COR2ED

THE HEART OF MEDICAL EDUCATION

CLINICAL TOPIC NEWSLETTER

THE LATEST DEVELOPMENTS IN *BRAF*-MUTATED AND MSI-H CRC

Prof. Chiara Cremolini, MD, PhD

University of Pisa, Azienda Ospedaliero-Universitaria Pisana

July 2025

CRC, colorectal cancer; MSI-H, microsatellite instability-high

DEVELOPED BY GI CONNECT

This programme is developed by GI CONNECT, an international group of experts in the field of gastrointestinal oncology.

GI connect® POWERED BY COR2ED

Acknowledgement and disclosures

This GI CONNECT programme is supported through an independent educational grant from Pierre Fabre Laboratories. The programme is therefore independent; the content is not influenced by the supporter and is under the sole responsibility of the experts.

Please note:

- This educational programme is intended for healthcare professionals outside the United Kingdom and Republic of Ireland only
- The views expressed within this programme are the personal opinions of the experts. They do not necessarily represent the views of the experts' academic institutions, organisations, Pierre Fabre Laboratories, or other group or individual

Expert disclosures:

- **Dr Chiara Cremolini** has received financial support/sponsorship for research support, consultation, or speaker fees from the following companies:
  - Bayer, Merck, Nordic Pharma, Pierre Fabre, Roche, Servier, Takeda, Tempus

CLINICAL TAKEAWAYS

- **Dual immunotherapy is now 1st line for dMMR mCRC patients:** CheckMate 8HW demonstrated significant benefit from adding ipilimumab to nivolumab in dMMR patients regardless of *BRAF* status
- **FOLFOX + encorafenib/cetuximab is a new 1st line standard for *BRAF*-mutant/pMMR mCRC:** BREAKWATER showed the combination of encorafenib/cetuximab with FOLFOX chemotherapy significantly improves outcomes, doubling survival in *BRAF*V600E-mutant patients
- **Encorafenib + cetuximab remains effective post-immunotherapy:** for dMMR and *BRAF*-mutant patients progressing after immunotherapy, 2nd line treatment with encorafenib + cetuximab is effective, showing comparable benefit regardless of MMR status, supported by real-world evidence
- **Clear treatment sequencing is emerging:**
  - **dMMR/*BRAF*-mutant mCRC:** 1) immunotherapy (ipi-nivo), 2) targeted therapy (encorafenib + cetuximab), and 3) chemotherapy as a third-line option
  - **pMMR/*BRAF*-mutant mCRC:** 1) FOLFOX +EC, 2) chemotherapy/anti-angiogenesis), and 3) FTD-TPI/bevacizumab as a third-line option

d/pMMR, deficient/proficient mismatch repair; ipi, ipilimumab; mCRC, metastatic colorectal cancer; FOLFOX, fluorouracil / leucovorin / oxaliplatin; FTD-TPI, trifluridine-tipiracil; nivo, nivolumab

EDUCATIONAL OBJECTIVES

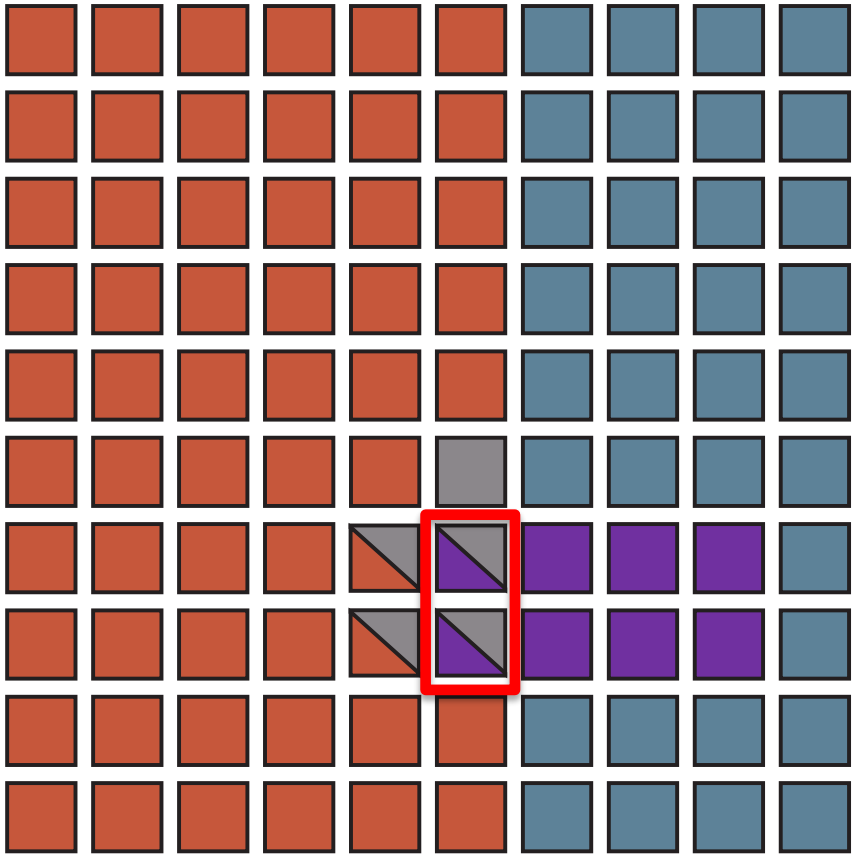
1. Understand **clinical trial data and real-world evidence** of therapies for the **treatment of *BRAF*V600E-mutant and MSI-H CRC** and relevant patient subgroups

2. Recognise the appropriate **sequencing of therapies** for the treatment of ***BRAF*V600E-mutant and MSI-H CRC** across the patient journey to ensure **optimal outcomes**

