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Associate Professor Gerald Prager

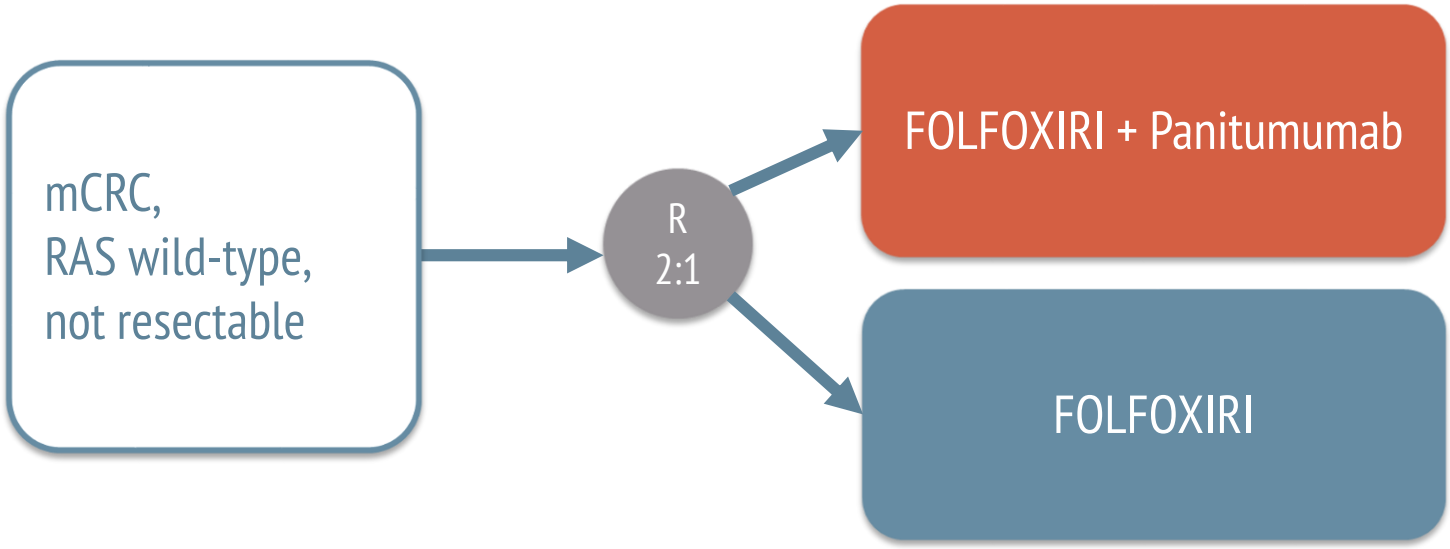
Department of Medical Oncology, Medical University of Vienna, Austria

HIGHLIGHTS ON CANCERS OF THE LOWER GI TRACT

mFOLFOXIRI + PANITUMUMAB VERSUS FOLFOXIRI AS FIRST-LINE TREATMENT IN PATIENTS WITH RAS WILD-TYPE mCRC: A RANDOMIZED PHASE II VOLFI TRIAL OF THE AIO (AIO-KRK0109)

Abstract 4750. Geissler et al

VOLFI (AIO KRK 0190)



°1: Overall Response Rate (ORR)
°2: Disease Control Rate (DCR), toxicity, …

96pts.
ORR 86% vs. 55%
DCR: 97% vs. 79%
Secondary resection: 60% vs. 36%
Serious adverse events: 45% vs. 24% ($p<0.05$)

Abstract 4750. Geissler et al. Presented at ESMO 2017

SUMMARY

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- In RAS wild-type mCRC patients addition of panitumumab to FOLFOXIRI is feasible
- The overall response rate is significantly increased by adding panitumumab to FOLFOXIRI
- The triple combination plus panitumumab bears a significantly higher rate of toxicity when compared to chemotherapy alone

