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DRUGS & SYSTEMIC THERAPIES

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Practice-changing GI cancer highlights from virtual ASCO 2020
12 June 2020

The American Society of Clinical Oncology (ASCO) held its annual meeting at the end of last month online and presented various findings which are likely to have a positive impact on colorectal cancer (CRC) treatment in the near future.

One study looked at the treatment of locally-advanced rectal cancer with a high-dose of FOLFIRINOX (5-FU, irinotecan, oxaliplatin) chemotherapy given before any other standard therapy. The trial aimed to create a more tailored approach to how rectal cancer is managed by using tumour response to the initial, short and intensive (induction) chemotherapy as a predictor of the aggressiveness of the cancer. This in turn would help clinicians decide which further treatment would be best suited to the patient’s disease. The researchers found that personalizing the standard rectal cancer treatment based on initial response to induction chemotherapy was a safe and promising practice, and helped patients to receive the most appropriate and effective therapy.

Another study examined the impact of a new drug T-DXd (trastuzumab deruxtecan), which is approved for use in metastatic breast cancer but is beginning to be tested in CRC that tests positive for the tumour marker HER2. So far, it is showing promising response rates in this small subset of CRC patients.

The last study presented formidable results in the treatment of microsatellite instability high (MSI-H) metastatic CRC with immunotherapy. The immunotherapy drug pembrolizumab (Keytruda) was compared to standard-of-care chemotherapy as initial therapy, showing better survival outcomes and a significant reduction in side effects.

Findings from the ASCO 20 Meeting point toward a future that focuses on targeted therapies and an overall approach that is more tailored to each unique CRC patient.

Updated BEACON: doublet as good as triplet in metastatic CRC
2 June 2020

Updated results from the BEACON CRC study found that the doublet therapy of EGFR inhibitor cetuximab + the BRAF inhibitor encorafenib is sufficient in the treatment of BRAFV600E-mutated metastatic colorectal cancer (mCRC). The study examined the effectiveness of the doublet therapy and a triplet therapy, containing cetuximab + encorafenib + the MEK inhibitor binimetinib, compared to standard of care chemotherapy. The researchers found that the increased toxicity from the addition of binimetinib in the triplet therapy could be avoided while maintaining good disease outcomes, with the doublet therapy showing similar survival outcomes and fewer side effects. The results are clinically important and the doublet therapy has become the new standard of care treatment among this subset of mCRC patients in the United States. The ongoing ANCHOR-CRC trial is currently examining the effectiveness of this targeted therapy in earlier lines of therapy.
HER2-targeted therapy shows antitumour activity in metastatic colorectal cancer
1 June 2020

Trastuzumab deruxtecan is a drug typically used in the treatment of patients with metastatic breast cancer that expresses the tumour marker HER2. Ongoing research has demonstrated that it may also be beneficial to patients with previously treated HER2-positive metastatic colorectal cancer (mCRC). The phase II DESTINY-CRC01 trial examined the effectiveness of the drug in patients with HER2-expressing metastatic colorectal cancer (mCRC), which did not respond to previous therapies. Positive results from the study showed that the drug has the potential to be an effective alternative treatment option among patients with advanced HER2-expressing mCRC. Further analysis of the treatment will continue as the study progresses into phase III.

Pembrolizumab doubles progression-free survival in MSI-H/dMMR metastatic cancer
10 June 2020

The highly anticipated findings from the KEYNOTE-177 trial found that initial treatment of a subset of patients with metastatic colorectal cancer (mCRC) with immunotherapy significantly improved survival outcomes and side effects compared to standard of care chemotherapy. In the trial, patients with microsatellite high/mismatch repair deficient (MSI-H/dMMR) mCRC received either pembrolizumab (Keytruda) or standard of care chemotherapy as their initial therapy. Pembrolizumab blocks the PD-1 receptor on cell surfaces, which allows the patient’s immune system to mount an attack on cancer cells more effectively. The immunotherapy treatment increased progression-free survival, or the length of time during and after treatment that the patients lives with stable disease. Patients also experienced fewer side effects compared to standard chemotherapy. These results are important as they show the effectiveness of immunotherapy as first-line treatment and will be considered as a new standard of care as initial therapy among MSI-H/dMMR mCRC patients.

Updated findings from the CheckMate-142 trial in mCRC
3 June 2020

The CheckMate-142 trial examined the effectiveness of a combination of nivolumab and low-dose ipilimumab among patients with metastatic colorectal cancer (mCRC) that are microsatellite instability – high (MSI-H) or mismatch repair deficient (dMMR). The updated findings have shown that the efficacy of the combination immunotherapy treatment actually improved with longer-term follow-up, with meaningful and durable benefits among patients through time. These promising results have never been seen before with the standard of care chemotherapy. Furthermore, the combination immunotherapy regimen was very well tolerated by patients, owing largely to the low-dose of ipilimumab. Current guidelines suggest that nivolumab/ipilimumab can be used as initial therapy among this subset of
patients when chemotherapy is not possible, though these findings suggest that the targeted combination therapy may actually be a superior option compared to chemotherapy.