Table: 204P

NLR	No	Events	Median OS or PFS in months (95% C.I.)	HR (95% C.I.)	P-value
Overall survival					
EOX					
Low	81	49	14.01 (10.66-18.16)	Ref	Overall: 0.01
Mid	81	49	11.48 (8.45-13.49)	1.47 (0.98-2.20)	0.06
High	92	57	9.97 (7.43-15.43)	1.78 (1.20-2.64)	0.00
EOX-P					
Low	90	63	12.27 (10.20-15.59)	Ref	Overall: <0.001
Mid	90	59	8.95 (6.88-10.99)	1.39 (0.97-1.98)	0.07
High	80	63	5.26 (4.28-7.17)	2.68 (1.87-3.83)	<0.001
Progression Free Survival					
EOX					
Low	81	69	9.28 (7.24-9.93)	Ref	Overall: 0.01
Mid	81	60	6.28 (5.56-8.72)	1.55 (1.09-2.21)	0.01
High	92	75	6.64 (5.07-7.80)	1.62 (1.17-2.26)	0.00
EOX-P					
Low	90	81	9.01 (7.04-10.20)	Ref	Overall: <0.001
Mid	90	73	5.49 (4.14-6.41)	1.50 (1.09-2.06)	0.01
High	80	73	5.20 (3.16-5.99)	2.11 (1.53-2.91)	0.00

Conclusions: In REAL3 NLR was associated with EGFR induced rash and was prognostic. The magnitude of NLR effect is larger in the EOX-P arm. For NLR low OS is similar in both arms; a negative interaction between panitumumab and high NLR may exist. Further evaluation of immune system anti-EGFR antibody interactions are warranted.

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204P Rash, neutrophil-lymphocyte ratio (NLR) and survival in the REAL3 trial

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Background: REAL3 treated 553 advanced oesophagogastric cancer pts with EOX or EOX-P (panitumumab); (OS EOX-P vs. EOX HR 1.37, 95% CI 1.07-1.76; p = 0.013). In REAL3 rash in EOX-P pts was positively prognostic, however EGFR rash biology is poorly understood. Systemic inflammation/immunosuppression measured using NLR is also frequently prognostic. We evaluated the association between EOX-P induced rash, NLR and survival in REAL3.

Methods: Pts were partitioned into tertiles by NLR. Association between rash/NLR was examined via multivariate logistic regression adjusted for clinicopathological variables. Progression free (PFS) and OS were estimated using the Kaplan Meier method. Multivariate Cox regression (MVA) examined the prognostic value of covariates.

Results: Odds ratio for rash (grade ≥1) was 0.31 (0.13-0.71), p = 0.01 in pts in highest NLR tertile compared to lowest tertile. OS and PFS were significantly superior for pts with low NLR in both EOX and EOX-P arms (table). In low and mid NLR groups, OS was not significantly different between EOX and EOX-P arms (EOX vs EOX-P NLR low group HR 1.21 (0.83-1.77); NLR mid group HR 1.25 (0.85-1.83); NLR high group 1.86 (1.29-2.69). In MVA NLR and rash had independent prognostic value.