Efficacy of capcitabine vs. 5-FU in colorectal and gastric cancer: meta-analysis of survival in 6 clinical trials


Glasgow University, Glasgow, Scotland; Yandervill-Ingram Cancer Center, Nashville, TN; Memorial Sloan Kettering Cancer Center, New York, NY; University of Leeds, Leeds, United Kingdom; University Hospital Gasthuisberg, Leuven, Belgium; Centre De Oncologia/Hospital Sine Libanes, Sao Paulo, Brazil; Asian Medical Center, Seoul, Republic of Korea; K Hoffmann-La Roche, Basel, Switzerland; The Royal Marsden Hospital, Sutton, United Kingdom

BACKGROUND

The oral fluoropyrimidine capcitabine has been extensively evaluated vs. i.v. 5-fluorouracil/folinic acid (5-FU/FA) as monotherapy or as part of combination therapy in patients with metastatic colorectal cancer (MCRC) or metastatic gastric cancer (MGC).

A meta-analysis of the efficacy of capcitabine vs. 5-FU in MCRC and MGC was performed using individual patient data from 6 large multicenter randomized phase III studies (Table 1).1–6

The efficacy endpoint was overall survival.

RESULTS OF THE META-ANALYSIS

The meta-analysis included 6171 patients (3074 treated with 5-FU-based regimens and 3097 treated with capcitabine-based regimens) with colorectal or gastric cancer.

The unstratified and unadjusted data demonstrated a median overall survival for capcitabine-based regimens of 23.1 months (95% CI: 22.0–24.4) vs. 22.4 months (95% CI: 22.0–23.5) for 5-FU-based regimens, corresponding to a hazard ratio of 0.96 (95% CI: 0.90–1.02).

The same hazard ratio was observed when the analysis was stratified by study:

CONCLUSIONS

These findings support the already extensive evidence available from individual clinical trials for therapeutic equivalence of i.v. 5-FU and oral capcitabine in colorectal and gastric cancer.

REFERENCES

6. Table 3. Baseline patient characteristics: stratified by study

Table 4. Overall survival: adjusted Cox regression analysis – unstratified

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