

# Abstract 3555 Aflibercept-LV5FU2 as first-line treatment of non-resectable metastatic colorectal cancers: Results of the FOLFA randomized phase II trial.

J.L. Legoux (1); R. Faroux (2); N. Barrière (3); K. Le Malicot (4); D. Tougeron (5); V. Lorgis (6); V. Guerin-Meyer (7); V. Bourgeois (8); D. Malka (9); T. Aparicio (10); M. Baconnier (11); V. Lebrun-Ly (12); J. Egretteau (13); F. Khemissa Akouz (14); C. Lepage (15); V. Boige (9)

(1) Orléans Regional Hospital (2) La Roche-sur-Yon Departmental Hospital; (3) Marseille European Hospital; (4) Fédération Francophone de Cancérologie Digestive, Dijon; (5) Poitiers University Hospital; (6) Institut de Cancérologie de Bourgogne, Dijon (7) Institut de Cancérologie de l'Ouest, Angers-Nantes; (8) Boulogne-sur-Mer Hospital; (9) Gustave Roussy, Villejuif; (10) Assistance Publique-Hôpitaux de Paris; (11) Annecy-Genevois Hospital; (12) Limoges University Hospital; (13) Lorient Hospital; (14) Perpignan Hospital; (15) INSERM U866, Burgundy University, Dijon. FRANCE



## Background

- Previous trials : efficacy and safety of fluoropyrimidine and bevacizumab combination in metastatic colorectal cancer  
Landre T et al Int J Colorectal Dis 2018
- Especially in older patients
- PRODIGE 25 – FOLFA :**

- Randomized, non-comparative phase II trial
- Efficacy and safety of **aflibercept** associated with **LV5FU2s** regimen in patients with metastatic, non-resectable/non operable colorectal cancer
- Patients non eligible for front-line doublet chemotherapy with irinotecan and/or oxaliplatin

## Patients and methods

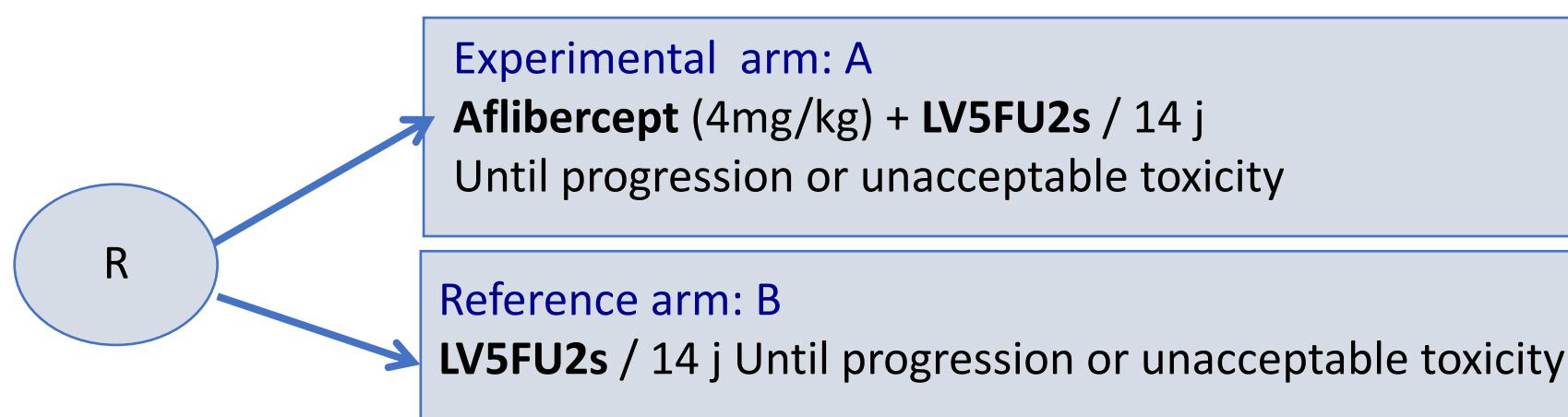
Main eligibility criteria	
• Age ≥ 65 ans	Dihydropyrimidine dehydrogenase deficiency
• WHO performance status <2	• Uncontrolled hypertension (systolic blood pressure >150 mm Hg and/or diastolic blood pressure >100 mm Hg)
• Non-resectable disease or non-operable patient	• Cardio-vascular damages in the 6 months before inclusion: myocardial infarction, severe/unstable angina, coronary artery bypass surgery, congestive heart failure class NYHA III or IV, stroke or transient ischemic attack, pulmonary embolism. Taking oral anti-coagulant (except anti-vitamin K)
• Patient non eligible (local staff) for a combination chemotherapy with irinotecan or oxaliplatin	• Not symptomatic or little symptomatic metastases and at least one measurable lesion (RECIST V1.1)
• Not previous treatment of the metastatic disease. Possible adjuvant chemotherapy completed at least 6 months ago	• Digestive damages in the 3 months before inclusion: grade 3 or 4 gastro-intestinal bleeding, treatment-resistant peptic ulcer, oesophagitis or ulcerative gastritis, infectious or inflammatory intestinal disease, diverticulitis.
Main exclusion criteria	
• Symptomatic primary tumor (obstruction, haemorrhage)	

