

# EGFR Advisors' Network (EAN) for metastatic colorectal cancer (mCRC) Vienna, April 8–9, 2011



Chairs: W Scheithauer  
R Adam

**Treatment aim:**  
**Symptom-free survival**

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***Vienna, Austria***



# Patient groups in non-resectable mCRC

## Group 1

**Patients with  
metastases that  
might become  
resectable**

## Group 2

**Patients with  
non-resectable  
metastases, high  
tumor burden, or  
tumor-related  
symptoms**

**Rapid tumor  
shrinkage &  
symptom relief**

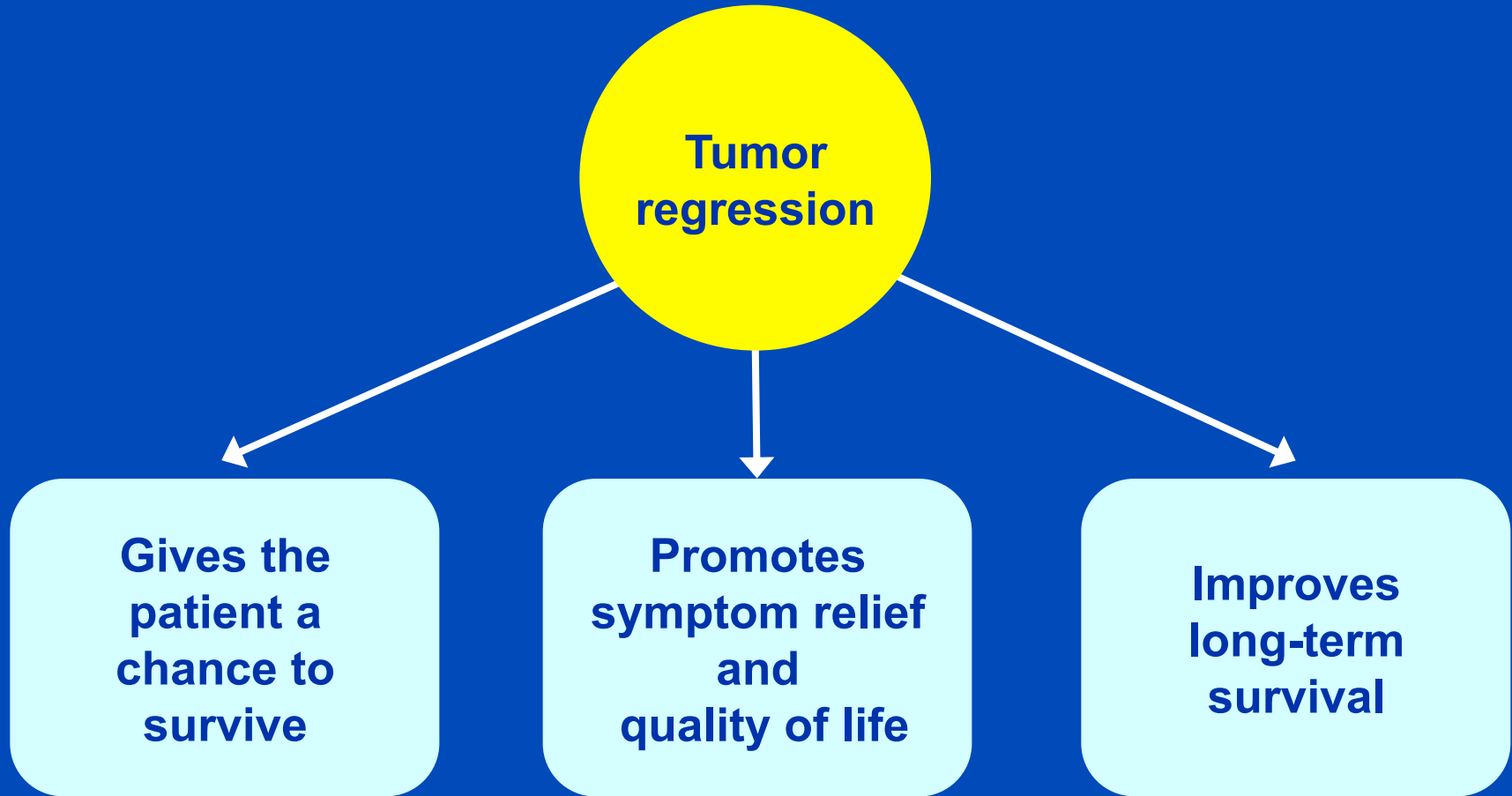
## Group 3

**Patients with  
non-resectable  
metastases,  
asymptomatic and  
less aggressive  
disease**



# Inducing tumor regression is essential

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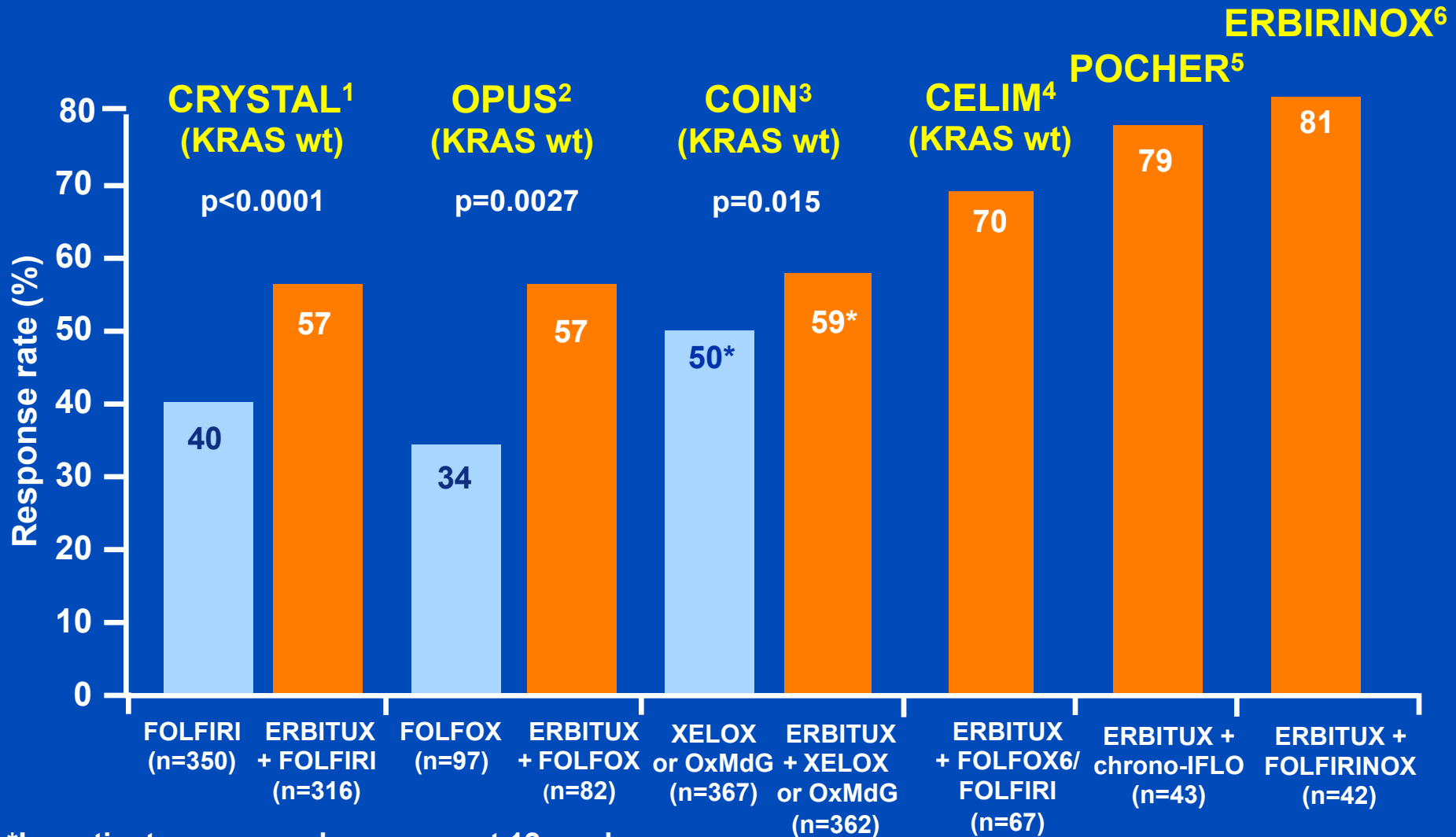


# Expert review from ICACT 2009: Optimizing 1st-line treatment for mCRC



- For patients who present with symptomatic and aggressive disease, **rapid tumor shrinkage is essential** and likely to relieve symptoms
