Japanese cross-sectional and cohort study of 1st line chemotherapy (CT) for metastatic colorectal cancer (mCRC) (EMERaLD study)

Evaluation of first-line treatment for Metastatic colorectal cancer, Especially Resection of liver metastasis and Long survival, in Japanese Database

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Background

An observational cohort study plays a crucial role to understand the current status of clinical practice and can be utilized as database for multi-purpose outcome research. Such database is available in Europe and the United States based on several cohort studies especially in mCRC, while there is no database available including treatments for mCRC patients in Japan. Therefore, we planned and conducted a large cohort study to establish database available including treatments for mCRC patients in Japan. We performed a preplanned interim analysis on 1,005 pts to investigate 1st line chemotherapy in clinical practice of mCRC pts in Japan. We performed subgroup analyses by regimens, KRAS mutation, primary site, and synchronous or metachronous on this database.

Results

6-month response to chemo (n=1,005)

Best overall response

6-month progression-free survival rate (n=1,005)

[Metachronous (n=332)]

Synchronous (n=673)

primary resection before chemo

adjacent chemo after primary resection

Metastatic disease

Liver mets (n=627)

Lung mets (n=308)

Adverse Events (n=1,005)

627 pts had liver metastases among 1,005 pts. 540 pts (53.7%) received XELOX + BV, whereas 427 pts (43.4%) received FOLFOX + BV. KRAS mutation was measured at 56.1% before 1st line chemo was started (between 2010 and 2011). 448 pts (61.1%) received second line chemotherapy at 6 months. Among 448 pts, 141 pts discontinued chemotherapy due to AEs, mostly neuropathy and allergy. Regimens and KRAS mutational status don’t make much difference on liver resection rate, response rate and 6-month PFS rate in Japanese clinical practice.

Summary

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