EVALUATION OF THE METASTATIC COLORECTAL CANCER SCORE (MCCS) IN PREDICTING OUTCOME FOR PATIENTS WITH RAS WILD-TYPE METASTATIC COLORECTAL CANCER TREATED WITH FIRST-LINE PANITUMUMAB PLUS FOLFIRI/FOLFOX

BACKGROUND

The modified metastatic colorectal cancer (mCRC) prognostic score (mCCS) is designed to predict overall survival (OS) of RAS wild-type (WT) mCRC patients at the start of first-line (1L) therapy. The mCCS is based on 5 tumor characteristics that have been identified as independent negative prognostic factors for survival: tumor stage, tumor grading, lymph node ratio, primary tumor resection status, and number of metastatic sites at start of 1L therapy. Patients are assigned into three prognostic risk groups with inferior prognosis for OS from low- to intermediate- and high-risk defined by the number of risk factors as shown in Table 1. Patients with liver or lung metastases were resected in 29.0% and 5.9% of patients, respectively (Table 4).

RESULTS

From January 2017 to June 2021, 616 patients were enrolled from 58 German and 5 Australian centers and 616 patients were evaluated in the second interim analysis (as of November 13, 2022). Patient characteristics are displayed in Table 2. A total of 210 patients were assigned to the low-risk group, 398 patients to the intermediate-risk group and 121 patients to the high-risk group. The number of patients with ECOG performance score of 0 was lower in the low-risk as compared to the low-risk, and intermediate-risk groups (50.5% vs. 49.4% and 58.3%, respectively). The number of patients with RAS sensitivity to the low-risk group was lower than to the intermediate-risk group (24.2% vs. 44.5%, respectively). The number of patients with liver metastases in the low-risk group (24.2%) was higher than in the intermediate-risk group (14.5%). The number of patients with liver metastases in the low-risk group (24.2%) was higher than in the intermediate-risk group (14.5%). The number of patients with liver metastases in the low-risk group (24.2%) was higher than in the intermediate-risk group (14.5%).

IMMUNOSTAINING ANALYSIS

This unplanned second interim analysis (IA2) was performed 24 months after the last patient was enrolled. Patient characteristics and effectiveness were evaluated in patients who received at least one dose of panitumumab and were included in the final analysis (n=202) of the VALIDATE IA2 study. This analysis included all patients treated in-label (i.e., full analysis set), overall and for each of the three risk groups individually. Effectiveness variables included overall response rate, time to progression, time to treatment discontinuation, and overall survival. Safety was evaluated in patients who received at least one dose of panitumumab and had at least one post-baseline visit. Data were analyzed descriptively.

CONCLUSIONS

The VALIDATE IA2 showed favorable effectiveness of 1L panitumumab in combination with FOLFIRI or FOLFOX in patients with RAS-WT mCRC in routine clinical practice in Germany and Austria, irrespective of MCCS risk groups. The median PFS and OS were similar to the results in RAS-WT patients of the pivotal PIKE trial although real-world patients of the non-interventional study VALIDATE were older in a worse general condition. Interestingly, the mCCS intermediate- and high-risk groups showed a better initial response than the low-risk group. This might be due to the higher proliferation rate and thus, the initially better response to study treatment. Almost 30% of patients with liver-limited disease underwent secondary resection. This is in line with current literature which reports approximately 23-40% of patients to become resectional after systemic therapy. mCCS prediction of OS will be validated in the final analysis. No new safety signals emerged.

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