P-126 Markers of tumour inflammation are prognostic for overall survival in patients with advanced pancreatic ductal adenocarcinoma receiving FOLFIRINOX chemotherapy

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Background: Pancreatic duct adenocarcinoma (PDAC) remains a devastating disease with little improvement in survival figures over the last decades. Better characterization and identification of high risk groups are needed to tailor their management. Herein we explore the prognostic role of different clinical biomarkers in patients with PDAC treated with FOLFIRINOX.

Methods: We retrospectively audited patients with locally advanced inoperable or metastatic PDAC that received FOLFIRINOX as first-line treatment in West Yorkshire, UK, between 09/2010 and 09/2019. Different prognostic clinical biomarkers were evaluated in multivariate models.

Results: The study included 138 pts with advanced pancreatic adenocarcinoma. 87 (63%) were males and 51 (37%) females. Median age was 62 years (range, 29-77). 66 (47.8%) had excellent performance status (PS ECOG 0), 71 (51.4%) PS 1 and one pt (0.8%) had PS ECOG 2. Charlson comorbidity index (CCI) was 0 in 66 (47.8%) of pts, 1 in 25 (18.1%), 2 in 16 (11.6%) and $\geq$3 in 31 (22.5%) pts. 78 (56.5%) had metastatic and 60 (43.5%) locally advanced disease. Median blood hemoglobin levels were 128 g/L (range, 81-171), median white blood cell (WBC) levels 8.17/uL (3.42-33.50), neutrophil (NEUT) levels 5.68/nL (range, 1.98-22.13), lymphocyte (LYMPH) 1.58/nL (range, 0.31-4.90), monocyte (MONO) 0.51/nL (range, 0.16-1.86), platelet (PLT) 271/nL (range, 90-631) and median serum albumin (ALB) levels 39 g/L (range, 24-51). Median neutrophil-to-lymphocyte ratio (NLR) was 3.58 (range, 1.13-25.29), monocyte-to-lymphocyte ratio (MLR) 0.36 (range, 0.10-1.10), platelet-to-lymphocyte ratio (PLR) 176.46 (range, 42.40-678-48), prognostic nutritional index (PNI=ALB+[5×LYMPH]) was 47.08 (range, 28.95-66.55) and systemic inflammation response index (SIRI=NEUT × MONO/LYMPH) was 1.89 (range, 0.31-21.75). After a median follow-up of 42.7 months (range, 0.3-64.9), 128 (92.8%) patients died. Median overall survival (OS) was 9.7 months (95%CI, 8.0-11.3). NLR (HR 1.08, 95%CI 1.04-1.11, p<0.001), MLR (HR 7.57, 95%CI 3.05-18.83, p<0.001), PLR (HR 1.004, 95%CI 1.002-1.006, p<0.001), SIRI (HR 1.12, 95%CI 1.07-1.17, p<0.001) and PNI (HR 0.97, 95%CI 0.94-0.99, p=0.011), all were associated with OS. Cox proportional hazard models separately for each of the above variables showed that NLR, MLR, PLR and SIRI were associated with poor OS independently of age, sex, PS ECOG, CCI and stage (metastatic vs. locally advanced). Also, stage constantly demonstrated an independent prognostic significance for OS in all analyses. In contrast, PNI did not demonstrate independent prognostic significance.

Conclusion: Clinical biomarkers are useful to identify high risk patients with pancreatic cancer treated with Folfirinox. Stratification of this group of patients based on the biomarkers should be considered in the design of future trials.

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P-127 Potential mechanism of circRNA 000585 in cholangiocarcinoma

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Background: Circular RNA (circRNA) is a subgroup of noncoding RNAs (ncRNAs), the biogenesis of which has already been explored in studies. It plays a vital role in many processes and participates in the development and progression of many diseases. The function of circRNAs in cholangiocarcinoma (CCC) remains unexplored. We aimed to detect circRNAs in CCC tissues compared to para-cancer tissues, in order to get a novel circRNA in CCC and explore the potential mechanism in CCC.

