

Emerging new therapeutic applications of capecitabine as a first-line chemotherapeutic agent in the management of advanced carcinomas other than colorectal carcinoma

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I read with great interest the recent article by Hameed et al in a recent issue of your journal.¹ The article is very interesting. Interestingly, the past few years have seen the emergence of capecitabine as a highly potent first-line chemotherapeutic agent against advanced systemic carcinomas other than colorectal carcinoma.

For instance, capecitabine has recently been used successfully as a first-line monotherapeutic agent for HER-2-negative metastatic breast cancer.² Cotherapy with agents such as sorafenib and paclitaxel for HER-2-negative metastatic breast cancer has also been recently used first-line, and significantly improves progression-free survival, in addition to being very safe.^{3,4} Similarly, in patients with advanced gastric carcinoma, capecitabine has been used successfully as first-line therapy in combination with agents such as cisplatin.⁵ The XELOX regimen comprising capecitabine in conjunction with oxaliplatin is another recent highly effective alternative for gastric carcinoma.⁶ The modified XELIRI regimen comprising capecitabine and irinotecan is a further option for advanced and unresectable gastric carcinoma.⁷

Capecitabine also improves the short-term response in patients with esophageal carcinoma when used as an adjunct to radiotherapy.⁸ Further, a response rate of 26.7% has recently been reported in patients with advanced biliary carcinoma treated with a combination of capecitabine and fixed dose rate gemcitabine therapy.⁹ Similarly, capecitabine has recently been shown to be highly effective in the management of patients with recalcitrant castrate-resistant prostate cancer when used in combination with prednisone, thalidomide, and cyclophosphamide.¹⁰ Capecitabine in combination with cisplatin has also been used as first-line therapy for nasopharyngeal carcinoma, with a response rate as high as 53.8%.¹¹

The above examples clearly illustrate the efficacy of capecitabine as a potent agent against multiple carcinomas, ranging from breast carcinoma to nasopharyngeal carcinoma. Further studies are needed to identify further potential applications of capecitabine in other advanced carcinomas.

Disclosure

The author reports no conflicts of interest in this work.

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