Abstract 4750. Geissler et al. Presented at ESMO 2017

BEVACIZUMAB OR CETUXIMAB PLUS CHEMOTHERAPY AFTER PROGRESSION WITH BEVACIZUMAB PLUS CHEMOTHERAPY IN PATIENTS WITH WILD-TYPE KRAS mCRC: FINAL ANALYSIS OF A FRENCH RANDOMIZED, MULTICENTER, PHASE II STUDY (PRODIGE 18)

Abstract 4770. Bennouna et al

PRODIGE18: BEVACIZUMAB BEYOND PROGRESSION PLUS CHEMOTHERAPY SEEMS TO BE SUPERIOR COMPARED TO ANTI-EGFR BASED TREATMENT AFTER FAILURE OF BEV+CHEMO IN 1ST LINE

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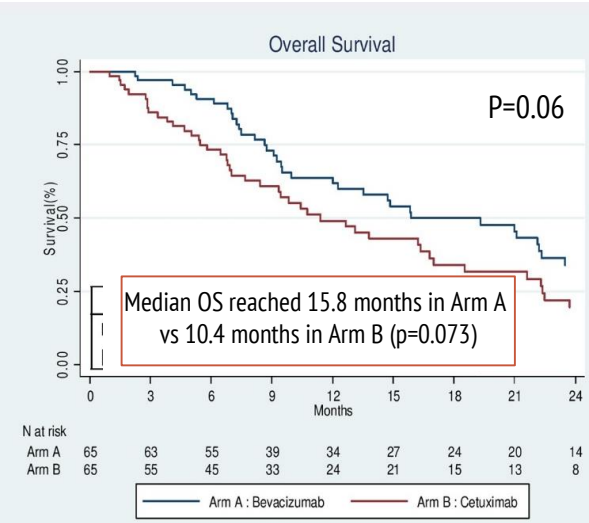
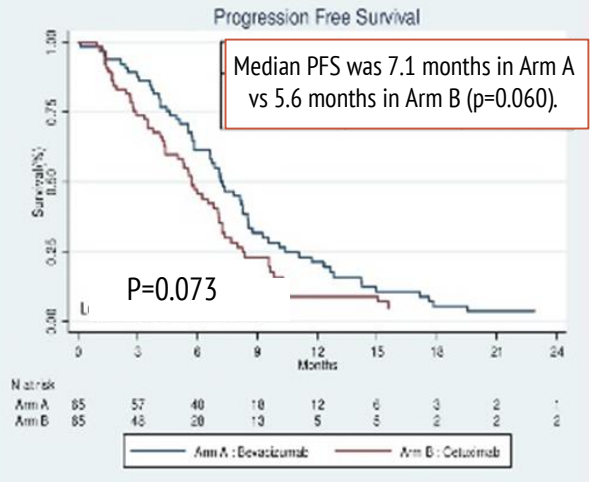
First line fluoropyrimidine based CT + bev

