

5-Fluorouracil/Capecitabine and Oxaliplatin (FOLFOX/XELOX) Suitable Treatments for Progressing G1-G2 Neuroendocrine Tumors

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Background: No second-line therapy for metastatic neuroendocrine tumor (NET) has gained wide acceptance, beyond the usual regimens based on streptozocin and doxorubicin or 5-fluorouracil. Oxaliplatin plus 5-Fluorouracil (FOLFOX) or oral capecitabine (XELOX) have been evaluated in limited phase II studies in NET. We evaluate our experience in metastatic well differentiated G1-G2 NET patients (pt) treated with these chemotherapy regimens.

Methods: From October 2005 to February 2013, eighteen consecutive NET pt with progressive disease were treated with FOLFOX or XELOX after failure of somatostatin analog (SSA) therapy and/or chemotherapy, targeted therapy, Peptide Receptor Radionuclide Therapy. The primary tumor site was pancreas in 5 pt, gastrointestinal tract in 7 pt, lung in 3 pt, and unknown in 3 pt. Pt received oxaliplatin e.v. 85 mg/mq i.v. q1 5-fluorouracil 2800 mg/mq ev 48h gg1-3 q21 (FOLFOX) or oxaliplatin e.v. 130 mg/mq i.v. q1 and capecitabine 1000 mg/mq/die os gg1-14 (XELOX). Patients were followed for evidence of toxicity, response assessed using RECIST criteria, and survival.

Results:

Four (22,2%) out of 18 pt had a partial response, 9 pt (50%) showed stable disease, and 5 (27,8%) pt showed progressive disease.

Median number of cycles was 5 (2-10).

At a median follow-up of 46 months, median OS is 24 months (10 patients are still alive).

Median progression-free survival was 8.23 months, while 1 patient is still in treatment.

G1-G2 toxicities were diarrhea, nausea, asthenia, neutropenia, neurotoxicity; main G3-G4 toxicities was neurotoxicity (5%) and diarrhea (11%).

Conclusions: FOLFOX or XELOX showed interesting activity and efficacy in pretreated patients with progressive NET, also after many previous treatments, with acceptable toxicity.