- For these patients, the recommended treatment is similar to that used in the neoadjuvant setting
- The best chemotherapeutic treatment option is a combination regimen, eg, FOLFOX or FOLFIRI
- Addition of biologic agents may increase response rate and prolong PFS, OS, and **symptom-free survival**, with the aim of improving quality of life

# Response rates with ERBITUX



\*Investigator-assessed response at 12 weeks

<sup>1</sup>Van Cutsem E, et al. ASCO GI 2010, Abstract No. 281; <sup>2</sup>Bokemeyer C, et al. ASCO GI 2010, Abstract No. 428;

<sup>3</sup>Maughan T, et al. ECCO-ESMO 2009, Abstract No. 6LBA; <sup>4</sup>Folprecht G, et al. Lancet Oncol 2010;

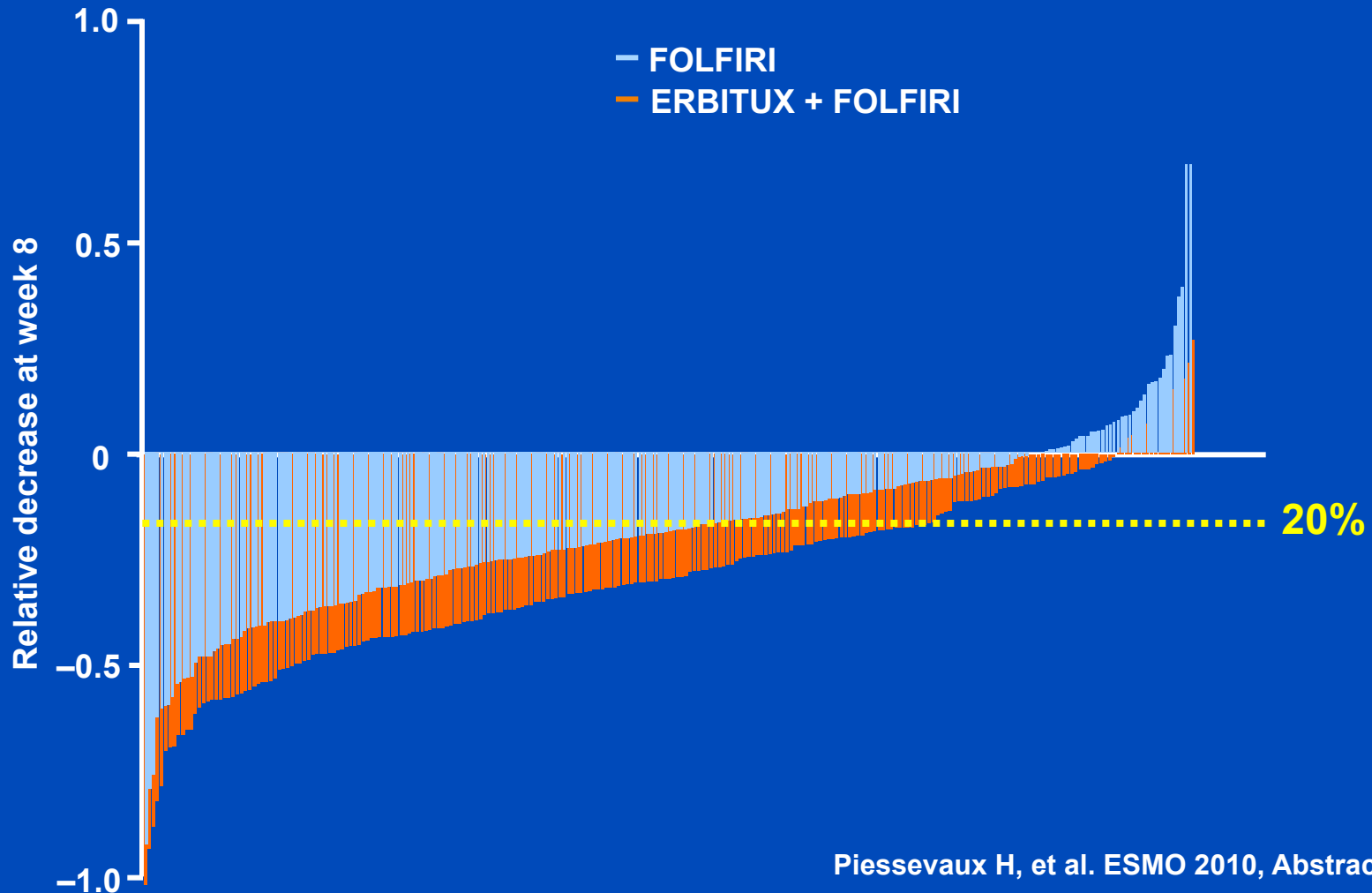
<sup>5</sup>Garufi C, et al. Br J Cancer 2010;103:1542–1547; <sup>6</sup>Samalin E, et al. WCGIC 2009, Abstract No. 462.

