Lay Summary of Study results

Lay language title:	Understanding treatment in adults with metastatic colorectal cancer and BRAF^{V600E} mutation - CAPSTAN CRC study
Full trial title:	Retrospective non-interventional study on first line treatment for patients with BRAF^{V600E} mutant metastatic colorectal cancer (mCRC) – CAPSTAN CRC study
Registry Number:	NCT04317599
Therapeutic area	Oncology
Disease	Colorectal cancer
Study Phase	Post-marketing / Real-Word-Evidence study
Final version	15 December 2025

This document is a summary of study results and conclusions written for public and people who took part in the study. This summary was finalized on 15 December 2025.
The information in this summary does not include additional information available after this date.

Pierre Fabre Pharmaceutical Group extends its sincere gratitude to everyone who participated in the study. Your involvement is greatly appreciated.

THANK YOU

We hope this document helps you understand your key role in medical research.
If you have any questions or would like more information about the results, please do not hesitate to reach out to your doctor or the staff at your study site.

Please note that:

- These are the results from all the participants combined. The individual results of each participant might be different and are not in this summary.
- This summary reflects the results of one single study and that other studies may show other results.

Specific terms used in this lay summary may be found in the Glossary of Pierre Fabre

You can click below to find the following information:

1 What was the reason for the study?

Colorectal cancer is the third most common cancer in men and women worldwide with an estimated 1.4 million cases and 694,000 deaths in 2012; the majority of cases happen in the developed countries. When people are first diagnosed with colorectal cancer, about 1 in 4 already have cancer that has spread to other parts of the body: this is called metastatic disease. After the initial diagnosis, about 1 in 2 people will eventually have their cancer spread to other areas.

Around 10% of people with colorectal cancer have a change in their DNA called a BRAF mutation. When the BRAF gene is mutated, it produces an over-active BRAF protein that tells the cells to continuously grow and divide, leading to cancer. The way colorectal cancer is treated can be different depending on where people are: local practices and guidelines influence how doctors decide on the best treatment options.

There is a gap in information about how doctors currently treat people with metastatic colorectal cancer who have the $BRAF^{V600E}$ mutation. It is important to record how effective and safe these treatments are when used in everyday life.

This study looks at how doctors diagnose and treat people living with metastatic colorectal cancer with $BRAF^{V600E}$ mutation. It aims to describe the treatments commonly used and how well these treatments work.

The main objective of this study was to describe how doctors usually treat adults living with metastatic colorectal cancer with the $BRAF^{V600E}$ mutation. In particular, the study looked at the treatments received after diagnosis of the metastasis.

The study also aimed to:

- describe the characteristics of people (such as age, sex, and medical details)
- describe how long people lived without their cancer getting worse and how long they lived after the start of the treatments
- explain how and when doctors tested for the BRAF mutation.
- describe unwanted medical events (adverse events*), that led to changing treatment, dose adaptation, stopping treatment, or death.

* Participants can have medical problems during the study. These medical problems may or may not be caused by the treatments. They are named adverse events.

2 How was the study conducted?

This was an observational study. This means doctors watched what happened as part of normal care.

The study took place in Austria, Belgium, France, Germany, Italy, Spain, and the United Kingdom.

Adults with metastatic colorectal cancer, with the $BRAF^{V600E}$ mutation, who started their first treatments between 2016 and 2018, were invited to participate. People followed their usual care. No extra tests or visits were required for the study.

3 When and where the study was conducted?

The study took place in Austria, Belgium, France, Germany, Italy, Spain, and the United Kingdom.
The study lasted from April 2020 to December 2021.
Overall, 274 people took part in the study.

Country	Number of participants
Austria	5
Belgium	28
France	83
Germany	48
Italy	53
Spain	39
United Kingdom	18

4 Who took part in the study?

Which participants took part in the study?

- Aged 18 or older when diagnosed with metastatic colorectal cancer
- With BRAF^{V600E} mutation, confirmed by adequate testing
- Starting first treatments for metastatic colorectal cancer, with the BRAF^{V600E} mutation, between 2016 and 2018
- Agreed to participate and allow their data to be used according to local rules
- Did not have another tumor or abnormal cells
- Not participating in another study.

How many participants took part in the study?

274 people took part in the study, out of which 255 were kept for the analysis.

How old were the participants?

Most participants were over 60 years old (66%). The average age was 65 years old.

5 What were the study treatments?

The study did not provide, request, or require any specific or experimental treatment.
Doctors chose the treatment as part of normal medical practice. The study simply collected information about the treatment chosen and about what happened after the treatment began.

6 What were the adverse events?

What adverse events did participants have?

Participants may present with medical problems, called adverse events, during the study. Treatments may or may not cause these adverse events.

131 out of 255 participants had at least one adverse event, that led to changing treatment, dose adaptation, stopping treatment, or death.

40 out of 255 participants had adverse events, that led to a hospital stay or staying longer in the hospital. 3 out of 255 participants had adverse events that led to death.

The table below shows a summary of the most frequent adverse events reported in the study.

