

Session XI: Presentation of Selected Abstracts: Colorectal Cancer

[Safety and effectiveness of regorafenib in patients with metastatic colorectal cancer \(mCRC\) in routine clinical practice: Final analysis from prospective, observational CORRELATE study](#)

Michel Ducreux, et al., O-012

The authors of the study conclude that *"In this real-world observational study, AEs were generally consistent with the known safety profile of regorafenib in mCRC, although reported incidence rates of some AEs were lower than in clinical trials. The starting dose for almost half of patients was less than 160mg/day. Median OS and PFS were in the range observed in phase-3 trials in this setting."*

[Safety and efficacy of trifluridine/tipiracil in previously treated metastatic colorectal cancer \(mCRC\): Preliminary results from the phase IIIb, international, open-label, early-access PRECONNECT study](#)

Alfredo Falcone, et al., O-013

The authors of the study conclude that *"These are first data on the widespread clinical use of FTD/TPI outside US and Japan. Preliminary encouraging safety and efficacy data obtained make FTD/TPI a favorable treatment option for mCRC patients."* [SLIDES POSTER](#)

[See the presentation provided by Imedex](#)

See interview/statement Alfredo Falcone below

[Regorafenib dose optimization study \(reDOS\): Randomized phase II trial to evaluate escalating dosing strategy and pre-emptive topical steroids for regorafenib in refractory metastatic colorectal cancer \(mCRC\)- An ACCRU network study](#)

Tanios Bekaii-Saab, et al., O-014

The authors of the study conclude that *"A strategy with weekly dose escalation of Rego from 80 to 160mg/day was found to be superior to a starting dose of 160mg/day. These results conceivably establish a new standard for optimizing Rego dosing through dose escalation. A preemptive strategy with CL may decrease the risk of PPES warranting further investigation. PK analysis and correlation with clinical parameters of interest will be reported at the meeting."*

[PETACC-6: Preop chemoradiation and postop chemotherapy \(capecitabin +/- oxaliplatin\) in locally advanced rectal cancer: Overall survival after long term follow-up](#)

Hans-Joachim Schmoll, et al., O-019

The authors of the study conclude that “The overall survival analysis was planned, as specified in the protocol, after a minimum follow-up of 5 years from the last “patient in”. The survival data are now available after a minimum follow-up of 5 years and a maximum of 10 years (data lock 02/18). Evaluation of all data including DFS and OS for all subgroups and multivariate analysis for prognostic factors, with particular reference to the German and non-German group is ongoing. The final outcome data of the trial will be presented at the meeting.”

[Activity of larotrectinib in patients with TRK fusion GI malignancies](#)

Michael Nathenson, et al., O-020

The authors of the study conclude that “TRK inhibition with larotrectinib in patients with TRK fusion GI malignancies was well tolerated and resulted in rapid induction of durable responses.”

[Safety and Antitumor Activity of Pembrolizumab in Patients with Advanced Microsatellite Instability–High \(MSI-H\) Colorectal Cancer: KEYNOTE-164](#)

Dung Le, et al., O-021

The authors of the study conclude that “Pembrolizumab demonstrated durable antitumor activity with a safety profile that was manageable in cohort B of KEYNOTE-164, which was conducted to evaluate patients with MSI-H CRC whose disease progressed after ≥ 1 line of prior therapy.”