CRC, colorectal cancer; MSI-H, microsatellite instability-high

MOLECULAR SUBGROUPS OF mCRC

ACCORDING TO INTERNATIONAL GUIDELINES

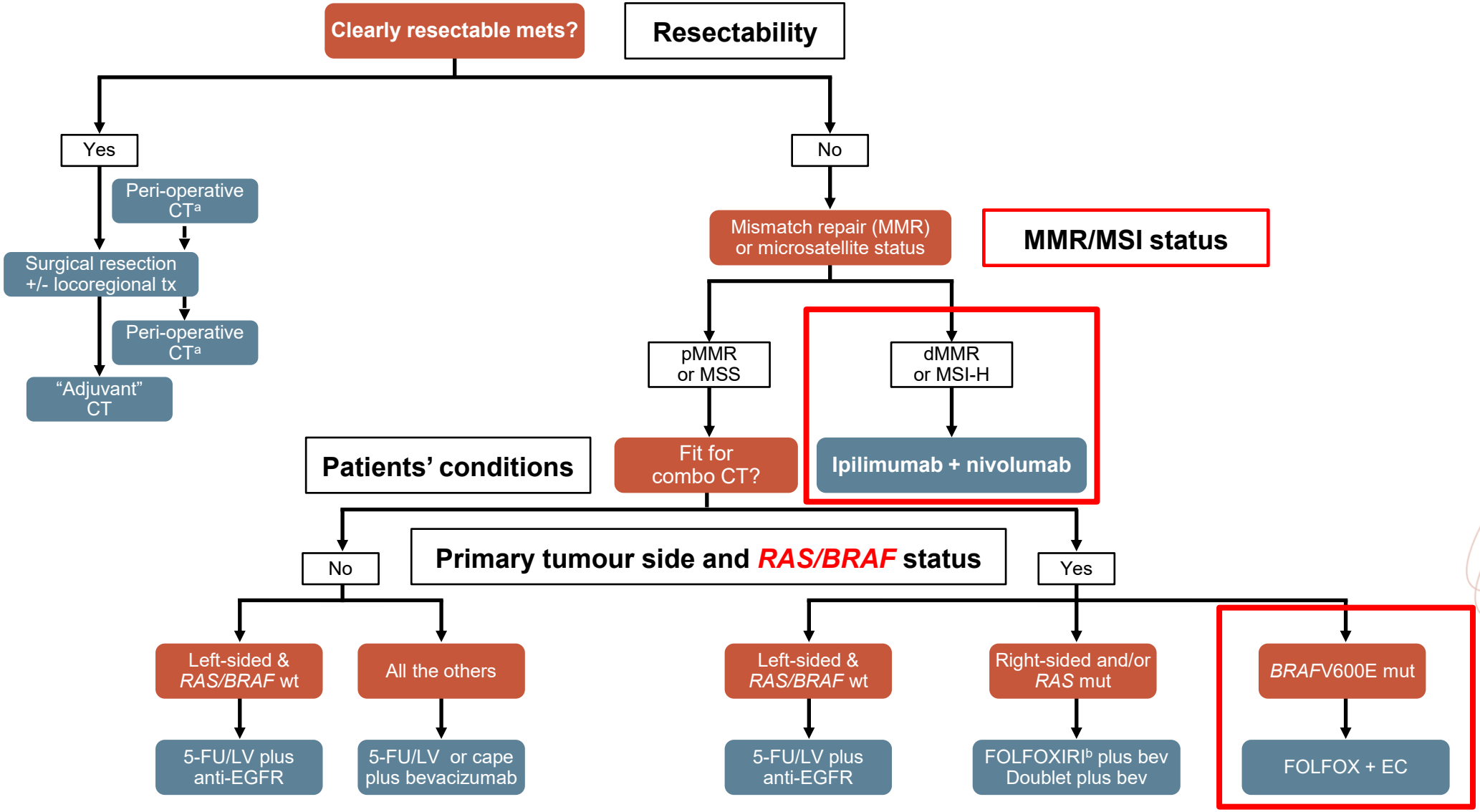


- dMMR/MSI-high
- *RAS*-mutant
- *BRAF*V600E-mutant
- No genomic alterations

dMMR, deficient mismatch repair; mCRC, metastatic colorectal cancer; MSI-H, microsatellite instability-high

Cervantes A, et al. Ann Oncol 2023;34(1):10-32; Cervantes A, et al. Ann Oncol. 2024;35(2):241-243

CHOICE OF THE FIRST-LINE



[a] Not in dMMR/MSI-H?; [b] Only if <75 years old (71-75 years old with ECOG performance status 0)

bev, bevacizumab; cape, capecitabine; CT, chemotherapy; (d/p)MMR, (deficient/proficient) mismatch repair; EC, encorafenib-cetuximab; FOLFOX(IRI), fluorouracil / leucovorin / oxaliplatin (/ irinotecan); mets, metastases; MSI-H, microsatellite instability-high; MSS, microsatellite stable; mut, mutant; tx, treatment; wt, wild-type

Adapted from Cremolini C, ESMO 2022, Educational Session

CHECKMATE 8HW – STUDY DESIGN

- CheckMate 8HW is a randomised, multicentre, open-label phase 3 study[a]

Key eligibility criteria:
- Histologically confirmed unresectable or metastatic CRC
- MSI-H/dMMR status by local testing
- Immunotherapy-naïve
- ECOG PS 0 or 1

Stratification factors:
- Prior lines of treatment (0 vs 1 vs ≥2)
- Primary tumour location (right vs left)

R 2:2:1

N=353 → **NIVO 240 mg Q2W for 6 doses, followed by NIVO 480 mg Q4W[b]**

N=354 → **NIVO 240 mg + IPI 1 mg/kg Q3W for 4 doses,[c] followed by NIVO 480 mg Q4W[b]**

N=132 → **Investigator's choice chemo[d] (mFOLFOX6 or FOLFIRI ± bevacizumab or cetuximab)**

Treatment until disease progression, unacceptable toxicity, withdrawal of consent (all arms), or a maximum treatment duration of 2 years (NIVO and NIVO + IPI arms only)

Dual primary endpoints in patients with centrally confirmed MSI-H/dMMR status[e]:
- PFS by BICR[f] (NIVO + IPI vs chemo in the 1L setting)
- PFS by BICR[f] (NIVO + IPI vs NIVO across all lines)

Other select endpoints:
- Safety
- ORR by BICR[f] (NIVO + IPI vs NIVO across all lines)
- HRQoL
- OS

- At data cutoff (August 28, 2024), the median follow-up[g] was 47.0 months (range, 16.7-60.5)

[a] ClinicalTrials.gov. NCT04008030; [b] Patients with ≥2 prior lines are randomised only to the NIVO or NIVO + IPI arms; [c] Patients can continue NIVO treatment upon early IPI discontinuation; [d] Patients receiving investigator's choice of chemo are eligible to receive NIVO + IPI upon progression (crossover treatment); [e] Confirmed using either IHC and/or polymerase chain reaction-based tests; [f] Evaluated using RECIST v1.1; [g] Time between randomisation and data cutoff among all randomised patients across all 3 treatment arms

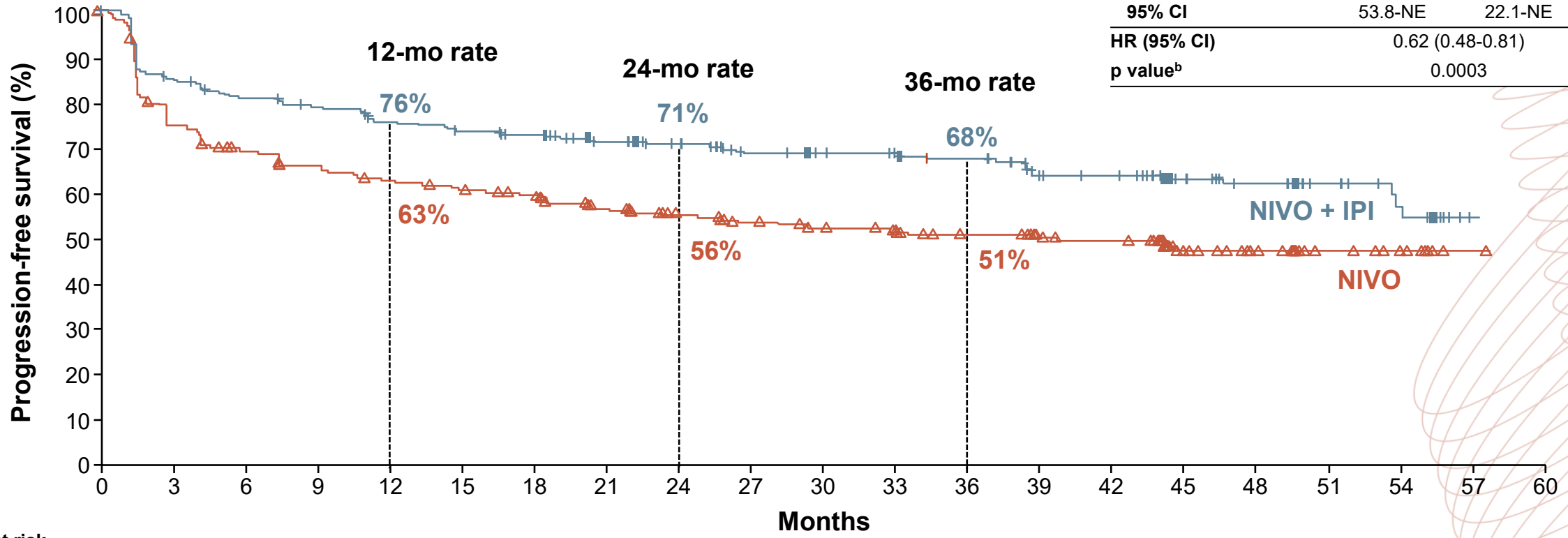
1L, first-line; BICR, blinded independent central review; chemo, chemotherapy; CRC, colorectal cancer; dMMR, deficient mismatch repair; ECOG PS, Eastern Cooperative Oncology Group performance status; FOLFIRI, fluorouracil / leucovorin / irinotecan; HRQoL, health related quality of life; IPI, ipilimumab; IHC, immunohistochemistry; mFOLFOX6, modified fluorouracil / leucovorin / oxaliplatin; MSI-H, microsatellite instability-high; NIVO, nivolumab; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; Q2/3/4W, every 2/3/4 weeks; R, randomisation; RECIST, Response Evaluation Criteria in Solid Tumours

