

CADTH Reference List

Raltitrexed in Patients With Dihydropyrimidine Dehydrogenase Deficiency

September 2022



Authors: Candice Madakadze, Zahra Premji, Sharon Bailey

Cite As: Raltitrexed in Patients With Dihydropyrimidine Dehydrogenase Deficiency. (CADTH reference list). Ottawa: CADTH; 2022 Sep.

Disclaimer: The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up to date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners' own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein do not necessarily reflect the views of Health Canada, Canada's provincial or territorial governments, other CADTH funders, or any third-party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user's own risk.

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian *Copyright Act* and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Questions or requests for information about this report can be directed to requests@cadth.ca



Key Messages

- We found 3 non-randomized studies about the clinical effectiveness of raltitrexed in patients with complete dihydopyrimidine dehydrogenase deficiency.
- We found 4 non-randomized studies about the safety of raltitrexed in patients with complete dihydropyrimidine dehydrogenase deficiency.

Research Questions

- 1. What is the clinical effectiveness of raltitrexed in patients with complete dihydropyrimidine dehydrogenase deficiency?
- 2. What is the safety of raltitrexed in patients with complete dihydropyrimidine dehydrogenase deficiency?

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, Embase, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were raltitrexed and dihydropyrimidine dehydrogenase deficiency. No filters were applied to limit the retrieval by study type. Comments, newspaper articles, editorials, letters, and conference abstracts were excluded. Where possible, retrieval was limited to the human population. The search was completed on August 30, 2022, and was limited to English-language documents published since January 1, 2012. Internet links were provided, where available.

Selection Criteria

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in <u>Table 1</u>. Full texts of study publications were not reviewed.

Table 1: Selection Criteria

Criteria	Description
Population	Patients with complete dihydropyrimidine dehydrogenase deficiency or at risk of severe fluoropyrimidine (including 5-FU and capecitabine) toxicity/intolerance.
Intervention	Raltitrexed
Comparator	Q1 and Q2: No comparator, 5-FU, capecitabine



Criteria	Description
Outcomes	Q1: Effectiveness (e.g., progressive free survival, overall survival, objective response rate, duration of response, health-related quality of life)
	Q2: Safety (e.g., adverse events, serious adverse events, withdrawal due to adverse events, death)
Study designs	Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies

5-FU = 5-fluorouracil; Q = question.

Results

Three non-randomized studies¹⁻³ were identified regarding the clinical effectiveness of raltitrexed in patients with complete dihydropyrimidine dehydrogenase deficiency. Four non-randomized studies¹⁻⁴ were identified regarding the safety of raltitrexed in patients with complete dihydropyrimidine dehydrogenase deficiency. No relevant health technology assessments, systematic reviews, or randomized controlled trials were identified.

Additional references of potential interest that did not meet the inclusion criteria are provided in <u>Appendix 1</u>.



References

Health Technology Assessments

No literature identified.

Systematic Reviews

No literature identified.

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

- 1. Gallois C, Hafliger E, Auclin E, et al. First-line chemotherapy with raltitrexed in metastatic colorectal cancer: an Association des Gastro-enterologues Oncologues (AGEO) multicentre study. *Dig Liver Dis.* 05 2022; 54(5): 684-691. PubMed
- 2. Batra A, Rigo R, Hannouf MB, Cheung WY. Real-world safety and efficacy of raltitrexed in patients with metastatic colorectal cancer. Clin Colorectal Cancer. 06 2021; 20(2): e75-e81. PubMed
- 3. Khan K, Rane JK, Cunningham D, et al. Efficacy and cardiotoxic safety profile of raltitrexed in fluoropyrimidines-pretreated or high-risk cardiac patients with GI malignancies: large single-center experience. Clin Colorectal Cancer. 03 2019; 18(1): 64-71.e1. PubMed
- 4. Ransom D, Wilson K, Fournier M, et al. Final results of Australasian Gastrointestinal Trials Group ARCTIC study: an audit of raltitrexed for patients with cardiac toxicity induced by fluoropyrimidines. *Ann Oncol.* Jan 2014; 25(1): 117-21. PubMed



Appendix 1: References of Potential Interest

Systematic Review

Unclear Methodology

5. Kelly C, Bhuva N, Harrison M, Buckley A, Saunders M. Use of raltitrexed as an alternative to 5-fluorouracil and capecitabine in cancer patients with cardiac history. Eur J Cancer. Jul 2013; 49(10): 2303-10. PubMed

Randomized Controlled Trials

Mixed Population- Patients who Were Refractory or Intolerant to Non-Raltitrexed Treatment

 Ghiringhelli F, Vincent J, Bengrine L, et al. Hepatic arterial chemotherapy with raltitrexed and oxaliplatin versus standard chemotherapy in unresectable liver metastases from colorectal cancer after conventional chemotherapy failure (HEARTO): a randomized phase-II study. J Cancer Res Clin Oncol. Sep 2019; 145(9): 2357-2363. PubMed

Non-Randomized Studies

Mixed Population - Patients who Were Refractory or Intolerant to Non-Raltitrexed Treatment

7. Li X, Shen J, Xia F, Zhu J. Efficacy and safety of radiotherapy combined with raltitrexed and irinotecan for treating unresectable recurrent colorectal cancer: a single-arm phase II trial. *J Gastrointest Oncol.* Jun 2022; 13(3): 1112-1120. PubMed

Patients Resistant to 5-FU

8. Chen Y, Wu J, Cheng K, et al. S-1 plus raltitrexed for refractory metastatic colorectal cancer: a phase II trial. Oncologist. 05 2019; 24(5): 591-e165. PubMed

Review Articles

- 9. Vaflard P, Ederhy S, Torregrosa C, Andre T, Cohen R, Lopez-Trabada D. Fluoropyrimidines cardiac toxicity: 5-fluorouracil, capecitabine, compound S-1 and trifluridine/tipiracil. *Bull Cancer*. July August 2018; 105(7-8): 707-719. PubMed
- 10. Zhao C, Zhang H, Ye Y, Sun J, Li P. Meta-analysis of TOMOX versus FOLFOX regimens for the treatment of advanced colorectal cancer. *Int J Clin Exp Med.* 30 Mar 2016; 9(3): 5616-5629. Available from: https://e-century.us/files/ijcem/9/3/ijcem0021268.pdf. Accessed 2022 Sep 6.