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P-28 Real-world observational study of MVASI in metastatic colorectal cancer patients in Canada: Baseline patient characteristics

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Background: MVASI is a biosimilar to bevacizumab, a recombinant immunoglobulin G1 monoclonal antibody binding the vascular endothelial growth factor. Following comprehensive analytical characterization, MVASI was shown to be comparable to the reference product bevacizumab. It became one of the first therapeutic biosimilars approved by Health Canada for the treatment of all previously approved bevacizumab indications, including metastatic colorectal cancer (mCRC). To address Canadian healthcare stakeholders' focus on real-world evidence generation for oncology biosimilars, this study aims to characterize Canadian mCRC patients treated with MVASI and to describe the real-world safety and effectiveness of MVASI.

Methods: This retrospective observational chart review included adult patients who received ≥1 MVASI cycle as their first-line biologic treatment for mCRC. Baseline demographics and cancer characteristics were collected from medical records within six months of pre-MVASI initiation (index date). Medical history, adjuvant treatment, and CRC diagnosis data were gathered within five years of pre-index date. MVASI safety and effectiveness data collection spanned from index date to chart review date. The initial data described herein were collected approximately one-year post-MVASI availability; a second wave of data collection will include centers where MVASI has been available for approximately two years, thereby allowing for increased follow-up period.

Results: Most participants were recruited from Quebec (35/75; 46.7%) and Ontario (22/75; 29.3%). Among the 75 eligible participants, 39/75 (52.0%) were female, 38/75 (50.7%) were Caucasian, and the median age was 62 years. Most participants never smoked (32/75; 43%), followed by former (19/75; 25.3%), and current smokers (16/75; 21.3%). Among those with a recorded Eastern Cooperative Oncology Group status at baseline, most had a grade of 0 (27/62; 43.5%) or 1 (33/62; 53.2%). Normal stool habit was reported for 27/75 (36.0%) participants, while no record was available for 31/75 (41.3%) participants. Most participants with a recorded Charlson comorbidity index had a score of 6-10 (28/38; 73.7%). The most common comorbidity was cardiovascular disease (21/75; 28.0%), and the use of anti-hypertensive therapies was reported for 22/75 (29.3%) participants. At mCRC diagnosis, TNM stage in most participants was T3 (22/75; 29.3%) or T4a (26/75; 34.7%), N1 (13/75; 17.3%) or unknown N stage (14/75; 18.7%), and M1 (27/75; 36.0%) or unknown M stage (26/75; 34.7%). Most primary tumours were left-sided, involving the rectum (18/75; 24.0%) or sigmoid colon (17/75; 22.7%) and were moderately differentiated (32/75; 42.7%). RAS or BRAF mutations were reported in 42/69 (60.9%) and 14/63 (22.2%) participants, respectively. All participants had either one (40/75; 53.3%) or two-to-three metastatic sites (35/75; 46.7%) that were primarily located in the liver (48/75; 64.0%). The median time from mCRC diagnosis to MVASI initiation was 3.1 months (interquartile range (2.1, 4.2)).

Conclusions: Patients with mCRC included in the first wave were generally representative of the Canadian mCRC population treated with first-line bevacizumab. Compared with other published Canadian studies, differences in patient characteristics included a longer period of first-line therapy initiation and a higher proportion of patients with RAS mutation. It is anticipated that upcoming additional observations from this study will refine the real-world profile of this patient population.

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P-29 Overall survival and treatment patterns in patients with metastatic colorectal cancer (CRC): A retrospective chart review

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Background: Colorectal cancer (CRC) is one of the most prevalent cancers worldwide and the second most diagnosed cancer in Europe. This study aimed to describe demographic and clinical characteristics, treatment patterns, and overall survival (OS) for metastatic CRC (mCRC) patients in the UK.

Methods: This was an observational, single-centre, retrospective chart review of patients receiving systemic treatment (chemotherapy with or without targeted biologics), radiotherapy, surgery or best supportive care for mCRC at the University College London Hospital between 01 January 2011 to 31 December 2016. The index date was defined as the date of first confirmed diagnosis of mCRC.

Results: In total, 107 patients (mean age 58.8 years, male [52.3%] with Eastern Cooperative Oncology Group performance status 0/1 [70.4%]) met the eligibility criteria. The majority of patients were white (73.8%), had grade 2 or moderately differentiated tumours (59.8%) and had not undergone prior resection (86.0%). The most commonly received first- and second-line therapies included FOLFOX and FOLFIRI chemotherapy regimens with or without targeted biologicals e.g., bevacizumab or cetuximab. Later lines of therapy included re-challenge with pervious chemotherapy regimens, trifluridine—tipiracil chemotherapy or a switch to palliative non-systemic therapies, e.g., surgery, radiotherapy or best supportive care. The mean time from diagnosis to initiation of first-line therapy was 53.1 days (SD: 97.1 days). The median OS for the entire cohort (from index date) was 20.2 months; one-, two- and four-year OS were 70.8%, 41.6% and 13.4%, respectively. Median OS was 17.6, 14.0, 10.5, 10.1, and 8.3 months when stratified by initiation of first-, second-, third-, fourth-, and fifth-line therapy, and the corresponding one-year OS were 64.6%, 56.0%, 42.2%, 35.5%, and 19.2%, respectively.

Conclusions: In this real-world cohort, patients diagnosed with mCRC survive on average less than two years with limited therapeutic options, particularly following first- and second-line therapy. This highlights the need for novel treatments to improve survival in this patient population.

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