

# Introduction to *BRAF* in mCRC

- *BRAF* is a kinase in the EGFR-mediated MAPK signaling pathway
- *BRAF*-mutated mCRC may represent its own discrete subset of mCRC, defined by:
  - Worse survival
  - Right-sided presentation
  - Mucinous histology
  - High microsatellite instability
  - Early relapse

**8.1%**

Prevalence of *BRAF* mutations in mCRC<sup>1</sup>

**V600E**

Mutation present in >80% of *BRAF*-mutated mCRC<sup>2</sup>

**10.4  
MONTHS**

Median OS for *BRAF*-mutated mCRC<sup>3,a</sup>

<sup>a</sup>Compared with 34.7 months for *BRAF*-wt mCRC

1. Peeters M et al. *Eur J Cancer*. 2015;51:1704-1713. 2. Davies H et al. *Nature*. 2002;417:949-954. 3. Tran B et al. *Cancer*. 2011;117:4623-4632.

# Outcomes With Addition of EGFR Inhibitors

Outcome	Setting	Hazard Ratio	95% CI	P-value
Overall Survival	Any	0.91	0.62-1.34	0.63
	First-line	0.76	0.54-1.08	0.13
Progression-free Survival	Any	0.88	0.67-1.14	0.33
	First-line	0.86	0.63-1.17	0.34
Overall Response Rate	Any	1.31	0.83-2.08	0.25
	First-line	n.d.*	n.d.*	0.31

\*Data not reported.

**Compared with chemotherapy alone or best supportive care, cetuximab or panitumumab did not significantly improve outcomes in patients with *BRAF*-mutated mCRC.**

# EGFR Inhibitors in *BRAF*-mut Cancer

- Cetuximab and panitumumab did not improve OS, PFS, or ORR in a clinically meaningful or statistically significant manner in patients with *BRAF*-mutated mCRC
- *BRAF* and *RAS* testing should drive treatment decisions for patients with mCRC
  - EGFR inhibitors are approved for all-*RAS*-wt advanced CRC
  - Other treatment options should be considered for *BRAF*-mutated mCRC
  - EGFR inhibitors remain viable treatment options for *BRAF*-wt mCRC, which comprises 80% to 95% of the all-*RAS*-wt mCRC population