André T, et al. J Clin Oncol. 43(Number 4_suppl; abstract LBA143) [ASCO GI 2025; oral presentation]; André T, et al. Lancet. 2025;405:383-395

CHECKMATE 8HW: NIVO +/- IPI ACROSS ALL LINES OF THERAPY IN dMMR/MSI-H mCRC

PROGRESSION-FREE SURVIVAL

Centrally confirmed MSI-H/dMMR	NIVO + IPI (N=296)	NIVO (N=286)
Median PFS, mo[a]	NR	39.3
95% CI	53.8-NE	22.1-NE
HR (95% CI)	0.62 (0.48-0.81)	
p value[b]	0.0003	



No. at risk

NIVO + IPI	296	248	234	225	214	207	200	180	164	146	136	134	121	102	100	61	54	29	23	0	0
NIVO	286	210	191	179	169	164	158	141	124	109	98	95	81	72	69	39	31	15	12	1	0

[a] Per BICR; [b] Boundary for statistical significance: p<0.0095

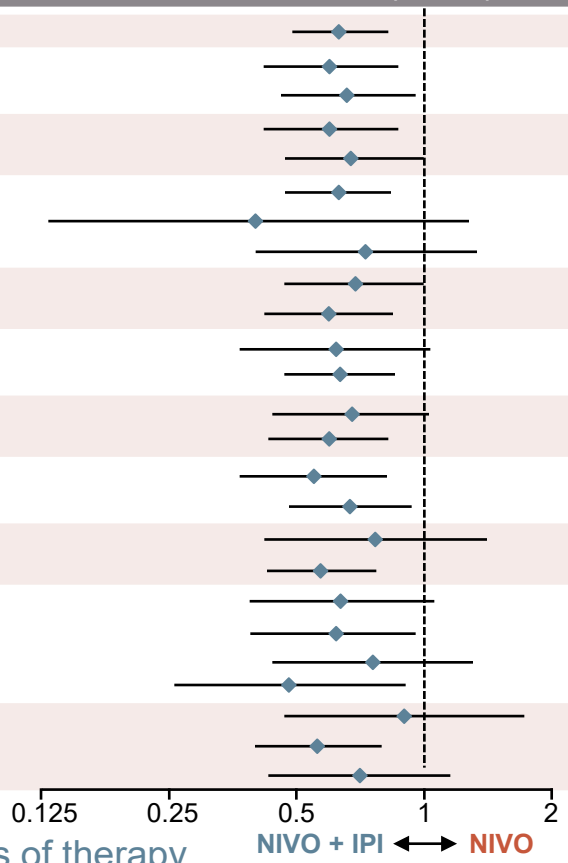
BICR, blinded independent central review; CI, confidence interval; dMMR, deficient mismatch repair; HR, hazard ratio; IPI, ipilimumab; mCRC, metastatic colorectal cancer; mo, months; MSI-H, microsatellite instability-high; NE, not evaluable; NIVO, nivolumab; NR, not reached; PFS, progression-free survival

André T, et al. J Clin Oncol. 43(4_suppl; abstract LBA143) [ASCO GI 2025; oral presentation]; André T, et al. Lancet. 2025;405:383-395

CHECKMATE 8HW – NIVO +/- IPI ACROSS ALL LINES OF THERAPY IN dMMR/MSI-HIGH mCRC

PROGRESSION-FREE SURVIVAL SUBGROUP ANALYSIS

Category (centrally confirmed MSI-H/dMMR)	Subgroup	Median PFS,[a] mo		Unstratified HR
		NIVO + IPI	NIVO	
Overall (N=582)		NR	39.3	0.63
Age, years	<65 (n=321)	NR	NR	0.60
	≥65 (n=261)	NR	29.4	0.66
Sex	Male (n=284)	NR	28.2	0.60
	Female (n=298)	NR	NR	0.67
Region	US/Canada/Europe (n=415)	NR	29.4	0.63
	Asia (n=52)	NR	NR	0.40
	Rest of world (n=115)	NR	NR	0.73
EGOG PS	0 (n=313)	54.1	NR	0.69
	1 (n=269)	NR	18.2	0.60
Tumour sidedness	Left (n=152)	NR	NR	0.62
	Right (n=430)	NR	33.2	0.64
Liver metastases[a,b]	Yes (n=210)	NR	NR	0.68
	No (n=368)	NR	33.2	0.60
Peritoneal metastases[a,b]	Yes (n=226)	54.1	24.8	0.55
	No (n=352)	NR	NR	0.67
Tumour cell PD-L1 expression	≥1% (n=133)	NR	NR	0.77
	<1% (n=427)	NR	24.8	0.57
***BRAF/KRAS/NRAS* mutation status**	*BRAF/KRAS/NRAS* all wild type (n=156)	NR	44.3	0.64
	BRAF mutant (n=179)	NR	25.9	0.62
	KRAS or *NRAS* mutant (n=125)	NR	NR	0.76
	Unknown (n=114)	54.1	38.1	0.48
Clinical history of Lynch syndrome	Yes (n=83)	53.8	38.1	0.90
	No (n=334)	NR	44.3	0.56
	Unknown (n=156)	NR	33.2	0.71



- PFS consistently favoured NIVO + IPI vs NIVO in prespecified subgroups across all lines of therapy

[a] Per BICR; [b] Patients may have had more than one site of metastasis

BICR, blinded independent centra review; CI, confidence interval; dMMR, deficient mismatch repair; ECOG PS, Eastern Cooperative Oncology Group performance status; HR, hazard ratio; IPI, ipilimumab; mCRC, metastatic colorectal cancer; MSI-H, microsatellite instability-high; NIVO, nivolumab; NR, not reached; PFS, progression-free survival; US, United States

André T, et al. J Clin Oncol. 43(4_suppl; abstract LBA143) [ASCO GI 2025; oral presentation]; André T, et al. Lancet. 2025;405:383-395

BREAKWATER: FOLFOX/ENCO/CET VS SOC IN FIRST-LINE *BRAF*-MUTANT mCRC

Inclusion criteria

- Age ≥16 years (or ≥18 years based on country)
- No prior systemic treatment for metastatic disease
- Measurable disease (RECIST 1.1)
- *BRAF*V600E-mutant mCRC by local or central laboratory testing
- ECOG PS 0 or 1
- Adequate bone marrow, hepatic, and renal function

Exclusion criteria

- Prior BRAF or EGFR inhibitors
- Symptomatic brain metastases
- MSI-H/dMMR tumours (unless patients were ineligible to receive immune checkpoint inhibitors due to a pre-existing medical condition)
- Presence of a *RAS* mutation

N=637

R
1:1:1

The EC arm was dropped following interim analysis

- EC (n=158)
- EC + mFOLFOX6 (n=236)
- SOC (n=243)

SOC = chemotherapy with or without bevacizumab
Stratified by regions (US/Canada vs Europe vs Rest of World) and ECOG PS (0 vs 1)

Dual primary endpoints:
PFS and ORR by BICR
(EC + mFOLFOX6 vs SOC)

Key secondary endpoint:
OS (EC + mFOLFOX6 vs SOC)

