



WP6

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

WP Leader: UNITOV

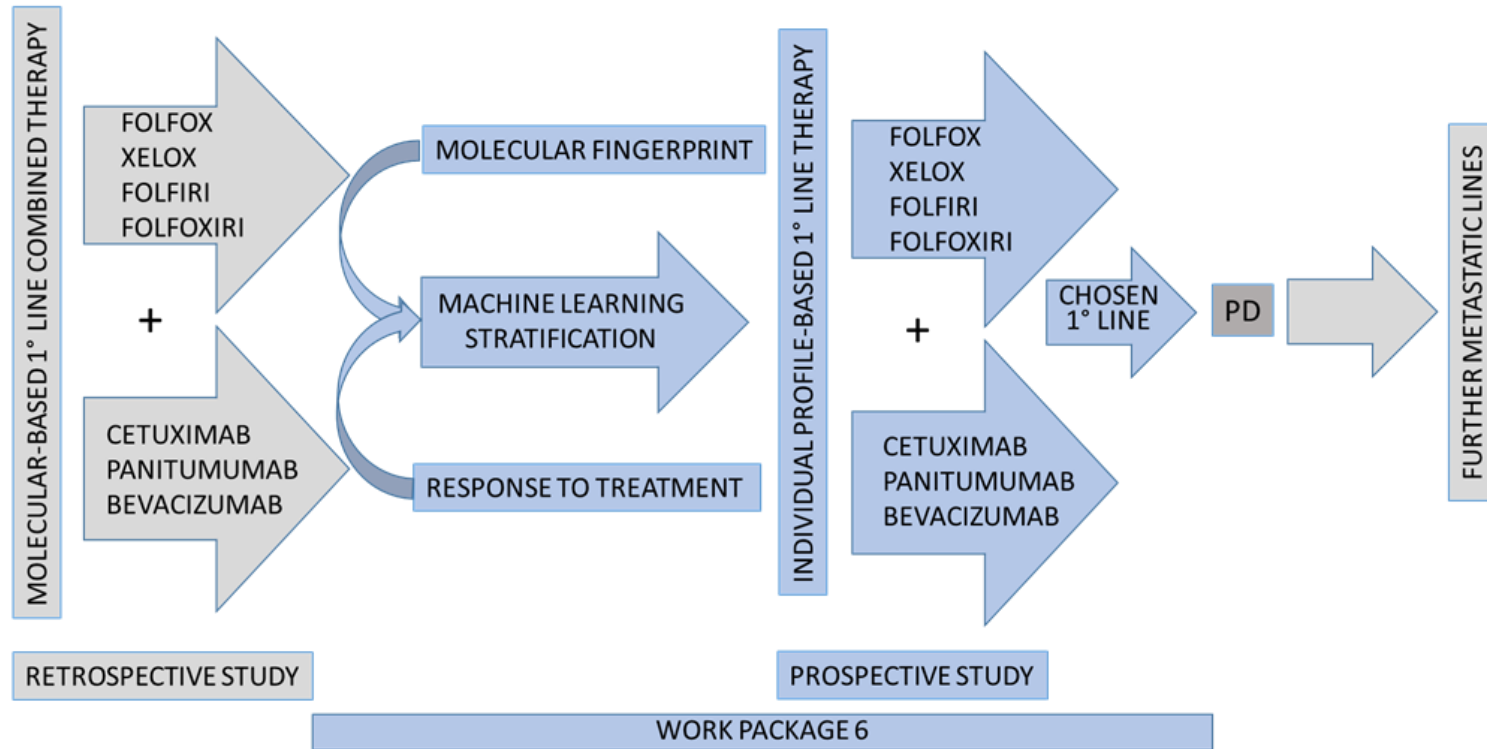
FINAL EVENT

2024

December 10th - ROME



CLINICAL STUDY DESIGN - rationale



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]

