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JULY
2020

SCOPE Newsletter

Dear Doctors,

The ESMO GI Congress¹ was a very important occasion for sharing the SCOPE results with the poster:

The Screening and COnsensus based on Practices and Evidence (SCOPE) survey – results of a real-world survey on mCRC practice patterns²

Poster available at this link: bit.ly/p-179-scope



Gerald PRAGER

Medizinische Universität
Wien; Vienna, Austria

Prof Prager provided a comprehensive summary of the SCOPE results

"It is a great pleasure for me to share with you the content of our poster that was presented at this year's ESMO GI Congress."

Watch the video with Prof Prager here [▶](#)

SCOPE RESULTS KEY HIGHLIGHTS

We are happy to share with you the key results of the SCOPE program

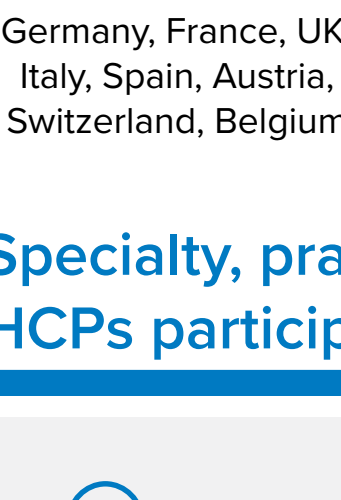
KEY NUMBERS

87
total meetings

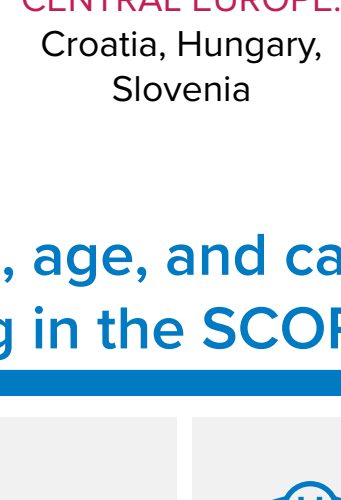
706
total respondents

12
participating countries

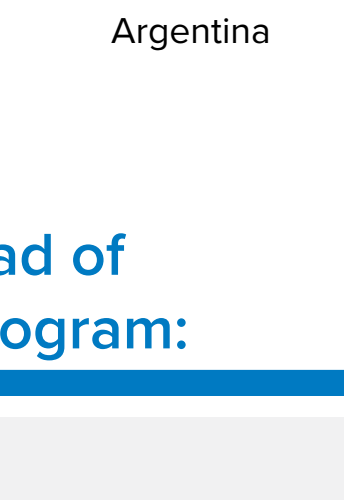
Countries participating in the SCOPE program:



WESTERN EUROPE:
Germany, France, UK, Italy, Spain, Austria, Switzerland, Belgium



CENTRAL EUROPE:
Croatia, Hungary, Slovenia



LATIN AMERICA:
Argentina

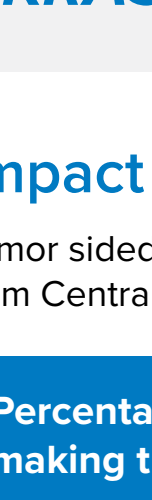
Specialty, practice, age, and caseload of HCPs participating in the SCOPE program:



72%
medical oncologists



43%
work at a university hospital



53%
35-55 yr



10 to 19
mCRC patients seen per month

Diagnostic tests in mCRC requested by physicians:

Percentage of physicians who request the following tests

91%

KRAS/NRAS

77%

BRAF

58%

MSI

11%

HER2

Impact of tumor sidedness:

Tumor sidedness is considered in the treatment decision by 70% of respondents from Central or Eastern Europe, 51% in Western Europe, and 60% in Argentina

Percentage of physicians who consider tumor sidedness when making treatment decisions for patients with RAS wildtype (WT)

56%

All countries

51%

Western Europe

70%

Central/Eastern Europe

60%

Latin America

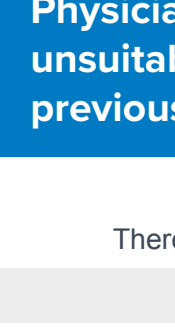
Treatment goals in 1L and 3L settings in mCRC:

Efficacy was the main treatment goal in 1L, whereas efficacy and quality of life preservation were well balanced as treatment goals in 3L

