ANNA, 53

Diagnosed with unresectable mCRC[1-4]

- ECOG PS: 0
- KRAS mutation

Anna's treatment history[1,5-8]

- First line: FOLFOX + bevacizumab
- Second line: FOLFIRI + bevacizumab

Anna transitioned to LONSURF® (trifluridine and tipiracil) tablets at 3L because[1,7,9]

- After 2 months on FOLFIRI + bevacizumab, CT scan showed disease progression
- Having a flexible dosing schedule is important to her

Study Design[1,2]

RECOURSE was an international, randomized, double-blind, placebo-controlled phase 3 trial. Treatment arms were LONSURF plus best supportive care vs placebo plus best supportive care. All patients were ≥18 years of age, had histologically confirmed mCRC, had ECOG PS of 0 or 1, had received ≥2 prior regimens of standard chemotherapy, and were refractory to or were failing all of the following within 3 months: fluoropyrimidine, irinotecan, and oxaliplatin; an anti-VEGF biological therapy; and, if *RAS* wild type, an anti-EGFR therapy. The primary endpoint was OS. Key secondary endpoints included PFS and safety and tolerability.

ECOG PS=Eastern Cooperative Oncology Group performance status; FOLFIRI=leucovorin, fluorouracil, and irinotecan combination therapy; FOLFOX=leucovorin, fluorouracil, and oxaliplatin combination therapy; mCRC=metastatic colorectal cancer; OS=overall survival; PFS=progression-free survival; RECOURSE=**Re**fractory **Co**lo**re**ctal Cancer **S**tudy.

LONSURF is indicated for the treatment of adult patients with metastatic colorectal cancer previously treated with fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, an anti-VEGF biological therapy, and if RAS wild-type, an anti-EGFR therapy.

LONSURF is indicated for the treatment of adult patients with metastatic gastric or gastroesophageal junction adenocarcinoma previously treated with at least two prior lines of chemotherapy that included a fluoropyrimidine, a platinum, either a taxane or irinotecan, and if appropriate, HER2/neu-targeted therapy.

Important Safety Information

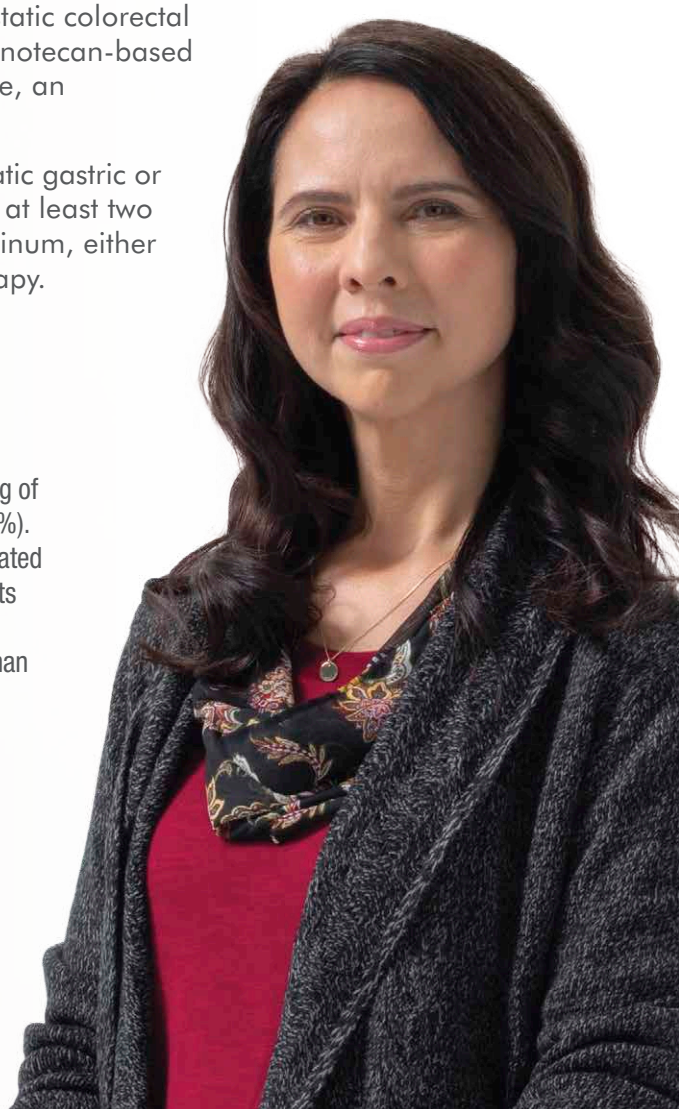
WARNINGS AND PRECAUTIONS

Severe Myelosuppression:

LONSURF caused severe and life-threatening myelosuppression (Grade 3-4) consisting of neutropenia (38%), anemia (18%), thrombocytopenia (5%), and febrile neutropenia (3%). Two patients (0.2%) died due to neutropenic infection. A total of 12% of LONSURF-treated patients received granulocyte-colony stimulating factors. Obtain complete blood counts prior to and on day 15 of each cycle of LONSURF and more frequently as clinically indicated. Withhold LONSURF for febrile neutropenia, absolute neutrophil count less than 500/mm^3, or platelets less than 50,000/mm^3. Upon recovery, resume LONSURF at a reduced dose as clinically indicated.

Please see additional Important Safety Information on back and full Prescribing Information in pocket.

Lonsurf®
(trifluridine and tipiracil) tablets



Actor portrayal.

