



### **BACKGROUND**

- Oxaliplatin-containing regimens is standard chemotherapy for colorectal cancer patients.
- Neurotoxicity is the most common adverse event .
- There are two types of the toxicity, acute and chronic. Chronic neurotoxicity is dose-dependent and persistent, known as dose-limiting toxicity.

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### **BACKGROUND**

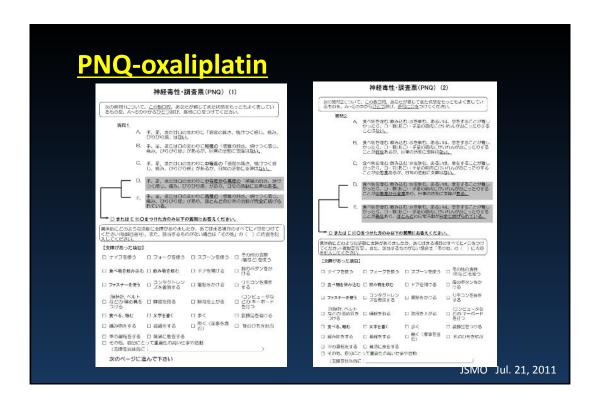
- Common Terminology Criteria for Adverse Events (CTCAE) is generally used to evaluate the degree of neurotoxicity.
- Physician's evaluation with CTCAE is subjective, and it has a tendency toward down grading.
- Patient-reported outcomes are important tools for evaluating adverse effects.
- Patient Neurotoxicity Questionnaire (PNQ) for the neurotoxicity of oxaliplatin is a self-reported and simple questionnaire with only two items.

# **OBJECTIVES**

This study prospectively investigates the chronic neurotoxicity of oxaliplatin with physician-based CTCAE grading and self-reported questionnaires.

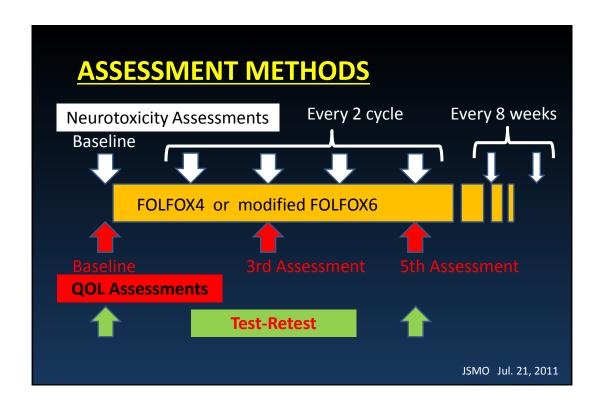
#### Instruments evaluated

- CTCAE: Common Terminology Criteria for Adverse Events v3.0
- <u>FACT/GOG-Ntx: Ntx-subscale</u>: Functional Assessment of Cancer Therapy / Gynecologic Oncology Group Neurotoxicity questionnaire
- PNQ: Patient Neurotoxicity Questionnaire for the neurotoxicity of oxaliplatin



#### **PATIENTS AND MAIN ELIGIBILITY CRITERIA**

- Patients (pts)120 pts enrolled in 10 centers (Jan.2008 Oct.2009)
- Main Eligibility Criteria
  - \* Performance Status (ECOG): 0, 1
  - \* Age: 20 75
  - \* Pathologically confirmed colorectal adenocarcinoma
  - \* To be treated with FOLFOX4 or modified FOLFOX6
  - \* Oxaliplatin naive



# **EVALUATION METHODS**

#### **Evaluation properties**

- Compliance of the instruments
- Criterion validity
  - : Correlation of the PNQ with the other instruments
- Reproducibility : Test-Retest correlation
- Clinical validity : Change of the scores over time
- Frequency and severity of neurotoxicity
- Cumlative oxaliplatin dose and neurotoxicity

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# **RESULTS**

Variables		N=113	(%)
	Male	65	(57.5)
Sex	Female	45	(39.8)
	Unknown	3	(2.6)
Age	Median ( range )	62 ( 34 – 74 )	
	0	92	(81.4)
DC	1	16	(14.2)
PS	2-4	0	( 0.0 )
	Unknown	5	(4.4)
No. disease site	Median ( range )	2 ( 0 - 6 )	
Disease status	Primary	51	( 45.1 )
	Recurrence	60	(53.1)
	Unknown	2	(1.8)

Variables		N=113	(%)
	Radical	52	(46.0)
Prior Surgery	Non-radical	26	(23.0)
	Unknown	4	(3.5)
Prior Radiation		4	( 3.5 )
Prior	FU - containing	52	( 46.0 )
Chemotherapy	others	7	(6.2)
	1	77	(68.1)
Treatment line	2 -	25	(22.1)
	Unknown	11	( 9.7)
Assessment points	Median ( range )	5.4 ( 1- 13)	
Cumlative	Median	1148 mg / 9.7 cycle	
dose/cycle	( range )	(140 – 2240 / 1 – 25)	