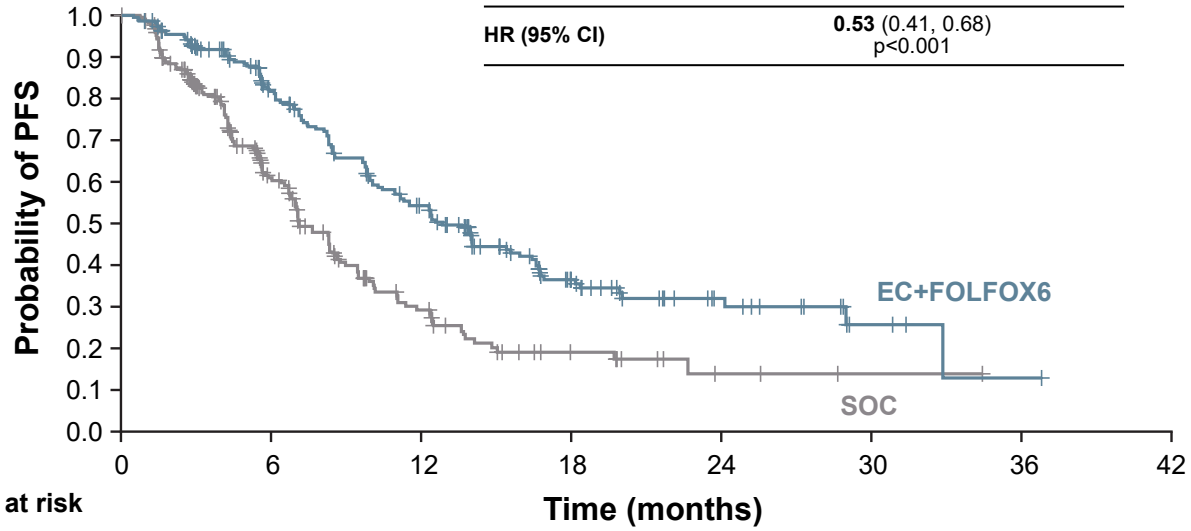
BICR, blinded independent central review; CET, cetuximab; dMMR, deficient mismatch repair; EC, encorafenib plus cetuximab; ECOG PS, Eastern Cooperative Oncology Group performance status; ENCO, encorafenib; mCRC, metastatic colorectal cancer; (m)FOLFOX(6), (modified) fluorouracil / leucovorin / oxaliplatin; MSI-H, microsatellite instability-high; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; R, randomisation; RECIST, Response Evaluation Criteria in Solid Tumours; SOC, standard of care

Elez E, et al. N Eng J Med. 2025; 392:2425-37; Kopetz S, et al. J Clin Oncol. 43(4_suppl; abstract 16) [ASCO GI 2025; oral presentation]

BREAKWATER: FOLFOX/ENCO/CET VS SOC IN FIRST-LINE *BRAF*-MUTANT mCRC

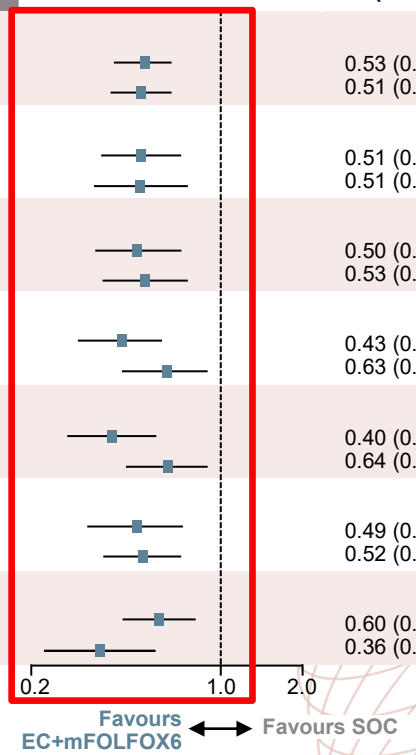
PROGRESSION-FREE SURVIVAL

	EC + mFOLFOX6 N=236	SOC N=243
No. of events, n (%)	122 (51.7)	132 (54.3)
Median PFS, mo (95% CI)	**12.8** (11.2, 15.9)	**7.1** (6.8, 8.5)
HR (95% CI)	**0.53** (0.41, 0.68) p<0.001	



No. at risk							
EC+ FOLFOX6	236	156	96	39	16	4	1
SOC	243	100	34	11	3	1	0

Subgroup	No. of events/no. of patients: EC + mFOLFOX6	No. of events/no. of patients: SOC	Hazard ratio (95% CI)
All patients			
Stratified	122/236	132/243	0.53 (0.41-0.68)
Unstratified	122/236	132/243	0.51 (0.40-0.65)
Age			
<65 years	78/150	71/139	0.51 (0.37-0.71)
≥65 years	44/86	61/104	0.51 (0.34-0.75)
Sex			
Male	59/123	63/119	0.50 (0.35-0.72)
Female	63/113	69/124	0.53 (0.37-0.75)
ECOG performance-status score			
0	60/131	74/136	0.43 (0.30-0.61)
1	62/105	58/107	0.63 (0.44-0.90)
No. of organs involved			
≤2	52/119	66/127	0.40 (0.28-0.58)
≥3	70/117	66/116	0.64 (0.45-0.90)
Location of tumour			
Left side of colon	51/90	53/98	0.49 (0.33-0.73)
Right side of colon	71/146	79/145	0.52 (0.37-0.72)
Liver metastases			
Yes	87/147	86/160	0.60 (0.44-0.81)
No	35/89	46/83	0.36 (0.23-0.57)



Data cutoff: January 6, 2025.

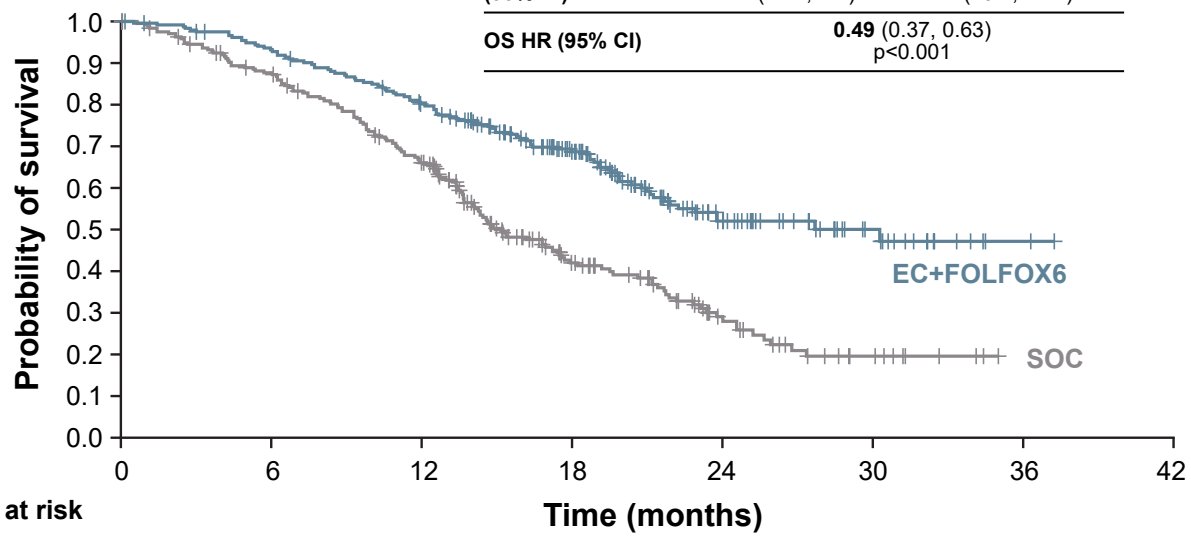
CET, cetuximab; CI, confidence interval; EC, encorafenib plus cetuximab; ECOG PS, Eastern Cooperative Oncology Group; ENCO, encorafenib; HR, hazard ratio; mCRC, metastatic colorectal cancer; (m)FOLFOX(6), (modified) fluorouracil / leucovorin / oxaliplatin; mo, months; PFS, progression-free survival; SOC, standard of care

