



POWERED BY COR2ED

# HOW TO TREAT PATIENTS AFTER FAILURE ON TRIplet THERAPY +/- BEV?

By Dr. Chiara Cremolini,  
Dr. Erika Martinelli and  
Dr. Dominik Modest

# HOW TO TREAT PATIENTS AFTER FAILURE ON TRIPLET THERAPY +/- BEV?

By

Dr. Chiara Cremolini, U.O. Oncologia Medica II, Azienda Ospedaliero-Universitaria Pisana Istituto Toscano Tumori, Pisa, Italy

Dr. Erika Martinelli, Department of Medical Oncology, Università degli Studi della Campania Luigi Vanvitelli, Napoli, Italy

Dr. Dominik Modest, Medical Department III, Hospital of the University of Munich, Germany

# THE UPFRONT USE OF THE THREE ACTIVE CYTOTOXICS MAY RAISE CONCERNS ABOUT THE FEASIBILITY AND EFFICACY OF FURTHER TREATMENTS, BUT...

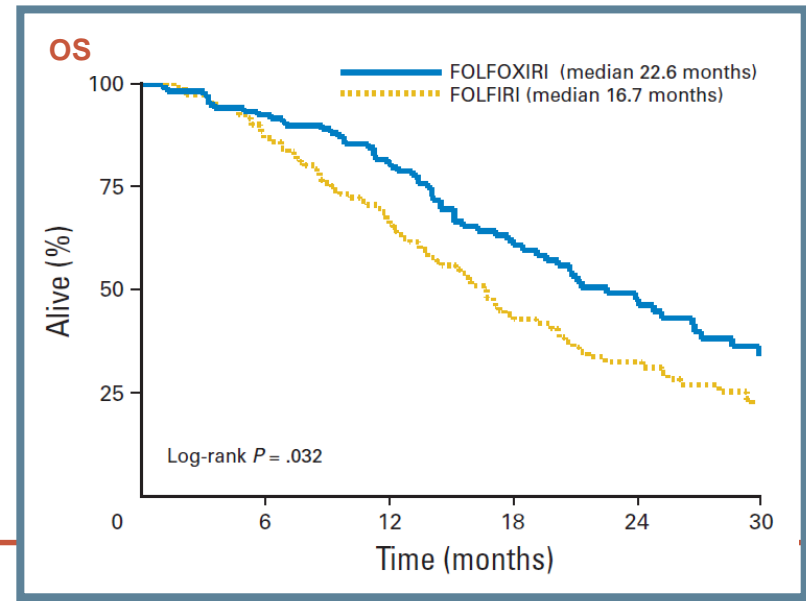
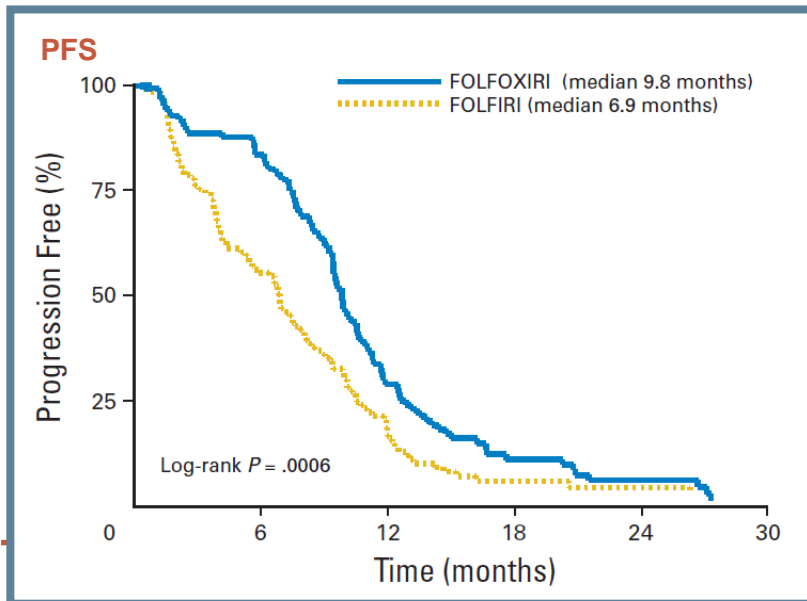
## 1) OS results of trials investigating the triplet +/- bevacizumab are reassuring

