Baseline characteristics and treatment patterns of patients enrolled in the PROMETCO study: A real-world, prospective longitudinal cohort on the continuum of care of metastatic colorectal cancer

Data presented at the ESMO World Congress on Gastrointestinal Cancer 2021[1] and the ASCO Gastrointestinal Cancers Symposium 2022[2]

Click here to see results

[1]Koopman M, et al. Patient baseline characteristics in the PROMETCO study: A real-world, prospective longitudinal cohort on the continuum of care of metastatic colorectal cancer. Poster presented at: ESMO World Congress on Gastrointestinal Cancer; June 30 to July 3, 2021; [2]Bachet JB, et al. Baseline treatment patterns of the first 277 patients in PROMETCO: A real-world, prospective, longitudinal cohort study on the continuum of care in metastatic colorectal cancer (mCRC). Poster presented at: ASCO Gastrointestinal Cancers Symposium; January 20–22, 2022.

SERVIER

PROMETCO

PROMETCO: Study background and aim

- 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
- PROMETCO will evaluate the OS of patients with mCRC, the patterns, effectiveness and safety of mCRC treatments, the reasons behind changes or discontinuation in treatment, adherence to treatment guidelines, healthcare resource utilisation and PROs

Aim: To present initial baseline characteristics and real-world treatment patterns by biomolecular status of the first 277 patients enrolled in the PROMETCO study, as of October 1, 2020

- **Inclusion criteria:** Adult patients with two disease progressions since the first diagnosis of metastatic disease
- **Exclusion criteria:** Patients enrolled in other clinical trials, those receiving treatment for other cancers or those with insufficient mental capacity

Geographic distribution

Biomolecular status

Age and sex

ECOG PS

Disease characteristics

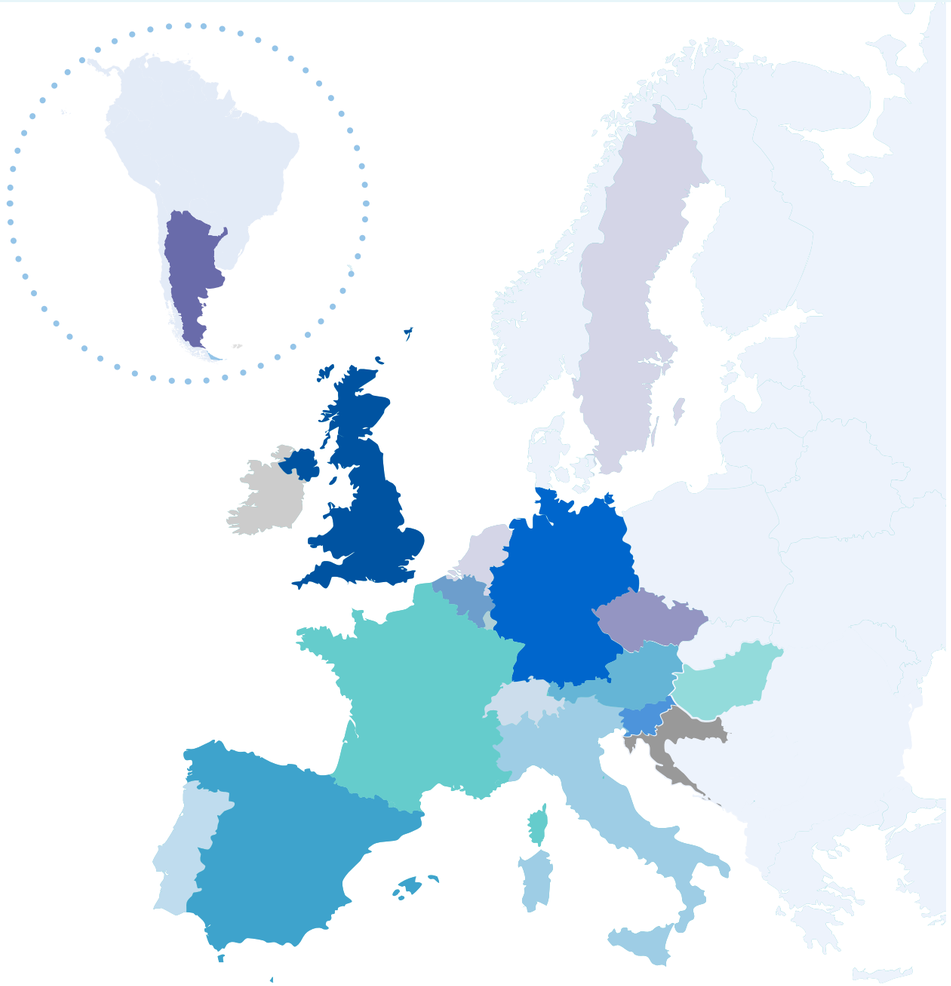
Treatment patterns

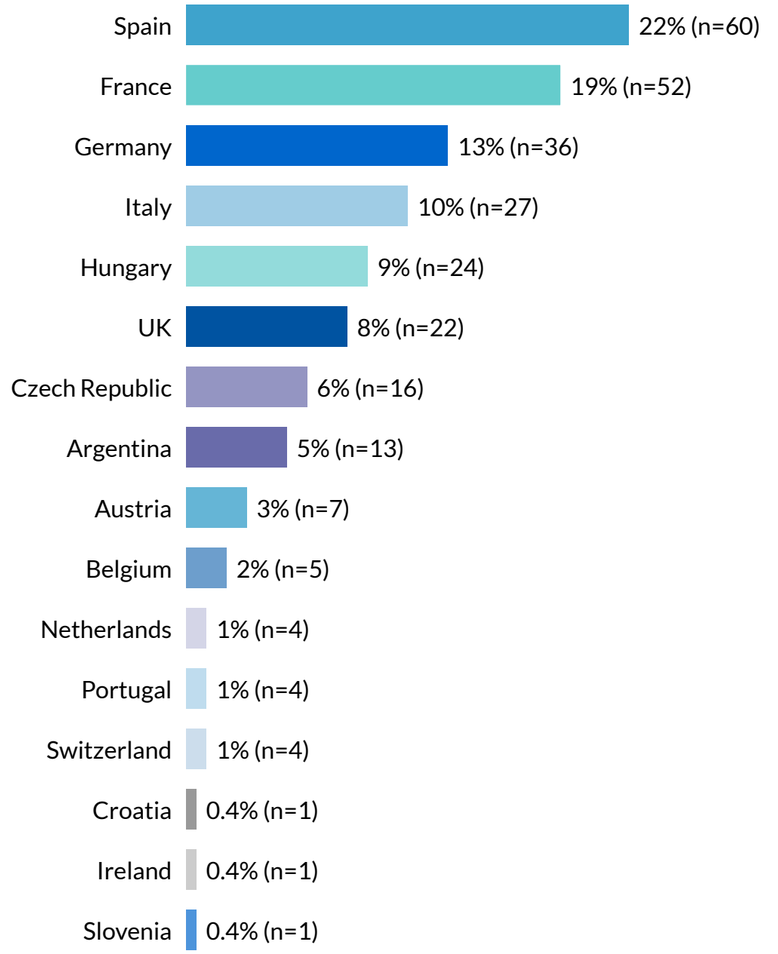
ECOG PS, Eastern Cooperative Oncology Group performance status; mCRC, metastatic colorectal cancer; OS, overall survival; PRO, patient-reported outcome.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

Patients in the overall study population (N=277) by country





PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
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- Disease characteristics
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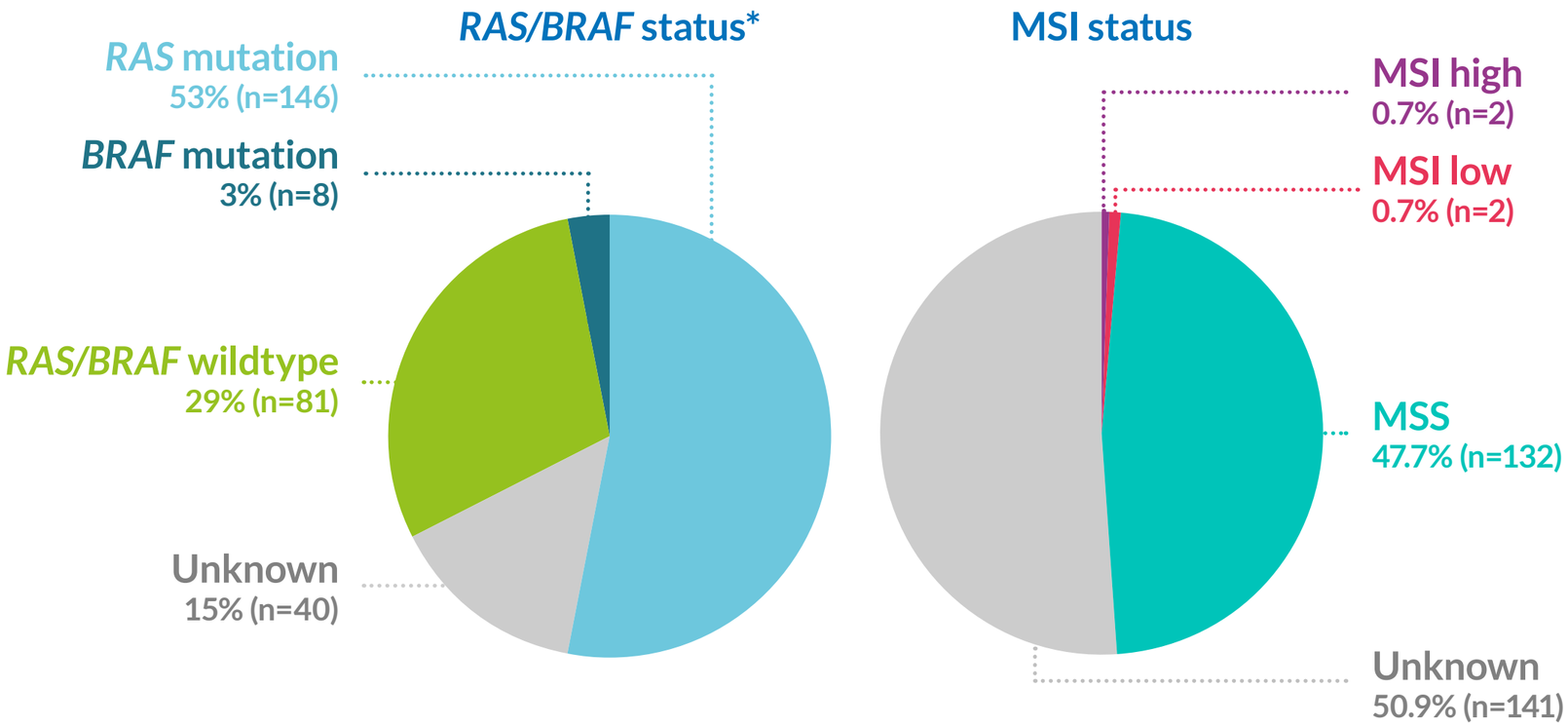
- Conclusions

Biomolecular status of patients in PROMETCO

Overall population (N=277)



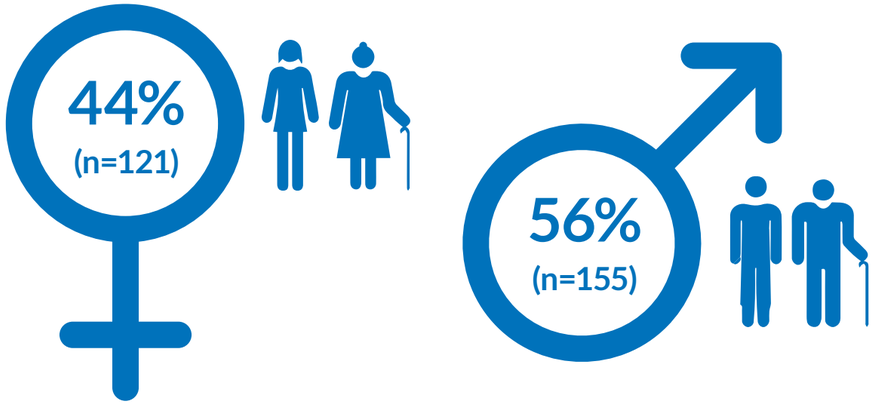
*Two patients had *RAF* and *BRAF* mutations.
MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

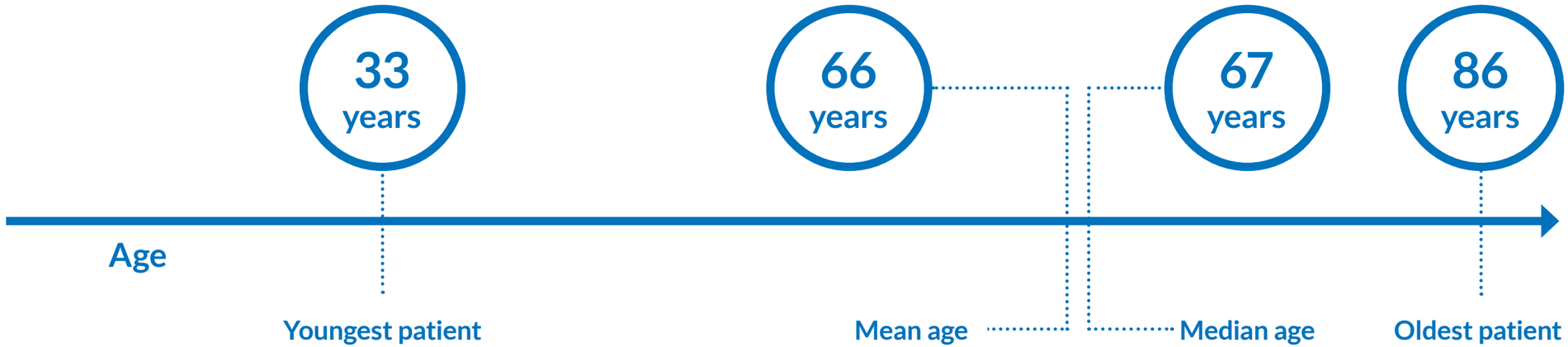
- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

Age and sex distribution in PROMETCO

Overall population (N=276)*



RAS mutation
BRAF mutation
RAS/BRAF wildtype
MSI high
MSI low
MSS



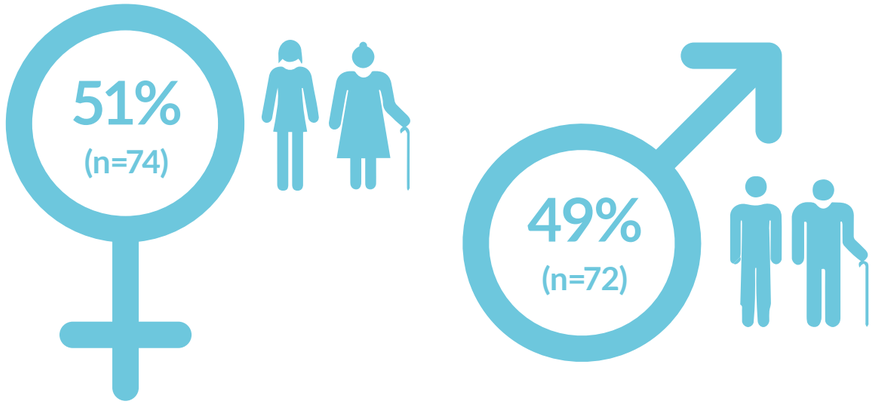
*Missing data: n=1.
MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

