TRIBE2: A phase II, randomized strategy study by GONO in the 1st- and 2nd-line treatment of unsectable metastatic colorectal cancer (mCRC) patients pts)

C. Crepolini1, C. Antoniotti1, S. Lonardi1, D. Rossini1, F. Pietrantonio1, S.S. Cordio2, S.M. Murgioni3, F. Marmorino1, E. Maiello6, A. Passardi7, G. Masi1, E. Tamburini8, D. Santini9, R. Grande10, A. Zaniboni11, C. Granetto12, F. Loupakis2, L. Delliponti1, Azienda Ospedaliera ARNAS Garibaldi, Catania, Italy,1Medical Oncology 1, Department of Medical Oncology, University of Reggio Calabria, Catanzaro, Italy,2Oncology, Hospital Universitario de Canarias, Santa Cruz de Tenerife, Spain,3Medicina Clinica e di Diagnosticazione, Universita del Piemonte Orientale Amedeo Avogadro, Novara, Italy,4Medical Oncology, Department of Internal Medicine, University of Insubria, Varese, Italy,5Division of Medical Oncology, Department of Hematology and Medical Oncology, Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori (IRST) IRCCS, Meldola, Italy,6Oncologia Medica, Azienda Ospedaliera dell’Ospedale Policlinico Universitario “Borgo Roma”, Lecce, Italy,7Oncology, IRCCS Ospedale di Ancona, Ancona, Italy,8Oncologia Medica, Ospedale Infermi, Rimini, Italy,9Oncologia Medica, Azienda Ospedaliera “Casa Sollievo della Sofferenza”, San Giovanni Rotondo, Italy,10GI Unit, Royal Marsden Hospital NHS Foundation Trust, London, UK,11Radiotherapy, Mount Vernon Cancer Centre, Northwood, UK,122. Med. Abteilung, Asklepios Klinik Altona, Hamburg, Germany,13Medical Communications, Roche Australia, Sydney, Australia,14R&D, Royal Marsden Hospital NHS Foundation Trust, London, UK,15Department of Medical Oncology, University of Leeds, Leeds, UK,16Bristol Haematology and Cancer Centre, Bristol University Hospitals NHS Foundation Trust, Bristol, UK,17Radiotherapy, Mount Vernon Cancer Centre, Northwood, UK,182. Med. Abteilung, Asklepios Klinik Altona, Hamburg, Germany

Background: TRIBE2 aimed at comparing two strategies of 1st and 2nd-line treatment in one of four cohorts. Here we report results of Cohort 2 (BRAFwt: FP/BEV 1000 mg/m2/24h, D1-4q21) or C (AUC 5, D1q28)/P (80 mg/m2, D1,8,15q28).

Methods: TRIBE2 (NCT02339116) was a phase 3 trial in which previously untreated mCRC receive 16 weeks of induction treatment with FOLFOXIRI/bev followed by maintenance and reintroduction improves mCRC patients’ outcome as compared with a sequential strategy of oxaliplatin- and irinotecan-based doublets.

Results: From February 2015 to May 2017, 679 pts (arm A/B: 342/337) were enrolled in 58 Italian sites. Main patients’ characteristics were (arm A/B): median age 61/60 yrs, ECOG PS 0 86%/87%, right-sided primary 38%/38%, liver-only disease 29%/32%, RAS mutant 65%/63%, BRAF mutant 10%/10%. At a median follow-up of 22.8 mos, 547 (arm A/B 286/261) patients progressed and 423 (arm A/B 235/188) events of PFS2 were reported. As compared with FOLFOX/bev, upfront FOLFOXIRI/bev significantly improved PFS1 (median 9.9 vs 12.0 mos, HR 0.73 [95% CI: 0.62–0.87], p < 0.001) and RECIST response rate (61% vs 50%, OR 1.35 [95% CI: 1.14–2.10], p = 0.005). 247 (86%) and 197 (79%) patients received a treatment after PD in arm A and B, respectively. Patients in arm B reported significantly longer PFS2 than in arm A (median PFS2 18.9 vs 16.2 mos, HR 0.69 [95% CI: 0.57–0.83], p < 0.001).

Conclusions: The primary endpoint was met at the interim analysis: 4-months induction with FOLFOXIRI/bev followed by maintenance and reintroduction improves mCRC patients’ outcome as compared with a sequential strategy of oxaliplatin- and irinotecan-based doublets.

Legal entity responsible for the study: Gruppo Oncologico del Nord Ovest.

Funding: Gruppo Oncologico del Nord Ovest.

Disclosure: C. Crepolini: Advisory role: Roche, Amgen, Bayer, Servier; Research funding: Merck; F. Pietrantonio: Advisory role: Amgen, Merck, Roche, Sanofi, Bayer. F. Loupakis: Consultant: Genentech. A. Falcone: Grants and personal fees: F. Hoffman–La Roche, Amgen, Merck Serono; Personal fees: Celgene, Bayer, Sanofi Aventis. All other authors have declared no conflicts of interest.