**Early tumor shrinkage at first CT scan:**  
**Relationship to outcomes?**



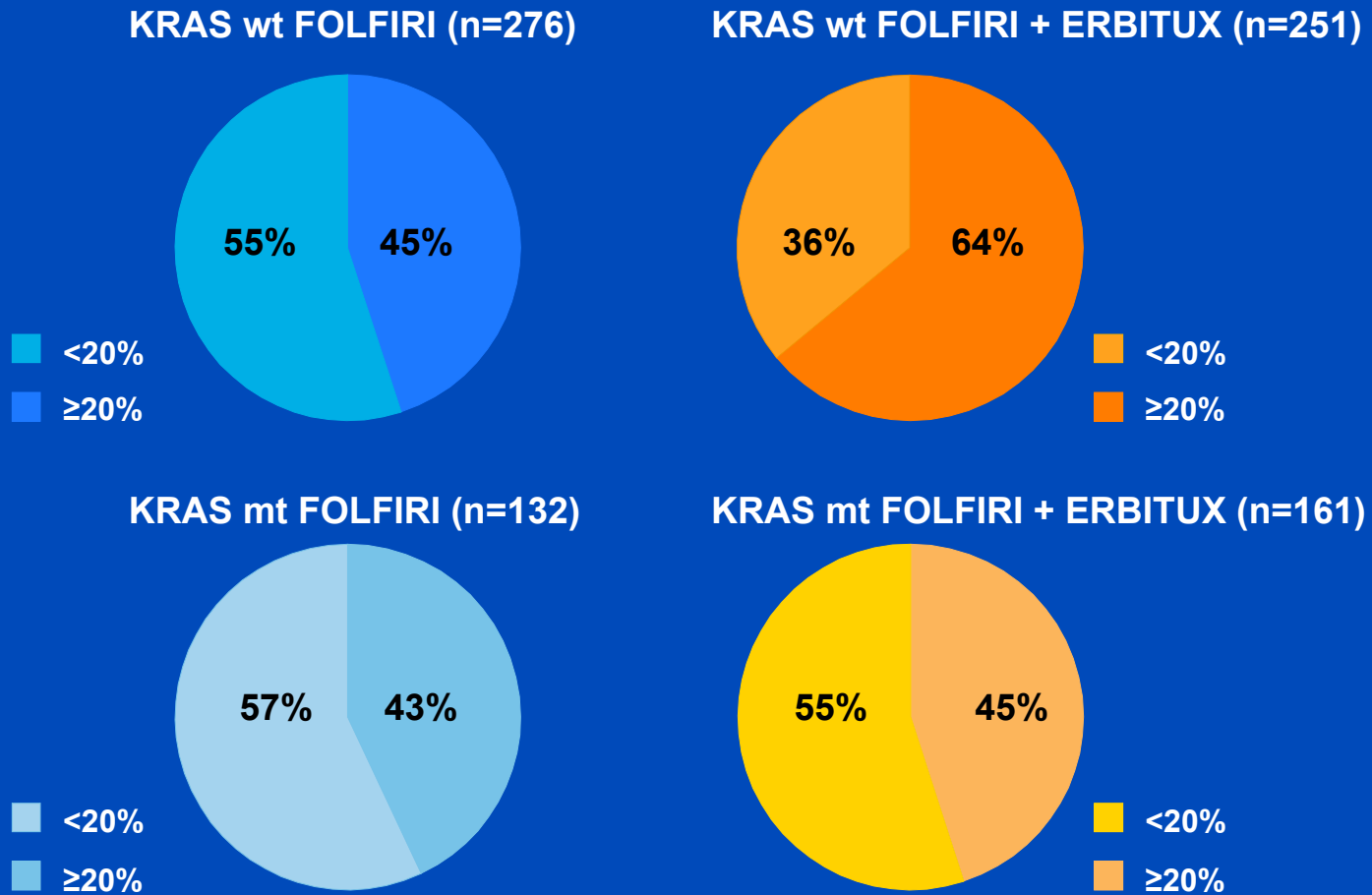
# CRYSTAL: 8-week tumor regression according to treatment in patients with KRAS wt tumors

A time-dependent receiver operating curve analysis identified the best cut-off to use as a predictive variable for outcome was a  $\geq 20\%$  tumor shrinkage at week 8 (the first CT scan)



