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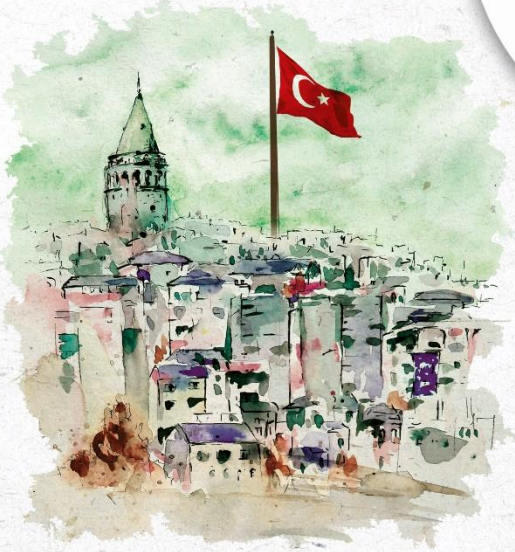

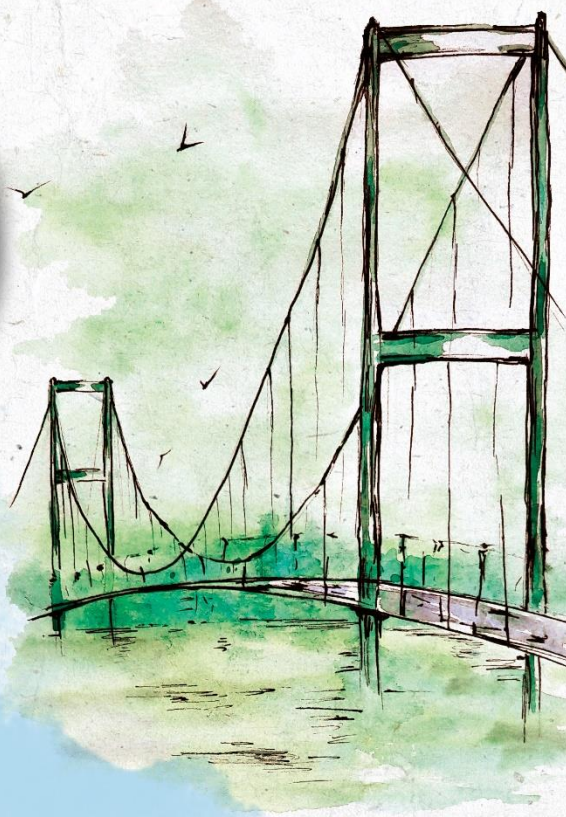

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Prof. Dr. Şuayib Yalçın

Hacettepe Üniversitesi Medikal Onkoloji BD, Ankara
E-posta: syalcin@hacettepe.edu.tr

ORGANIZATION SECRETARIAT

Unicon Mice Kongre Turizm Organizasyon Hizmetleri Ticaret Limited Şirketi
Kültür Mah. Kartal sok. İşyerleri Blok No:5 Ulus, Beşiktaş, İstanbul
Tel: 0532 713 53 35
E-mail: info@igicc.org, igicc@uniconmice.com, bengisu@uniconmice.com
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INVITATION

Dear Colleagues,

This year we are organizing the **12th International Gastrointestinal Cancers Conference** (IGICC2022) between **1–4 December 2022** in Istanbul Turkey.
Considering the success of the first eleven conferences 12th IGICC will be again an indispensable opportunity for education and update of the treatment of gastrointestinal cancers, providing a clear overview for treatment, with the focus on individualized, multidisciplinary approach with the participation of broad range of experts. Besides educational sessions high quality abstracts are welcomed for presentation in oral and poster sessions.

Our conference will include all gastrointestinal, hepatobiliary, pancreatic malignancies as well as NETs, GISTs and gastrointestinal lymphomas and issues related to the care of patients with gastrointestinal cancer. The delegates will gain a greater understanding of current clinical practices in gastrointestinal malignancies with lectures by high profile international speakers, with presentations of cutting-edge research and clinical practice, clinical case discussions, seminars and with a wide range of submitted papers. IGICC will create opportunities for participants to present and share experiences, explore new directions and debate topics with international experts.

I cordially invite you to participate in this meeting by attending and submitting your scientific work as an abstract to be considered for presentation in **IGICC 2022**.
We are looking forward to meeting you for **Istanbul IGICC 2022**.

Prof Dr Şuayib Yalçın

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ORAL PRESENTATIONS

OP-01

Breast cancer and synchronous diffuse large B cell lypmhoma of the stomach: A case report

Ozde Melisa Celayir[1], Leyla Ozer[2]

[1]Ozde Melisa Celayir
[2]Leyla Ozer

Background: The coexistence of diffuse large B-cell lymphoma (DLBCL) of the stomach and concurrent breast cancer are uncommon. Approaches in the management of multiple primary neoplasms are still unclear. For such cases, multidisciplinary tumor boards may guide treatment strategies.

Case: A 49-year-old female admitted with a lump in the left breast. A core needle breast biopsy revealed invasive ductal carcinoma with lobular component, hormone positive, HER2 negative and Ki67 value was 22%. The left axillary biopsy revealed no tumor cells. PET-CT pointed at a mass in the left breast, ametabolic left axillary lymph node and increased thickness in the greater curvature of the stomach corpus. Endoscopic biopsy from the gastric corpus resulted as DLBCL. The case was discussed in the tumor board and R-CHOP treatment was offered since DLBCL is an aggressive malignancy and the prognosis would be mainly determined by the course of lymphoma. Besides, doxorubicin and cyclophosphamide that are effective in the neoadjuvant and adjuvant treatment of breast cancer were already included in the R-CHOP regimen, the patient was offered R-CHOP both definitive therapy for DLBCL and neoadjuvant therapy for clinical stage IB breast cancer.
After 3 cycles of R-CHOP, complete response in the stomach and partial anatomic response in the breast were obtained with PET-CT.
Surgery was planned at the end of 6 cycles of R-CHOP treatment after acomplishing a new PET-CT and breast MRI, since an interval surgery between cycles would cause a delay in the administration of the therapy and would have an evident negative impact on the prognosis of lypmhoma.

Conclusion: A desired result can be obtained with the right strategy in multiple primary neoplasms. In this case report, we aimed to present the ideal management strategy for gastric DLBCL detected during breast cancer staging.

Keywords: Gastric DLBCL; Breast cancer; Multiple primary malignancies

OP-02

Clinical features and outcomes of the patients with gastrointestinal cancers evaluated in the outpatient palliative care clinic

Feride Yilmaz[1], Serkan Yasar[1], Zehra Berk[1], Hasan Cagri Yildirim[1], Omer Denizhan Tatar[2], Arif Akyildiz[1], Fatih Kuş[1], Elvin Chalabiev[1], Suayib Yalcin[1], Omer Dizdar[1]

[1]Hacettepe University, Institute of Oncology, Department of Medical Oncology, Ankara, Turkey
[2]Hacettepe University, Faculty of Medicine, Department of Internal Medicine, Ankara, Turkey

Background: Outpatient palliative care (OPC) clinics help integrating palliative care early in the disease trajectory in patients with cancer. The purpose of this study was to assess the clinical and laboratory features and outcomes of patients with gastrointestinal (GI) cancers who were admitted to the OPC clinic in our hospital.

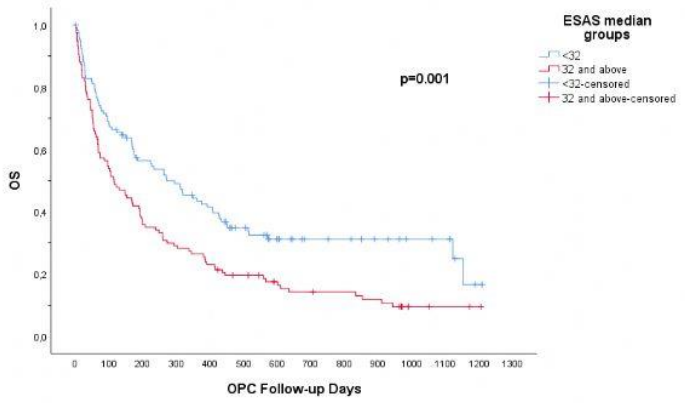
Method: We evaluated patients with GI cancers who were seen in our OPC clinic between February 2019 and May 2021. We collected data on patient characteristics, symptom burden, supportive-care interventions and outcomes of the patients. Potential predictors of short-term mortality were assessed.

Results: A total of 325 patients were included in our study. The median age was 62 and 47% of the patients were female. Colon cancer was the most common diagnosis (30.8%) followed by gastric cancer in 25%, pancreatic cancer in 21%, and rectal cancer in 8%. ECOG performance score was 4 in 4% of the patients, 3 in 39%, 2 in 18%, and 1 in 36%. Pain (42%) and decreased oral intake (36%) were the most common symptoms. Intravenous hydration, analgesic and antiemetic administration and prescription were the most common procedures in 62% of the patients. 62% of the patients were hospitalized. 30-day and 90-day mortality rates after admission was 15.4% and %33.5, respectively. The median overall survival (mOS) was 185 days (95% CI 145.5-224.5). 234 patients (72%) were able to complete the Edmonton Symptom Assessment System (ESAS) form. Fatigue was the most common symptom (95%) followed by pain (77%). 81% of the patients had at least one severe symptom (score >=7). Median ESAS score was 32. Median OS was shorter in patients with ESAS score above median compared to those below median (115 vs 272 days, p=0.001).

Conclusion: Patients with GI cancers admitted to the OPC clinic have a high symptom burden and high 30-day mortality rate. ESAS is an important tool to assess the presence and severity of the symptoms as well as to predict survival in these patients.

Keywords: palliative care, outpatient clinic, mortality rate

Figure 1



Comparison of overall survival in mESAS groups

OP-03

Aflibercept Associated Nephrotic Syndrome; Cases

Merve Ozkan, Utku Oflazoglu, Yuksel Kucukzeybek, Ahmet Alacacioglu

İzmir Katip Celebi University, Medical Oncology,Turkey

Objective: Aflibercept is a fusion protein that binds to the Fc portion of human immunoglobulin. It blocks the activity of VEGF-A, VEGF-B and PlGF, acting as a high-affinity ligand trap to prevent ligands from binding to their endogenous receptors[1,4].It is used in second-line therapy in metastatic colorectal cancer[2,3]. We report 3 cases of metastatic colorectal cancer who developed nephrotic syndrome after single dose of aflibercept.**Cases:** The patients were diagnosed denovo metastatic,KRAS mutant,poorly differentiated adenocarcinoma.Every 14 days FOLFOX(Folinic acid 400 mg/m^2, 5-Fluorouracil 400 mg/m^{2}bolus,5-Fluorouracil 2400 mg/m^{2}infusion, oxaliplatin 85 mg/m^2)+Bevacizumab 5mg/kg treatment was started.On follow-up,tumor markers progressed and new metastatic nodules developed on PET-CT.Second line FOLFIRI(folinic acid 400 mg/m^2,5-fluorouracil 400mg/m^{2}bolus,5-fluorouracil 2400 mg/m^{2}infusion,irinotecan 180 mg/m^2)plus aflibercept 4mg/kg treatment started.On the first day of treatment, spot urine testes before aflibercept were negative and after aflibercept were +2 proteinuria, respectively.One week later, 8.5 g/day, 9 g/day and 9.5 g/day proteinuria was observed in the 24-hour urine of the controls.One patient had new-onset bilateral ankle edema, and the other two had diarrhea and foamy urine suggestive of nephrotic syndrome.Blood pressure follow-ups were hypertensive.Serum albumins were under reference range and total cholesterols were higher.Aflibercept stopped,nephrology consulted due to nephrotic proteinuria.Ramipril was started at 2.5 mg/day,the dose increased to 5 mg/day until proteinuria was controlled.A pathological diagnosis of acute tubulointerstitial nephritis was made in kidney biopsies.IgG, C3 or C1q were not observed on immunofluorescence, focal IgA and IgM deposits were observed. Significant intimal fibrous thickening, medial hypertrophy and hyalinosis were observed in the renal arterioles and interlobular arteries.The patients continued on FOLFIRI therapy without anti-VEGF therapy.The proteinuria gradually decreased over the three-month observation period and delix stopped.Blood pressures were under control throughout the follow-up.**Conclusion:** In a phase III randomized controlled study in patients with metastatic colorectal cancer, proteinuria was detected in 62% of patients after aflibercept+FOLFIRI, 8% of which were grade 3-4[3]. Only 23% developed serum creatinine increase[3].This suggests that induced proteinuria is common, but does not result in severe renal dysfunction[3,5]. The improvement of nephrotic syndrome in our patients shows that; Aflibercept-induced proteinuria is reversible, especially if detected and treated early. Monitoring the urinary protein level in these patients is important for early diagnosis and treatment.

Keywords: aflibercept, metastatic colon cancer, nephrotic proteinuria

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OP-04

A case of gastric squamous cell carcinoma with unexpected recurrence pattern

Duygu Ercan Uzundal, Burcu Ulaş Kahya, Nuriye Özdemir

Gazi University Faculty of Medicine, Medical Oncology

Introduction: Gastric squamous cell carcinoma (SCC) that is a rare cancer accounts for 0.04-0.07% of all gastric malignant epithelial tumors. It was described for the first time in 1895 by Rörig et al.
Case: A 78-year-old woman presented with weight loss, nausea, vomiting for 4 months. She has hypothyroidisim taking with levothyroxin and non-smoker.There was no family history.The patient's endoscopy revealed gastric mass extending into the duodenum and causing gastric outlet stenosis. Endoscopic biopsy was reported as gastric squamous cell cancer. Biopsy showed that Ki-67 is %90 positive and immunohistochemical study showed positivity for p40 and CK 5/6 and negativity for CK7. She had also anemia (Hb: 8,5 g/dl). Routine biochemical values were normal and CEA was 1,4 ng/mL. PET-CT scan showed that pathological FDG uptake was observed only in primary tumor region of the stomach(suv-max:25)(Figure-1). The patient had whipple surgery. Pathology revealed that tumor was 4 cm, invaded the pancreatic parenchyma and infiltrated duodenum serosa. There are perineural and lenfovascular invasion. No positive lymph nodes in surgical specimen. Adjuvant KAPEOX was started. After 4 cycle KAPEOX, oxaliplatin was discontinued due to grade 3 neutropenia and only capecitabine was given for 1 more cycle. PET-CT scan after chemotherapy showed no pathological FDG uptake. She was operated for ileus 7 months after the end of adjuvant chemotherapy. The pathology of the implants on the small bowel mesentery was reported as poorly differentiated adenocarcinoma.On immunohistochemical testing, CK 7 and MOC1 were positive; synaptophysin, chromogranin, p40, CK5/6, GATA,TTF-1 were negative. This pathology was evaluated together with the first pathology. In the initial pathology; sparse, scattered and approximately %5 poorly differentiated adenocarcinoma foci were observed among the extensive squamous cell carcinoma areas. Therefore, this situation was accepted as a recurrence.The patient was subsequently hospitalized in the intensive care unit due to intra-abdominal sepsis and the patient’s treatment continues.
Discussion: Gastric SCC carcinogenesis can be related to pluripotent stem cells displaying squamous metaplasia or ectopic squamous nests. Mori et al identified an adenomatous component during the detailed histologic study of 3 cases of SCC of the stomach. This finding led them to the hypothesis that the precursor metaplastic squamous cell lesions would develop from an adenocarcinoma. In our case, the adenocarcinoma recurrence may have resulted from a few adenocarcinoma foci at the time of diagnosis. The gastric squamous cell carcinoma has a locally aggressive behavior and a poor prognosis due to late diagnosis and frequent lymphovascular serosal involvement.In conclusion, gastric SCC patients should be enrolled in strict follow-up protocols because of poor prognosis and recurrence risk even in different pathology.

