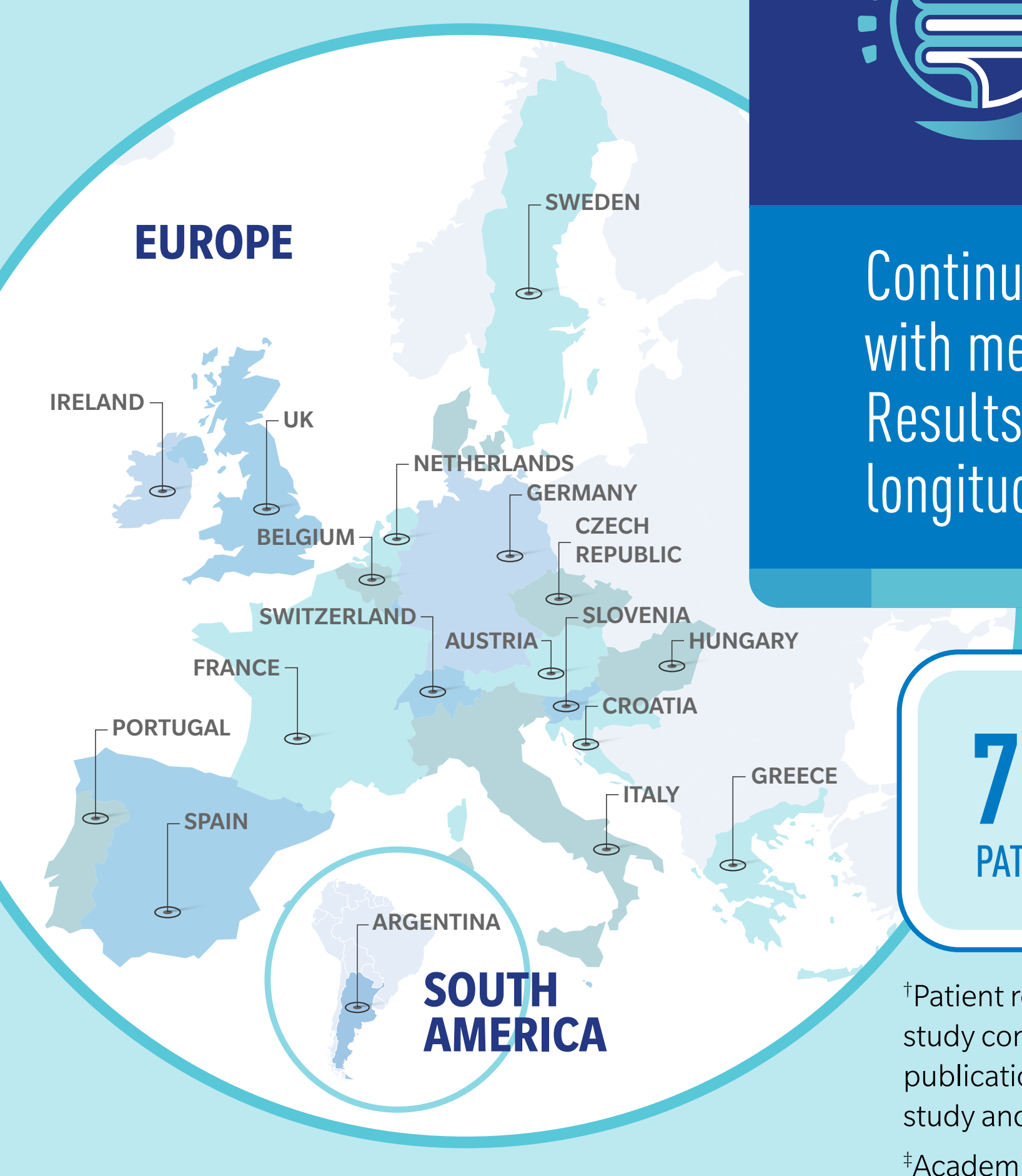


PROMETCO

Continuum of care and survival in patients with metastatic colorectal cancer: Results of the real-world, prospective, longitudinal cohort PROMETCO study*[1]

738 PATIENTS†

96 CENTERS‡

18 COUNTRIES

†Patient recruitment began in March 2019, ended in October 2022, and the study completed in April 2024. At the July 1, 2023 data cut-off for this publication, 655/738 patients with mCRC in PROMETCO had completed the study and were included in the survival analyses.