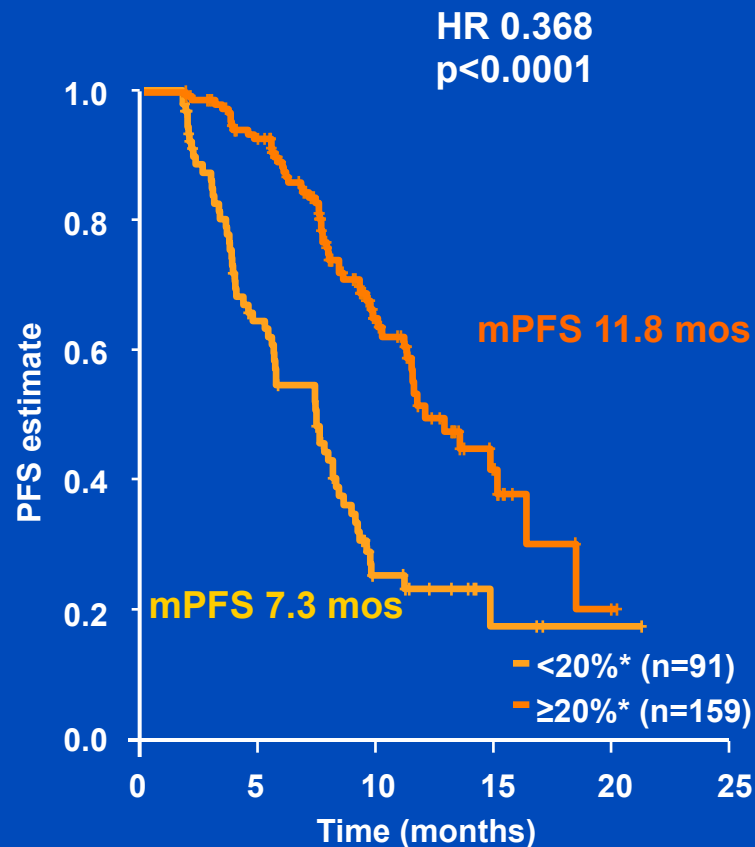


# CRYSTAL: Early tumor shrinkage at week 8 by KRAS mutation status and treatment

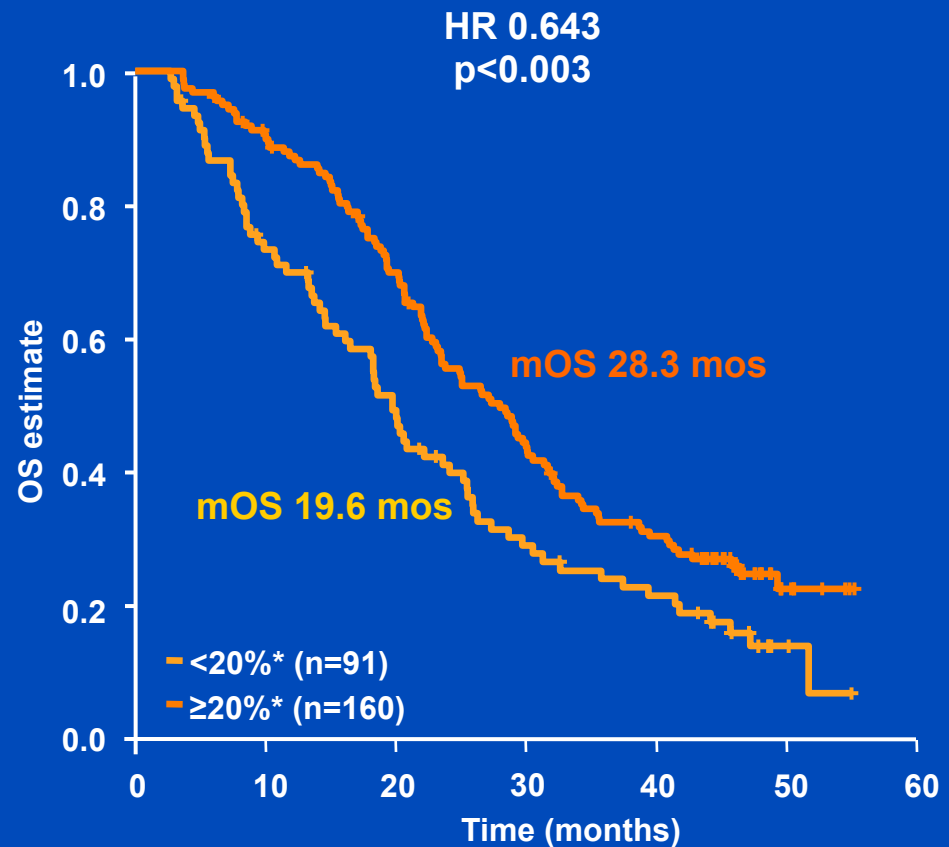


# CRYSTAL: Early tumor shrinkage and PFS and OS in patients with