WP6

Prospective study to evaluate the association between individual profiles and clinical outcomes in 1st line metastatic colorectal cancer (mCRC) patients

WP Leader: UNITOV

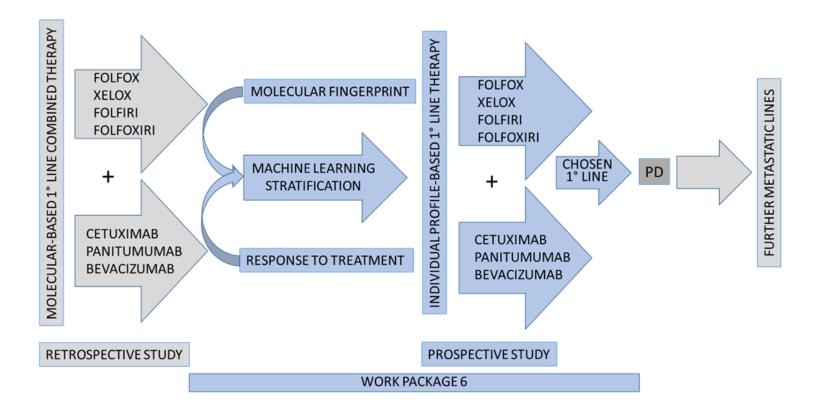


December 10th - ROME





CLINICAL STUDY DESIGN - rationale







March 2023 1st FIRST PATIENT ENROLLED

Protocol Registration and Results System

ClinicalTrials.gov PRS

ClinicalTrials.gov Protocol Registration and Results System (PRS) Receipt

Release Date: November 27, 2024

ClinicalTrials.gov ID: NCT05396807

Study Identification

Unique Protocol ID: University Tor Vergata

Brief Title: REVERT - taRgeted thErapy for adVanced colorEctal canceR paTients

Official Title: REVERT - taRgeted thErapy for adVanced colorEctal canceR paTients

Secondary IDs:

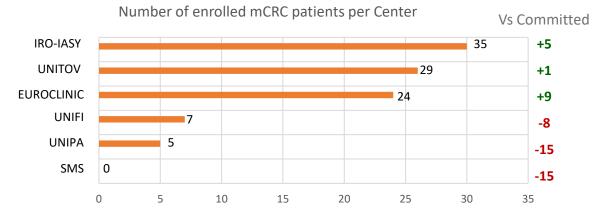
Study Status

Record Verification: November 2024 Overall Status: Completed Study Start: March 21, 2023 [Actual] Primary Completion: March 31, 2024 [Actual] Study Completion: November 25, 2024 [Actual]





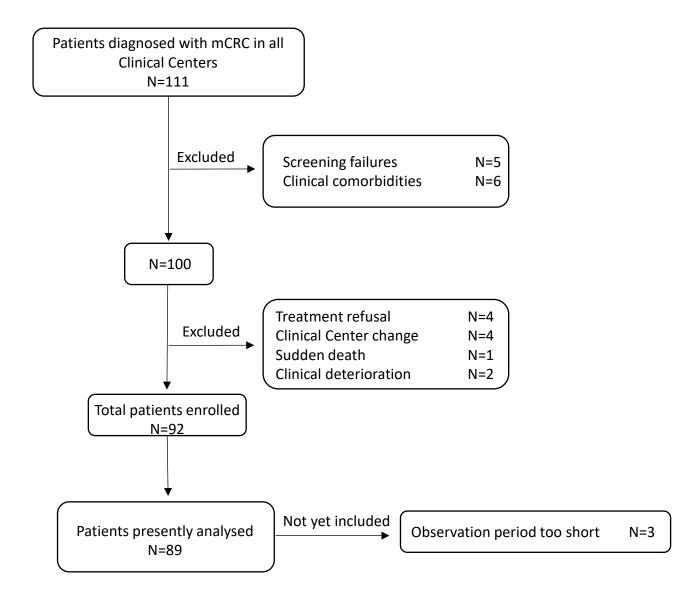




Month	n° enrolled	n° expected
mar-23	2	1
apr-23	10	10
may-23	25	20
jun-23	32	29
jul-23	39	39
aug-23	46	48
sep-23	64	58
oct-23	68	68
nov-23	70	77
dec-23	72	88
jan-24	73	96
feb-24	79	106
mar-24	83	
apr-24	94	
may-24	95	
jun-24	95	
jul-24	97	
aug-24	100	











Median age – yrs (range) 61.2 (20–83) > 65 years of age - no. (%) 32 (35.9) Sex - no. (%) Male Male 55 (61.8) Female - no. (%) 34 (38.2) COG performance-status score - no. (%) 0 0 25 (28.1) 1 64 (71.9) BMI - mean (range) 24.6 (16.7-36.4) Site of primary tumour - no. (%) Right side Right side 26 (29.2) Left side 63 (70.8) Metastatic disease in multiple sites - no. (%) 1 23 (25.8) >1 66 (74.2) 32 (35.9) Prior primitive surgery - no. (%) 56 (62.9) Prior radiotherapy - no. (%) 4 (3.4) Adjuvant 9 (10.1) Neoadjuvant 4 (3.4) RAS and BRAF status - no. (%) BRAF, KRAS, NRAS all wild type BRAF mutated 42 (47.2) BRAF mutated 4 (3.4)	Table 1. Demographic and Patient Charac	teristics at Baseline
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YES 3 (3.4) NO 58 (65.2)	BRAF mutated	4 (3.4)
YES 3 (3.4) NO 58 (65.2)		
NO 58 (65.2)	Microsatellite instability - no. (%)	
	YES	3 (3.4)
UNKW/not reported 28 (31.5)	NO	58 (65.2)
	UNKW/not reported	28 (31.5)