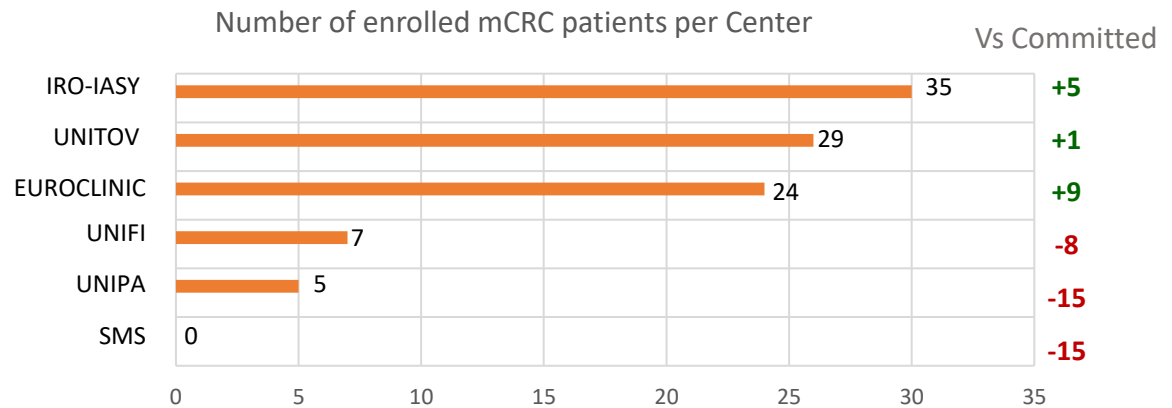
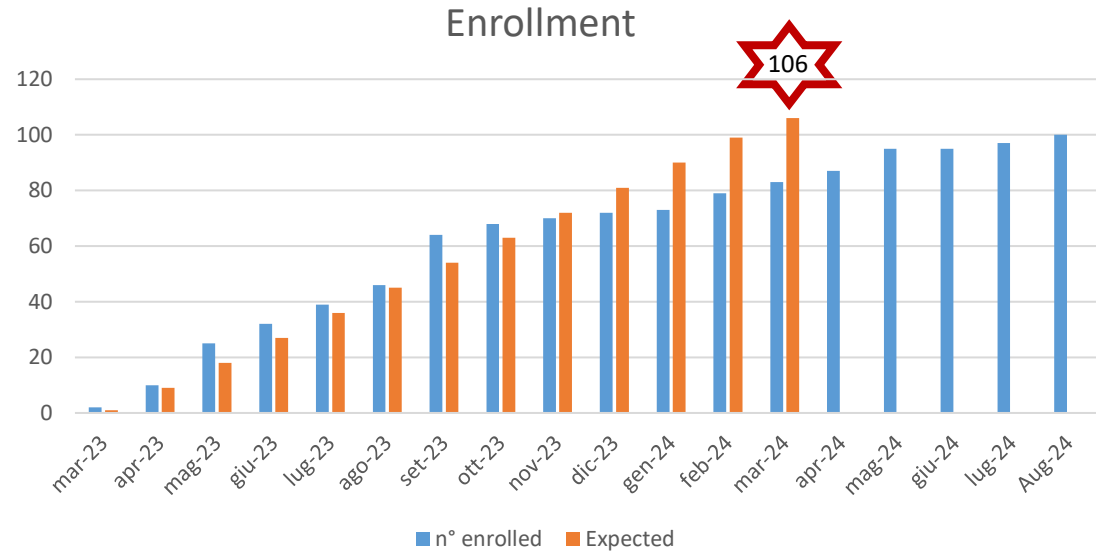
Primary Completion: March 31, 2024 [Actual]

Study Completion: November 25, 2024 [Actual]