‡Academic or community-based medical sites experienced in the management of colorectal cancer and in conducting observational studies.

Background

mCRC treatment has changed rapidly in recent years

Patients may receive 1L or 2L agents in clinical practice that were not available when the phase III studies for later-line treatments were conducted

Treatment availability varies between countries according to reimbursement of treatments and accessibility to molecular testing

Real-world studies can provide invaluable information on prescribing patterns, effectiveness, patient-reported outcomes, and safety in a broader population

At study commencement, there were limited real-world data on OS, treatment patterns, effectiveness, safety, and QoL in patients with mCRC who had progressed twice from diagnosis of metastatic disease with available therapies.[2] It was unclear how agents were used in clinical practice in these patients.

PROMETCO is the first international, prospective study investigating the continuum of care—including prescribing patterns, effectiveness, and safety—in patients with mCRC at ≥3L therapy in all patients with two disease progressions, regardless of prior treatment or age.

Study aims

CONTINUUM OF CARE

To report treatment patterns and outcomes including OS and PFS per treatment line in patients with two disease progressions from diagnosis of advanced mCRC, to help inform clinical practice

Study design

- International
- Included investigation of treatment safety
- Follow-up of up to 18 months
- Real-world retrospective and prospective data
- Effectiveness outcomes include response to treatment (response, disease progression, or stable disease assessed using the local medical standard assessments), date of response, OS, and PFS

Eligibility criteria

Inclusion

- Aged ≥18 years
- Diagnosis of mCRC
- Two disease progressions since the first diagnosis of metastasis that led to the first systemic treatment
- Willingness to receive subsequent treatment
- Able to give informed consent