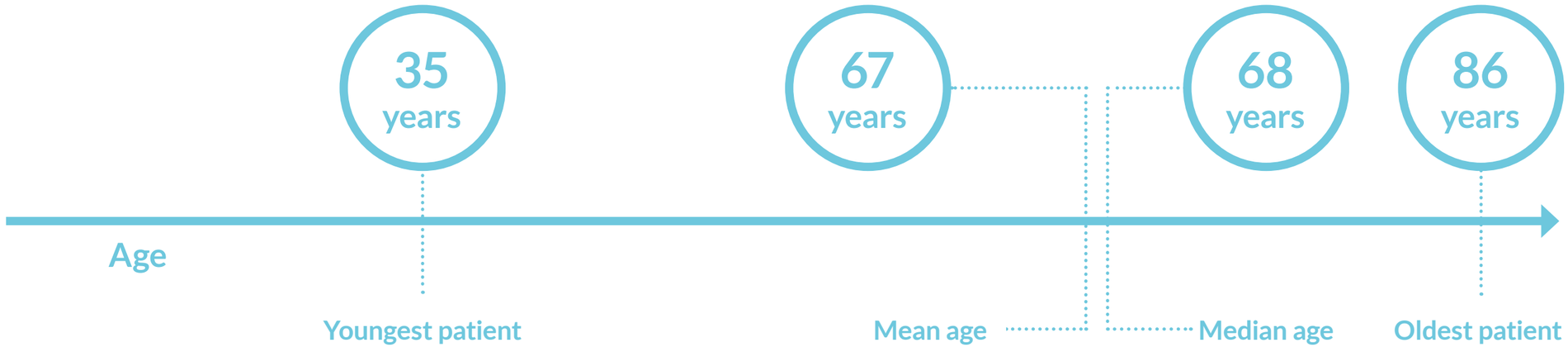
- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

Age and sex distribution in PROMETCO

RAS mutation (n=146)



RAS mutation
BRAF mutation
RAS/BRAF wildtype
MSI high
MSI low
MSS



MSI, microsatellite instability; MSS, microsatellite stable.

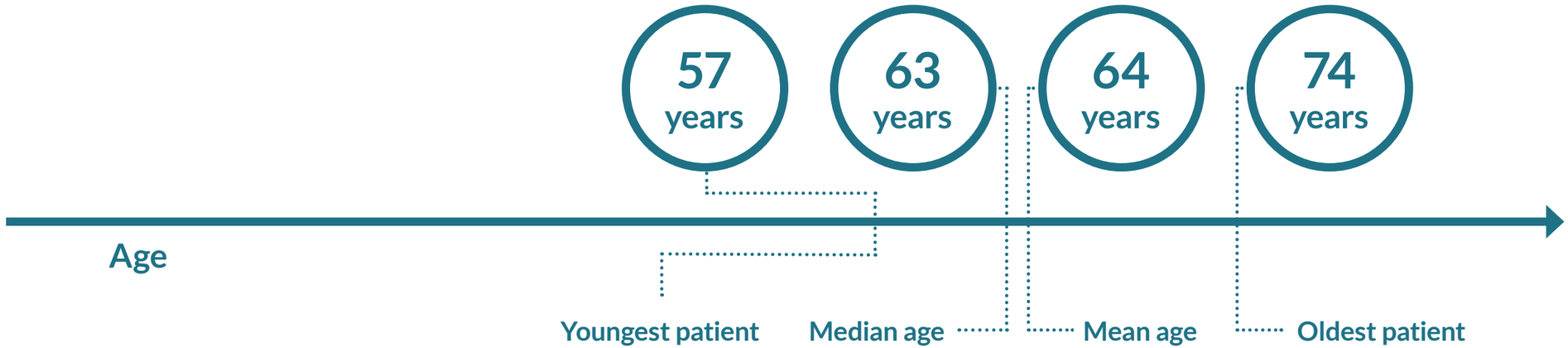
PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

Age and sex distribution in PROMETCO

BRAF mutation (n=7)*

RAS mutation
BRAF mutation
RAS/BRAF wildtype
MSI high
MSI low
MSS



*Missing data: n=1.
MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

Age and sex distribution in PROMETCO

RAS/BRAF wildtype (n=81)

RAS mutation
BRAF mutation
RAS/BRAF wildtype
MSI high
MSI low
MSS

The *RAS/BRAF* wildtype group had a higher proportion of males (58/81; 72%)

MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
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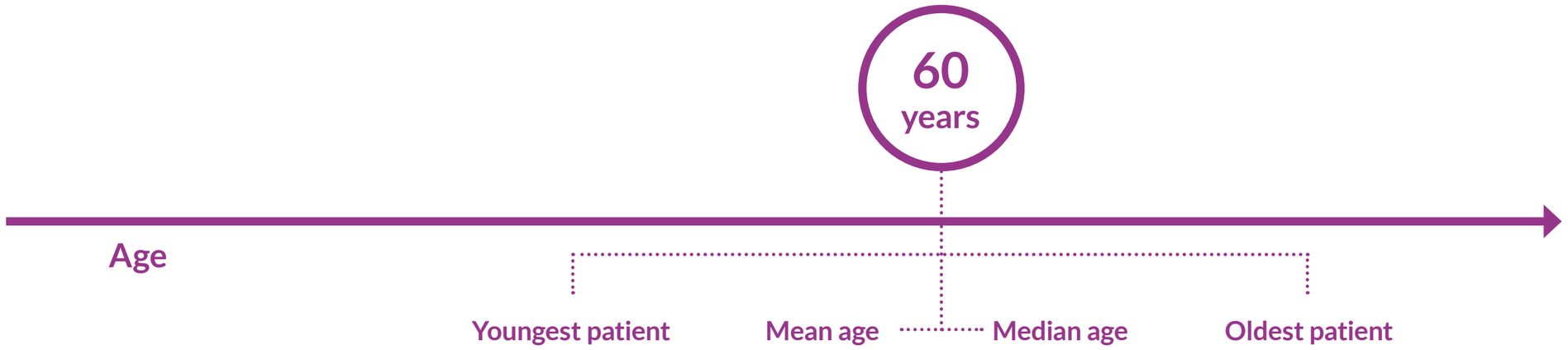
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

Age and sex distribution in PROMETCO

MSI high (n=2)

RAS mutation
MSI high
BRAF mutation
MSI low
RAS/BRAF wildtype
MSS



MSI, microsatellite instability; MSS, microsatellite stable.

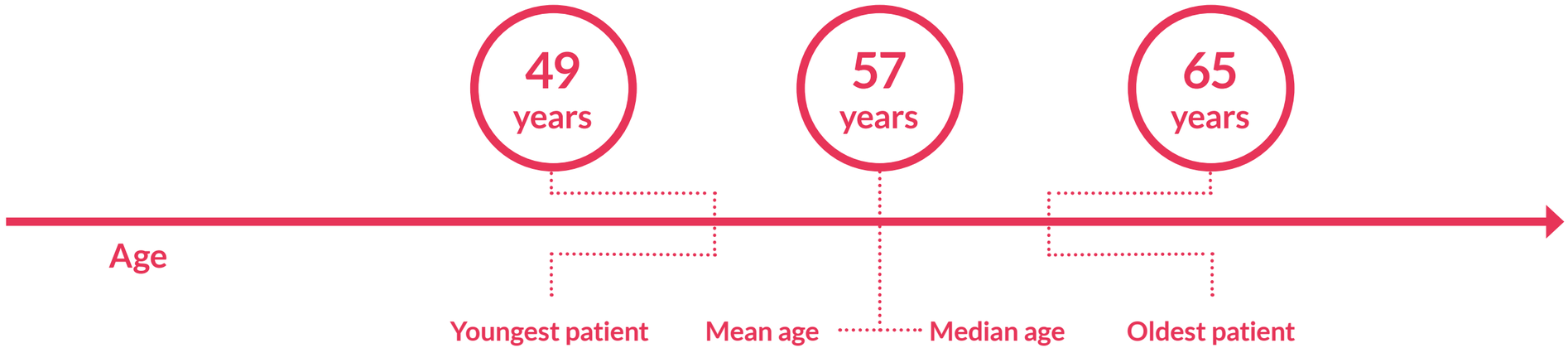
PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

Age and sex distribution in PROMETCO

MSI low (n=2)

RAS mutation
BRAF mutation
RAS/BRAF wildtype
MSI high
MSI low
MSS



MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
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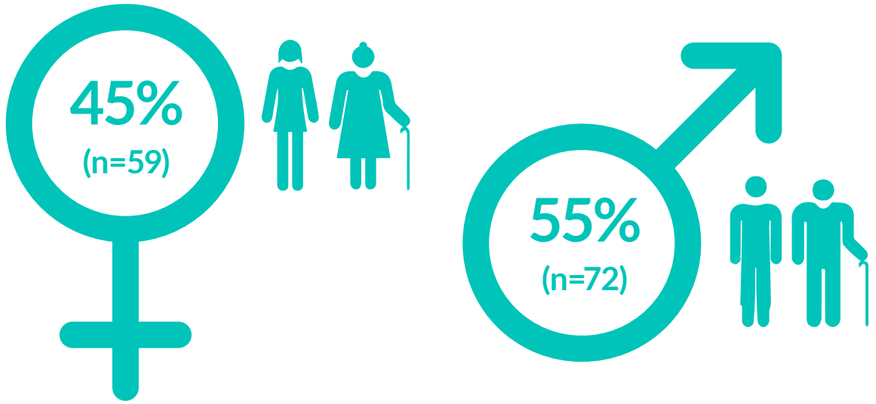
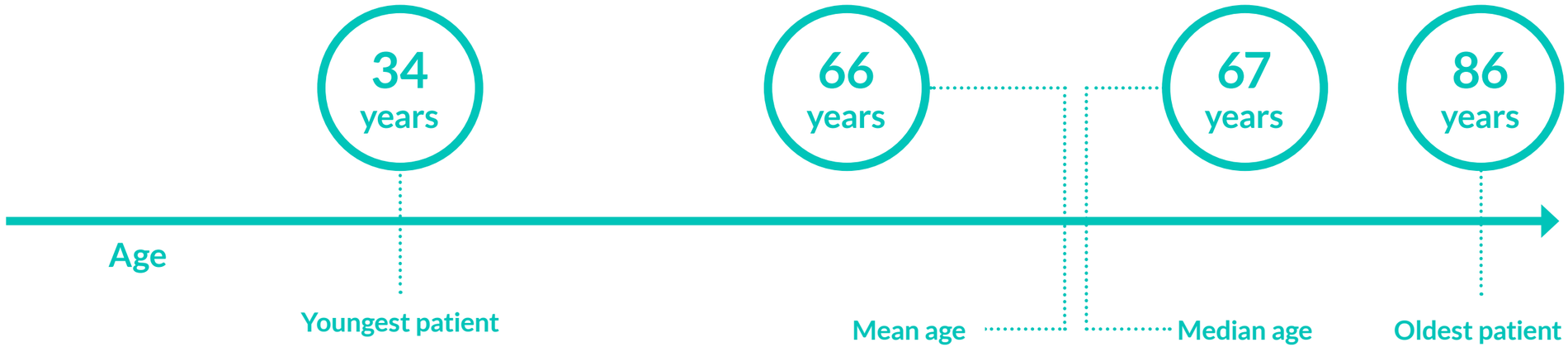
- Disease characteristics
- Treatment patterns
- Conclusions

Age and sex distribution in PROMETCO

MSS (n=131)*



RAS mutation
BRAF mutation
RAS/BRAF wildtype
MSI high
MSI low
MSS



*Missing data: n=1.
MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
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- Age and sex
- ECOG PS
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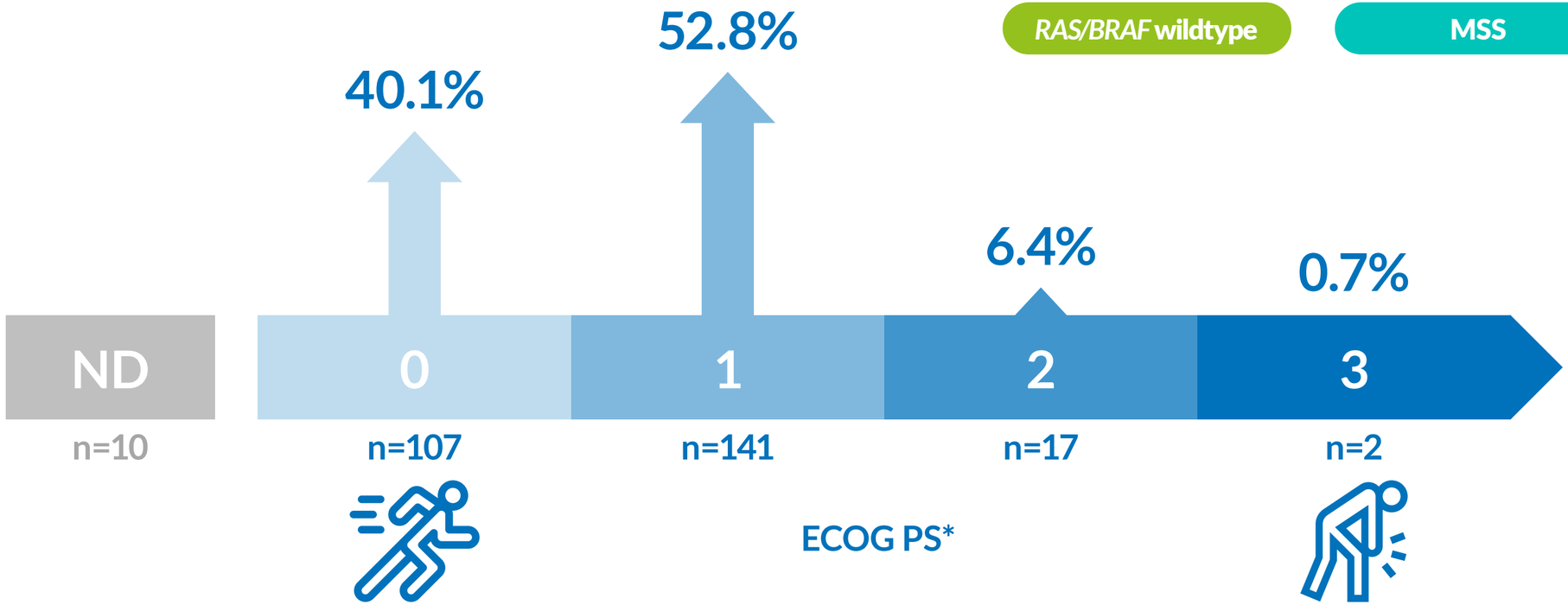
ECOG PS in PROMETCO

Overall population (N=277)

ECOG PS 0–1: 93% (n=248)*

RAS mutation
BRAF mutation
RAS/BRAF wildtype
MSI high
MSI low
MSS



*Percentages do not include ND values (n=267).
ECOG PS, Eastern Cooperative Oncology Group performance status; MSI, microsatellite instability; MSS, microsatellite stable; ND, not determined.