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

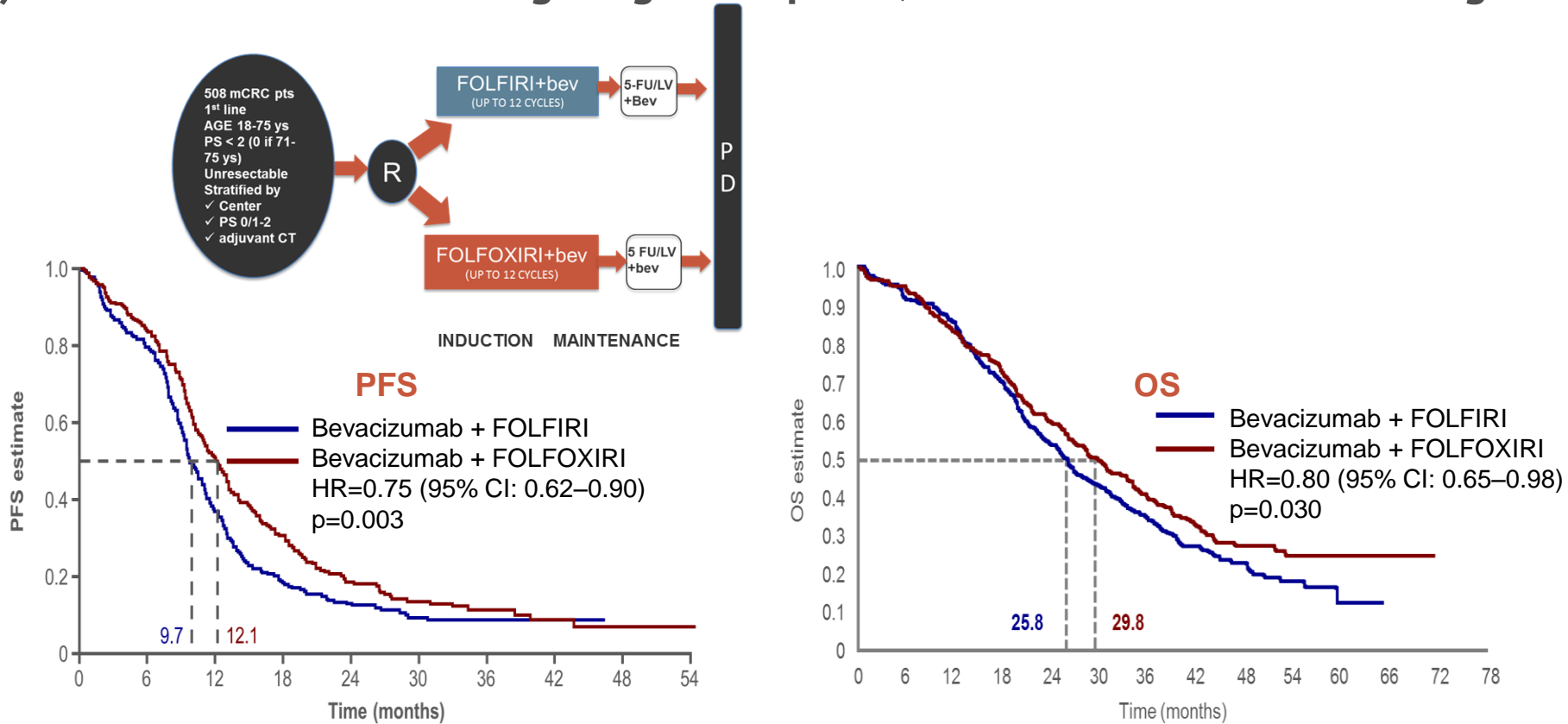
Phase III Trial of Infusional Fluorouracil, Leucovorin, Oxaliplatin, and Irinotecan (FOLFOXIRI) Compared With Infusional Fluorouracil, Leucovorin, and Irinotecan (FOLFIRI) As First-Line Treatment for Metastatic Colorectal Cancer: The Gruppo Oncologico Nord Ovest