Elez E, et al. N Eng J Med. 2025; 392: 2425-37

BREAKWATER: FOLFOX/ENCO/CET VS SOC IN FIRST-LINE *BRAF*-MUTANT mCRC

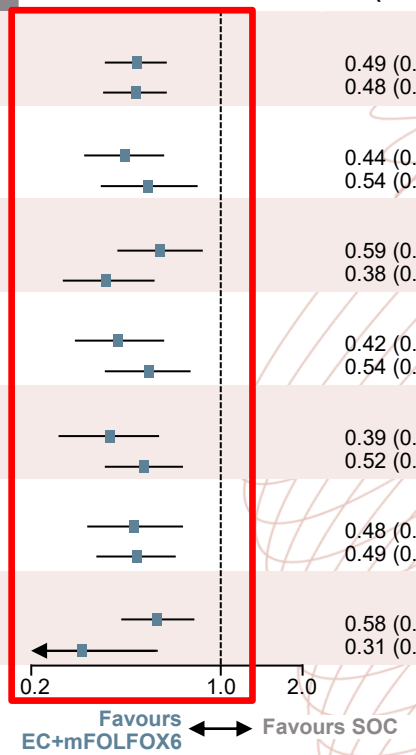
OVERALL SURVIVAL

	EC + mFOLFOX6 N=236	SOC N=243
No. of events, n (%)	94 (39.8)	148 (60.9)
Median OS, mo (95% CI)	**30.3** (21.7, NE)	**15.1** (13.7, 17.7)
OS HR (95% CI)	**0.49** (0.37, 0.63) p<0.001	



No. at risk								
EC+ FOLFOX6	236	216	182	121	48	17	2	0
SOC	243	202	147	64	27	9	0	0

Subgroup	No. of events/no. of patients: EC + mFOLFOX6	No. of events/no. of patients: SOC	Hazard ratio (95% CI)
All patients			
Stratified	94/236	148/243	0.49 (0.38-0.63)
Unstratified	94/236	148/243	0.48 (0.37-0.62)
Age			
<65 years	56/150	85/139	0.44 (0.31-0.62)
≥65 years	38/86	63/104	0.54 (0.36-0.82)
Sex			
Male	54/123	71/119	0.59 (0.42-0.85)
Female	40/113	77/124	0.38 (0.26-0.56)
ECOG performance-status			
0	42/131	76/136	0.42 (0.29-0.62)
1	52/105	72/107	0.54 (0.38-0.77)
No. of organs involved			
≤2	32/119	66/127	0.39 (0.25-0.59)
≥3	62/117	82/116	0.52 (0.38-0.73)
Side of tumour			
Left	38/90	62/98	0.48 (0.32-0.72)
Right	56/146	86/145	0.49 (0.35-0.68)
Liver metastases			
Yes	73/147	104/160	0.58 (0.43-0.78)
No	21/89	44/83	0.31 (0.18-0.52)

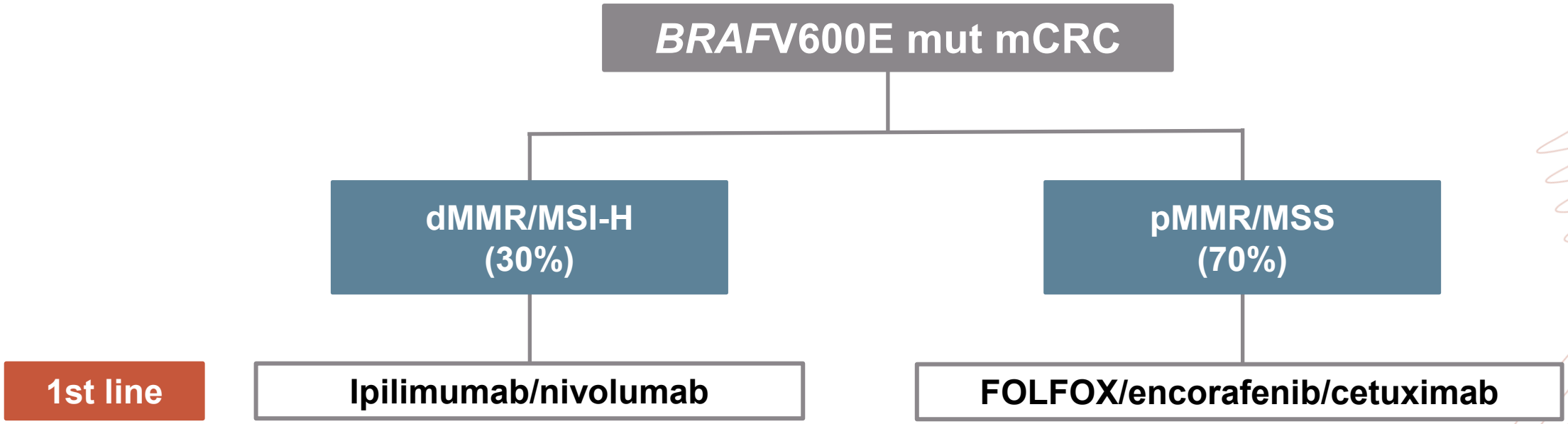


Data cutoff: January 6, 2025.

CET, cetuximab; CI, confidence interval; EC, encorafenib plus cetuximab; ECOG PS, Eastern Cooperative Oncology Group; ENCO, encorafenib; HR, hazard ratio; mCRC, metastatic colorectal cancer; (m)FOLFOX(6), (modified) fluorouracil / leucovorin / oxaliplatin; mo, months; OS, overall survival; SOC, standard of care

Elez E, et al. N Eng J Med. 2025;392: 2425-37

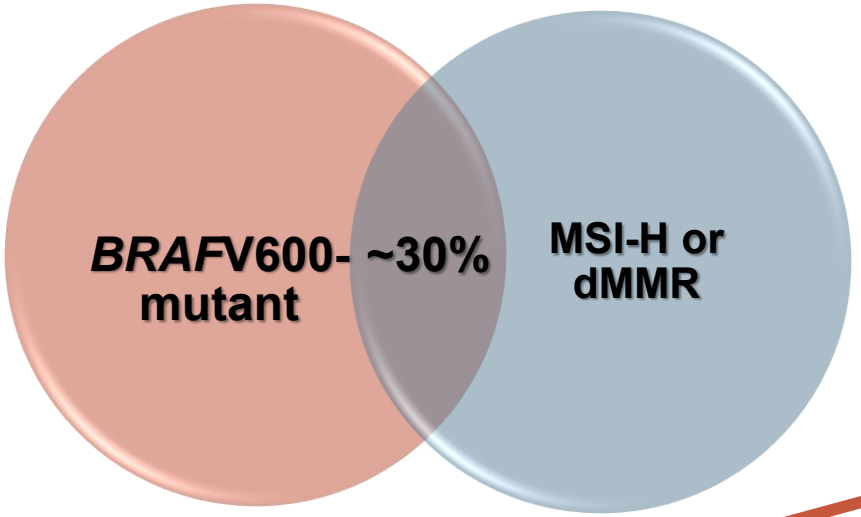
CONTINUUM OF CARE FOR *BRAF*V600E-MUTANT mCRC PATIENTS



Cremolini C. Personal communication

d/pMMR, deficient/proficient mismatch repair; FOLFOX, fluorouracil / leucovorin / oxaliplatin; mCRC, metastatic colorectal cancer; MSI-H, microsatellite instability-high; MSS, microsatellite stable; mut, mutant

ON THE HORIZON FOR UNTREATED dMMR/MSI-H AND *BRAF*-MUTANT mCRC



SEAMARK

Patient Population	Open-Label, Multicenter, Randomized, Phase 2 (N=104)

- Previously untreated stage IV mCRC
- Locally confirmed MSI-H/dMMR
- Locally confirmed *BRAF* V600E mutation in tumor tissue or blood
- Measurable disease per RECIST 1.1
- ECOG PS ≤1
- Adequate organ function

Randomization 1:1 (stratified by ECOG PS: 0 vs 1)

- Triplet arm (arm A): Encorafenib + cetuximab + pembrolizumab (n=52)
- Control arm (arm B): Pembrolizumab (n=52)

Primary Endpoint	PFS per investigator according to RECIST 1.1
Secondary Endpoints	Safety and tolerability, OS, OR, DOR, and QOL

