

# 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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3,4</sup> Similarly, in patients with advanced gastric carcinoma, capecitabine has been used successfully as first-line therapy in combination with agents such as cisplatin.<sup>5</sup> The XELOX regimen comprising capecitabine in conjunction with oxaliplatin is another recent highly effective alternative for gastric carcinoma.<sup>6</sup> The modified XELIRI regimen comprising capecitabine and irinotecan is a further option for advanced and unresectable gastric carcinoma.<sup>7</sup>

Capecitabine also improves the short-term response in patients with esophageal carcinoma when used as an adjunct to radiotherapy.<sup>8</sup> 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.<sup>9</sup> 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.<sup>10</sup> 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%.<sup>11</sup>

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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