REVERT - targeted therapy for advanced colorectal cancer patients

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	



REVERT - targeted therapy for advanced colorectal cancer patients

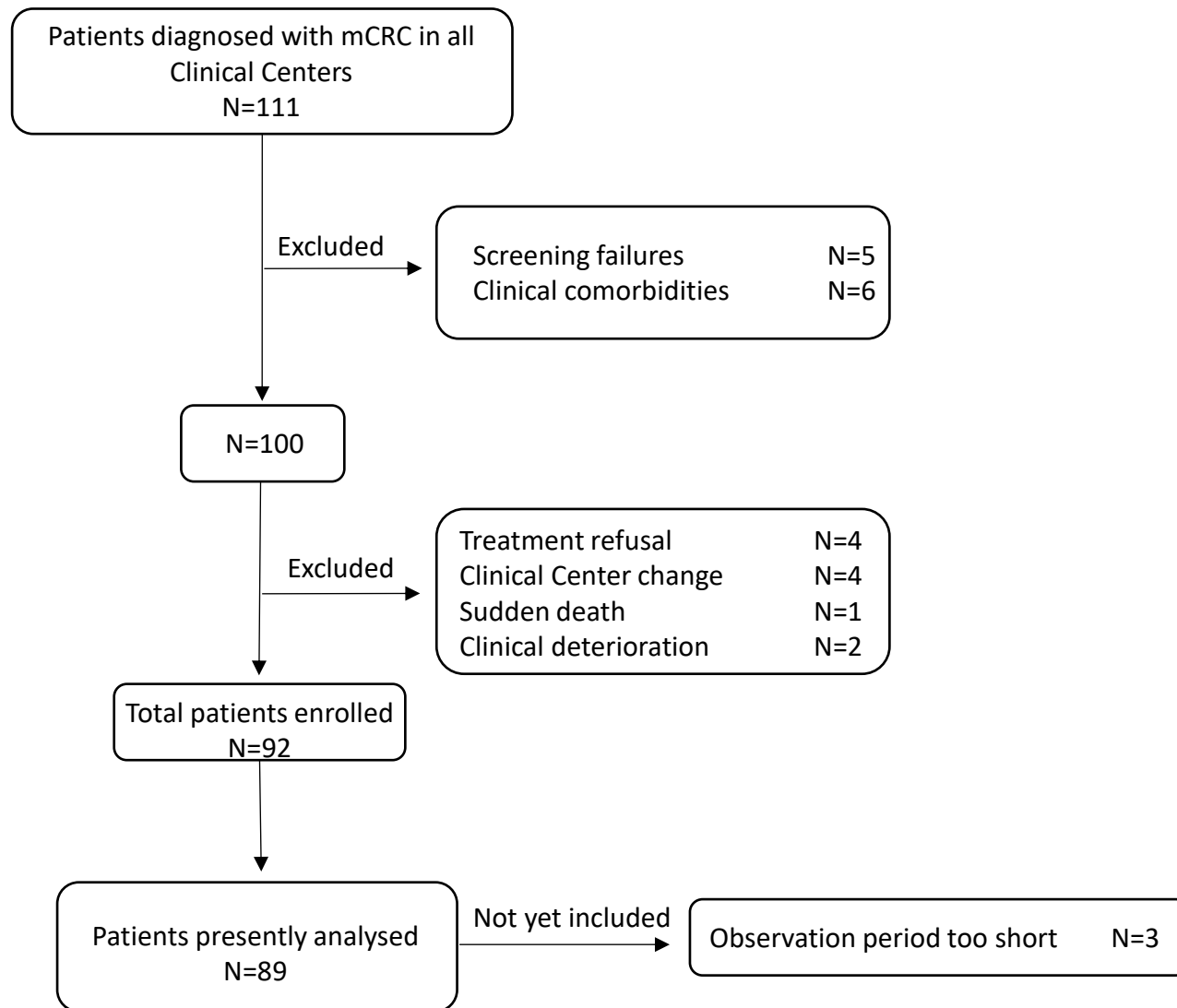


Table 1. Demographic and Patient Characteristics at Baseline

Characteristic	
Median age – yrs (range)	61.2 (20–83)
> 65 years of age - no. (%)	32 (35.9)
Sex - no. (%)	
Male	55 (61.8)
Female - no. (%)	34 (38.2)
ECOG performance-status score - no. (%)	
0	25 (28.1)
1	64 (71.9)
BMI - mean (range)	24.6 (16.7-36.4)
Site of primary tumour - no. (%)	
Right side	26 (29.2)
Left side	63 (70.8)
Metastatic disease in multiple sites - no. (%)	
1	23 (25.8)
>1	66 (74.2)
Liver-only disease - no. (%)	32 (35.9)
Prior primitive surgery - no. (%)	56 (62.9)