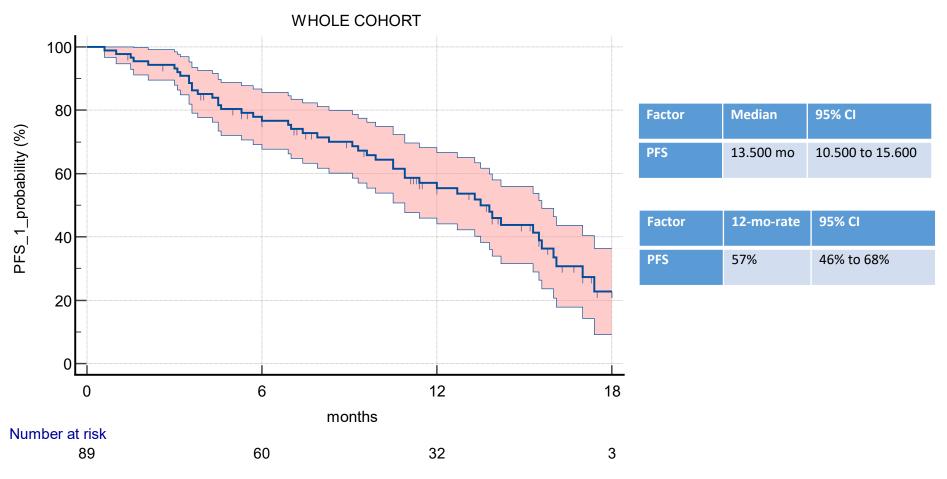
Table 2. Variables at baseline	
Haematology	mean
WBC (103/µL)	7.9
HGB (g/dL)	11.95
PLTS (103/μL)	336.5
Neutrophils (103/µL)	5.26
Lymphocytes (103/µL)	1.87
PLT/Lymphocytes (ratio)	199.6
Neutrophils/Lymphocytes (ratio)	3.31
Biochemistry	
Albumin (g/dL)	4.25
ALT (UI/L)	29.35
AST (UI/L)	31.5
g-GT (UI/L)	110.7
Bilirubin (total) (mg/dL)	0.52
ALP (UI/L)	246.6
LDH (UI/L)	264.0
Fibrinogen (mg/dL)	487
D-Dimer (ng/dL; range)	1933.1 (0.6-20000)
CEA (ng/mL; range)	331.6 (0.5-4991)
CA19.9 (UI/L; range)	1093.3 (1-25736)
CHOSEN TREATMENT	
OXALIPLATIN-BASED – n. (%)	85(95.5)
IRINOTECAN-BASED	3 (3.4)
FOLFOXIRI – n. (%)	1 (1.1)
Concordance with AI-based chosen treatment	89.7%

Table 3. Survival analysis	
RECIST at 1 st restaging	
CR – n. (%)	2 (2,2)
PR – n. (%)	19 (21,3)
SD – n. (%)	37 (41,6)
PD – n. (%)	26 (29,2)
UNKW/NOT REPORTED	6 (6,7)
Survival	
PFS1 - months	13.5
PFS2 - months	19.2
OS - months	Not yet reached





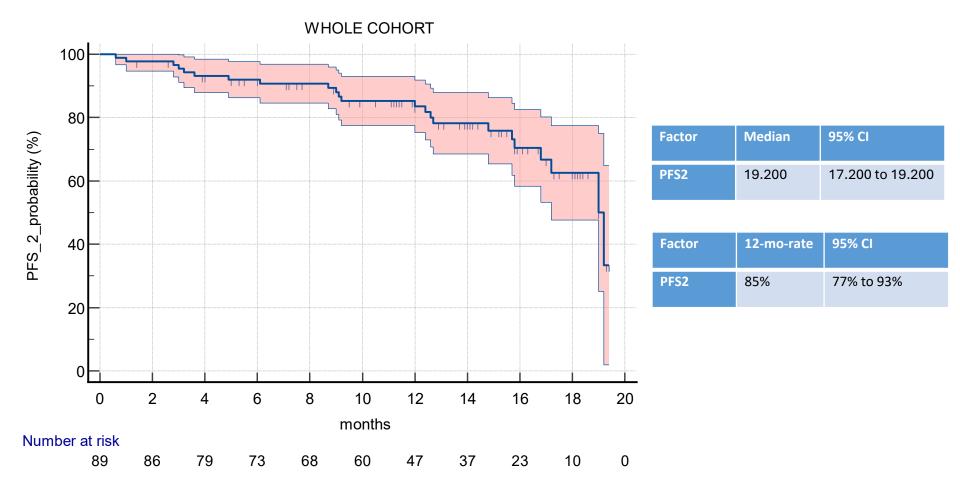
Progression Free Survival (PFS1, i.e. PD to first line) in the prospective cohort







