401P: PROMETCO study: metastatic colorectal cancer (mCRC) treatment patterns of the first 531 enrolled patients

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INTRODUCTION

- Tumour shrinkage and disease control with preservation or improvement in quality of life are the primary treatment goals for patients with unresectable mCRC[1]
- When not possible, emphasis lies in avoidance of rapid disease evolution, and prolonging survival[1]
- Advances in mCRC treatment have now improved median overall survival to 30 months in clinical trials[1]
- PROMETCO (NCT03935763) is the first international, prospective real-world study to investigate the continuum of care in the mCRC patient population, collecting data on all patients regardless of treatment or age

Reference: 1. Van Cutsem E, Cervantes A, Adam R, et al. Ann Oncol. 2016;27(8):1386–1422.

AIM

- To present real-world treatment patterns for metastatic disease, up to fourth line, for the first 531 patients from the PROMETCO study

RESULTS

Baseline characteristics (n=531)

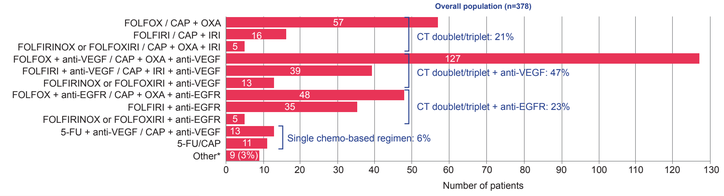
- Median total duration under treatment before PROMETCO inclusion was 13.3 (min 0.6, max 101.6) months. Median time between mCRC diagnosis and inclusion was 23.0 (min 3.4, max 214.9) months
- The majority of the patients were exposed to fluoropyrimidine (98.5%) oxaliplatin (84.2%), irinotecan (88.3%) and anti-VEGF (74.6%) before PROMETCO inclusion
- 67.8% of the patients had a previous colorectal surgery, and 23.2% liver surgery

Age, years	
Median (min, max)	67.0 (31.0, 87.0)
Sex, n (%)	
Female/male	230/301 (43.3/56.7)
ECOG PS 0–1[1]	
n (%)	483 (93.8)
Time between mCRC diagnosis and PROMETCO inclusion (months)	
Median (min, max)	23.0 (3.4, 214.9)
Total duration under treatment before PROMETCO inclusion (months)	
Median (min, max)	13.3 (0.6, 101.6)
Number of metastatic sites, n (%)[2]	
<3	479 (90.4)
≥3	51 (9.6)
Type of metastasis, n (%)	
Synchronous	345 (65.0)
Metachronous	186 (35.0)
Disease sidedness, n (%)[3]	
Left (descending colon/sigmoid colon)	225 (42.5)
Right (cecum + ascending colon/transverse colon)	151 (28.5)
Rectum	184 (34.8)
***RAS/BRAF* status, n (%)[4]**	
RAS mut	265 (49.9)
BRAF mut	24 (4.5)
RAS/BRAF WT	171 (32.2)
Unknown	66 (12.4)
MSI/MSS status, n (%)	
MSI high	7 (1.3)
MSI low	16 (3.0)
MSS	278 (52.4)
Unknown	230 (43.3)
Previous therapies for mCRC, n (%)	
Fluoropyrimidine (5-FU or capecitabine or tegafur)	523 (98.5)
Irinotecan	469 (88.3)
Oxaliplatin	447 (84.2)
Anti-VEGF (bevacizumab, aflibercept, ramucirumab)	396 (74.6)
Anti-EGFR (panitumumab or cetuximab)	192 (36.2)
FTD/TPI	27 (5.1)
Immunotherapy[6]	8 (1.6)
Regorafenib	6 (1.1)
Previous surgeries, n (%)	
Colorectal surgery	360 (67.8)
Liver surgery	123 (23.2)
Lung surgery	26 (4.9)
Distribution of metastatic sites, n (%)	
Liver	397 (74.8)
Lung	209 (39.4)
Peritoneal carcinosis	69 (13.0)
Bone	17 (3.2)
Adrenal gland	12 (2.3)
Other[c]	109 (20.5)