# **PHYSICIAN & PATIENT COMPLIANCE**

		Baseline	3rd Assessment ( Post 4 cycles )	5th Assessment ( Post 8 cycles )
No. of patients		113	108	73
Response Rate (%)	PNQ	97.3	94.0	95.9
	Ntx	95.6	90.7	97.3
	CTCAE	98.2	97.7	97.9

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## **CORRELATION BETWEEN THE INSTRUMENT**

Sensory Component	PNQ	CTCAE	Ntx-subscale
PNQ	1.0	-	-
CTCAE	0.596	1.0	-
Ntx-subscale	0.597	0.522	1.0

Spearman's correlation coefficient: Overall Assessment

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## **CORRELATION BETWEEN THE INSTRUMENT**

Motor Component	PNQ	CTCAE	Ntx-subscale
PNQ	1.0	-	-
CTCAE	0.391	1.0	-
Ntx-subscale	0.445	0.294	1.0

Spearman's correlation coefficient: Overall Assessment

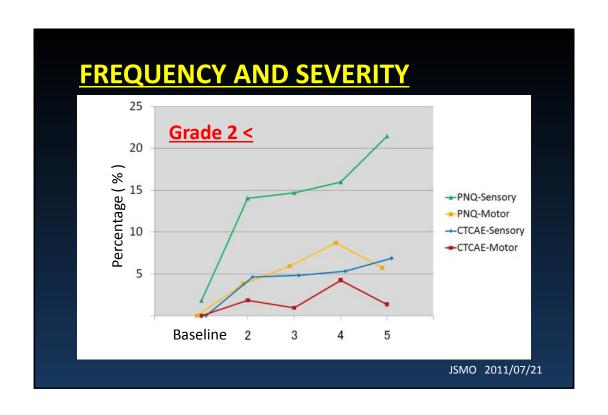
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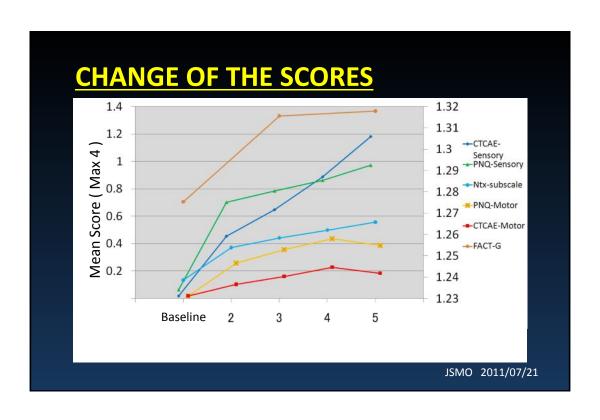
# REPRODUCIBILITY ( PNQ & Ntx )

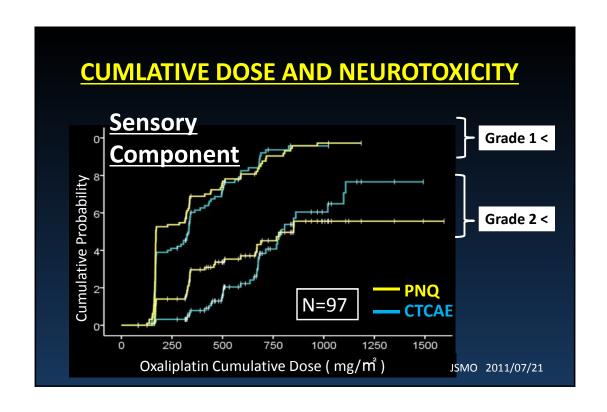
N = 72	Test-Retest Correlation Coefficient
Sensory-Component	0.808
Motor-Component	0.589
Ntx-subscale	0.583

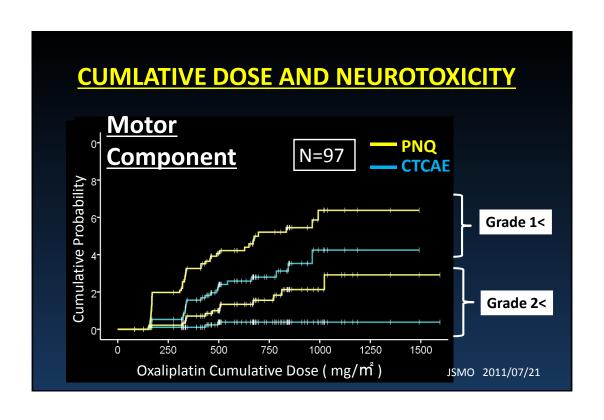
Spearman's correlation coefficient :All Cases

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## **CONCLUSIONS**

- PNQ shows high response rate similar to CTCAE.
- Sensory component of PNQ shows moderate correlation, but Motor component shows week correlation with the others.
- Reproducibility of PNQ is higher in Sensory than Motor component.
- In this study, oxaliplatin neurotoxicity has worse dose dependent tendency.
- In Motor component, patient-based PNQ shows worse neurotoxicity than physician-based CTCAE.

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