Abstract

ONCODAILY MEDICAL JOURNAL

Real World Clinical Insights in Combination of Trifluridine-Tipiracil with Bevacizumab for Metastatic Colorectal Cancer

Authors: Hui Shan Tan[1],✉

Affiliation: [1]Division of Medical Education, University of Manchester

Corresponding Author:
huishan.tan@student.manchester.ac.uk

DOI:10.69690/ODMJ-018-0826-7947

2nd Annual National Undergraduate Oncology Conference Northwest (NUOC Northwest 2026)

Published: August 25, 2026

DOI: 10.69690/ODMJ-018-0826-7947

Abstract

Real World Clinical Insights in Combination of Trifluridine-Tipiracil with Bevacizumab for Metastatic Colorectal Cancer

Authors: Hui Shan Tan[1],✉

Affiliation: [1]Division of Medical Education, University of Manchester

Corresponding Author:
huishan.tan@student.manchester.ac.uk

ABSTRACT

Introduction: The National Institute for Health and Care Excellence has recommended the use of the combination treatment of Trifluridine-Tipiracil with Bevacizumab (FTD-TPI/Bev) in adults with refractory metastatic colorectal cancer (mCRC) who had previously received two lines of systemic anti-cancer therapies. We audited the clinical practice of this treatment at the Christie NHS Foundation Trust.

Methods: A retrospective audit using the hospital's database was conducted to assess the real-world clinical efficacy of FTD-TPI/Bev in terms of overall survival (OS) and progression-free survival (PFS). Additionally, the clinical benefits of day 15 (D15) haematological assessment and the timing of the radiological assessments during the treatment period were evaluated.

Results: From September 2024, 81 patients received FTD-TPI/Bev, including 73 patients who received the combination treatment as a third-line regimen, and eight patients were treated as a fourth-line regimen. Given the immaturity of data, median OS could not be obtained. The median PFS for patients treated with FTD-TPI/Bev as a third-line regimen was 5.7 months (95% confidence interval [CI] 4.8-6.4), whereas the fourth-line regimen was 2.8 months (95% CI 2.0-3.7). D15 haematological assessments did not provide significant clinical benefits in treatment management. Only 28.3% of patients received a radiological evaluation before their third treatment cycle.

Conclusion: The audit findings are consistent with the SUNLIGHT trial and other real-world studies, yielding similar median PFS; warranting further opportunities with greater number of patients. Haematological investigations do not provide clinical benefits, and omitting the routine can reduce financial costs. Furthermore, the timings of radiological assessments should be re-evaluated.

License