### Stratification

- Center
- Thymidylate synthase (TS) 5'UTR gene polymorphism (centralized determination) : 3R3R vs 2R2R or 2R3R. Pronostic biomarker, predictive biomarker of the efficacy of 5FU ? FFCD 2001-05. V Boige et al, JCO 2010
- Age (≤ 75 years vs >75 years)
- Number of metastatic site: 1 vs >1

**Primary endpoint:** 6-month progression-free survival (PFS) rate, achieved if > 40% in the experimental arm.  
(patients alive and without progression according to investigator)

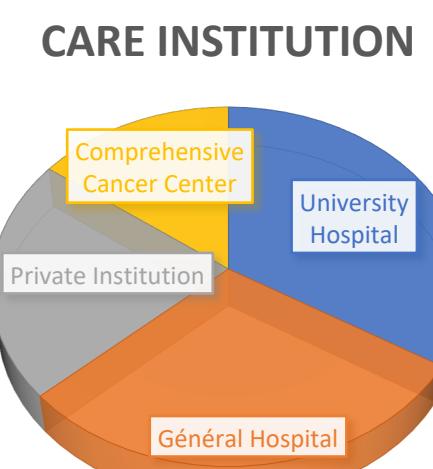
**Secondary endpoints:** toxicity, Quality of life (EORTC QLQ-C30 and time to definitive deterioration of quality of life), 1- and 3-year overall survival, impact of the TS polymorphism 5'UTR polymorphism on the survival



## Population

- 117 patients (pts) included. 61.5% male
- Median age 81 years (ranges 67-91).
- 81 % pts age > 75 years
- Mutated RAS status: 49%
- Mutated BRAF status: 7%

	Arm A: Aflibercept + LV5FU2s (N=53)	Arm B: LV5FU2s (N=64)	Total (N=117)	P-value
Age				
> 75 years	46 (86.8%)	49 (76.6%)	55 (47.4%)	0.0001
≥ 75 years	46 (86.8%)	49 (76.6%)	55 (47.4%)	0.0001
Number of metastatic sites	1	23 (39.3%)	26 (44.8%)	0.491 (9.9%)
2	56 (82.1%)	50 (78.1%)	56 (48.1%)	
3	13 (24.2%)	14 (21.9%)	17 (14.5%)	
4	1 (2%)	1 (1.6%)	1 (0.8%)	
TS polymorphism	2R2R-2R3R	45 (76.9%)	44 (75.9%)	89 (76.1%)
WHO Performance status	0	14 (23.2%)	14 (24.1%)	28 (23.9%)
1	45 (85.2%)	23 (44.1%)	37 (32.0%)	0.0706
Systolic blood pressure (mmHg)	median	139.00	134.50	136.50
Diastolic blood pressure (mmHg)	median	70.00	74.50	73.00
Köbe score	low	22 (39.3%)	25 (44.6%)	47 (42.0%)
middle	27 (48.2%)	30 (53.6%)	57 (50.9%)	0.0885
high	7 (12.5%)	11 (18.8%)	8 (7.3%)	
Creatinin clearance (ml/min)	median	65.00	67.50	66.00
Alkaline Phosphatases (U/L)	median	123.00	100.50	107.00
GGT (U/L)	median	93.50	64.00	94.00
				<b>0.002</b>



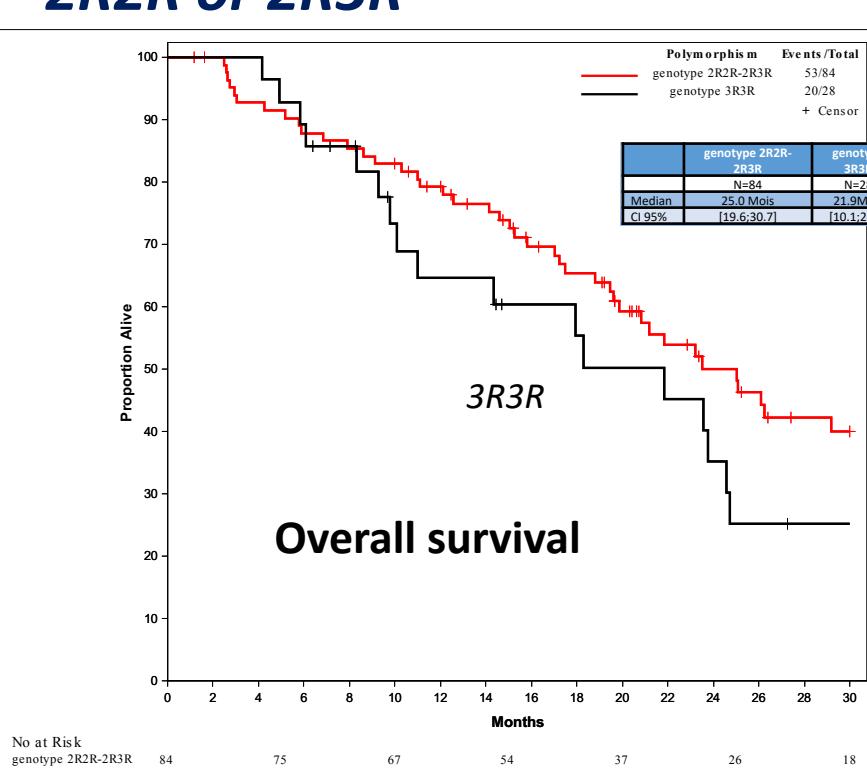
## Toxicity

	Aflibercept-LV5FU2	LV5FU2
Grade 3-4 toxicities	82%	58%
Grade 3-4 high blood pressure	42%	18%
Proteinuria (all grade)	51%	11%
Dysphonia (all grade)	19%	2%
Grade 1-2 haemorrhage	5,3%	2%
Grade 3-4-5 haemorrhage	3,5%	0%

	Aflibercept + LV5FU2s	LV5FU2s
Delay in treatment per patient	42 (73.7%)	40 (72.7%)
Delay in treatment due to toxicity / total delayed cycles	25 %	14 %
Cycles delayed for toxicity / number of cycles	4.3 %	1.8 %

### Thymidilate Synthase 5'UTR gene polymorphism: 3R3R vs 2R2R or 2R3R

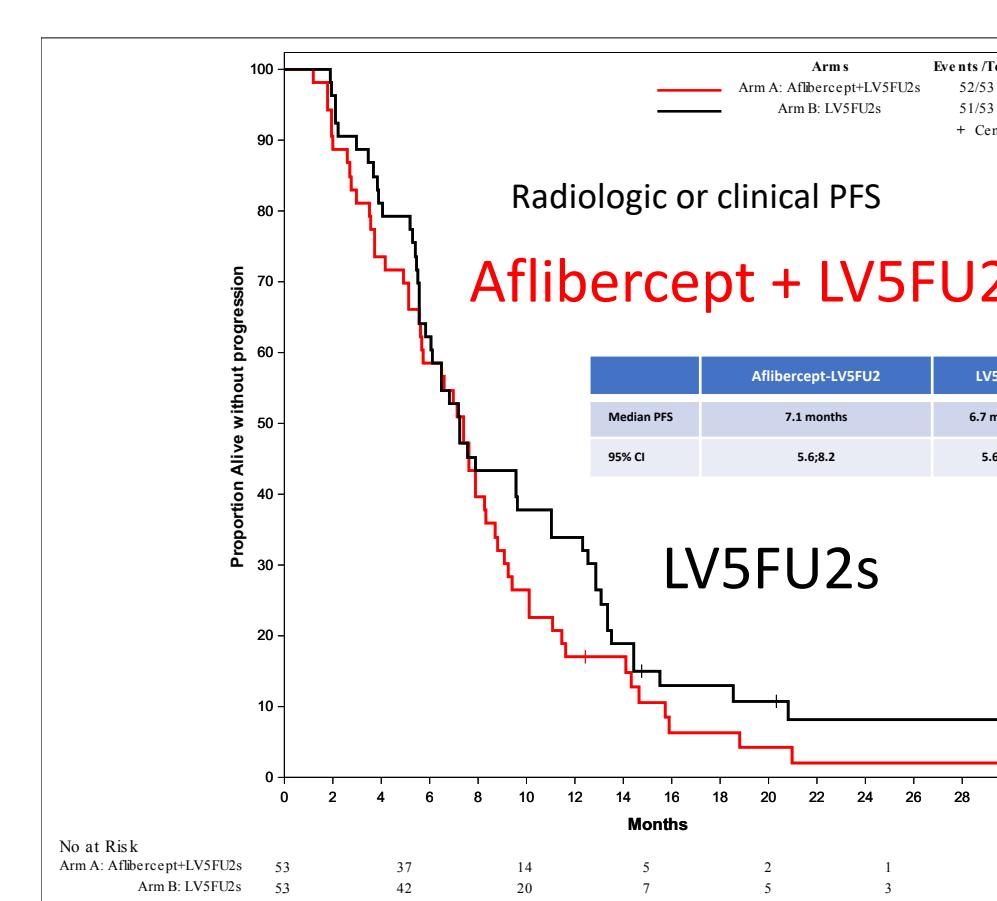
	Aflibercept + LV5FU2s	LV5FU2s
Aflibercept	73.2 (32.2)	
5FU bolus and infusional	91.0 (12.1)	94.8 (9.3)
- 5FU: bolus	78.5 (32.0)	83.5 (31.0)
- 5FU: infusional	93.1 (10.5)	96.7 (7.1)



