

Abstract:

Background: Colorectal cancer ranks eleventh amongst cancers in Kenya. Whereas early cancer is highly curable, advanced disease is generally incurable. Adjuvant chemotherapy reduces the relapse rate and improves survival in both stages C and B2. **Methods:** We studied cases of colorectal carcinoma treated at Hurlingham Oncology Clinic (HOC), Nairobi, between 1995 and 2007 inclusive. Details taken included biodata, histology, disease stage (Dukes' system), site of metastases, treatment up front at HOC, courses given, outcome, duration of follow up, and duration of survival. **Results:** Seventy one patients - 41 males and 30 females; age range 27–78, median 53 years; were in stages B1 (4), B2 (6), C (29), B (23), undetermined (9). Treatment given for stage B1- none; B2 - fluorouracil (5FU) (2), Mayo regimen (Mayo) (2), capecitabine (xeloda) (1), none (1); C - 5FU (2), Mayo (1), De Gramont regimen (1), Irinotecan + 5FU/Folinic acid (IFL/FOLFRI) (3), Oxaliplatin + De Gramont (FOLFOX6) - Xeloda + Oxaloplatin (XELOX) (8), Xeloda (4), none (10); D - De Gramont (2), IFL/FOLFRI (7), FOLFOX6/XELOX (1), FOLFOX6 + bevacizumab (avastin) (4), Xeloda (5), none (4); undetermined - none. The median follow up in months for B1 patients was 6, range 2–14; for B2 was 8.5, range 6–11; for C was 10, range 1–115; and for D was 13, range 3- 96. One patient in B1 was reported dead, one in B2, seven in C and 9 in D. Of the 4 patients on FOLFOX6 + avastin none had response after six months of treatment. The stage D cases on 5FU/Folinic acid had significant shrinkage and subsequent resection of liver metastases with one of them free of disease at 96 months. **Conclusions:** This was a retrospective analysis with a small number of patients making it impossible to draw conclusions. It is however interesting to note that the combination of FOLFOX6 + avastin did not show impact while two patients had excellent response to 5FU/Folinic acid alone. Reasons for such discrepancies in outcome should become clearer when we get enough understanding of predictors of response. Patients who were not on treatment discontinued follow up early.