Result: Of 146 survivors who originally participated in the RCT DIQOL, 96 (66%) returned the questionnaire a mean of 78.3 months after starting their therapy. The majority (33%) of the worst experience statements related to "psychological distress," followed by "indigestion and discomfort with bowel movements" (17%) and "cancer diagnosis" (16%). Of survivors with a history of stoma, the majority (36%) described "the stoma" as their worst experience. At 45%, "change in life priorities" was the most common positive category, followed by "support from doctors/nurses" (25%). 43% of survivors considered "fighting spirit" the most important advice for coping with the disease.
Discussion: Comparable to the results of a previous study on breast cancer survivors, "psychological distress," "change in life priorities," and "fighting spirit" emerged as prominent concepts. In addition, some entity-specific issues, such as the impact of a stoma, are of particular importance for colorectal cancer survivors.
Conclusion: By communicating their memories, long-term survivors actively shape the public perception of colorectal cancer and thus also influence future patients. These findings may serve as the basis for programs to improve patient- and quality-of-life-centered follow-up of tumor patients.

Indication of source:
1 Klinkhammer-Schalke et al., Eur J Cancer.

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Impact of laparoscopic versus open surgery on cellular immunity in colorectal cancer patients: a systematic review and meta-analysis

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Background: Laparoscopic surgery (LS) is hypothesized to result in a milder surgical stress response, which may contribute to the observed clinical benefits after LS. Therefore, the cellular response after laparoscopic (LS) and open (OS) colorectal cancer (CRC) resections was evaluated in a comprehensive systematic review and meta-analysis.
Methods: MEDLINE, Embase, Web of Science (SCI-EXPANDED), the Cochrane Library, Google Scholar, ClinicalTrials.gov, and ICTRP were systematically searched for randomized controlled trials (RCTs) comparing cellular immunity in CRC patients of any stage between LS and OS. A narrative synthesis and random effects-weighted inverse variance meta-analysis was performed. The RoB2 tool was used to assess the risk of bias (RoB). The meta-analysis was prospectively registered in PROSPERO (CRD42021264324).
Result: A total of 14 RCTs including 974 participants were assessed. Narrative synthesis showed higher NK cell lytic activity and HLA-DR II expression rates, higher NK cell numbers, CD3+, CD4+ and CD8+ T-cell counts, a higher CD4+/CD8+ ratio and lower WBCs after LS in overall eight trials. The meta-analyses yielded significantly higher NK cell counts after LS at postoperative day (POD)4 (mean difference (MD) 30.80 cells/µL [19.68; 41.92], $p < 0.00001$) and POD6–8 (MD 45.08 cells/µL [35.95; 54.21], $p < 0.00001$). RoB was low in five, of some concerns in seven, and high in two studies. Except for a lower WBC after OS in one trial, no narrative or quantitative analysis favoured the OS group.
Discussion: The narrative synthesis generally showed more favourable outcomes after LS, being supported by the significantly higher NK cell counts seen in the meta-analysis. Main limitations of analyses were small sample sizes and a heterogenous set of parameters and measuring timepoints of included RCTs.
Conclusion: Although further research is required, the laparoscopic approach is possibly associated with lower inflammation and better preservation of cellular immunity compared to OS.

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FRESCO-2: A global phase 3 multiregional clinical trial (MRCT) evaluating the efficacy and safety of fruquintinib in patients (pts) with refractory metastatic colorectal cancer (mCRC)

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Background: Effective treatment options are limited for pts with refractory mCRC. Fruquintinib (F), a highly selective, potent, oral tyrosine kinase inhibitor of VEGFR-1, -2 and -3, was approved in China in the 3L+ mCRC setting based on results from FRESCO (NCT02314819). FRESCO-2 (NCT04322539) evaluated F in more heavily pretreated pts reflecting current global practices.
Methods: FRESCO-2 was a randomized, double-blind, placebo (P)-controlled, phase 3 MRCT conducted in the US, Europe, Japan, & Australia, comparing F + best supportive care (BSC) with P + BSC. Pts were randomized 2:1 to F 5 mg PO or P, QD, 3 wks on, 1 wk off, in 28-d cycles. Key criteria: prior chemotherapy, anti-VEGF therapy and, if RAS wild type, anti-EGFR therapy; if *BRAFV600E* mutant or MSI-H, a targeted regimen; & prior exposure to trifluridine/tipiracil and/or regorafenib. Primary endpoint: overall survival (OS); key secondary endpoints: progression-free survival (PFS), objective response rate (ORR), disease control rate (DCR), and safety. Final analysis was after 480 OS events.
Results: From Aug 14, 2020–Dec 2, 2021, 691 pts were randomized (F:461 vs P:230; Europe n=495; F:329 vs P:166; Germany n=19; F:8 vs P:11; data-cut: Jun 24, 2022). Baseline characteristics were balanced. F significantly improved OS overall (median 7.4 months [m] vs 4.8 m P; HR 0.66 [95% CI 0.55–0.80]; p<0.001) and in European pts (median 7.6 m vs 4.6 m P; HR 0.69 [95% CI 0.55–0.86]; p<0.001); and PFS overall (median 3.7 m vs 1.8 m P; HR 0.32 [95% CI 0.27–0.39]; p<0.001) and in European pts (median 3.7 m vs 1.9 m P; HR 0.32 [95% CI 0.26–0.40]; p<0.001). Median follow-up was 11.3 m F vs 11.2 m P. Subsequent anticancer therapies were 29.4% F vs 34.3% P. DCR was 55.5% F vs 16.1% P and ORR was 1.5% F vs 0 P. Grade ≥3 adverse events were 62.7% F vs 50.4% P.