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Maintenance treatment with cetuximab versus observation in RAS wild-type metastatic colorectal cancer: First results of the randomized phase II TIME-PRODIGE28 UNICANCER study according to RAS/BRAF status

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Background

Although anti-EGFR monoclonal antibodies are active as single-agent therapy in *RAS* wild-type (wt) metastatic colorectal cancer (mCRC), few studies are available on their role in maintenance therapy during chemotherapy (CT)-free intervals (CFI).

Methods

RAS wt unresectable mCRC patients with controlled disease after FOLFIRI + cetuximab (8 cycles) were randomized (1:1) to receive maintenance with bi-weekly cetuximab alone (arm A) or observation (arm B) until disease progression (PD)/unacceptable toxicity/death. Randomization was stratified according to tumor response, center, baseline Köhne score, CEA and platelet count. In case of tumor progression during the CFI, FOLFIRI + cetuximab was to be reintroduced for 8 cycles, followed by a new CFI. The primary objective of this multicenter non-comparative randomized phase II trial was the 6-month progression-free rate (PFR) after initiation of maintenance therapy. A total of 134 randomized and evaluable patients (67 per arm) were required (Fleming's one-step design, one-sided $\alpha=5\%$, $\beta=20\%$, H0: 40%; H1: 55%). Among secondary endpoints, overall response rate (ORR) and progression-free survival (PFS) from randomization are available. RAS and BRAF status were centrally validated by NGS using the AmpliSeqTM Colon and Lung Panel v2.

Results

214 patients were included according to *RAS* status locally assessed in each center, and 139 randomized (67 arm A/72 arm B). Baseline characteristics were: median age, 64/68 years; ECOG PS 0, 55%/49%; single metastatic site, 58%/47%; right-sided primary, 24%/18%. The median follow-up was 29.6 months. Table: 429P

Results according to RAS and BRAF status

	Included Randomized Arm A - cetuximab			Arm B - Observation		_
	AII n=214	BRAF ^{V600E} +RASwt n=184 (86%)	All n=67	BRAF ^{V600E} +RASwt n=60 (90%)	All n=72	BRAF ^{V600E} +RASwt n=66 (92%)
ORR (%) before randomization	55	58	75	78	69	68
6-month PFR (%) after randomization [95% CI]	-	-	39 [27; 52]	42 [29; 55]	7 [2; 16] 8 [3; 17]
Median PFS (months) after randomization [95% CI]	-	-	5.3 [3.7 7.4]	; 5.7 [3.7; 7.7]	2.0 [1.8 2.4]	; 2.0 [1.8; 2.7]

Conclusions

Although the cetuximab maintenance arm did not meet the primary objective, a clinically meaningful difference in PFS in favor of cetuximab maintenance was found in *RAS/BRAF* wt mCRC patients.

Clinical trial identification

NCT02404935.

Legal entity responsible for the study

UNICANCER.

Funding

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Disclosure

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