WESTERN CANADIAN ROCHE ADVISORY BOARD MEETING

CONSENSUS STATEMENTS

Subsequent to a review of data presented during the colorectal cancer sessions of ASCO 2004, the following consensus statements were approved by unanimous agreement:

1. Based on phase III evidence of equivalent efficacy(1) and improved tolerability(2), capecitabine (8 cycles of 1250mg/m2 po BID X 14 days q21d) represents a preferred standard for the adjuvant therapy of high-risk resected colon cancer. Six months of 5-FU and leucovorin (per the Mayo, Roswell-Park or de Gramont regimen) is still an acceptable option.

2. Based on phase II evidence of promising activity and safety (3-6), capecitabine-based combinations with irinotecan (XELIRI/CAPIRI) or oxaliplatin (XELOX/CAPOX) are reasonable options for the treatment of metastatic colorectal cancer in patients who are unsuitable for or are unable to receive an infusional 5-FU regimen.

3. There is insufficient evidence, at this time, to support the routine use of XELIRI or XELOX for the treatment of colorectal cancer in the advanced or adjuvant setting.

CHAIR
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References: