

Variability of Current Global Practice Patterns in the Management of Metastatic Colorectal Cancer

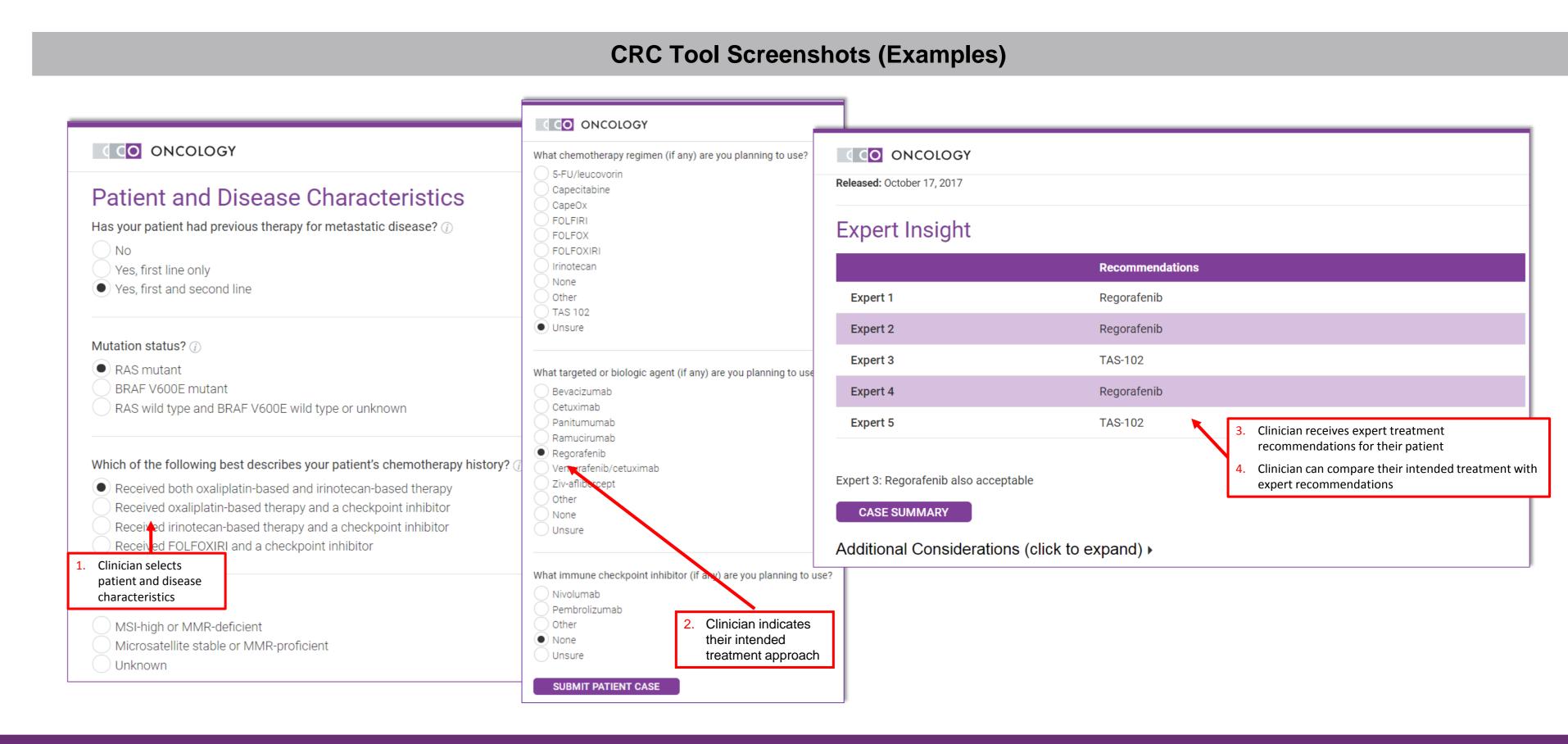
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Background

Therapeutic options for metastatic colorectal cancer (mCRC) have changed dramatically in recent years, greatly increasing the complexity of therapeutic decision making. Treatment guidelines may limit flexibility to individualize patient care. The aim of this analysis was to assess "real-world" global practice patterns for mCRC and then compare them with recommendations from US experts based on patient cases entered by healthcare providers (HCPs) into an online decision support tool designed to provide specific, patient-individualized expert recommendations.