Treatment goals in the 1L and 3L setting in mCRC



Patient cases



ANTON

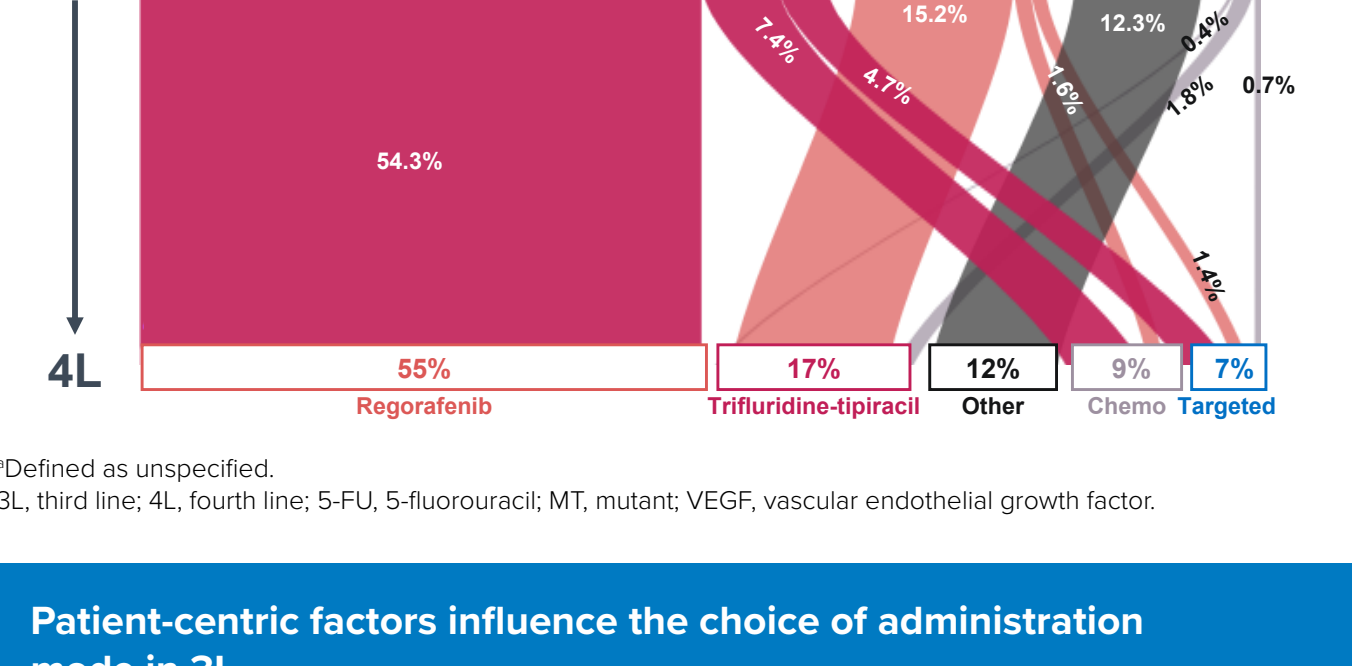
CASE 1
A fit and active 54-year-old male with a left-sided, RAS WT colon adenocarcinoma

Anton	54-year-old male Lives close to hospital Plays tennis and violin	BRAF	WT
MS status		MS status	MS stable
Comorbidities	None	Condition	Left-sided colon adenocarcinoma
RAS	WT	ECOG PS	0

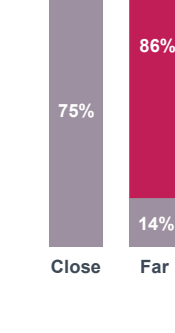
89% of the respondents considered trifluridine-tipiracil an appropriate 3L treatment for Anton, a fit and active patient*

*Anton is considered a fit (ECOG PS 0) and active (plays tennis and violin) patient.

Physicians' responses on why trifluridine-tipiracil was an appropriate choice for Anton, a fit and active patient