Keywords: stomach, squamous cell carcinoma, gastric

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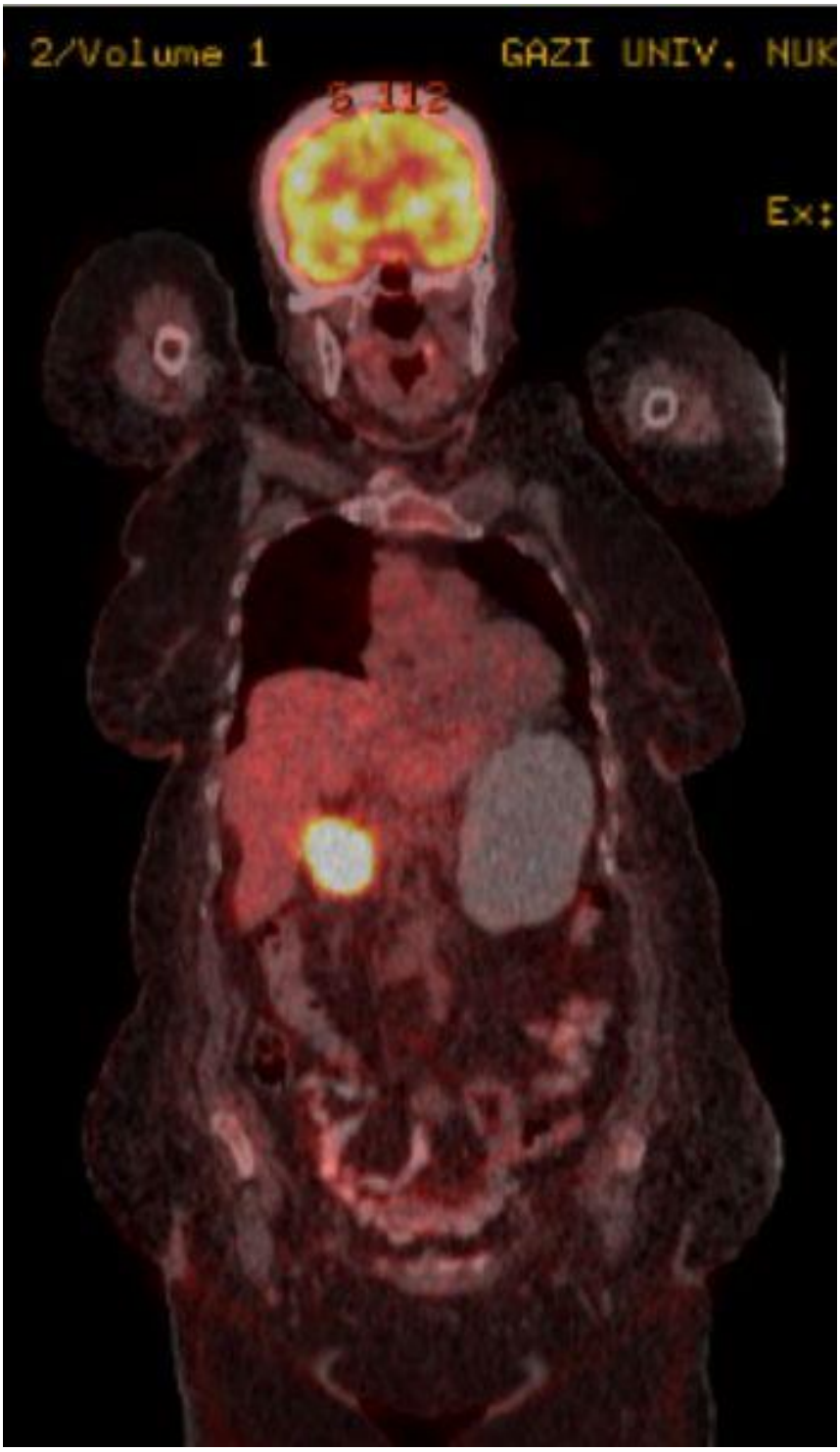

Pet-ct scan imaging before treatment

OP-05

Ras/Braf Analysis In Patients With Metastatic Colorectal Cancer, Sıngle Center Survival Data

Merve Ozkan, Utku Oflazoglu, Yasar Yildiz, Zeynep Gülsüm Güç, Sinan Ünal, Tarık Salman, Yüksel Küçükzeybek, Ahmet Alacacioglu

İzmir Katip Celebi University, Medical Oncology,Turkey

Objective: We aimed to investigate the effects of KRAS, NRAS and BRAF analysis and mutations on survival in patients diagnosed with metastatic colorectal cancer (mCRC) followed in our clinic.
Results: 156 patients followed up in our clinic with mCRC were reviewed retrospectively.
The median age of the patients was 58 (44-76). 109 (70%)patients were male and 47 (30%) were female. At a mean follow-up of 40.3(8-122) months, 62 (39.7%) of the patients were alive and 94 (60.2%) were dead.
Primary tumor localizations; There were 82 (53%) patients in the left colon, 50 (32%) patients in the rectum, and 24 (15%) patients in the right colon. 27 patients were KRAS mutant, 3 patients were NRAS mutant, and 5 patients were BRAF mutants. The mean survival time (OS) of the patients was 40.3 months; The median survival time was 37(8-122) months. The overall survival of 27 KRAS mutant patients was 32 months, shorter than KRAS wild patients. The survival of 3 NRAS mutant patients was 33 months, shorter than NRAS wild patients. In accordance with the literature, survival of BRAF mutant patients was significantly shorter at 17.5 months.
Discussion: Consistent with the literature, ras wild patients were treated with doublet + anti EGFR agents. There was no significant difference in survival between Braf mutant patients treated with Doublet + anti-EGFR agent and Doublet- anti-VEGF agent.One of the BRAF mutant patients was also MSI-H, with survival significantly longer than the other braf mutant patients at 28 months.Patients with any known RAS(exon 2, 3, 4) mutations should not be treated with cetuximab or panitumumab[1]. NCCN recommends BRAF genotyping of tumor tissue (either primary tumor or metastasis) in stage IV disease.In the presence of the BRAF V600E mutation, it is extremely unlikely to respond to panitumumab or cetuximab unless given with a BRAF inhibitor[1]. The BEACON CRC study represents the largest study to date in this population and recommends BRAF/EGFR inhibition with the combination of encorafenib plus cetuximab[2].The ANCHOR study will provide information on the activity of the combination of encorafenib, binimetinib, and cetuximab in previously untreated patients with mCRC with the BRAF V600E mutation[3].Additional research includes a first-line evaluation of the BEACON CRC doublet (encorafenib/cetuximab) as purely biologic therapy and in combination with chemotherapy [BRAF V600E-mutant colorectal cancer study evaluating EncorAfenib taKen With cetuximAb plus or minus chemoThERapy (BREAKWATER) (NCT0460))][1,2,4].And may include an evaluation of the BEACON doublet in the adjuvant setting[1,2]
The small number of patients is a negative feature of our study.Multicentre experience is needed to increase treatment options in these patients with a poor prognosis.

Keywords: BRAF mutation, Colorectal Cancer, Targeted Therapy

Demographıc Data

Sex		N (%)
Male		109(%70)
Female		47(%30)
Primer tumor localization	Left colon	82(%53)
	Rectum	50(%32)
	Right colon	24(%15)
Metastaz area	Liver	42
	Lynph Node	38
	Lung	24
	Lung and Liver	13
	PK	16
	Other	2

Tumor Localizations and Targetable Mutations

N (%)	OS(month)
Right Colon 24(%15)	35
Left Colon 82(%53)	38
Rectum 50(%32)	47,4

		N%	OS(month)
KRAS	Wild	129	35,7
	Mutant	27	32
NRAS	Wild	153	36,6
	Mutant	3	33
BRAF	Wild	151	37,5
	Mutant	5	17,5

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OP-06

Early Complications After Surgical Treatment of Pancreatic and Periampullary Cancers in Elderly Patients: Single Center Trial

Halit Batuhan Demir, Ebubekir Korucuk

Department of General Surgery, Ege University, Izmir, Turkey

Background
Pancreatic and periampullary cancers(PaPC) are malignant diseases with a 5-year survival of less than 5%.The only way of curative treatment in PaPC is oncological surgical procedures including pancreatic resection.Mortality after pancreatectomy is 5%,while morbidity is 30%-50%.In elderly patients,mortality and morbidity(M&M) rates increase after surgical treatment with the addition of comorbidities.In this study,we aimed to show the effect of advanced age on early postoperative complications by comparing patients younger than 65 years of age who were operated for PaPC.
Method
Our study included 96 patients who were operated for PaPC between September 2019 and September 2022 and whose pathology resulted as adenocarcinoma.The patients were evaluated by dividing into two groups as under 65 years old and over.Demographic,operational,postoperative early period,pathological and mortality data of the patients were analyzed retrospectively.The data were analyzed with the SPSS program.Bilirubin, amylase and lipase(BAL) values measured from postoperative drain fluid were used to evaluate pancreatic and bile leakage.The elderly patient group was defined as patients aged 65 and over, and the postoperative early period was defined as the first 30 days.
Results
Of the 96 patients included in the study,58(60.4%) were male and 38(39.6%) were female.The mean age of the patients was 66.14.There were 38(39.6%) patients under 65 years of age and 58(60.4%) patients in the elderly group.While the mean age was 57.10 years in the group under 65 years old,it was 72.06 in the elderly group.Early complications were seen in 12(31.5%) patients under 65 years of age.Of these patients,6(15.7%) had pancreatic leak,2(5.2%) bile leakage,1(2.6%) bleeding, 1(2.6%) aspiration pneumonia and 4(10.5%) sepsis was seen in the patient.Early mortality was observed in 3(7.8%) patients under 65 years of age.In the group under 65 years of age,19(50%) patients died and the mean survival time(MST) was 8.78 months.In the elderly patient group,early complications were observed in 17(29.3%) patients.Pancreatic leakage was observed in 5(8.6%) patients,bile leakage in 4(6.8%),bleeding in 7(12%) and aspiration pneumonia in 1(1.7%).Early mortality was observed in 3(5.1%) patients in the elderly patient group,a total of 34(58.6%) patients died, and the MST was 11.67 months.
Discussion
Oncological surgical procedures for PaPC are risky operations with high M&M rates.In the literature,it is seen that high age and comorbidities increase the risk of operations even more.In our study,we found that there were similar results in the data of the elderly patient group and the patient group under 65 years of age.Due to the high number of operated geriatric patients in our center,care is given to elderly patient postoperative care,and thus M&M in operated geriatric patients are low.We think that M&M rates will decrease with the right care and support in the postoperative period for geriatric patients.

Keywords: Periampullary Cancers, Geriatric Patients, Oncological Surgery

OP-07

Are NLR and albumin combination scores associated with survival in stage II colorectal cancer?

Elvin Chalabiyev

Hacettepe University, Department of Medical Oncology, Ankara, Turkey

Background

Neutrophil lymphocyte ratio (NLR) and albumin are well-known for their prognostic factors in several cancer types. This study will evaluate whether NLR and albumin combination scores affect early colorectal cancer survival.

Method

The study included 179 adults with stage II colorectal cancer. Based on past research, the NLR limit was determined at 5, and the albumin limit was 3.5 mg/dl. Patients were classified into two groups based on their NLR and Albumin values: the first group: NLR<5 and Albumin>=3.5 mg/dl, and the second group: NLR>=5 and/or Albumin<3.5 mg/dl. The association between NLR and Albumin combined score and survival was evaluated with univariate and multivariate analysis. Subgroup analyses were conducted according to receipt of adjuvant chemotherapy (chemotherapy or no chemotherapy).

Results

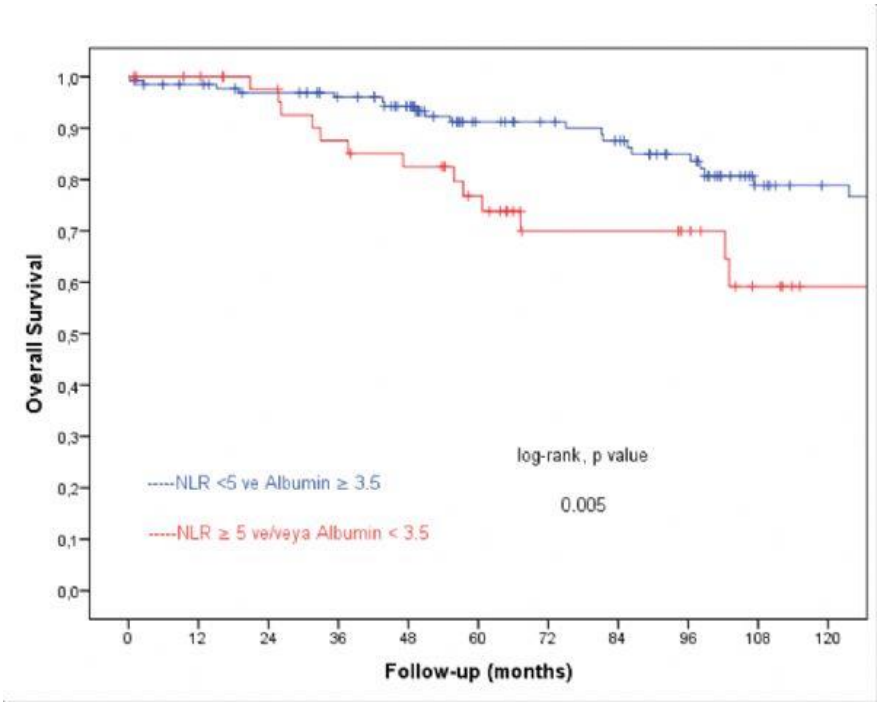
The patients' mean age was 60.97 ± 11.53, and 67% were male. The first group (NLR<5 and Albumin>=3.5 mg/dl) includes 73.5 percent of the patients. In univariate Cox regression analysis, a statistically significant difference was found between NLR and Albumin combined score and OS (mOS: NR vs. 159.80 m, HR:0.38 (CI 95%: 0.19-0.75), p=0.005, first and second group, respectively) and PFS (mPFS:168.76 m vs. 102.30 m, HR:0.38 (CI 95%:0.20-0.72), p=0.003, first and second, respectively). The combined score of NLR and albumin was associated with survival in patients who did not receive chemotherapy (mOS: NR vs. NR, HR:0.35 (CI95%: 0.12-0.96), p=0.042; mPFS:119.70 m vs. 37.63 m, HR:0.27 (CI 95%:0.09-0.76), p=0.013, first and second group, respectively) but there was no statistically significant difference in patients who did.

Conclusion

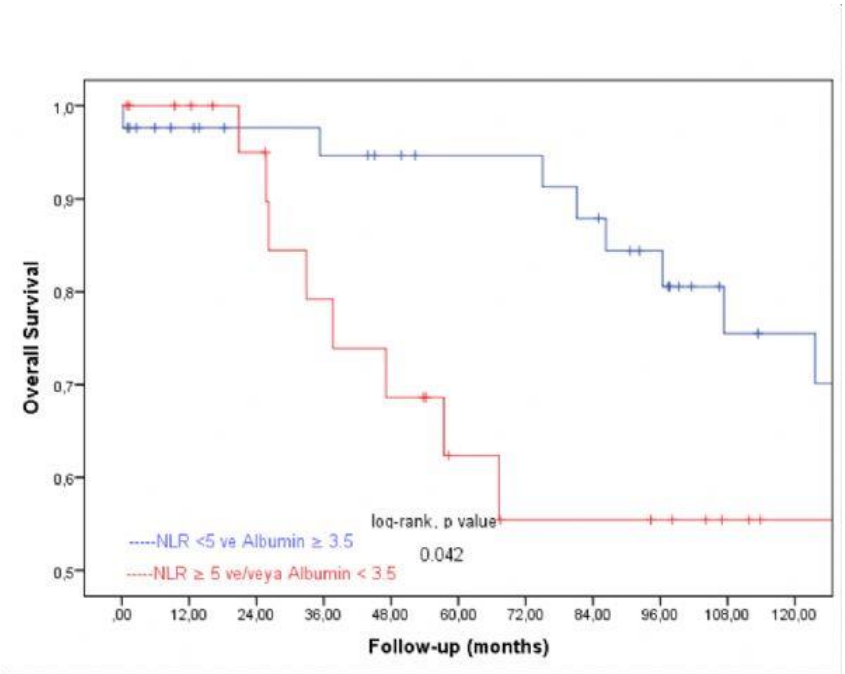
We demonstrated that the combined NLR and albumin score predict the prognosis of individuals with early colorectal cancer. We think that more extensive research will show the predictive significance of NLR and albumin score in this group of non-treated patients.

Keywords: NLR; Albumin; Combined score; survival; chemotherapy

NLR and Albumin Combined scores related Overall survival analysis



Overall survival analysis in chemotherapy non-received patients



OP-08

Does the Albumin to Globulin Ratio Predict Mortality in Patients With Stage III Colon Cancer?

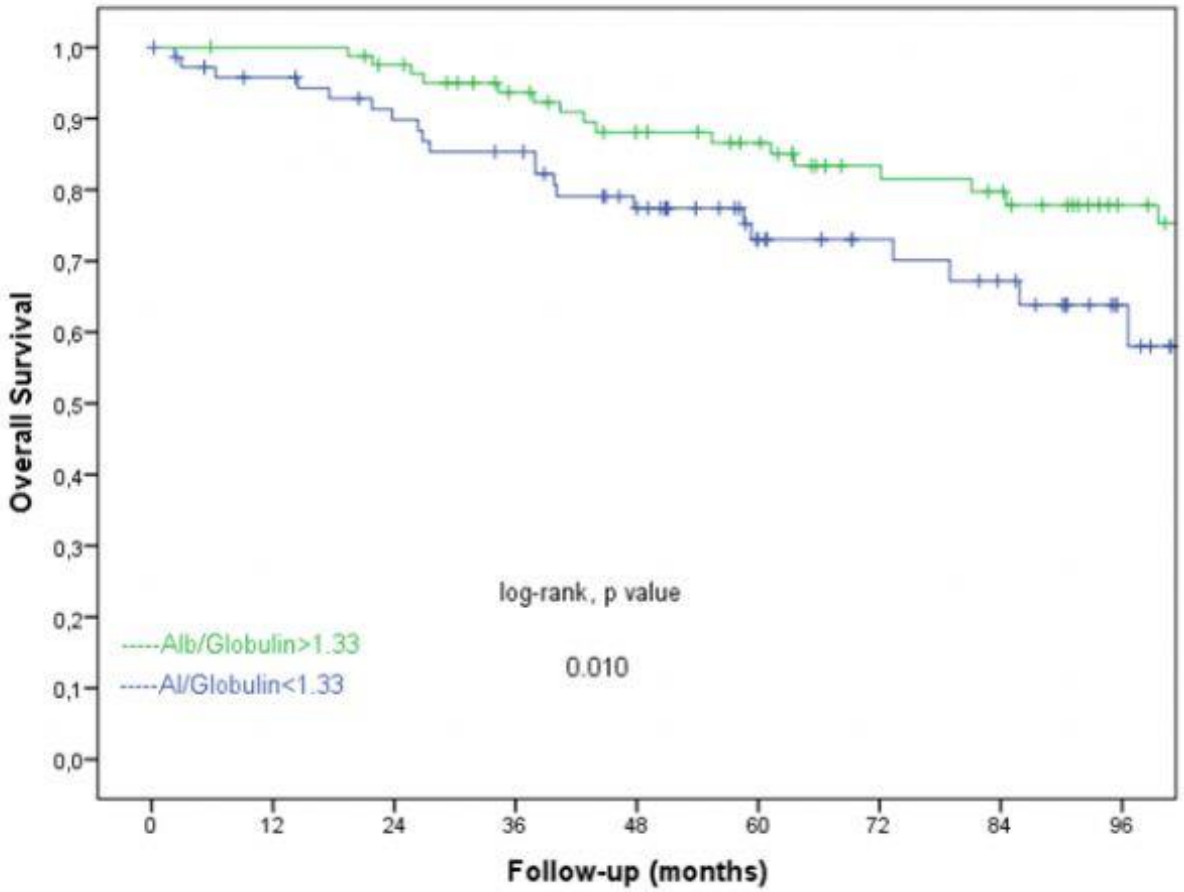
Arif Akyildiz, Suayib Yalcin

Hacettepe University Institute of Oncology, Department of Medical Oncology

Backround
Colorectal cancer is a major public health problem due to its prevalence and mortality rate. The albumin-globulin ratio (AGR), a variable composed of serum albumin and non-albumin proteins, has been shown to predict mortality in patients with metastatic malignant neoplasm. However, there is limited data on how AGR affects stage 3 colon cancer mortality. The aim of this study was to assess the prognostic value of AGR in patients with stage 3 colon cancer.
Methods
We retrospectively analyzed 156 patients with stage 3 colon cancer from January 2008 to May 2021 at Hacettepe University. The association between AGR and all-cause mortality was investigated using Kaplan-Meier curves and multivariate Cox regression models. The receiver operating characteristic curve (ROC), sensitivity, and specificity were used to compare patients based on AGR.
Results
The mean age of patients was 60.41±12.70, 86 (55.1%) were male. Median follow-up time was 90.40 months. The AGR cut-off calculated by the ROC curve analyse was determined as 1.33, 73 (46.8%) of the patients had an AGR <1.33. İn univariate Cox-regression analysis, a statistically significant difference was found between AGR and Overall survival (OS) (mOS:115.36 vs.NR, HR:0.43 (0.22-0.83), p=0.012, AGR<1.33 and AGR>=1.33, respectively).
Conclusion
AGR may be a better blood-based biomarker for overall survival in patients with stage 3 colon cancer.

