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# CLINICAL Colorectal Cancer

and Other Gastrointestinal  
Malignancies

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*Yufei Yang, Dakui Luo, Ruoxin Zhang, Sanjun Cai, Qingguo Li, Xinxiang Li*  
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*Mehraneh D. Jafari, Joseph C. Carmichael, Farshid Dayyani, Chelsea McKinney, Lari Wenzel, Jason A. Zell, Alessio Pigazzi*  
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*Volker Heinemann, Moushmi Singh, Fränze Hardtstock, Detlef Hecker, Andrea Lebioda, Tanja Schaller-Kranz, Robert Bartsch*  
A discrete choice experiment was performed in German metastatic colorectal cancer patients to assess preference for biologics in combination with chemotherapy. Analysis of 125 patients showed that despite side effects, overall survival was the most important driver when choosing a treatment. This could lead to better understanding of patients' preferences by healthcare providers and improve patient treatment satisfaction and outcomes
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It remains unclear which of regorafenib or trifluridine/tipiracil should be administered first in heavily pretreated metastatic colorectal cancer patients. In this prospective multicenter real-world study, survival was similar in the regorafenib, and trifluridine-tipiracil groups. Using propensity score, PFS was significantly longer in the trifluridine-tipiracil group, whereas clinical outcomes seem to be similar regardless of the trifluridine/tipiracil/regorafenib or regorafenib/trifluridine-tipiracil treatment sequence.
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*Davide Ciardiello, Vincenzo Famiglietti, Stefania Napolitano, Lucia Esposito, Filippo Pietrantonio, Antonio Avallone, Evaristo Maiello, Chiara Cremolini, Teresa Troiani, Erika Martinelli, Fortunato Ciardiello, Giulia Martini*  
Rechallenge with anti-EGFR in pretreated patients with CT DNA RAS/BRAF WT metastatic colorectal cancer (mCRC) represents a promising treatment strategy, however novel biomarkers of response are required. Here we present the final results of the the phase II CAVE mCRC trial, evaluating the efficacy of cetuximab plus avelumab rechallenge in 77 patients with refractory mCRC; subsequently we investigated the predictive role of baseline neutrophil-to-lymphocyte ratio (NLR).
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*Salvador Alonso Martinez, Neil H. Segal, Andrea Cercek, Rona Yaeger, Zsofia Stadler, Nancy E. Kemeny, Maliha Nusrat, Armin Shahrokni, Louise Connell, Leonard B. Saltz*  
Hypersensitivity to oxaliplatin is often managed with a 12-step protocol in the inpatient setting. We performed a retrospective analysis of a simplified outpatient desensitization protocol at our institution. Of the 374 patients, 76% did not experience a subsequent hypersensitivity reaction (HSR), and only 5% experienced a grade 3-4 HSR. These outcomes are comparable to those obtained with the 12-step protocol.
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*Bernard J. Smilde, Anne F. Louwerenburg, Marije M. van Santen, Mathijs P. Hendriks*

## Current Trial Report

### 170 The CIRCULATE Trial: Circulating Tumor DNA Based Decision for Adjuvant Treatment in Colon Cancer Stage II Evaluation (AIO-KRK-0217)

*Gunnar Folprecht, Anke Reinacher-Schick, Jürgen Weitz, Celine Lugnier, Anna-Lena Kraeft, Sarah Wisser, Daniela E. Aust, Lukas Weiss, Nikolas von Bubnoff, Michael Kramer, Christian Thiede, Andrea Tannapfel*

Circulating tumour DNA (ctDNA) is a prognostic biomarker of recurrence in patients with early stage and resected colorectal cancer. The CIRCULATE study evaluates the predictive value of ctDNA with respect to adjuvant treatment in colon cancer stage II. In total, 231 patients with detectable ctDNA (ctDNApos) post resection are randomised 2:1 to chemotherapy or to control (follow-up). Patients without detectable ctDNA (approx. 2079 patients) are randomized 1:4 into control or off-study. The primary endpoint is the disease-free survival.

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### e39 Evaluation of Clinical and Pathological Factors to Predict High Risk of Recurrence in Patients With Stage II Colon Cancer

*Breanne Cadham, Brent Parker, Yaling Yin, Sharlene Gill, Jonathan M. Loree, Winson Y. Cheung, Janine M. Davies*

Recurrence prediction with stage II colon cancer is limited to clinicopathologic factors. This population-based study reviewed prognostic factors associated with time to recurrence and disease specific survival. A prognostic index was developed, identifying three risk groups: 5-year rate without relapse of 88%, 81%, and 59% for low, intermediate and high-risk respectively. This model improves upon equally weighted standard risk factors.