From the Gruppo Oncologico Nord Ovest, Milan, Italy; Gruppo Oncologico Nord Ovest, Milan, Italy; Gruppo Oncologico Nord Ovest, Milan, Italy; Gruppo Oncologico Nord Ovest, Milan, Italy; Gruppo Oncologico Nord Ovest, Milan, Italy; Gruppo Oncologico Nord Ovest, Milan, Italy; Gruppo Oncologico Nord Ovest, Milan, Italy; Gruppo Oncologico Nord Ovest, Milan, Italy; Gruppo Oncologico Nord Ovest, Milan, Italy; Gruppo Oncologico Nord Ovest, Milan, Italy.



# THE UPFRONT USE OF THE THREE ACTIVE CYTOTOXICS MAY RAISE CONCERNS ABOUT THE FEASIBILITY AND EFFICACY OF FURTHER TREATMENTS, BUT...

## 1) OS results of trials investigating the triplet +/- bevacizumab are reassuring



# THE UPFRONT USE OF THE THREE ACTIVE CYTOTOXICS MAY RAISE CONCERNS ABOUT THE FEASIBILITY AND EFFICACY OF FURTHER TREATMENTS, BUT...

**1) OS results of trials investigating the triplet +/- bevacizumab are reassuring**



Consistent results are reported in PFS and OS. If the use of the triplet impaired the feasibility and efficacy of further treatments, the advantage in PFS would hardly translate into an OS benefit

**2) 2<sup>nd</sup>- and further-lines treatments seem feasible**

---

# TRIBE: 2ND-LINE TREATMENTS

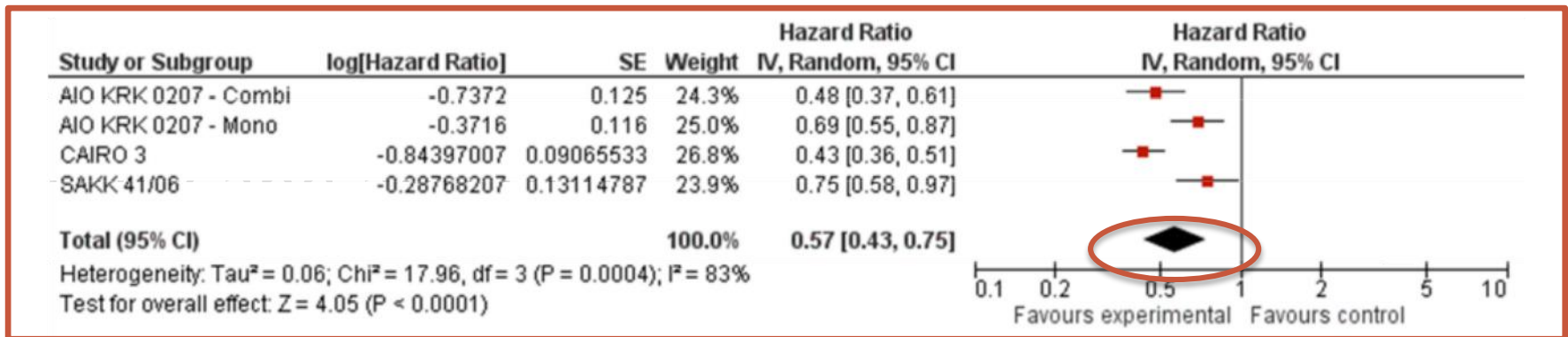
	<b>FOLFIRI + bev Arm A</b>	<b>FOLFOXIRI + bev Arm B</b>
<b>Potential candidates to 2<sup>nd</sup> line</b>	<b>92%</b> (236/256)	<b>92%</b> (232/252)
<b>Any 2<sup>nd</sup>-line therapy</b>	<b>76%</b> (180/236)	<b>76%</b> (176/232)
<b>2<sup>nd</sup>-line agents</b>	<b>N=180</b>	<b>N=176</b>
Fluoropyrimidine, %	93%	81%
Oxaliplatin, %	67%	29%
Irinotecan, %	31%	63%
Bevacizumab, %	31%	32%
Anti-EGFR mAB, %	15%	29%
<b>3<sup>rd</sup>-line Anti-EGFR mAB, %</b>	<b>21%</b>	<b>13%</b>