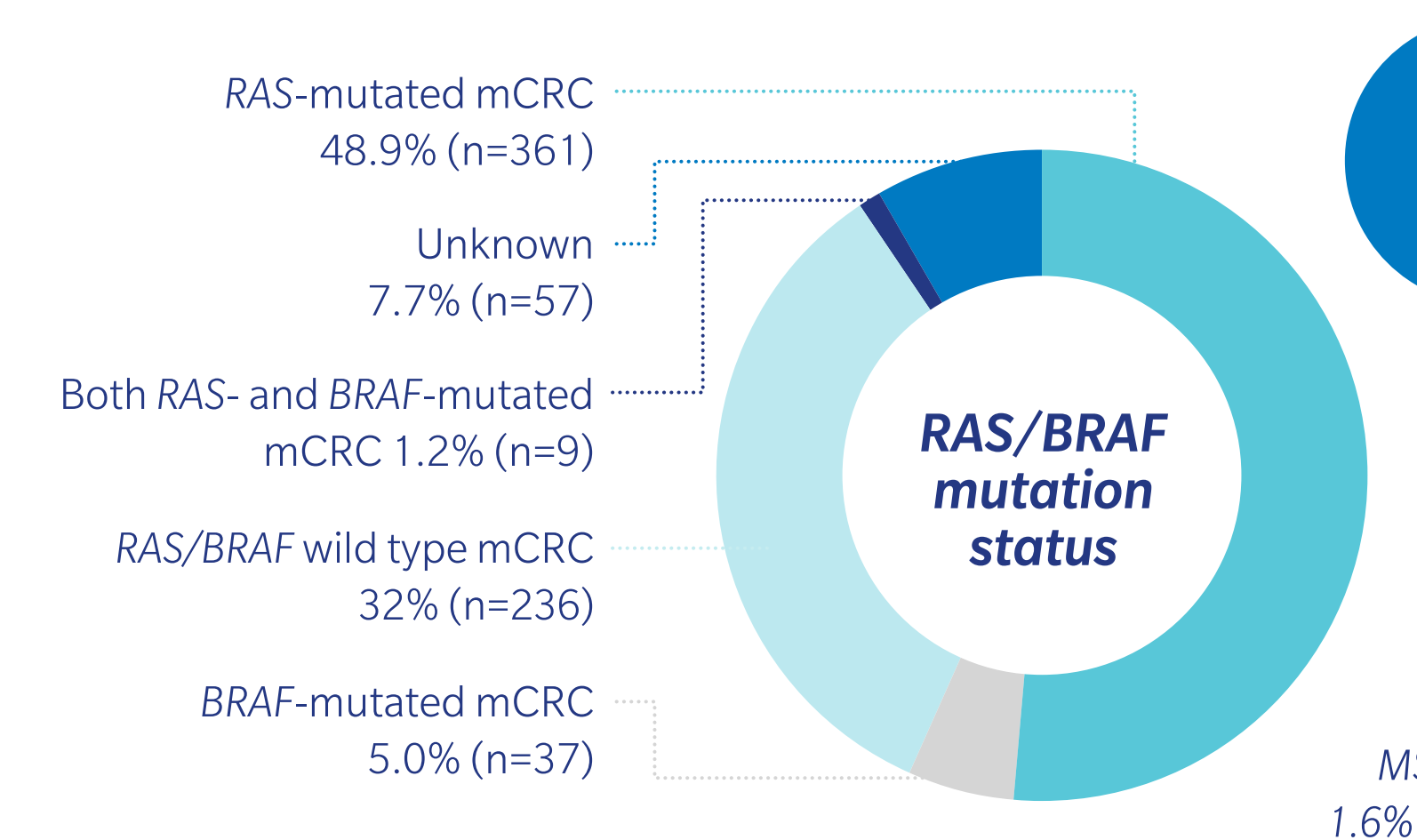
mCRC patient

Exclusion

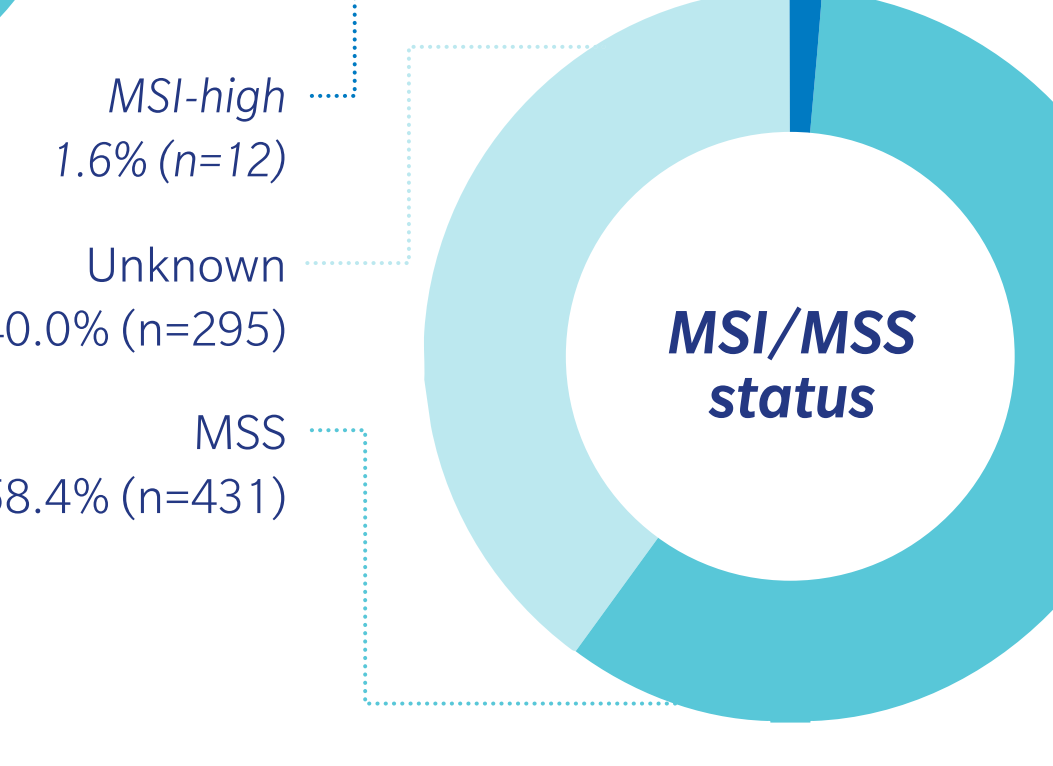
- Receiving treatment for another cancer
- Participating in an investigational clinical trial
- Does not have the ability or mental capacity to participate