Keywords: Stage 3 colon cancer, albumin to globulin ratio

Overal survival analysis based on alb/glo ratio



OP-09

Neoadjuvant Chemotherapy Data in Signet Ring Cell Gastric Carcinoma

Sercan Ön[1], Pınar Peker[1], Hasan Çağrı Yıldırım[2], Özlem Özdemir[3], Burcu Çakar[1]

[1]Ege University Medical Oncology Department
[2]Hacettepe Universty Medical Oncology Department
[3]İzmir Bozyaka Training and Research Hospital

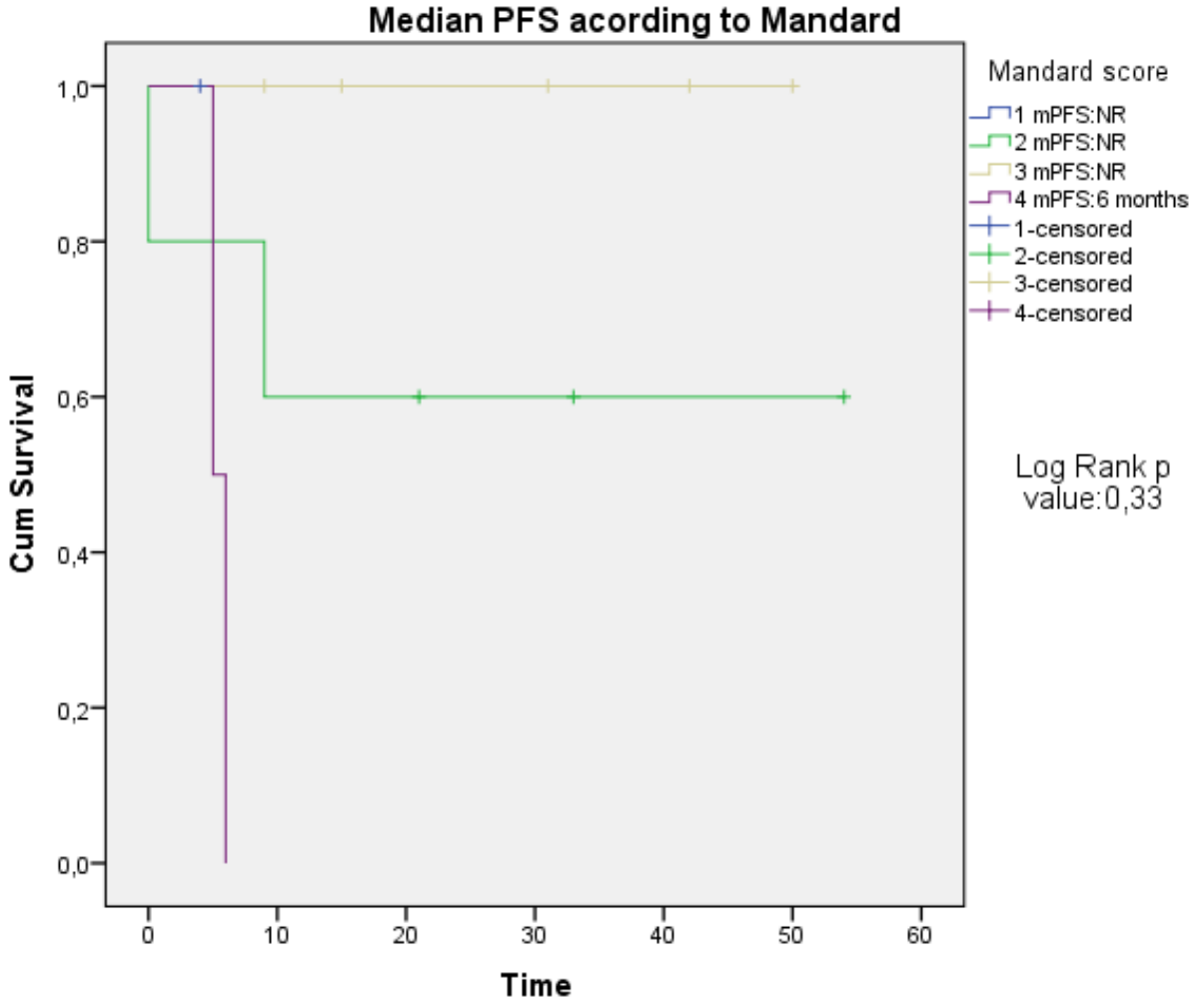
Background
Despite a decrease in the overall incidence of gastric cancer in recent decades, the incidence of the patient subgroup with signet-ring cell carcinoma (SRCC) is growing.SRCC has different biological behavior from the other histological subtype and it is associated worse prognosis.Neoadjuvant chemotherapy (NAC) improve surgical resetion rate and disease free survival, but in the SRCC subgrup data are inconsistent.We conducted multicentric, retrospective study to determine effect of NAC in SRCC.

Results
Patients who received neoadjuvant chemotherapy between 2016-2021 were analyzed retrospectively.31 patients were included in the study. The median age was 56 (SD+-8.96) and 24 patients (76.4%) were male. According to the AJCC 8th edition, the number of clinical T 3-4 tumour were 14 (45.2%), 8 (25.8%) respectively, and the lymph node was radiologically positive in 22 (71%) patients. FLOT was preferred in 25 (81%) patients DCF in 5 patients, and FOLFOX in 1 patient as the NAC. Median NAC cycle was 4 (Min-max:3-12).There wasn't any patient who could not continue neoadjuvant therapy due to toxicity.Radiographically, 13 (42%) patients had partial response, 17 (55%) stable response, and one (3%) patient progression.30 patients were operated.Surgical margin was positive in 9 (30%) patients (R1).Median adjuvant chemotehrapy cycle number was 4 (min-max:0-6). 13 (%42) patients received radiotherapy after operation.Tumor regression scores were given according to Mandard in 13 patients and according to Ryan in 13 patients. Tumor regression scores of 4 patients were not specified in the pathology report. Any pathological response was observed in 80% of the patients whose tumor regression degree was stated in the pathology report. Median follow-up was 20 months, and progression developed in 11 (37%) patients. Median progression-free survival was not achieved.While the median PFS could not be reached in patients with negative surgical margins, the median PFS was 4 months (p:0.001) in patients with R1 resection. Only the surgical margin positivity was significantly associated with shorter progression-free survival. Although more recurrences were seen in patients with less tumor regression compared to both scoring systems, statistical significance could not be reached.

Coclusion
Signet ring cell gastric adenocarcinoma constitutes approximately %20 of gastric cancer and has relatively poor response rate preoperative treatment.Our study has the small patients of number and short follow-up time. But it showed that neoadjuvant chemotherapy is a safely and feasible treatment option in the SRCC subgroup.

Keywords: Gastric cancer, signet ring cell cancer, neoadjuvant chemotherapy

Median PFS according to Mandard Score



Median PFS according to Ryan Score

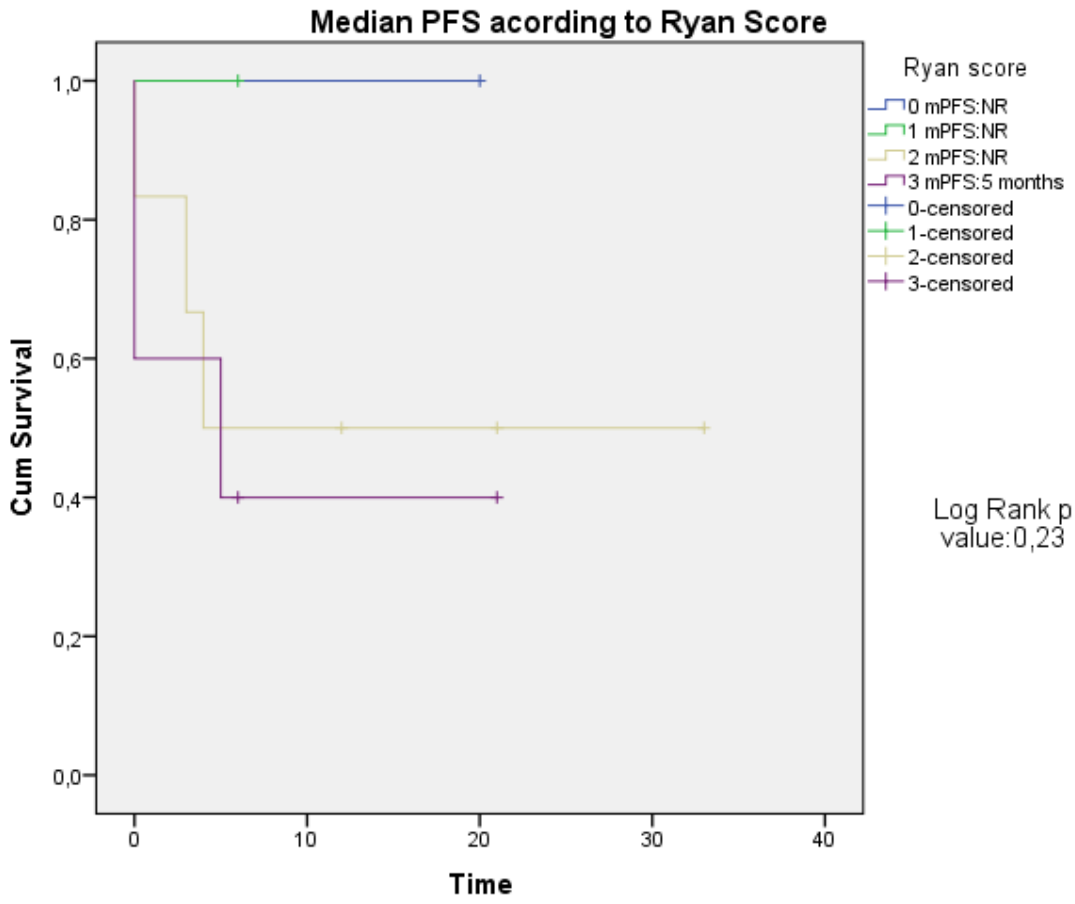


Table 1

Mandard score		Ryan Score	
1: complete regression	1 patient	0: complete regression	1 patient
2: fibrosis with scattered	5 patients	1: small group of cells	1 patient
3: fibrosis (properdens) with tumour cells	5 patinets	2: residual cancer with desmoplastic response	5 patients
4: fibrosis with tumour (properdens) tumour cells	2 patients	3: minimal evidence of response	6 patients
5: without regression	0 patients		

OP-10

Evaluation of the prognostic importance of histopathological features and tumor-infiltrating lymphocytes in the tumor center for survival in stage I-III operated stomach cancer

Murat Sari[1], Ayse Albayrak[2], Osman Kostek[1]

[1]Marmara University, School of Medicine, Department of Medical Oncology
[2]Haydarpaşa Numune Research and Training Hospital, Clinics of Internal Medicine

Background: Gastric cancer is an important cause of morbidity and mortality worldwide. Studies conducted to date have shown that the histopathological features of gastric cancer and the determination of tumor infiltrating lymphocytes can be used in the determination of prognosis. In our study, we aimed to predict both overall survival and disease-free survival by detecting histopathological features and tumor-infiltrating lymphocytes at the time of diagnosis in stage I-III operated gastric cancer.

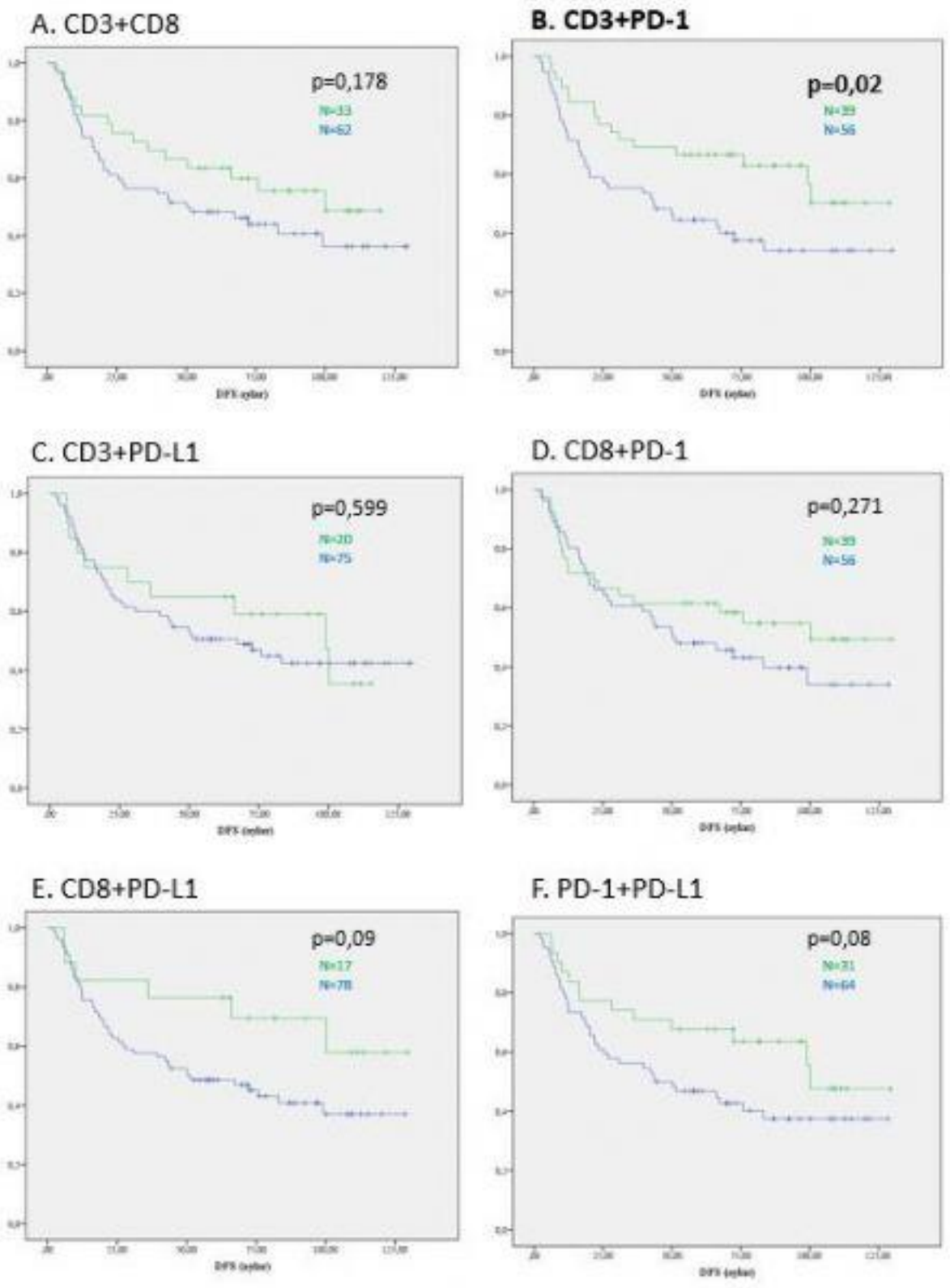
Materials-Methods: In our study, Patients with stage I-III operated gastric cancer and followed up in the oncology outpatient clinic were included. After taking appropriate sections containing the center of the tumor from the paraffin blocks in the pathology archive of these patients, histopathological features and lymphocytes infiltrating the tumor were examined. PD-1+, PD-L1+, CD3+ and CD8+ T lymphocytes were counted. Intensities were determined in the center of the tumor. Then, the patient records at the oncology outpatient clinic were reviewed. The relationship between histopathological features and tumor infiltrating lymphocytes was analyzed in the 3-year follow-up of patients with overall survival, disease-free survival. As a result, the prognostic significance of the pathological data obtained in stage I-III operated gastric cancer was evaluated.