Methods: Differential expression of circRNAs via microarray for CCC and para-cancer was analyzed and validated by real-time polymerase chain reaction (RT-PCR). The downstream molecule of potential circRNAs was also detected by RT-PCR.

Results: One hundred and seventeen circRNAs are upregulated and 104 circRNAs are downregulated in CCC, including 10 circRNAs which are 3 fold above that of para-cancer (circRNA_002172, circRNA_002144, circRNA_001588, circRNA_000166, circRNA_000585, circRNA_000167, circRNA_402608, circRNA_006853, circRNA_001589, circRNA_008882), and 3 circRNAs are 3 folds lower than that of para-cancer (circRNA_406083, circRNA_104940, circRNA_006349). Then we identified that circRNA_000585 are upregulated in 15 paired patients. We tried to explore the potential mechanism of circRNA_000585 in CCC by bioinformatics. To find out whether circRNA_000585/miR-615-5p/AMOT/YAP may be the potential pathway in CCC, we identified the expression of key molecules by RT-PCR. miR-615-5p was downregulated, and AMOT and YAP were upregulated in paired patients.

Conclusion: circRNAs are dysregulated in CCC, and circRNA_000585/miR-615-5p/AMOT/YAP may be the novel potential pathway in CCC.

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P-128 A novel combination of GEMOX and apatinib in treatment of unresectable or metastatic cholangiocellular carcinoma

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Background: The treatment of unresectable/metastatic cholangiocellular carcinoma (CCC) is limited and the response rate of chemotherapy is unsatisfactory. Apatinib, a novel antiangiogenic agent targeting vascular endothelial growth factor receptor (VEGFR2), is currently being studied in different tumors. This study was performed to assess the response rate and safety of apatinib in patients with unresectable/metastatic CCC.

Methods: Patients with platinum-naïve, pre-treated CCC who failed first-line chemotherapy were enrolled. GEMOX (gemcitabine 1000mg/m^2+ oxaliplatin 135mg/m^2) was administered every three weeks by venous transfusion, Apatinib was administered as 500mg daily. The objective was to assess the overall response rate (ORR) according to mRECIST criteria. The treatment duration was until disease progression or intolerability of apatinib.

Results: Eleven eligible patients with unresectable/metastatic CCC were enrolled in this study. Median follow-up time was 14 months. ORR was 36.36%. Disease control rate (DCR) was 81.82%. The most common treatment-related adverse events (AEs) were debilitation (63.64%), hand-foot syndrome (45.45%), hypertension (27.27%), nausea and vomiting (18.18%).

Conclusion: GEMOX combined with apatinib is a feasible treatment in patients with unresectable/metastatic CCC, and showed high DCR. Multi-center prospective studies are needed to confirm this strategy.

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P-129 Camrelizumab combined with sorafenib versus sorafenib alone in patients with advanced hepatocellular carcinoma: A retrospective study

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Background: Hepatocellular carcinoma (HCC) is one of the most malignant tumors associated with a dismal prognosis. Immunotherapy can modulate the endogenous immune response against tumors with promising prospects in malignant solid tumors, while targeted therapy is appreciated as an important approach in cancer therapy. However, few studies have evaluated the efficacy and safety of immunotherapy and targeted therapy in combination. The present study aimed to compare camrelizumab plus sorafenib versus sorafenib alone in patients with advanced HCC using a propensity score analysis.

Methods: Between January and December 2019, a total of 90 patients with advanced HCC in the Second Affiliated Hospital of Army Medical University were retrospectively analyzed. Of the patients involved, 28 patients received combined camrelizumab plus sorafenib treatment, and 62 patients received sorafenib monotherapy. Propensity score matching (PSM) analysis was performed based on the following variables: age, gender, HBV, BCLC stage, tumor size, Child-Pugh score and Eastern Cooperative Oncology Group (ECOG) performance score. The combined-therapy group received camrelizumab 200 mg intravenously every 2 weeks plus sorafenib 400 mg orally once daily and the sorafenib-only group was administered sorafenib 400 mg orally twice daily. The treatment response based on the modified Response Evaluation Criteria in Solid Tumors (mRECIST), progression-free survival (PFS), overall survival (OS) and the relevant adverse effects were evaluated.