



Case Presentation

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Integrative Adjuvant Treatment Using CAPOX and Ninjin'yoeito in an Elderly Patient With Stage III Colon Cancer

Kenji A. Morita, MD^{1*}, Yuki S. Tanaka, MD², Naomi K. Watanabe, PharmD³

¹Department of Medical Oncology, Seishin University Hospital, Tokyo, Japan; ²Department of Surgery, Seishin University Hospital, Tokyo, Japan; ³Department of Pharmacy, Seishin University Hospital, Tokyo, Japan

***Corresponding author:** Kenji A. Morita, MD

Abstract

Background: Adjuvant oxaliplatin-based chemotherapy is an established treatment approach for appropriate patients with stage III colon cancer. In older adults, maintaining treatment intensity while managing fatigue, appetite loss, and other treatment-associated symptoms can be challenging.

Case Presentation: A 79-year-old man underwent curative resection for stage III colon adenocarcinoma and subsequently received CAPOX. Ninjin'yoeito was introduced as an adjunctive supportive intervention for appetite and constitutional symptoms. The patient completed the planned treatment with manageable adverse effects and maintained functional status during follow-up.

Conclusion: This case illustrates a potential supportive-care framework for an older patient receiving adjuvant chemotherapy. Ninjin'yoeito should be regarded as an adjunctive intervention rather than a substitute for evidence-based anticancer treatment.

Keywords: colon cancer; CAPOX; oxaliplatin; capecitabine; ninjin'yoeito; elderly patient; supportive care

Introduction

Stage III colon cancer is commonly treated with curative-intent surgery followed by adjuvant chemotherapy. CAPOX combines capecitabine with oxaliplatin and is widely used in appropriate patients.

Older adults may experience treatment-related fatigue, appetite reduction, weight loss, gastrointestinal symptoms, and functional decline. Traditional Japanese Kampo medicines such as ninjin'yoeito have been investigated as supportive approaches for frailty-associated and constitutional symptoms. This report presents an educational example of integrative supportive care during adjuvant treatment.

Case Presentation

A 79-year-old man underwent elective right hemicolectomy for adenocarcinoma of the ascending colon. Pathologic examination demonstrated a stage III tumor with regional lymph-node involvement and no distant metastases identified on staging evaluation.

After postoperative recovery, adjuvant CAPOX was initiated. During the first cycles, the patient developed mild anorexia, fatigue, and intermittent gastrointestinal discomfort. Because preservation of nutritional status and daily function was considered important, ninjin'yoeito was introduced as supportive therapy alongside standard oncology management.

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The patient continued CAPOX with dose and schedule adjustments as clinically required in this scenario. Appetite and subjective energy improved during subsequent cycles, and body weight remained relatively stable. No unexpected serious interaction between the supportive intervention and chemotherapy was observed in the follow-up period. The patient completed the planned adjuvant course and remained under routine oncologic surveillance.

Discussion

The management of older adults with colon cancer requires attention not only to tumor control but also to functional reserve, nutritional status, comorbidities, and treatment tolerance. CAPOX provides an established chemotherapy platform, but adverse effects can compromise adherence and quality of life.

Ninjin'yoeito is a multi-component Kampo formulation traditionally used for constitutional symptoms such as fatigue and poor appetite. Its role in oncology is supportive and should not be interpreted as an anticancer replacement therapy. Evidence for specific clinical benefits varies by population and indication, and careful medication review remains necessary.

This case emphasizes an integrated model in which evidence-based adjuvant chemotherapy remains the primary oncologic treatment while supportive interventions are considered according to patient needs.

Conclusion

For selected older adults receiving adjuvant chemotherapy, individualized supportive care may help address symptoms that influence nutrition, function, and treatment tolerance. Ninjin'yoeito may be considered as an adjunct in appropriate settings, with attention to evidence, interactions, and patient-specific factors.

References

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