Results: The age and gender distribution of the patients were consistent with the general characteristics of gastric cancer. No significant correlation was found between the infiltration rates of CD3, CD8, PD-1 and PD-L1 at the center of the tumor and survival. It was observed that only the low intensity of PD-L1 infiltration had a positive effect on survival. Immunoscores formed by double, triple and quadruple combinations of immune cells; A significant correlation was found between CD3+PD-1 and CD3+CD8+PD-L1 immunoscores and survival.

Conclusion: In this study conducted with a total of 95 patients, combinations of CD3+PD-1 and CD3+CD8+PD-L1 lymphocytes infiltrating the tumor were shown to have prognostic value. When the immunoscore and the tumor stage are evaluated together; It was determined that the decrease in the stage and the increase in the immunoscore affected the survival positively.

Keywords: Immunoscore, gastric cancer, tumor-infiltrating lymphocytes (TIL)

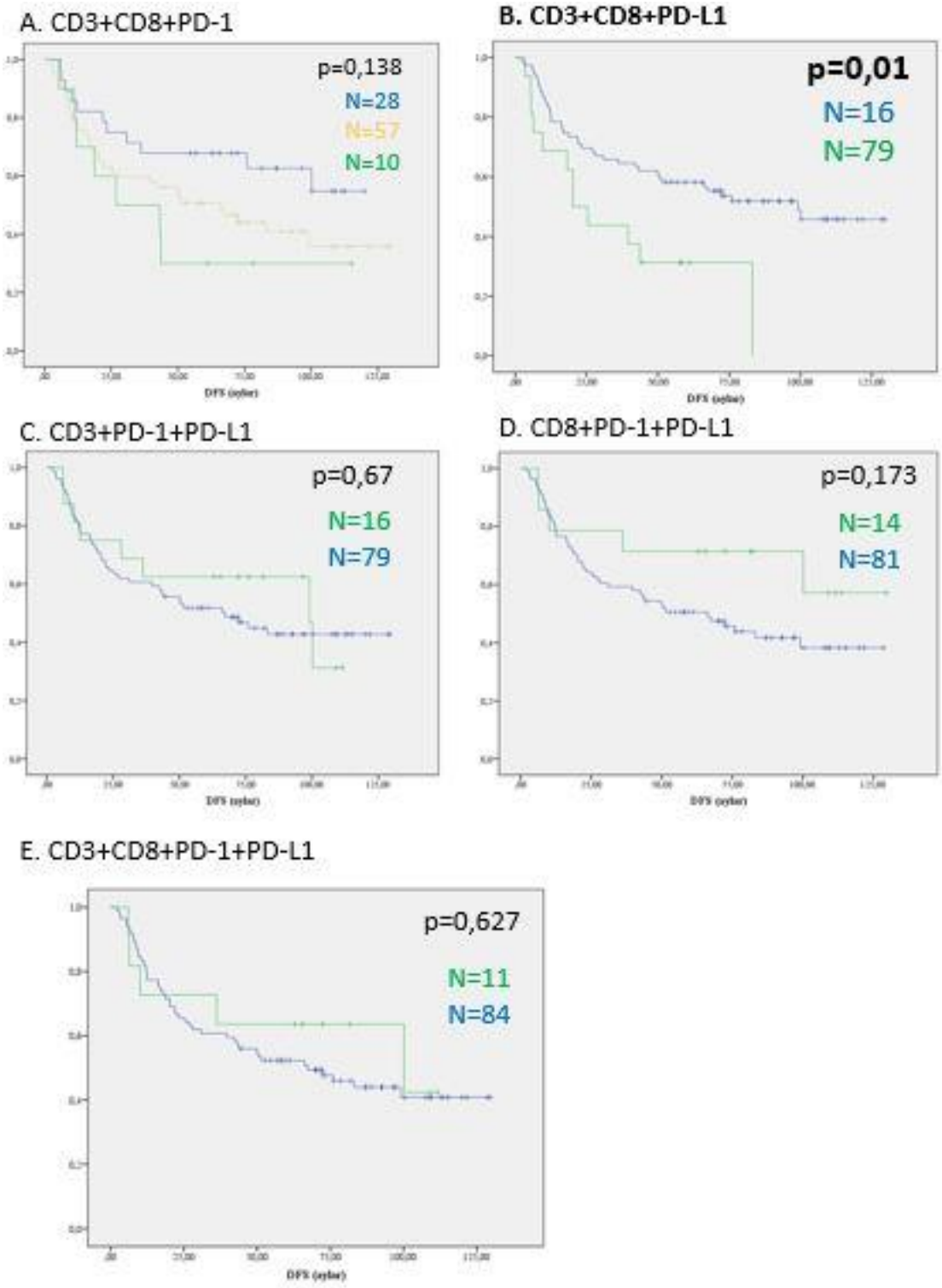
Figure 1. Disease-free survival (DFS) curves according to different combinations of tumor-infiltrating lymphocytes (TIL) in the tumor center (TM) where two immune cells were analyzed together.



Disease-free survival (DFS) curves according to different combinations of tumor-infiltrating lymphocytes (TIL) in the tumor center (TM) where two immune cells were analyzed together: Groups

were formed by separating the high infiltration in

Figure 2. Disease-free survival (DFS) curves according to different combinations of tumor-infiltrating lymphocytes (TIL) in the tumor center (TM) where three immune cells were analyzed together



Disease-free survival (DFS) curves according to different combinations of tumor-infiltrating

lymphocytes (TIL) in the tumor center (TM) where three immune cells were analyzed together: High infiltration in all cell types (except for PD-L1 only; low PD-L1 was included in the combination), Groups were formed according to low infiltration in all cell types (except for PD-L1 only; height of PD-L1 was combined) and mixed infiltration levels (A-D). Since PD-L1 status appears to be the main factor in triplet combinations, triplet combinations were analyzed by dividing them into pairs (eg high and others). Finally, four immune cells were combined (E) (again, PD-L1 low and the other three high were considered as HIGH infiltration and compared against other odds).

Table 1. Patients demographic and clinicopathological features

Age (year) Median (minimum-maximum) Mean ± Standart deviation	60 (29-85) 60 ± 12
Gender Male Female	n, (%) 67 (70.5) 28 (29.5)
ECOG (performance score) 0-1 2 and higher	n, (%) 88 (92.7) 7 (7.3)
BMI (kg/m²) Median (minimum-maximum)	22.6 (16.5-33.3)
Charlson comorbidity index (CCI) 2-4 5-8	n, (%) 59 (62.1) 36 (37.9)
Operation type Subtotal Total	n, (%) 46 (48.4) 49 (51.6)
Location of tumor Cardia Corpus Antrum	n, (%) 25 (26.3) 23 (24.2) 47 (49.5)
Histological type Intestinal Diffuse Mix	n, (%) 42 (44.2) 39 (41.1) 14 (14.7)

Grade Well-moderate Poor-undifferentiated	n, (%) 32 (33.7) 60 (63.2)
T T1 T2 T3 T4	n, (%) 7 (7.4) 13 (13.7) 42 (44.2) 33 (34.7)
N N0 N1 N2 N3a N3b	n, (%) 28 (29.5) 14 (14.7) 18 (18.9) 24 (24.5) 11 (11.6)
Stage Stage I Stage 2 Stage 3	n, (%) 15 (15.8) 25 (26.3) 55 (57.9)
Adjuvant treatment Radiotherapy Chemotherapy Chemotherapy + Radiotherapy None	n, (%) 2 (2.1) 11 (11.6) 60 (63.2) 19 (20.0)
Adjuvant platin-based treatment	n, (%) 30 (31.6)
Adjuvan treatment completion	n, (%) 58 (61.1)

OP-11

Is there any benefit of dose escalation in adjuvant radiotherapy in surgical margin positive gastric cancer?

Yasin Ozyurek[1], Ecem Yigit[1], Melek Tugce Yilmaz[1], Pervin Hurmuz[1], Mustafa Cengiz[1], Sezin Yuce Sari[1], Gokhan Ozyigit[1], Suayib Yalcin[2], Faruk Zorlu[1]

[1]Department of Radiation Oncology, Faculty of Medicine, Hacettepe University, Ankara, Turkey
[2]Department of Medical Oncology, Faculty of Medicine, Hacettepe University, Ankara, Turkey

Purpose: We aimed to investigate the impact of dose escalation in adjuvant radiotherapy (RT) of non-metastatic gastric cancer patients who has positive surgical margins on oncological outcomes.
Methods: The medical records of 33 patients with positive surgical margins out of 271 patients with gastric cancer who underwent adjuvant RT between 2010 and 2020 were retrospectively evaluated. The clinicopathological and treatment characteristics of the patients, survival rates, and toxicity results were analyzed.
Results: The median age was 62 (range: 30-81). Twenty-three (70%) patients were male. The tumor was located at proximal in 22 (67%) patients and distal in 11 (33%) patients. Tumor histology was diffuse type in 24 (73%) patients and intestinal type in 9 (27%) patients. D1 dissection was performed in 23 (70%) patients, D2 dissection in 8 (24%) patients, and D3 dissection in 2 (6%) patients. T classification was T2 in 1 (3%), T3 in 7 (21%), and T4 in 25 (76%) patients, respectively, and N classification was N0 in 3 (9%), N1 in 7 (21%), N2 in 9 (28%), and N3 in 14 (42%) patients, respectively. RT total dose was 45 Gy in 14 (42%) patients, and >45 Gy (50.4 - 59.4 Gy) in 19 (58%) patients, with conventional fractionations. All patients received concomitant chemotherapy, most commonly with capecitabine with a dose of 825 mg/m² BID. Seventeen (52%) patients were treated with 3-dimensional conformal RT, 11 (33%) patients with intensity-modulated radiation therapy, and 5 (15%) patients with volumetric-modulated arc therapy.
The median follow-up time was 25 months (range, 8-117 months). At the last follow-up, 9 (27%) patients were alive with no evidence of disease, 20 (61%) patients had died due to disease, and 4 (12%) patients had died due to other causes. Local recurrence developed in 10 (30%) patients and distant metastasis in 17 (52%) patients. The 2-year overall survival (OS), disease-free survival (DFS), and local recurrence-free survival (LRFS) rates were 69%, 54%, and 61% for patients whom received 45 Gy RT, compared to 45%, 31%, and 30% for patients whom received >45 Gy RT, respectively. There was no statistically significant difference between the two groups in terms of OS, DFS, and LRFS (p=0.4, p=0.28, p=0.1, respectively).
Grade 2 acute toxicity was observed in 15 (46%) patients, and grade 2 chronic toxicity in 4 (12%) patients. The most common acute toxicities were nausea/vomiting, followed by abdominal pain. The most common chronic toxicity was abdominal pain, followed by malnutrition. There was no significant difference between the two groups in acute (p=0.79) and chronic toxicities (p=0.12).
Conclusion: Dose escalation in adjuvant RT does not have any positive impact on survival outcomes in patients with gastric cancer with positive surgical margins. A total dose of 45 Gy RT seems to be effective in patients with surgical margin positive gastric cancer, yet, prospective studies are needed to shed light this issue.

Keywords: gastric cancer, positive surgical margin, dose escalation

Tumor and treatment characteristics stratified by the dose

Characteristics	45 Gy RT (n=14)	>45 Gy RT (n=19)	p
Age, years (median, range)	58 (34-78)	62 (30-81)	0.94
Gender Male Female	8 (57%) 6 (43%)	15 (79%) 4 (21%)	0.25
Histology Diffuse Intestinal	8 (57%) 6 (43%)	16 (84%) 3 (16%)	0.12
Location Proximal Distal	10 (71%) 4 (29%)	12 (63%) 7 (37%)	0.71
T Classification T2 T3-T4	0 (0%) 14 (100%)	1 (5%) 18 (95%)	1
N Classification N0-N1 N2-N3	4 (29%) 10 (71%)	6 (32%) 13 (68%)	0.85
Stage II III	4 (29%) 10 (71%)	3 (16%) 16 (84%)	0.42
Tumor Size (cm, median, range)	6.8 (1.5-18)	8 (3-15)	0.39
Lymph Node Dissection Type D1 D2-D3	11 (79%) 3 (21%)	12 (63%) 7 (37%)	0.45

Lymph Node Ratio	0.24 (0-1)	0.58 (0-0.97)	0.09
Perineural Invasion (Positive)	8 (57%)	11 (58%)	0.96
Lymphovascular Invasion (Positive)	8 (57%)	16 (84%)	0.12

OP-12

What is the ideal sequence for regorafenib in the treatment of metastatic colorectal cancer?

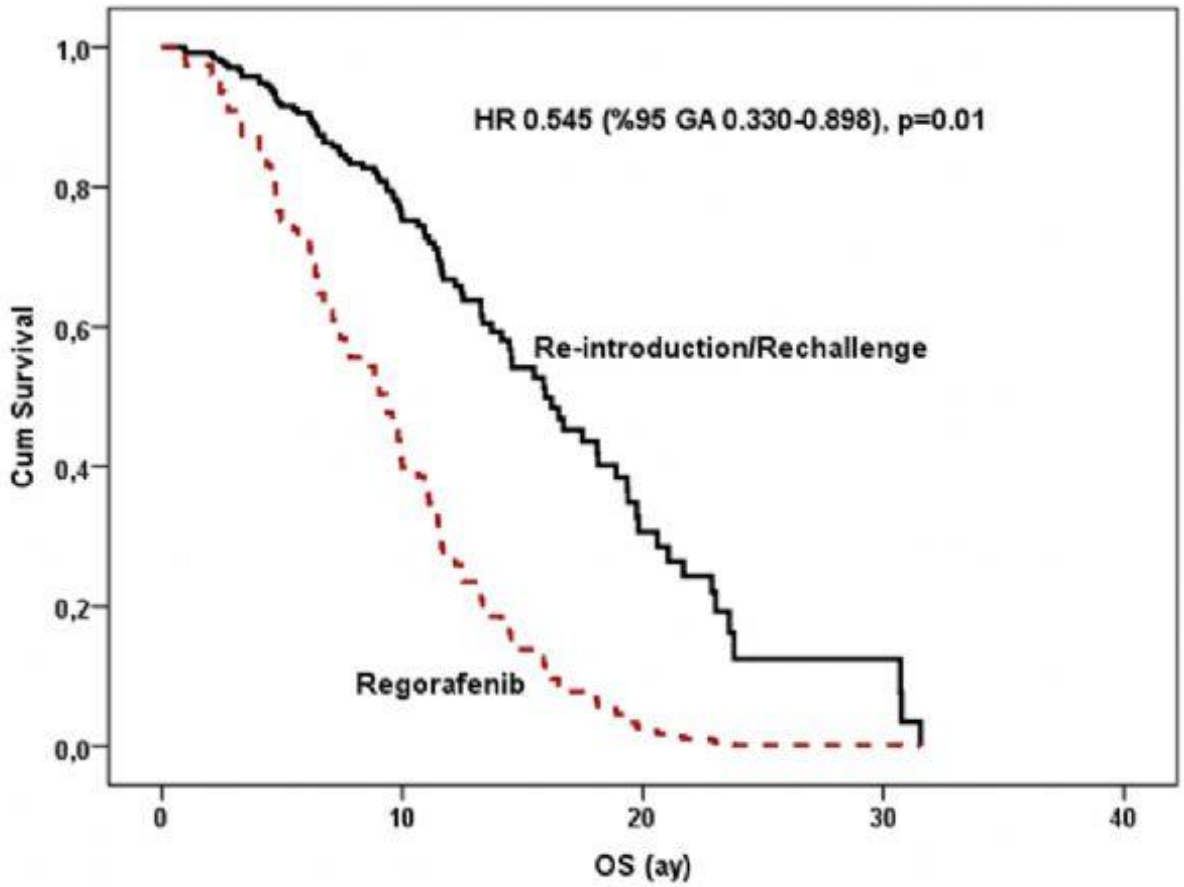
Hilal Sağıroğlu Üstün[1], Abdussamet Çelebi[2], Ibrahim Vedat Bayoğlu[2], Rukiye Arıkan[2], Alper Yaşar[2], Nargiz Majidova[2], Nadiye Sever[2], Murat Sarı[2], Selver Işık[2], Özlem Ercelep[2], Osman Köstek[2]

[1]Marmara University, School of Medicine, Department of Internal Medicine
[2]Marmara University, School of Medicine, Division of Medical Oncology

