

Tab. 1. Pacienti léčení LONSURF + bevacizumab ve FNKV

Ročník	Pohlaví	Ras	Braf	MMR	Sekvence léčby	3L PFS (m)	3L OS (m)	OS od dg. mCRC (m)
1979	F	mt	wt	MSS	perioperační CHT → CHT + anti-VEGF → SUNLIGHT → fruquintinib	14,83	16,06	39,75
1947	F	wt	wt	MSS	adjuvantní CHT → CHT + anti-VEGF → SUNLIGHT	15	16,06	22,9
1950	M	mt	wt	MSS	CHT + anti-VEGF → CHT + anti-VEGF → SUNLIGHT	10,87	13,48	29,83
1949	F	mt	wt	???	CHT + anti-VEGF → CHT + anti-VEGF → SUNLIGHT	11,13	14,42	47,97
1953	F	wt	wt	MSS	CHT + anti-EGFR → CHT + anti-VEGF → SUNLIGHT → fruquintinib	7,52	10,55	28,97
1968	F	wt	wt	MSS	CHT + anti-EGFR → CHT + anti-VEGF → SUNLIGHT → re-challenge anti-EGFR	3,71	7,39	38
1951	M	wt	wt	MSS	CHT + anti-EGFR → CHT + anti-VEGF → SUNLIGHT	5,81	5,81	32,23
1966	F	wt	mt	MSS	neoadjuvantní CHT → CHT/RT → encorafenib + cetuximab → SUNLIGHT → fruquintinib	6,06	8,94	18,58
1948	F	wt	mt	MSI-H	pembrolizumab → encorafenib + cetuximab → SUNLIGHT	4,13	8,17	18,8
1946	M	mt	wt	MSS	CHT + anti-VEGF → CHT + anti-VEGF → SUNLIGHT	3,26	3,58	18,74
mediány						6,79	9,745	29,4

dosaženo 3L PFS, 3L OS, nebo OS od dg, mCRC

nedosaženo 3L PFS, 3L OS, nebo OS od dg, mCRC

irinotecan a cílenou terapii dle mutačního statusu onemocnění. Přidání anti-VEGF preparátu, bevacizumabu, vedlo k více než 3měsíčnímu prodloužení celkového přežití, což lze považovat nejen za statisticky významné, jak

bylo prokázáno ve studii SUNLIGHT, ale i za klinicky významné. Navíc toto prodloužení celkového přežití není spojeno se znatelně vyšší mírou toxicity, léčba je pacienty dobře tolerována a současně vede k oddálení doby

do zhoršení klinického stavu pacienta, které by neumožňovalo případnou další linii terapie. Publikované metaanalýzy a data z reálné praxe poskytují další robustná data svědčící pro klinický benefit této kombinace.

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