Researchers at the University of Texas Southwestern Medical Center have observed a sharp increase in the number of cancer patients using MyChart, a personal health record portal application of the EPIC electronic medical record system. Their study, they say, is the first to systematically evaluate portal use in the cancer community (J Oncol Pract, doi: 10.1200/JOP.2013.001347). "As a clinician on the faculty here who sees patients multiple days a week, I had suspected that MyChart or portal use was quite high and growing with time," said the lead author, David Gerber, MD, Associate Professor of Internal Medicine in the Hematology/Oncology Division and the Harold C. Simmons Cancer Center at UT Southwestern Medical Center.

Metastatic Colorectal Cancer: Update Now Shows Higher Response for Cetuximab-Chemotherapy

Research at the University of California, San Francisco, reported objective response rates, but with the caveat that they were based on two-thirds of the entire cohort, from investigator assessment of 369 patients on chemotherapy-bevacizumab and 364 on chemotherapy-cetuximab. The data were documented but not yet audited, he said.

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CALGB/SWOG 8045 UPDATE: HIGHER RESPONSE FOR CETUXIMAB-CHEMOTHERAPY

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The overall response rate was 57 percent for chemotherapy-bevacizumab versus 66 percent for chemotherapy-cetuximab.

There were a “surprisingly high” number of complete responses, Venook said—three percent for chemotherapy-bevacizumab and 7.4 percent for chemotherapy-cetuximab. Partial response rates were 54 percent for chemotherapy-bevacizumab and 58 percent for chemotherapy-cetuximab; stable disease rates were 37 and 26 percent, respectively; and a small number of patients with refractory disease, with progressive disease rates of six and eight percent, respectively.

When Venook reported the initial results of the study at the plenary session at the American Society of Clinical Oncology this spring, the results showed no meaningful superiority of one regimen over the other (OT 7/10/14 issue). “The two antibodies added to chemotherapy consisting of either FOLFOX or FOLFIRI are both acceptable and similarly effective,” he concluded at that time.

Eagerly Awaiting Expanded RAS Analysis

Confirmed response rates, depth of response, and expanded RAS analysis for the study are pending; Venook said these will be reported in September at the ESMO Congress in Madrid. Those data will hopefully explain a burning question: Why two similar trials, 80405 and FIRE-3, the Phase III trial presented at last year’s ESMO GI Congress in Madrid. Those data will hopefully explain the why the patients who received FOLFOX-cetuximab [in FIRE-3] had an advantage in overall survival without any meaningful advantage in response rate and progression-free survival,” he said in an interview.

“What we have seen now is that patients in the FOLFIRI-cetuximab arm had a more pronounced shrinkage of the tumor, so the objective response rate is higher, the depth of response is higher, and early tumor shrinkage is higher with FOLFIRI-cetuximab than with FOLFIRI-bevacizumab.”

These factors, he said, suggest a good explanation of how this translates into an advantage in overall survival.

Biologics May Not Require Cytotoxics

In a separate presentation here, Venook hypothesized that the best cytotoxic “backbone” on which to add a biological therapy for metastatic colorectal cancer may be no chemotherapy at all.

“The research on chemotherapy backbones and biologicals in these regimens is hindered because we do not always understand the mechanisms of action, but it is possible that less chemotherapy may be better,” he said.

A chemotherapy backbone is not necessary in treating melanoma, and two biological agents work there very well together, he said.

In colorectal cancer, the randomized Phase II BOND-2 study of cetuximab-bevacizumab-irinotecan compared with cetuximab-bevacizumab alone in irinotecan-refractory colorectal cancer showed that the activity of bevacizumab-cetuximab and cetuximab-irinotecan appeared better as compared with historical controls of cetuximab or cetuximab-irinotecan in patients who had not previously received bevacizumab (Saltz L et al: JCO 2007;25:4557-4561). Not all evidence points to the elimination of chemotherapy from regimens for metastatic colorectal cancer, however. Venook said the addition of panitumumab to bevacizumab and oxaliplatin- or irinotecan-based chemotherapy resulted in increased toxicity and decreased progression-free survival in the Phase III PACE study of metastatic colorectal cancer (Hecht J et al: JCO 2009;27:672-680).

“Without exception, patients [in that trial] who received double biologicals and chemotherapy did worse than patients who had a single biological,” Venook said.

Reported were objective response rates but with the caveat that these were based on two-thirds of the entire cohort; the data were documented but not yet audited.

Confirmed response rates, depth of response, and expanded RAS analysis are set to be reported in September at the ESMO Congress in Madrid.

ALAN P. VENOOK, MD, called the number of complete responses “surprisingly high”—3% for patients on chemotherapy-bevacizumab and 7.4% for those on chemotherapy-cetuximab.

But he added that KRAS status was just evolving at that time, and this was an example of the harm done when mutated KRAS patients get cetuximab or panitumumab.

Furthermore, in the CAIRO-2 trial, the addition of cetuximab to capcitabine-oxaliplatin-bevacizumab resulted in significantly shorter progression-free survival and inferior quality of life. “Patients who got double biologicals did worse than those who did not,” he said.

Active Maintenance Beats No Maintenance

In another presentation here in the session on metastatic colorectal cancer, results from the Phase III AIO KRK 0207 trial were reported, showing...
The results of the subanalysis had been eagerly awaited because some trials have shown significantly different outcomes between patients from Asian and Western countries.

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How can it be that the 80405 and FIRE-3 trials had different overall survival results with the same treatments?