A PHASE III TRIAL OF FLUOROPYRIMIDINES (FP) PLUS BEVACIZUMAB (BEV) VS. BEV ALONE, OR NO TREATMENT AS MAINTENANCE STRATEGY, FOLLOWING A STANDARD COMBINATION OF FP, OXALIPLATIN (OX), AND BEV AS FIRST-LINE TREATMENT FOR PATIENTS WITH METASTATIC COLORECTAL CANCER (MCRC): AIO KRK 0207

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Introduction: The optimal maintenance strategy following combination chemotherapy plus Bev as a standard “induction” therapy is still controversial. The AIO KRK 0207 phase III trial investigates whether no continuation of therapy or continuation with Bev alone are non-inferior to FP plus Bev, following a 24-week treatment interval with FP/Ox/Bev.

Methods: Pts with mCRC and ‘standard’ eligibility criteria were enrolled. After 24 weeks of induction treatment with FP/Ox/Bev, pts without disease progression were randomized into one of the following arms: A) standard maintenance treatment with FP plus Bev; B) Bev alone; or C) no treatment. At first progression, re-induction of the initial treatment was planned. The primary endpoint was ‘time to failure of strategy’ (TFS), comprising maintenance plus re-induction of the initial treatment after first progression. Sample size was calculated (one-sided alpha of 0.0125; power of 80%) to conclude non-inferiority of arms B or C compared with the standard FP plus Bev arm. Secondary endpoints included time to first progression (PFS1) and overall survival (OS).

Results: 840 pts were enrolled, 473 randomized. Median follow-up is 27 months. After induction with FP/Ox/Bev, 60% of pts had CR/PR, 40% SD. Median PFS1 in arms A, B, C were 6.2, 4.6 and 3.6 months (p < 0.0001; A vs C: HR 2.11, 95% CI 1.63-2.73; A vs B: HR 1.28, 95% CI 0.99-1.65; B vs C: HR 1.56, 95% CI 1.22-1.99), respectively. TFS favored arm A over arm C (HR 1.31, 95% CI 1.01-1.69, p = 0.038) but without difference between arms A and B (HR 1.04, 95% CI 0.81-1.36, p = 0.74). However, upon first progression only 24% in arm A and 47% in both, arms B and C, received re-induction of FP/Ox/Bev. After 200 documented events, current preliminary OS is 23.4 months from randomization, without significant difference between treatment arms (p = 0.69).

Conclusion: Following 24 weeks of a standard induction with FP/Ox/Bev, a maintenance strategy with one of the both active maintenance regimen (FP plus Bev or Bev alone), show prolonged TFS compared to no treatment. Only a minority of patients received re-induction treatment as planned. With currently limited follow up, the different maintenance strategies had no impact on OS.