Accrual completed

NCT05217446

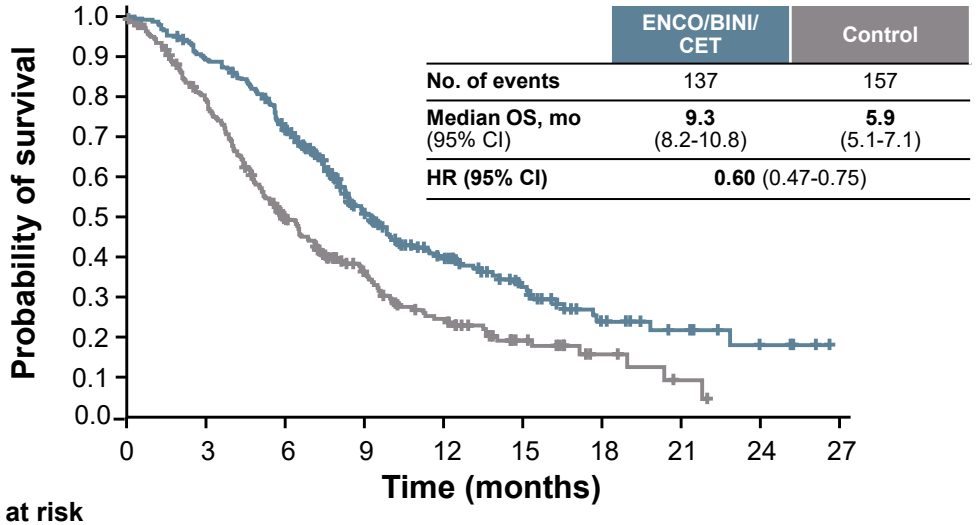
dMMR, deficient mismatch repair; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; mCRC, metastatic colorectal cancer; MSI-H, microsatellite instability-high; OR, objective response; OS, overall survival; PFS, progression-free survival; QOL, quality of life; RECIST, Response Evaluation Criteria in Solid Tumours

Kopetz S, et al. J Clin Oncol. 2022;40(16_suppl; abstract TPS3634) [ASCO 2022; oral presentation]

BEACON: ENCO/CET VS SOC IN PRE-TREATED *BRAF*-MUTANT mCRC

OVERALL SURVIVAL RESULTS[a]

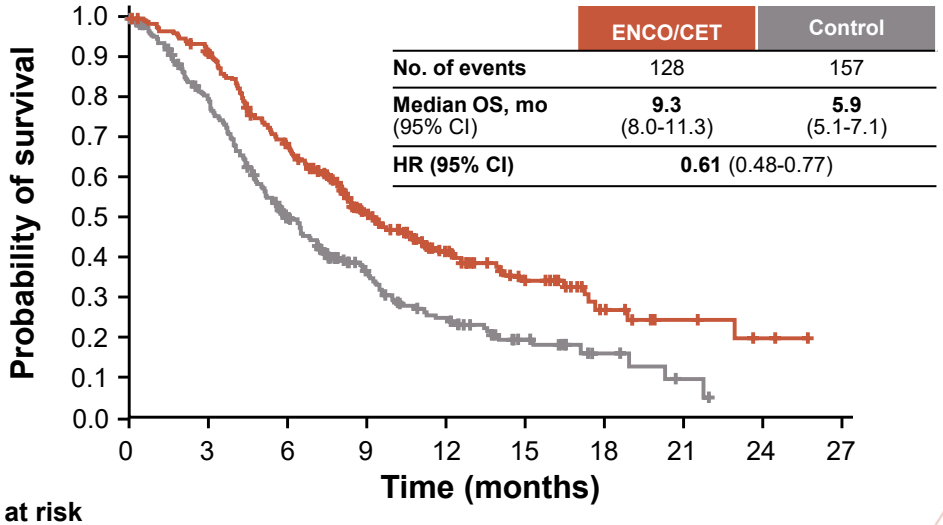
ENCO/BINI/CET vs control



	ENCO/BINI/CET	Control
No. of events	137	157
Median OS, mo (95% CI)	**9.3** (8.2-10.8)	**5.9** (5.1-7.1)
HR (95% CI)	**0.60** (0.47-0.75)	

No. at risk										
ENCO/BINI/CET	224	198	157	89	56	33	15	9	4	0
Control	221	166	98	54	33	15	6	2	0	0

ENCO/CET vs control



	ENCO/CET	Control
No. of events	128	157
Median OS, mo (95% CI)	**9.3** (8.0-11.3)	**5.9** (5.1-7.1)
HR (95% CI)	**0.61** (0.48-0.77)	

No. at risk										
ENCO/CET	220	197	143	83	47	28	13	7	2	0
Control	221	166	98	54	33	15	6	2	0	0

OBJECTIVE RESPONSE RATE

Confirmed response by blinded central review	ENCO/BINI/CET (triplet) N=224	ENCO/CET (doublet) N=220	Control N=221
Objective response rate, %	**27%**	**20%**	**2%**
95% CI	21%, 33%	15%, 25%	<1%, 5%
p value vs control	<0.0001	<0.0001	NA

[a] Median follow-up: 12.8 months

BINI, binimetinib; CET, cetuximab; CI, confidence interval; ENCO, encorafenib; HR, hazard ratio; mCRC, metastatic colorectal cancer; mo, months; NA, not applicable; OS, overall survival; SOC, standard of care

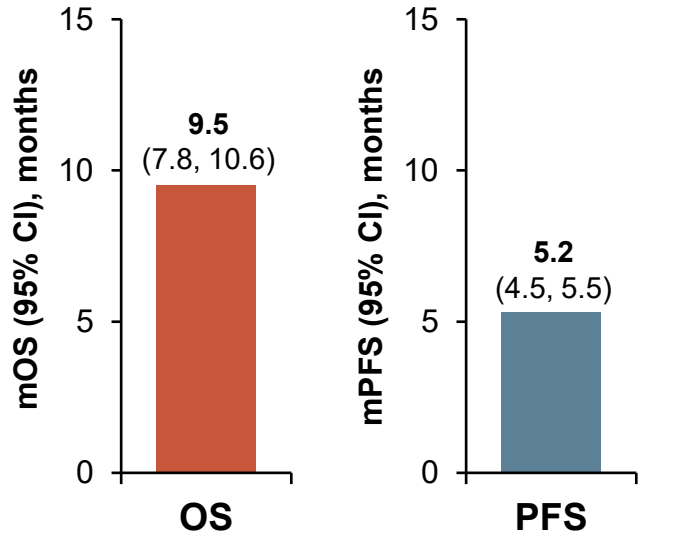
Tabernero J, et al. J Clin Oncol. 2021;39:273-284

CONFIRMATORY REAL-WORLD EVIDENCE: FINDINGS CONSISTENT WITH THE BEACON TRIAL, FOR EC TREATMENT IN *BRAF*-MUTATED CRC

BEACON EFFICACY FINDINGS (DOUBLET THERAPY)
Median PFS: 4.3 months; median OS: 9.3 months

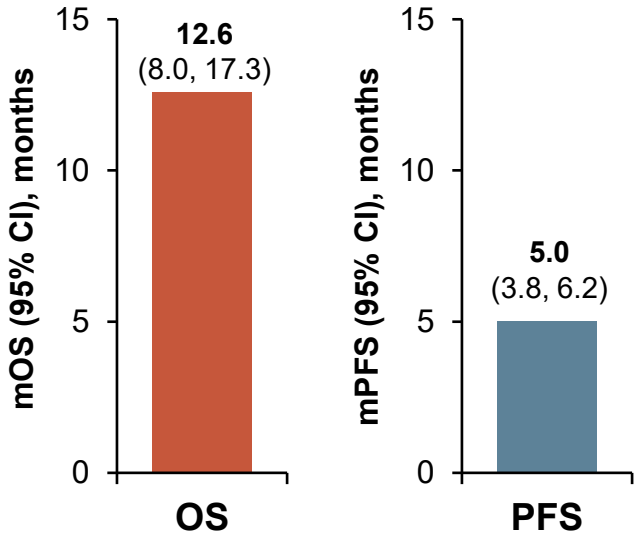
BERING CRC (N=150)
(3 Sep 2020 to 26 Apr 2024; ongoing)[1]