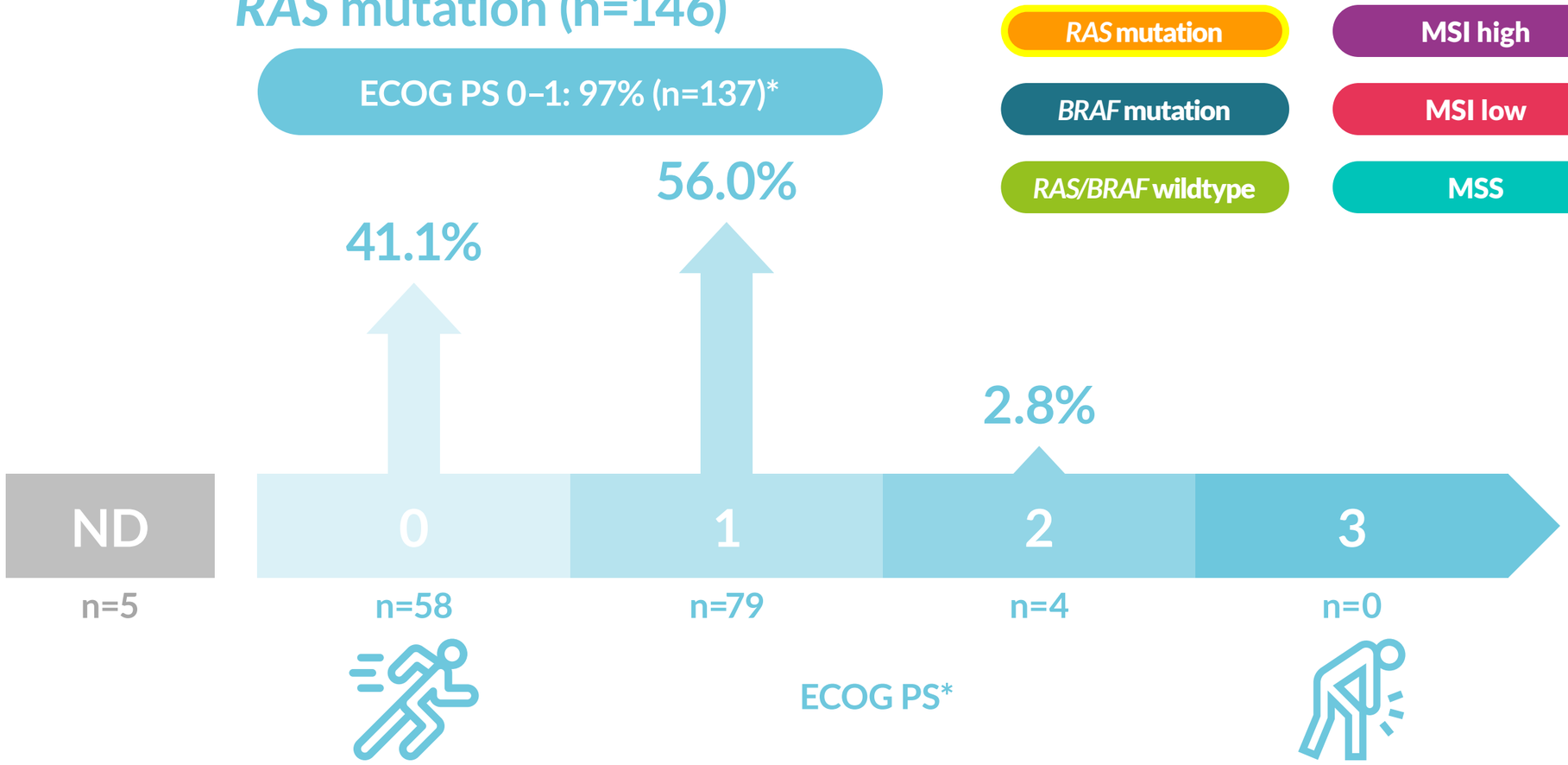
PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

ECOG PS in PROMETCO

RAS mutation (n=146)

ECOG PS 0–1: 97% (n=137)*

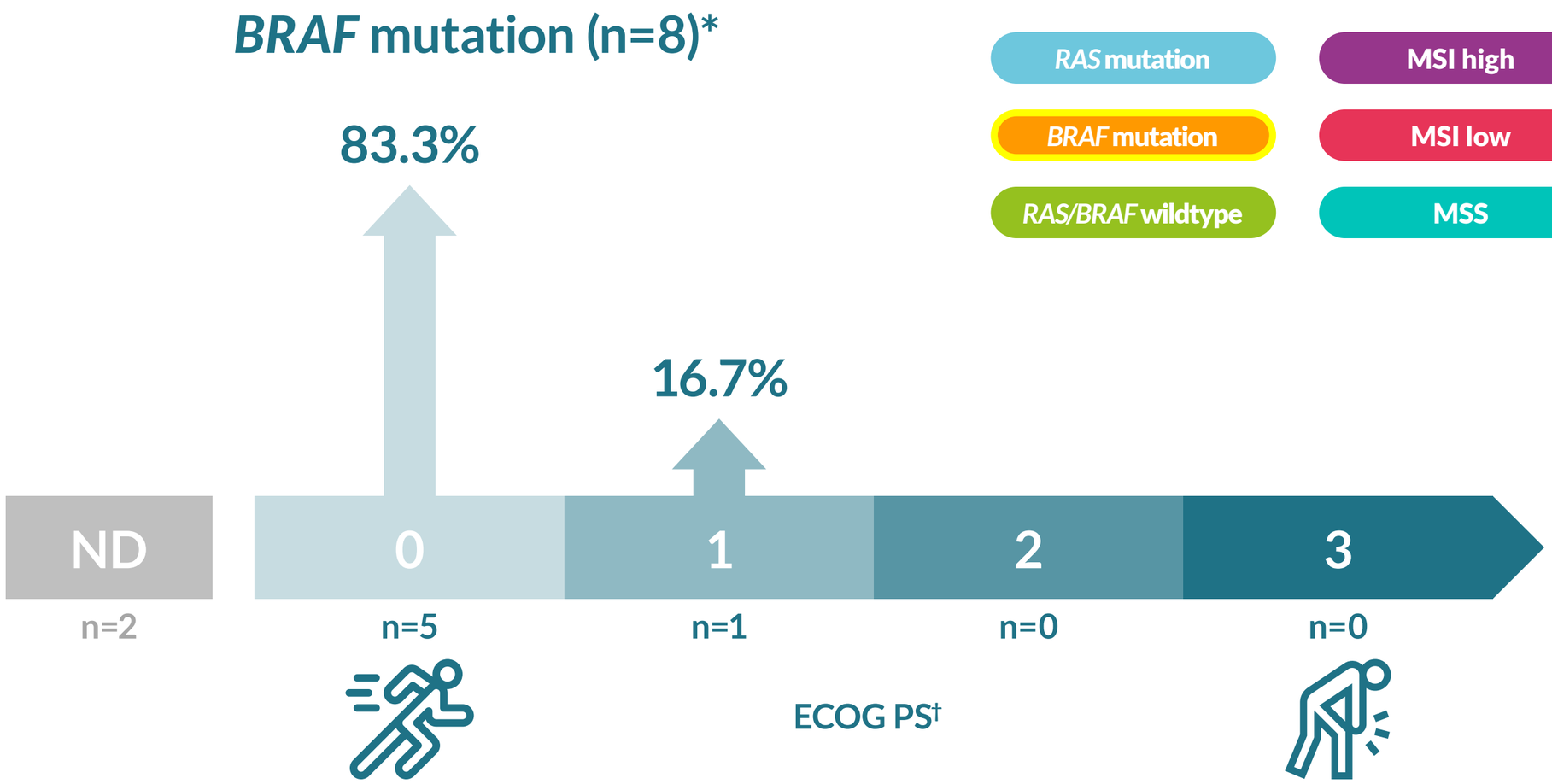


*Percentages do not include ND values (n=141).
ECOG PS, Eastern Cooperative Oncology Group performance status; MSI, microsatellite instability; MSS, microsatellite stable; ND, not determined.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

ECOG PS in PROMETCO



*Insufficient numbers to make an interpretation on the percentage of patients with ECOG PS 0–1; †Percentages do not include ND values (n=6).
ECOG PS, Eastern Cooperative Oncology Group performance status; MSI, microsatellite instability; MSS, microsatellite stable; ND, not determined.

PROMETCO

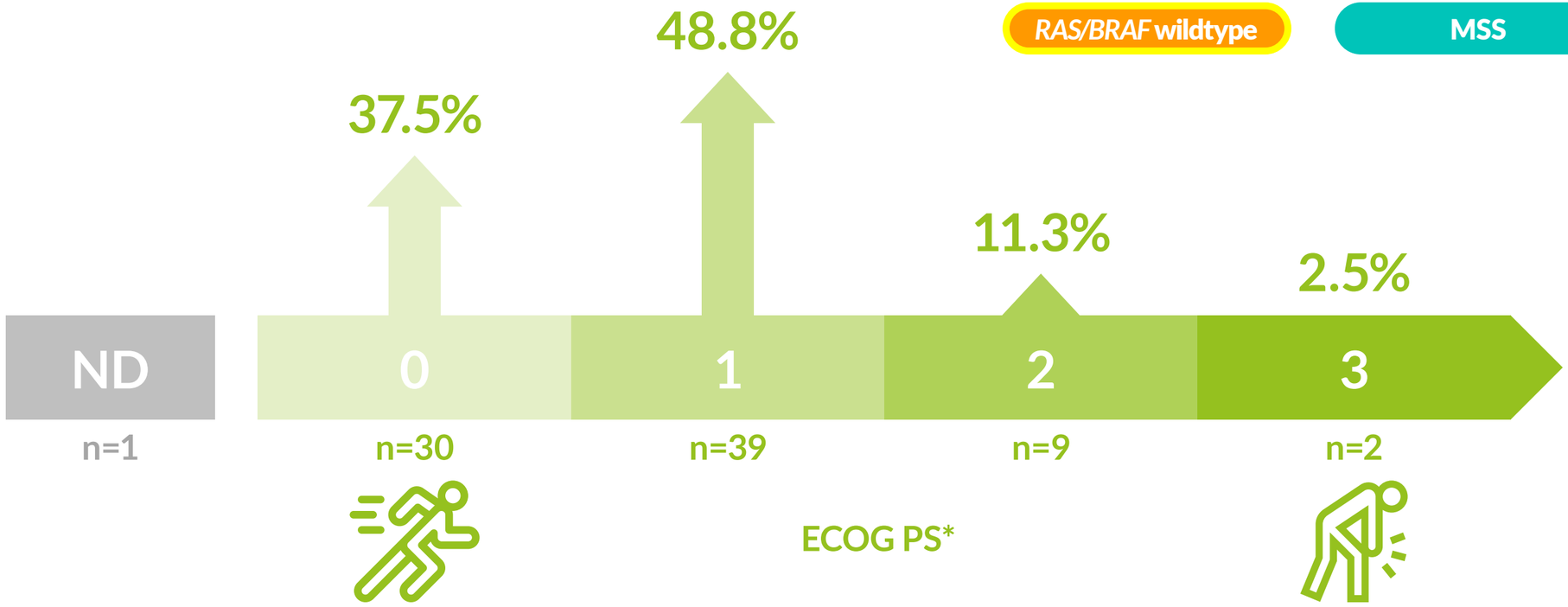
- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

ECOG PS in PROMETCO

RAS/BRAF wildtype (n=81)

ECOG PS 0–1: 86% (n=69)*

RAS mutation | MSI high
BRAF mutation | MSI low
RAS/BRAF wildtype | MSS



*Percentages do not include ND values (n=80).
ECOG PS, Eastern Cooperative Oncology Group performance status; MSI, microsatellite instability; MSS, microsatellite stable; ND, not determined.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
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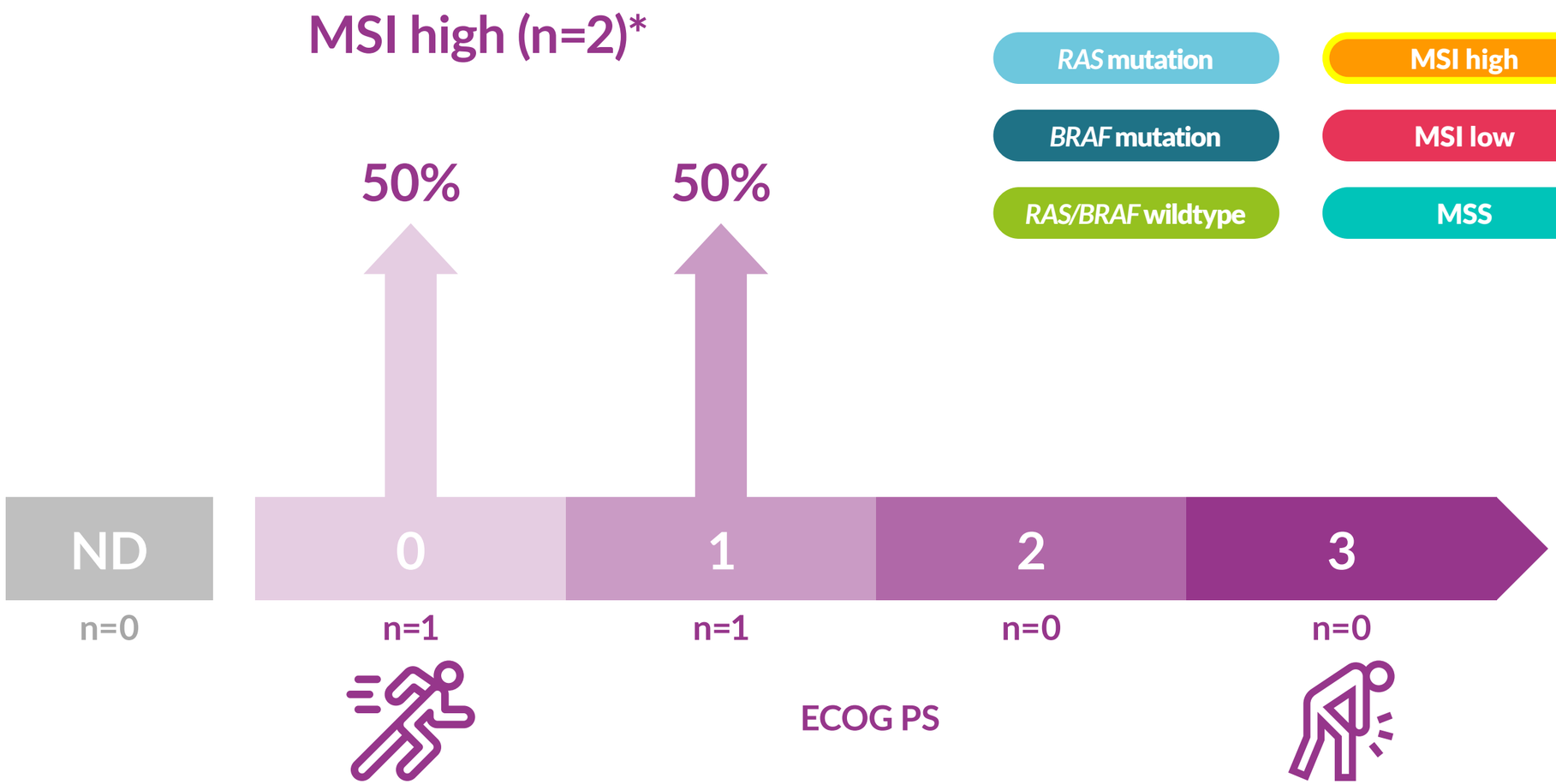
ECOG PS in PROMETCO