KRAS wt tumors treated with FOLFIRI and ERBITUX

## PFS



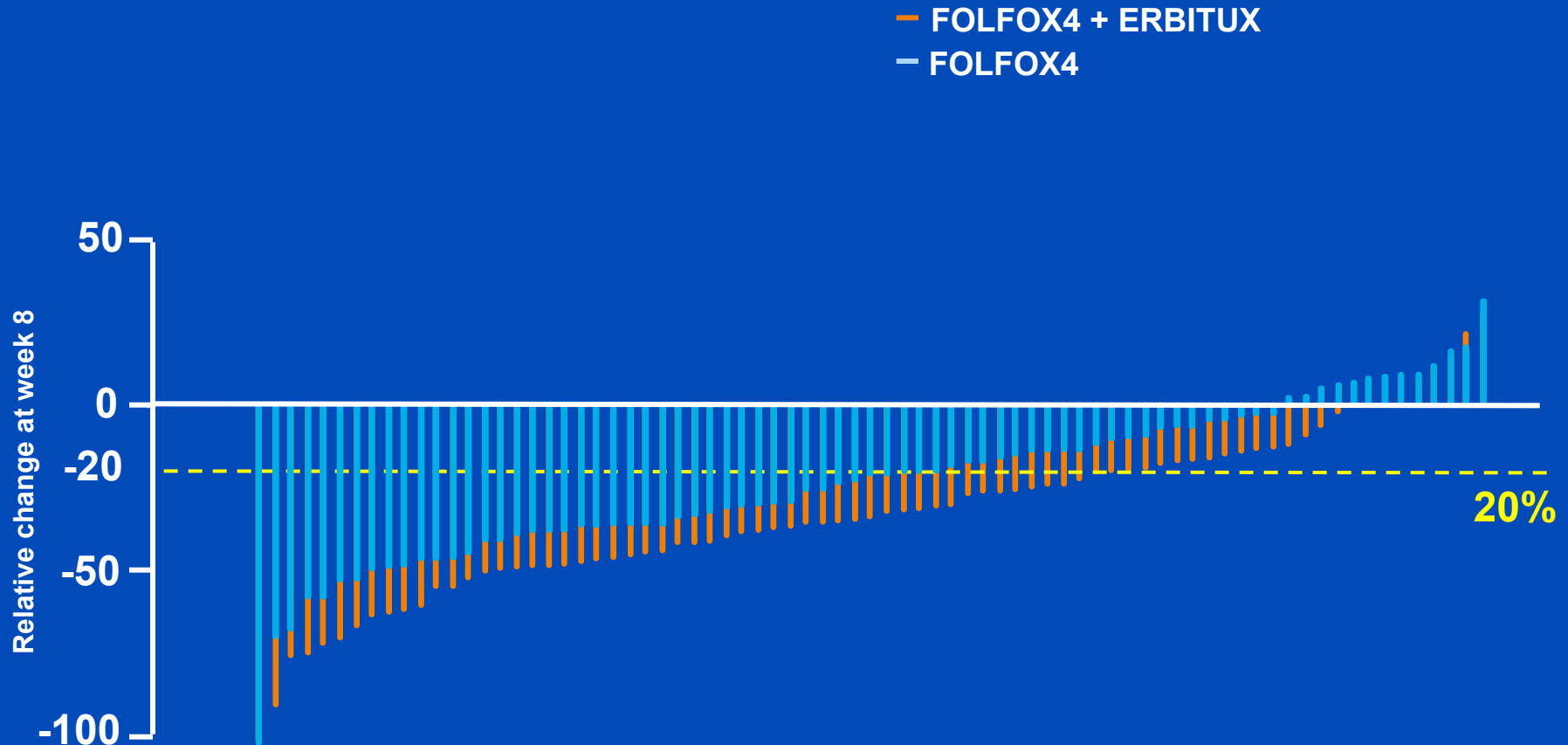
## OS



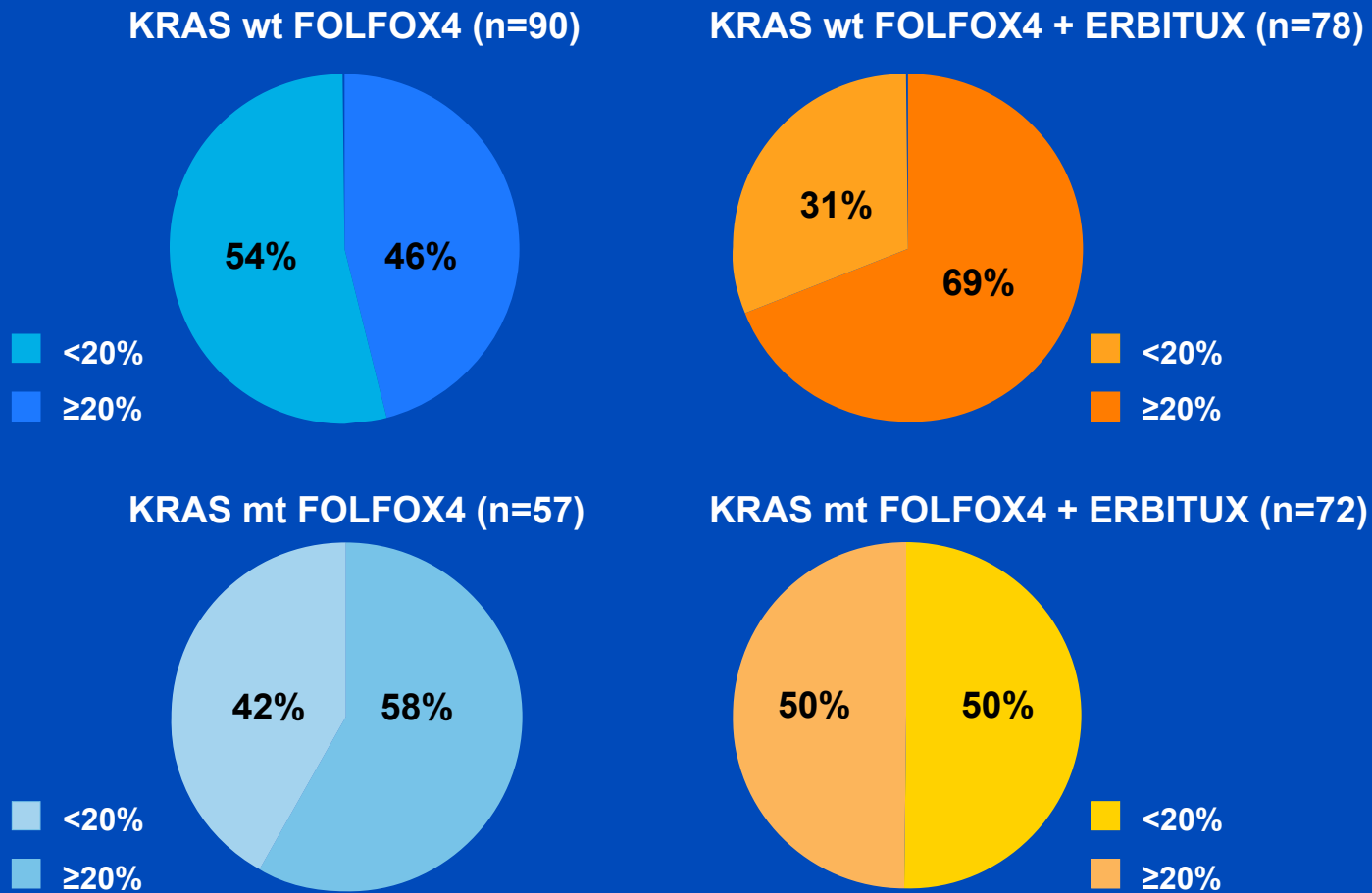
\* Radiological evaluation reported by the investigator and reviewed by an IRC