Prior radiotherapy - no. (%)	4 (3.4)
Prior systemic therapy - no. (%)	
Adjuvant	9 (10.1)
Neoadjuvant	4 (3.4)
RAS and BRAF status - no. (%)	
BRAF, KRAS, NRAS all wild type	49 (55.1)
RAS mutated	42 (47.2)
BRAF mutated	4 (3.4)
Microsatellite instability - no. (%)	
YES	3 (3.4)
NO	58 (65.2)
UNKW/not reported	28 (31.5)



REVERT - targeted therapy for advanced colorectal cancer patients

Table 2. Variables at baseline

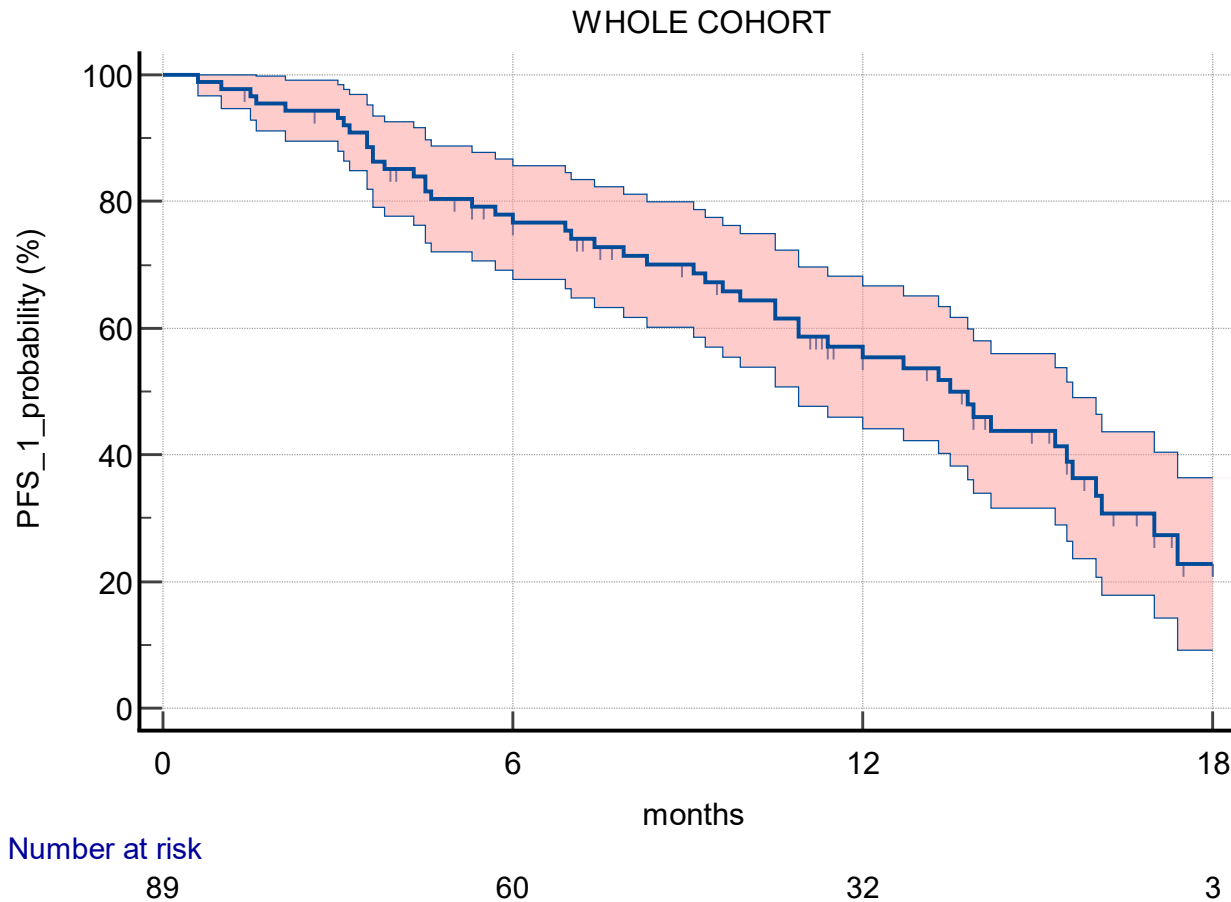
Haematology	mean
WBC (10 ³ /μL)	7.9
HGB (g/dL)	11.95
PLTS (10 ³ /μL)	336.5
Neutrophils (10 ³ /μL)	5.26
Lymphocytes (10 ³ /μL)	1.87
PLT/Lymphocytes (ratio)	199.6
Neutrophils/Lymphocytes (ratio)	3.31
Biochemistry	
Albumin (g/dL)	4.25
ALT (UI/L)	29.35
AST (UI/L)	31.5
g-GT (UI/L)	110.7
Bilirubin (total) (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