Results

Patient population (N=738)



Click **here** to view an interactive publication providing additional details on the baseline characteristics of the study population



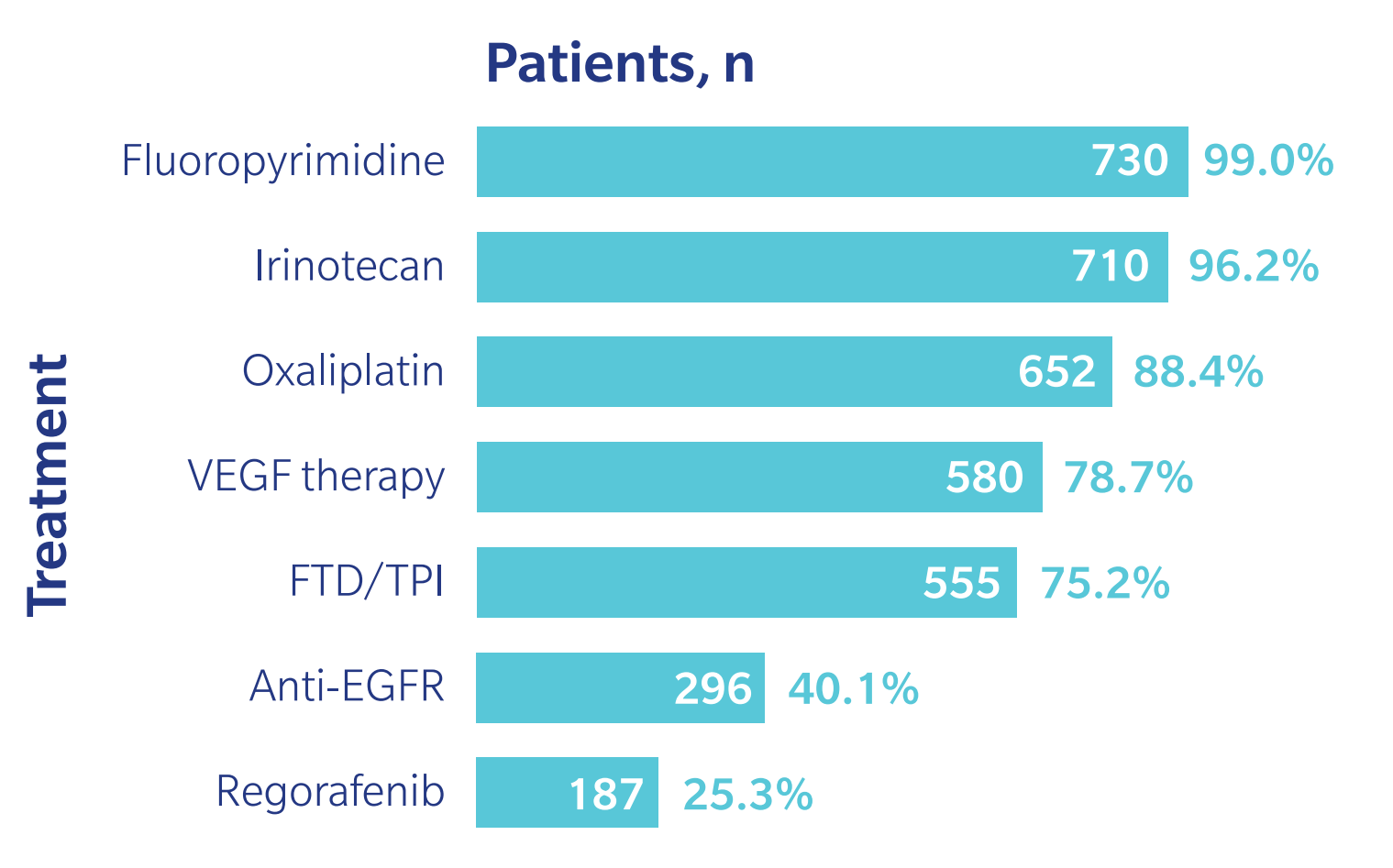
Click **here** to view the patient distribution by country in the overall study population (see Supplementary Figure 1)