*Insufficient numbers to make an interpretation on the percentage of patients with ECOG PS 0–1.
ECOG PS, Eastern Cooperative Oncology Group performance status; MSI, microsatellite instability; MSS, microsatellite stable; ND, not determined.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
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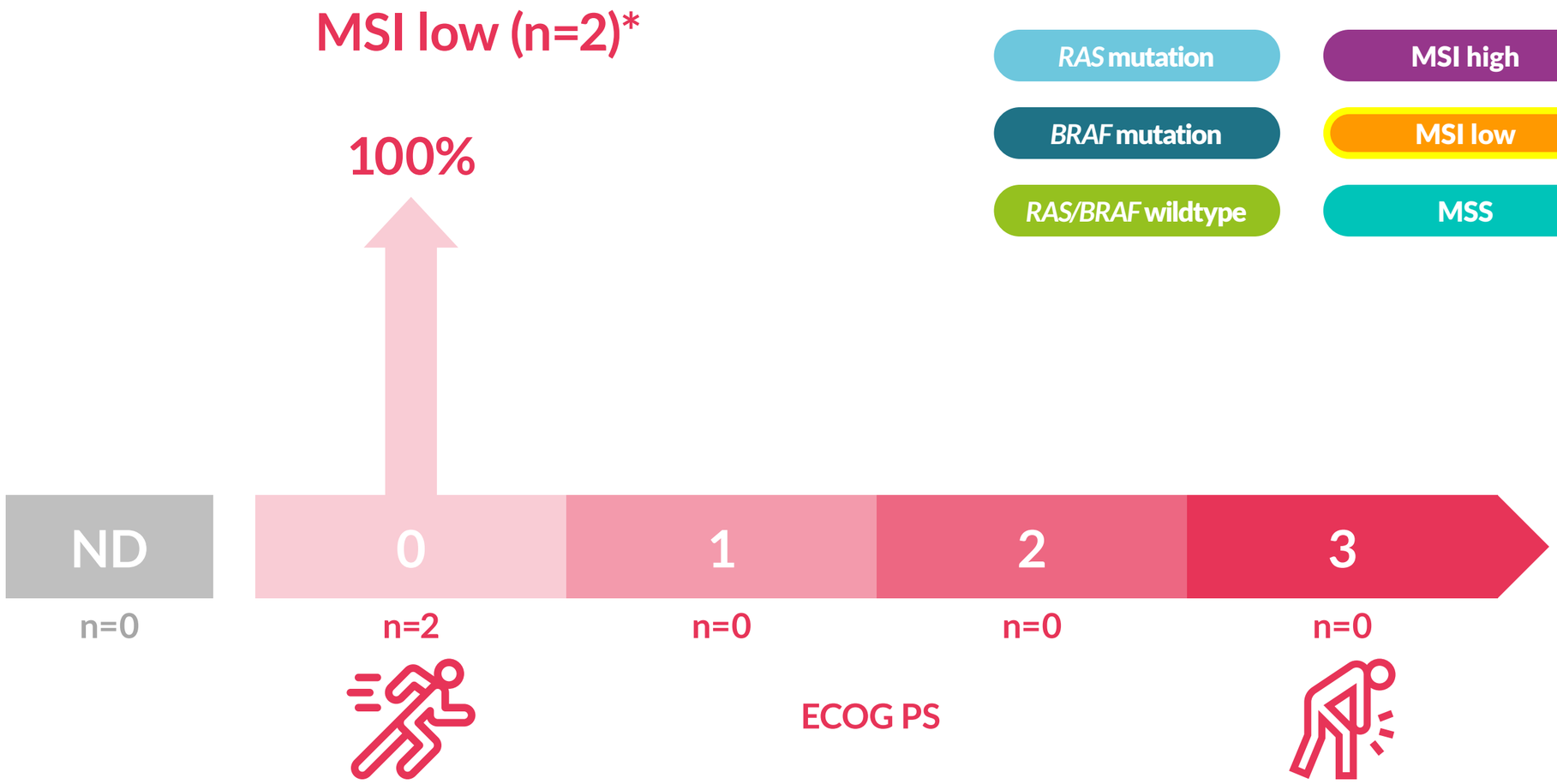
ECOG PS in PROMETCO



*Insufficient numbers to make an interpretation on the percentage of patients with ECOG PS 0–1.
ECOG PS, Eastern Cooperative Oncology Group performance status; MSI, microsatellite instability; MSS, microsatellite stable; ND, not determined.

PROMETCO

- Geographic distribution
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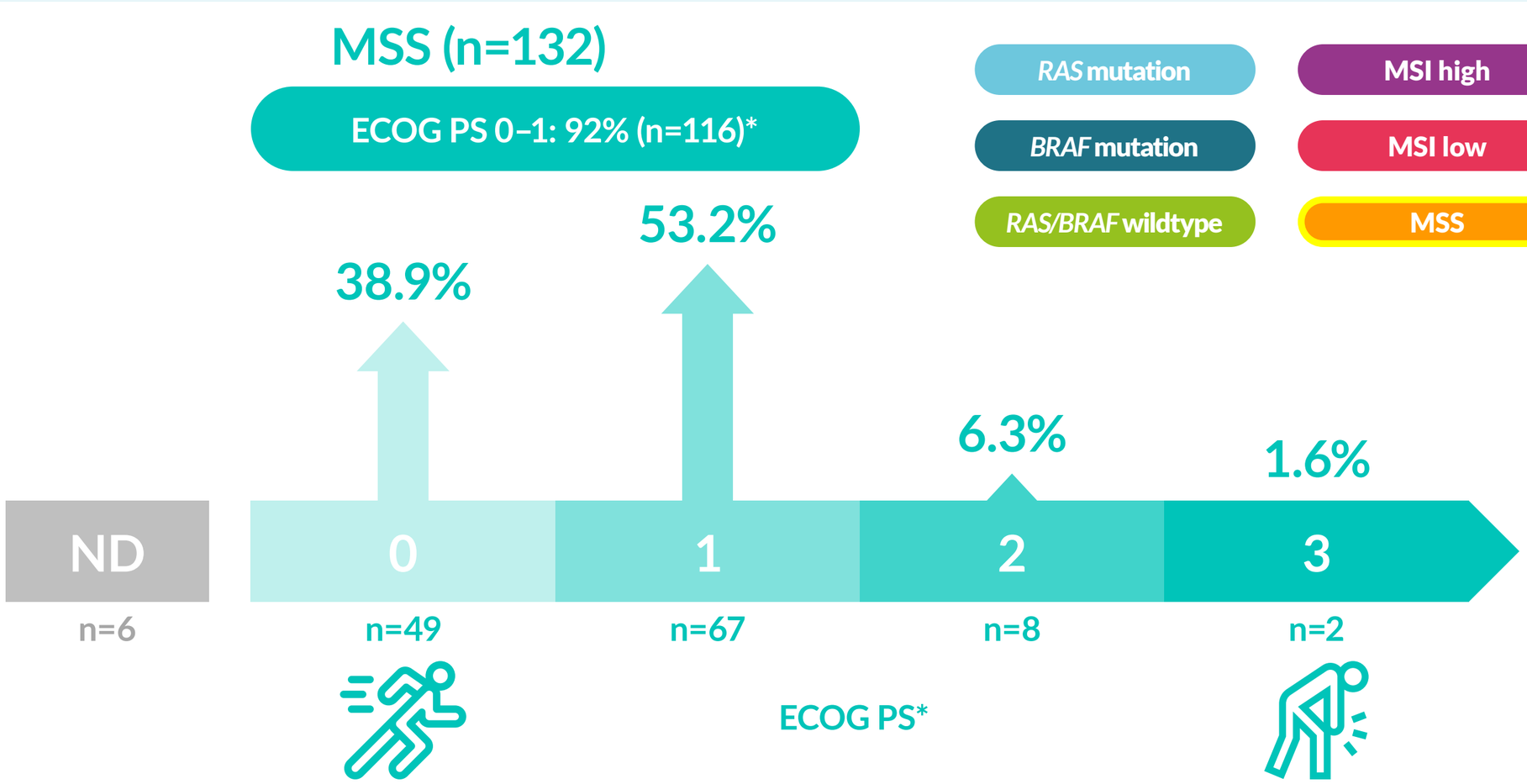
ECOG PS in PROMETCO



*Percentages do not include ND values (n=126).
ECOG PS, Eastern Cooperative Oncology Group performance status; MSI, microsatellite instability; MSS, microsatellite stable; ND, not determined.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- **Disease characteristics**
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

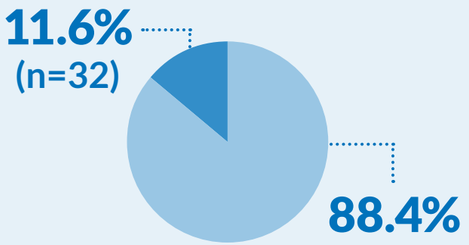
Overall population (N=277)

Metastatic characteristics | Disease sidedness | Time between mCRC diagnosis and inclusion

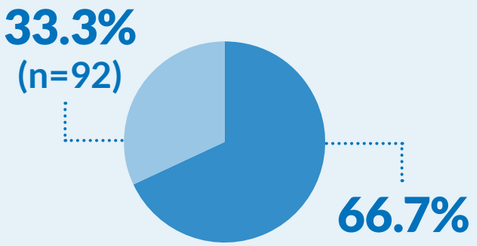
RAS mutation | *BRAF* mutation | *RAS/BRAF* wildtype

MSI high | MSI low | MSS

Number of metastatic sites*



Types of metastases†



The majority of patients had less than 3 metastatic sites, with synchronous metastases being the most prevalent

Distribution of metastatic sites

Lung
41% (n=114)

Liver
76% (n=211)

Adrenal gland
2% (n=5)

Peritoneal carcinomatosis
13% (n=37)

Bone
3% (n=8)

Other‡
22% (n=61)

The highest incidence of metastatic disease was shown for liver and lung

*n=275 with available data; †n=276 with available data; ‡Includes brain and skin metastases.
mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- **Disease characteristics**
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

Overall population (N=277)

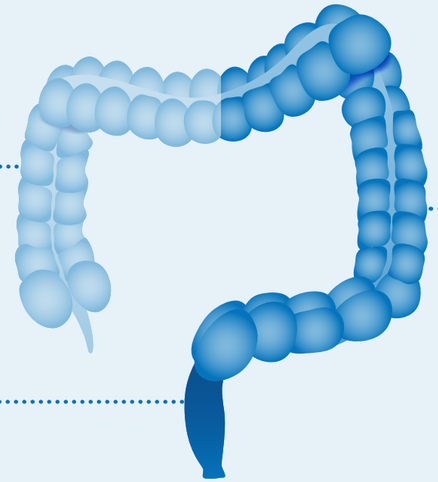
Metastatic characteristics | **Disease sidedness** | Time between mCRC diagnosis and inclusion

RAS mutation | MSI high
BRAF mutation | MSI low
RAS/BRAF wildtype | MSS

Disease sidedness*

Right
28%
(n=77)

Rectum
28%
(n=77)



Left
44%
(n=121)

Overall, there was a higher prevalence of left-sided disease

*n=275 with available data.
mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

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Baseline disease characteristics in PROMETCO

Overall population (N=277)

Metastatic characteristics

Disease sidedness

Time between mCRC diagnosis and inclusion

RAS mutation

BRAF mutation

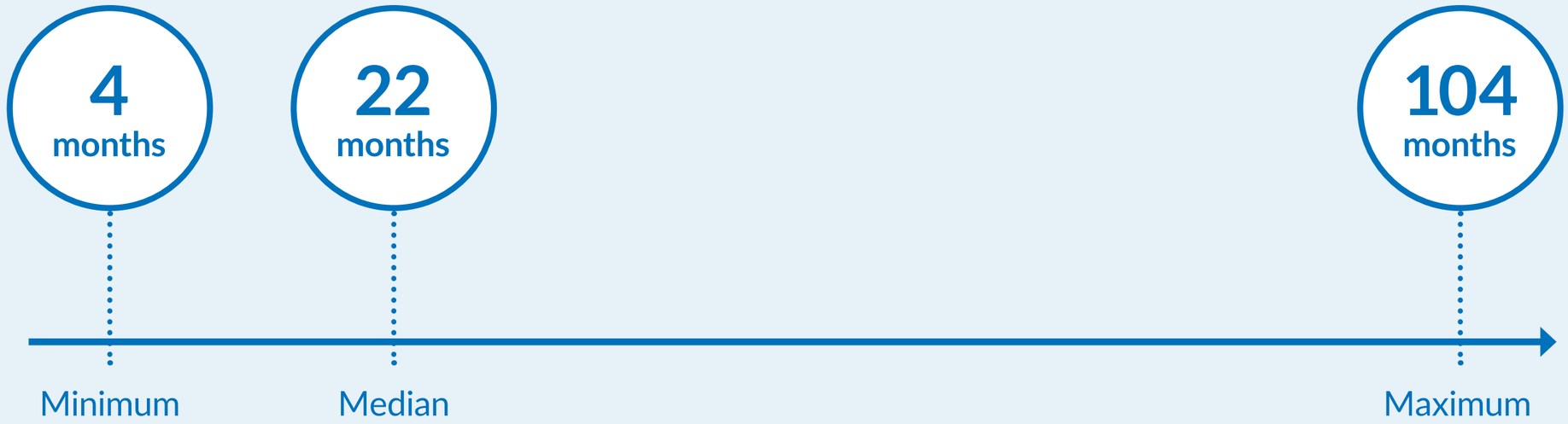
RAS/BRAF wildtype

MSI high

MSI low

MSS

Time between diagnosis of mCRC and inclusion in PROMETCO



mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
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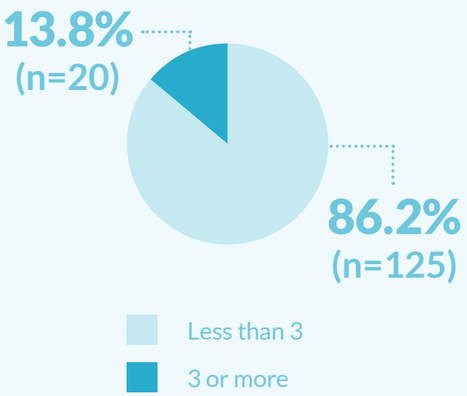
- Conclusions