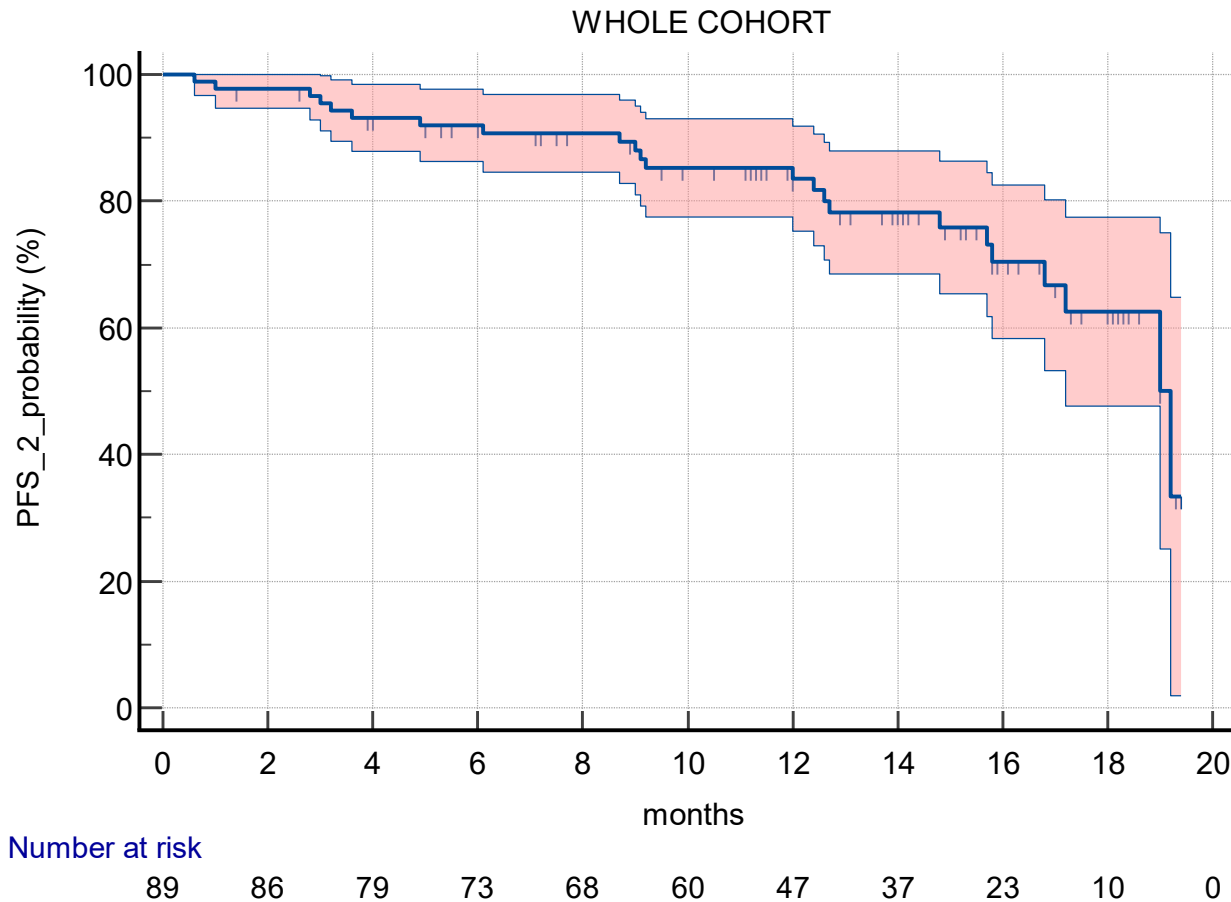


Factor	Median	95% CI
PFS	13.500 mo	10.500 to 15.600

Factor	12-mo-rate	95% CI
PFS	57%	46% to 68%



