International Society of Gastrointestinal Oncology
2011 Gastrointestinal Oncology Conference
September 15–17, 2011

ABSTRACTS SELECTED FOR POSTER PRESENTATIONS

Colorectal Cancer

abstr 1138

Response To Systemic Chemotherapy With Cetuximab in KRAS Mutated Patients With Liver Metastases From Colorectal Cancer

Petrovic Z., Tarabar D., Tufegdzic I, Doder R.

Dept. of GI Oncology, Clinic of gastroenterology, VMA, Belgrade, Serbia

Background: Clinical benefit with EGFR-targeted antibodies is restricted to patients with KRAS WT mCRC. This study was conducted to evaluate the predictive value of KRAS mutation status in EGFR-positive patients with liver metastases from colorectal cancer treated with cetuximab in combination with chemotherapy.

Methods: 86 EGFR-positive patients with liver metastases from colorectal cancer are included. KRAS mutation status and EGFR expression levels were analysed using immunohistochemistry (IHC) and reverse transcription polymerase chain reaction (RT-PCR) assay, respectively. All patients received irinotecan 170 mg/m^2 IV d1 and capecitabine 1000 mg/m^2 d1-14 every 21 days or oxaliplatin 85mg/m^2 IV d1 and capecitabine 1000 mg/m^2 d1-14 with cetuximab 400mg/m^2 IV d1, and 250 mg/m^2 IV thereafter.

Results: Of 86 mCRC patients KRAS mutation were indentified in 28 cases. Among 28 tumors with KRAS mutation 27 were found to have mutation at codon 12 and 13. Most common mutations at codon 12 were G12Asp and G12Val, and G13Asp at codon 13. In a group of patients receiving CapOx plus Cet ORR was 28% and PFS was 5.1 month. In the group of patients treated with CapIri plus Cet ORR was 38% and PFS was 6.7 months. After chemotherapy 2 patients were able to undergo surgery.

Conclusion: The study suggest that KRAS mutation at codon 12 and 13 could be considered as predictive markers in mCRC patients treated cetuximab plus chemotherapy.