Baseline disease characteristics in PROMETCO

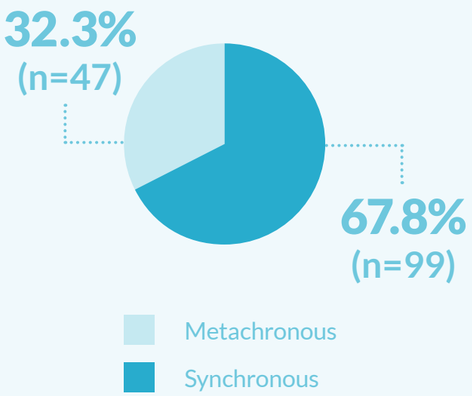
RAS mutation (n=146)

Metastatic characteristics | Disease sidedness | Time between mCRC diagnosis and inclusion

Number of metastatic sites*



Types of metastases



Data on metastatic sites and type of distribution mirrored the overall population

RAS mutation | MSI high
BRAF mutation | MSI low
RAS/BRAF wildtype | MSS

Distribution of metastatic sites

Lung
49% (n=72)

Liver
75% (n=109)

Adrenal gland
2% (n=3)

Peritoneal carcinomatosis
13% (n=19)

Bone
5% (n=7)

Other†
24% (n=35)

The highest incidence of metastatic disease was shown for liver and lung

*n=145 with available data; †Includes brain and skin metastases.
mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
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- **Disease characteristics**
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

RAS mutation (n=146)

Metastatic characteristics | **Disease sidedness** | Time between mCRC diagnosis and inclusion

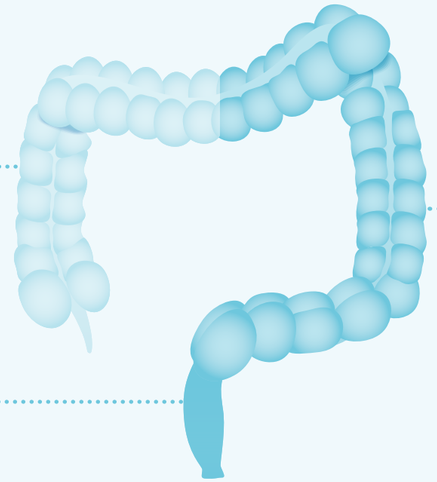
RAS mutation | *BRAF* mutation | *RAS/BRAF* wildtype

MSI high | MSI low | MSS

Disease sidedness*

Right
35%
(n=51)

Rectum
22%
(n=32)



Left
43%
(n=62)

Data on disease sidedness mirrored the overall population

*n=145 with available data.
mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
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- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

RAS mutation (n=146)

Metastatic characteristics

Disease sidedness

Time between mCRC diagnosis and inclusion

RAS mutation

BRAF mutation

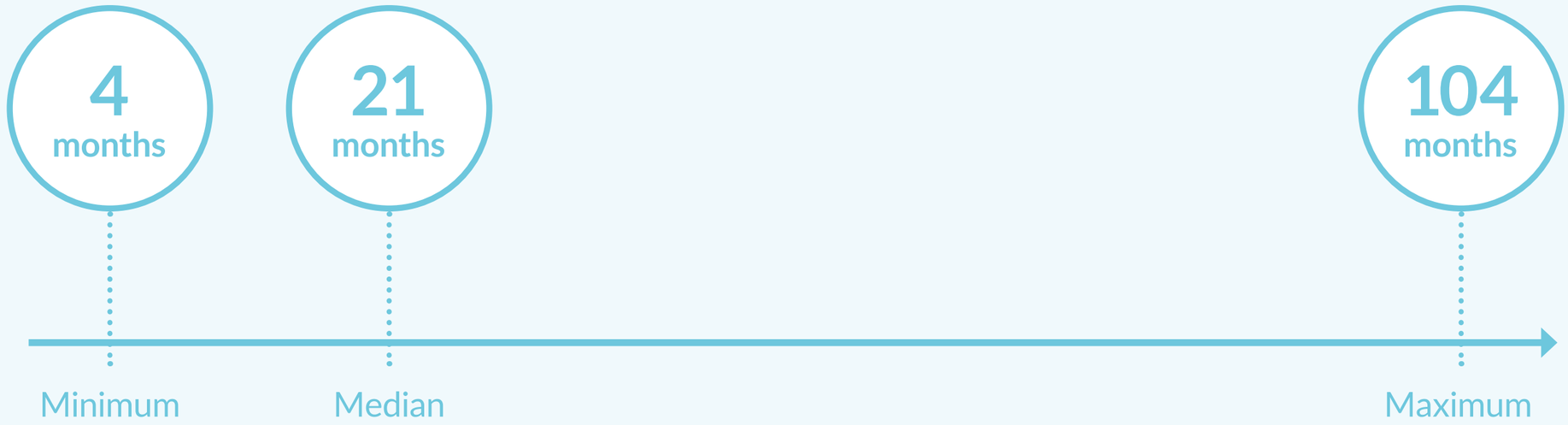
RAS/BRAF wildtype

MSI high

MSI low

MSS

Time between diagnosis of mCRC and inclusion in PROMETCO



mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- **Disease characteristics**
- Treatment patterns
- Conclusions

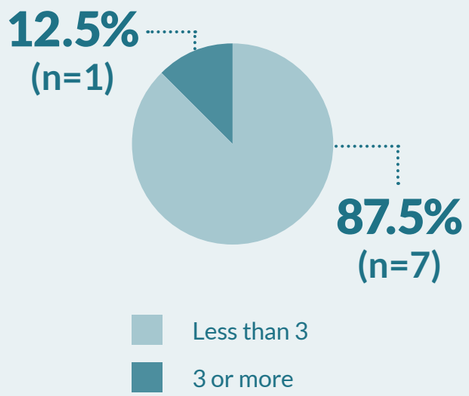
Baseline disease characteristics in PROMETCO

BRAF mutation (n=8)*

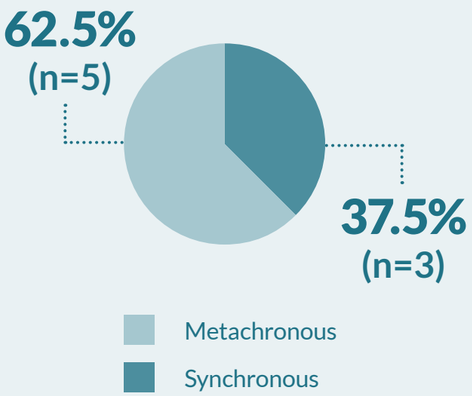
Metastatic characteristics | Disease sidedness | Time between mCRC diagnosis and inclusion

RAS mutation | *BRAF* mutation | *RAS/BRAF* wildtype | MSI high | MSI low | MSS

Number of metastatic sites



Types of metastases



Distribution of metastatic sites

Lung
50% (n=4)

Liver
88% (n=7)

Adrenal gland
0% (n=0)

Peritoneal carcinomatosis
13% (n=1)

Bone
0% (n=0)

Other†
13% (n=1)

*Insufficient numbers to make an interpretation; †Includes brain and skin metastases.
mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- **Disease characteristics**
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

BRAF mutation (n=8)*

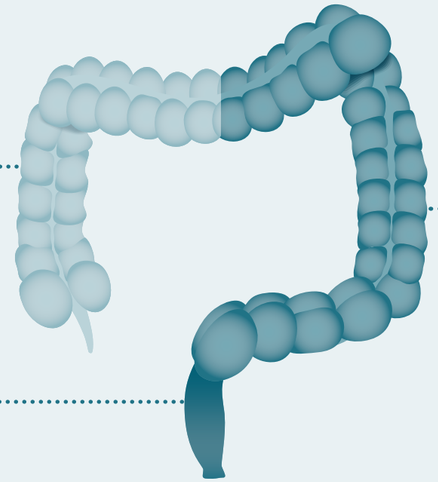
Metastatic characteristics | **Disease sidedness** | Time between mCRC diagnosis and inclusion

RAS mutation | MSI high
BRAF mutation | MSI low
RAS/BRAF wildtype | MSS

Disease sidedness

Right
63%
(n=5)

Rectum
25%
(n=2)



Left
13%
(n=1)

*Insufficient numbers to make an interpretation.
mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- **Disease characteristics**
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

BRAF mutation (n=8)

Metastatic characteristics

Disease sidedness

Time between mCRC diagnosis and inclusion

RAS mutation

BRAF mutation

RAS/BRAF wildtype

MSI high

MSI low

MSS

Time between diagnosis of mCRC and inclusion in PROMETCO

mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- **Disease characteristics**
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

RAF/BRAF wildtype (n=81)

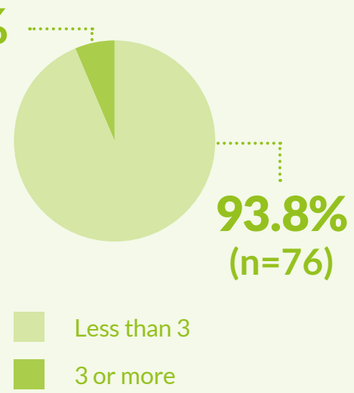
Metastatic characteristics | Disease sidedness | Time between mCRC diagnosis and inclusion

RAS mutation | MSI high

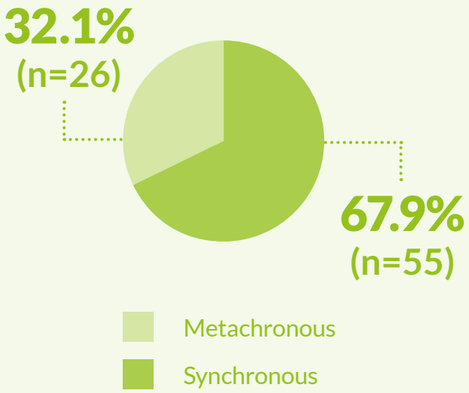
BRAF mutation | MSI low

RAS/BRAF wildtype | MSS

Number of metastatic sites

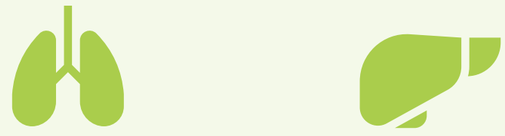


Types of metastases



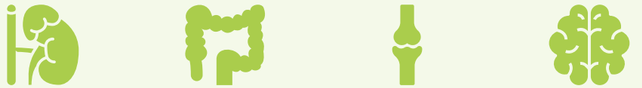
Data on metastatic sites and type of distribution mirrored the overall population

Distribution of metastatic sites



Lung
28% (n=23)

Liver
83% (n=67)



Adrenal gland
1% (n=1)

Peritoneal carcinomatosis
11% (n=9)

Bone
1% (n=1)

Other*
20% (n=16)

The highest incidence of metastatic disease was shown for liver and lung

*Includes brain and skin metastases.
mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

RAF/BRAF wildtype (n=81)

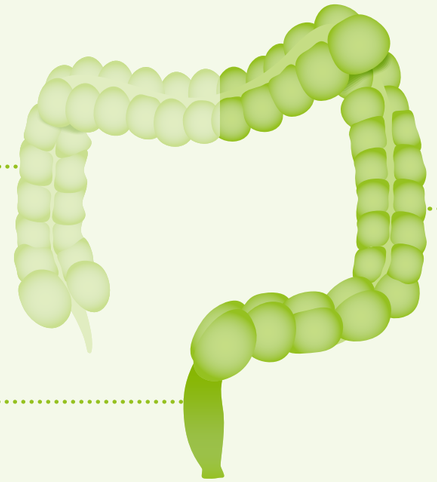
Metastatic characteristics | **Disease sidedness** | Time between mCRC diagnosis and inclusion

RAS mutation | MSI high
BRAF mutation | MSI low
RAS/BRAF wildtype | MSS

Disease sidedness

Right
17%
(n=14)

Rectum
32%
(n=26)



Left
51%
(n=41)

Data on disease sidedness mirrored the overall population

mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- **Disease characteristics**
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

RAF/BRAF wildtype (n=81)

Metastatic characteristics

Disease sidedness

Time between mCRC diagnosis and inclusion

RAS mutation

BRAF mutation

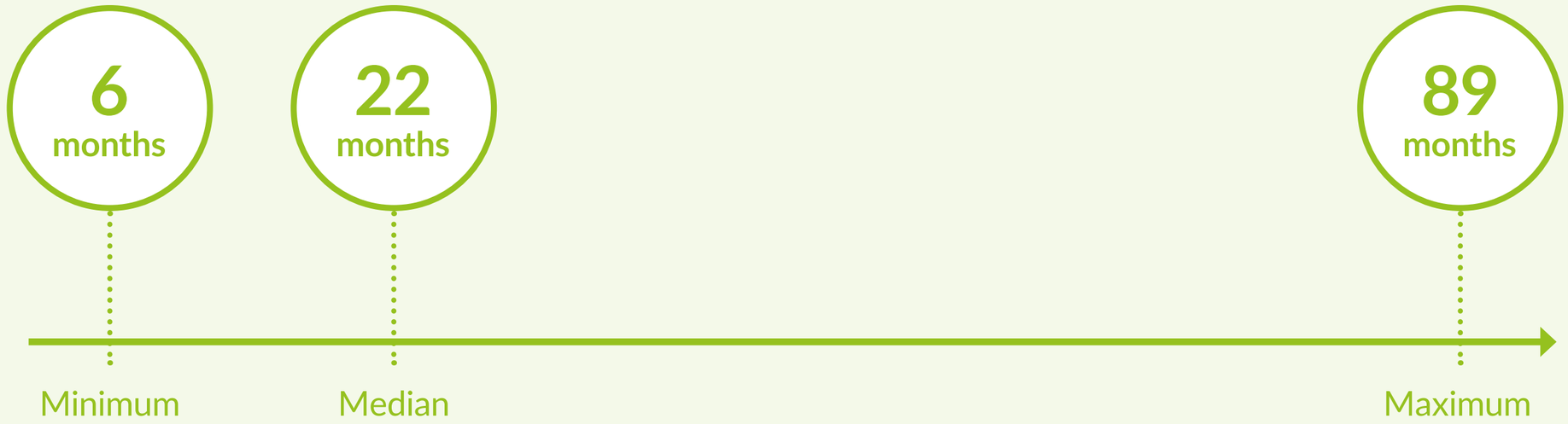
RAS/BRAF wildtype

MSI high

MSI low

MSS

Time between diagnosis of mCRC and inclusion in PROMETCO



mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- **Disease characteristics**
- Treatment patterns
- Conclusions

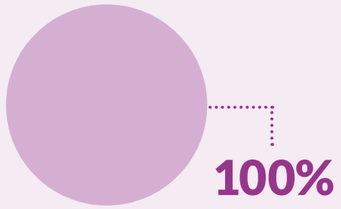
Baseline disease characteristics in PROMETCO

MSI high (n=2)*

Metastatic characteristics | Disease sidedness | Time between mCRC diagnosis and inclusion

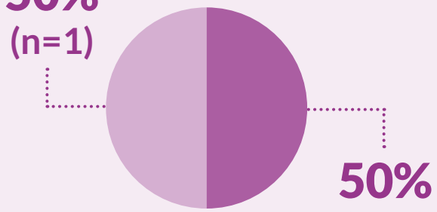
RAS mutation | MSI high
BRAF mutation | MSI low
RAS/BRAF wildtype | MSS

Number of metastatic sites



Less than 3
3 or more

Types of metastases



Metachronous
Synchronous

Distribution of metastatic sites

Lung
0% (n=0)

Liver
50% (n=1)