Piessevaux H, et al. ESMO 2010, Abstract No. 596P

# OPUS: Early tumor shrinkage at week 8 according to treatment in KRAS wt patients

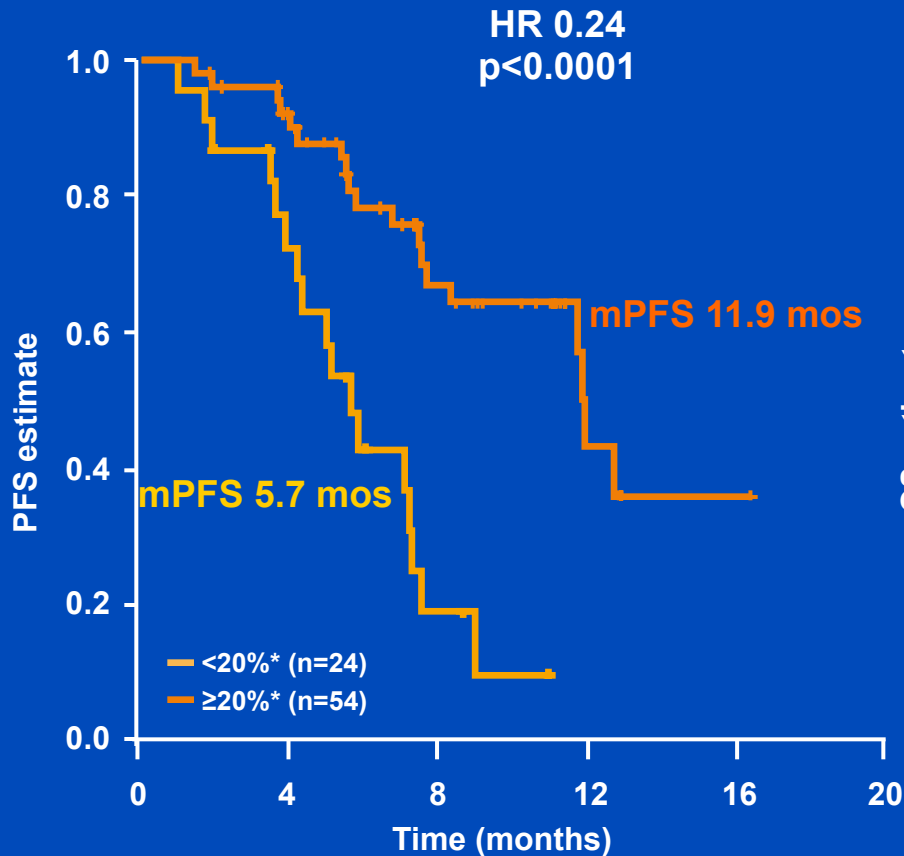


# OPUS: Early tumor shrinkage at week 8 by KRAS mutation status and treatment

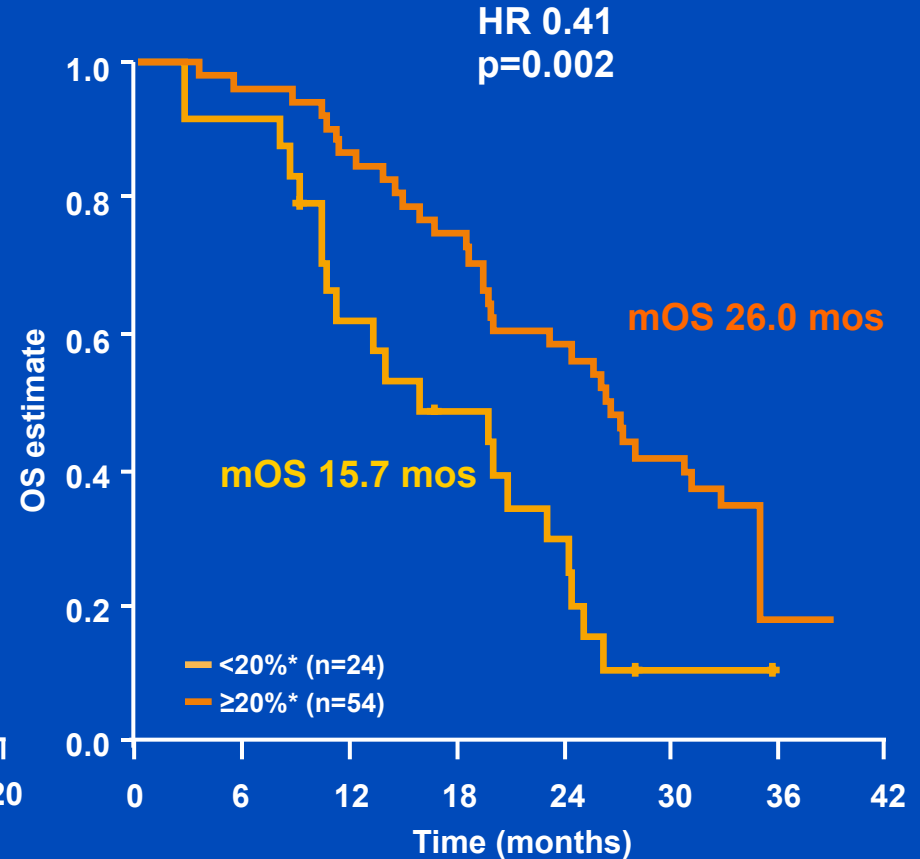


# OPUS: Early tumor shrinkage and PFS and OS in patients with KRAS wt tumors treated with FOLFOX4 and ERBITUX

## PFS



## OS



\* Radiological evaluation reported by the investigator and reviewed by an IRC

