Introduction

Skin reactions might lead to dose reduction and therapy interruption during therapy with the anti-EGFR antibody cetuximab and might therefore negatively impact clinical outcome. Patients treated with cetuximab might benefit from prophylactic and reactive skin care and wound management. The aim of this interim analysis was to analyze prophylactic treatment patterns and the occurrence rate of skin reactions.

Methods

Study design

In this observational descriptive study (CRISTAL) 1101 patients were prophylactically recruited by 156 centers (35% outpatient units) throughout Germany from May 2010 until April 2012. For this interim analysis only patients with complete documentation were evaluated (see Table 1).

Patients

Adult patients treated with cetuximab in combination with chemotherapy as first-line treatment for mCRC.

Inclusion criteria

- Treatment was restricted to patients with KRAS-expressing colorectal cancer (AbC: with panKRAS or KRAS wlexon type (c.13C>T) mutation status without prior systemic treatment in the metastatic stage).
- All patients signed a written informed consent.

Exclusion criteria

- Post treatment line with chemotherapy with or without a targeted combination in the respective mCRC.
- Treatment

- Use of systemic and/or topical chemotherapy was at discretion of the treating physician, but in line with current registration status.
- Approval status of cetuximab was 400 mg/m² in week 1 and for the following weeks 200 mg/m² weekly.

Results

Skin reactions

497 patients were eligible for this interim analysis (Table 1). These patients had a median age of 68.5 years (range 18-92) and a median KPS of 90 (range 30-100).

Inclusion criteria

- The aim of this interim analysis was to analyze prophylactic treatment patterns and outcome in the management of cetuximab-based skin reactions in mCRC patients under routine conditions.

Objective

- The occurrence rate of skin reactions is in line with those in interventional studies.
- Newer treatment strategies might improve the management of skin reactions and therefore clinical outcome.
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