Treatment (n=738)

Treatment exposure between mCRC diagnosis and death or withdrawal

Median (min, max) total duration under treatment before PROMETCO inclusion was 13.2 (0.5, 101.6) months

Median (min, max) time between mCRC diagnosis and inclusion was 22.3 (3.4, 214.9) months



Effectiveness (n=655/738)

Median OS

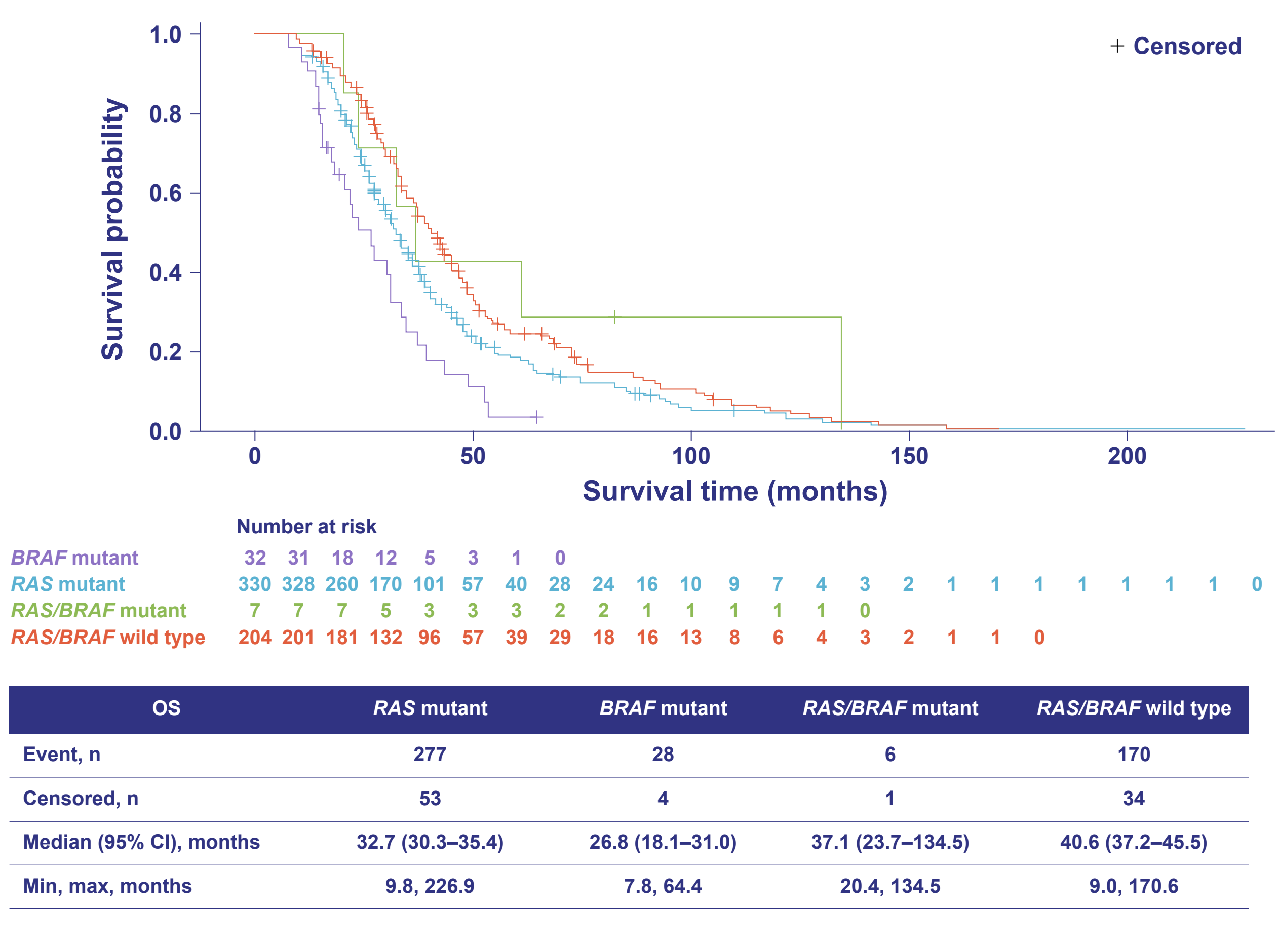
36.4 months (95% CI 33.9–38.3) from mCRC diagnosis