Piessevaux H, et al. ASCO GI 2011, Abstract No. 398



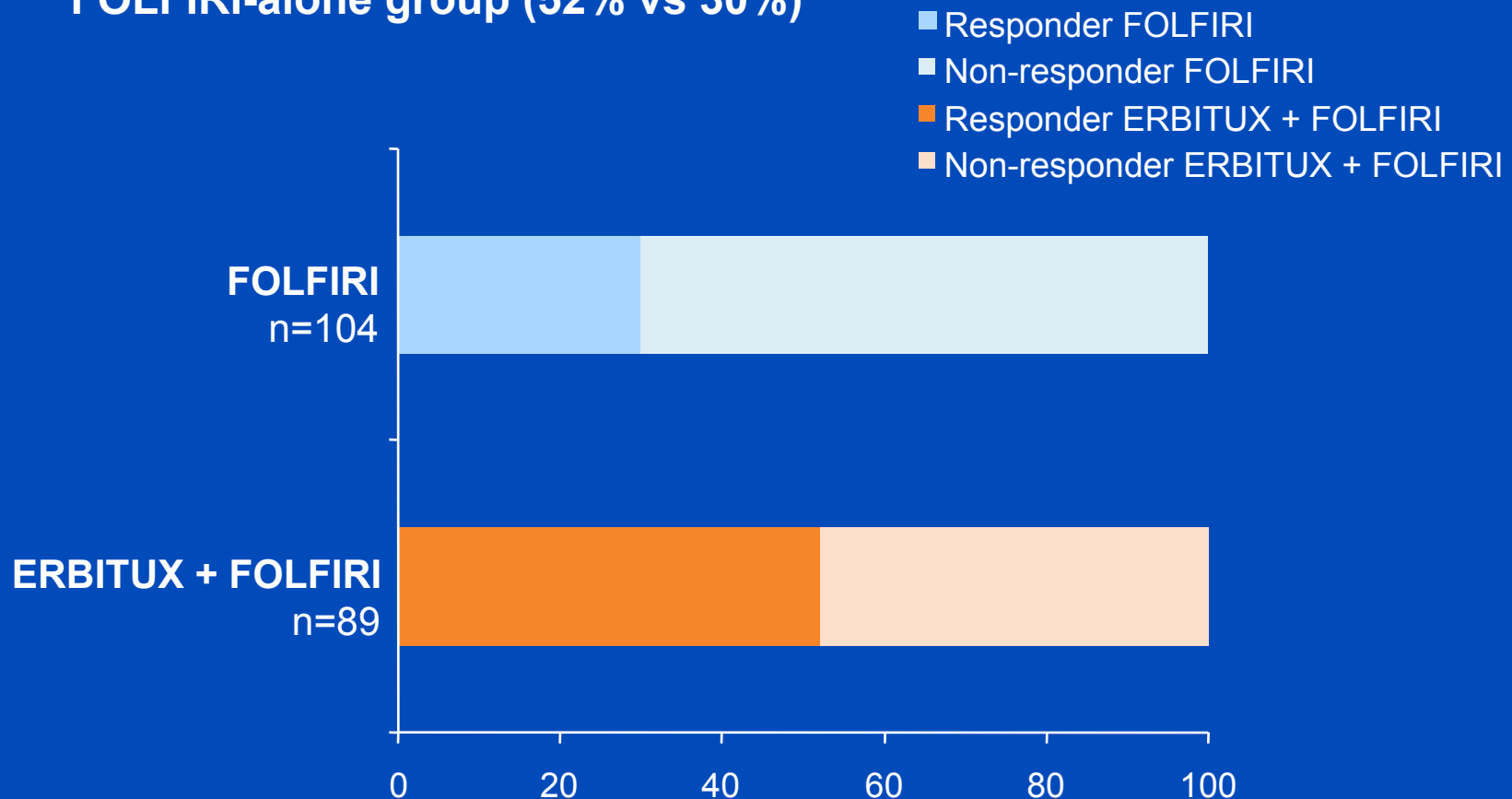
**Is there an association between  
tumor response and symptom relief?**

**Data from the CRYSTAL study**



# Tumor response in symptomatic patients

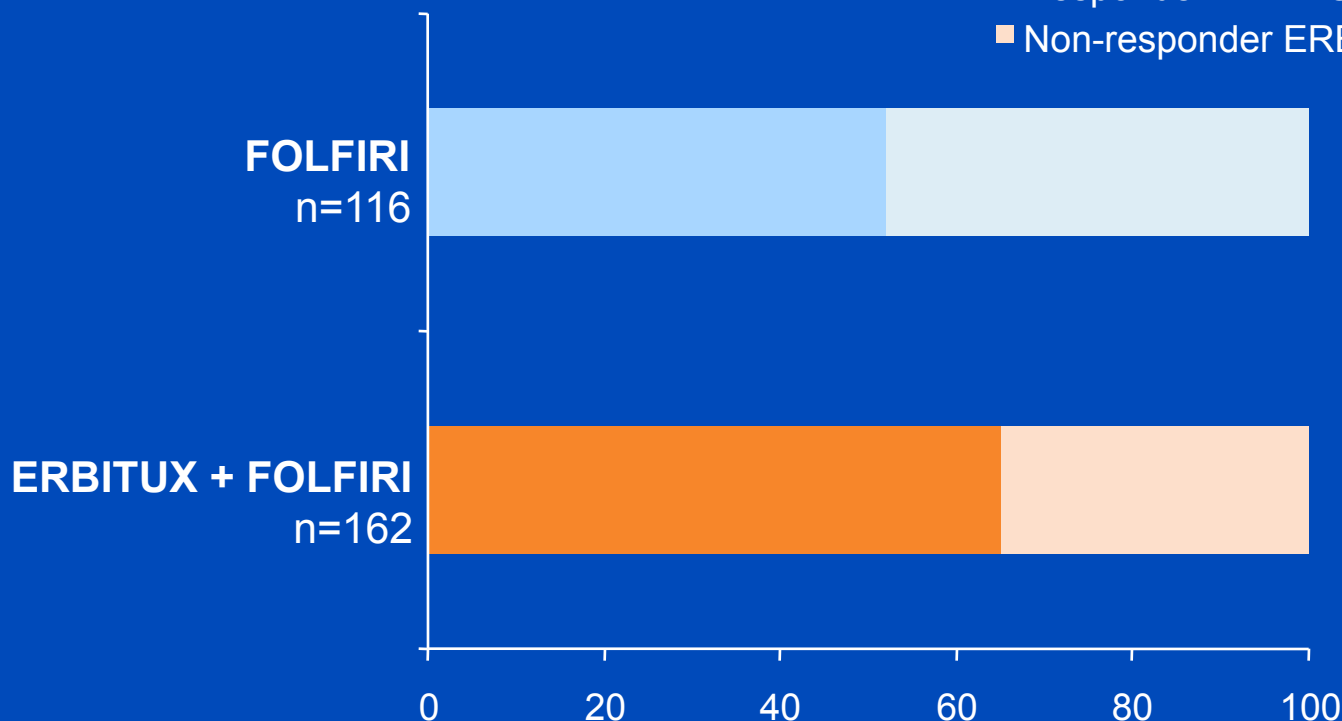
- In patients with **symptomatic disease at baseline**, a higher proportion developed a response in the FOLFIRI + ERBITUX group than the FOLFIRI-alone group (52% vs 30%)