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

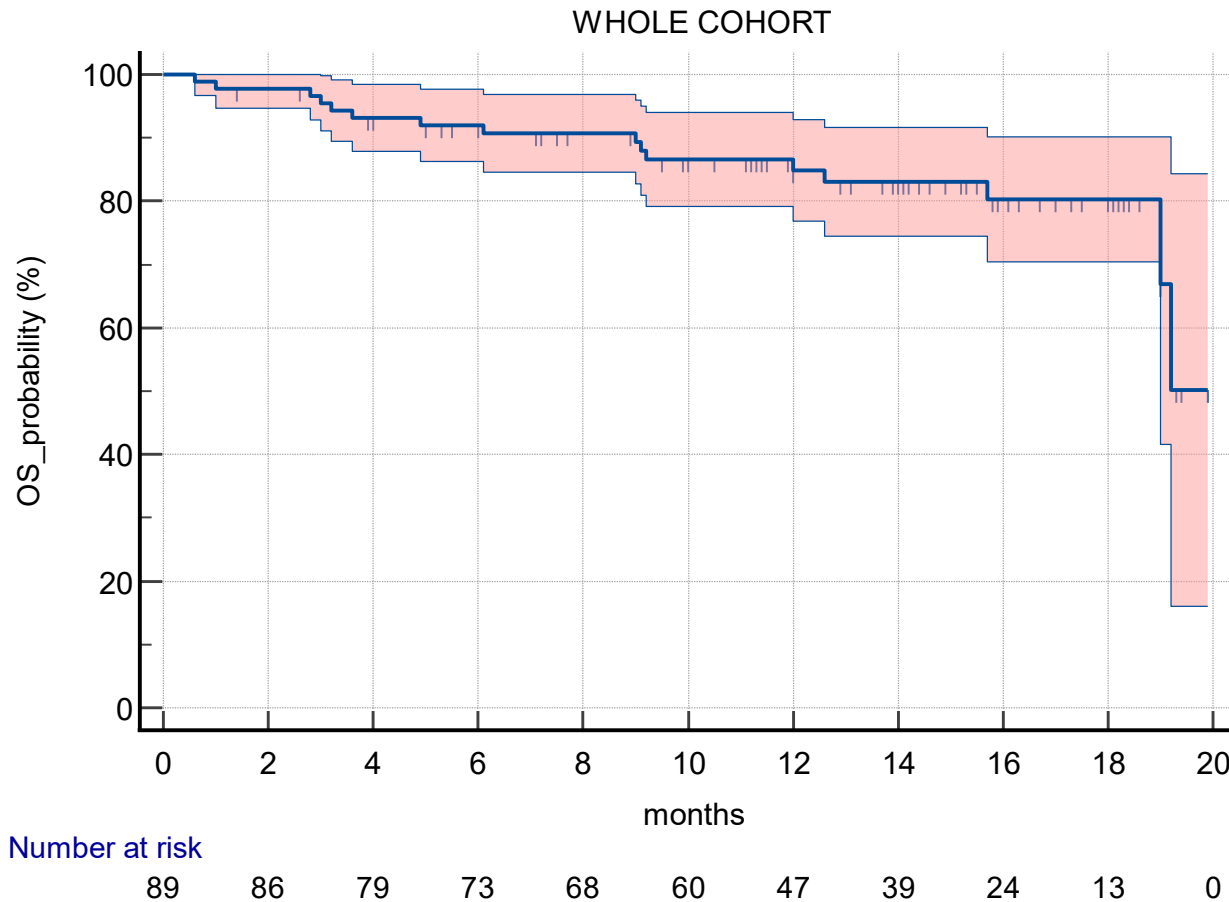


Factor	Median	95% CI
PFS2	19.200	17.200 to 19.200

Factor	12-mo-rate	95% CI
