P – 279 Effectiveness of TAS-102 in patients with metastatic colorectal cancer in a single comprehensive cancer center

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Introduction: Trifluridine/tipiracil (TAS-102) prolongs progression free survival (PFS) and overall survival (OS) of patients with metastatic colorectal cancer (mCRC) whose disease progressed after at least two standard therapies. TAS-102 is available in Portugal since 2016. The authors evaluate the effectiveness of TAS-102 in patients with mCRC in routine clinical practice.

Methods: Consecutive case series of mCRC patients treated with TAS-102, between November 2016 and March 2018. Clinical and pathologic characteristics are described. Tolerance to treatment is evaluated by cumulative incidence of adverse events and therapeutic efficacy by response rate, PFS and OS. Patient follow-up was complete by March 2018.

Results: Twenty-seven patients were included, with a median age of 61 years (min. 40; max. 72) of which, 20 (74%) were male. Twenty-two patients (81%) had left-sided colon cancer and 17 patients (63%) had metastatic disease in two or more organs (70% with liver metastasis and 67% with lung metastasis). RAS complex mutation was present in 14 patients (52%). Median duration of treatment was 3 months with 21 patients (78%) presenting at least 1 adverse event. Nineteen patients (70%) presented haematological toxicity of any grade (48% neutropenia and 22% anemia). Grade ≥3 haematological toxicity was seen in 7 patients (26%). Sixteen patients (59%) had non-haematological toxicity (41% nausea, 30% anorexia, 22% asthenia, 15% diarrhea and 11% vomiting), all grade 1 or 2. Only one patient discontinued treatment due to an adverse event. Eleven patients (41%) required hospitalization during treatment with TAS-102 (22% due to cancer-related symptoms, 11% due to infectious intercurrences and 7% due to grade 3 haematological toxicity). At the time of data censorship, median follow up for patients alive was 5.6 months with 7 patients (26%) still undergoing treatment. Best response to treatment was stable disease (22%), with no partial or complete responses. Median PFS was 3.5 months (95% CI 2.3-4.7) and median OS was 6.6 months (95% CI 5.8-7.3).

Conclusion: TAS-102 has been adopted to current clinical practice with a toxicity profile that is similar from what was observed on its pivotal trial, and no new treatment adverse reactions were noted. Efficacy of TAS-102 in our center is similar to that which was described in the RECOURSE trial.