### e49 Health-Related Quality of Life Analysis in Metastatic Colorectal Cancer Patients Treated by Second-Line Chemotherapy, Associated With Either Cetuximab or Bevacizumab: The PRODIGE 18 Randomized Phase II Study

*Aurelie Bertaut, Yann Toucheffeu, Julie Blanc, Olivier Bouché, Eric François, Thierry Conroy, Pascal Artru, Antoine Adenis, Jessica Gobbo, Christophe Borg, François Ghiringhelli, Jaafar Bennouna*

### e62 Impact of Relative Dose Intensity of FOLFOX Adjuvant Chemotherapy on Risk of Death Among Stage III Colon Cancer Patients

*Meijiao Zhou, Trevor D. Thompson, Hui-Yi Lin, Vivien W. Chen, Jordan J. Karlitz, Elizabeth T.H. Fontham, Katherine P. Theall, Lu Zhang, Mei-Chin Hsieh, Lori A. Pollack, Xiao-Cheng Wu*

Research on optimal relative dose intensity (RDI) of FOLFOX in stage III colon cancer by risk profiles is scarce. Using cancer registries' data, our study found when the risk of death remained the same, the minimum RDI of FOLFOX was as low as 70% for high-risk stage III colon cancer patients and as low as 45% for low-risk patients.

### e76 Does Physical Activity Play a Role in the Efficacy of RegoNivo for MSS-mCRC?

*Devabhaktuni Srikrishna*

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### e78 Metastasis-Directed Radiotherapy for Oligoprogressive or Oligopersistent Metastatic Colorectal Cancer

*Jeongshim Lee, Woong Sub Koom, Hwa Kyung Byun, Gowoon Yang, Mi Sun Kim, Eun Jung Park, Joong Bae Ahn, Seung-Hoon Beom, Han Sang Kim, Sang Joon Shin, Kangpyo Kim, Jee Suk Chang*

Our study explored the role of metastasis-directed radiotherapy (MRT) for oligoprogressive or oligopersistent tumor from metastatic colorectal cancer (mCRC). We observed that MRT was performed safely while continuing systemic treatment and showed postponement of the time to change to next-line systemic therapy. Prospective evaluation of this approach is warranted in patients with mCRC.

- e87 The Role of Intestinal Microbiota in Metastatic Colorectal Cancer Patients Treated With Capecitabine**  
*Romy Aarnoutse, Janine Ziemons, Judith de Vos-Geelen, Liselot Valkenburg-van Iersel, Aurelia C.L. Wildeboer, Anne Vievermans, Geertjan M. Creemers, Arnold Baars, Hanneke J.H.M.J. Vestjens, Giang N. Le, David J.M. Barnett, Sander S. Rensen, John Penders, Marjolein L. Smidt*  
 Intestinal microbiota might interact with capecitabine and vice versa. 33 mCRC patients collected faecal samples before, during, and after three cycles capecitabine. Intestinal microbiota was not affected by capecitabine and not different between responders and non-responders. Our study provides insights into challenges and points of attention for the design of upcoming clinical microbiota studies.
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- e102 Long-term Patterns of Failure and the Value of Blood Prognostic Markers in Anal Cancers Treated With Intensity-Modulated Radiation Therapy**  
*Joseph Sia, Wei Mou Lim, Ryan Anthony Agas, Jing Xie, Mark Burns, Nahal Varghayee, Julie Chu, Alexander Heriot, Trevor Leong, Samuel Y Ngan*  
 To determine the long-term outcomes and prognostic value of hematological parameters in anal cancer patients receiving intensity-modulated radiation therapy (IMRT), 166 patients with 3-year median follow up were retrospectively examined. Compared to a 3D-conformal technique, IMRT was as effective and better tolerated. Hematological parameters were not prognostic. Treatment resistance, rather than geographic miss, underpinned the majority of locoregional relapses.
- e113 Colorectal Cancer Screening in the Elderly: Is Age Just a Number?**  
*Waed Alswealmeen, Lili Sadri, Gabrielle Perrotti, Jaclyn Heilman, Kirran Bakshi, Soo Y. Kim, David M. Zebley, Steven A. Fassler*  
 Colorectal cancer screening has improved outcomes for patients diagnosed between 45 and 75 years. The average American life expectancy is 82. There are no guidelines for screening patients  $\geq 75$  years. We examined 179 patients (average age 82) who underwent surgery after a positive colonoscopy and the surgical mortality was  $\leq 2\%$ . We found that utilizing frailty indices to identify screening patterns in patients  $\geq 75$  could prove beneficial for predicting outcomes after colonoscopy and surgery.
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*Konstantinos Kamposioras, Kok Haw Jonathan Lim, Joseph Williams, Mohammed Alani, Jorge Barriuso, Joanne Collins, Kalena Marti, Michael Braun, Saifee Mullaitha, Jurjees Hasan, Nooreen Alam, Sophina Mahmood, Spencer Finch, Lauren Bayles, Jennifer King, Mark Saunders*  
 We investigated factors predicting clinicians' decision and type of changes to systemic anticancer therapy during the initial phase of the COVID-19 pandemic. Changes in treatment were more likely in older patients, and those who had already received higher number of cycles of treatment and at the initial weeks of lockdown. These results provide insights which may guide future interventions as the pandemic continues
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*Faris Soliman, Lin Ye, Wenguo Jiang, Rachel Hargest*
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*Paul Hsin-ti McClelland, Tianming Liu, Gokhan Ozuner*  
 This retrospective analysis of the SEER national database analyzes incidence and disease-specific survival of patients with early-onset colorectal cancer (EO-CRC). It confirms an annual increase in incidence of EO-CRC and determines a bimodal distribution of decreased survival among very young and very old cohorts. In addition, male sex, advanced stage, and rectal and/or cecal primary were independently associated with increased mortality risk.
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*Jacopo Giuliani*