# WHICH TREATMENT AFTER PROGRESSION?

The first-line treatment with FOLFOXIRI +/- bev should not be continued until disease progression

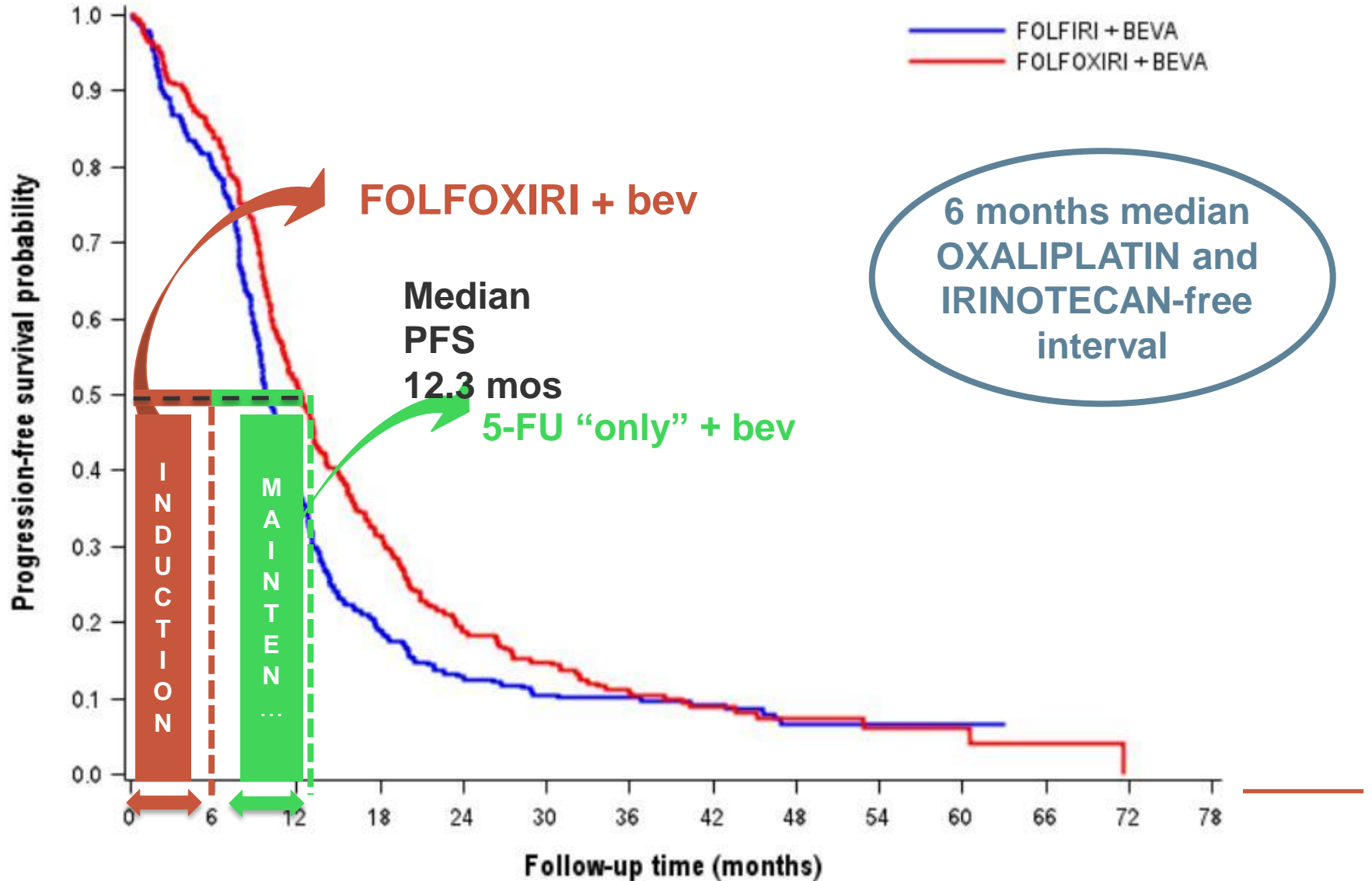


The role of maintenance is crucial to prolong the oxaliplatin-and irinotecan-free interval

