Table: 310P Characteristics		
	n	%
Site of tumour	n=95	
Ampullary	44	46.3
Head of pancreas	33	34.7
Distal CBD	10	10.5
Duodenal	8	8.4
Stage		
IA	5	5.2
IB	29	30.5
IIA	10	10.5
II	13	13.6
IIIA	12	12.6
IIIB	5	5.2
IV	21	22.1
Histology	n=93	
Adenocarcinoma	61	65.5
Intestinal	18	19.3
Pancreaticobiliary	14	15.0
Type of chemotherapy	n=77	
Adjuvant	55	71.4
Palliative	20	25.9
Neoadjuvant	2	2.5
Regimen	n=61	
5-FU+GEM based only	17	27.8
GEM based only	18	28.5
5-FU based only	26	42.6
Survival		
mDFS	Not reached	
3yr DFS		62.7%
2yr DFS		80.6%
mPFS	17 months	8-26 months,95%CI
mOS	Not reached	

Conclusions: In conclusion, our study underscores the favorable outcomes observed in early-stage resectable PA Ca, with mDFS not reached. First-line chemotherapy yielded a PFS of 17 months for residual or metastatic disease, while mOS was not reached. Further research is imperative to refine PA Ca management strategies and optimize outcomes.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2024.05.453

311P The forgotten tumor: Impact of histological subtype on overall survival of patients with ampullary adenocarcinoma in the Mexican population

E. García[1], G. Calderillo Ruiz[1], S. Zilli Hernández[1], M.D.C. Diaz Romero[2], B. Carbajal[3]

[1]Medical Oncology Department, INCAN - Instituto Nacional de Cancerologia, Mexico City, Mexico; [2]Oncology Dept., INCAN - Instituto Nacional de Cancerologia, Mexico City, Mexico; [3]Clinical Research, INCAN - Instituto Nacional de Cancerologia, Mexico City, Mexico

Background: Ampullary adenocarcinoma represents only 0.2% of gastrointestinal tumors and 7% of periampullary neoplasms. Generally, patients with ampullary adenocarcinoma have better oncologic outcomes when compared to other tumors of the biliary tract and pancreas. A higher incidence has been reported in the Hispanic population and has been associated with a higher hazard of death when compared to non-Hispanic white population. There are differences in survival depending on the histological subtype, with a median of 33 - 41 months in the pancreatobiliary subtype vs 72 - 80 months in the intestinal subtype.

Methods: Retrospective cohort study, evaluating 120 patients with ampullary adenocarcinoma clinical stages I - IV who received treatment at Instituto Nacional de Cancerología of Mexico between 2008 and 2021. Overall survival analysis was performed using Kaplan Meier test and Cox regression to determine independent predictive factors, using survival as the dependent variable and significant independent variables ($p < 0.05$) from univariate analysis.

Results: The median survival by histological subtype was 15 months (95% CI, 11.04 - 18.95) in the intestinal subtype and 13 months (95% CI, 8.43 - 17.52) in the pancreatobiliary subtype; Log Rank; $p = 0.15$. In the multivariate analysis, unresectable disease (HR = 2.89; 95% CI, 1.48 - 5.62; $p = 0.002$) and adjuvant chemotherapy (HR = 0.42; 95% CI, 0.27 - 0.66; $p = 0.001$) were independent predictive factors of survival.

Conclusions: Overall survival was not significantly different between patients with ampullary adenocarcinoma with intestinal subtype vs pancreatobiliary subtype. Disease stage and adjuvant therapy are independent predictive factors of survival. The prevalence of microsatellite instability (MSI) has been identified in 18% of the population and HER2 amplification in 13 - 23% of cases. These biomarkers appear promising.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2024.05.454

312P Trastuzumab plus lapatinib for second-line treatment of human epidermal growth factor receptor 2-positive advanced biliary tract adenocarcinoma: A retrospective single-centre study

D. Mondal, R. Roy, S. Meyur

Medical Oncology, Saroj Gupta Cancer Centre & Research Institute, Kolkata, India

Background: Human epidermal growth factor receptor 2 (HER2) overexpression or amplification is found in 10-20% of biliary tract cancers (BTCs). We aimed to evaluate the combination of trastuzumab and lapatinib as a second-line treatment option in HER2+ advanced BTCs.

Methods: In this single-center retrospective study, clinical information of consecutive adult patients with HER2-positive (defined as immunohistochemistry [IHC] 3+ or IHC 2+ and fluorescent in situ hybridization positive) advanced BTC who received second-line trastuzumab plus lapatinib after progressing on first-line chemotherapy or chemo-immunotherapy was included. Appropriate survival and descriptive statistics were used to estimate six-month progression-free survival (PFS), objective response rate (ORR), and adverse events.

Results: Twenty-one patients (n=21) with a gall bladder carcinoma majority (95.2%) received trastuzumab plus lapatinib. The first-line treatment was gemcitabine and cisplatin in 71.4%, gemcitabine and oxaliplatin in 19%, and durvalumab added to gemcitabine-platinum combination in 9.5%. With a median follow-up of 7.5 months, the 6-month PFS rate was 42.9% (95% CI 28.6-57.1). A complete response was seen in 4.8% of cases, and 38.1% had a partial response as the best response to treatment, making an ORR of 42.9%. The most frequent AEs were diarrhoea and rash, with grades$\geq$3 AEs seen in 14.3%.