Randomisation 1:1

- Arm A: mFOLFOX6 or FOLFIRI + Bev
- Arm B: mFOLFOX6 or FOLFIRI + Cet





Abstract 4770. Bennouna et al. Presented at ESMO 2017

SUMMARY

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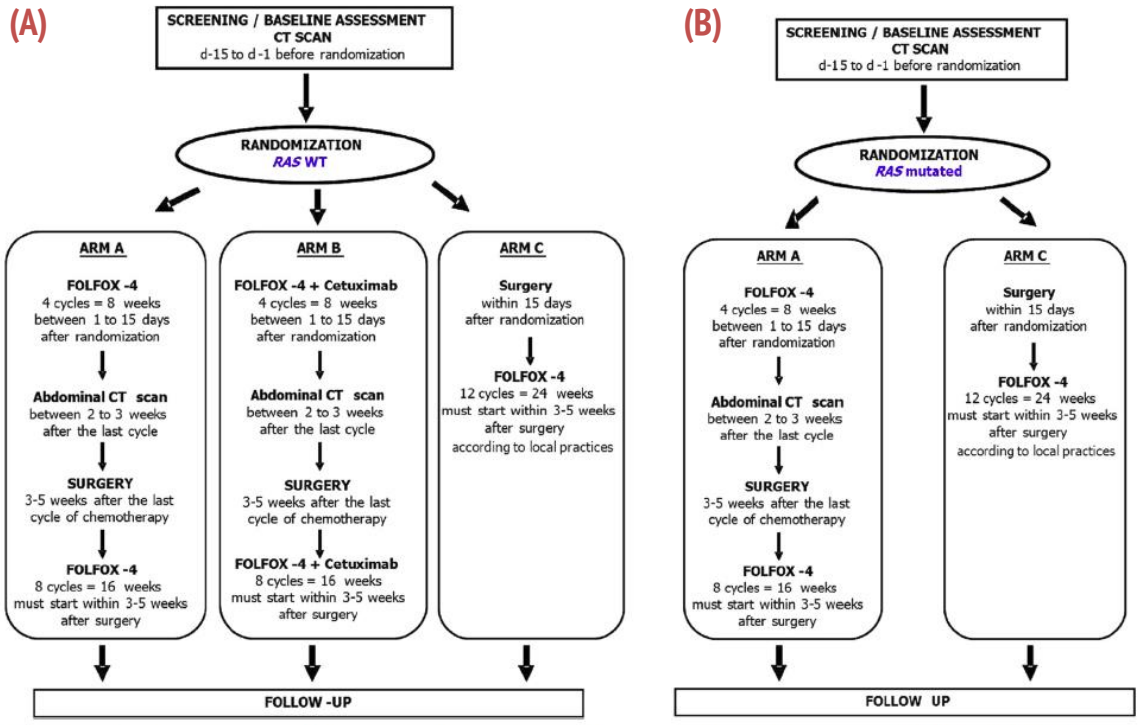
- In RAS wild-type mCRC patients pre-treated with bevacizumab plus chemotherapy, continuation of bevacizumab beyond progression seems to be favourable (although data were not statistically significant)

NEOADJUVANT FOLFOX 4 VERSUS FOLFOX 4 PLUS CETUXIMAB VERSUS IMMEDIATE SURGERY FOR HIGH-RISK STAGE II AND III COLON CANCERS: A PHASE II MULTICENTRE RANDOMISED CONTROLLED TRIAL (PRODIGE 22)

Abstract 476O. Karoui et al

PRODIGE22: NEOADJUVANT FOLFOX 4 VERSUS FOLFOX 4 PLUS CETUXIMAB VERSUS IMMEDIATE SURGERY FOR HIGH-RISK STAGE II AND III COLON CANCERS



Protocol overview. Temporal sequence of trial conduct in patients with *RAS*WT colon tumor (A) or RAS mutated colon tumor (B)

Prospective randomised phase II trial, 120pts

°1: tumor regression rate

Major pathological response:

- Surgery first: 7.7%
- Neoadj. Chemotherapy: 44.2%
- Neoadj. Chemo+cetuximab: 6.3%

Abstract 4760. Karoui et al. Presented at ESMO 2017; Karoui et al. BMC Cancer 2015;15:511

SUMMARY

- Pre-operative FOLFOX for locally advanced resectable colon cancer is feasible
- Pre-operative chemotherapy for locally advanced resectable colon cancer had an acceptable toxicity/morbidity profile
- Pre-operative chemotherapy led to an high grade TRG

Abstract 4760. Karoui et al. Presented at ESMO 2017; Karoui et al. BMC Cancer 2015;15:511

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GI CONNECT
Bodenackerstrasse 17
4103 Bottmingen
SWITZERLAND

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

Dr. Froukje Sosef
MD
Phone: +31 6 2324 3636
froukje.sosef@cor2ed.com