Encorafenib + cetuximab (n=141; FAS)



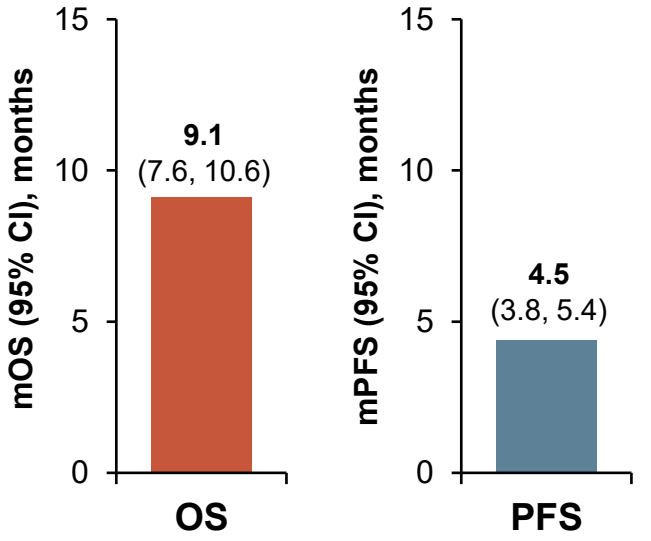
CONFIDENCE (N=81)
(Mar to Jul 2022)[2]

Encorafenib + cetuximab (N=81)



B-REAL, an AGEO study (N=201)
(Jan 2020 to Jun 2022)[3]

Encorafenib + cetuximab (n=176)



AGEO, Association des Gastro-Entérologues Oncologues; CI, confidence interval; FAS, full analysis set; (m)OS, (median) overall survival; (m)PFS, (median) progression-free survival

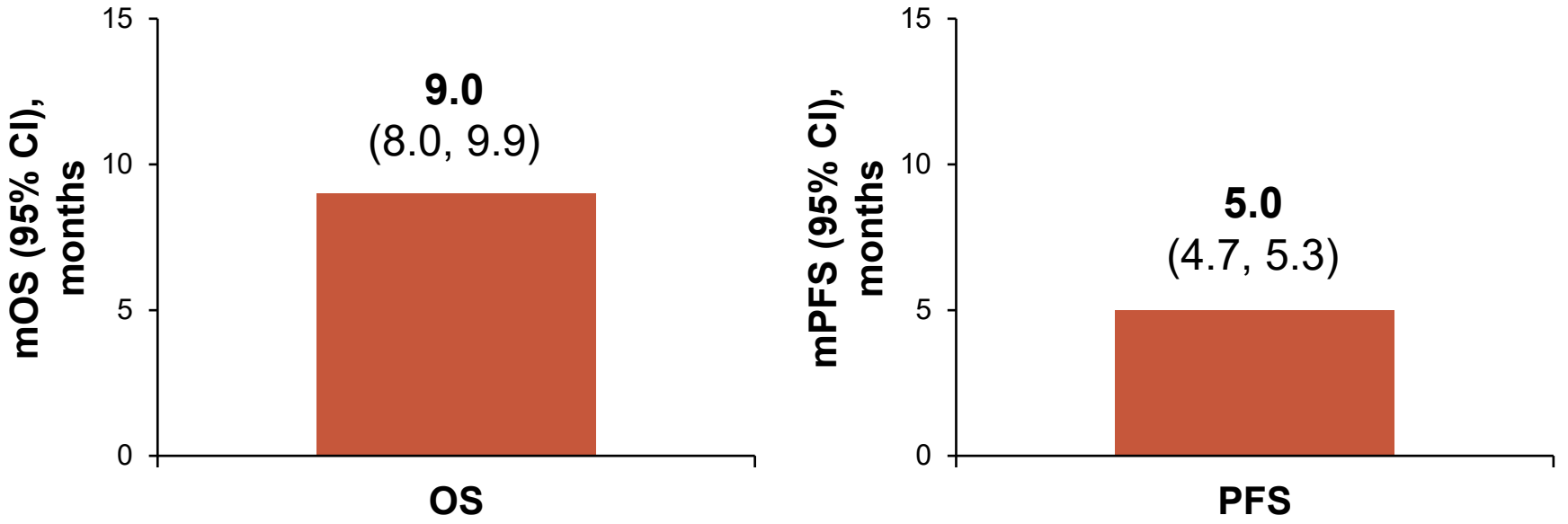
1. Stintzing S, et al. Annals of Oncology (2025) 36 (suppl_1): S1-S65. 10.1016/annonc/annonc1820 (ESMO GI 2025; poster presentation); 2; Fernandez Montes A, et al. ESMO Real World Data and Digital Oncology 2024; 5:100055; 3. Gallois C, et al. ESMO Open 2024; 9: doi.org/10.1016/j.esmoop.2024.103696

CONFIRMATORY REAL-WORLD EVIDENCE: FINDINGS CONSISTENT WITH THE BEACON TRIAL, FOR EC TREATMENT IN *BRAF*-MUTATED CRC

RETROSPECTIVE, LONGITUDINAL, POOLED ANALYSIS

Results from pooled dataset (N=709)
(BERING CRC, B-REAL, CATAMARAN, CONFIDENCE, GONO Cohort)

Encorafenib + cetuximab (n=709)



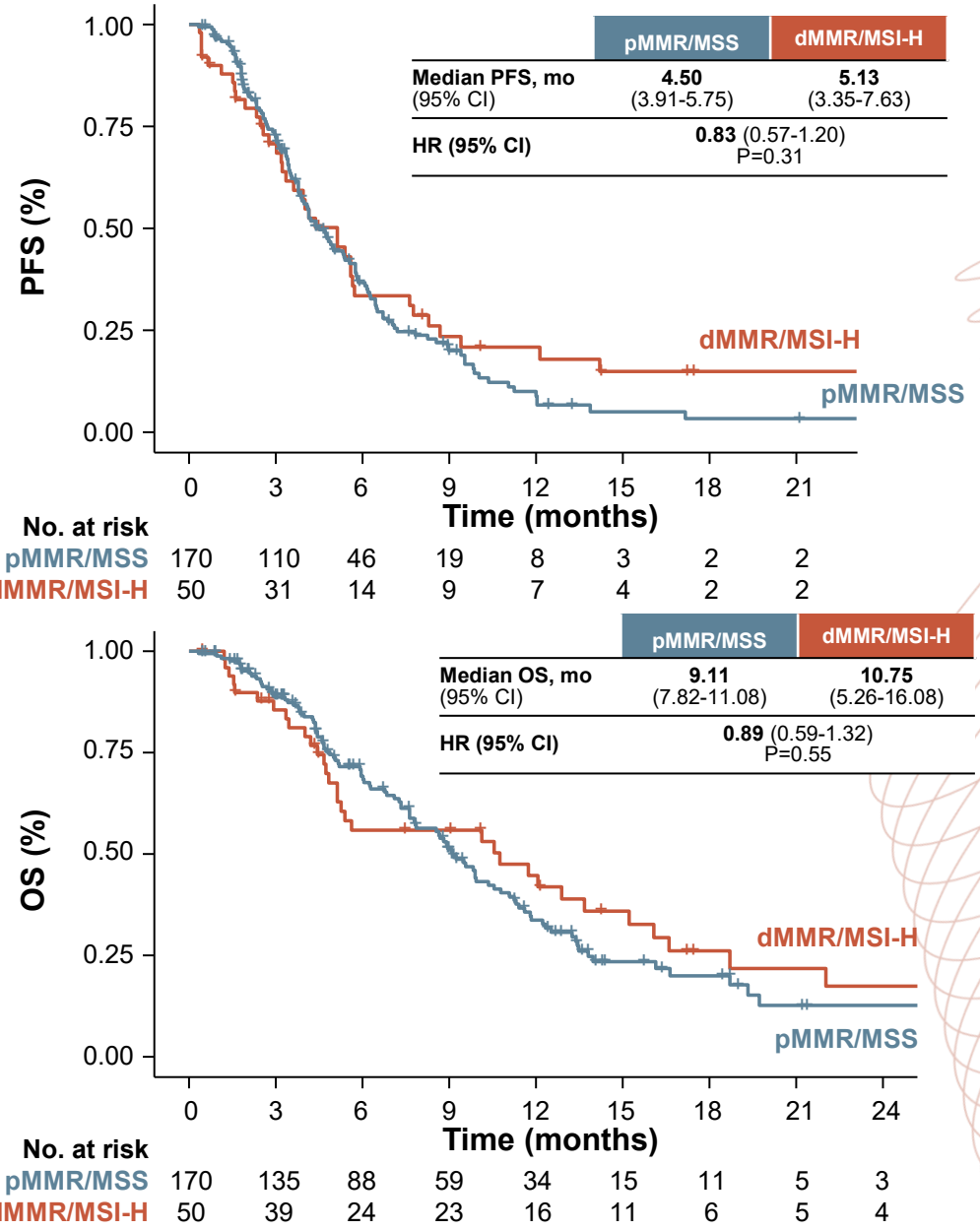
CI, confidence interval; EC, encorafenib +cetuximab; (m)OS, (median) overall survival; (m)PFS, (median) progression-free survival