Methods

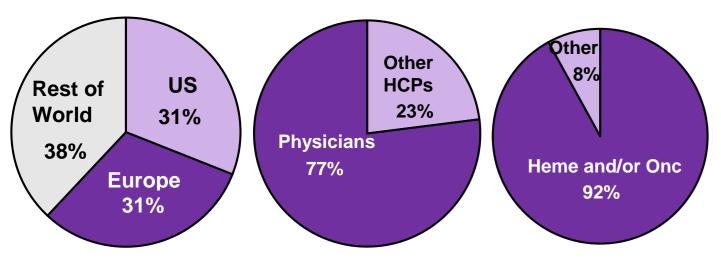
- A panel of 5 experts provided treatment recommendations for unique case scenarios across first-, second-, and third-line settings for mCRC
 - Expert recommendations were compiled in August 2017
- Individual tool scenarios were defined by key patient and disease characteristics including
 - RAS and BRAF V600E mutation status
 - Microsatellite instability (MSI)
 - Location of primary tumor (left, right/transverse)
 - Previous chemotherapy and biologic or targeted therapy exposure
 - To use the tool, clinicians entered their patient and disease factors and were surveyed about their intended treatment plan for that case. The expert treatment recommendations for that specific case were then provided to the clinician
- Tool online at clinicaloptions.com/CRCTool



Impact of BRAF V600E Mutation on Therapy Selections

Results

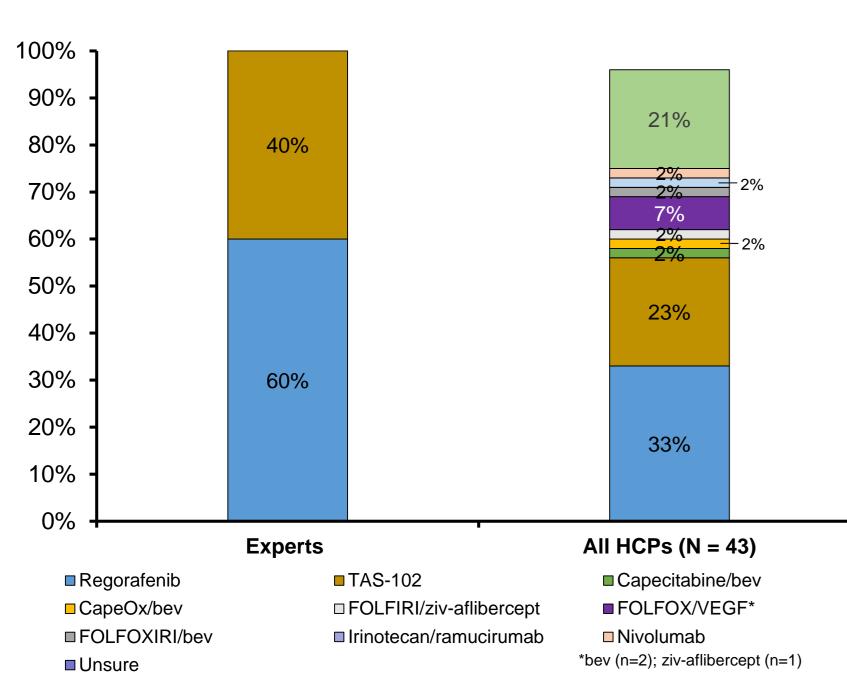
Analyzed 870 patient cases entered by 553 HCPs between October 17, 2017, and June 9, 2018. Other **HCPs**



