gastrointestinal tumours, colorectal

QUALITY OF LIFE (QOL) IN PATIENTS WITH METASTATIC COLORECTAL CANCER (MCRC) RECEIVING MAINTENANCE THERAPY AFTER FIRST-LINE INDUCTIVE TREATMENT: A QOL SUB-ANALYSIS OF THE AIO KRK 0207 PHASE III TRIAL


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Aim: First-line maintenance strategies are a current matter of debate in the management of mCRC. However, their impact on patient’s QoL has not yet been evaluated. The objective of this QoL study was to prospectively assess whether relevant differences in QoL or Fear of Progression (FoP) during different maintenance treatment strategies exist.

Methods: 837 patients (pts) with mCRC were enrolled in the AIO KRK 0207 trial, 473 underwent randomization after 24 weeks of induction treatment with FP/Oxaliplatin/Bev, into one of the following arms: maintenance treatment with FP plus Bev, Bev alone, or no further treatment. QoL and FoP were assessed during induction and all treatment arms (after randomization) every 6 weeks, using the EORTC QLQ C30, the colorectal module QLQ-CR29 and the short form of the FoP questionnaire. Primary endpoint was the difference in the mean value of the general health status (GHS)/QoL score of the EORTC QLQ C30, calculated as the average of all available time points from week 6 to 24 after randomization. In this report, we focus on GHS/QoL and the FoP endpoints.

Results: Compliance with completing the questionnaires was 89% (757/850) at baseline and remained high with 99%, 98%, 97% and 97% after week 6, 12, 18 and 24. The median GHS/QoL values were 55.2 ± 1.6 with FP/Bev (n = 130), 57.7 ± 1.6 with Bev alone (n = 139) and 57.6 ± 1.6 with no further treatment (n = 131). No significant difference in the median GHS/QoL scores at week 6, 12, 18, and 24 were seen between treatment arms (Table 1). Also, median FoP values were not different between treatment arms and were 2.62 with FP/Bev, 2.57 with Bev alone and 2.62 with no further treatment.

Table: 522P median GHS/QoL scores at different questionnaire timepoints and treatment arms

<table>
<thead>
<tr>
<th></th>
<th>GHS/QoL score week 6</th>
<th>GHS/QoL score week 12</th>
<th>GHS/QoL score week 18</th>
<th>GHS/QoL score week 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP/Bev</td>
<td>57.6</td>
<td>56.0</td>
<td>56.3</td>
<td>54.3</td>
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<tr>
<td>Bev alone</td>
<td>58.8</td>
<td>57.2</td>
<td>57.5</td>
<td>55.5</td>
</tr>
<tr>
<td>No treatment</td>
<td>58.9</td>
<td>57.3</td>
<td>57.7</td>
<td>55.7</td>
</tr>
</tbody>
</table>

Conclusions: In this preliminary analysis, continuation of an active maintenance treatment with FP/bev in was neither associated with a detrimental effect on global health status/QoL scores nor with a difference in FoP when compared to both, less active treatment with bev alone or no treatment.

Disclosure: All authors have declared no conflicts of interest.

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