Capecitabine combined with oxaliplatin (CAPOX) in clinical practice: how significant is peripheral neuropathy?

With great interest have I read the article by Storey et al. [1]. This article reported a single centre retrospective experience using the combination of capecitabine and oxaliplatin (CAPOX) in patients with early and metastatic colorectal cancer. In this analysis, the authors focused on the extent of oxaliplatin-related acute and chronic polyneuropathy (PN), a well known and often deliberating side-effect. The authors concluded that the CAPOX resulted in similar incidence rates of acute PN compared with FOLFOX 4 regimen, but chronic PN was more common in patients who received CAPOX. The authors acknowledged several limitations of their study, i.e. retrospective single centre, no standardised patient follow-up, high rate of follow-up loss, or documentation of co-morbidities, such as alcohol or diabetes. In addition due to the
retrospective nature of this study, toxic effects could often not be graded or data were missing—12% in this series. 

Taken these factors into consideration, especially in the context of a very limited patient population (n = 188) and two different treatment modalities (adjuvant, n = 87 and palliative, n = 101), one has to be cautious interpreting these results. 

In fact, a large meta-analysis comprising >2500 patients who received first-line treatment within six prospective randomised trials did not find any difference between infusional 5-fluorouracil- or capecitabine-based oxaliplatin treatment regimens [2]. 

As this analysis specifically focused on oxaliplatin-induced PN, the authors should have been more precise in defining acute and chronic PN—have neurological studies been carried out? Another point I am missing in the discussion of this article is that potential factors like hand–foot syndrome (HFS) have not been mentioned and considered. Capecitabine-induced grade 2/3 HFS is common and clinically it is often challenging to distinguish between HFS and early development of PN—I would argue that it is impossible to distinguish these often overlapping toxic effects in a retrospective study. 

The authors are reporting about a well-known significant side-effect, which often leads to dose reduction and treatment delays. It is therefore important to educate medical teams and patients to recognise symptoms and report these regularly and early. Finally, research into the pathomechanisms of PN should be supported in prospective trials.

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disclosure

The author declares no conflict of interest. 

references


doi:10.1093/annonc/mdq676