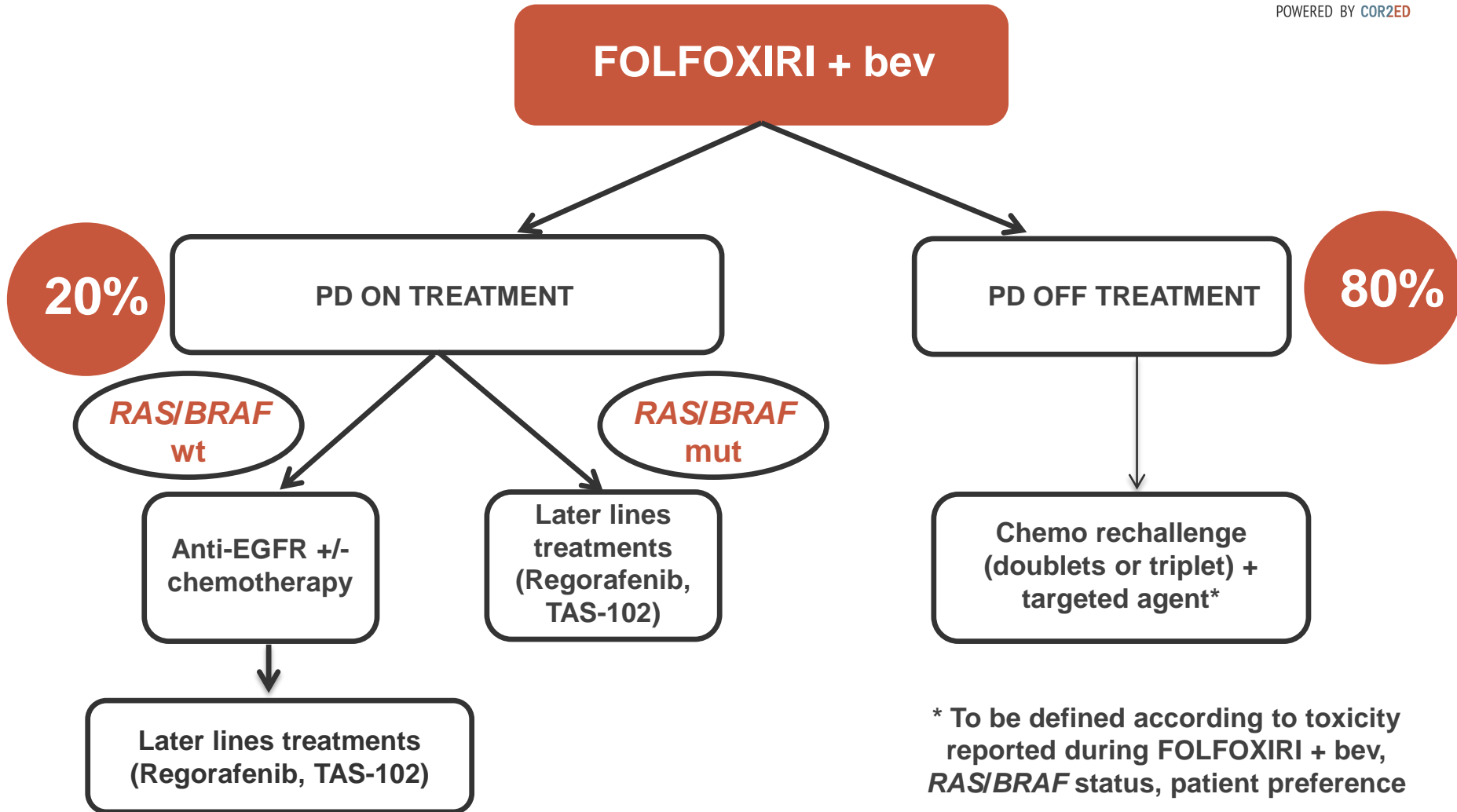




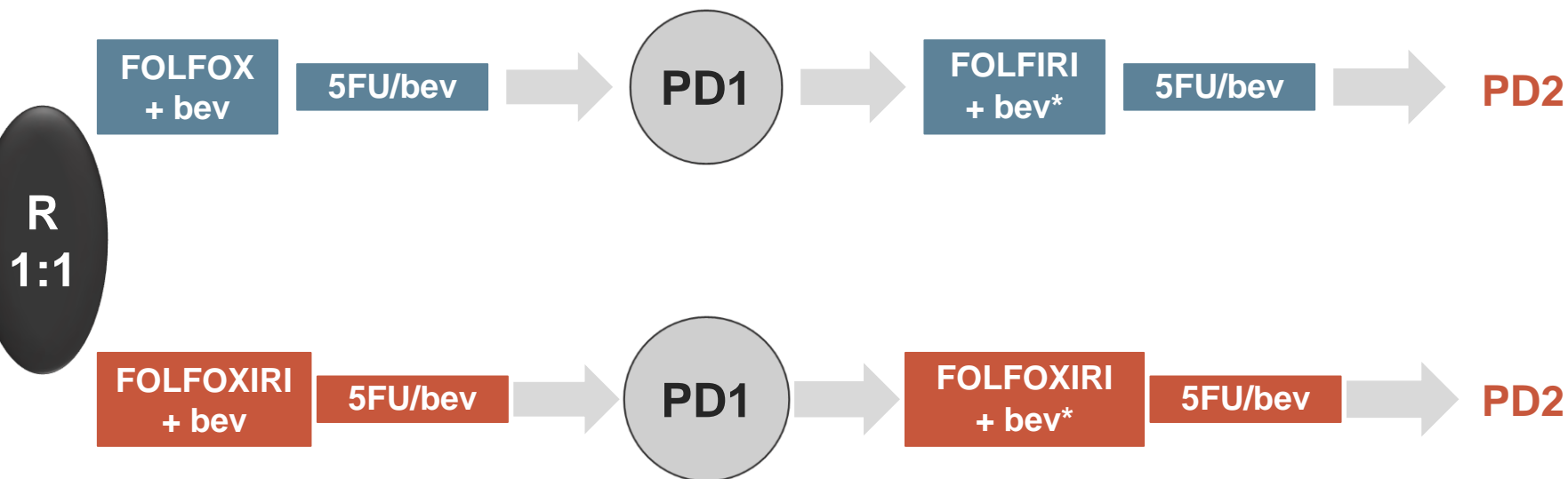
# FOLFOXIRI PLUS BEV: WHAT TO DO AFTER PROGRESSION?



# SUMMARIZING... A POTENTIAL ALGORITHM



# CURRENTLY ONGOING...TRIBE-2



Primary endpoint:

**Progression Free Survival 2**

\*all repeated for 8 cycles (4 months)  
followed by maintenance with 5FU/bev until PD

**Target accrual: 654 patients in 60 Italian centers**



GI CONNECT  
Bodenackerstrasse 17  
4103 Bottmingen  
SWITZERLAND

Dr. Antoine Lacombe  
Pharm D, MBA  
Phone: +41 79 529 42 79  
[antoine.lacombe@cor2ed.com](mailto:antoine.lacombe@cor2ed.com)

Dr. Froukje Sosef  
MD  
Phone: +31 6 2324 3636  
[froukje.sosef@cor2ed.com](mailto:froukje.sosef@cor2ed.com)

