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HIGHLIGHTS ON CANCERS OF THE LOWER GI TRACT
mFOLFOXIRI + PANITUMUMAB VERSUS FOLFOXIRI AS FIRST-LINE TREATMENT IN PATIENTS WITH RAS WILD-TYPE mCRC: A RANDOMIZED PHASE II VOLFITRIAL OF THE AIO (AIO-KRK0109)

Abstract 475O. Geissler et al
**VOLFI (AIO KRK 0190)**

- **mCRC, RAS wild-type, not resectable**
- **FOLFOXIRI + Panitumumab**
- **FOLFOXIRI**

1. Overall Response Rate (ORR)
2. Disease Control Rate (DCR), toxicity, ...

- **ORR 86% vs. 55%**
- **DCR: 97% vs. 79%**
- Secondary resection: 60% vs. 36%
- Serious adverse events: 45% vs. 24% (p<0.05)

SUMMARY

• In RAS wild-type mCRC patients addition of panitumumab to FOLFOXIRI is feasible

• The overall response rate is significantly increased by adding panitumumab to FOLFOXIRI

• The triple combination plus panitumumab bears a significantly higher rate of toxicity when compared to chemotherapy alone
BEVACIZUMAB OR CETUXIMAB PLUS CHEMOTHERAPY AFTER PROGRESSION WITH BEVACIZUMAB PLUS CHEMOTHERAPY IN PATIENTS WITH WILD-TYPE KRAS mCRC: FINAL ANALYSIS OF A FRENCH RANDOMIZED, MULTICENTER, PHASE II STUDY (PRODIGE 18)

Abstract 477O. Bennouna et al
**PRODIGE18: BEVACIZUMAB BEYOND PROGRESSION PLUS CHEMOTHERAPY SEEMS TO BE SUPERIOR COMPARED TO ANTI-EGFR BASED TREATMENT AFTER FAILURE OF BEV+CHEMO IN 1\textsuperscript{ST} LINE**

**First line fluoropyrimidine based CT + bev**

**Randomisation 1:1**

**Arm A**
mFOLFOX6 or FOLFIRI + Bev

**Arm B**
mFOLFOX6 or FOLFIRI + Cet

**Median PFS was 7.1 months in Arm A vs 5.6 months in Arm B (p=0.060).**

**Median OS reached 15.8 months in Arm A vs 10.4 months in Arm B (p=0.073)**

**P=0.06**

**P=0.073**
SUMMARY

• In RAS wild-type mCRC patients pre-treated with bevacizumab plus chemotherapy, continuation of bevacizumab beyond progression seems to be favourable (although data were not statistically significant)
NEOADJUVANT FOLFOX 4 VERSUS FOLFOX 4 PLUS CETUXIMAB VERSUS IMMEDIATE SURGERY FOR HIGH-RISK STAGE II AND III COLON CANCERS: A PHASE II MULTICENTRE RANDOMISED CONTROLLED TRIAL (PRODIGE 22)

Abstract 476O. Karoui et al
**PRODIGE22: NEOADJUVANT FOLFOX 4 VERSUS FOLFOX 4 PLUS CETUXIMAB VERSUS IMMEDIATE SURGERY FOR HIGH-RISK STAGE II AND III COLON CANCERS**

Prospective randomised phase II trial, 120pts

°1: tumor regression rate

Major pathological response:
- Surgery first: 7.7%
- Neoadj. Chemotherapy: 44.2%
- Neoadj. Chemo+cetuximab: 6.3%

Protocol overview. Temporal sequence of trial conduct in patients with *RAS WT* colon tumor (A) or RAS mutated colon tumor (B)

SUMMARY

• Pre-operative FOLFOX for locally advanced resectable colon cancer is feasible

• Pre-operative chemotherapy for locally advanced resectable colon cancer had an acceptable toxicity/morbidity profile

• Pre-operative chemotherapy led to an high grade TRG
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