PFS2	85%	77% to 93%



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

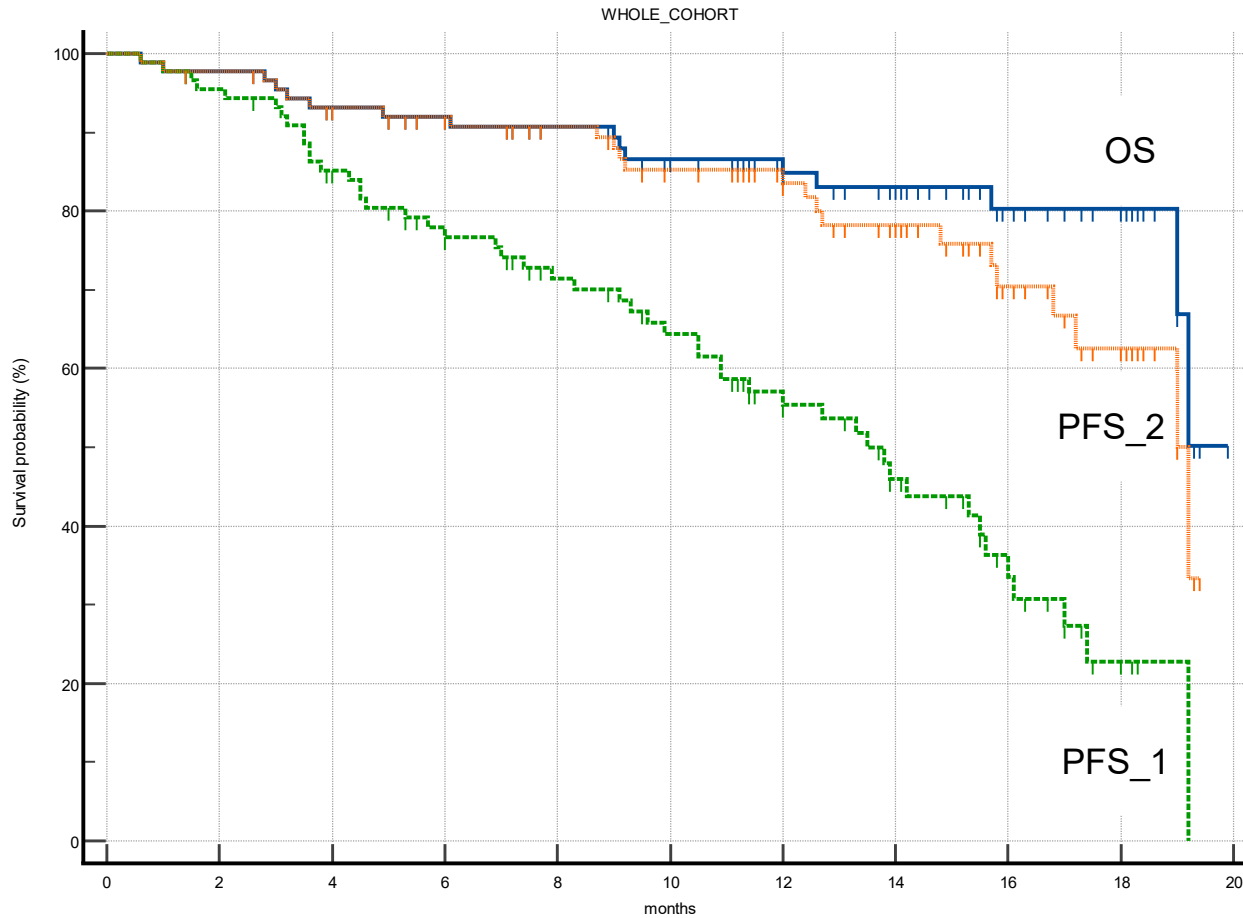


Factor	Median	95% CI
OS	Not reached	.

