P-90 First-line anti-EGFR agents (panitumumab or cetuximab) plus chemotherapy in patients with metastatic colorectal cancer: Onco-colon Turkey study subgroup analysis

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Background: The guidelines support the use of the epidermal growth factor receptor (EGFR) inhibitors panitumumab or cetuximab for the treatment of metastatic colorectal cancer (mCRC) on significant clinical benefits in patients with wild-type RAS. We assessed the efficacy and toxicity of panitumumab versus cetuximab in Onco-Colon Turkey registry patients.

Methods: Patients with wild-type RAS mCRC treated with fluorouracil-oxaliplatin- and irinotecan-based chemotherapies in first-line setting were evaluated to either panitumumab or cetuximab including combinations. The efficacy of cetuximab vs panitumumab on overall survival (OS) and progression-free survival (PFS) and safety profile when combined with chemotherapy regimen was compared retrospectively.

Results: From January 2016 to March 2019, 1065 patients were recorded in Onco-Colon Turkey Registry, and 316 (47.4%) and 351(52.6%) patients were received the panitumumab and cetuximab as anti-EGFR treatment in first-line setting, respectively. The panitumumab was used more commonly with a combination regimen containing oxaliplatin (74.9%), while the cetuximab was used more in contingency with a combination regimen containing irinotecan (50.4%) (p=0.000). The median PFS was 11.6 months in the panitumumab arm and 11.0 months in the cetuximab arm, (p=0.270), and median OS was 26.5 and 27.6 months (p = 0.726), respectively. The overall response rate was 58.4% in panitumumab arm and 51.4% in cetuximab arm (p=0.138). The incidence of acneiform rash and thrombocytopenia was higher in the panitumumab arm (p=0.011 and 0.045) and the incidence of nausea/vomiting was higher in the cetuximab arm (p=0.013).

Conclusions: Our findings show that panitumumab is similar to cetuximab and that these agents provide equal progression-free and overall survival benefit in this population of patients with wild-type RAS. Both agents had toxicity profiles that were to be expected.

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P-91 Quality of life (QoL)-based end-points for patients with advanced pancreatic ductal adenocarcinoma (aPDAC): Results from the PanDA prospective observational study

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Background: Adequate design of clinical trials using QoL-based primary-end points to assess benefit derived from supportive interventions such as exercise, nutrition or complementary therapies is challenging in PDAC due to a lack of available data describing baseline QoL and changes over time for this patient population.

Methods: PanDA was a prospective observational study of prevalence, assessment and treatment of pancreatic exocrine insufficiency in patients with aPDAC (NCT03616431). QoL data using the EORTC QlQ-C30 and QLQ-PAN26 questionnaires were collected for the follow-up cohort at baseline (BSL), week6 (W6) and month3 (M3). This post-hoc analysis included patients with aPDAC and explored the mean and standard deviation (SD) of the Physical Functioning Scale (PhFS) at BSL, W6, M3) and mean (SD) intra-patient changes over time (W6-BSL and M3-BSL). Subgroup analysis by stage (locally-advanced vs metastatic) was also performed. Percentage of patients evaluable at each time point was reported. Descriptive statistical analysis was performed (Stata v.17).

Results: Of 37 patients recruited into the follow-up cohort, 32 met eligibility criteria for this post hoc analysis. Thirty (93.8%), 17 (53.1%; all had paired BSL data) and 13 (40.6%; all had paired BSL data) patients were evaluable with PhFS data available at BSL, W6 and M3, respectively. PhFS (mean (SD); number of observations) did not vary over time when all patients were analysed together (BSL: 76.17(26.46);30) (W6: 79.18(12.74);17) (M3: 74.46(16.76);13). Intra-patient mean changes at W6 (-6.59(15.13);17) or M3 (-5.46(24.82);13). Subgroup analysis identified that changes in W6 were more marked in patients with metastatic disease (-12.14(15.54);7) compared to locally advanced (-2.70(14.32);10).

Conclusions: Changes on PhFS over time were likely impacted by selection bias. Intra-patient mean changes at W6 or M3 seemed more reliable to be utilised as primary-end point and sample size calculation in future clinical trials. Subgroup analysis identified that changes in W6 were more marked in patients with metastatic Intra-patient changes rather than pooled results may be more reliable when designing clinical trials with QoL-based primary end-points in aPDAC. W6 assessment may be most informative, as waiting until M3 may compromise the power of the study due to significant drop out.

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P-92 Real-life experience with maintenance chemotherapy plus biologics after the first-line treatment of RAS wild-type metastatic colon cancer (mCRC): A multicenter Onco-Colon Turkey study

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Background: Randomized clinical trials showed that maintenance chemotherapy plus biologics in patients with mCRC could increase the progression free survival (PFS) without any advantage for overall survival (OS). Our aim was to study the real-life experience (onco-colon registry Turkey) of maintenance chemotherapy with antiEGFR or antiVEGF mAbs after the standart firstline doublet chemotherapy backbone in RAS wild-type mCRC patients.