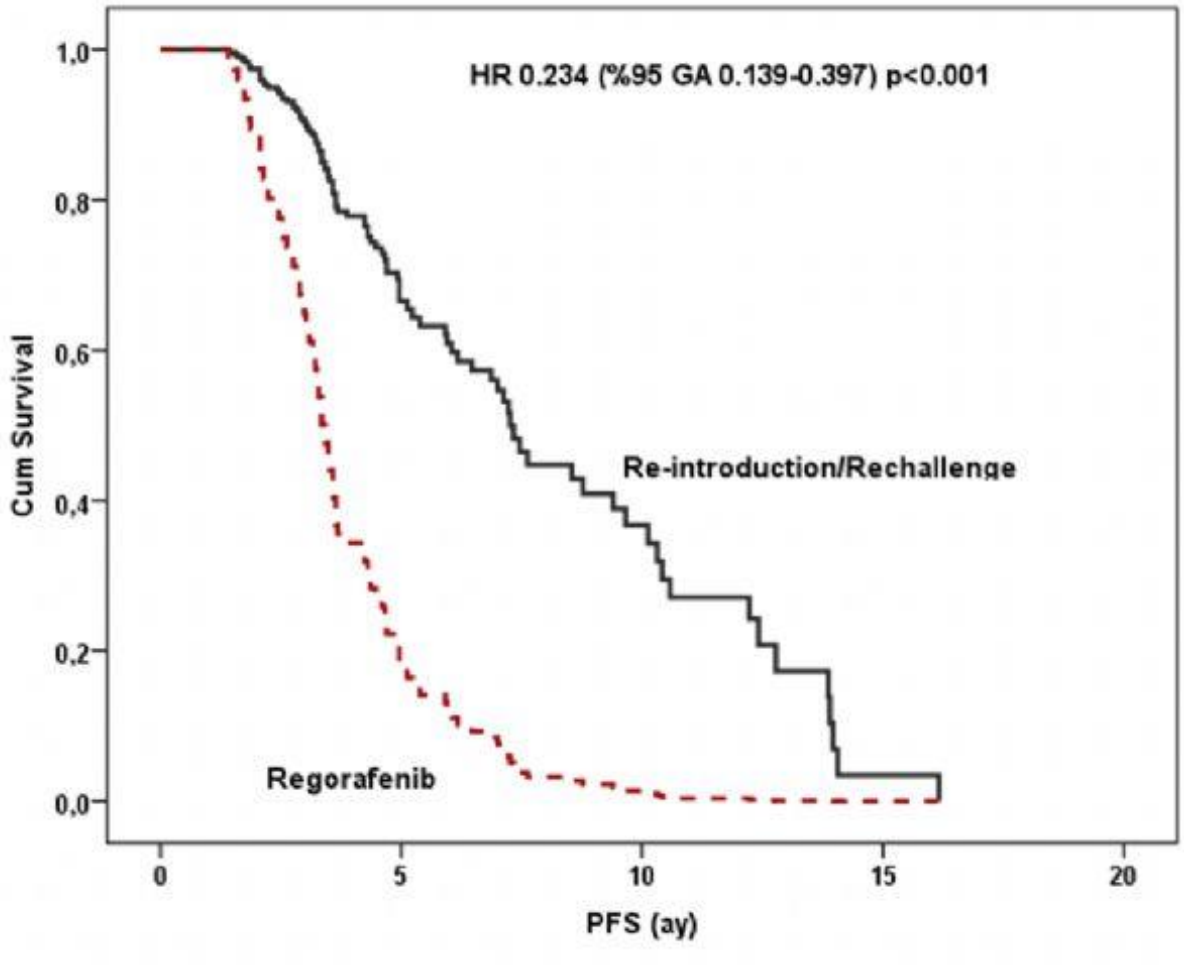
Introduction: CRC is the third most frequently diagnosed cancer worldwide and the second leading cause of death. Approximately 50% of patients with CRC have metastatic disease at the time of diagnosis or at follow-up. Most patients with metastatic CRC cannot be treated curatively, treatment is palliative and usually consists of systemic chemotherapy. Regorafenib, developed for patients whose disease has progressed despite all currently available standard treatments; It is an orally used multikinase inhibitor that inhibits the activity of angiogenic, oncogenic and stromal receptor tyrosine kinases. In our study, in patients followed up with the diagnosis of metastatic CRC and using Regorafenib for progression after standard systemic treatments; we aimed to evaluate treatment response, tolerance, drug side effects, PFS and OS.
Method: Our study is retrospective and 110 patients who were followed up in Marmara University between 2012-2021, were older than 18 years, had stage 4 CRC at the time of diagnosis or during follow-up, and received at least 1 course of regorafenib treatment were included in the study. The clinicopathological features of these patients, the treatments they received, their response to regorafenib treatment, and their side-effect profiles were evaluated.
Results: Median PFS time in patients receiving regorafenib in tertiary line was 3,417 (95% CI 3,241-3,592), median PFS was 7,228 (95% CI 5,509-8.947) in patients receiving regorafenib in fourth line, median PFS was 12,419 (95% CI 9.054-15.784) months in patients receiving regorafenib at the fifth line. Significant among the variables affecting the third-line OS were the family history of colon cancer ($p<0.001$) and the treatment option in the third series ($p<0.001$). OS of patients who received regorafenib in tertiary care was 8,969 months (95% CI 7,158-10,781), and OS of patients who received the first three series of chemotherapy and received regorafenib in the 4th series was 18,103 (95% CI 14.826-21.379). OS of the patients who received the first 4 series of chemotherapy and received regorafenib in the 5th series was found to be 40,476 months. The most common side effects were anemia (35.4%), nausea (30.9%), hand-foot syndrome (28.1%), and thrombocytopenia (24.5%). Treatment of 22 (20.0%) patients in the third step was delayed due to toxicity in 5 (4.5%) patients in the fourth step. There were 24 (21.8%) patients whose treatment was discontinued due to toxicity while receiving regorafenib in the tertiary line, and 7 (6.4%) patients in the fourth line.
Conclusion: PFS ($P=0.90$) and OS ($P=0.481$) of receiving regorafenib in the third, fourth, and fifth series were insignificant. Patients receiving tertiary Re-introduction/Rechallenge therapy had a longer PFS (HR 0.234 (95% CI 0.139-0.397 $P<0.001$)) than patients receiving regorafenib. In our study, it was observed that patients using regorafenib at >=4 steps had statistically much better OS ($p<0.001$) and PFS ($p<0.001$).

Keywords: colorectal cancer, regorafenib, re-challenge/re-introduction

OS (regorafenib & re-introduction/re-challenge)



PFS (regorafenib & re-introduction/re-challenge)


HR 0.234 (%95 GA 0.139-0.397) p<0.001
Re-introduction/Rechallenge
Regorafenib
Cum Survival
1,0
0,8
0,6
0,4
0,2
0,0
0
5
10
15
20
PFS (ay)

OP-13

Evaluation of epidemiological prognostic and treatment strategies in primary peritoneal mesothelioma

Serkan Yasar, Feride Yilmaz, Suayib Yalcin

Hacettepe University, Faculty of Medicine, Institute of Oncology, Department of Medical Oncology, Ankara, Turkey

Background:
Malignant peritoneal mesothelioma is a rare tumor group with very poor prognosis. Although the association with asbestos is not very strong, it is still the most important risk factor identified.1Although there has been improvement in treatment options, it is still a fatal cancer.2 After cytoreductive surgery, regional chemotherapy, HIPEC is the treatment option that is considered to be effective today.3However, it is another treatment option that has been shown to be effective in systemic chemotherapy, especially in unresectable tumor and ineligible for HIPEC.4 We will review the epidemiology of MPM, treatment strategies and prognostic factors.

Method:
In our study, we aimed to evaluate the pathological demographic characteristics and treatments of patients. We included 22 patients who applied to Hacettepe Oncology Institute between 2016-2022, confirmed primary peritoneal mesothelioma. There were 77.3% male and 22.7% female patients, their median age at diagnosis was 60 years. Pathological types were 10 (45.5%) epithelioid, 11 (50%) patients NOS (not other speficied) and 1 was sarcomatoid (4.5%). mPFS was 7.2 months (95%CI 3.8-10.6), mOS was 15.1 months (95%CI 0.38-29.1) and median time to best response (mTof first line therapy was found 61 days (95%CI 44.4-77.5). Overall survival was statistically longer in the group that underwent primary cytoreduction compared to the group that did not.(median 36.3 months - 15.1 months, $p<0.001$).

Results:
All patients received first-line treatment, only one patient could not receive treatment because of poor performance score. Cytoreductive surgery was performed in 56.5% of the patients. The vast majority of patients received a combination of platinum-based chemotherapy in primary care. Two patients received gemcitabine alone poor performance score and ineligible for platinum-based therapy.

Conclusions:
We evaluated the response of patients who were unresectable and ineligible for HIPEC treatment to first-line platinum-based or conventional therapies at our center. As a result platinum-based therapies are still the accepted treatment option in unresectable tumors and in patients who are not suitable for HIPEC after primary cytoreduction.

Keywords: peritoneal mesothelioma, HIPEC, cytoreductive surgery

OP-14

Clinicopathological and demographic characteristics of relapsed patients undergoing surgery for early or locally advanced stage at diagnosis

Yakup Duzkopru

Health Sciences University Diskapi Yildirim Beyazit Training And Research Hospital

Introduction
Surgery is mainstay therapy for early stage gastric cancer l and surgical management following neoadjuvant chemotherapy is treatment of choice in patients with locally advanced cancer.
The only potentially curative treatment approach for patients with gastric cancer is surgical resection whereas metastatic stage is considered incurable. In our study, we aimed to investigate the clinicopathological and demographic characteristics of patients with early or locally advanced stage gastric cancer who underwent curative surgery and who developed recurrence or metastasis during follow-up.
Material and methods
Between 2012 and 2021, 148 patients who were followed up in our clinic with the diagnosis of metastatic gastric cancer were screened. Patients with gastric cancer who did not have metastasis at diagnosis, underwent surgery and had recurrence during follow-up were examined. Patients over the age of 18 were included in the study. Patients with a second primary cancers were excluded. 47 patients who met these criteria were included in the study.
Results
39 (83%) patients were male. The median age of diagnosis was 59 (23-77). The most common pathological subtype was adenocarcinoma (83%), followed by signet ring cell carcinoma(14.9%), and mucinous adenocarcinoma (2.1%). 2 (4.2%) patients had pathologically well differentiated, 20 (44.6%) patients had moderately differentiated and 18 (38.3%) patients had poorly differentiated pathology. Considering the tumor location, the tumor was located in the fundus and cardia in 19 (40.4%) patients, in the corpus in 15 (31.9%) patients, and in the antrum and pylorus in 13 (27.7%) patients. Total gastrectomy was performed in 32 (68.1%) patients who were operated, while subtotal gastrectomy was performed in 15 (31.9%) patients. D2 lymph node (LN) dissection was performed in 38 (80.9%) patients, and D1 LN dissection was performed in 15 (19.1%) patients. PNI was positive in 29 (61.7%) patients and LVI was positive in 31 (66%) patients. 33 (70.2%) of the patients presented with stage 3, 9 (19.1%) patients with stage 2 and 5 (10.6%) patients with stage 1 disease at the time of diagnosis. Regarding the status of neoadjuvant treatment, it was found that only 8 (17%) patients receiving neoadjuvant treatment. Following the operation, 39 (83%) patients received adjuvant treatment.
Conclusion
TNM staging is the most important parameter predicting surveillance with recurrence or metastasis development in gastric cancer. In addition to adequate lymph node dissection, obtaining a negative surgical margin, and neoadjuvant-adjuvant treatments in particular patient group are other determining factors. In our study, 70.2% of relapsed patients had stage 3 disease and only 17% had received neoadjuvant therapy. In tthis e present study as a single center experiencewe wanted to highlight the importance of neoadjuvant therapy which has become standard of therapy including FLOT regimen in recent years.

Keywords: advanced gastric cancer, metastatic, neoadjuvant

OP-15

The impact of tumor location on gastric cancer prognosis in patients who received adjuvant radiotherapy

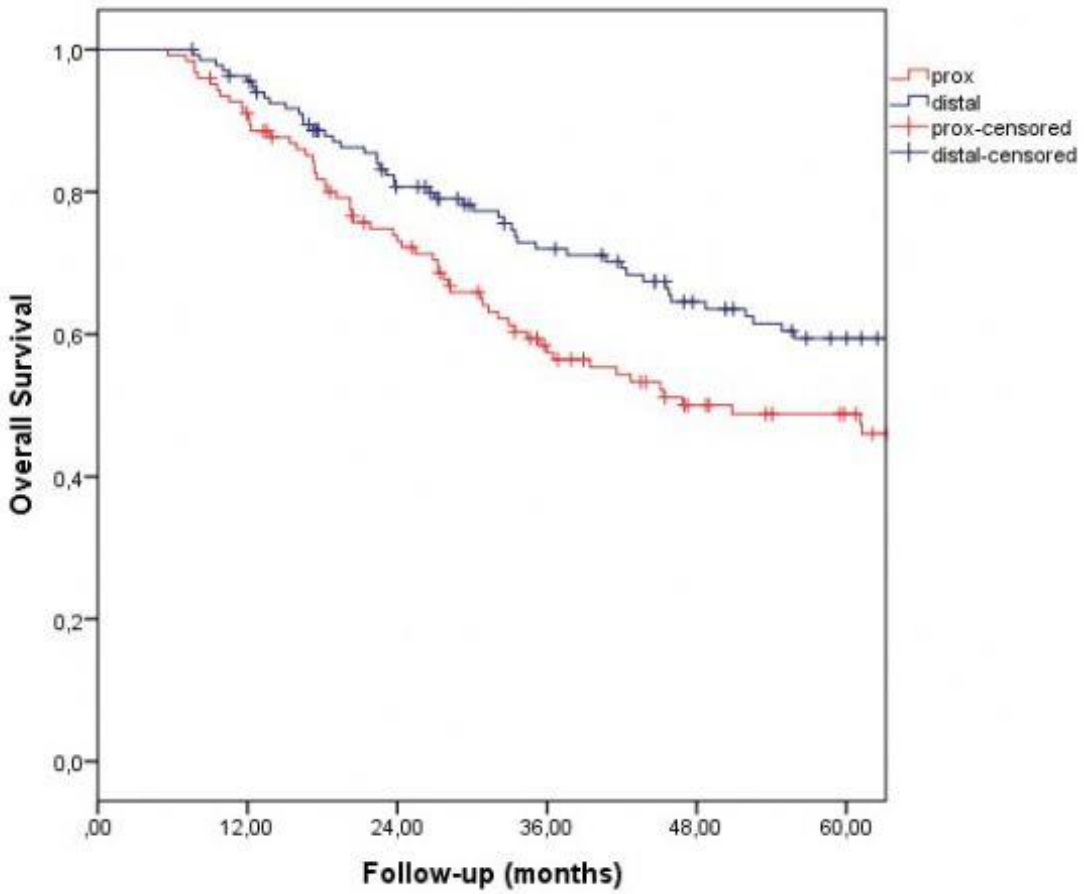
Ecem Yigit[1], Yasin Ozyurek[1], Melek Tugce Yilmaz[1], Pervin Hurmuz[1], Mustafa Cengiz[1], Sezin Yuce Sari[1], Gokhan Ozyigit[1], Suayib Yalcin[2], Faruk Zorlu[1]

[1]Hacettepe University, Faculty of Medicine, Department of Radiation Oncology
[2]Hacettepe University, Faculty of Medicine, Department of Medical Oncology

Purpose: The effect of tumor location on treatment outcomes in gastric cancer is controversial. In this study, we aimed to evaluate the impact of tumor location on prognosis in patients with gastric cancer.
Methods: The medical records of 271 patients with gastric cancer who underwent adjuvant radiotherapy (RT) in a single center between 2010 and 2020 were retrospectively evaluated. Thirteen patients who had diffuse gastric cancer were excluded, and 258 patients' clinical and treatment characteristics and survival rates were analyzed. IBM SPSS v24.0 was used for statistical analysis.
Results: Patient, tumor, and treatment characteristics stratified by the tumor location (proximal vs. distal) are presented in Table 1. The tumor was located at proximal in 123 (48%) patients and distal in 135 (52%) patients. There was no significant difference between the two groups in terms of patient, clinical, and treatment characteristics, however; patients with positive/close surgical margins after surgery were more common in patients who had proximally located tumors. All patients underwent a median 45 Gy (range, 34.2-59.4 Gy) RT in 1.8-2 Gy once daily fraction. 246 (95%) patients received concomitant chemotherapy, most commonly with capecitabine with a dose of 825 mg/m2 BID.
The median follow-up time was 34 months (range, 4-136 months). At the last follow-up, 133 (52%) patients were alive with no evidence of disease, 10 (4%) patients were alive with disease, 86 (33%) patients had died due to disease, and 29 (11%) patients had died due to other causes. Local recurrence developed in 35 (14%) patients and distant metastasis in 91 (35%) patients. The 2 and 5-year overall survival (OS), disease-free survival (DFS), and local recurrence-free survival (LRFS) rates were 80% and 59%, 66% and 50%, 74% and %55 for patients with distal gastric cancer, compared to 73% and 48%, 55% and 44%, 71% and 47% for patients with proximal gastric cancer, respectively (p=0.01, p=0.2, p=0.1). In the univariate analysis, distal tumor location (p=0.01), lower T classification (p<0.01), lower N classification (p<0.01), positive LN ratio<0.18 (p<0.01), negative surgical margins (p<0.01) were positive prognostic factors for OS. However, distal tumor location did not show a statistically significant improving effect on prognosis in multivariate analysis. T classification (T1-T2 vs. T3-T4, HR:2.36, 95% CI: 1.08-5.15) and positive LN ratio (positive LN ratio<0.18 vs. >=0.18, HR:2.45, 95% CI: 1.27-4.73) were prognostic on OS in multivariate analysis (p=0.03 and p<0.01, respectively).
Conclusion: Lower T classification (T1-T2) and positive LN ratio<0.18 is associated with improved survival in gastric cancer. Although distal tumor location was found to be a positive prognostic factor on OS in the univariate analysis, its prognostic effect could not be confirmed in the multivariate analysis.

Keywords: gastric cancer, tumor location, radiotherapy

Figure 1: Kaplan-Meier curves for OS.



Dark blue and red lines represent OS curve for patients with distally and proximally located gastric cancer, respectively.

Table 1: Patient, tumor, and treatment characteristics stratified by tumor location.