Important Safety Information

WARNINGS AND PRECAUTIONS (continued)

Embryo-Fetal Toxicity:

LONSURF can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to the fetus. Advise females of reproductive potential to use effective contraception during treatment and for at least 6 months after the final dose.

USE IN SPECIFIC POPULATIONS

Lactation: It is not known whether LONSURF or its metabolites are present in human milk. There are no data to assess the effects of LONSURF or its metabolites on the breast-fed infant or the effects on milk production. Because of the potential for serious adverse reactions in breast-fed infants, advise women not to breastfeed during treatment with LONSURF and for 1 day following the final dose.

Male Contraception: Because of the potential for genotoxicity, advise males with female partners of reproductive potential to use condoms during treatment with LONSURF and for at least 3 months after the final dose.

Geriatric Use: Patients 65 years of age or over who received LONSURF had a higher incidence of the following compared to patients younger than 65 years: Grade 3 or 4 neutropenia (46% vs 32%), Grade 3 anemia (22% vs 16%), and Grade 3 or 4 thrombocytopenia (7% vs 4%).

Hepatic Impairment: Do not initiate LONSURF in patients with baseline moderate or severe (total bilirubin greater than 1.5 times ULN and any AST) hepatic impairment. Patients with severe hepatic impairment (total bilirubin greater than 3 times ULN and any AST) were not studied. No adjustment to the starting dose of LONSURF is recommended for patients with mild hepatic impairment.

Renal Impairment: No adjustment to the starting dosage of LONSURF is recommended in patients with mild or moderate renal impairment (CLcr of 30 to 89 mL/min). Reduce the starting dose of LONSURF for patients with severe renal impairment (CLcr of 15 to 29 mL/min) to a recommended dosage of 20 mg/m^2.

ADVERSE REACTIONS

Most Common Adverse Drug Reactions in Patients Treated With LONSURF (≥5%): The most common adverse drug reactions in LONSURF-treated patients vs placebo-treated patients with mCRC, respectively, were asthenia/fatigue (52% vs 35%), nausea (48% vs 24%), decreased appetite (39% vs 29%), diarrhea (32% vs 12%), vomiting (28% vs 14%), infections (27% vs 16%), abdominal pain (21% vs 18%), pyrexia (19% vs 14%), stomatitis (8% vs 6%), dysgeusia (7% vs 2%), and alopecia (7% vs 1%). In metastatic gastric cancer or gastroesophageal junction (GEJ), the most common adverse drug reactions, respectively were, nausea (37% vs 32%), decreased appetite (34% vs 31%), vomiting (25% vs 20%), infections (23% vs 16%) and diarrhea (23% vs 14%).

Pulmonary emboli occurred more frequently in LONSURF-treated patients compared to placebo: in mCRC (2% vs 0%) and in metastatic gastric cancer and GEJ (3% vs 2%).

Interstitial lung disease (0.2%), including fatalities, has been reported in clinical studies and clinical practice settings in Asia.

Laboratory Test Abnormalities in Patients Treated With LONSURF: The most common laboratory test abnormalities in LONSURF-treated patients vs placebo-treated patients with mCRC, respectively, were anemia (77% vs 33%), neutropenia (67% vs 1%), and thrombocytopenia (42% vs 8%). In metastatic gastric cancer or GEJ, the test abnormalities, respectively, were neutropenia (66% vs 4%), anemia (63% vs 38%), and thrombocytopenia (34% vs 9%).

Please see full Prescribing Information in pocket.

References: 1. LONSURF [package insert]. Princeton, NJ: Taiho Oncology, Inc.; 2019. **2.** Mayer RJ, Van Cutsem E, Falcone A, et al; for the RECOURSE Study Group. Randomized trial of TAS-102 for refractory metastatic colorectal cancer. *N Engl J Med.* 2015;372(20):1909-1919. **3.** Treatment of colon cancer, by stage. *American Cancer Society* website. https://www.cancer.org/cancer/colon-rectal-cancer/treating/by-stage-colon.html. Updated June 29, 2020. Accessed October 26, 2021. **4.** Tabernero J, Dekervel J, Van Cutsem E, Elez E. Unmet medical need in patients with metastatic colorectal cancer with *BRAF V600E* mutations: a review. *EMJ Oncol.* 2020;8[suppl 3]:2-14. **5.** Strickler JH, Hurwitz HI. Bevacizumab-based therapies in the first-line treatment of metastatic colorectal cancer. *Oncologist.* 2012;17(4):513-524. **6.** Referenced with permission from the *NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Colon Cancer V.3.2021*. ©National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Accessed October 4, 2021. To view the most recent and complete version of the guideline, go online to NCCN.org. **7.** Hess KR, Varadhachary GR, Taylor SH, et al. Metastatic patterns in adenocarcinoma. *Cancer.* 2006;106(7):1624-1633. **8.** Cassidy J, Misset J-L. Oxaliplatin-related side effects: characteristics and management. *Semin Oncol.* 2002;29(5)(suppl 15):11-20. **9.** Clarke SJ, Yip S, Brown C, et al; the Australasian Gastro-Intestinal Trials Group. Single-agent irinotecan or 5-fluorouracil and leucovorin (FOLFIRI) as second-line chemotherapy for advanced colorectal cancer; results of a randomised phase II study (DaVINCI) and meta-analysis. *Eur J Cancer.* 2011; 47(12):1826-1836.

LONSURF® tablets—FTD/TPI is available in 2 strengths

- 15 mg trifluridine/6.14 mg tipiracil tablet
- 20 mg trifluridine/8.19 mg tipiracil tablet

Learn more at LONSURFhcp.com

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