7.1 months (95% CI 6.5–7.6) from inclusion into PROMETCO

6.6 months (95% CI 6.2–7.4) from 3L initiation

OS from diagnosis in patients with *RAS*- or *BRAF*-mutated mCRC

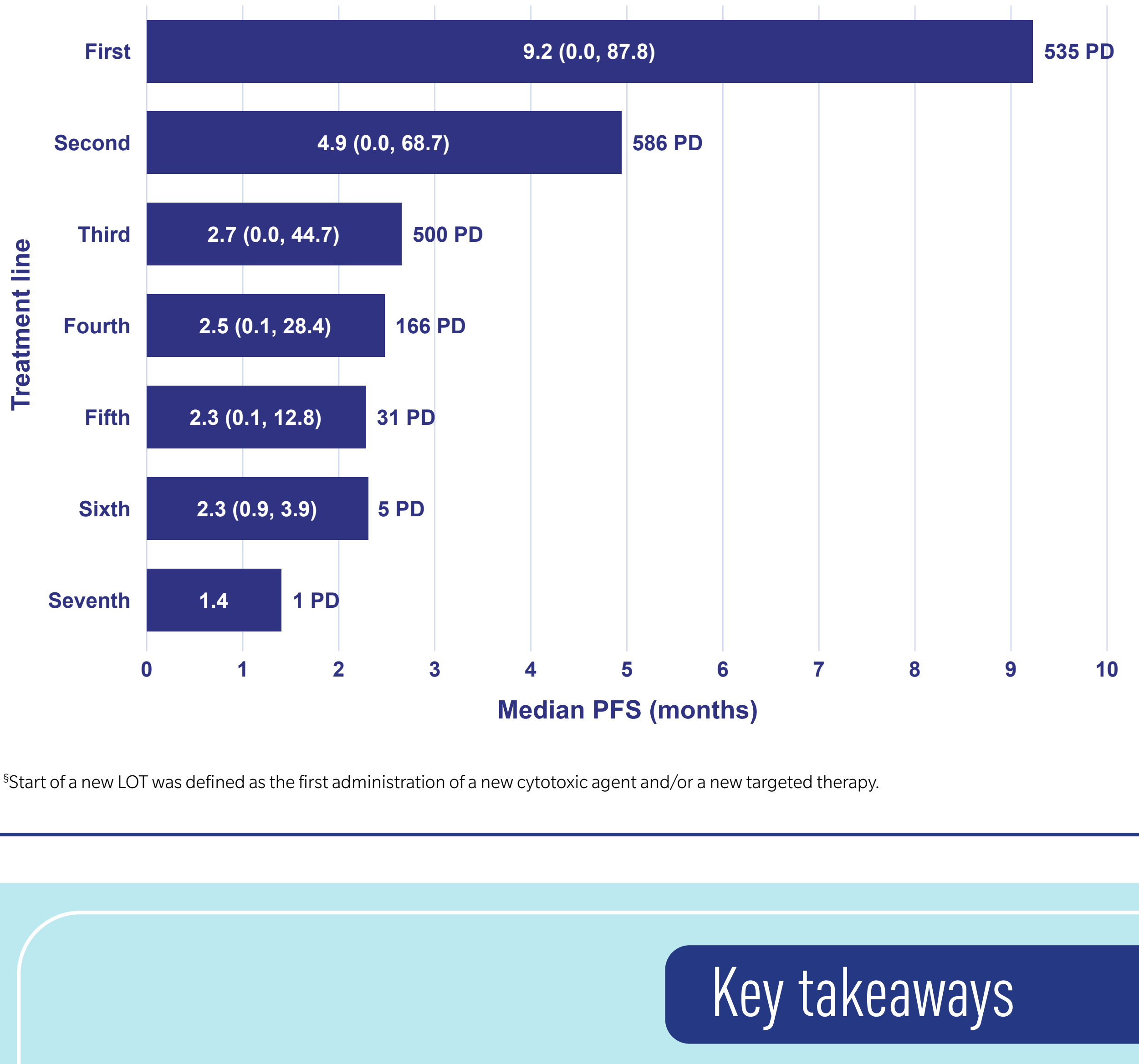
Survival was shortest for patients with *BRAF*-mutated mCRC (**26.8 months** [95% CI 18.1–31.0]), while *RAS/BRAF*-wildtype status appeared to be associated with the longest median OS (**40.6 months** [95% CI 37.2–45.5])



