**METHODS**

**Study Population**
- **Patient Selection**
  - Patients with unresectable, metastatic, or recurrence disease after one prior line of therapy with standard of care (SOT) agents (eg, FOLFOX, FOLFIRI, FOLFOXIRI, or bevacizumab alone) and at least one line of SOT agents after V600E mutation who received at least one dose of study drug were included.

**Table 1. Baseline Demographics and Disease Characteristics**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Beneficiaries (N=29)</th>
<th>Progressed (N=27)</th>
<th>Other (N=14)</th>
<th>CR (N=3)</th>
<th>PR (N=11)</th>
<th>Other (N=14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>62.5 ± 9.3</td>
<td>63.5 ± 8.4</td>
<td>63.1 ± 9.6</td>
<td>64.3 ± 7.5</td>
<td>64.0 ± 8.3</td>
<td>63.9 ± 9.6</td>
</tr>
<tr>
<td>Sex</td>
<td>16 (54.9%)</td>
<td>13 (48.1%)</td>
<td>6 (42.9%)</td>
<td>1 (33.3%)</td>
<td>5 (45.5%)</td>
<td>2 (14.3%)</td>
</tr>
<tr>
<td>Performance Status (ECOG)</td>
<td>1 (33.3%)</td>
<td>1 (33.3%)</td>
<td>1 (7.1%)</td>
<td>1 (33.3%)</td>
<td>2 (18.2%)</td>
<td>1 (7.1%)</td>
</tr>
<tr>
<td>Metastatic Site</td>
<td>14 (48.3%)</td>
<td>15 (55.5%)</td>
<td>16 (11.4%)</td>
<td>1 (33.3%)</td>
<td>7 (63.6%)</td>
<td>5 (35.7%)</td>
</tr>
<tr>
<td><strong>Safety Profile</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common AEs</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Dry skin</td>
<td>2 (6.9)</td>
<td>2 (7.4)</td>
<td>1 (7.1)</td>
<td>1 (33.3)</td>
<td>2 (18.2)</td>
<td>1 (7.1)</td>
</tr>
<tr>
<td>Myalgia</td>
<td>2 (6.9)</td>
<td>1 (3.7)</td>
<td>1 (7.1)</td>
<td>1 (33.3)</td>
<td>1 (9.1)</td>
<td>1 (7.1)</td>
</tr>
<tr>
<td>Increased creatinine kinase</td>
<td>1 (3.3)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Enteritis</td>
<td>1 (3.3)</td>
<td>1 (3.7)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>1 (3.3)</td>
<td>1 (3.7)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Constipation</td>
<td>1 (3.3)</td>
<td>1 (3.7)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
</tbody>
</table>

**RESULTS**

**Table 2. All-Trump (≥1%) or Grade 3 (≥1%) Adverse Events (AEs)**

<table>
<thead>
<tr>
<th>Event</th>
<th>Beneficiaries (N=29)</th>
<th>Progressed (N=27)</th>
<th>Other (N=14)</th>
<th>CR (N=3)</th>
<th>PR (N=11)</th>
<th>Other (N=14)</th>
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</thead>
<tbody>
<tr>
<td>Dry skin</td>
<td>2 (6.9)</td>
<td>2 (7.4)</td>
<td>1 (7.1)</td>
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<td>1 (7.1)</td>
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<tr>
<td>Myalgia</td>
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<td>1 (3.7)</td>
<td>1 (7.1)</td>
<td>1 (33.3)</td>
<td>1 (9.1)</td>
<td>1 (7.1)</td>
</tr>
<tr>
<td>Increased creatinine kinase</td>
<td>1 (3.3)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Enteritis</td>
<td>1 (3.3)</td>
<td>1 (3.7)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>1 (3.3)</td>
<td>1 (3.7)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Constipation</td>
<td>1 (3.3)</td>
<td>1 (3.7)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
</tbody>
</table>

**Figure 1. The BEACON Study Circuit Trial Design**

**Table 3. Summary of Confirmed Best Overall Response**

<table>
<thead>
<tr>
<th>Event</th>
<th>Beneficiaries (N=29)</th>
<th>Progressed (N=27)</th>
<th>Other (N=14)</th>
<th>CR (N=3)</th>
<th>PR (N=11)</th>
<th>Other (N=14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration on Treatment in Patients With</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of Exposure (Months)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CR (N=3)</td>
<td>9.8 ± 6.1</td>
<td>9.8 ± 6.1</td>
<td>9.8 ± 6.1</td>
<td>9.8 ± 6.1</td>
<td>9.8 ± 6.1</td>
<td>9.8 ± 6.1</td>
</tr>
<tr>
<td>Other (N=14)</td>
<td>9.8 ± 6.1</td>
<td>9.8 ± 6.1</td>
<td>9.8 ± 6.1</td>
<td>9.8 ± 6.1</td>
<td>9.8 ± 6.1</td>
<td>9.8 ± 6.1</td>
</tr>
</tbody>
</table>

**Figure 2A. Best Percent Change in Tumor Measurements From Baseline in Patients With BRAF V600E–CETUX – Local Assessment**

**Figure 2B. Best Percent Change in Tumor Measurements From Baseline in Patients With BRAF V600E–CETUX – Central Assessment**

**Figure 3. Duration on Treatment in Patients With BRAF V600E+cETUX**

**CONCLUSIONS**

- ENCO and BINI combined with CETUX has a manageable toxicity profile, with efficacy exceeding historic data in patients with V600E mCRC.
- Overall Survival (OS) was 15.3 months (95% CI, 9.6–not reached), with median duration of follow-up of 18.2 (16.6–19.8) months.
- Efficacy was assessed on the basis of radiological imaging (eg, computed tomography, magnetic resonance imaging, x-ray).
- Median time of 7.9 months (range, 1.0–21.4 months) on study treatment (Table 3).
- Patients had received a median of 4 previous regimens, with 60% of patients having received 1 prior line of therapy and 40% of patients having received 2 prior lines of therapy.

**REFERENCES**