Background: Trifluridine/tipiracil hydrochloride has shown to improve progression-free survival (PFS) and overall survival (OS) in patients with metastatic colorectal cancer (mCRC). Exploratory analysis suggested that patients with good prognostic characteristics GPC (18 months since first diagnosis) carry better prognosis vs. poor prognostic characteristics (PPC). We report the Greater Manchester experience of the use of TFT.

Methods: All consecutive patients who received TFT between August 2016 and August 2019 were included. Data were collected from electronic records. Univariate survival analysis was performed with Kaplan-Meier curve and log-rank test. Cox regression was used for multivariable analysis.

Results: All consecutive pts (n=188) were included; median follow up was 7.1 months. Median age was 66 IQR (59-72); 60% were male; 22% had right; 43% had left; 35% had rectal cancers. RAS mutation was identified in 29.8%. Twenty-nine-nine (16%) received fluorouracil and 23.4% received anti-EGFR treatment. Seventy-five patients (40%) had ≤ 3 sites of metastases; 134 (74%) had liver and lung and peritoneal metastasis respectively; 123 (65.4%) had liver metastasis. Patients with liver metastasis had a shorter median PFS 2.7 months and OS 7.5 months (95% CI 6.3-8.8) when compared with patients with no liver metastasis with 0.001. Patients with liver metastasis had a shorter median PFS 2.7 months and OS 7.5 months (95% CI 10.1 to 15.7) compared to 7.45 months in patients with PPC (95% CI 10.1 to 15.7), p < 0.001. Patients with PPC had better OS of 12.9 months (95% CI 10.11-15.77) compared to 7.45 months in patients with PPC (95% CI 10.1 to 15.7), p < 0.001.

Conclusion: Our RWD on TFT was associated with a better OS than expected. This RWD study was able to validate GPC. GPC with no liver metastases and grade ≥ 3 neutropenia as subgroup benefitting the most from TFT.

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