Tolerability of Subsequent Line Therapy in Metastatic Colorectal Cancer

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Introduction

- Colorectal cancer (CRC) is the fourth most common cancer in the US and accounts for 53,000 deaths every year
- 1/3 of patients will present with metastatic disease and 1/2 of patients with local disease will develop distant metastases
- Three regimens are recommended by NCCN after progression on all eligible fluoropyrimidine-based regimens
- Regorafenib, fruquintinib, and trifluridine/tipiracil (Lonsurf) +/- bevacizumab have equal levels of evidence for use
- There is a lack of head-to-head studies comparing efficacy and tolerability between these three regimens
- The purpose of this research project is to compare the tolerability of these regimens, utilizing time on therapy, dose adjustments, and dose discontinuations due to adverse events as surrogate endpoints

Objectives

- **Primary Objective**: compare incidence of dose adjustments and discontinuations due to adverse events
- **Secondary Objectives**: compare time on therapy and which adverse events led to dose adjustments or discontinuations

Methods

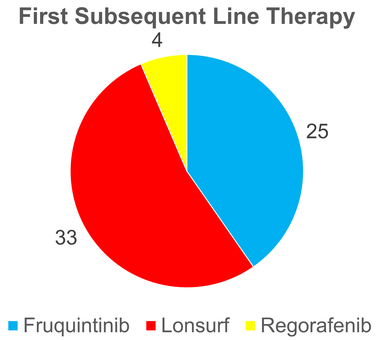
- Single-center retrospective chart review
- 62 patients who received and discontinued at least one dose of investigational therapy between October 2023 and November 2025

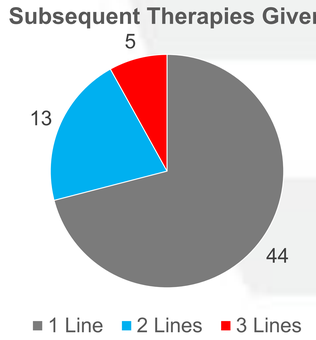
Inclusion Criteria
Metastatic Colorectal Cancer
≥ 2 prior lines of therapy
Received at least 1 dose of investigational therapy
>18 years old

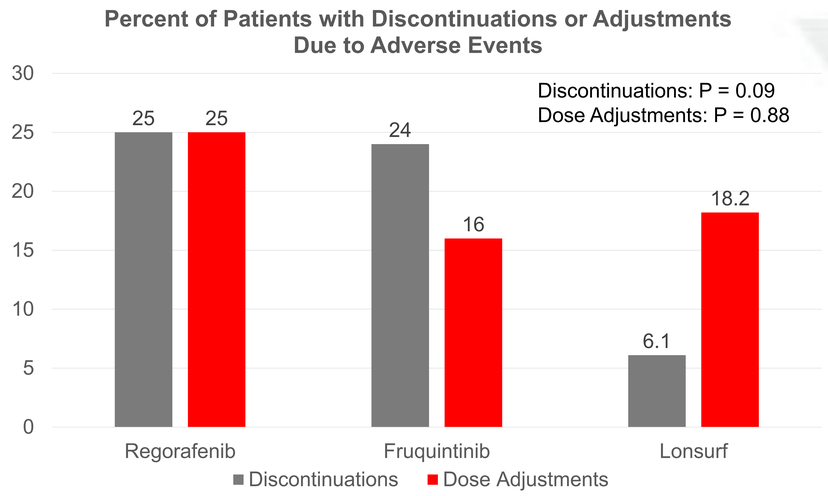
Results

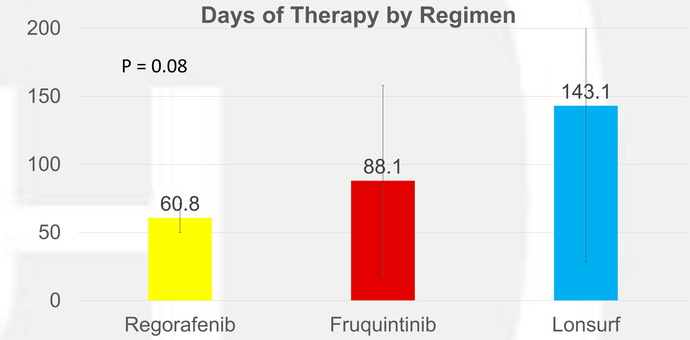
Baseline Characteristics, n = 62 (%)	
Sex, Male	34 (55)
Median age at initiation (SD)	62 (14)
Diagnoses	
Right-Sided Colon Cancer	30 (48)
Left-Sided Colon Cancer	14 (23)
Rectal Cancer	18 (29)
Median number of prior therapies [range]	3 [2-7]

*SD= Standard Deviation









Risk of Dose-Limiting Adverse Events				
AE	Regorafenib	Fruquintinib	Lonsurf	P-Value
Cytopenias	0%	0%	21.2%	**0.02**
Fatigue	50%	24%	3%	**0.01**
GI Toxicity	0%	12%	6.1%	0.75
Hepatotoxicity	0%	8%	0%	0.29

Limitations

- Small sample size with unmatched group sizes
- Inconsistent documentation of reason for dose adjustments and discontinuations
- Patients often discontinue or dose reduce due to multiple factors
- Short duration of therapy may lead to discontinuation before toxicities develop

Discussion/Conclusions

- **Toxicities were not a common reason for dose adjustments or discontinuations and there was no difference between regimens**
  - Patients tended to have disease progression before developing severe toxicities
- There was no significant difference in time on therapy between groups
  - Large standard deviation, as some patients quickly discontinued therapy, while others remained stable for many months

Disclosure/References

We have no conflicts of interest to disclose

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