

**#3**  
**OCTOBER**  
**2020**

# SCOPE Newsletter

Dear Doctors,

This year brings additional good news for SCOPE: the SCOPE results were presented at the ESMO Virtual Congress 2020 with the poster:

**“The Screening and Consensus based on Practices and Evidence (SCOPE) survey: Treatment goals and practice patterns in third- and fourth-line metastatic colorectal cancer”**

Gerald Prager, Claus-Henning Köhne, Juan Manuel O'Connor, Fernando Rivera, Daniele Santini, Harpreet Wasan, Jean-Marc Phelip

Poster available at this link:  
[bit.ly/p2793-scope](http://bit.ly/p2793-scope)



**Prof Rivera, a member of the SCOPE Steering Committee, told us about the SCOPE program and the SCOPE results presented at ESMO 2020.**

**Fernando Rivera**  
**HERRERO**  
Hospital Universitario Marqués de Valdecilla; Santander, Spain

Watch the video with Prof Rivera here

This new milestone for SCOPE follows the first poster presented at ESMO GI, and confirms the recognized scientific relevance of the SCOPE program by the medical community.

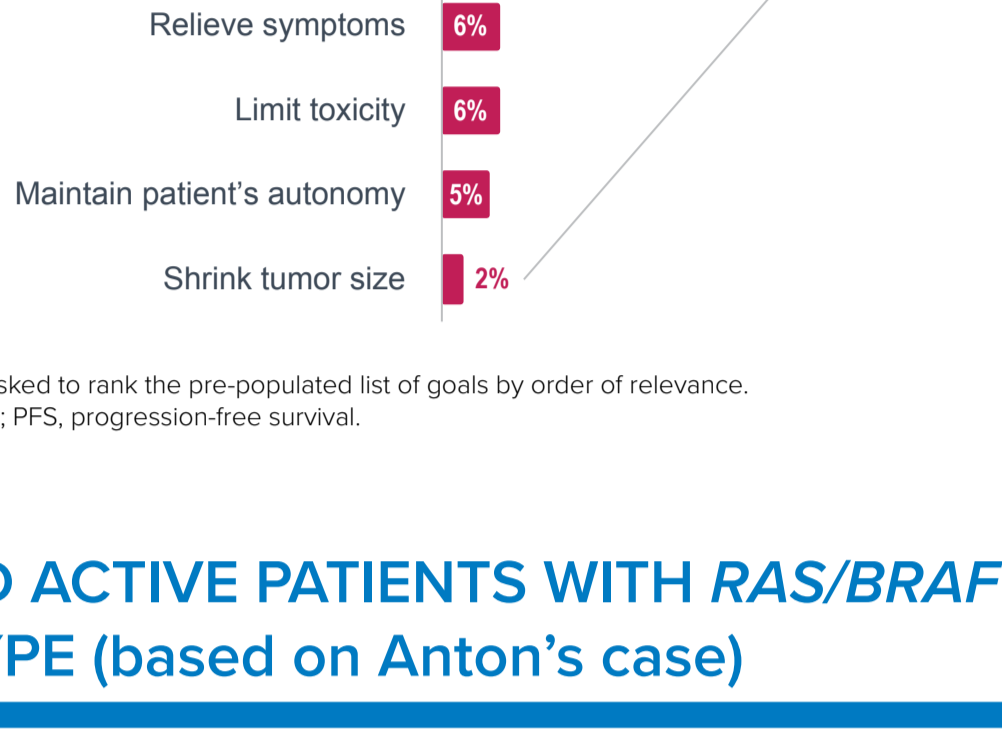
## SCOPE RESULTS KEY HIGHLIGHTS

The SCOPE platform was used to collect and analyze the responses from HCPs who participated in the SCOPE meetings in the different regions. The results on physicians' treatment approaches in 3L and 4L and the drivers behind their choices were presented at the ESMO Virtual Congress 2020.

### Treatment goals in 3L mCRC

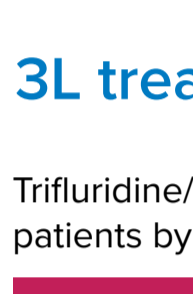
**Primary treatment goal in 3L:** Quality of life was rated as the primary goal. Interestingly, when considered together, the efficacy-related objectives including OS, PFS, stabilizing disease, and shrinking tumor size composed 43% of the responses.

#### Third-Line Treatment Goals: Percentage of Physicians Ranking Primary Treatment Goals\*



\*Physicians were asked to rank the pre-populated list of goals by order of relevance. OS, overall survival; PFS, progression-free survival.

### FIT AND ACTIVE PATIENTS WITH RAS/BRAF WILDTYPE (based on Anton's case)

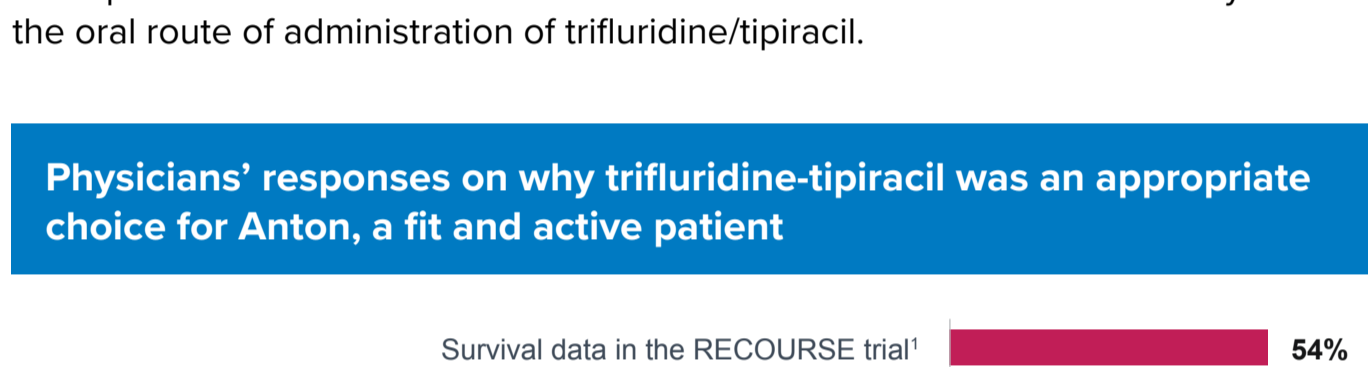


**CASE 1**  
**A fit and active 54-year-old male with a left-sided, RAS WT colon adenocarcinoma**

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

### 3L treatment choice

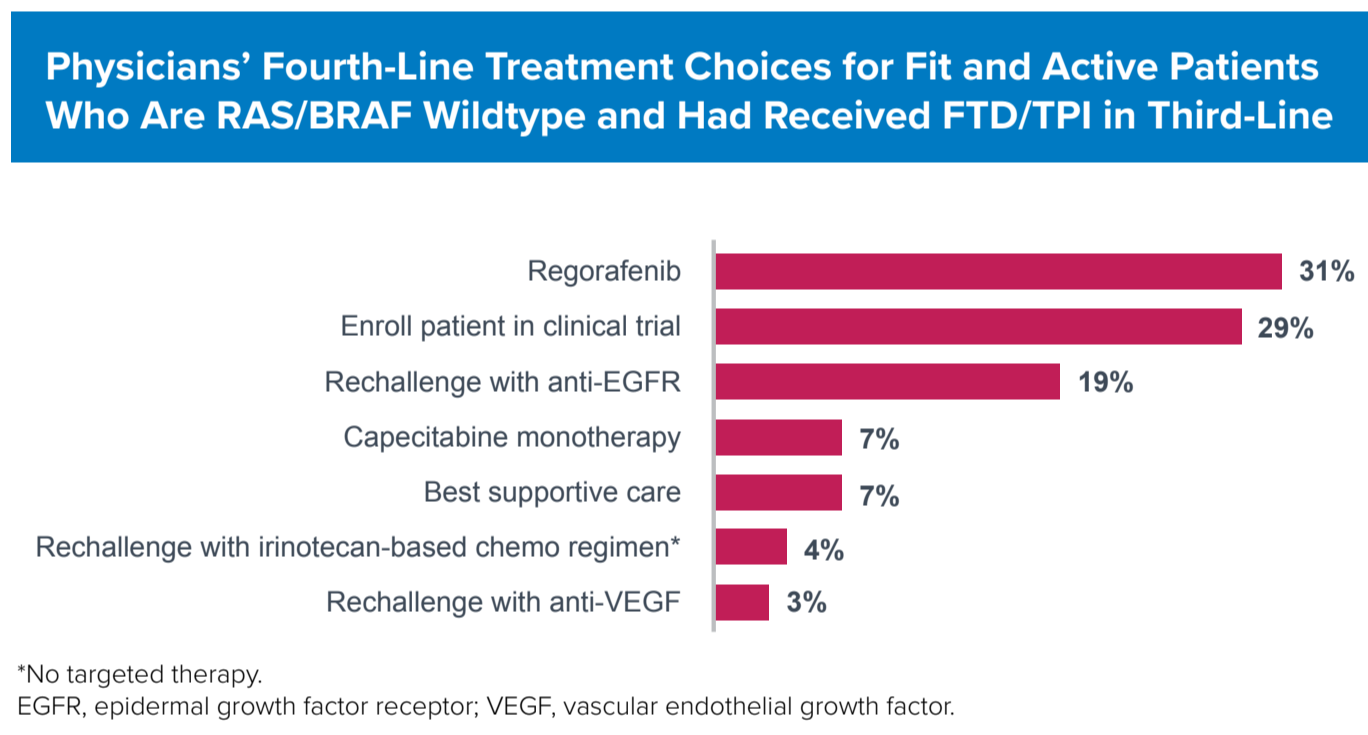
Trifluridine/tipiracil is considered the most appropriate treatment option for these patients by 89% of physicians.



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

Their preference was based on the survival data from the RECURSE study and the oral route of administration of trifluridine/tipiracil.

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

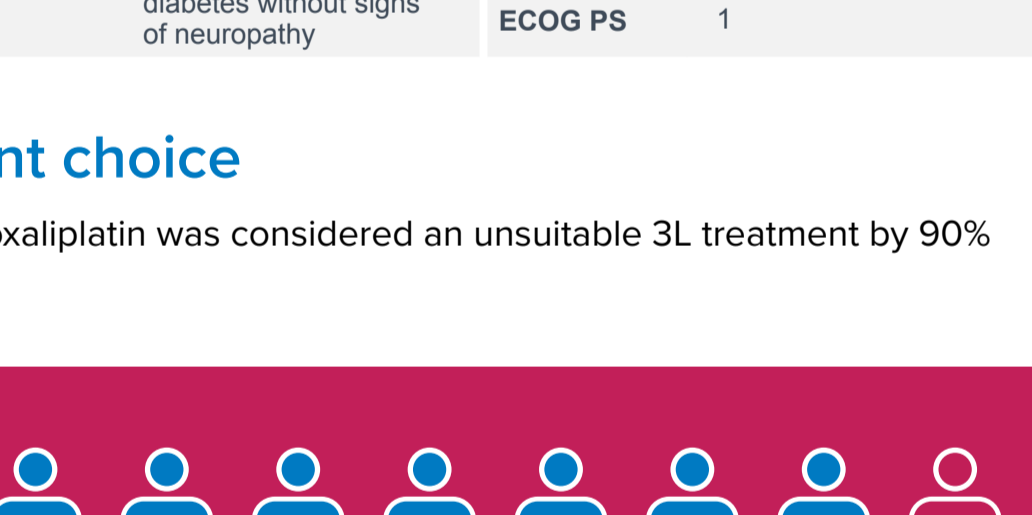


1. RECURSE trial: Van Cutsem E, et al. Eur J Cancer. 2018;90:63-72.

### Treatment sequencing from 3L to 4L

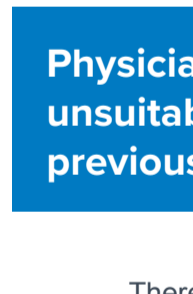
Trifluridine/tipiracil followed by regorafenib or followed by patient's enrollment in clinical trial were the most-preferred sequencing choices

#### Physicians' Fourth-Line Treatment Choices for Fit and Active Patients Who Are RAS/BRAF Wildtype and Had Received FTD/TPI in Third-Line



\*No targeted therapy. EGFR, epidermal growth factor receptor; VEGF, vascular endothelial growth factor.

### KRAS-MUTANT PATIENT WITH COMORBIDITIES AND PREVIOUS TOLERABILITY ISSUES (based on Maria's case)

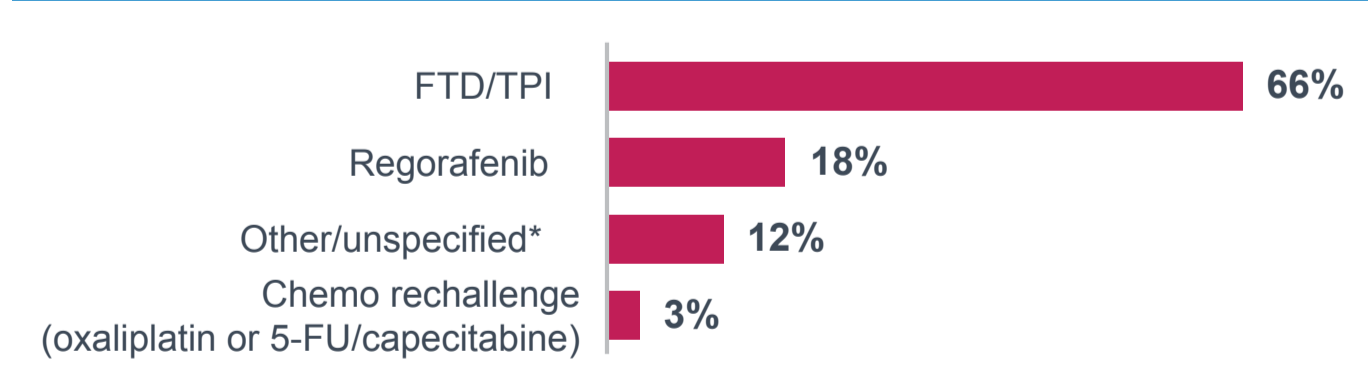


**CASE 2**  
**A 68-year-old female with KRAS mutant (MT) left-sided colon adenocarcinoma, comorbidities, and previous tolerability issues**

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

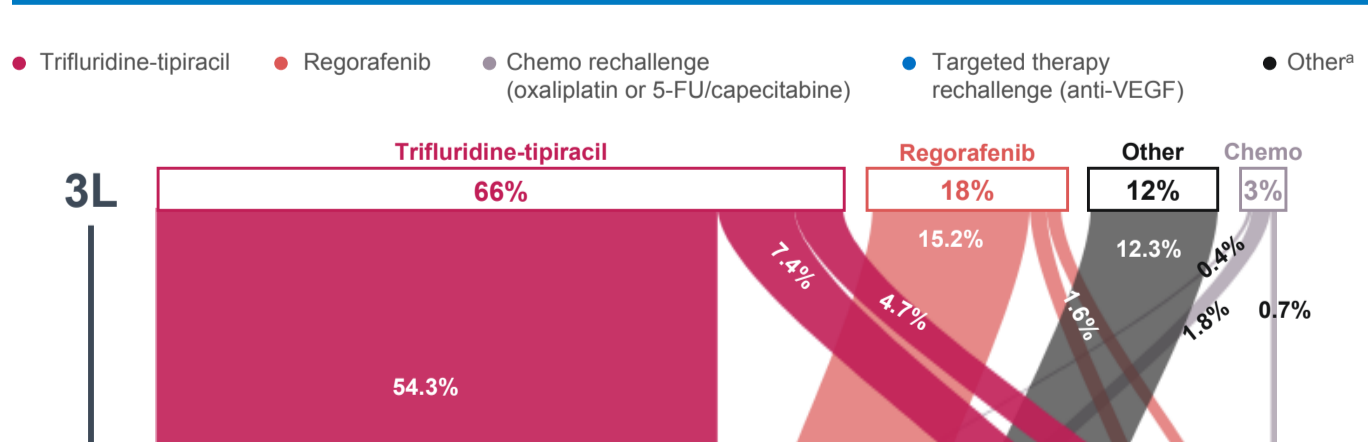
### 3L treatment choice

Rechallenge with oxaliplatin was considered an unsuitable 3L treatment by 90% of respondents.



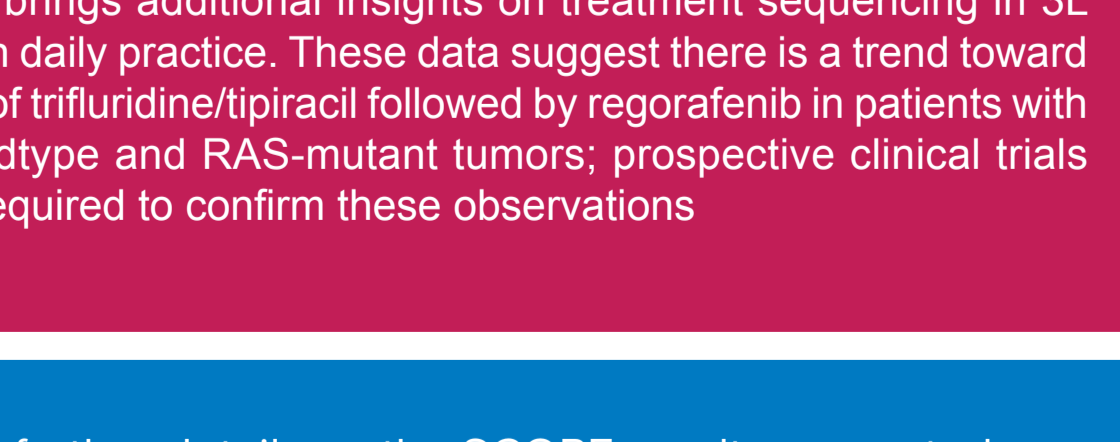
The reasons for their response were mainly based on the risk of cumulative toxicities and availability of approved alternative treatment options.

