P-69 Anal squamous cell carcinoma (ASCC) outcomes in clinical practice: From localized to metastatic setting

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Background: Anal cancer is an infrequent neoplasm, usually diagnosed at localized stages. A multidisciplinary approach involving chemoradiotherapy (CRT) and surgery is necessary. Real-world data in both locally advanced and metastatic setting is needed to support therapeutic decisions.

Methods: Patients with ASCC diagnosis between 2004 and 2022 in three tertiary care centers in Spain were reviewed. Demographic, clinical, pathological, and therapeutic variables were collected. Comparative analyses have been performed by Chi-squared tests. Survival estimates have been calculated by Kaplan-Meier method and comparations have been made using Cox proportional hazards model.

Results: 111 patients were included (45.9% males, median age 61y, 9.9% metastatic at initial diagnosis). Preferred treatment in localized stage was CRT (88.1%) with 5-fluorouracil and mytomicin-C (5FU-MMC) (55%) or 5FU-Cisplatin (33%). Response in patients treated with CRT was assessed by MRI at 3 and/or 6 months after CRT in 60.4% and 53.1% respectively. 19.6% of patients needed surgical intervention due to persistent or progressive disease after CRT. There were no significant differences between 5FU-MMC or 5FU-Cisplatin in terms of complete radiological response (45,28% vs. 51,61%; $p = 0.58$), need of surgical rescue (18,85% vs. 19,35%; $p = 0.96$), distant or localized relapse (30,18% vs. 25,80%; $p = 0.67$), median disease-free survival (DFS) (50,00 months vs. non reached (NR); $p = 0.24$) or overall survival (117,26 months vs. NR; $p = 0.45$). OS was significantly improved in patients who achieved a complete radiological response vs. patients who not (117,26 months vs. 29,01 months p 42,57% of all patients treated with curative intent relapsed locally (44.2%) or distant (55.8%), being regional nodes most common place of recurrence. The median OS of metastatic patients at diagnosis was 14,75 months. Considering all metastatic patients (de novo or relapsed), no significant differences in OS were found between patients who received treatment with curative intent (surgery, CRT) and patients only candidate to palliative chemotherapy 15,97 months vs. 13,11 months; $p = 0.072$). Median progression-free survival (PFS) of Carboplatin-Paclitaxel was 4,76 months. 62,85% of metastatic patients received a 2nd line of treatment. 48,57% of metastatic patients received immunotherapy. PD-(L)1 was only determined in 11,42% of metastatic patients. PFS of immunotherapy was 2,27 months. One patient receiving immunotherapy achieved a complete response and two patients achieved a PFS > 12 months. Other regimens used in latter lines included oxaliplatin (5,71%) and irinotecan-based (14,28%) regimens.

Conclusions: Real world data in ASCC population reveals a complex scenario with significant heterogeneity in response to treatments and outcomes. Multidisciplinary collaboration is essential. Role of immunotherapy in ASCC patients in clinical practice is still unknown. More research is needed in the refractory setting after Carboplatin-Paclitaxel to increase OS.

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P-70 Outcomes following FGFR inhibitor therapy in patients with cholangiocarcinoma: Multi-center single institution cohort experience

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Background: Cholangiocarcinomas (CCA) are a group of heterogeneous tumors arising from the biliary system. Significant sequencing efforts have provided further insights on the molecular mechanisms of this disease including fibroblast growth factor receptor (FGFR) alterations, which occurs in approximately 15-20% of intrahepatic cholangiocarcinomas. There is lack of data on outcomes of patients following cessation of FGFR inhibitor (FGFRi) therapy. Herein, we described the patient characteristics and treatment outcomes among patients with cholangiocarcinoma harboring FGFR alterations treated with chemotherapy, another targeted therapy or a second FGFRi following treatment with a first FGFRi from a multi-center single institution experience.