Tool Participant Demographics

Impact of RAS Mutation on Third-line Therapy Selections

Third-line Therapy Selections in RAS MT mCRC, MSS, Previously Treated With Irinotecan, Oxaliplatin, and VEGF inhibitor, no EGFR

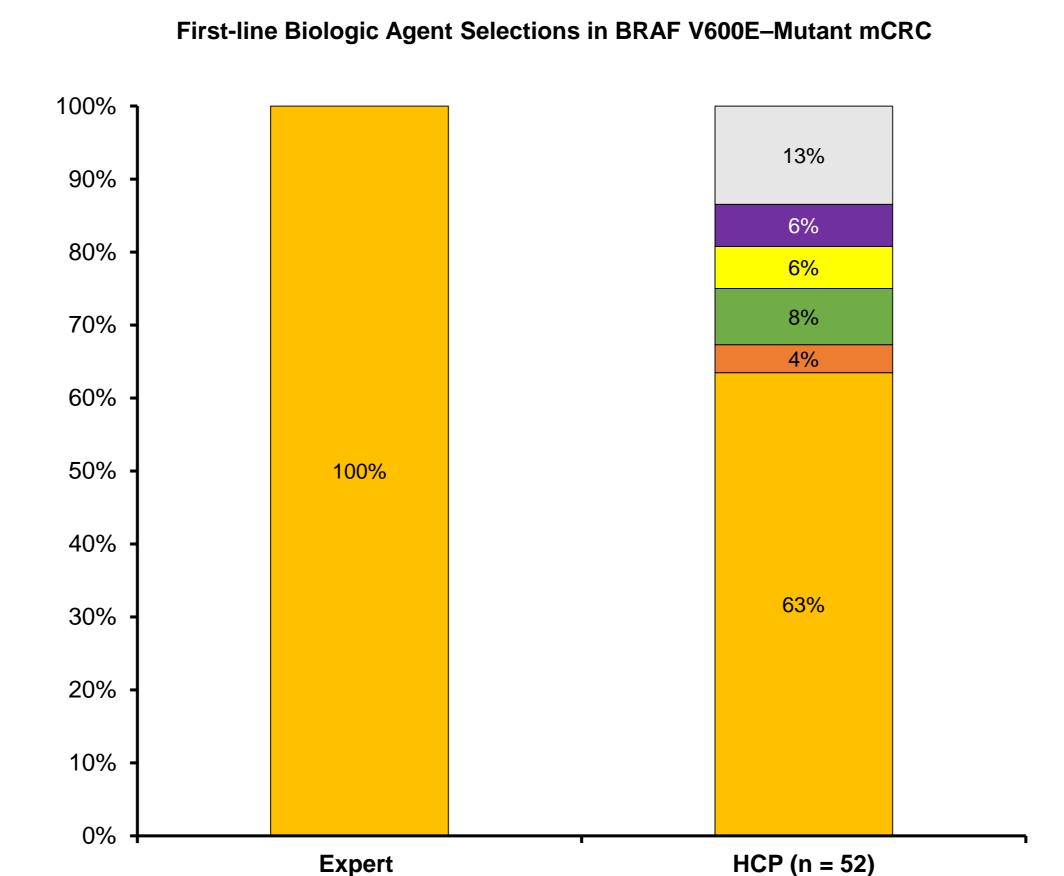


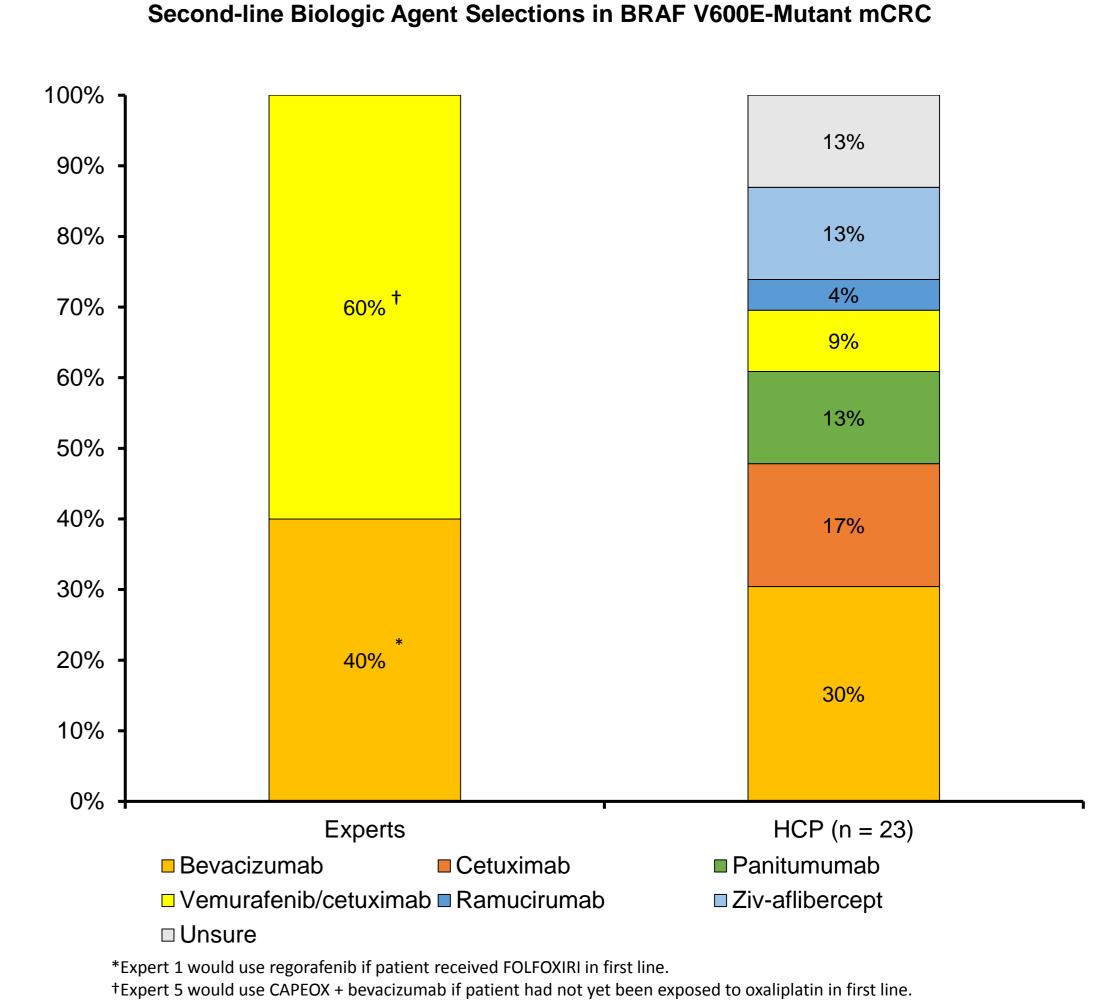
Impact of MSI-H status on Therapy Selections

