Background

We retrospectively reviewed the clinical outcomes of patients with metastatic colorectal cancer (mCRC) who received WT and an additional antiangiogenic agent (Bevacizumab) in 1L and second line (2L) treatments. To compare the long-term outcomes between WT and Bevacizumab, we employed the Kaplan-Meier method. Log-rank test was used to compare relative dose-intensity and the rate of discontinuation of treatment.

Survival analyses were performed with Kaplan-Meier method. Log-rank test was used to compare relative dose-intensity and the rate of discontinuation of treatment. The incidence rate, n(%), and median (range) values were used for incidence of systemic therapy-related adverse events. The incidence rate of adverse events was compared between WT and Bevacizumab groups with Fisher’s exact test. The median (range) values were used for incidence of systemic therapy-related adverse events. The incidence rate of adverse events was compared between WT and Bevacizumab groups with Fisher’s exact test.

We compared the efficacy and safety of 35 patients in 1L or 2L treatment by UGT1A1 status, WT versus SH, among the patients enrolled in the HGCSG1901 study.

Method

The investigators, study coordinators, medical staff at all centers, and HGCSG Data Center

Conclusion:

There were no significant differences in the efficacy outcomes of IRIS/Bev between WT and SH. However, ≥grade 3 neutropenia was observed significantly more frequent in SH. It is necessary to pay attention to neutropenia when administering IRIS/Bev to patients with SH.

References:


Figure Caption:

A: Incidence rate of toxicities during treatment by UGT1A1 status, WT versus SH.

B: Relative dose intensity during treatment by UGT1A1 status, WT versus SH.

C: The time to treatment failure by UGT1A1 status, WT versus SH.

D: Progression-free survival by UGT1A1 status, WT versus SH.

E: Overall survival by UGT1A1 status, WT versus SH.

Figure Legend:

HR, hazard ratio; CI, confidence interval; PFS, progression-free survival; OS, overall survival; CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease.