

BEVACIZUMAB AND TRIFLURIDINE-TIPIRACIL FOR METASTATIC COLORECTAL CANCER: RETROSPECTIVE ANALYSIS IN A SECOND-LEVEL HOSPITAL

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BACKGROUND AND IMPORTANCE

The addition of Bevacizumab to trifluridine/tipiracil (Bev-TAS) treatment has shown improved survival compared to monotherapy in metastatic colorectal cancer (mCRC).

AIM AND OBJECTIVES

To evaluate the effectiveness and safety of Bev-TAS in clinical practice at a second-level hospital.

MATERIALS AND METHODS

- Observational and retrospective study
- January 2023- September 2025
- Patients with mCRC treated with Bev-TAS
 - Demographics (Age, sex)
 - Clinical (Stage, location, mutations, metastases, previous treatments and ECOG)
 - Treatment related (Start/end dates, number of cycles)
 - Effectiveness (Response rate per RECIST V1.1, progression-free survival (PFS) and overall survival (OS))
 - Safety (Adverse reactions (ARs) per NCI-CTCAEv.5, dose reductions and discontinuations)
- Kaplan meier method → SPSS v1

RESULTS

Thirty-seven patients were included (27 men); median age was 76 years (IQR 66-75,5)

Primary tumor location:

- Colon 75,7% (left: 18, right: 9, unknown 1)
- Rectum 24,3%

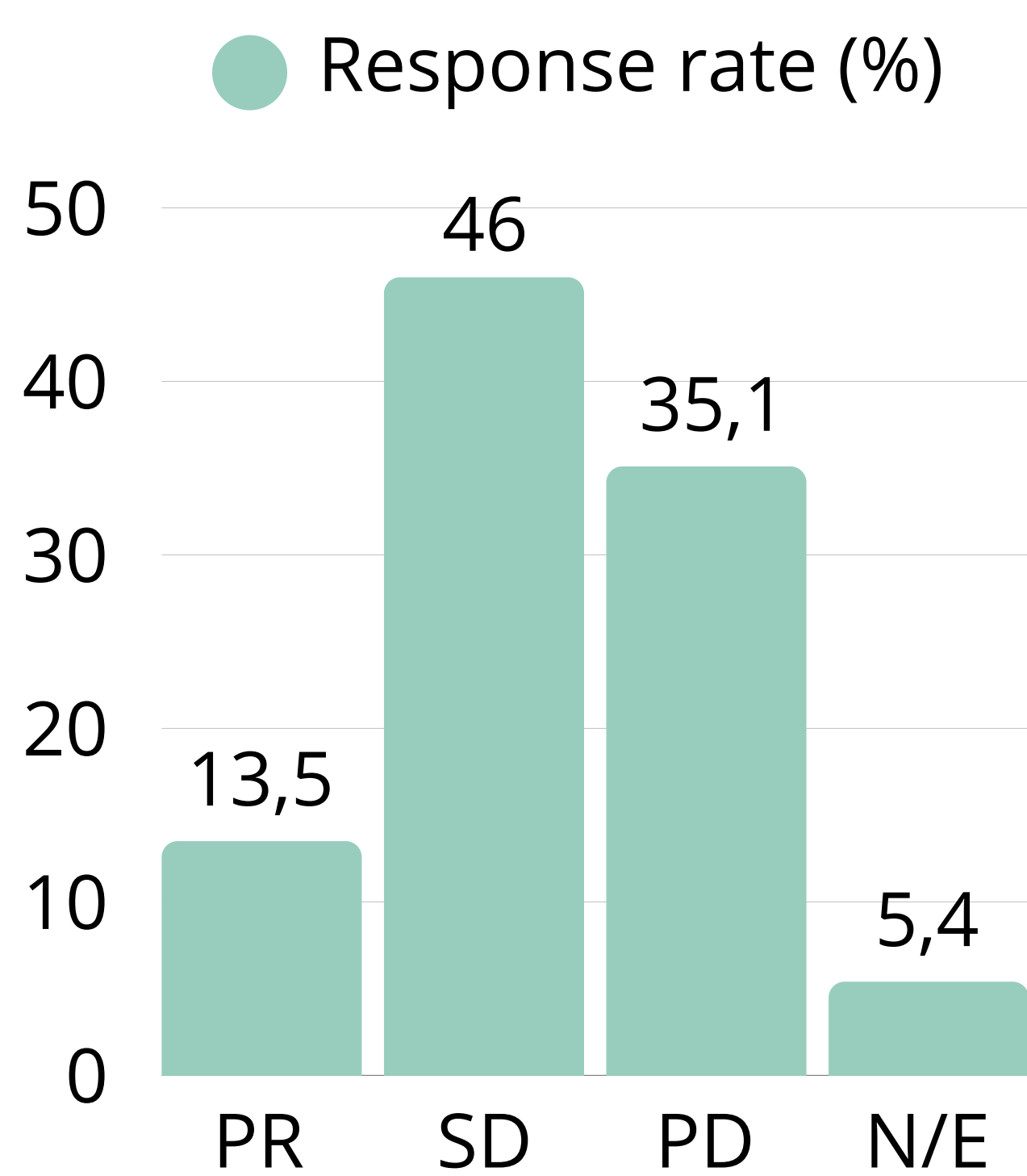
Mutations 59,5%

KRAS	NRAS	BRAF V600E
51,4%	5,4%	2,7%

- Most frequent metastases sites were liver (n=25), lungs (n=16) and peritoneum (n=6).
- Median previous treatments received was 2 (IQR 2-2) and the
- ECOG was 1 (n=32), 0 (n=3) and 2 (n=2).
- Median follow-up after treatment initiation was 12 months (IQR 6-22).

The median number of Bev-TAS cycles was 5 (IQR 3-11)

Effectiveness



Median PFS was 5 months (95% CI 2,4-7,6) and OS was 12 months (95% CI 9,5-14,6)

Treatment was discontinued in 70,3%, due to progression (n=21), ARs (n=4) and clinical deterioration (n=1).

Safety

ARs occurred in 89,2% of patients

Adverse reactions G1-2		Adverse reactions G3-4	
Asthenia	19	Neutropenia	9
Nausea/vomiths	9	Asthenia	4
Diarrhea	7	Hypertension	1
Neutropenia	6	Thrombopenia	1
Thrombopenia	4		

Treatment delays due to ARs occurred in 51,4% (median 7 days (IQR 7-17,5)) and dose reductions in 18,9%.

CONCLUSION AND RELEVANCE

Our study showed effectiveness and safety outcomes consistent with those reported in the pivotal SUNLIGHT trial, supporting the benefit of adding bevacizumab to trifluridine/tipiracil in real-world practice. Safety profile and dose reductions were also comparable, with the most frequent ARs being hematological and gastrointestinal disorders.