Characteristics	Proximal (n=123)	Distal (n=135)	p
Age, years (median, range)	58 (30-83)	59 (21-83)	0.2
Gender Male Female	79 (64%) 44 (36%)	88 (65%) 47 (35%)	0.8

Histology Diffuse Intestinal Mixed	59 (48%) 58 (47%) 6 (5%)	73 (54%) 53 (39%) 9 (7%)	0.4
T Classification* T1-T2 T3-T4	13 (10%) 110 (90%)	20 (14%) 115 (86%)	0.3
N Classification* N0-N1 N2-N3	47 (38%) 76 (62%)	45 (33%) 90 (67%)	0.3
Tumor Size (cm, median, range)	6 (1.2-18)	5 (1-16)	0.1
Lymph Node Ratio (median)	0.17	0.19	0.3
Perineural Invasion (Positive)	68 (55%)	66 (49%)	0.5
Lymphovascular Invasion (Positive)	68 (55%)	75 (56%)	0.4
RT Total Dose 45 Gy >45 Gy	105 (85%) 18 (15%)	125 (92%) 10 (8%)	0.06
Surgical Margins Positive / Close Negative	35 (28%) 88 (72%)	19 (14%) 116 (86%)	<0.01

**According to the AJCC 8th edition.*

OP-16

MRI Guided Stereotactic Body RT versus Interstitial HDR Brachytherapy for Liver Metastases: A dosimetric Comparison Study

Evren Ozan Göksel

Acibadem MAA University, Vocational School of Health Services, Radiotherapy Program.

Purpose:
Stereotactic body radiotherapy (SBRT) and high-dose rate interstitial brachytherapy (HDR-BT) have shown good local control rates in liver metastases. The aim of this comparative planning study was to evaluate the advantages and limitations of these techniques with regard to dosimetric properties.

Methods:
Ten consecutive patients with liver metastases were treated with MR Guided SBRT (MRG-SBRT) (ViewRay MRIdian) and included to this study retrospectively. For dosimetric comparison, virtual HDR-BT treatment plans were generated using the original MRG-SBRT planning CTs. Same organ at risk (OAR) contours were used for both planning such as liver, duodenum, venacava inferior, stomach and bowel. While 3 mm circumferential margins were added to the gross tumor volumes (GTV) for MRG-SBRT planning in order to compansete organ motion, no margins were added for HDR-BT plans. Step and shoot intensity modulated radiotherapy technique with 23 fields was used for MRG-SBRT plans. 5-8 channels (Varian Bravos Ir-192, Eclipse version 13.6) were used for HDR-BT plans depend on the target's volume in order to provide sufficient target coverege. Same 50Gy/5fr prescription dose was used for both techniques. The main planning objective was sufficient target coverege. Therefore the 95% of target volume should be covered by prescription dose (PTV for SBRT, GTV for BT plans). Dose volume histogram (DVH) metrics were compared such as target coverege, conformity and OAR doses.
Results:
The median PTV volume was 17.4cc (range 6.3-66cc) for MRG-SBRT and the median GTV volume was 1.67cc (range 1.67-37.91cc) for HDR-BT. MRG-SBRT was found to be superior in terms of conformity index (1,10 vs 0.79, p:0.000), while HDR-BT was found to be superior in terms of gradient index (3.54 vs 2.57, p: 0.000). Furthermore, HDR-BT was found to be significantly better at deposing a high dose within the target (V150 56% for BT vs 0% for SBRT, p:0.000). The liver volume exposed to both 5Gy (143.30cc vs 360.50cc, p:0.001) and 15Gy (38.20cc vs 123.26cc, p:0.003) doses was found to be significantly lower in the HDR-BT technique. HDR-BT was found to be significantly better in all organs except the duodenum and stomach. No statistically significant differences were found between the two techniques for the duodenum and stomach.

Conclusion:
According to the results of this plan comparison study, HDR-BT was found to be superior in terms of dose increase within the target and organ sparing, while MRG-SBRT was found to be superior in terms of target coverage.

Keywords: MRI Guided SBRT, Interstitial HDR Brachytherapy, Liver Metastases

OP-17

The effect of tumor sidedness on survival in patients with early-onset colon cancer by stage

Kadriye Bir Yücel, Nuriye Özdemir

Gazi University Faculty of Medicine, Department of Medical Oncology, Ankara, Turkey

Background
Previous studies have reported different characteristics of right-sided colon cancer (RCC) and left-sided colon cancer (LCC). LCC had poor survival in stage 4 colon cancer however in early-stage colon cancer oncological outcomes remain unclear, especially in early-onset patients diagnosed before 50 years old. This study evaluated the outcomes of RCC and LCC in patients with stage 2 and stage 3 colon cancer diagnosed at an early stage.
Methods
88 patients who received curative resection for stage II and stage III colon cancer at a single institute between February 2008 and September 2020 were included in this retrospective research. As outcome metrics, overall survival (OS) and time to recurrence (TTR) were examined.
Results
The median age at the time of diagnosis was 43 (IQR: 22–50). 37 (42%) of them belonged to stage 2A, 8 (9.1%) to stage 2B, and 42 (47.7%) to stage 3. Eleven out of thirty-seven patients with stage 2A were not administered adjuvant chemotherapy due to dMMR or the absence of risk factors. The number of high-risk patients with T4 or N2 at stage 3 is 35 (39.7%), and they were treated with a CAPEOX regimen consisting of at least four cycles of oxaliplatin. Table 1 lists the clinical and pathological characteristics of the patients.
The left side is more likely to be the origin of early-onset colon cancer (58 (65.9%) had LCC while 30 (34.1%) had RCC). There was no significant difference in OS or TTR between patients with RCC and LCC. Moreover, subgroup examination of stage 2-left-sided, stage 2-right-sided, stage 3-left-sided, and stage 3-right-sided patients revealed that their OS and TTR were similar.
Conclusion
Our investigation demonstrated that tumor sidedness was not a risk factor for recurrence in patients with stage 2 or 3 early-onset colon cancer.

Keywords: Colon cancer, early-onset, tumor sidedness

Table 1: The clinical and pathological characteristics of the patients.

Characteristics	Right-sided cancer (n=30)	Left-sided cancer (n=58)	P value
Age(years)	41.5 (26-50)	45 (22-51)	0.30

Sex, Male,N (%)	16 (53.5%)	32 (55.5%)	0.87
Body Mass Index	25.3±4.4	25.9±3.3	0.42
Lymphovascular invasion, N (%)	7 (23.3%)	12 (20.7%)	0.25
Perineural invasion, N (%)	1(3.3%)	7 (12.1%)	0.08
Emergency operation, N (%)	2 (6.7%)	8 (13.8%)	0.29
T stage, N (%)			0.32
T1	1 (3.3%)	0 (0%)	
T2	2 (6.7%)	4 (6.9%)	
T3	23 (76.7%)	39 (67.2%)	
T4	4 (13.3%)	15 (25.9%)	
N Stage, N (%)			0.86
N0	18 (60%)	28 (48.3%)	
N1	9 (29.9%)	22 (37.8%)	
N2	3 (10%)	8 (13.8%)	
AJCC stage, N (%)			0.29
II	18 (60%)	28 (60.9%)	
III	12 (40%)	30 (51.7%)	
Microsatellite instability, N (%)			0.16
Instable	5 (16.7%)	3 (5.2%)	
Stable	5 (16.7%)	15 (25.9%)	
Unknown	20 (66.7%)	40 (69%)	

Adjuvant chemotherapy, N (%)			0.03
No treatment	7 (23.3%)	4 (6.9%)	
CAPEOX	15 (50%)	43 (74.1%)	
FUFA	8 (26.7%)	11 (19.0%)	

OP-18

Comparison of first-line anti-EGFR therapies in patients with RAS wild-type left-sided metastatic colorectal cancer

Aykut Demirkıran, Mehmet Zahid Koçak, Mustafa Korkmaz, Melek Karakurt Eryılmaz, Murat Araz, Mustafa Karaağaç, Mehmet Artaç

Necmettin Erbakan Üniversitesi, Tıbbi Onkoloji Bilim Dalı, Konya

Background: A combination of chemotherapy and anti-EGFR (epidermal growth factor receptor) is used in the treatment of left-sided, RAS wild metastatic colorectal cancer (mCRC). Panitumumab and cetuximab are monoclonal antibodies used in this setting. In this study, we wanted to investigate the efficacy of panitumumab and cetuximab treatments in the first-line treatment of patients with RAS wild-type metastatic colorectal cancer.
Materials-Methods: This study was designed retrospectively. The data were obtained from the patient file records of Konya Necmettin Erbakan University, Department of Medical Oncology between September 2013 and April 2022. Overall (OS), progression-free survival (PFS), objective response rate (ORR) and toxicity were evaluated.
Results: A total of 93 patients were included in the study. Panitumumab was given to 51 patients and cetuximab to 42 patients. The median age was 59 (28-82). 65 patients were male and 28 patients were female. Patient characteristics are shown in Table 1. 59.1% of the patients were denovo metastatic. There were liver metastases in 68 (73.1%) patients. The mean follow-up time was 29.7 months. 76 (81.7%) patients received oxaliplatin-based therapy and 17 (18.3%) patients received irinotecan-based therapy. In patients with RAS wild-type colorectal cancer, the median PFS was 10.1 months in the panitumumab arm and 9 months in the cetuximab arm (p:0.22)(Figure1); median OS was 25.3 months in the panitumumab arm and 22.4 months in the cetuximab arm (p:0.89)(Figure 2). The ORR was 82.4% in patients receiving panitumumab and 59.5% in patients receiving cetuximab (p:0.015). Treatment was discontinued in 4 patients receiving panitumumab and 1 patient receiving cetuximab due to toxicity.
Conclusion: Panitumumab and cetuximab treatments were found to be similarly effective in the first-line treatment of patients with RAS wild-type metastatic colorectal cancer. The safety profiles of both agents were as expected. Panitumumab therapy may provide some improvement in objective response for patients with RAS wild-type metastatic colorectal cancer.

Keywords: RAS wild, panitumumab, cetuximab

Figure 1. Progression-free survival

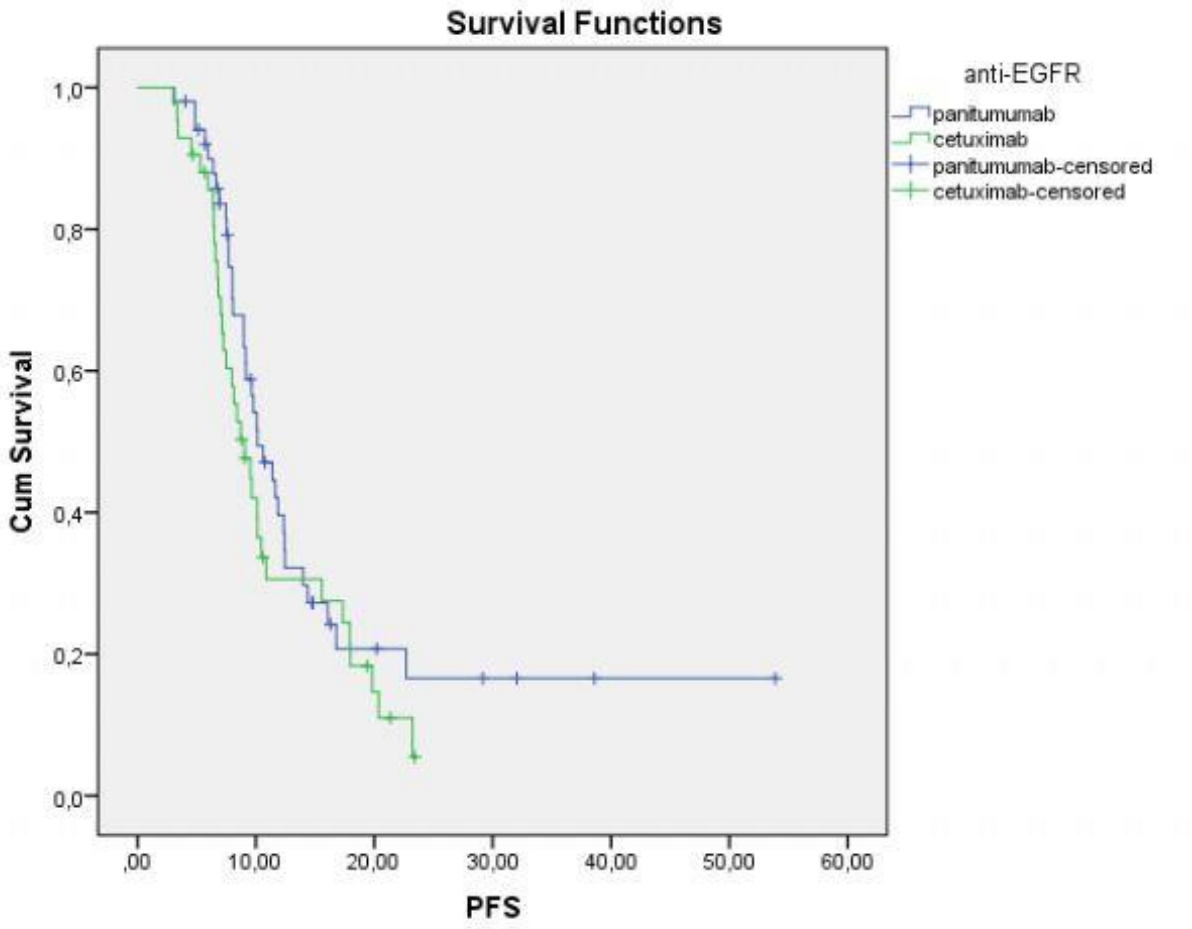


Figure 2. Overall survival

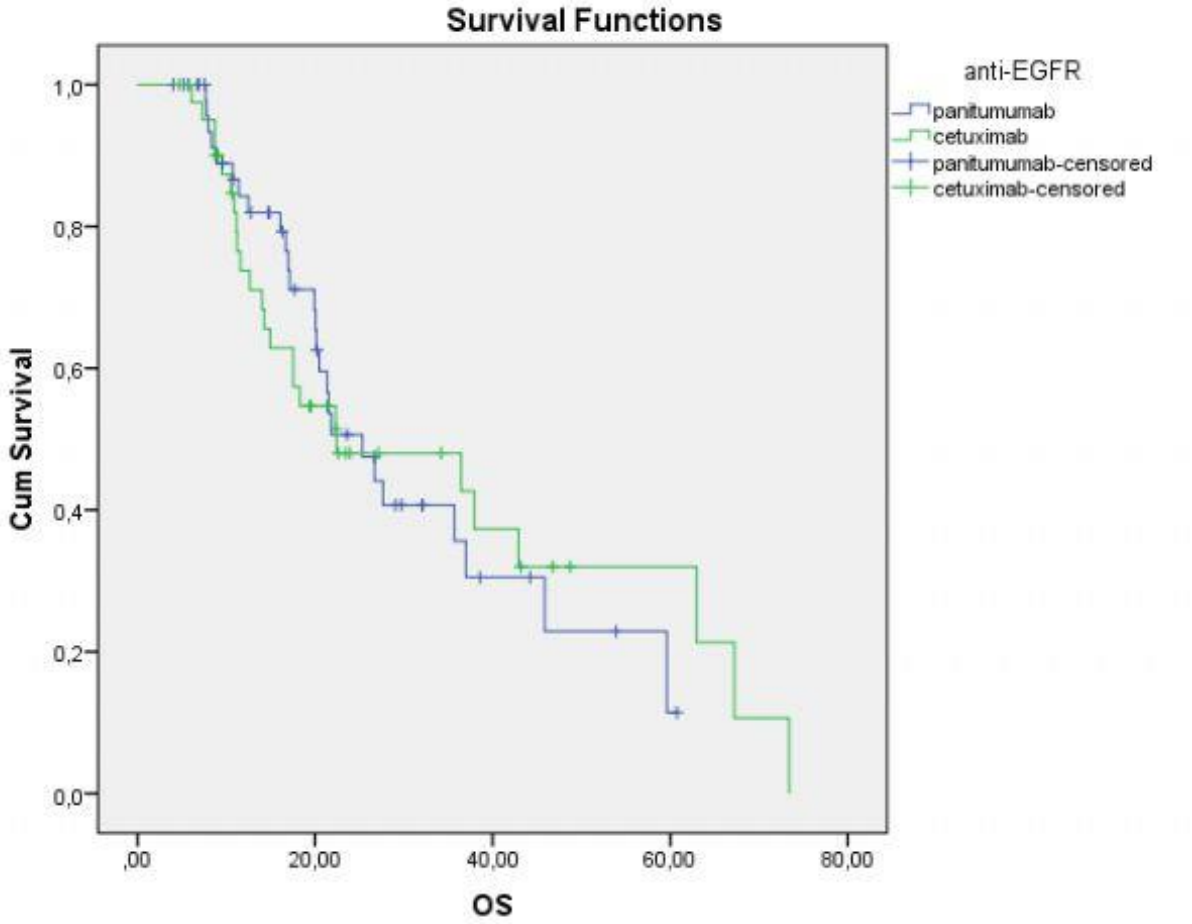


Table 1: Clinicopathological characteristics of the patients

		n (%)	Panitumumab	Cetuximab
Age (Mean±St.D.)		59.2 ± 11.07	58.3 ± 12.1	60.2 ± 9.7
Sex (male)		65 (69.9%)	32 (62.7%)	33 (68.6%)
ECOG	0-1	86 (92.5%)	50 (98%)	36 (85.7%)
	2			
Primary Surgery	Yes	70 (75.3%)	40 (78.4%)	30 (71.4%)
	No	23 (24.7%)	11 (21.6%)	12 (28.%)

De-novo metastasis	Yes	55 (59.1%)	33 (64.7%)	22 (52.4%)
	No	38 (40.8%)	18 (35.3%)	20 (47.6%)
Liver metastasis	Yes	68 (73.1%)	36 (70.6%)	32 (76.2%)
	No	25 (26.9%)	15 (29.4%)	10 (23.8%)
Chemotherapy backbone	Oxaliplatin-based	76 (81.7%)	44 (86.3%)	32 (76.2%)
	İrinotecan-based	17 (18.3%)	7 (13.7%)	10 (23.8%)

OP-19

Is education and information about ERAS protocol sufficient in Turkey?

