Raltitrexed is approved for the treatment of advanced colorectal cancer when there is a contraindication to fluoropyrimidines. Compared to different regimens of 5-fluorouracil and folic acid, no better results were observed in terms of overall survival (OS). However, it was associated with greater toxicity and worse quality of life.

**Purpose**

To assess the use of raltitrexed in the treatment of metastatic colorectal cancer.

**Material and methods**

Observational, retrospective study of patients treated with raltitrexed in monotherapy from January 2014 to June 2017. The data collected, obtained from the chemotherapy prescription programme and the electronic medical record, were: sex, age, previous chemotherapy regimens, treatment duration and reason for discontinuation, adverse events (AEs), dose modifications and death date. Efficacy was measured in terms of progression-free survival (PFS) and OS.

**Results**

Forty patients, 29 males (72.5%), with a median age of 66 years (43–85) were treated with raltitrexed in monotherapy. The medians of previous chemotherapy regimens, administered cycles and duration of treatment were respectively: 3 (0–5); 3 (1–10) and 48 days (23–283). Reasons for interruption were: progression (n=30 (70%), six of which were sent to the palliative care unit), bad performance status (n=7 (17.5%)) and serious toxicity (asthenia n=2 (5%); and neutropaenia grade 4 n=1 (2.5%)). The median PFS was 1.6 months (0.9–2.8) and the median OS was 6.6 months (4.3–12.1). The reported AEs were: anaemia (n=12 (30%)), vomiting and diarrhoea (n=5 (12.5%)), asthenia (n=4 (10%)), neutropaenia (n=3 (7.5%)), thrombocytopenia (n=2 (5%)) and liver enzymes alteration (n=2 (5%)). Dose reduction was required due to AEs in six patients (15%). Seventeen patients (42.5%) suffered some type of haematological toxicity of any degree.

**Conclusion**

The predominance of males in this study matches the highest incidence in this sex. AEs were similar to those described in the literature, with a higher incidence of haematological toxicity. The large percentage of patients with any AE, the reasons for treatment discontinuation and dose reductions may be related to the high number of previous regimens administered. All this invites reflection on the use of chemotherapy in situations where support treatment would be indicated.

### REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

No conflict of interest.