Adrenal gland
0% (n=0)

Peritoneal carcinomatosis
0% (n=0)

Bone
0% (n=0)

Other†
50% (n=1)

*Insufficient numbers to make an interpretation; †Includes brain and skin metastases.
mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- **Disease characteristics**
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

MSI high (n=2)*

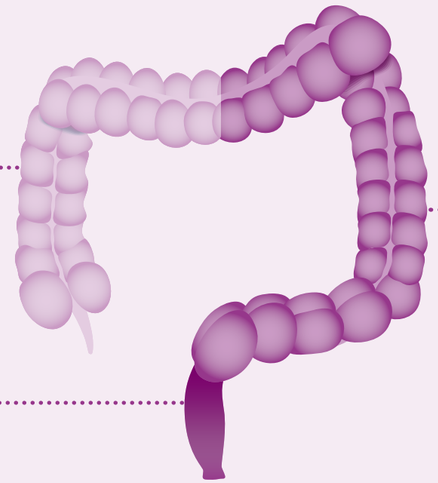
Metastatic characteristics | **Disease sidedness** | Time between mCRC diagnosis and inclusion

RAS mutation | MSI high
BRAF mutation | MSI low
RAS/BRAF wildtype | MSS

Disease sidedness

Right
100%
(n=2)

Rectum
0%
(n=0)



Left
0%
(n=0)

*Insufficient numbers to make an interpretation.
mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- **Disease characteristics**
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

MSI high (n=2)*

Metastatic characteristics

Disease sidedness

Time between mCRC diagnosis and inclusion

RAS mutation

BRAF mutation

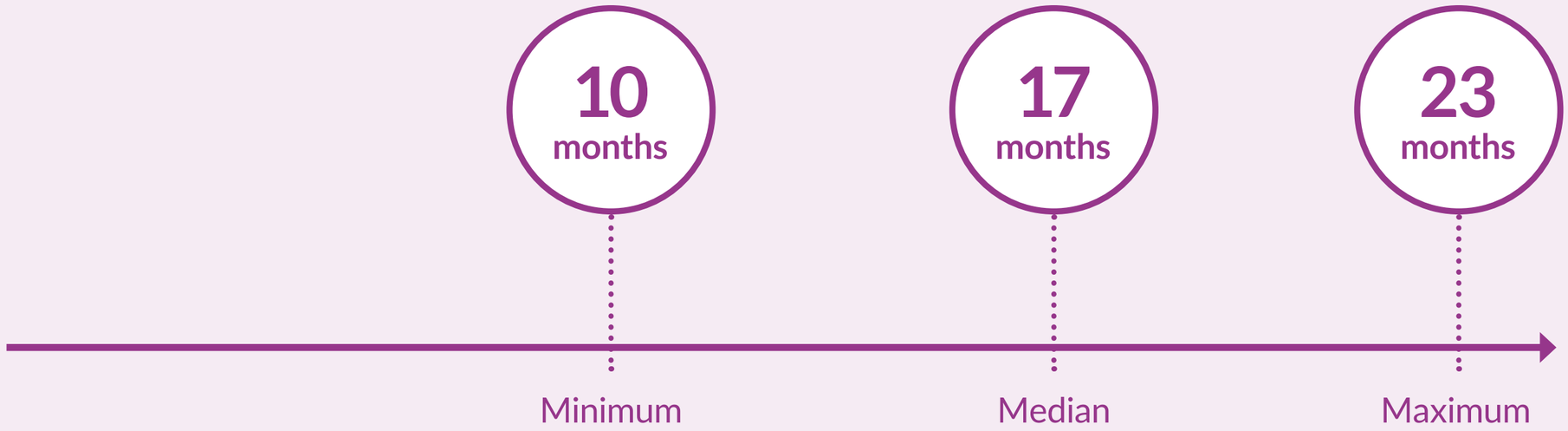
RAS/BRAF wildtype

MSI high

MSI low

MSS

Time between diagnosis of mCRC and inclusion in PROMETCO



mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

MSI low (n=2)*

Metastatic characteristics

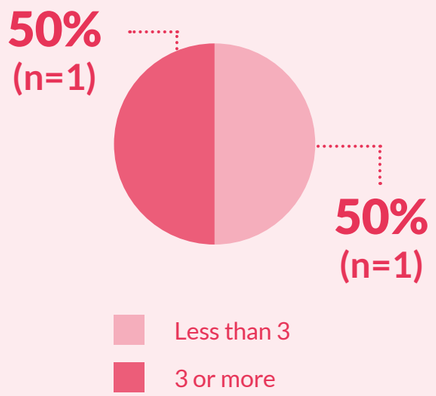
- Number of metastatic sites
- Types of metastases

Disease sidedness

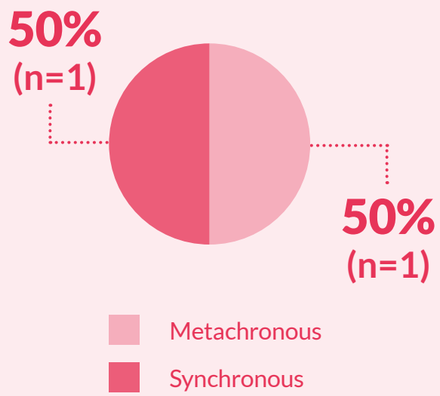
Time between mCRC diagnosis and inclusion

RAS mutation
BRAF mutation
RAS/BRAF wildtype
MSI high
MSI low
MSS

Number of metastatic sites



Types of metastases



Distribution of metastatic sites

Lung
100% (n=2)

Liver
100% (n=2)

Adrenal gland
0% (n=0)

Peritoneal carcinomatosis
0% (n=0)

Bone
0% (n=0)

Other†
50% (n=1)

*Insufficient numbers to make an interpretation; †Includes brain and skin metastases.
mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

MSI low (n=2)*

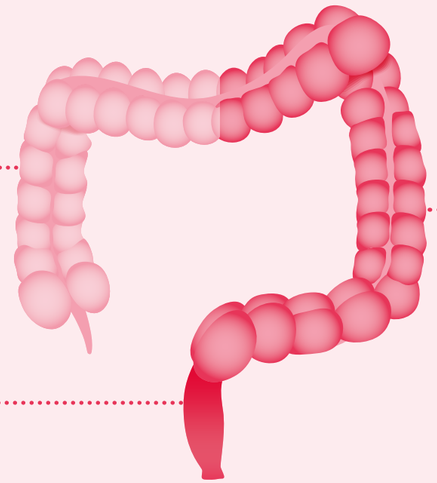
Metastatic characteristics | **Disease sidedness** | Time between mCRC diagnosis and inclusion

RAS mutation | MSI high
BRAF mutation | MSI low
RAS/BRAF wildtype | MSS

Disease sidedness

Right
100%
(n=2)

Rectum
0%
(n=0)



Left
0%
(n=0)

Overall, there was a higher prevalence of left-sided disease

*Insufficient numbers to make an interpretation.
mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- **Disease characteristics**
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

MSI low (n=2)

Metastatic characteristics

Disease sidedness

Time between mCRC diagnosis and inclusion

RAS mutation

BRAF mutation

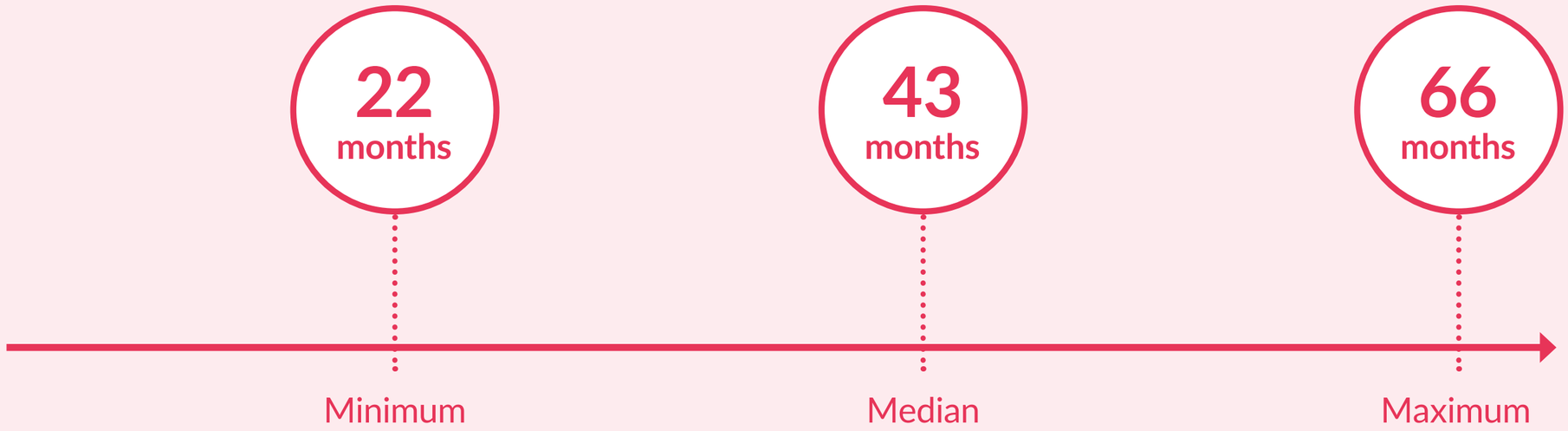
RAS/BRAF wildtype

MSI high

MSI low

MSS

Time between diagnosis of mCRC and inclusion in PROMETCO



mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- **Disease characteristics**
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

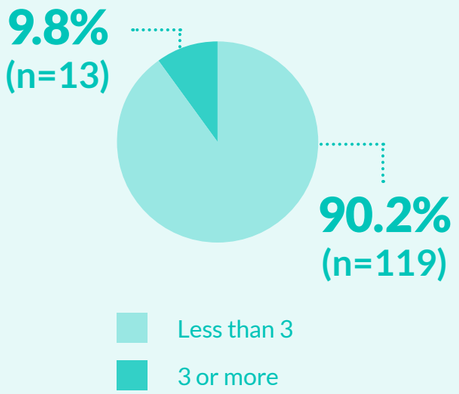
MSS (n=132)

Metastatic characteristics | Disease sidedness | Time between mCRC diagnosis and inclusion

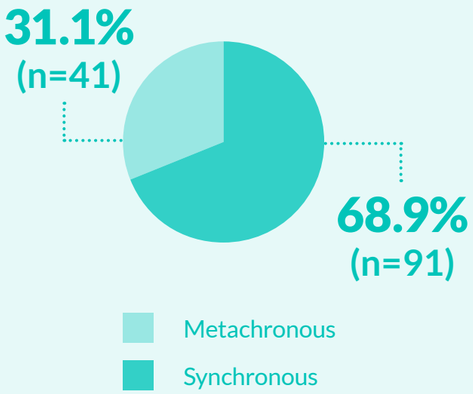
RAS mutation | *BRAF* mutation | *RAS/BRAF* wildtype

MSI high | MSI low | MSS

Number of metastatic sites



Types of metastases



Distribution of metastatic sites

Lung
38% (n=50)

Liver
80% (n=105)

Adrenal gland
2% (n=2)

Peritoneal carcinomatosis
14% (n=19)

Bone
0% (n=0)

Other*
22% (n=29)

*Includes brain and skin metastases.
mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- **Disease characteristics**
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

MSS (n=132)

Metastatic characteristics

Disease sidedness

Time between mCRC diagnosis and inclusion

RAS mutation

BRAF mutation

RAS/BRAF wildtype

MSI high

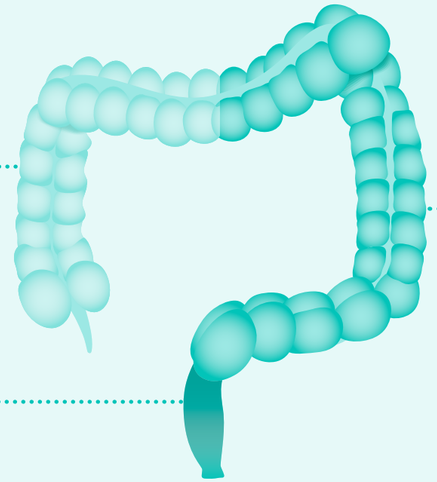
MSI low

MSS

Disease sidedness

Right
27%
(n=35)

Rectum
28%
(n=37)



Left
46%
(n=60)

mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- **Disease characteristics**
- Treatment patterns
- Conclusions

Baseline disease characteristics in PROMETCO

MSS (n=132)

Metastatic characteristics

Disease sidedness

Time between mCRC diagnosis and inclusion

RAS mutation

BRAF mutation

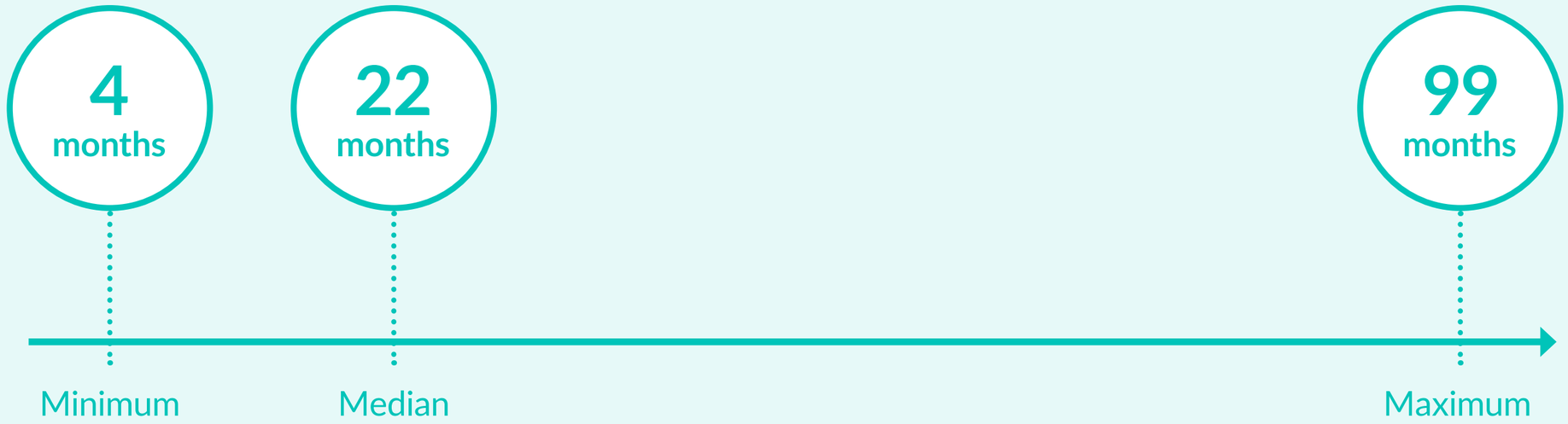
RAS/BRAF wildtype

MSI high

MSI low

MSS

Time between diagnosis of mCRC and inclusion in PROMETCO



mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable.