Dilara Nur Turgut, Volkan Oter, Erdal Birol Bostanci

Department of Gastroenterology Surgery, University of Health Sciences, Ankara City Hospital, Ankara, Turkey

Introduction: Enchanged Recovery After Surgery (ERAS) is first started with the studies carried out in health centers in Northern Europe. With the ERAS protocol, it is aimed to regulate and improve postoperative physiological functions. Efforts were made to determine the disease and to transform the treatment experience of the patient during the hospital period into a high standard, measurable and improved process. ERAS requires the discipline of managing the disease process with standard care before, during and after the operation. The patient; It is essential that all healthcare practitioners, including physicians, nurses and nurses, are adequately trained and informed about the subject, and that the entire team works in a coordinated, conscious and active manner.
In our study, it was aimed to measure the level of knowing and applying the ERAS protocol of the nurses working in the surgical service, intensive care units or operating room in various centers in Turkey with a sample.
Method: A questionnaire was sent to the nurses in the hospitals serving in the health sector in Turkey and they were asked to fill in an anonymous form in accordance with the voluntary procedure.
Results: A total of 57 people, 13 (22.8%) men and 44 (77.2%) women, were included in the study. The duration of hospitalization of all participants was 29.8% for 15 years and above, 8.8% for 10-15 years, 15.8% for 5-10 years, and 45.6% for 1-5 years, respectively. Considering the distribution of the participants according to the unit they work at hospital was 46.4% in the operating room, 39.3% in the service and 14.3% in the intensive care unit, in order of frequency. Looking at the answer to the question "Have you ever heard of the ERAS protocol?", it was seen that 64.9% of the participants had never heard of the ERAS protocol. “Have you ever been trained in the ERAS protocol?” Looking at the answer to the question, it was seen that 89.5% of the participants did not receive any training on the ERAS protocol.
In addition, in response to the question of whether the ERAS protocol can be started in the preoperative period, 68.4% of the participants stated that they did not know about the subject and 2.6% stated that they thought that it would not be started in the preoperative period. Finally, in response to the question "Is the ERAS protocol applied in the unit you work in?", 68.4% of the participants stated that they did not know whether it was applied or not, and 10.5% of them stated that the protocol was not applied in their clinics.
Conclusion: Despite the studies on the necessity of applying the ERAS protocol all over the world, we believe that the information and education about the ERAS protocol in our country is insufficient. The implementation of the ERAS protocol can be increased by increasing the training on this subject.

Keywords: ERAS protocol, Surgery, Education

OP-20

Inhibition of High Mobility Group Box-1 as a New Treatment Target in Colon Cancer

Aliye Demet Demirag[1], Mustafa Yildirim[2], Vildan Kaya[3], Özlem Nuray Sever[2], Necla Benlıer[4], Gürkan Bal[5]

[1]Yeditepe University, Vocational School, Internet and Network Technologies Department, 34755, Istanbul,Turkey
[2]Sanko University, Faculty of Medicine, Division of Medical Oncology, Gaziantep, Turkey
[3]Antalya Bilim University, Vocational School of Health, Department of Medical Imaging, Antalya, Turkey
[4]Sanko University, Faculty of Medicine, Division of Pharmacology, Gaziantep, Turkey
[5]Institute for Allergology, Charité—Universitätsmedizin Berlin, Corporate Member of Freie Universität Berlin, Humboldt-Universität zu Berlin, and Berlin Institute of Health, 10117 Berlin, Germany

HMGB1 expression is known to play a role in the formation of different inflammatory diseases, including different types of cancer. Extracellular HMGB1 promotes cell migration and metastasis, thus playing an important role in the development and progression of cancers. The role of HMGB1 in the formation of different cancers has been reported by different research groups all over the world in liver, lung, breast, colorectal, prostate, cervical, and ovarian cancers. HMGB1 is actively secreted by macrophages or inflammatory cells such as monocytes and NK cells during tissue damage and oxidative stress. In this study, the most stable molecular geometry of 10 ligands that play an active role in colon cancer was determined using the Gaussian 09 program. The optimized geometries of these obtained molecules were used as initial data in molecular docking studies with the HMGB1 molecule. As a result of the calculations, the binding sites, binding affinities, and interaction types of these molecules with the receptor were determined and their contributions to the docking stability were compared. Molecular docking calculations were performed using AutoDock-Vina software. In addition, the possible toxic risk of 10 identified ligands was determined by the OSIRIS program. Possible side effects are also clarified by this study. The stability of the molecular localization was interpreted by determining the active site of the target receptor, interaction types, and bond lengths. The drug affinity and ADMET properties of these ligands were analyzed to predict pharmacokinetic profiles.

Keywords: Colorectal cancer, Molecular docking, HMGB1 molecule

Figure 1

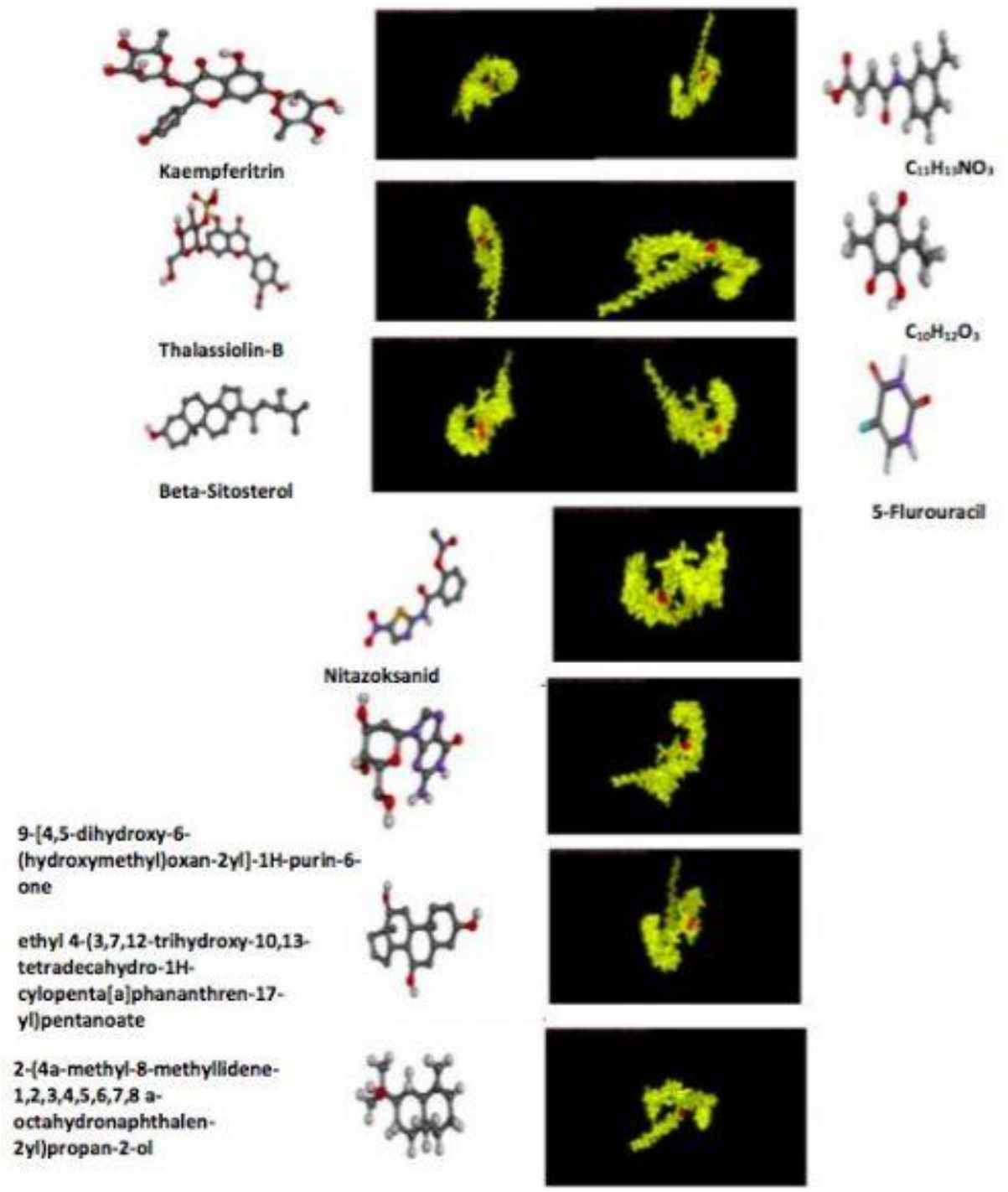


Figure 1. Interaction of 10 active ligands with Hmgb1 protein in colon cancer.

OP-21

Comparison of demographic and clinicopathological characteristics of Syrian refugees and Turkish patients with colorectal cancer

Canan Karan, Ilker Nihat Okten

Gaziantep Dr. Ersin Aslan Eğitim ve Araştırma Hastanesi

Introduction: Colorectal cancer (CRC) is the third most common cause of cancer-related death. Approximately 20 percent of patients have metastatic disease at the time of presentation, and 30 percent of the remaining develop metastasis in their life span. The incidence of colorectal cancer is relatively equal in men and women. [1] The median age at diagnosis is 67 years. But the incidence is rising steadily in younger patients. The approximate 5-year survival rate for colorectal cancer patients in the United States (all stages included) is 64.6%.

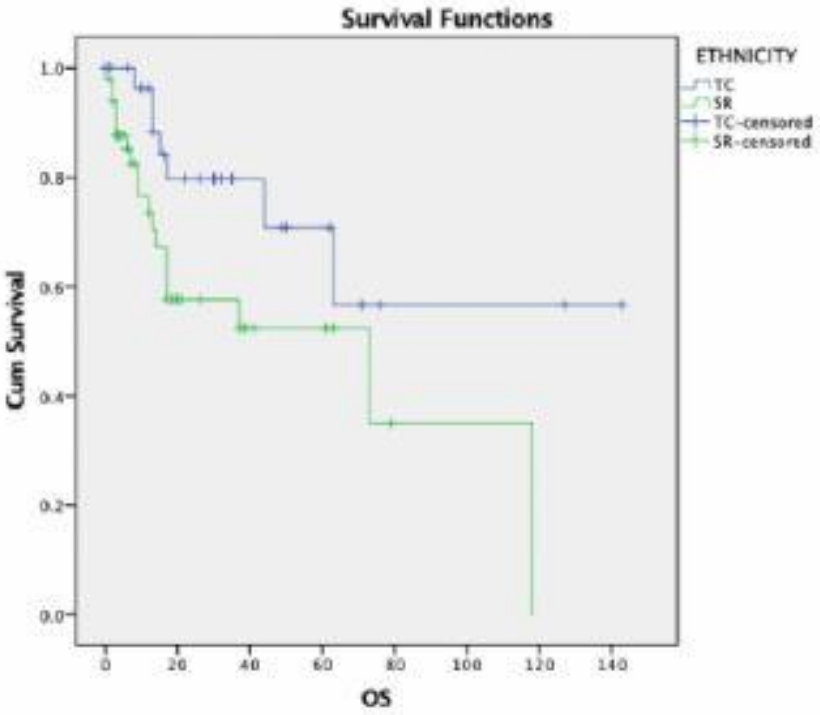
Method: A total of 132 patients, including 68 Syrian Refugees(SR) and 64 Turkish Citizens patients(TC), who were diagnosed with colorectal cancer in the Gaziantep Dr. Ersin Arslan Research and Training Hospital medical oncology clinic between 2014 and 2021 were included in the study. Patients' files were reviewed retrospectively. Age, gender, stage of diagnosis, primary tumor location, and overall survival time of the patients were recorded.

Findings: The mean age in SR was 48.25±13.3 and in TC, it was 54.95±12.05(p:0.003*). While the number of male and female patients was equal in TC, there was a numerously high but statistically insignificant female tendency(p=0.173**). 49(72.1%) of SR were operable at the Time of representation, and it was 54(87.1%) in TC. 39(57.4%) of SRs were metastatic (even De-Novo or Acquired), and 23(37.7%) of TCs' were metastatic(p=0.026**). Moreover, there was no statistically significant difference between the two groups(48.7% vs. 56.5% p=0.55). Right colon cancer was 23.5% in SR and 32.8% in TC. Finally median overall survival was statistically longer in TC vs SR (96,5m vs 59,8m HR: 0.40, 95% CI 0.17-0.97).

Conclusion: Our study stated that SRs with colorectal cancer were younger and had worse survival outcomes than TC. These results may occur due to poor social and economic conditions since all the health access and insurance conditions are the same in SRs and TCs. War is a health issue that brings a shortage of diagnosis and treatment of the disease.

Keywords: colorectal cancer, Syrian refugees, Turkish patients

Overall survival of the patients



Demographic characteristics of the patients

Characteristics	Syrian Refugee(n:68)	Turkish Citizen(n:64)	p-value
Mean AGE(± SD*), years	48.25±13.3	54.95±12.05	0.003*
GENDER			
male	26(38.2%)	32(50%)	0.173**
female	42(61.8%)	32(50%)	
INITIAL OPERABILITY STATUS			
operable	49(72.1%)	54(87.1%)	0.035**
Inoperable	19(27.9%)	8(12.9%)	
STATUS OF METASTATIS			
non-metastatic	29(42.6%)	38(62.3%)	0.026**
metastatic	39(57.4%)	23(37.7%)	
TUMOR SIDEDNESS			
right	16(23.5%)	21(32.8%)	0.235**
left	52(76.5%)	43(67.2%)	
TUMOR LOCALIZATION			
rectum	24(35.3%)	27(42.2%)	0.135**
left colon	28(41.2%)	16(25%)	
right colon	16(23.5%)	21(32.8%)	
METASTASIS TIME			
Denovo met.	19(48.7%)	13(56.5%)	0.55**
Secondary met.	20(51.3%)	10(43.5%)	

OP-22

Nuclear Protein Export Inhibitor Chemotherapy Combination for Pancreatic Cancer Therapy

Asfar Sohail Azmi[1], Mohammad Hafiz Uddin[1], Amro Aboukameel[1], Yiwei Li[1], Ramzi M. Mohammad[1], Mohammed Najeeb Al Hallak[1], Philip A. Philip[2]

[1]Wayne State University School of Medicine, Karmanos Cancer Institute Detroit Michigan USA
[2]Henry Ford Health Systems, Detroit Michigan USA

All patients with pancreatic ductal adenocarcinoma (PDAC) experience disease progression after gemcitabine-nab-paclitaxel (GemPac) treatment with a median time to progression of just under 6 months. There is an urgent need for more effective combination therapies for this highly recalcitrant disease. We evaluated the activity of selective inhibitor of nuclear exporter protein exportin 1 (XPO1) selinexor (Sel), with GemPac in pancreatic cancer cells, spheroids and patient derived explant tumors models. Poly A RNA sequencing was performed in PDAC cells post sel-GemPac treatment. Pre-clinical efficacy was evaluated in PDAC PDx and LSL-Kras G12D/+; Trp53 fl/+; Pdx1-Cre (KPC) mouse model mice with genomically characterized mutant KRAS and mutant p53 driven tumors. Single-nuclei RNA sequencing and spatial transcriptomics was performed to evaluate changes in tumor architecture in residual tumors from KPC mice. The safety and efficacy of Sel-GemPac was evaluated in a Phase Ib/II study in patients with metastatic PDAC (NCT02178436). 9 patients were exposed to selinexor (60 mg oral) with GEM (1,000 mg/m2 i.v.) and nab-paclitaxel (125 mg/m2 i.v.) on days 1, 8, and 15 of 28-day cycle. In Phase II portion of the trial, 4 patients were administered selinexor (60 mg oral) with GEM (1000 mg/m2 i.v.) on days 1, 8, and 15 of 28-day cycle.

In KPC tumor derived cell lines, selinexor or its new generation analog eltanexor inhibited cell growth and suppressed spheroid formation. Selinexor synergized with GemPac leading to superior inhibition of KPC cell lines (CI<1) and suppressed long term growth (colonies). RNA-seq data showed inhibition of DNA replication and nuclear transport associated genes in Sel or Sel-GemPac mediated growth inhibition. Sel-GemPac treatment resulted in enhancement in KPC mice median overall survival compared to controls ($p<0.05$). Immunohistochemical and molecular analysis of residual KPC tumors showed loosening of stroma (lower density of picosirius staining), suppression of proliferation and nuclear retention of tumor suppressor (FOXO3a) in the treated mice. Sn-RNA seq showed reduction in tumor cell heterogeneity (less cell clusters based on gene expression), reduction in stem cell markers and genes related to immune suppression. In spatial transcriptomic analysis, marked suppression of stroma supporting markers were observed in tumor and stromal compartments. In Phase I trial, two patients showed partial response, and 2 had stable disease. An outstanding, durable objective response was observed in one of the responders with progression-free survival of 16 months and overall survival of 22 months. One patient from Phase II showed stable reduction of tumor lesion from 38.3x33.2 cm (before) to 33.2-26.9 cm (after). The best imaging response based on RECIST 1.1 was minus 25%. This patient had an overall survival of 16 months. Collectively, our studies show that XPO1 is a valid therapeutic target in PDAC.

