P - 233 Trifluridine/tipiracil vs regorafenib as salvage-line treatment in patients with metastatic colorectal cancer: A multicenter retrospective study

M Kotaka1, M Ogata2, T Ogata2, Y Hatachi3, H Yasui3, T Kato3, A Tsuj4, H Satake7
1 Department of Gastrointestinal Cancer Center, Sano Hospital, Kobe, Japan, 2Kobe City Medical Center General Hospital, Kobe, Japan, 3Department of Medical Oncology, Kobe City Medical Center General Hospital, Kobe, Japan, 4Department of Oncology, Kobe City Medical Center General Hospital, Kobe, Japan, 5Department of Surgery, National Hospital Organization Osaka National Hospital, Osaka, Japan, 6Department of Medical Oncology, Kōgawa University Hospital, Kōda-ku, Japan, 7Department of Medical Oncology, Cancer Treatment Center, Kansai Medical University Hospital, Hirakata, Japan

Introduction: Trifluridine/tipiracil (TAS-102) and Regorafenib (REG) have shown promising activity in patients with heavily pretreated metastatic colorectal cancer (mCRC). The aim of this study was to compare the efficacy and safety of TAS-102 and REG alone in patients with mCRC refractory to standard chemotherapies.

Methods: From May 2014 to December 2017, 135 patients with mCRC were treated with TAS-102 or REG as salvage-line therapy. Efficacy, safety and clinical outcomes were retrospectively evaluated. Inclusion criteria were histologically confirmed colorectal adenocarcinoma; refractory or intolerant to fluoropyrimidine, oxaliplatin, irinotecan, anti-VEGF therapy and anti-EGFR antibody (for tumors with wild-type RAS); measurable or evaluable lesion; age ≥ 20 years; Eastern Cooperative Oncology Group performance status (ECOG PS) 0 to 2; and written informed consent. The clinical outcomes were evaluated using the Cox’s proportional hazard models.

Results: Among 135 patients, 77 received TAS-102 (median age 77 y, male 49%, ECOG PS 0 62%, RAS wt 43%) and the other 58 received REG (median age 66 y, male 53%, ECOG PS 0 64%, RAS wt 51%). With a median follow-up of 5.8 months (range, 1.5 to 19.0), median progression-free survival was statistically longer in the TAS-102 group than in the REG group (TAS-102 2.9 vs REG 2.0 months; HR = 0.591, p = 0.0035). No significant difference in overall survival between TAS-102 and REG (TAS-102 10.4 vs REG 9.2 months; HR = 1.14, p = 0.57) was observed.

Conclusion: TAS-102 and REG showed equivalent survival benefit in the treatment of mCRC which had progressed after standard therapies.