Health-related quality of life associated with trifluridine/tipiracil in combination with bevacizumab in refractory metastatic colorectal cancer: an analysis of the phase III SUNLIGHT trial

**Background**

- The SUNLIGHT trial was a large, international, open-label, randomised, phase 3 study comparing trifluridine/tipiracil + bevacizumab (bev) to FTD/TPI monotherapy in patients with refractory metastatic colorectal cancer (mCRC).
- This trial demonstrated that FTD/TPI + bev significantly improved overall survival (OS) and progression-free survival (PFS) vs. FTD/TPI monotherapy, along with a predictable and manageable safety profile.

**Methods**

- In SUNLIGHT (NCT04737187), patients were randomised (1:1) to receive FTD/TPI (15 mg/m² every 2 weeks) vs. FTD/TPI monotherapy (15 mg/m² every 28 days) alone, or combined with bev (5 mg/kg every 14 days).
- Data presented are from a HRQoL sub-analysis, evaluating EORTC QLQ-C30 in a cancer-specific QoL measure composed of functional, symptom and global health status (GHS) scales and EuroQol EQ-5D-5L. The median QoL measure, assessing mobility, self-care, usual activities, pain/discomfort and anxiety/depression, and patient's self-rated health (visual analogue score; VAS).
- HRQoL was evaluated at baseline, at each cycle, and at withdrawal visit using EORTC QLQ-C30 and EuroQol EQ-5D-5L questionnaires.

**Results**

- Among 492 randomised patients, 239 and 241 (i.e., a total of >97.6%) had QoL data at baseline in the FTD/TPI + bev and FTD/TPI arms, respectively.
- HRQoL data were presented for the first 6 cycles, as questionnaire completion rates dropped to less than 10% after this time-point, which did not allow for a meaningful interpretation of the results.
- Cancer-related (QLQ-C30) and general (EQ-5D-5L) HRQoLs were maintained from baseline to cycle 6, and no clinically relevant changes in mean scores were observed in any sub-domains (Figures 1A and 2).
- QLQ-C30 GHS scores still showed no deterioration in either arm.
- Patients receiving FTD/TPI + bev had a reduced risk of GHS deterioration worsening of more than 10 points (median time to worsening in GHS was 8.5 months in the FTD/TPI + bev arm vs. 4.7 months in the FTD/TPI arm [HR: 0.49, 95% CI: 0.38, 0.65]; Figure 3A) and in all scales except pain (Figure 3A).
- In a sensitivity analysis considering disease progression as a definitive deterioration, HRQoLs deteriorated significantly later: median time to deterioration in the FTD/TPI + bev arm was 4.5 months vs. 2.07 months in the FTD/TPI monotherapy arm (HR: 0.49; 95% CI: 0.38, 0.65), consistently favouring the FTD/TPI + bev arm.

**Conclusions**

- The OS/PFS benefits of FTD/TPI + bev as third-line treatment of mCRC are associated with maintenance of QoL.
- EQ-5D-5L and QLQ-C30 HRQoLs were maintained from baseline to cycle 6 with no clinically relevant changes in mean scores observed in any sub-domains.
- There was a trend towards a more prolonged time to definitive deterioration of HRQoL scales and subscales with FTD/TPI + bev than with FTD/TPI monotherapy.