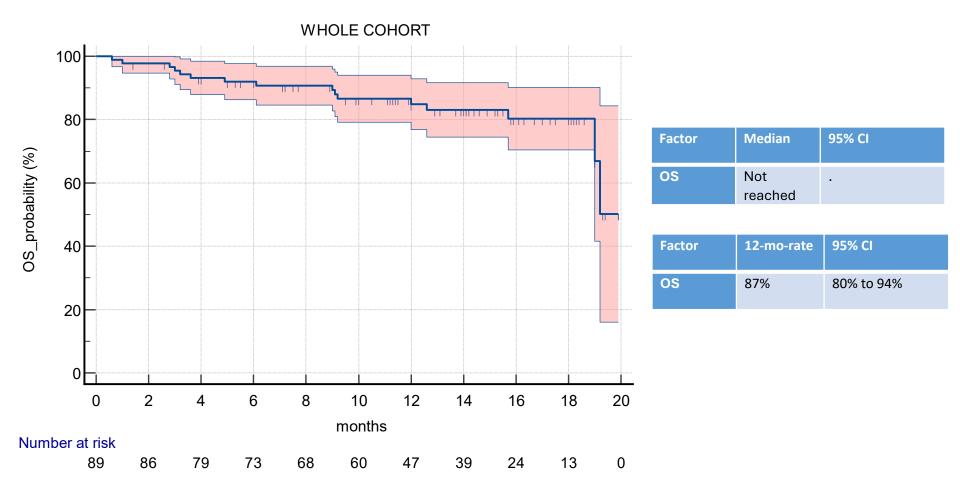
Progression Free Survival 2 (PFS2, i.e. PD to second line) in the prospective cohort







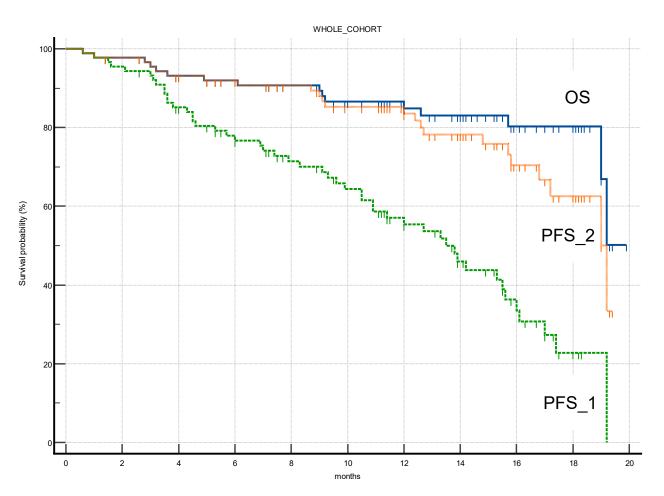
Overall Survival (OS) in the prospective cohort – median follow-up 14.2 months







PFS1, PFS2 and OS

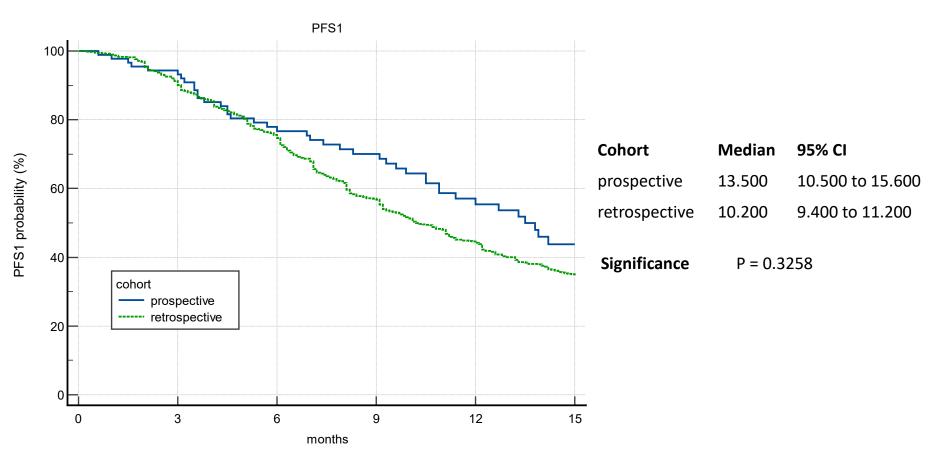


Factor	Median
Overall_Survival	-
PFS2	19.200 mo
PFS1	13.500 mo





Difference in PFS1 between Prospective patients and Retrospecitve ones







Al Class IIa - Premarket Medical Device "early phase" ClinicalTrials.gov PRS ID: NCT05396807

The results achieved are highly encouraging as they demonstrate that the use of the AI-based multi-party Decision Support System Model led to a significant improvement in progression-free survival 1 (PFS1), thus demonstrating that the use of AI can aid in treatment decisions in mCRC.



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 848098".