PROMETCO

Geographic distribution

Biomolecular status

Age and sex

ECOG PS

Disease characteristics

Treatment patterns

Conclusions

Real-world treatment patterns prior to enrollment in PROMETCO

Overall population (n=257)*

Duration of treatment | First-line treatment | Second-line treatment

RAS mutation | MSI high

BRAF mutation | MSI low

RAS/BRAF wildtype | MSS

Due to patients with no/undocumented previous treatment and the low number of patients, data are not presented for the *BRAF* mutation, MSI high, and MSI low groups

Duration of treatment

Duration of treatment (months)†	Treatment line			
	Line 1 (n=257)‡	Line 2 (n=209)	Line 3 (n=30)‡	Line 4 (n=4)‡
Median (Q1, Q3)	8.0 (4.9, 13.2)	5.2 (2.7, 9.2)	3.4 (1.9, 7.9)	1.5 (0.5, 14.8)
Min, max	0.03, 87.4	0.03, 55.1	0.03, 18.0	0.5, 14.8

The majority of patients analyzed received first- and second-line treatment.
The duration of treatment decreased with each successive line

*Patients with no/undocumented previous treatment: n=20; †Duration of treatment in months was calculated by converting days to months using a 30.44:1 ratio. A patient could have multiple treatments for each treatment line; ‡Missing data: n=1.
max, maximum; min, minimum; MSI, microsatellite instability; MSS, microsatellite stable; Q, quartile.

PROMETCO

Geographic distribution

Biomolecular status

Age and sex

ECOG PS

Disease characteristics

Treatment patterns

Conclusions

Real-world treatment patterns prior to enrollment in PROMETCO

Overall population (n=257)*

Duration of treatment | First-line treatment | Second-line treatment

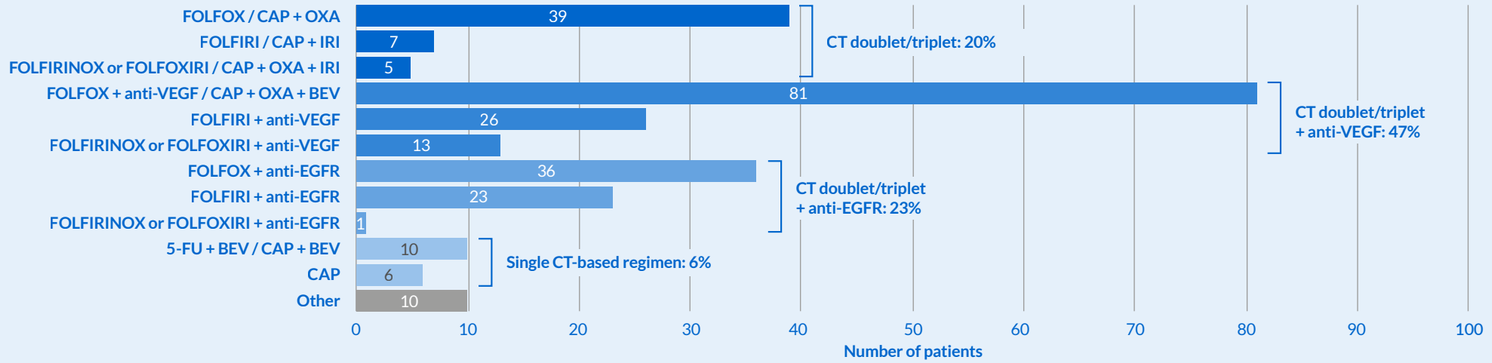
RAS mutation | MSI high

BRAF mutation | MSI low

RAS/BRAF wildtype | MSS

Due to patients with no/undocumented previous treatment and the low number of patients, data are not presented for the *BRAF* mutation, MSI high, and MSI low groups

First-line treatment (n=257)



At first line after mCRC diagnosis, 70% of patients received CT doublet/triplet + anti-VEGF/EGFR therapies. However, 20% received CT alone, which is not in accordance with international/ESMO guidelines[1]

*Patients with no/undocumented previous treatment: n=20. Regimens: anti-VEGF = bevacizumab and aflibercept; anti-EGFR = cetuximab and panitumumab. 5-FU, 5-fluorouracil; BEV, bevacizumab; CAP, capecitabine; CT, chemotherapy; EGFR, epidermal growth factor receptor; ESMO, European Society for Medical Oncology; FOLFIRI, folinic acid + 5-FU + irinotecan; FOLFIRINOX/FOLFOXIRI, folinic acid + 5-FU + irinotecan + oxaliplatin; FOLFOX, folinic acid + 5-FU + oxaliplatin; IRI, irinotecan; mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable; OXA, oxaliplatin; VEGF, vascular endothelial growth factor.

1. Van Cutsem E, et al. Ann Oncol. 2016;27:1386–422.

PROMETCO

Geographic distribution

Biomolecular status

Age and sex

ECOG PS

Disease characteristics

Treatment patterns

Conclusions

Real-world treatment patterns prior to enrollment in PROMETCO

Overall population (n=257)*

Duration of treatment

First-line treatment

Second-line treatment

RAS mutation

BRAF mutation

RAS/BRAF wildtype

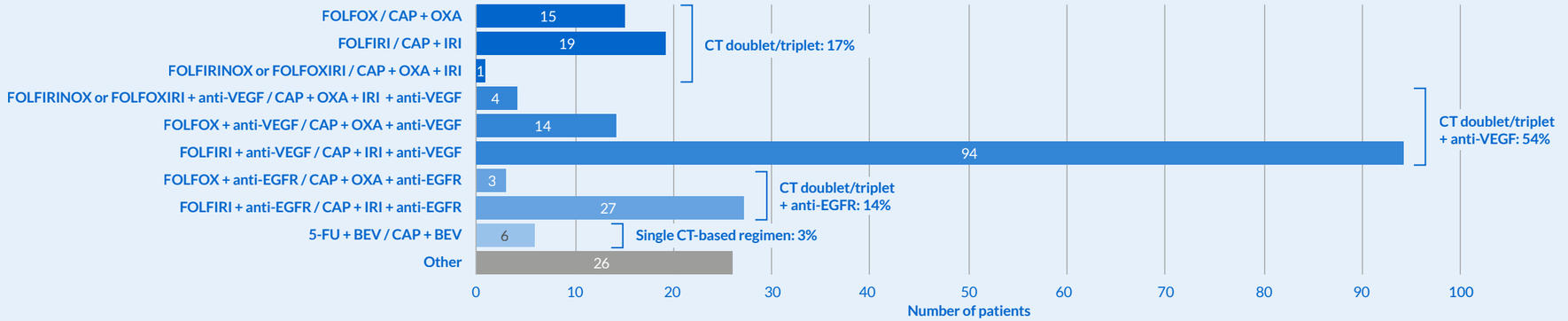
MSI high

MSI low

MSS

Due to patients with no/undocumented previous treatment and the low number of patients, data are not presented for the *BRAF* mutation, MSI high, and MSI low groups

Second-line treatment (n=209)



At second line after mCRC diagnosis, 68% of patients received CT doublet/triplet + anti VEGF/EGFR therapy. The proportion of CT doublet/triplet given alone was stable between first and second line

*Patients with no/undocumented previous treatment: n=20. Regimens: anti-VEGF = bevacizumab and aflibercept; anti-EGFR = cetuximab and panitumumab. 5-FU, 5-fluorouracil; BEV, bevacizumab; CAP, capecitabine; CT, chemotherapy; 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; IRI, irinotecan; mCRC, metastatic colorectal cancer; MSI, microsatellite instability; MSS, microsatellite stable; OXA, oxaliplatin; VEGF, vascular endothelial growth factor.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

Real-world treatment patterns prior to enrollment in PROMETCO

RAS mutation (n=135)*

Duration of treatment | First-line treatment | Second-line treatment

RAS mutation | MSI high
BRAF mutation | MSI low
RAS/BRAF wildtype | MSS

Due to patients with no/undocumented previous treatment and the low number of patients, data are not presented for the *BRAF* mutation, MSI high, and MSI low groups

Duration of treatment

Duration of treatment (months)†	Treatment line: Line 1 (n=135)	Line 2 (n=110)	Line 3 (n=14)	Line 4 (n=3)‡
Median (Q1, Q3)	8.0 (4.7, 12.1)	4.8 (2.8, 9.2)	3.8 (2.3, 8.2)	7.6 (0.5, 14.8)
Min, max	0.03, 87.4	0.1, 35.4	1.2, 18.0	0.5, 14.8

There was no difference between the duration of treatment of *RAS* mutated and *RAS/BRAF* wildtype groups. Duration of treatment decreased with each successive line, in line with results for the overall population

*Patients with no/undocumented previous treatment: n=11; †Duration of treatment in months was calculated by converting days to months using a 30.44:1 ratio. A patient could have multiple treatments for each treatment line; ‡Missing data: n=1.
max, maximum; min, minimum; MSI, microsatellite instability; MSS, microsatellite stable; Q, quartile.

PROMETCO

- Geographic distribution
- Biomolecular status
- Age and sex
- ECOG PS
- Disease characteristics
- Treatment patterns
- Conclusions

Real-world treatment patterns prior to enrollment in PROMETCO

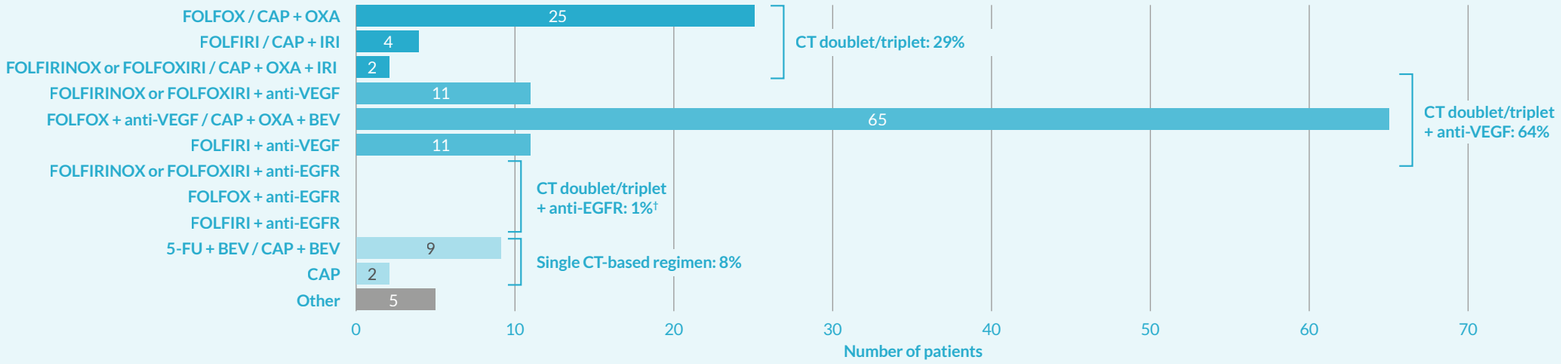
RAS mutation (n=135)*

Duration of treatment | **First-line treatment** | Second-line treatment

RAS mutation | MSI high
BRAF mutation | MSI low
RAS/BRAF wildtype | MSS

Due to patients with no/undocumented previous treatment and the low number of patients, data are not presented for the *BRAF* mutation, MSI high, and MSI low groups

First-line treatment (n=135)



At first line, the *RAS*-mutant group received a higher proportion of CT doublet/triplet therapy vs the *RAS/BRAF* wildtype group. As per ESMO/international guidelines,[1] the majority of patients in the *RAS*-mutant group (64%) received CT doublet/triplet + anti-VEGF therapy

*Patients with no/undocumented previous treatment: n=11; †One patient received FOLFIRI + anti-EGFR. Regimens: anti-VEGF = bevacizumab and aflibercept; anti-EGFR = cetuximab and panitumumab.
5-FU, 5-fluorouracil; BEV, bevacizumab; CAP, capecitabine; CT, chemotherapy; EGFR, epidermal growth factor receptor; ESMO, European Society for Medical Oncology; FOLFIRI, folinic acid + 5-FU + irinotecan; FOLFIRINOX/FOLFOXIRI, folinic acid + 5-FU + irinotecan + oxaliplatin; FOLFOX, folinic acid + 5-FU + oxaliplatin; IRI, irinotecan; MSI, microsatellite instability; MSS, microsatellite stable; OXA, oxaliplatin; VEGF, vascular endothelial growth factor.

1. Van Cutsem E, et al. Ann Oncol. 2016;27:1386–422.

PROMETCO

Geographic distribution

Biomolecular status

Age and sex

ECOG PS

Disease characteristics

Treatment patterns

Conclusions

Real-world treatment patterns prior to enrollment in PROMETCO

RAS mutation (n=135)*

Duration of treatment | First-line treatment | Second-line treatment

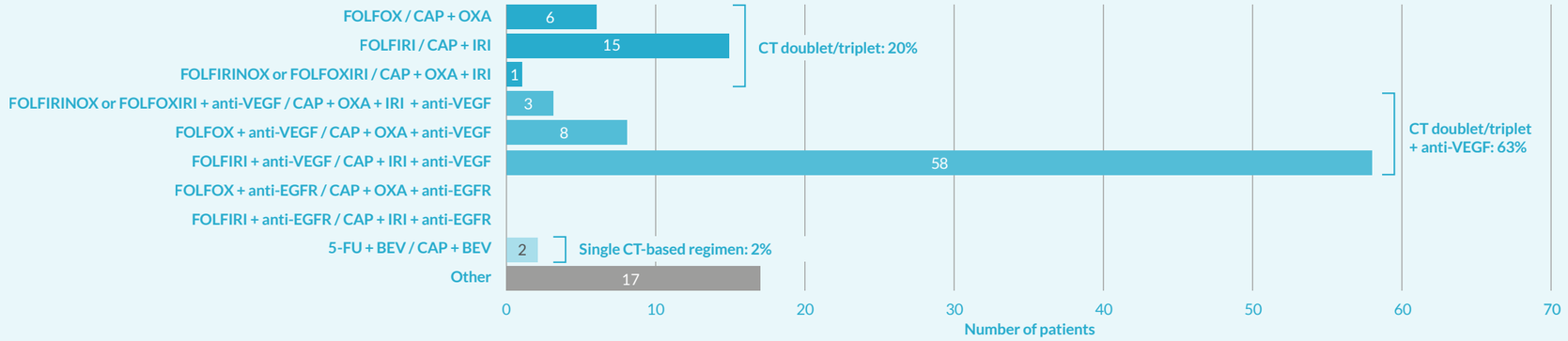
RAS mutation | MSI high

BRAF mutation | MSI low

RAS/BRAF wildtype | MSS

Due to patients with no/undocumented previous treatment and the low number of patients, data are not presented for the *BRAF* mutation, MSI high, and MSI low groups

Second-line treatment (n=110)



At second line, there was no difference between the *RAS*-mutant and *RAS/BRAF* wildtype groups, except for CT doublet/triplet + anti-EGFR (only received by the *RAS/BRAF* wildtype group)

*Patients with no/undocumented previous treatment: n=11. Regimens: anti-VEGF = bevacizumab and aflibercept; anti-EGFR = cetuximab and panitumumab.
5-FU, 5-fluorouracil; BEV, bevacizumab; CAP, capecitabine; CT, chemotherapy; 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; IRI, irinotecan; MSI, microsatellite instability; MSS, microsatellite stable; OXA, oxaliplatin; VEGF, vascular endothelial growth factor.

