## Outcomes Similar With BEV or CET Added to Induction CT for mCRC

Written by Mary Mosley

First-line treatment for metastatic colorectal cancer (mCRC) is combination chemotherapy (CT) plus a monoclonal antibody (mAB). The Cetuximab and/or Bevacizumab Combined With Combination Chemotherapy in Treating Patients With Metastatic Colorectal Cancer [CALGB/SWOG 80405; NCT00265850] study examined whether a strategy that blocked endothelial growth factor receptors with the mAB cetuximab (CET) or blocked vascular endothelial growth factors with the mAB bevacizumab (BEV) provided a greater improvement in the effectiveness of CT.

In the CALGB/SWOG 80405 study, patients with *KRAS* wild-type (codons 12 and 13) mCRC and ECOG performance status 0 to 1, at the discretion of the physician and patient at enrollment, received either irinotecan hydrochloride, fluorouracil, and leucovorin calcium (FOLFIRI CT) or modified leucovorin calcium, fluorouracil, and oxaliplatin (mFOLFOX6 CT) [Venook A et al. *Ann Oncol.* 2014 (abstr O-0019)]. The patients were randomized to CET (CT + CET arm; n = 578) or BEV (CT + BEV arm; n = 559).

The study started in November 2005, and 2 changes were made to the study design in June 2009: patients with unselected mCRC (ie, without *KRAS* wild-type tumors) were not eligible, and the third study arm with the combination of CET + BEV was eliminated.

The median follow-up was 24 months. The median age of the patients was 59 years, and 61% were men. Overall survival, the primary end point, was 29.04 months (range, 25.66 to 31.21) with CT + BEV, compared with 29.93 months (range, 27.56 to 31.21) with CT + CET (HR, 0.92; 95% CI, 0.78 to 1.09; p = .34).

Progression-free survival, as assessed by the investigator, was 10.84 months (range, 9.86 to 11.4) and 10.45 months (range, 9.66 to 11.33) in the CT + BEV and CT + CET arms, respectively. No evidence of disease after surgery was identified in 94 patients after a median follow-up of 40 months (range, 8.0 to 86.0). Study outcomes or serious toxicity did not differ in relation to the sex of the patient or the treatment that the patient received.

An analysis of the CT regimens in this study is underway, but it is limited because 73% of patients received mFOLFOX6 and only 27% received FOLFIRI. Other analyses are underway to identify subsets of patients who may have more benefit from a specific regimen compared with another.

In patients with *KRAS* wild-type mCRC, CT + CET or CT + BEV had the same effect on overall survival; thus, either regimen is appropriate for first-line therapy, according to Alan P. Venook, MD, University of California, San Francisco, San Francisco, California. The overall survival of > 29 months achieved in this study was greater than that seen in other studies in this population.

## Regorafenib Improves OS in Asian Patients With mCRC After Previous Failure With Standard Therapy

Written by Muriel Cunningham

The oral multikinase inhibitor regorafenib targets multiple pathways involved in tumor development and progression. In the CORRECT study [Grothey A et al. *Lancet.* 2013], treatment with regorafenib improved overall survival (OS) in patients with metastatic colorectal cancer (mCRC) disease progression after standard therapies (HR, 0.77; 95% CI, 0.64 to 0.94; 1-sided p = .0052). The CORRECT study population included 15% Asian patients, primarily from Japan. Jin Li, MD, PhD, Fudan University Cancer Hospital, Shanghai, China, presented the results from the Asian Subjects With Metastatic Colorectal Cancer Treated With Regorafenib or Placebo After Failure of Standard Therapy study [CONCUR; NCT01584830], a trial examining the efficacy and safety of regorafenib in a larger group of Asian patients with mCRC.

Conducted at 25 clinical centers in mainland China, Hong Kong, Taiwan, the Republic of Korea, and Vietnam, the CONCUR study enrolled eligible patients who had stage IV adenocarcinoma of the colon or rectum that had progressed within 3 months after receiving standard therapy and an ECOG Performance Status (PS) ≤ 1. A minimum of 2 prior treatments, including fluoropyrimidine, oxaliplatin, and irinotecan, was a requirement for participation. Previous treatment with anti–vascular endothelial growth factor (VEGF) or anti–epidermal growth factor receptor (EGFR) targeted therapies was permitted.

Patients were randomized in a 2:1 ratio to best supportive care plus regorafenib (160 mg/d) or best supportive care plus placebo for the first 3 weeks of each 4-week cycle [Li J et al. *Ann Oncol.* 2014 (abstr O-0023)]. The randomization was stratified by the number of single versus multiple metastatic sites and time from diagnosis of metastatic disease to randomization (< 18 vs ≥ 18 months). Patients received treatment