[1]n=515, as ECOG status was undetermined in 16 patients; [2]n=530 due to missing data; [4]n=529 due to missing data; [3]5 patients had RAS & BRAF mutations; [6]pembrolizumab, nivolumab, avelumab, atezolizumab or encorafenib + cetuximab; [c]brain and skin metastases included in 'other'

First line

- Treatment analyses were performed only on patients completing the study (n=378)
- At first line after mCRC diagnosis, patients were mainly receiving CT doublet/triplet + anti-VEGF/EGFR therapies (70%). However, 21% were receiving CT doublet/triplet alone

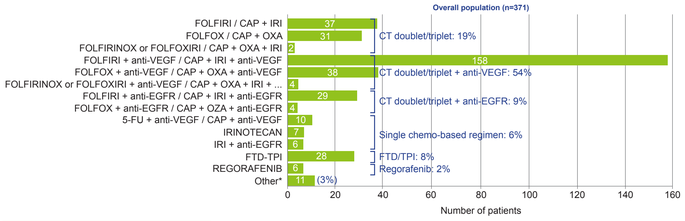


First line, n=378	NO	n	%
Maintenance	65	57	15.1
Reintroduction	68	48	12.7
Rechallenge	11	9	2.4

- **Maintenance:** 15.1% of patients received maintenance therapy during their first line of treatment, with the majority being after FOLFOX/CAPOX +/- anti-VEGF
- **Reintroduction:** 12.7% of the patients had a reintroduction during their first line of treatment. 33.8% of those reintroductions occurred after maintenance therapy. Out of 59 responses assessed, complete/partial response (CR/PR) was observed for 20.3% of the reintroductions, stable disease (SD) in 37.3%, and progressive disease (PD) in 40.7%
- **Rechallenge:** Only 2.4% of patients had a rechallenge during their first line of treatment. The associated response was primarily PD

Second line

- At second line, 63% of patients received CT doublet/triplet + anti VEGF/EGFR therapy. The proportion of patients receiving CT doublet/triplet alone was similar for first- and second-line treatment

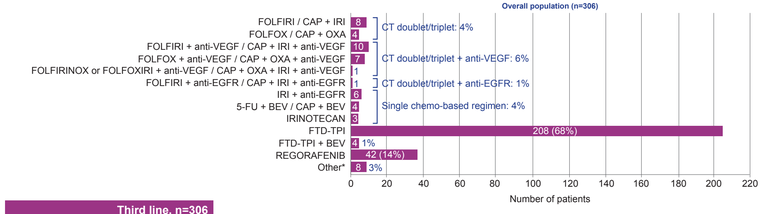


Second line, n=371	NO	n	%
Maintenance	27	25	6.7
Reintroduction	37	34	9.2
Rechallenge	19	19	5.1

- **Maintenance:** Fewer patients received maintenance therapy during their second line of treatment (6.7%) compared to first line (15.1%)
- **Reintroduction:** 9.2% of patients had a reintroduction during their second line of treatment (21.6% were after maintenance). Out of 24 responses assessed, PR was observed for only 4.2% of reintroductions, SD for 29.2%, and PD for 66.6%
- **Rechallenge:** 5.1% of the patients had a rechallenge during their second line of treatment. The associated response was primarily PD

Third line

- At third line, the majority of patients (68%) received FTD/TPI therapy, 14% received regorafenib and 15% received a treatment approved for first and second line

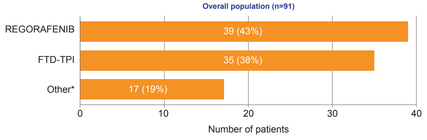


Third line, n=306	NO	n	%
Maintenance	6	6	2.0
Reintroduction	11	11	3.6
Rechallenge	24	23	7.5

- **Maintenance:** Only a few patients received maintenance therapy during their third line of treatment (2.0%)
- **Reintroduction:** Only 3.6% of patients had a reintroduction during their third line of treatment. Out of 8 responses assessed, no CR or PR was observed. SD was seen for 12.5% of reintroductions, and PD for 75.0%; 12.5% were not evaluable.
- **Rechallenge:** 7.5% of patients had a rechallenge during their third line of treatment. The associated response was primarily PD