Cremolini C, et al. Ann Oncol. 2025;36(supplement 1: S23-S24) [ESMO GI 2025; poster presentation]

BRAFi + EGFRi ± MEKi FOLLOWING ICIs IN *BRAF*-MUTANT AND dMMR/MSI-H mCRC[1,2]

B-REAL and AGEO-IMMUNODIG MSI, AGEO studies (N=220) (Jan 2017 to Jan 2024)

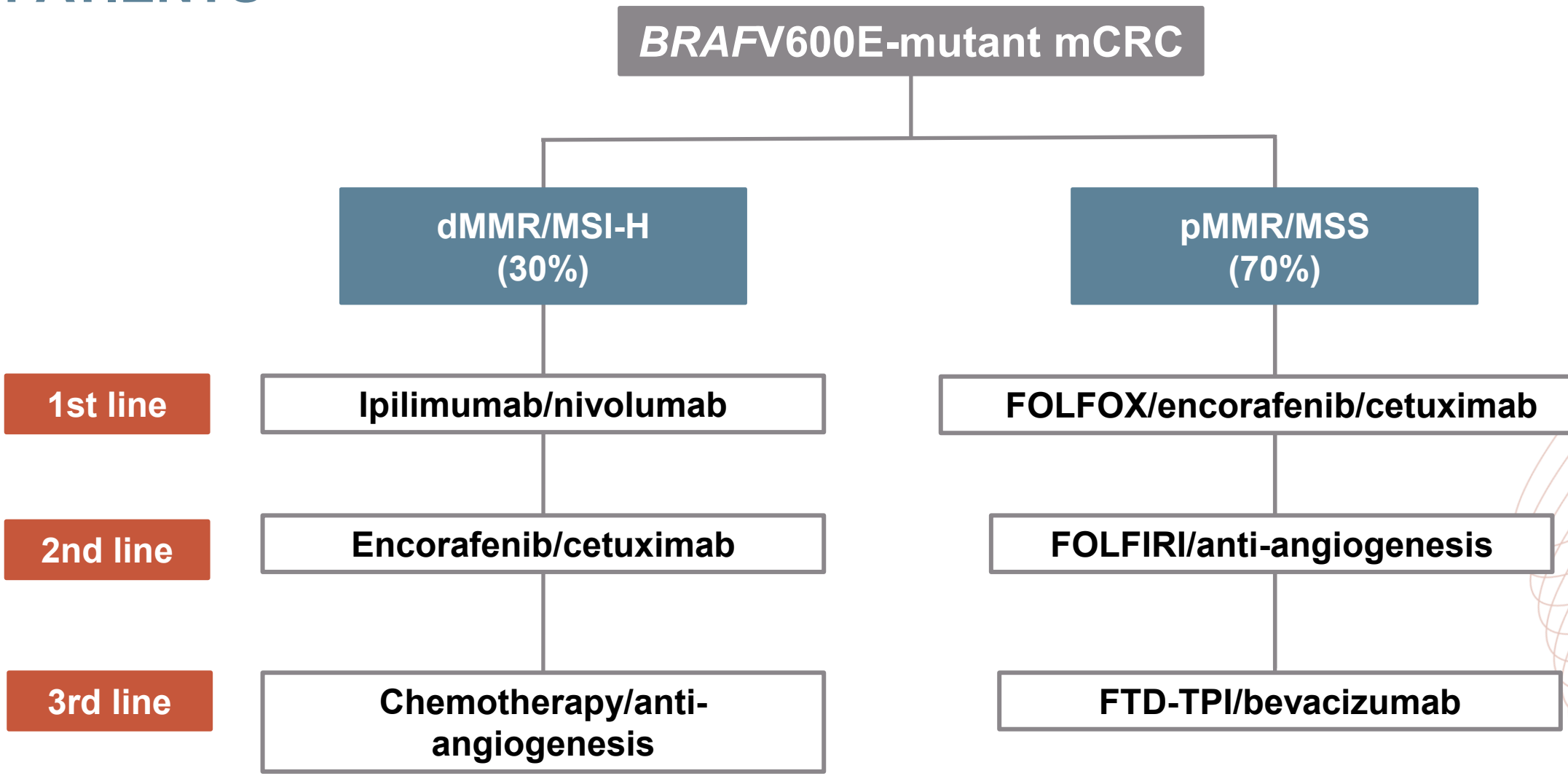
	BRAFV600E-mut pMMR/MSS (n=170)	BRAFV600E-mut dMMR/MSI-H (n=50)	HR (95% CI)	p value
ORR, %	32	18		0.09
DCR, %	73	60		0.11
mPFS, months	4.50	5.13	0.83	0.31
mOS, months	9.11	10.75	0.89	0.55



AGEO, Association des Gastro-Entérologues Oncologues; BRAFi, BRAF inhibitor; CI, confidence interval;
BRAFi, BRAF inhibitor; DCR, disease control rate; d/pMMR, deficient/proficient mismatch repair; EGFRi, EGFR inhibitor; HR, hazard ratio; ICI, immune checkpoint inhibitor; mCRC, metastatic colorectal cancer; MEKi, MEK inhibitor; MSI-H, microsatellite instability-high;
(m)OS, (median) overall survival; (m)PFS, (median) progression-free survival; MSS, microsatellite stability; mut, mutant; ORR, overall response rate

1. Ambrosini M, et al. Ann Oncol. 2024;35(Supplement 1; S32) [ESMO GI Congress 2024; poster presentation]; 2. Ambrosini M, et al. Eur J Cancer. 2024;210:114290

CONTINUUM OF CARE FOR *BRAF*V600E-MUTANT mCRC PATIENTS



d/pMMR, deficient/proficient mismatch repair; FOLFIRI, fluorouracil / leucovorin / irinotecan; FOLFOX, fluorouracil / leucovorin / oxaliplatin; FTD-TPI, trifluridine-tipiracil; mCRC, metastatic colorectal cancer; MSI-H, microsatellite instability-high; MSS, microsatellite stable

Cremolini C. Personal communication.

COR2ED

THE HEART OF MEDICAL EDUCATION

For more information visit

GI connect®

POWERED BY COR2ED

Connect on
LinkedIn @GI CONNECT

Watch on
YouTube @COR2ED

Email
info@cor2ed.com

Visit us at
https://cor2ed.com/

Follow us on
X @giconnectinfo

Heading to the heart of Independent Medical Education since 2012