1. RECURSE trial: Van Cutsem E, et al. Eur J Cancer. 2018;90:63-72.



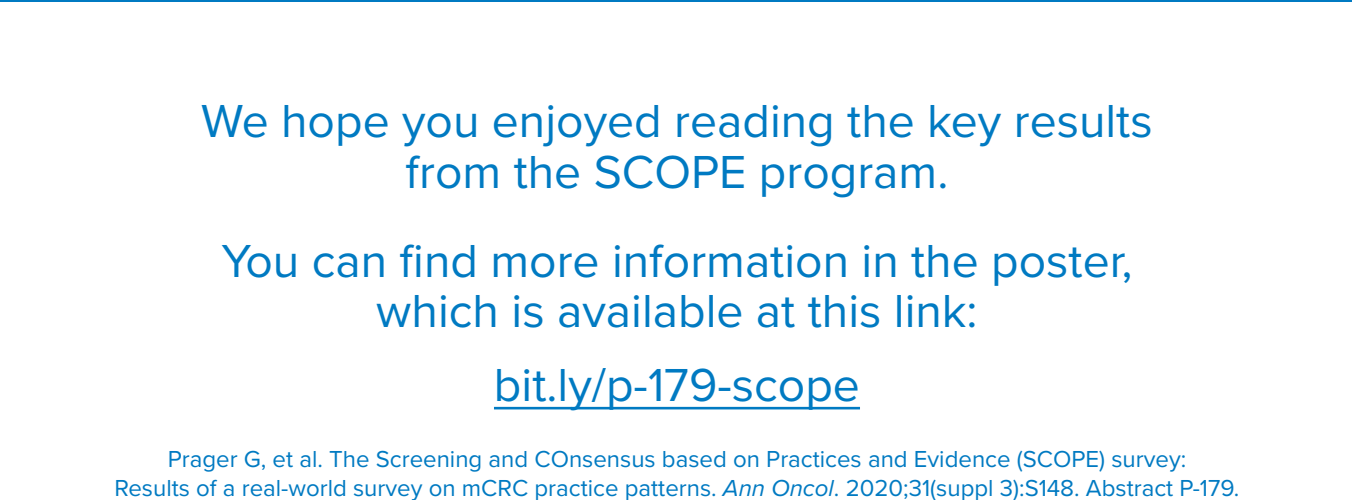
MARIA

CASE 2
A 68-year-old female with KRAS mutant (MT) left-sided colon adenocarcinoma, comorbidities, and previous tolerability issues

Maria	68-year-old female Lives close to hospital Lives with grandchildren and family	RAS	KRAS WT
Comorbidities	Controlled hypertension, controlled type 2 diabetes without signs of neuropathy	BRAF	WT
		MS status	MS stable
		Condition	Left-sided colon adenocarcinoma
		ECOG PS	1

90% of respondents considered oxaliplatin rechallenge an unsuitable 3L treatment for Maria, a KRAS MT patient with comorbidities and previous tolerability issues

Physicians' responses on why oxaliplatin rechallenge was an unsuitable 3L treatment in a KRAS MT patient with comorbidities and previous tolerability issues



The main reasons for considering rechallenge with oxaliplatin inappropriate for Maria in 3L were:

- 1 Risk of cumulative toxicities
- 2 Availability of approved alternative treatment options

In 3L, trifluridine-tipiracil followed by regorafenib was the preferred treatment sequence for Maria, a KRAS MT patient with comorbidities and previous tolerability issues:

Physicians' responses on the preferred treatment strategy for a patient with KRAS MT tumor, comorbidities, and previous tolerability issues



*Defined as unspecified.

3L, third line; 4L, fourth line; 5-FU, 5-fluorouracil; MT, mutant; VEGF, vascular endothelial growth factor.

Patient-centric factors influence the choice of administration mode in 3L

Closeness to the hospital, as well as patient's age, general condition, and overall understanding of the treatment options, were all important factors when deciding whether to use an oral or intravenous therapy

Conclusions

SCOPE results show how physicians generally follow the recommendations from mCRC international guidelines, with some regional variations

- KRAS, NRAS, BRAF, and MSI are systematically tested in most countries
- The impact of tumor sidedness on treatment choice varies widely, possibly due to drug availability and discrepancies between national guidelines
- Efficacy was the main treatment goal in 1L, whereas efficacy and quality of life preservation were well balanced as treatment goals in 3L
- Trifluridine-tipiracil is considered an appropriate treatment in the 3L setting for a fit and active patient without comorbidities, such as Anton
- In 3L, trifluridine-tipiracil followed by regorafenib is considered the preferred treatment sequence for Maria, a KRAS MT patient with comorbidities and previous tolerability issues
- In later treatment lines, the preference for a mode of administration (oral vs intravenous) was driven by patient-centric factors

We hope you enjoyed reading the key results from the SCOPE program.

You can find more information in the poster, which is available at this link: bit.ly/p-179-scope

Prager G, et al. The Screening and COnsensus based on Practices and Evidence (SCOPE) survey: Results of a real-world survey on mCRC practice patterns. Ann Oncol. 2020;31(suppl 3):S148. Abstract P-179. <https://doi.org/10.1016/j.annonc.2020.04.261>

QUESTIONS
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Please email scope_questions@aptitudehealth.com