Fourth line

- At fourth line, 43% of the patients received regorafenib and 38% FTD/TPI. The proportion of 'other'* treatments increased to 19%, which was the highest of all lines



Fourth line, n=91	NO	n	%
Maintenance	4	4	4.4
Reintroduction	5	5	5.5
Rechallenge	8	7	7.7

- **Maintenance:** Only a few patients received maintenance therapy during their fourth line of treatment (4.4%)
- **Reintroduction:** Only 5.5% of patients had a reintroduction during their fourth line of treatment. Out of 3 evaluable responses, 100.0% were attributed to PD
- **Rechallenge:** 7.7% of patients had a rechallenge during their fourth line of treatment. The associated response was primarily PD

Abbreviations: 5-FU, fluorouracil; Anti-EGFR, cetuximab and panitumumab; Anti-VEGF, bevacizumab and aflibercept; BEV, bevacizumab; CAP, capecitabine; CR, complete response; CT, chemotherapy; ECOG PS, Eastern Cooperative Oncology Group performance status; EGFR, epidermal growth factor receptor; FOLFIRI, folinic acid + 5-FU + irinotecan; FOLFIRINOX/ FOLFOXIRI, folinic acid + 5-FU + irinotecan + oxaliplatin; FOLFOX, folinic acid + 5-FU + oxaliplatin; FTD/TPI, trifluridine tipiracil; IRI, irinotecan; max, maximum; mCRC, metastatic colorectal cancer; min, minimum; MSI, microsatellite instability; MSS, microsatellite stable; NO, number of occurrences; OXA, oxaliplatin; PD, progressive disease; PR, partial response; SD, stable disease; VEGF, vascular endothelial growth factor; WT, wild-type
*Other modalities corresponds to any other treatment not presented in the graphs

METHODS

- Enrolment in PROMETCO started in March 2019. Adult patients with two disease progressions since diagnosis of metastasis, suitable to receive subsequent treatment were included. The cut-off date for this analysis was 1 October 2021
- Treatment patterns by line (1–4) were collected
  - A treatment line was defined in this study by the first administration of a new cytotoxic or new targeted therapy
  - Length of treatment in months was calculated by converting days to months using a 30.44:1 ratio
- Systemic treatment characteristics separated by line/regimen of treatment were summarised for the efficacy population. Treatment characteristics were analysed using descriptive statistics. Continuous variables were summarised using mean, median and range. Categorical variables were reported as number and percentage of patients

Definitions used for therapy stages:

- **'Maintenance'** corresponds to a de-escalation of the initially selected combination therapy
- **'Reintroduction'** corresponds to the restart of a therapy, under which the mCRC did not progress initially. A threshold of 8 weeks was set after the same regimen, or a de-escalation of the previous regimen for it to be considered a reintroduction (<8 weeks was considered as treatment continuation)
- **'Rechallenge'** corresponds to the restart of the same therapy to which a tumour has already proven to be resistant (progression under treatment). A threshold of 8 weeks was used after the same regimen, or a de-escalation of the previous regimen for it to be considered a rechallenge (<8 weeks was considered as treatment continuation)

TAKE-HOME MESSAGES

Preliminary data from the PROMETCO study provide a greater understanding of the population and key insights into the treatments received by mCRC patients in clinical practice

- In the first and second line, most patients received CT doublet/triplet + anti-VEGF/EGFR, which is in line with treatment guidelines[1]
- Maintenance and reintroduction were mainly represented in the first line; whereas, rechallenge was marginally higher in the third and fourth lines
- Sixty-eight percent of patients received FTD/TPI in third-line treatment, and 43% received regorafenib in fourth line. An in-depth analysis is planned to better understand the third and fourth line treatment allocation (based on access to treatment options locally)
- Median time between mCRC diagnosis and PROMETCO inclusion was 23.0 months, while median total treatment duration before inclusion was 13.3 months, therefore suggesting the use of treatment breaks in the real world

DISCLOSURES

Poster presenter, Jean-Baptiste Bachet, has received personal fees from Amgen, AstraZeneca, Bayer, Merck Serono, Pierre Fabre, Roche, Sanofi, and Servier, and non-financial support from Amgen, Merck Serono, Roche and Servier. This study is sponsored by Servier Affaires Médicales, France.

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