Proportion of Clinicians Using Immune Checkpoint Inhibitors for

MSI-H mCRC by Line of Therapy

100% 100% 100% 80% 70% 61% 60% 30%





Impact of Sidedness on Therapy Selections

First-line Biologic Agent Selections in Right- and Left-Sided RAS/BRAF WT

Panitumumab

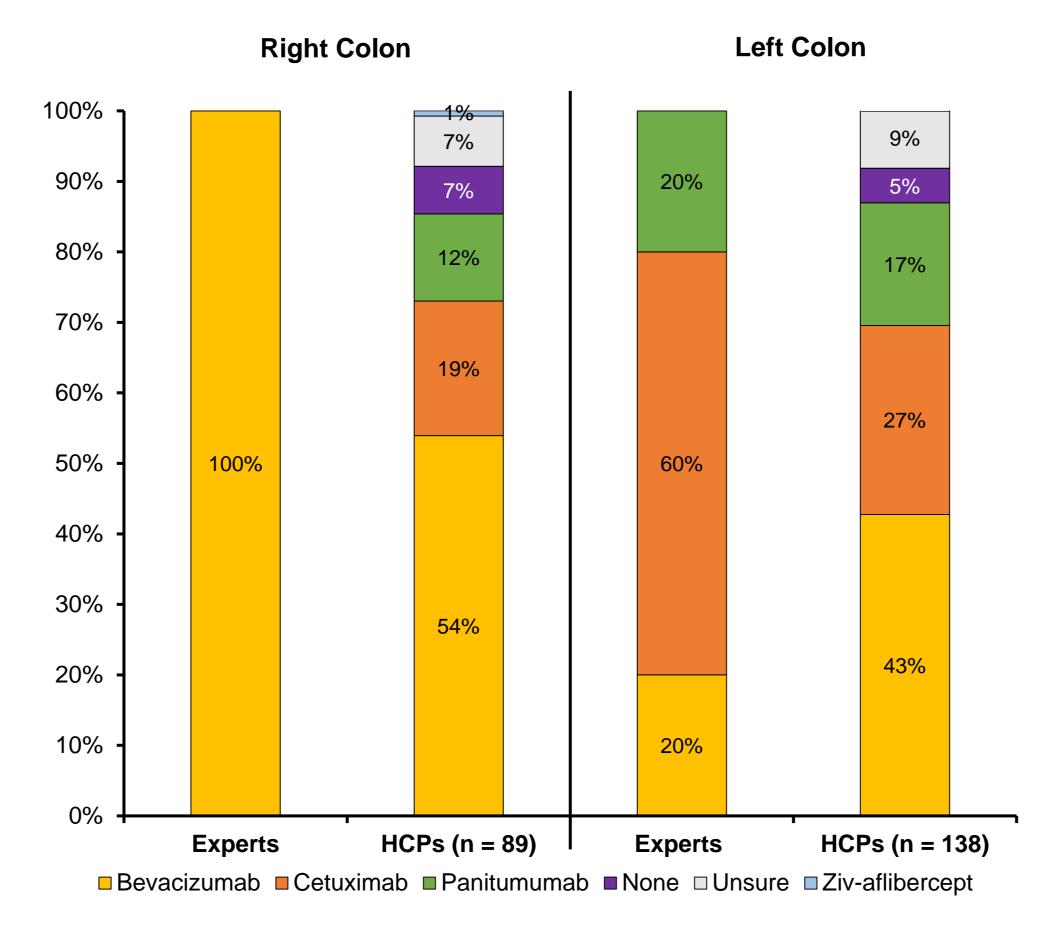
□Unsure

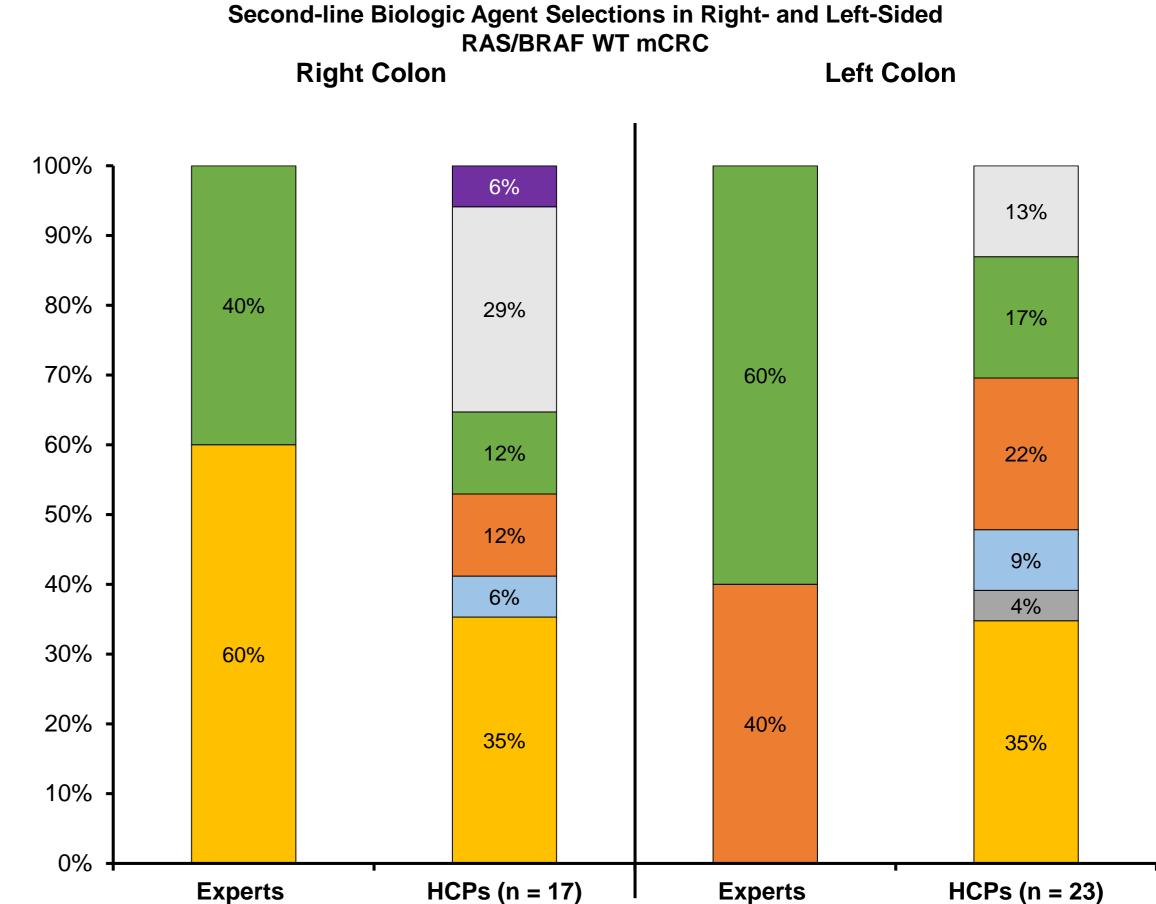
Cetuximab

■ None

Bevacizumab

□ Vemurafenib/cetuximab