PROMETCO

Geographic distribution

Biomolecular status

Age and sex

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Real-world treatment patterns prior to enrollment in PROMETCO

RAS/BRAF wildtype (n=76)*

Duration of treatment | First-line treatment | Second-line treatment

RAS mutation | MSI high

BRAF mutation | MSI low

RAS/BRAF wildtype | MSS

Due to patients with no/undocumented previous treatment and the low number of patients, data are not presented for the *BRAF* mutation, MSI high, and MSI low groups

Duration of treatment

Duration of treatment (months)†	Treatment line			
	Line 1 (n=76)	Line 2 (n=67)	Line 3 (n=14)‡	Line 4 (n=1)
Median (Q1, Q3)	8.4 (5.6, 14.3)	4.4 (2.4, 8.1)	2.2 (1.0, 7.0)	1.5 (1.5, 1.5)
Min, max	1.9, 36.0	1.2, 32.0	0.03, 12.2	1.5, 1.5

There was no difference between the *RAS*-mutated and *RAS/BRAF* wildtype groups.
Duration of treatment decreased with each successive line, in line with results for the overall population

*Patients with no/undocumented previous treatment: n=5; †Duration of treatment in months was calculated by converting days to months using a 30.44:1 ratio. A patient could have multiple treatments for each treatment line; ‡Missing data: n=1.
max, maximum; min, minimum; MSI, microsatellite instability; MSS, microsatellite stable; Q, quartile.

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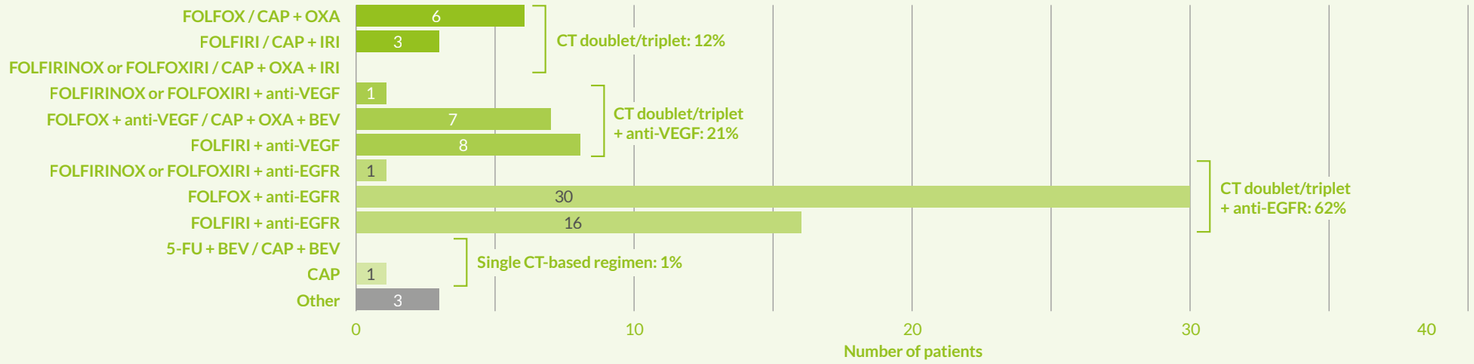
RAS/BRAF wildtype (n=76)*

Duration of treatment | First-line treatment | Second-line treatment

RAS mutation | MSI high
BRAF mutation | MSI low
RAS/BRAF wildtype | MSS

Due to patients with no/undocumented previous treatment and the low number of patients, data are not presented for the *BRAF* mutation, MSI high, and MSI low groups

First-line treatment (n=76)



At first line, the *RAS*-mutant group received a higher proportion of CT doublet/triplet therapy vs the *RAS/BRAF* wildtype group. The majority of patients in the *RAS/BRAF* wildtype group (62%) received CT doublet/triplet + anti-EGFR therapy

*Patients with no/undocumented previous treatment: n=5. Regimens: anti-VEGF = bevacizumab and aflibercept; anti-EGFR = cetuximab and panitumumab.
5-FU, 5-fluorouracil; BEV, bevacizumab; CAP, capecitabine; CT, chemotherapy; 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; IRI, irinotecan; MSI, microsatellite instability; MSS, microsatellite stable; OXA, oxaliplatin; VEGF, vascular endothelial growth factor.

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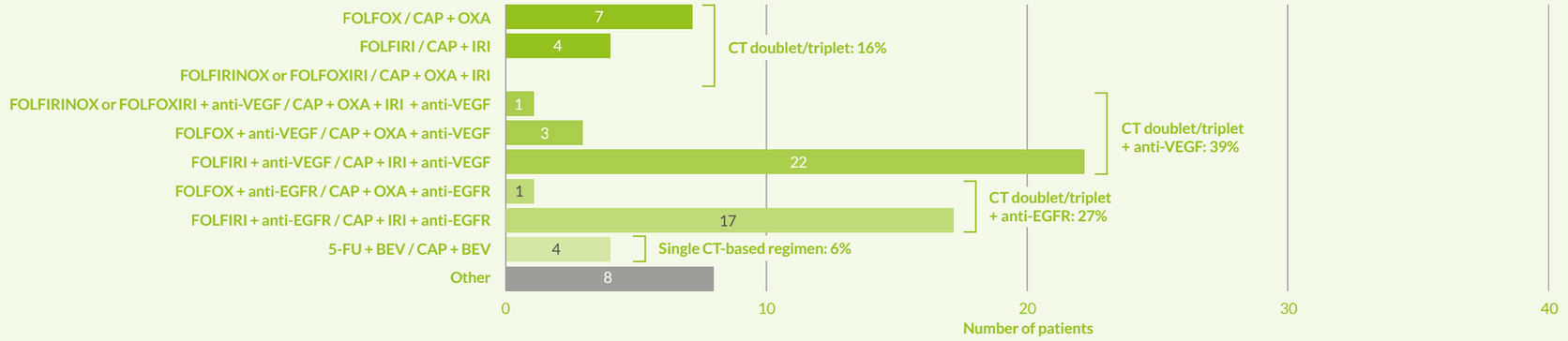
RAS/BRAF wildtype (n=76)*

Duration of treatment | First-line treatment | Second-line treatment

RAS mutation | MSI high
BRAF mutation | MSI low
RAS/BRAF wildtype | MSS

Due to patients with no/undocumented previous treatment and the low number of patients, data are not presented for the *BRAF* mutation, MSI high, and MSI low groups

Second-line treatment (n=67)



At second line, there was no difference between the *RAS*-mutant and *RAS/BRAF* wildtype groups, except for CT doublet/triplet + anti-EGFR (only received by the *RAS/BRAF* wildtype group)

*Patients with no/undocumented previous treatment: n=5. Regimens: anti-VEGF = bevacizumab and aflibercept; anti-EGFR = cetuximab and panitumumab.
5-FU, 5-fluorouracil; BEV, bevacizumab; CAP, capecitabine; CT, chemotherapy; 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; IRI, irinotecan; MSI, microsatellite instability; MSS, microsatellite stable; OXA, oxaliplatin; VEGF, vascular endothelial growth factor.

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MSS (n=124)*

Duration of treatment | First-line treatment | Second-line treatment

RAS mutation | MSI high

BRAF mutation | MSI low

RAS/BRAF wildtype | MSS

Due to patients with no/undocumented previous treatment and the low number of patients, data are not presented for the *BRAF* mutation, MSI high, and MSI low groups

Duration of treatment

Duration of treatment (months)†	Treatment line			
	Line 1 (n=124)	Line 2 (n=102)	Line 3 (n=14)‡	Line 4 (n=1)
Median (Q1, Q3)	8.0 (4.6, 12.2)	4.6 (2.8, 7.5)	5.8 (2.9, 8.5)	-
Min, max	0.03, 43.9	0.1, 55.1	0.8, 18.0	-

Duration of treatment decreased with each successive line, in line with results for the overall population

*Patients with no/undocumented previous treatment: n=8; †Duration of treatment in months was calculated by converting days to months using a 30.44:1 ratio. A patient could have multiple treatments for each treatment line; ‡Missing data: n=1.
max, maximum; min, minimum; MSI, microsatellite instability; MSS, microsatellite stable; Q, quartile.

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Real-world treatment patterns prior to enrollment in PROMETCO

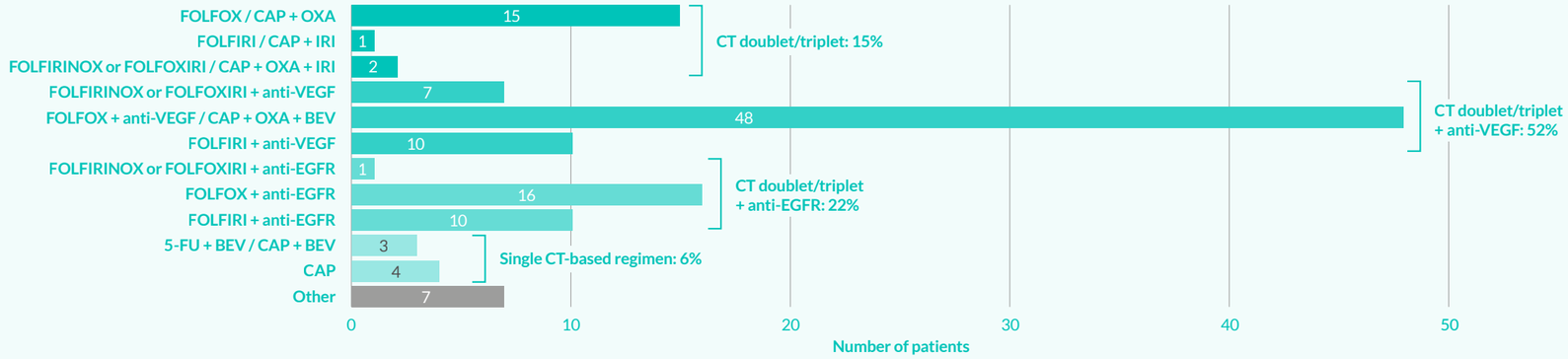
MSS (n=124)*

Duration of treatment | **First-line treatment** | Second-line treatment

RAS mutation | MSI high
BRAF mutation | MSI low
RAS/BRAF wildtype | **MSS**

Due to patients with no/undocumented previous treatment and the low number of patients, data are not presented for the *BRAF* mutation, MSI high, and MSI low groups

First-line treatment (n=124)



At first line, the treatment distribution in the MSS group was similar to that of the overall population

*Patients with no/undocumented previous treatment: n=8. Regimens: anti-VEGF = bevacizumab and aflibercept; anti-EGFR = cetuximab and panitumumab.
5-FU, 5-fluorouracil; BEV, bevacizumab; CAP, capecitabine; CT, chemotherapy; 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; IRI, irinotecan; MSI, microsatellite instability; MSS, microsatellite stable; OXA, oxaliplatin; VEGF, vascular endothelial growth factor.

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Real-world treatment patterns prior to enrollment in PROMETCO

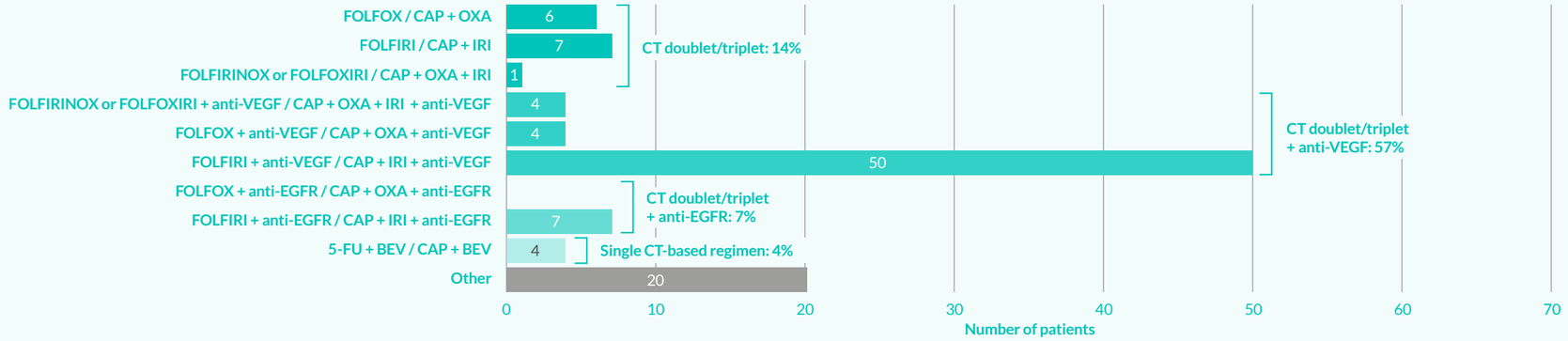
MSS (n=124)*

Duration of treatment | First-line treatment | Second-line treatment

RAS mutation | MSI high
BRAF mutation | MSI low
RAS/BRAF wildtype | MSS

Due to patients with no/undocumented previous treatment and the low number of patients, data are not presented for the *BRAF* mutation, MSI high, and MSI low groups

Second-line treatment (n=102)



At second line, the treatment distribution in the MSS group was similar to that of the overall population

*Patients with no/undocumented previous treatment: n=8. Regimens: anti-VEGF = bevacizumab and aflibercept; anti-EGFR = cetuximab and panitumumab.
5-FU, 5- fluorouracil; BEV, bevacizumab; CAP, capecitabine; CT, chemotherapy; 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; IRI, irinotecan; MSI, microsatellite instability; MSS, microsatellite stable; OXA, oxaliplatin; VEGF, vascular endothelial growth factor.

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Preliminary data from the PROMETCO trial provide key insights on the baseline demographics, disease characteristics, molecular status and prior treatment patterns of real-world patients with mCRC

RAS/BRAF molecular testing is routinely performed (with only 15% having an unknown status). However, for MSI molecular testing, there is a significant proportion with an unknown status (50.9%), which could potentially influence the choice of treatment and subsequent treatment sequencing

The mean age at diagnosis for the overall study population is 66 years, which is in line with the high range reported in a systematic literature review of seven clinical studies (median age range, 56–67 years)[1]

Tumours on the right side occur less frequently (28.0–44.0%) than on the left, in this initial assessment of the population. This is in line with a subgroup analysis of 12 randomised trials (26.1–73.9%).[2] Further analysis on a larger population will be interesting to determine sidedness/mutational status and how this affects treatment sequence and prognostic features

Prior to inclusion in PROMETCO, the majority of patients received CT doublet/triplet + anti-VEGF/EGFR therapy as first- and second-line treatment, which is in line with international/ESMO guidelines.[3] Some patients received third- and fourth-line treatment

It is anticipated that PROMETCO will provide valuable data on OS, treatment patterns, effectiveness, safety, adherence to treatment guidelines, healthcare resource utilisation and PROs in this patient population

CT, chemotherapy; EGFR, epidermal growth factor receptor; ESMO, European Society for Medical Oncology; mCRC, metastatic colorectal cancer; MSI, microsatellite instability; OS, overall survival; PRO, patient-reported outcome; VEGF, vascular endothelial growth factor.

1. Walter T, et al. J Cancer Res Clin Oncol. 2020;146(10):2575–87; 2. Yin J, et al. J Natl Cancer Inst. 2021;djab112; 3. Van Cutsem E, et al. Ann Oncol. 2016;27(8):1386–422.