Treatment choices in metastatic colorectal cancer according to sidedness and RAS/BRAF status: A national survey by the Brazilian Group of Gastrointestinal Tumors (GTG)

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Introduction: Tumor sidedness and RAS/BRAF status have changed the treatment landscape of metastatic colorectal cancer (mCRC). This study was performed to understand the first line choices of Brazilian oncologists for patients with advanced/unresectable metastatic colorectal cancer (mCRC), especially in the emergent context of tumor sidedness and RAS/BRAF V600E status.

Methods: This is a cross-sectional electronic survey composed of 6 questions, which was sent to Brazilian medical oncologists and medical oncology groups by email, Facebook and/or WhatsApp. The survey instrument assessed current practices in terms of first-line treatment choices for fit patients with mCRC, including left-sided wild-type (wt)-RAS/wt-BRAFV600E, right-sided wt-RAS/wt-BRAFV600E and any-side mutated RAS, considering that all drugs were available. The instrument also elicited data about years in practice in Medical Oncology, gender and how much of each oncologist’s practice was dedicated to gastrointestinal tumors (GI). Those with at least 75% of their time dedicated to patients with GI malignancies were considered specialists. The questionnaire was open for answers for 12 days.

Results: The survey was completed during a 12-day period by 222 medical oncologists from across the country. Because the survey was not sent to all individual emails, we could not estimate the response rate but for those who responded, the completion rate was 100%. Most oncologists were male (57.2%) and were in Oncology practice for less than 10 years (61.5%). Only 9.4% of the participants were specialists in GI tumors. For left-sided, wt-RAS/wt-BRAFV600E mCRC, most oncologists (81.9%) chose first line chemotherapy (CT) + anti-EGFR therapy, with 53.2% of them preferring FOLFIRI as the CT backbone. Meanwhile, for right-sided, wt-RAS/wt-BRAFV600E mCRC, the majority (71.1%) would offer CT + bevacizumab (53.7% with FOLFOX, 31.6% with FOLFIRI and 14.5% with FOLFOXIRI). For mutated-RAS mCRC, most oncologists (51.8%) decided for FOLFOX + bevacizumab (33.6% for FOLFIRI + bevacizumab and 14.5% for FOLFOXIRI + bevacizumab).

Conclusion: This is the first study conducted among Brazilian oncologists to investigate treatment preferences according to sidedness and RAS/BRAF V600E status. Our survey indicates that tumor sidedness influences the choice of both CT backbone and monoclonal antibody in unresectable wt-RAS mCRC.

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