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Impact of anti-VEGF therapy in metastatic colorectal cancer with an intact primary tumour.

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WE RECOMMEND

Randomized, Phase III Trial of Panitumumab With Infusional Fluorouracil, Leucovorin, and Oxaliplatin (FOLFOX4) Versus FOLFOX4 Alone As First-Line Treatment in Patients With Previously Untreated

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Abstract Disclosures

Abstract

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Background: The management of metastatic colorectal cancer (mCRC) with anti-VEGF therapy and a fluoropyrimidine-containing chemotherapy is well established in first and second line therapy. However the role, safety and benefits of anti-VEGF therapy (Bevacizumab)

in specific subgroups including those with an intact primary tumour (IPT), are not well described. **Methods:** Consecutive mCRC pts enrolled from January 2009 were identified from a prospective multi-site Australian registry. Survival and key safety endpoints were explored for pts with an IPT versus pts with a resected primary (RPT). Differences in outcomes were compared using log-rank test and Kaplan-Meier curves. **Results:** Of 1,204 pts with mCRC, 826 (69%) eligible pts were identified. Anti-VEGF therapy use in the first-line setting was similar in pts with an IPT [200/313 (64%)] vs. a RPT [357/513 (70%)]. In both groups the addition of anti-VEGF therapy was associated with greater PFS; IPT 8.5 vs. 4.7 months (HR 0.73, p=0.017) and RPT 10.8 vs. 5.8 months (HR 0.67, p=0.0002). OS was longer in anti-VEGF treated pts; IPT 20 vs. 14.8 months (HR 0.66, p=0.0046) and RPT 24.4 vs. 17.3 months (HR 0.71, p=0.0039). A trend for more GI perforations with anti-VEGF therapy use was seen in pts with IPT (4.5% vs. 1.8%, p=0.33), but not RPT (1.7% vs. 1.9%). The rate of bleeding and thrombosis was lower in the IPT group treated with bev: 1.5% vs. 5.3%, p=0.05 and 1.5% vs. 2.7%, p=0.47 respectively. In comparison, RPT pts treated with and without anti-VEGF therapy had a bleeding rate of 3.4% vs. 0.6%, p=0.07, and a thrombosis rate of 5.9% vs. 0.6%, p=0.007. **Conclusions:** In routine clinical practice clinicians appear comfortable using anti-VEGF therapy in pts with an IPT. Superior PFS and OS outcomes were seen with addition of anti-VEGF therapy, with no evident impact of primary tumor status. There was a trend for a higher GI perforation rate in anti-VEGF treated IPT pts, but a lower rate of other adverse events. This may reflect clinicians avoiding anti-VEGF therapy in pts considered at increased risk of these complications. Further analysis is underway to explore this possibility.

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