BASELINE CHARACTERISTICS OF PATIENTS ENROLLED IN THE BERING CRC STUDY

REAL-WORLD STUDY IN BRAF^V600E-MUTANT METASTATIC COLORECTAL CANCER


BACKGROUND

• BRAF mutations are found in 8-12% of metastatic CRC (mCRC) patients with the majority being V600E.

• BRAF^V600E-mutated mCRC is associated with a poor prognosis and limited clinical data.1

• Targeted treatment with the BRAF kinase-targeted inhibitors encorafenib and the anti-EGFR antibody cetuximab (E+C) represents a new standard of care for previously treated patients (pts) with BRAF^V600E-mutant mCRC.1,2

• The approval was based on the pivotal phase III BEACON CRC study that demonstrated a clinically meaningful benefit with E+C vs. control, including significant improved overall response rate (ORR; 19.5% vs. 1.8%) and median overall survival (OS; 9.3 months vs. 5.9 months).3

• The safety profile was consistent with the known profiles of the two compounds.4

• Data from controlled clinical trials are based on selected patient populations. Thus, BERING CRC is the first non-interventional study to investigate the real-world use of E+C in a broader patient population with BRAF^V600E-mutant mCRC in Germany, Austria, and Switzerland (NCT04673565). As of August 22, 2022, 100 patients have been included and patient enrollment is ongoing.

OBJECTIVES

Primary objective

• Evaluation of the effectiveness of treatment with E+C based on the 12-month OS rate

Secondary objectives include

• Description of patient and disease characteristics

• Description of prior and subsequent anticancer therapies

• Evaluation of reasons for selecting treatment

• Assessment of quality of life as well as physician’s and patient’s treatment satisfaction

• Evaluation of safety and tolerability

METHODS

Study design

• Prospective, longitudinal, multicentric, observational study in Germany, Austria, and Switzerland

• 300 adult pts are planned to be enrolled at 126 sites in similar with the summary of Product Characteristics specifications and treatment according to local clinical routine.

Key inclusion criteria

• Patients with BRAF^V600E-mutated mCRC, pretreated with systemic therapy

• Treatment with E+C has been started ≤3 months prior to providing written informed consent or is planned to be started

Key exclusion criteria

• ≥2 prior systemic regimens in the metastatic setting (adjuvant systemic therapy with relapse ≤6 months will be counted as metastatic treatment line; maintenance treatment will not be counted as separate metastatic line)

• Prior treatment with any RAF-inhibitor or MEK inhibitor

• Current or upcoming participation in an interventional clinical trial

• Current or upcoming systemic treatment of any other tumor than mCRC

Statistical analysis

• Here, we report results of the baseline analysis, which was performed using descriptive statistics.

• Patient and disease characteristics as well as prior anticancer therapies are given for all enrolled patients.

• Data on E+C treatment, except for dosages, were evaluated for patients who fulfilled the in-exclusion criteria and had at least one administration of E+C documented (Full Analysis Set [FAS]).

• Starting doses of E+C were analyzed for patients of the FAS for whom at least one safety assessment was documented (Safety Set [SAF]).

RESULTS

Patient population

• Between 3rd September 2020 and 14th August 2021, 40 pts were included at 27 sites across Germany and Austria.

• For all included patients, baseline and disease characteristics are depicted in Table 1 while details on BRAF^V600E testing are summarized in Table 2.

• For 25 pts (62.5%) results on KRAS/NRAS testing were also recorded and one patient with BRAF mutation also had an overlapping RAS mutation.

Prior anticancer treatment

• Prior to E+C treatment, 3 pts (7.5%) had received adjuvant treatment only while for about two thirds (68.4%) and 23.7% of pts one or two prior lines of therapy were reported.

• While 87.5% of pts received chemotherapy alone for adjuvant treatment, the frequency of chemotherapy alone decreased in the 1st- and 2nd-line. Here, chemotherapy was commonly combined with a targeted therapy (i.e., anti-VEGFR or anti-EGFR monoclonal antibodies).

• Most pts (57.5%) received the combination of chemotherapy and targeted therapy with all pts receiving targeted therapy only once (Figure 1).

• Details on reported treatment regimens are summarized in Table 3.

Encorafenib and Cetuximab (E+C) treatment

• At the time of data cutoff, the median follow-up was 3.7 months (1-3rd quartile: 0.4-4.7 months).

• The predominant reason for E+C treatment was the presence of a BRAF mutation (69.4%) followed by physician’s preference and remission pressure (each: 13.9%) (Figure 4).

• At this interim analysis, 23 patients (57.5%) were still under E+C treatment. For 6 pts (15%), treatment was stopped due to disease progression. For one patient each (2.5%), the reason for end of treatment was an adverse event, patient’s decision, and the best benefit reached. Two pts (5%) each were lost to follow-up or died, respectively.

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• Nearly all pts started enorafenib (91.7%) and cetuximab (90.6%) at the recommended dose. For 11.1% of pts an initial bi-weekly interval of cetuximab application was documented.

CONCLUSION

• Our real-world interim data reveal a study cohort, which was notably older, comprised more male patients, and had a higher ECOG performance status compared to the BEACON CRC study population.5

• In most patients with BRAF^V600E-mutant mCRC, primary tumor was located on the right side of the colon, which is in line with prior publications.

• Compared to the literature, synchronous metastasis was reported markedly more often and notably, one patient with a BRAF-mutated tumor in this real-world cohort presented with an overlapping RAS mutation.6

• Metastases were mainly located in the liver and peritoneum followed by the lung and distant lymph nodes.

• In most patients (88.0%) with mCRC at primary diagnosis, BRAF mutation status was determined at the time of diagnosis as recommended in guidelines.7,8

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