■ Bevacizumab ■ Ramucirumab ■ Ziv-aflibercept ■ Cetuximab ■ Panitumumab □ Unsure ■ None

Impact of Decision Tool on Practice

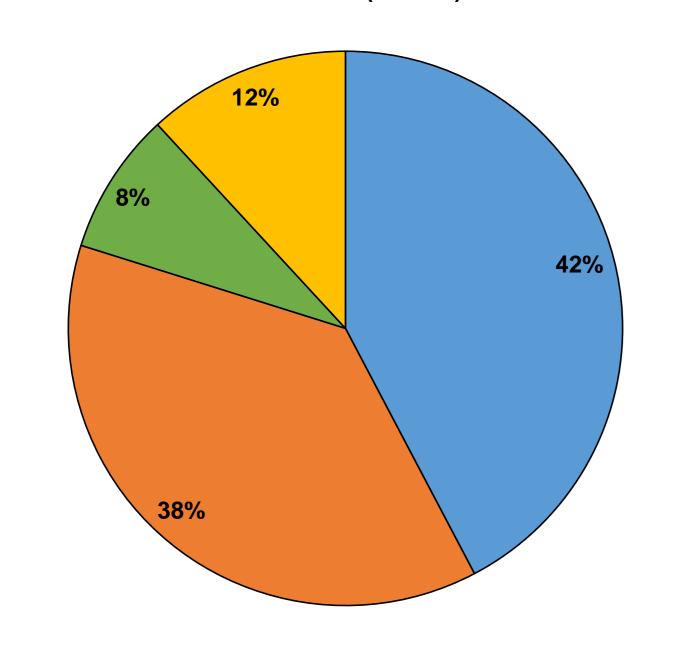
Optional survey on intended use and tool impact shown after experts' recommendations answered for 253 of 870 cases (29%)

OncoMed. Alan P. Venook, MD, has disclosed that he has received consulting fees from Genentech/Roche and funds for research support from Bristol-Myers Squibb, Genentech/Roche, and Lilly.