# Tumor response in asymptomatic patients

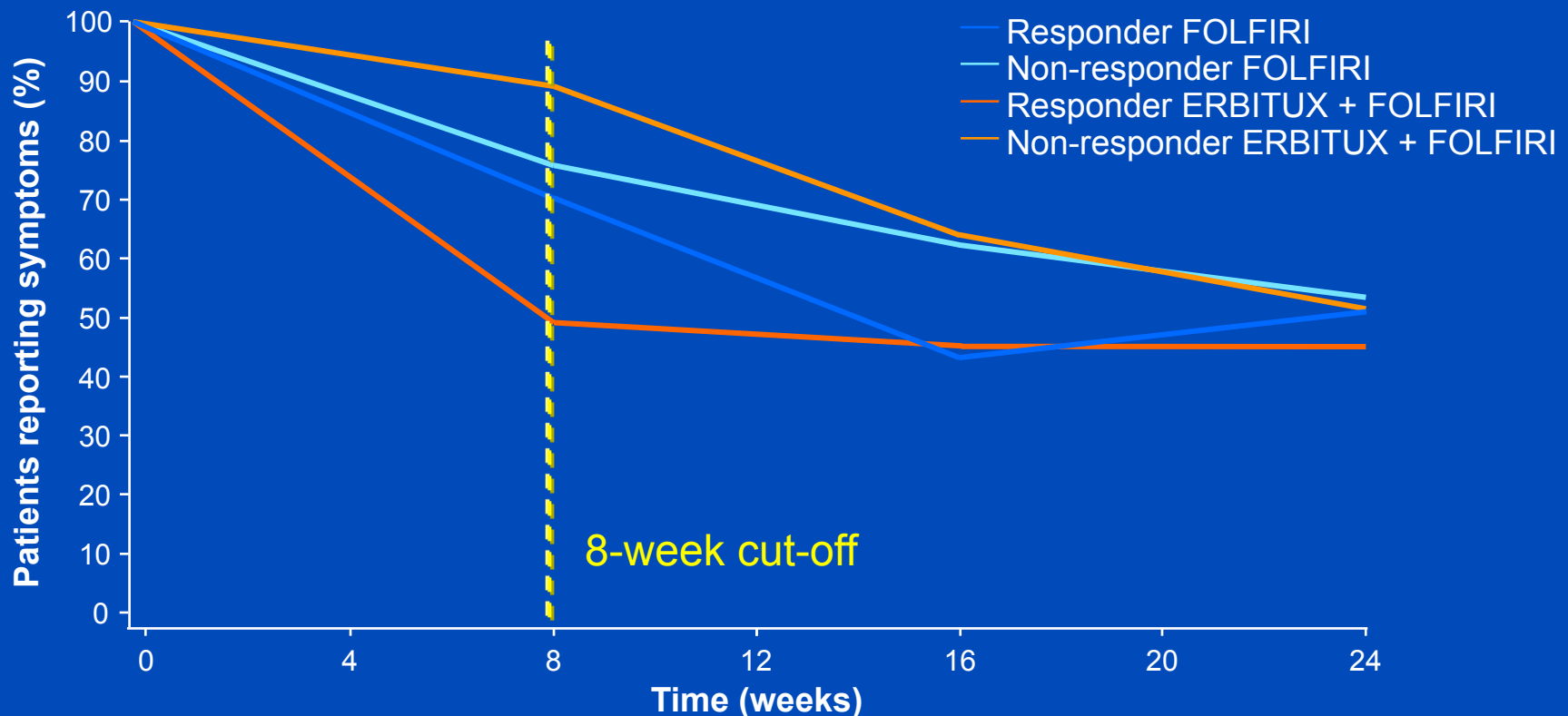
- In patients with **asymptomatic disease at baseline**, a higher proportion developed a response in the FOLFIRI + ERBITUX group than the FOLFIRI-alone group (65% vs 52%)

■ Responder FOLFIRI  
■ Non-responder FOLFIRI  
■ Responder ERBITUX + FOLFIRI  
■ Non-responder ERBITUX + FOLFIRI



# Reporting of symptoms by tumor response and treatment

- In patients with **symptomatic disease at baseline**, at each assessment timepoint, fewer patients who were responders reported symptoms than those who were non-responders



- The largest trend was seen for patients treated with FOLFIRI + ERBITUX at week 8

# Association between tumor response and QoL



- For those patients with symptoms, tumor response was associated with symptom relief
- Responders who were asymptomatic at baseline were more likely to remain asymptomatic post-baseline than non-responders
- The association between symptom relief and tumor response is independent of treatment
  - However, the magnitude of the effect appears to be greater in patients treated with FOLFIRI + ERBITUX

# Conclusions



- In patients with non-resectable, symptomatic mCRC and KRAS wt tumors  $\pm$  high tumor burden the best available treatment is combination chemotherapy with ERBITUX
- A particular therapeutic benefit is noted in patients with an early tumor shrinkage  $\geq 20\%$
- There is a clear correlation between tumor response and symptom relief, which appears to be greatest in patients treated with ERBITUX combination chemotherapy



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