in FFCD 2001-02 study. Median age: 80 years [75 to 91], 66 men (54%), FU 50.4%, IRI 49.6%. Karnofski index was 60-70, 80-90 and 100 in 32, 32 and 36% of pts respectively and Charlson was <1 or >1 in 75 and 24% of them. Median QoL VAS: 7.9 and median MMSE: 28/30. GDS and IADL were impaired in 45% and 37% of the pts. Seventy-one (58%) pts had a grade 3-4 toxicity and 81 (66%) pts had a dose-intensity reduction >33% during the first 4 months after randomization. In multivariate analysis significant predictive factors of a toxicity grade 3-4 were: no previous adjuvant chemotherapy OR=8.33, IRI arms OR= 3.67, MMSE ≤27/30 OR=5.00 and impaired IADL OR=4.35. Significant predictive factors of a dose-intensity reduction >33% were: phosphatase alkaline >2N OR=8.34, IRI arms OR=6.93 and a linear decrease of MMSE OR=24.3 (each 10%). **Conclusions:** For the first time in a randomized prospective phase III study in mCCR, geriatric factors (MMSE and IADL) are predictive of severe toxicities or doseintensity reduction. These results suggest that cognitive function and autonomy impairment should be considered for the chemotherapy regimen choice.

Title:

Geriatric factors to predict toxicity and dose-intensity reduction in FFCD 2001-02 phase III study comparing a first-line chemotherapy of LV5FU2 or FOLFIRI in treatment of metastatic colorectal cancer (mCRC) in elderly patients.

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NCT00303771

Research Funding Source:

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Did the trial accrue its first patient before or after April 29, 2004?

Before

Would like to be considered for a Merit Award:

No

Trial Type:

Phase III

Research Category:

Clinical

Continued Trial Accrual:

No

Recieved Grant funding:

No

All participants where over the age of 65:

Yes

Sponsor: Laurent Bedenne, MD

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