HCPs

Impact of Tool for Cases With Planned Treatment Differing From Expert Consensus, All Cases (n = 253)

■ Second line ■ Third line

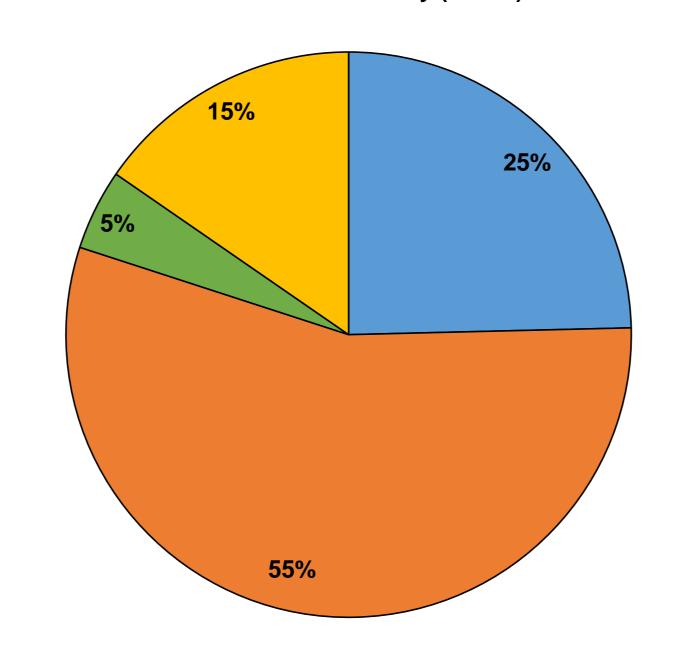


■ Confirmed treatment plan

Experts

- Changed treatment plan to match experts
- Still undecided on what treatment to use
- There are barriers to implementing the expert recommendations

Impact of Tool for Cases With Planned Treatment Differing From Expert Consensus, MSI-H Cases Only (n = 65)



- Confirmed treatment plan
- Changed treatment plan to match experts
- Still undecided on what treatment to use
- There are barriers to implementing the expert recommendations

Intended Use of Tool (n = 253) Cases, % Hypothetical patient case (educational resource) 64 Actual patient case (virtual consultation) 36

Conclusions

- Practice patterns were heterogeneous in several CRC subtypes and settings, including the impact of sidedness, BRAF V600E mutation, and MSI-H status
- Planned treatment of HCPs differed from the expert treatment consensus for several defined CRC subtypes*
 - VEGF inhibitor in the first line for right-sided RAS/BRAF WT mCRC (55% vs 100%)
 - EGFR inhibitor in left-sided RAS/BRAF WT mCRC in a patient who received VEGF in the first
 - line (39% vs 100%)
 - VEGF inhibitor in the first line for patients with BRAF V600E–mutant mCRC (63% vs 100%)
 - Regorafenib or TAS-102 in the third-line setting for RAS-mutant MSS CRC previously treated
 - with irinotecan, oxaliplatin, and a VEGF inhibitor (56% vs 100%)
- Immune checkpoint inhibitors for MSI-H mCRC in second or third lines of therapy The majority of HCPs using this tool indicated that the expert recommendations confirmed or
- changed their treatment choice in the absence of barriers • In an even greater proportion of MSI-H cases, the expert recommendations in the tool
 - changed HCP treatment choice (55% vs 38%, respectively)
- Practicing clinicians can benefit from an online tool with expert guidance to help navigate the rapidly changing therapeutic landscape of mCRC
- *It should be noted that the expert recommendations were their most common treatment choices for each scenario, and that other factors may alter that choice and reflect a distribution similar to that of the HCPs polled in the tool.