gastrointestinal tumours, colorectal

2ND-LINE THERAPIES AFTER 1ST-LINE THERAPY WITH FOLFIRI IN COMBINATION WITH CETUXIMAB OR BEVACIZUMAB IN PATIENTS WITH KRAS WILD-TYPE METASTATIC COLORECTAL CANCER (MCRC)-ANALYSIS OF THE AIO KRK 0306 (FIRE 3)-TRIAL


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Aim: To investigated choice and duration of 2nd-line therapies according to 1st-line efficacy as well as overall survival (OS) according to 2nd-line therapy in FIRE-3: FOLFIRI plus either cetuximab (arm a) or bevacizumab (arm b) as 1st-line treatment of KRAS exon 2 wild-type mCRC.

Methods: The study-protocol recommended 2nd-line therapy with FOLFOX plus bevacizumab in arm A and irinotecan plus cetuximab in arm B, but physician were free to choose any regimen. 2nd-line treatment was defined as any new anticancer drug for mCRC following 1st-line therapy. Duration of 2nd-line therapy was calculated as time from first to last application of 2nd-line treatment.

Results: 260/297 patients in arm A and 250/295 patients in arm B were alive after 1st-line therapy. Of those, 78.5% of patients arm A and 76.4% in arm B received 2nd-line therapy so far. 1st-line PFS according to 2nd-line antibody use was 9.2 (anti-VEGF), comparing to 9.7 (anti-EGFR) and 11.3 months (no mAB); p = 0.001. Correspondingly, OS was 25.2 (anti-VEGF) vs. 23.7 (anti-EGFR) vs. 30.8 months (no mAB), p = 0.02. 1st-line PFS according to 2nd-line oxaliplatin (Ox) use was associated with 9.9 (Ox), comparing to 9.9 months (no Ox); p = 0.56. OS according to Ox-use was 27.1 (ox) vs. 29.1 months (no Ox); p = 0.10. 2nd-line therapy was administered for a median of 17.2 weeks in arm A and 14.0 weeks in arm b (p = 0.08). 2nd-line regimens with antibody-crossover were administered for a median of 27.1 weeks in arm a and 29.1 weeks in arm b (p = 0.06). Updated results might be presented at the meeting.

Conclusions: This post-hoc analysis indicates that 2nd-line application of mAbs was favoured in patients with shorter 1st-line PFS. Correspondingly, 2nd-line treatment without antibodies compared to antibody-based regimens was associated with longer OS. A trend towards longer 2nd-line therapy was observed in favour of patients receiving cetuximab as 1st-line therapy.

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