MABp1 (Xilonix) for metastatic colorectal cancer –third line

NIHR HSRIC

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Authors' objectives
MABp1 is intended to be used as a third line therapy for the treatment of metastatic colorectal cancer in patients experiencing disease related symptoms. If licensed, it would offer a novel treatment option designed to control the spread of advanced disease while at the same time offering symptom relief in such patients, a group who currently have few well tolerated effective therapies available. MABp1 does not currently have Marketing Authorisation in the EU for any indication. Colorectal cancer is the fourth most common cancer in the UK, accounting for 13% of all new cases in 2011. Between 20% and 55% of people presenting with colorectal cancer have metastatic disease and the 5-year survival rate for such patients is 6.6%. Approximately half of all patients with cancer lose some body weight, and it has been estimated that 55–60% of patients with colorectal cancer experience weight loss due to cancer cachexia. In addition, more than 75% of patients undergoing cancer-related treatments experience cancer-related fatigue. The majority of patients with colorectal cancer have metastatic disease that initially is not suitable for potentially curative resection; therefore the aim of treatment is either to convert initially unresectable disease to resectable disease, or is palliative, to control symptoms, extend survival and improve quality of life. Treatment may include chemotherapy or biological agents (alone or in combination with chemotherapy). Treatment for cancer cachexia may include oral, enteral or parenteral nutrition, treatment of secondary gastrointestinal symptoms, nutritional counselling, psychotherapeutic interventions, physical training, and short term use of corticosteroids or progestational agents. Patients with cancer-related fatigue can benefit from both pharmacologic and non-pharmacologic interventions such as psychostimulants, exercise, cognitive-behavioural strategies, and sleep therapy. MABp1 is currently in two phase III clinical trials comparing its effect on the objective response rate and overall survival against treatment with placebo. These trials are expected to complete in October 2015 and December 2016 respectively.

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