Colon cancer is the third most common cancer in the world, with nearly 1.6 million new cases diagnosed in 2022. Metastatic colon cancer (mCRC) represents about 20%-30% of all new diagnoses of this disease. At follow-up of patients with completely resected localized disease, we know that 5% -10% of stage I, 15%-20% of stage II, and 25%-35% of stage III will relapse.

Survival results of the different studies show little variation in progression-free survival (PFS) to the first line of treatment (about 10 months). From this data, it appears that the treatments applied in successive lines will have a fundamental importance in the overall survival (OS). Studies in second line mCRC have survival ranging around 10-14 months. No study has averaged over 10 cycles. In the VELLORE trial, in the aflibercept arm, patients received a median of nine cycles overall (21.4 weeks), with a median of seven cycles of aflibercept. Chau et al. identified best-responders as those with ECOG 0 with any metastatic site, and those with ECOG 1 with only one metastatic site. In daily practice, there is a subset of patients treated with FOLFIRI + Aflibercept with unknown characteristics receiving a number of cycles higher than the average numbers of cycles from the clinical trials. But there is no analysis of the characteristics of these patients, facing survival or in relation to toxicity.

The aim of this analysis is to recognize the clinical and pathological characteristics of a Spanish mCRC patients in 15 centers with metastatic colon cancer, receiving 25 cycles or more of FOLFIRI+Aflibercept as a second line.

Characteristics of first line treatment are summarized (Table 1) as well as clinical and pathological characteristics at the beginning of the first and second line (Table 2 and Table 3).

Analyses were performed with SPSS (Statistical Package for the Social Science) for the progression-free survival (PFS) of first line and global overall survival (OS) and overall survival after second line curves.

RESULTS

• EFFICACY
  - Medical record of 19 pts with mCRC, who participated in this analysis, was retrospectively reviewed. Their characteristics are summarized in (Table 1, table 2 and figure 2).
  - There were few dose reductions of Aflibercept (n=4; 22%), however FOLFIRI treatment dose reduction was necessary in 15 patients (79%).

• SAFETY
  - The most frequent adverse events grade 3-4 related with treatment were hypertension (n=3), neutropenia (n=2), proteinuria (n=2) and pulmonary embolism (n=2). There was not a treatment-related death. Toxicity are summarized in Table 4.

CONCLUSIONS

Long treatment duration can be achieved with FOLFIRI + Aflibercept, independently of the ECOG or the number of Metastatic Sites. In this series, all patients had a left-sided tumor and were mostly RAS mutant.

REFERENCES

(2)Chau et al. BMC Cancer. 2014 Aug 20;14:605