POSTER DISCUSSIONS

PD-1 Systematic review and meta-analysis of the efficacy of chemotherapeutic regimens in advanced gallbladder cancer: Assessing current practice and treatment benefit

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Background: Biliary tract cancers (BTC) are a heterogeneous group of malignancies, including gallbladder cancer (GBC). Treatment for GBC is based on studies recruiting patients with all BTC primary sites rather than GBC alone. GBC represents a different molecular entity to other BTCs, which may impact the response to treatment. The benefit of chemotherapeutic regimens specifically for the treatment of patients with GBC, including the current standard first- and second-line regimens for BTC, is poorly understood. This study explored the benefit derived from palliative cytotoxic chemotherapy regimens in GBC.

Methods: A systematic review and meta-analysis were designed and registered with the PROSPERO database prior to commencement (CRD42019155745). A systematic search was conducted on MEDLINE; key bibliographies were reviewed and selected annual conferences were used to identify articles. Eligible studies reported data on patients with advanced GBC treated with systemic chemotherapeutic regimens. Phase II and III trials, case series, and cohort studies were excluded; phase I studies and small cohorts (< 10 in the first line, < 5 in second/third line) were excluded. Data were pooled using random effects models.

Results: 3,035 studies were identified; 58 studies with 66 study arms (n = 1,986 patients with GBC) were eligible for meta-analysis. In patients with GBC, estimated pooled radiological overall response rates (ORR), mean progression-free survival (PFS) and overall survival (OS) were 23.2% (95% confidence interval (CI), 20.26-25.1), 4.8 months (95% CI, 3.4-5.3) and 8.3 months (95% CI, 7.6-8.9), respectively. In patients with GBC, the use of 3 chemotherapy agents in combination was associated with increased ORR (35.8% [95% CI 25.4-46.8]), mean PFS (5.9 months [95% CI 5.2-6.7]) and OS (13.9 months [95% CI 8.5-11.3]). There was a significant improvement in ORR, disease-free survival (DFS), mean PFS and OS with increasing numbers of chemotherapeutic agents (all specific coefficients: P < 0.001). Patients with GBC had a lower ORR than non-GBC BTC (odds ratio (OR) 0.65 [95% CI, 0.50-0.84]); specifically, patients with GBC have lower ORR when compared with the individual subgroups of BTC: cholangiocarcinoma (not otherwise specified) [OR 0.63 (95% CI, 0.48-0.83)], intrahepatic cholangiocarcinoma [OR 0.51 (95% CI 0.32-0.83)] and extrahaepatic cholangiocarcinoma [OR 0.64 (95% CI, 0.40-1.00)].

Conclusion: Patients with GBC respond differently to systemic therapy compared with other BTC primary sites; they achieve lower ORR. In GBC, increasing numbers of chemotherapy agents are associated with better outcomes. Although differences may be due to selection bias, intensification of chemotherapy in fitter patients may be investigated either in a BTC-specific trial or (with a planned statistical and reporting approach) within a large randomised BTC trial.

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PD-2 Role of pretreatment SUVmax on 18F-FDG PET and clinicopathological features in the prognostic stratification of newly diagnosed intrahepatic cholangiocarcinoma


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Background: Cholangiocarcinoma (CCA) is the second most common primary liver cancer, following hepatocellular carcinoma, and it accounts for approximately 3% of all gastrointestinal cancers. CCA are usually grouped in intrahepatic CCA (iCCA), perihilar CCA (pCCA) and distal CCA (dCCA), according to anatomical location. Several recent studies have suggested an increase in the incidence of iCCA in both western and eastern countries, and unfortunately, most of the patients with iCCA present with inoperable or metastatic disease. After radical surgical resection, the recurrence rate is high and prognosis remains poor, with a median overall survival (mOS) of 10-12 months in metastatic CCA. Currently, no reliable prognostic factors are available in newly diagnosed iCCA. In this study, we aimed to investigate the correlation between maximum standardized uptake value (SUVmax) in 18F-FDG PET, clinicopathological features at diagnosis and clinical outcomes in newly diagnosed iCCAs.

Methods: We retrospectively collected data from medical records, laboratory tests, clinicopathological features and baseline SUVmax in newly diagnosed iCCA patients attending the medical oncology department of Bologna Sant’Orsola Malpighi Hospital from November 2005 to January 2020. All patients with a previous history of other malignancies were excluded. Clinicopathological factors at diagnosis included: histologic grade, stage, tumor size, cirrhosis, multifocal disease, vascular invasion, perineural invasion, bilirubin levels, serum CA19-9, ECOG-P, radical surgery (R0). Survival analyses were performed using the Kaplan-Meier method; ROC curve was used to find the best cut-off value for SUVmax at diagnosis (SUVmax = 8.5). Univariate analysis and Cox proportional hazards regression were used to examine the independent effects of each significant factor.

Results: A total of 172 patients (87 males and 85 females; mean age 66 ± 8) were included in our analysis. The univariate analysis revealed that mOS was significantly related to tumor size < 5 cm (P < 0.001), stage I-II (P < 0.001), R0 surgery (P = 0.003), multifocal disease (P = 0.002), cirrhosis (P = 0.011), vascular invasion (P = 0.013), perineural invasion (P = 0.002), ECOG-Ps < 0.0019), bilirubin levels < 1.5 mg/dL (P < 0.001) and serum CA19-9 (P = 0.018). Morphology subclassification (P = 0.8) and SUVmax (P = 0.24) did not significantly affect mOS at univariate analysis. Multivariate analysis identified vascular invasion (P < 0.001), perineural invasion (P = 0.06), bilirubin levels < 1.5 mg/dL (P < 0.001) and ECOG-Ps < 0.004 as independent prognostic factors for survival in newly diagnosed iCCA. Tumor grade (P = 0.075), stage I-II (P = 0.076) and R0 surgery (P = 0.68) were not significantly correlated with mOS, but a trend was observed.

Conclusion: Although 18F-FDG PET is undoubtedly an important imaging tool for diagnosis, staging, and re-evaluation in iCCA, in our 15-year single-center experience of 172 cases, metabolic activity detected via pretreatment SUVmax was not associated with patient survival. Conversely, several clinicopathological features were significantly correlated with survival in iCCA, according to our study. Further studies are needed to confirm our results and to clarify the prognostic role of baseline SUVmax in patients affected by iCCA.

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PD-3 Hepatocellular carcinoma in HIV-infected patients: Clinical presentation and outcomes in a racially diverse urban population

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Background: As life expectancy for HIV patients improves in the highly active anti-retroviral treatment (HAART) era, hepatocellular carcinoma (HCC) has become a non-AIDS-defining illness with a high impact on morbidity and mortality of HIV-infected patients. We sought to compare outcomes in HIV versus non-HIV patients diagnosed with and treated for HCC at a multiethnic urban academic medical center.

Methods: A retrospective chart review of patients diagnosed with HCC from 1/1/2005 to 12/31/2016 was performed. Subjects included had at least one-week of follow-up and were censored at last point of contact. Variables collected included HIV status, HIV viral load, CD4 count, Hepatitis B virus (HBV) and Hepatitis C virus (HCV) infection, TNM stage, ECOG performance status, MELD score, and AFP level at diagnosis, as well as treatments received. Bivariate associations comparing characteristics between HIV and non-HIV subjects were assessed using two-sided, non-parametric equivalents for continuous variables and chi-square tests for categorical variables. Associations between HIV viral status, CD4 count and overall survival (OS) were assessed using Cox proportional hazards regression as well as the Kaplan-Meier method with log-rank test.

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