Original research article

**Comparison of neoadjuvant oral chemotherapy with UFT plus Folinic acid or Capecitabine concomitant with radiotherapy on locally advanced rectal cancer**

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**Abstract**

**Aim**

To evaluate the differences in treatment response and the impact on survival with both oral agents (UFT and Capecitabine) as neoadjuvant chemotherapy administered concomitantly with radiotherapy.

**Background**

There are still no studies comparing the use of neoadjuvant oral chemotherapy either with UFT plus Folinic acid or Capecitabine concomitant with radiotherapy in locally advanced rectal cancer (LARC).

**Materials and methods**

A set of 112 patients with LARC were treated preoperatively. GROUP 1 – 61 patients underwent concomitant oral chemotherapy with Capecitabine (825 mg/m2 twice daily). GROUP 2 – 51 patients submitted to concomitant oral chemotherapy with UFT (300 mg/m2/d) + Folinic acid (90 mg/d) and radiotherapy. 57.1% of patients were submitted to adjuvant chemotherapy.

**Results**

GROUP 1: acute toxicity – 80.3%; pathological complete response (pCR) – 10.5%; tumor downstaging (TD) – 49.1%; nodal downstaging (ND) – 76.5%; loco-regional response (LRR) – 71.9%; toxicity to adjuvant chemotherapy – 75%. GROUP 2: acute toxicity – 80.4%; pCR – 28%; TD – 62%; ND – 75.6%; LRR – 78%; toxicity to adjuvant chemotherapy – 56%. There was no difference in survival nor loco-regional control between the groups.

**Conclusions**

Patients treated with neoadjuvant oral UFT + Folinic acid had a higher rate of pathologic complete response than patients treated with Capecitabine concomitant with radiotherapy. There were no differences in downstaging, LRR, toxicity, survival or loco-regional control between both groups. There was a trend to a higher rate of toxicity to adjuvant chemotherapy in the Capecitabine group.

**Keywords**

Rectal cancer; Neoadjuvant oral chemoradiotherapy; Capecitabine; UFT plus Folinic acid; Pathologic complete response