ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

Annals of Oncology 29 (Supplement 6): vi21–vi34, 2018
doi:10.1093/annonc/mdy314

THERAPEUTIC TARGETS IN CANCER

61P Chemotherapy after immunotherapy failure in patients with advanced gastrointestinal tumors

I. Baraibar Argota[1], P. Martin Romano[2], M.F. Sanmamed[1], M. Rodríguez Ruiz[1], I. Melero[3], L. Resano[1], A. Chopitea Ortega[1], M. Ponz-Sarvisé[1], E. Castanon Alvarez[1]

[1]Clinica Universitaria de Navarra, Pamplona, Spain, [2]Medical Oncology, Gustave Roussy, Villejuif, France, [3]Laboratory of Immunology, Clinica Universitaria de Navarra, Pamplona, Spain

Background: First line therapies usually induce the longest progression free survival (PFS) in metastatic gastrointestinal cancers (GIC) as compared to subsequent lines of treatment. However, immunotherapy (IT) due to its mechanisms of action could influence sensitivity to conventional cancer therapy (CCT) after progression to IT and thereby, influence both tumor growth rate (TGR) and PFS. We have studied TGR and PFS before and after participation in phase I IT trials.

Methods: Patients enrolled in Phase I IT trials run at our institution between Jan 2012 and Sept 2017 with GIC including colorectal cancer (CRC), esophagogastric cancer (EGC) and pancreatic cancer (PC), treated with at least one line of CCT before and after IT failure were included in the analysis. Baseline characteristics were recorded. A ratio of PFS after/before IT ($PFS_{aft}/_{bef}IT$) over 1.2 was considered clinically significant. TGR was calculated based on the formulas: $TGR = 100\ (\exp(TG) - 1)$, $TG = 3\ \mathrm{Log}(Dt/D0)/t$. Correlation between $PFS_{aft}/_{bef}IT$ and GRIm score was evaluated.

Results: Nineteen patients met the inclusion criteria (17 CRC pt, 1 EGC pt, 1 PC pt). Table 1 shows baseline characteristics. Median PFS $_{bef}IT$ and $_{aft}IT$ were 4.4 and 3.1 months, respectively. Seven of 19 patients presented a $PFS_{aft}/b_{ef}IT$ rate over 1.2. TGR_{bef} and TGR_{aft} data were available from 9 patients; 1 patient (CRC) presented a decrease in TGR greater than 15% after IT failure. Patients experiencing a ratio of $PFS_{aft}/_{bef}IT$ over 1.2 tended to score better in GRIm prognostic classification (0-1: 100% vs 66%, ($p = 0.09$)).

Table: 61P

Characteristics	N = 19
Male	11
Median (M) age at diagnosis (range)	54 (34-79)
M lines prior to IT (range)	2 (1-5)
Presence of liver disease (pre/IT/post)	9/10/13
CCT class (pre/post IT) Platinum derivatives	4/8 0/1 15/11
Other alkylating agents (a) Antimetabolites	12/4 1/1 11/9
Topoisomerase inhibitors (i) Antimicrotubules	2/2 4/0 3/3
a Antiangiogenic a Signal transduction i Immunotherapy Others	
Combined/monotherapy during IT	11/8
MSI/MSS/unknown	2/7/10

Conclusions: Our data suggest a better outcome on ensuing systemic therapies after IT. Further prospective investigations are needed to select the subset of patients who are more prone to a re-sensitization to CCT and to understand the mechanisms underlying.

Legal entity responsible for the study: Clínica Universidad de Navarra.

Funding: Has not received any funding.

Disclosure: I. Melero: Advisor: BMS, Roche, AstraZeneca, Genmab, Alligator, Tusk, Bioncotech, Merck-Serono. All other authors have declared no conflicts of interest.