Keywords: Pancreatic ductal adenocarcinoma, Nuclear Protein Transport, Exportin 1 Inhibitor

POSTER PRESENTATIONS

PP-01

Gastric Metastasis of Merkel Cell Carcinoma: Case Report

Olcun Umit Unal

olcun umit unal

Introduction: Merkel cell carcinoma (MCC) is the primary neuroendocrine tumor of the skin. Staining with cytokeratin 20 (CK20) is reported at a rate of 90% in MCC. MCC is a very rare tumor and usually occurs with nodular lesions in the head and neck region in older men. Although it is known to be sensitive to chemotherapy, the response to chemotherapy is poor in metastaticcases. The most common sites of metastasis are skin, liver, lung and regional lymph nodes. Gastric metastasis of MCC is veryrare and in the form of case reports in the literature.
Case: A 79-year-old male patient noticed a mass in the gluteal region in May 2009. The mass was excised by the referred physician and its pathology was reported as Merkel cell carcinoma. No distant metastasis was detected in PET CT performed for initial staging. Then, 48 sessions of radiotherapy were applied at the external center for local control. There was no recurrenceor residue in the control PET/CT performed in December 2009. The patient admitted to the emergency department in February2010 because of numbness in the hands and weakness of the lower extremities was hospitalized due to acute neurologicalsyndrome. Brain CT performed to the patient who lost his consciousness during his hospitalization in the neurology service was reported to be consistent with leptomeningeal carcinomatosis. After malignant cell infiltration was detected in the CSF examination, he was transferred to the oncology service with the diagnosis of metastatic Merkel cell carcinoma. The patientreceived intrathecal 16 mg methotrexate and 8 mg dexamethasone for 2 days. Systemic chemotherapy was not given because of low performance status of the patient. Then, he had melena in the clinical follow-up and upper GIS endoscopy performedby Gastroenterology department revealed a 4 cm bleeding mass in the stomach corpus. Biopsy was taken from the mass and bleeding was controlled by sclerotherapy. Biopsy revealed Merkel cell carcinoma metastasis.
Discussion and Conclusion: MCC is an aggressive skin tumor with high potential for metastasis. Its histopathological diagnosis is difficult. Local recurrence rate is 55-79% and metastasis rate is 50% in MCC. Gastric metastasis is very rare and present with obstruction or bleeding. We decided to present it because it is a very rare tumor and a rare metastasis.

Keywords: merkel cell carcinoma, gastric metastasis

PP-02

A Case of Metastatic Colon Cancer Developing Resistant Hypocalcemia Due to Long-Term 5-Fu Treatment

Burçin Çakan Demirel, Tolga Doğan, Melek Özdemir, Taliha Güçlü Kantar, Burcu Yapar Taşköylü, Atike Gökçen Demiray, Serkan Değirmencioğlu, Arzu Yaren, Gamze Gököz Doğu

Pamukkale Üniversitesi Tıp Fakültesi, Tıbbi Onkoloji Bilim Dalı, Denizli

Objective: Colon cancer is the 3rd most common type of cancer in the world. According to the 2020 data of IARC (International Agency on Cancer for Research) affiliated to the World Health Organization, the number of newly diagnosed colon cancer patients is 1 931 590 all over the world. It is the 2nd in the world in cancer death order and the number of deaths in 2020 is 935 173 (1). Patients with metastatic colon cancer are exposed to multiple treatment protocols and experience multiple side effects of chemotherapy. The case that we are going to present should be an example that we should always keep in mind the side effects of traditional chemotherapies.

Case: Colonoscopy was planned for the 75-year-old male patient due to iron deficiency anemia in the examinations. In the colonoscopy, a tumoral mass was detected in the proximal of the transverse colon. Systemic imaging revealed a 16 mm metastatic focus in liver segment 7. The patient was operated and classified as colon adenocancer pT3N1M1. The patient received 12 cycles of FOLFOX+panitumumab treatment. Despite being responsive to treatment, oxaliplatin treatment was discontinued due to the development of neuropathy in the patient. The treatment was continued as 6 cycles of FOLFIRI+panitumumab. Pliazon cream and doxycycline were started to the patient due to the development of grade 3 skin toxicity due to panitumumab. After the treatment, the patient's rash regressed. During the patient's FOLFIRI+panitumumab treatment, the calcium level was measured as 5.46 mg/dL, the corrected calcium level was calculated as 6.22 mg/dL. The patient was given IV calcium replacement. Oral treatment calcium replacement was started. After the desired 25 hydroxy vitamin D level was 6.37 ug/L, vitamin D replacement was started. Despite the replacement, the desired calcium level was measured as 5.31 mg/dL in the control examinations requested by the patient. Active vitamin D deficiency was considered secondary to the patient's long-term treatment with 5-fluorouracil and leucovorin. Active vitamin D was started with calcium replacement in the patient. In the control tests performed one week later, the calcium level was measured as 8.65 mg/dL. The patient received multi-row therapy for metastatic colon cancer in the follow-up.

Conclusion: Patients with colon cancer receive multiple-line treatments during their metastatic period and side effects should be avoided. In a study by Y Kido et al., it was reported that 65% of patients with colon and gastric cancer had hypocalcemia after 5-fluorouracil/leucovorin treatment (2).

1- https://gco.iarc.fr/today/data/factsheets/cancers/8-Colon-fact-sheet.pdf
2-Kido Y, Okamura T, Tomikawa M, Yamamoto M, Shiraishi M, Okada Y, Kimura T, Sugimachi K. Hypocalcemia associated with 5-fluorouracil and low dose leucovorin in patients with advanced colorectal or gastric carcinomas. Cancer. 1996 Oct 15;78(8):1794-7. PMID: 8859194

Keywords: metastatic colorectal cancer, chemotherapy, adverse events

PP-03

Chemoradiotherapy in combination with surgical treatment of pancreatic cancer

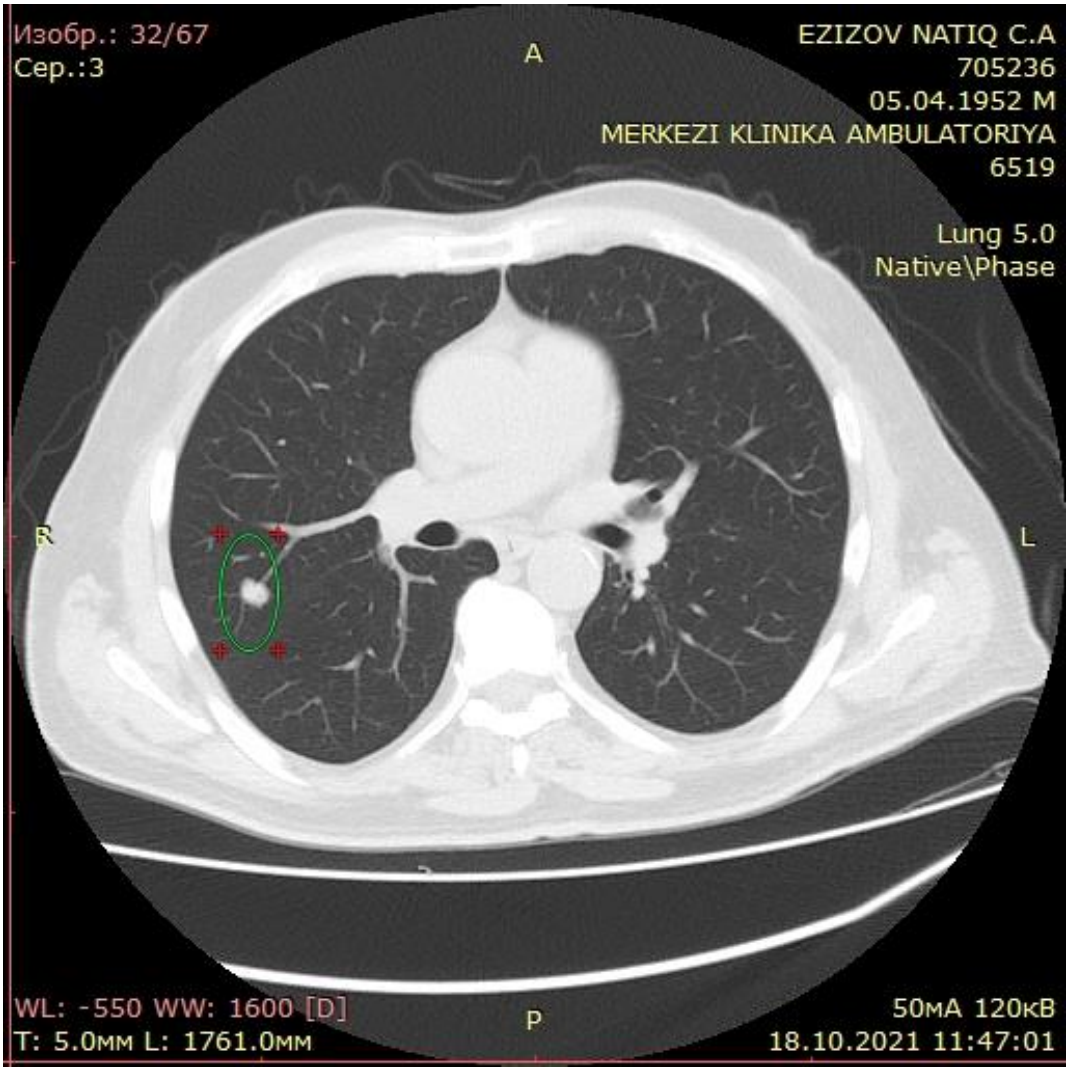
Alina Kazimova, Samira Makhmudova

National Oncology Center of the Ministry of Health of the Republic of Azerbaijan

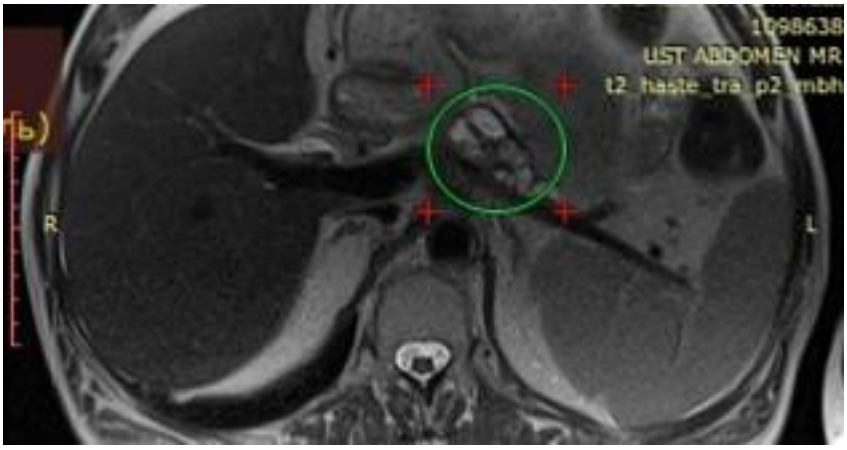
Introduction: Despite the advances in oncology over the past decade, pancreatic cancer (PC) is still one of the most frequent causes of death worldwide. The overall 5-year survival rate for all patients is less than 5%: 15% to 20% of patients have a resectable or borderline resectable disease with a median survival (MS) period of 20 to 24 months, 25% to 30% have a locally advanced or unresectable disease with MS period of 8 to 14 months, and 50 to 60 have a metastatic disease with MS of 6 to 12 months.
Purpose: To show the effectiveness of chemoradiotherapy in combination with surgical treatment of pancreatic cancer.
Materials and Methods. Patient E.N., 63 years old, was admitted to the NOC in May 2017 with complaints of weight loss and banding pain in the upper abdomen. An MRI scan revealed a 60x35 mm mass in the pancreas body with invasion into the portal vein and SMA. In addition, EUS was performed - cystic mass in the body of the pancreas was revealed, the biopsy was taken. Clinical diagnosis: pancreatic cancer, T4N0M0, III stage.
Results. From June to September 2017 the patient received VII courses of neoadjuvant chemotherapy (CT) by FOLFIRINOX regimen. Control MRI examination showed that tumor size reduced to 40x25 mm with invasion into the portal vein and SMA. In October-November 2017 the patient received concurrent chemoradiotherapy. Irradiation was performed by IMRT -locoregional 1.8 Gy/per fraction/ totally 45 Gy, the tumor bed 1.8Gy/per fraction/ totally 50.4 Gy combination with oral capecitabine daily for the entire period of irradiation. In December 2017, the control MRI revealed a 20% regression of the tumor without signs of invasion into vessels. On December 19, 2017 was performed subtotal pancreatectomy + splenectomy. Pathomorphological conclusion - mucinous adenocarcinoma, without invasion into SMA and SMV, R0, pathomorphosis III. In January-June 2018 the patient received VIII courses of adjuvant Gemcitabine +Capecitabine CT. According to the results of follow-up examinations, the patient was in remission until October 2021. In October 2021, a chest CT scan revealed a solitary metastasis in the right lung. The patient underwent radiation therapy (SBRT -15Gy/per fraction/totally 45 Gy). On August 11, 2022, PET-CT was performed. The patient is in remission.
Conclusion: The above clinical observation allows us to conclude that the combination of chemoradiotherapy with surgery is an effective method for the treatment of PC.

Keywords: pancreatic cancer, chemotherapy, radiotherapy

IMG-0019



MRI img pancreas



PP-04

Gemcitabine based volumetric modulated arc therapy of partially resected or unresectable pancreatic cancer

Kamal Kazimov[1], Isa Isayev[1], Niyazi Asgerov[1], Naila Guliyeva[1], Razida Kaziyeva[1], Gulmira Nasirova[1], Gunel Haci[1], Ulviyya Nabizade[1], Nigar Aliyeva[1], Rasim Zeynalov[2], Samira Mahmudova[2]

[1]Radiotherapy Department, National Centre of Oncology, Baku, Azerbaijan Republic
[2]Chemotherapy Department, National Centre of Oncology, Baku, Azerbaijan Republic

Objective: Pancreatic cancer (PAC) is the most difficult treated oncological disease with a prognosis that remains very poor with 5-year survival less than 5% in most reports. However, the use of different regimes of chemoradiotherapy (CRT) has been published there is a large field for using new possibilities of radiotherapy (RT) in combination with chemotherapy (CT) agents.
Methods: A retrospective review of 21 patients (2013-2021) with PAC who underwent adjuvant combined VMAT radiotherapy and Gemcitabine-based CT. The RT dose was 36 Gy in 2.4 Gy per fraction. The target included radiographically determined tumors and regional lymph nodes. Planning target volume (PTV) to Gross Tumor Volume (GTV) was 1 cm and around regional lymph nodes 0.5 cm. 10 patients were postoperative and 11 with unresectable disease. Gemcitabine was in a dose of 1000 mg/m2 given every treatment week in 1, 8, and 15 days of radiotherapy. Follow-up was every month after treatment and patients' Pet-CT and MRI images were reviewed.
Results: Median follow-up was 10.4 months. 4 (19%) patients died 1 month after treatment because of the progression of local disease and 6 (28%) patients from remote metastases. During the follow-up period, 10 (47.6%) patients died and 11 (52.4%) were alive till the publication date. Median overall survival was 18 months. Gastrointestinal toxicity (GI) >= grade 3 (EORTC).
Conclusion: Our findings approve of the effectiveness of using full-dose Gemcitabine-based chemotherapy in combination with VMAT radiotherapy in standard doses. This method has good results in lowering GI toxicity and allows concentrating doses in primary unresectable or partially resected tumors and regional lymph nodes.

Keywords: pancreatic cancer, volumetric modulated arc therapy, chemotherapy

PP-05

The role of ultrasound examination in determining the increased frequency of various hyperplastic processes of the endometrium against the background of the Covid-19 pandemic

Sevinc Rahimzade, Lala Hasanova, Banu Alakbarova

National Center of Oncology

The first case of Covid-19 infection in the Republic of Azerbaijan was recorded on 28.02.2020. It is known that new coronavirus infection not only damages the respiratory tract, but also is characterized by post-covid syndrome at a later stage. In fertile women, this manifests itself as menstrual cycle disorders and menorrhagia, polymenorrhea, proyomenorrhea.
Since June 2020, the admission of fertile women due to the delay of the menstrual cycle and subsequent bleeding, and the menopausal patients due to bleeding have significantly increased. For this reason, a transvaginal and transabdominal ultrasonography using the dopplerography was conducted among the patients who were confirmed to have the Covid-19 infection as a result of the laboratory examination, who received treatment, and those who had a mild illness without receiving any treatment. The examination was conducted on 160 patients from June 2020 to June 2022 (62 fertile women and 98 postmenopausal women). As a result of ultrasound examination, it was determined that endometrium thickened 18 mm or more in fertile women and 10-22 mm in postmenopausal women, the echostructure was mainly isoechoic, hyperechoic with cystic inclusions, vascularization increased, and the RI index changed between 0.3-0.7, respectively. Ultrasonographic results were compared with histopathological examination results.
Research Results:
In 62 fertile women:
Endometrial polyp - 14
Cystic-glandular endometrial hyperplasia-19
Glandular endometrial hyperplasia - 14.
Atypical endometrial hyperplasia - 11.
Endometrial cancer - 4.
In 98 postmenopausal women:
Endometrial polyp - 11
Cystic glandular endometrial hyperplasia - 24.
Glandular endometrial hyperplasia - 9.
Atypical endometrial hyperplasia – 31.
Endometrial cancer - 23.

Keywords: covid-19, endometrial hyperplasia

Results

Endometrial polyp	25
Cystic-glandular endometrial hyperplasia	43
Glandular endometrial hyperplasia	23
Atypical endometrial hyperplasia	42
Endometrial cancer	27

The results showed that the cause of postcovid menorrhagia is mostly atypical and cystic-glandular hyperplasia Sensitivity of ultrasonographic examination using dopplerography is 93%, specificity is 91%.

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