GASTROINTESTINAL CANCER

FOLFOXIRI—improving outcomes of metastatic colorectal cancer

Firstline bevacizumab plus 5-fluorouracil (5-FU), folinic acid and either irinotecan (FOLFIRI) or oxaliplatin (FOLFOX), are widely adopted treatment regimens for metastatic colorectal cancer. Now, the TRIBE trial, led by Alfredo Falcone, has shown that FOLFOXIRI (5-FU plus folinic acid, oxaliplatin, and irinotecan) plus bevacizumab improves survival outcomes for these patients.

The TRIBE trial is based on “the concept of having an intensive induction phase, able to induce tumour shrinkage, followed by a maintenance treatment, to optimize the antiangiogenic effect,” explain Chiara Cremolini and Fotios Loupakis, co-authors of the study. 508 patients were randomly assigned to 12 cycles of induction FOLFOXIRI plus bevacizumab or FOLFIRI plus bevacizumab, followed by maintenance treatment with 5-FU, folinic acid and bevacizumab until disease

progression. The median progression-free survival was 12.1 months in the FOLFOXIRI arm versus 9.7 months in the FOLFIRI arm. Of note, FOLFOXIRI plus bevacizumab was associated with a 25% reduced risk of disease progression. “The 30.1 months median overall survival in a population with an unfavourable prognosis and a 50% frequency of *KRAS* mutations represents a remarkable achievement of the trial,” highlights Falcone.

Thus, FOLFOXIRI plus bevacizumab can markedly improve the efficacy of first-line therapy for patients with metastatic colorectal cancer; however, at the cost of an increased incidence of adverse events.

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