Introduction: This is the registry of patients with metastatic colorectal cancer (mCRC) designed to prospectively evaluate the safety and efficacy of bevacizumab-containing chemotherapy (B-CTX) in routine clinical practice.

Methods: Baseline characteristics, pre-specified bevacizumab-related adverse events, and efficacy data were collected from mCRC patients who were treated with B-CTX.

Results: The data from 210 patients (median age 63 years, males 61.4%) treated with B-CTX in the 1st line setting were included in the evaluation. The ECOG performance status (PS) at baseline was 0 in 58%, 1 in 38% and 2 in 4% of patients. Majority of the 210 patients received irinotecan-based chemotherapy (68%) as 1st line treatment and 105 patients (50%) received bevacizumab maintenance therapy. Complete response (CR) was reported in 6%, partial response (PR) in 35% and stable disease (SD) in 34% of the patients. The median progression-free survival (mPFS) was 10.9 months (95% confidence interval [CI], 10.1 - 12.1) and median overall survival (mOS) was 23.7 months (95% CI, 21.6 - 28.9) with 32.2% patients alive after 3-year follow-up. Metastasectomy was performed in 38 (18.1%) patients; 147 patients had liver metastasis, and liver metastasectomy was performed in 31 (21.1%) patient. Overall rates of bevacizumab-related grade 1-2/3-4 adverse events were (%): proteinuria 21/1, hypertension 17/3, thromboembolic events 3/4, infection 3/2 and haemorrhage 2/1. Subgroup Elderly (>70 years) patients presented 22.4% of all patients and they had worse performance status (PS2/3 62.4%) than patients in <70 years group (35.8%). However, metastasectomy was performed in 15% of elderly patients and 21.2% of patients in <70 years group. Difference in disease control rate (DCR) was mainly due to inability to assess response in elderly group (64.6% in elderly and 77.8% in <70 years group). The mPFS was 10.2 (95% CI, 6.7 - 16.2) and 11.1 (95% CI, 10.1 - 12.2) months in elderly and <70 years group, respectively. The mOS was 18.3 (95% CI, 12.4 - 29.0) and 27.8 (95% CI, 22.5 - 31.8) months for elderly and <70 years group, respectively. Three-year survival rate was 27.7% and 33.4% in elderly vs. <70 years group. Overall rates of bevacizumab-related adverse events were similar in both groups (%): proteinuria 21/22, hypertension 23/19, haemorrhage 2/4 and thromboembolic events 10/6, for elderly and <70 years group, respectively.

Conclusion: We concluded that in routine clinical practice, the combination of bevacizumab and chemotherapy is an effective and well-tolerated regimen for elderly patients with metastatic colorectal cancer.