OS	*RAS* mutant	*BRAF* mutant	*RAS/BRAF* mutant	*RAS/BRAF* wild type
Event, n	277	28	6	170
Censored, n	53	4	1	34
Median (95% CI), months	32.7 (30.3–35.4)	26.8 (18.1–31.0)	37.1 (23.7–134.5)	40.6 (37.2–45.5)
Min, max, months	9.8, 226.9	7.8, 64.4	20.4, 134.5	9.0, 170.6

Median PFS

Median PFS decreased significantly from 1L to 7L treatment, but was similar at all LOTs§ between 3L and 6L



§Start of a new LOT was defined as the first administration of a new cytotoxic agent and/or a new targeted therapy.

Key takeaways

1. PROMETCO gathered a large amount of data on prescribing patterns, effectiveness, and safety in a well-defined, real-world cohort of patients who experienced two events of disease progression and were possibly older and frailer than clinical trial populations
2. Median PFS declined from 1L to 3L therapy. The similar PFS in 3L to subsequent LOTs was of particular interest
3. Median OS was 36.4 months from diagnosis and 6.6 months from initiation of 3L treatment
4. There was no prognostic value of *BRAF/RAS* mutation status or tumor sidedness at later lines
5. Treatment exposure was largely as expected if guidelines were adhered to
6. Recent clinical trial data suggest that further improvements in OS compared with those observed in PROMETCO are possible with 3L combination therapy or 4L treatment

1L, first-line; 2L, second-line; 3L, third-line; 4L, fourth-line; 6L, sixth-line; 7L, seventh-line; *BRAF*, B-Raf proto-oncogene, serine/threonine kinase; CI, confidence interval; EGFR, epidermal growth factor receptor; FTD/TPI, trifluridine/tipiracil; LOT, line of therapy; max, maximum; mCRC, metastatic colorectal cancer; min, minimum; MSI, microsatellite instability; MSS, microsatellite stable; OS, overall survival; PFS, progression-free survival; PROMETCO, A Real-World Evidence Prospective Cohort Study in the Management of Metastatic Colorectal Cancer; QoL, quality of life; *RAS*, rat sarcoma gene; VEGF, vascular endothelial growth factor.

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References: 1. Koopman M, et al. *ESMO Gastrointestinal Oncology*. 2025;9:100214; 2. Koopman M, et al. *Future Oncol*. 2022;18:1313–20.