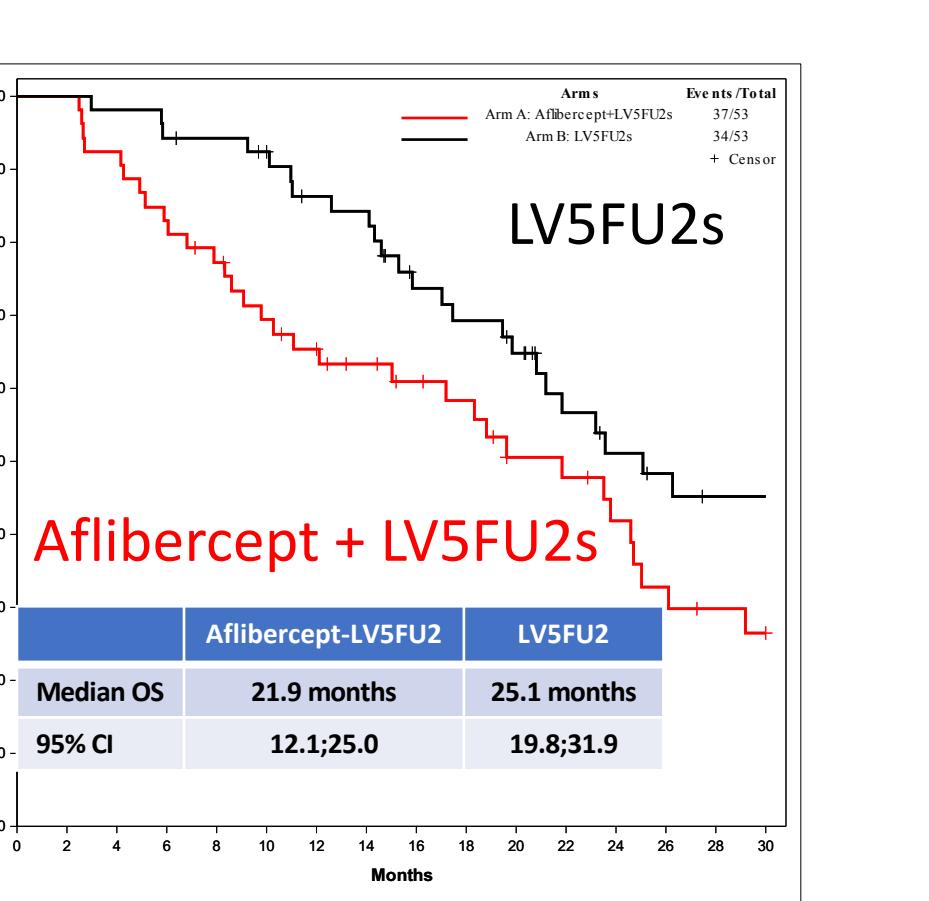
## Results

	Aflibercept-LV5FU2	LV5FU2	> 40 % pts
<b>PFS at 6 months</b>	<b>53.6 %</b>	<b>53.6 %</b>	
Patient alive and without progression	90% CI: 41.8;65.1	90% CI: 41.8;65.1	
<b>Radiologic PFS at 6 months</b>	<b>median 7.3 months</b>	<b>median 7.2 months</b>	
Patient alive and without radiologic progression	95% CI: 5.6;8.2	95% CI: 5.6;9.6	
<b>Complete/partial response</b>	0 % / 26.4 %	0 % / 40 %	
<b>Disease control</b>	83%	87%	

## Progression Free Survival



## Overall Survival



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## Discussion

Trial	Arms compared	N	Objective responses	PFS	OS
VELOUR (line 2)	Monotherapy	412	20%	11.2 months	3.4 years
VELOUR (PFS ≤ 65 years)	Monotherapy	174	20%	11.2 months	3.4 years
PRODIGE 25-FOLFA Line 1	Monotherapy	33	20%	11.2 months	3.4 years
AFFIRM Line 1	Monotherapy	12	20%	11.2 months	3.4 years

## Conclusion

Our results do not support a subsequent randomized phase III trial evaluating first-line fluoropyrimidine with aflibercept vs fluoropyrimidine alone in metastatic colorectal patients

Acknowledgments : patients and caregivers, FFCD, SANOFI



	Aflibercept + LV5FU2s	LV5FU2s
Further ligne 2	40.3 %	70.9 %
Further ligne 3	26.3 %	47.3 %