Adverse events	Total (out of 255 participants)
Gastrointestinal disorders, such as diarrhea	53 (21%)
Nervous system disorders, such as peripheral neuropathy	45 (18%)
General disorders, such as asthenia	30 (12%)
Blood and lymphatic system disorders	29 (11%)
Skin and subcutaneous tissue disorders	14 (6%)
Lung and chest problems	8 (3%)
Metabolism and nutrition disorders	7 (3%)
Vascular disorders	6 (2%)
Liver and bile problems	5 (2%)
Infections	4 (2%)
Renal and urinary disorders	4 (2%)

= participants

7 What were the study results?

Characteristics of participants

149 (58%) of participants were female.

Most participants (66%) had a metastatic disease (stage IV) at initial diagnosis.

The primary tumor location, for 53% of participants, was on the right side of the colon. 33% had it on the left side of the colon and/or in the rectum.

The number of sites where cancer spread was:

- 1 site for 45% of participants
- 2 sites for 32% of participants
- More than 3 sites for 23% of participants.

The most common places the cancer spread (metastases) were in the liver (58%) and the lining of the belly (peritoneum) (44%), followed by lymph nodes (35%) and lungs (27%). Fewer metastases (less than 5%) were found in the abdomen, bone and central nervous system.

Most people had their cancer spread about 5 months after the first diagnosis.

For a slightly more than half the participants (150/255), doctors recorded how active participants were in their day to day, using a score called ECOG*. Most participants were fully active (53%), some had limited activity (37%), and a few could walk around and take care of themselves without needing help (7%) or needed help with daily care (3%).

More than half of the patients (51%) had at least one comorbidity. Comorbidity refers to the simultaneous presence of two or more medical conditions in a participant. The most common comorbidities were treated high blood pressure (40%), heart rhythm disorder (8%) and peripheral vascular disease** (6%).

* ECOG (Eastern Cooperative Oncology Group) is a performance status.

** Peripheral vascular disease is a condition where the blood vessels outside your heart and brain become narrow or blocked. It often affects the legs and can cause pain, cramping, or weakness, especially when walking. It is usually caused by a buildup of fatty deposits in the arteries.

Treatments

64% of participants had at least one surgery for colorectal cancer, 11% had radiotherapy, 16% had a systemic anti-cancer treatment*.

The most common type of first medical treatments were doublet chemotherapy** + targeted therapy*** (46%) followed by doublet chemotherapy (without targeted therapy) (28%) and triplet chemotherapy** + targeted therapy (16%).

The first treatments lasted for an average of 6 months.

For 32% of participants, the first treatments were changed. The main reason for this change was maintenance therapy (38%), followed by toxicity (30%) and lack of response (16%).

After the first treatments, on average 53% of the participants received second treatments, 30% third treatments, 15% fourth treatments, 6% fifth treatments, 2% sixth treatments and one patient had seventh treatments.

* systemic anti-cancer treatment refers to treatment that travels through the bloodstream to reach and affect cancer cells throughout the entire body.

** treatment method where 2/3 different chemotherapy drugs are used together to fight cancer. The combination is designed to be more effective than using just one drug.

*** targeted therapy is a type of treatment that uses drugs to more precisely attack cancer cells.

Survival

Progression free survival refers to how long a person with metastatic colorectal cancer lives without the cancer getting worse after starting treatments. It is measured from the time treatments begin until the cancer starts growing again or the person dies, whichever comes first. The median* of the overall progression free survival time was 6 months.

Overall survival refers to how long a person lives after starting their first treatments for metastatic colorectal cancer, regardless of the cause of death. The median overall survival time was 13 months.

The overall response rate refers to how well the cancer treatment is working. It includes the percentage of patients whose cancer completely disappears (complete response) or reduces (partial response) during the first treatments for metastatic colorectal cancer. The overall response rate was 37%.

Treatment duration refers to how long a person continues their treatments for metastatic colorectal cancer. It is measured from when the treatment starts until the cancer starts growing again, the treatment is stopped, or the person changes to a different treatment. The median treatment duration was 5 months.

* The median is the middle point and means that half of the participants had a result larger than the median and half of the participants had a result smaller.

How and when doctors test for the BRAF mutation, a genetic test that is often done after someone is diagnosed with metastatic colorectal cancer?

First BRAF mutation testing was most commonly done less than 1 month after a diagnosis of metastatic colorectal cancer, in 62% of the participants. However, in some cases (26%), first BRAF mutation testing was done before a metastatic diagnosis (on average 6 months earlier).

To check for specific genetic changes, tests were done using one of three methods:

- Polymerase Chain Reaction: used in 46% of cases, this method copies small amounts of DNA to make them easier to study.
- Next Generation Sequencing: used in 38% of cases, this method reads large amounts of DNA quickly to find genetic changes.
- Mass Spectrometry: used in 10% of cases, this method measures the mass of DNA fragments to identify genetic changes.

8 Further information

Are there plans for further studies?

No study is planned.

Where can you learn more about this study?

You can find more information about this study on this website:www.ClinicalTrials.gov