

Trifluridine/Tipiracil plus Bevacizumab (TTB) versus Regorafenib (R) in Refractory Advanced Colorectal Cancer Patients: a Real-Worl Evidence Efficacy Study

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BACKGROUND

Trifluridine/Tipiracil plus Bevacizumab (TTB) and Regorafenib (R) prolongs overall survival (OS) in refractory advanced colorectal cancer (aCRC) patients^{1,2}, however, there are no direct comparative studies between them. Real-World Evidence can be used to improve clinical knowledge in this scenario³.

METHODS AND STATISTICS

TriNetX Global Collaborative Network, a platform operating globally based on anonymized and aggregated clinical data was utilized. A retrospective sample of aCRC patients from 141 healthcare organizations (HCOs) who met the initial criteria was selected in order to compare OS. Hazard Ratio (HR) and its 95% confidence interval (95%CI) were calculated to evaluate the difference between cohorts. Propensity Score Matching (PSM) was used to balance the cohorts based on age, gender, and race/ethnicity mitigating possible cofounding variables. All statistical analyses were conducted utilizing the TriNetX Analytics function in the online research platform



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TABLE 1: DEMOGRAPHICS AND CLINICAL INFORMATION							
	TTB	R					
n	428	428					
Age (Mean+/-SD)	68.1 +/- 9.7	68.1 +/- 10.3					
Gender: Male	222 (54,95%)	217 (53.71%)					
Ethnicity: White	316 (78.318%)	330 (81,683%)					

A total of 1483 patients met the study criteria, including previous treatment with Oxaliplatin, Irinotecan and Fluoropyrimidine-based chemotherapy (Capecitabine or 5'Fluorouracil), also with an antiangiogenic drug (Bevacizumab or Aflibercept) and with an anti-EGFR therapy (Cetuximab or Panitumumab) as indicated.



The median follow-up was 177 days for TTB arm and 169 days for R arm.



Standard	Median Follow-up	Interquartile						
Deviation	(Days)	Range						
434.748	177.500	269						
612.927	169	305						
,250 2,375 2,500 2,625 2,750 2,875 3,000 3,125 3,250 3,375 3,500 3,625 3,750 3,875 4,000								

RESULTS

442 patients were included in TTB arm and 1041 in R arm. After PMS, 428 patients were analyzed in both arms. Patients treated with TTB showed a significant better OS compared to patients treated with R, both previous to PSM and after PSM (post-PMS median OS 255 days vs 197 days, HR 0.784, 95%CI 0.675-0.910).



In this study, based on Real World Data, Trifluridine/Tipiracil plus Bevacizumab was associated with better overall survival compared to Regoration for the second seco



Со	hort	Patients in cohort	Patients with outcome	Median survival (days)	Survival pr	obability at end of time window
1	Refractory aCRC TTB	442	231	255	12.38%	
2	Refractory aCRC Regorafenib	1,041	677	197	11.90%	
		χ ²	df	р	_	
Lo	g-Rank Test	10.308	1	0.001		
		Hazard Ratio	95% CI	χ ²	df	р
	zard Ratio and oportionality	0.784	(0.675 <i>,</i> 0.910)	4.788	1	0.029
	1,000	1,5 ['] 00 Days after in		2,500 3,	ο΄οο	3,500

CONCLUSIONS

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