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



Trifluridine/tipiracil was considered a more appropriate treatment for these patients by 66% of the respondents.

#### Physicians' Responses on the Preferred Third-Line Treatment Option to Oxaliplatin Re-challenge for a KRAS-Mutated Patient With Comorbidities and Previous Tolerability Issues

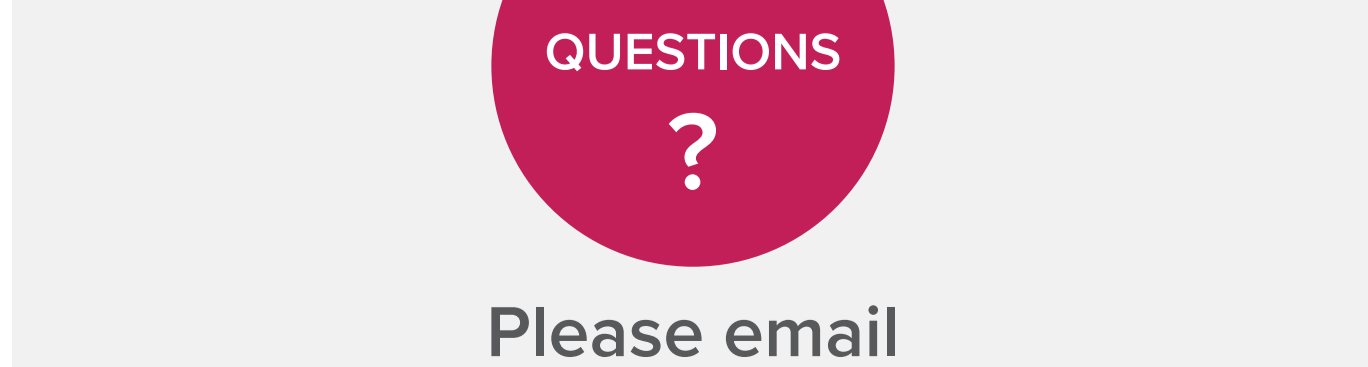


\*Other/unspecified includes best supportive care. Chemo, chemotherapy; 5-FU, 5-fluorouracil; FTD/TPI, trifluridine-tipiracil.

### Treatment sequencing from 3L to 4L

Trifluridine/tipiracil followed by regorafenib was the most preferred choice for KRAS-mutant patients 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.

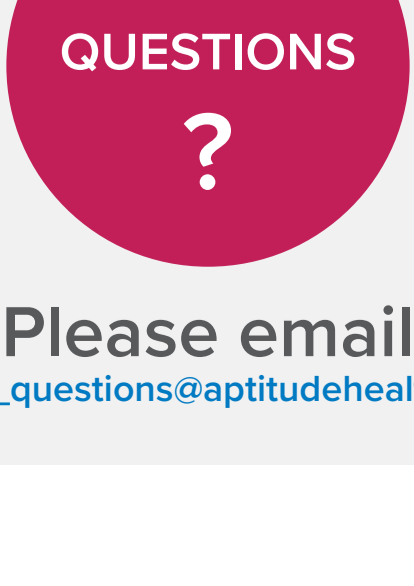
**Topline summary**

SCOPE brings additional insights on treatment sequencing in 3L and 4L in daily practice. These data suggest there is a trend toward the use of trifluridine/tipiracil followed by regorafenib in patients with RAS-wildtype and RAS-mutant tumors; prospective clinical trials will be required to confirm these observations

For further details on the SCOPE results presented at the ESMO Virtual Congress 2020,  
click here to view the poster [bit.ly/p2793-scope](http://bit.ly/p2793-scope)

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