Methods: We conducted a retrospective study of patients with pathologic confirmed diagnosis of cholangiocarcinoma treated at the Mayo Clinic Enterprise. The study was reviewed and approved by the institutional review board. The identified patients had FGFR alterations obtained from clinical genomic reports. The primary outcome was overall survival (OS) and progression free survival (PFS).

Results: Our group identified 88 advanced or metastatic cholangiocarcinoma patients, 28 males (31.8%) and 60 females (68.2%), harboring FGFR alterations who received FGFRi. Median progression free survival (PFS) on first FGFRi was 6.6 months for all patients (95% CI: 5.5 – 8.3). Following cessation of first FGFRi therapy 55% of patients received systemic therapy as next line: 67% chemotherapy or other targeted treatment and 33% received another FGFRi therapy. Median PFS for patients who received chemotherapy or other targeted agent was 2.1 months (95% CI: 1.6 – 5.7) and for patients who received a second FGFRi following first FGFRi therapy was 3.7 months (95% CI: 1.5 – not evaluable). 28% (N=25) of the patients received another FGFRi as any line after first FGFRi therapy and median PFS was 4.0 months.

Conclusions: This is a large multi-center single institution cohort study assessing the outcomes among patients with cholangiocarcinoma treated with a second FGFRi or chemotherapy after initial treatment with FGFR inhibitors. This data reflects the real-world experience at a tertiary cancer center. Following FGFRi treatment, almost half of the patients are able to receive next line of therapy. As more novel agents are being introduced and the optimal sequencing of FGFRi is under investigation, detailed understanding of outcomes following treatment with an FGFRi is essential.

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P-71 Treatment outcome comparisons of first-line targeted therapy in patients with KRAS wild-type metastatic colorectal cancer: A nationwide database study

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Background: It remains controversial regarding whether bevacizumab or anti-epidermal growth factor receptor (anti-EGFR) monoclonal antibody (mAb) is the better companion of a chemotherapy doublet as the first-line treatment for inoperable KRAS wild-type metastatic colorectal cancer (mCRC).

Methods: We established a cohort of patients with KRAS wild-type mCRC who initiated first-line targeted therapy plus doublet chemotherapy between 2013 and 2018 from the database of National Health Insurance, Taiwan. Patients were classified according to the targeted therapy agents used in the first-line treatment regimen into the bevacizumab group and the anti-EGFR mAb group. The definition of secondary surgeries included resections of primary tumors, liver metastases, or lung metastases and radiofrequency ablation.

Results: A total of 6,482 patients were included; the first-line targeted therapy was bevacizumab and anti-EGFR mAb in 3334 (51.4%) and 3148 (48.6%) patients, respectively. Patients who received anti-EGFR mAb, compared with patients who received bevacizumab, exhibited significantly longer overall survival (OS) (median, 23.1 vs. 20.2 months, $p = 0.012$) and time-to-treatment failure (TTF) (median, 11.3 vs. 10.0 months, $p < 0.001$). We further analyzed the treatment outcomes according to the sidedness of the primary tumor. Among patients with left-sided mCRC, those who received anti-EGFR mAb in first-line systemic therapy, compared with those who received bevacizumab, exhibited significant longer OS (median, 24.9 vs. 22.9 months, $p = 0.021$) and TTF (median, 12.2 vs. 10.4 months, $p < 0.001$). Among patients with right-sided mCRC, those who received anti-EGFR mAb and those who received bevacizumab in first-line systemic therapy exhibited similar OS (median, 15.6 vs. 16.1 months, $p = 0.385$) and TTF (median, 7.6 vs. 8.8 months, $p = 0.146$). In the multivariate analyses, first-line anti-EGFR mAb remained an independent predictor for longer OS and TTF for left-sided primary tumors. Among the 6,482 patients in the study, 1,685 (26.0%) received secondary surgeries after initiation of the first-line systemic therapy. Patients who received secondary surgeries exhibited significantly longer OS than patients who never received secondary surgeries (median, 37.9 vs. 17.2 months, $p < 0.001$). Patients who received anti-EGFR mAb were more likely to