Factor	12-mo-rate	95% CI
OS	87%	80% to 94%



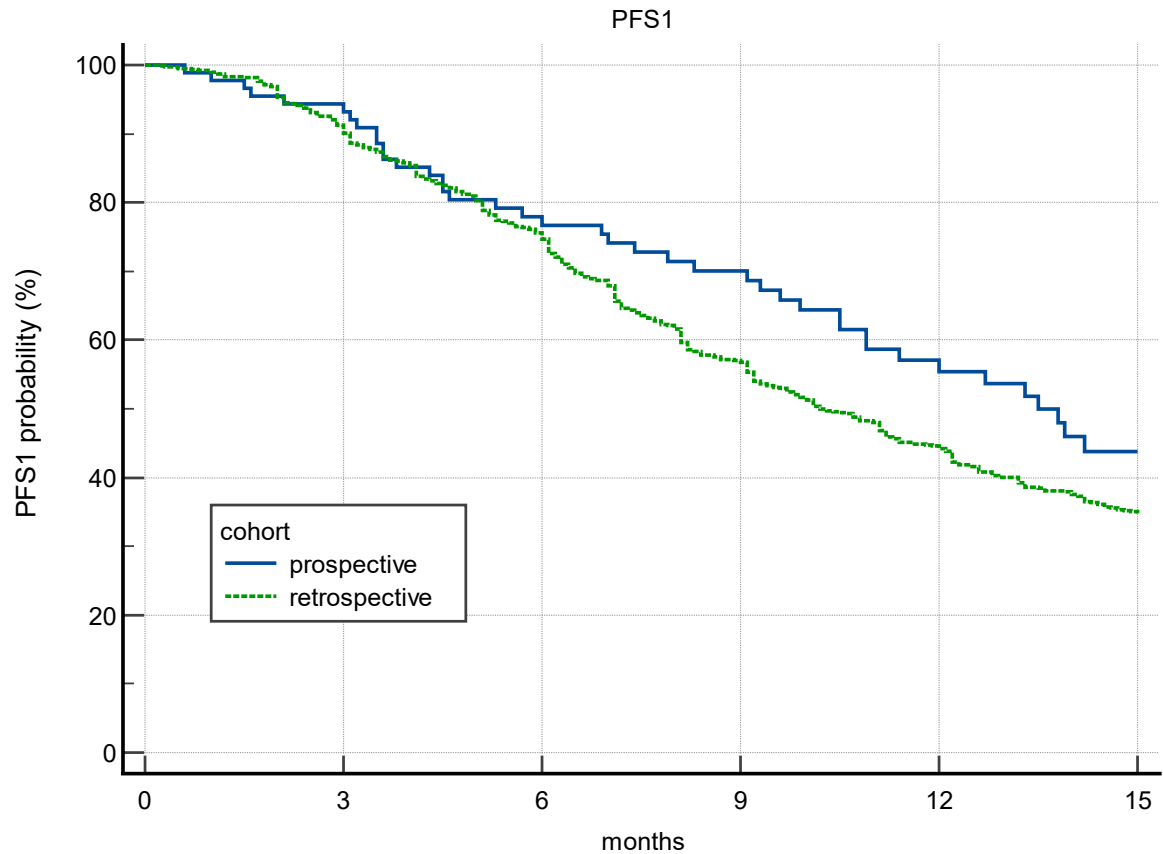
PFS1, PFS2 and OS



Factor	Median
Overall_Survival	-
PFS2	19.200 mo
PFS1	13.500 mo



Difference in PFS1 between Prospective patients and Retrospective ones



Cohort	Median	95% CI
prospective	13.500	10.500 to 15.600
retrospective	10.200	9.400 to 11.200

Significance P = 0.3258



AI 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”.