Conclusions: This study demonstrated trastuzumab plus lapatinib as a chemotherapy-free treatment option with encouraging efficacy in second-line treatment of advanced HER2-positive BTCs. This combination merits further evaluation in prospective studies.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2024.05.455

313P Disease and treatment patterns for advanced cholangiocarcinoma: A multicentric study from Portugal

J.C.N. Gonçalves[1], A.R.R. Freitas[2], A.R. Fortuna[3], M.B. Menezes[4], J. Gramaça[1], I.C. Gomes Fernandes[1], I.C. Angelo[1], C.F.P. Trabulo[1], C. Xavier de Sousa[1], I.M. Matos Pina[1]

[1]Medical Oncology Department, Hospital Nossa Senhora do Rosário (Centro Hospitalar Barreiro Montijo, EPE), Barreiro, Portugal; [2]Oncology Dept., Hospital Prof. Dr Fernando Fonseca EPE (Hospital Amadora/Sintra), Amadora, Portugal; [3]Oncology Department, Centro Hospitalar Universitário do Algarve - Hospital de Faro EPE-SNS, Faro, Portugal; [4]Medical Oncology, Hospital Espírito Santo de Évora, Évora, Portugal

Background: Gemcitabine plus cisplatin (GC) was standard first-line treatment for advanced biliary tract cancers until recently, supported by the UK ABC-02 study. However, TOPAZ-1 showed survival improvement with Durvalumab plus GC. Nevertheless, a significant proportion of patients face challenges with GC tolerability, prompting into alternatives such as gemcitabine and carboplatin (GCb). Moreover, there remains a paucity of stratified data pertaining to cholangiocarcinomas (CCA). We analyzed 5-year trends to determine treatment rates and cisplatin use in the real world.

Methods: Multicenter study at four hospitals included unresectable/metastatic CCA patients diagnosed from 2018 to 2023, with follow-up until March 2024. Patient records were consulted.

Results: Were included 80 patients, 71.3% male, 28.7% female, median age 67 [40-86]. There were 28 Extrahepatic CCA (ehCCA) comprised 35%, intrahepatic (ihCCA) 60%, and 5% undefined. Metastatic disease was found in 54 patients (33.3% ehCCA, 66.7% ihCCA), mainly in the liver (66.7% overall). Was observed lymph node metastasis (24.1% overall, 33.3% ehCCA, 20% ihCCA), bone (13.0% overall, 5.6% ehCCA, 17.1% ihCCA), peritoneum (9.3% overall, 16.7% ehCCA, 5.7% ihCCA) and lung (9.3%

overall, 5.6% ehCCA, 11.4% ihCCA). About 21.25% were ineligible for treatment due to ECOG PS $\geq$ 3. Concerning the treated (78.75%, n=63), 55.6% received GC, 11.1% GCb, 22.3% gemcitabine, and 11.1% other protocols. 4.5% had FOLFIRINOX for conversion, and 27.0% received GEM or CAP monotherapy due to ineligibility for platinum-based regimen. Twenty-six patients (41.3%) received 2nd ChT.

Conclusions: Observations revealed a distribution of 1/3 ehCCA and 2/3 ihCCA cases. Notably, ehCCA exhibited a higher prevalence of lymph node and peritoneal metastases, while ihCCA showed higher bone and lung metastases. 1/5 of patients were ineligible for treatment, with only half receiving GC. Due to the recent approval of durvalumab association, only 2 received immunotherapy; Among those initiated on treatment, there was an attrition rate of 40% between 1st to 2nd palliative treatment. This could limit access to immunotherapy combinations unless other ChT protocols prove beneficial. Moreover, the low percentage of patients receiving 2nd-line treatment emphasizes the importance of selecting the most effective initial treatment.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2024.05.456

314P Real-world experience of carboplatin and gemcitabine combination chemotherapy in advanced biliary tract cancer: A single centre experience from Nottingham University Hospitals (UK)

A. Arora[1], J. Hanna[2], D. Ponda[2], B.A. Baraka[3], D. Gomez[2], G. Aithal[4]

[1]Oncology Dept., Nottingham City Hospital, Nottingham, UK; [2]School of Health Sciences, University of Nottingham, Nottingham, UK; [3]Oncology Department, Nottingham City Hospital, Nottingham, UK; [4]School of Medicine, University of Nottingham, School of Health Sciences, Nottingham, UK

Background: Biliary Tract Cancers (BTC) are heterogeneous group of malignancies encompassing Gall Bladder, Ampullary, and Cholangiocarcinoma (CCA). BTC typically present at advanced stages, leading to poor prognoses. The incidence & mortality of BTC is rising. The standard first-line chemotherapy, as per the ABC-02 study since 2010, involves cisplatin and gemcitabine. Recently, Durvalumab in combination with chemotherapy (TOPAZ-1 study) has gained approval. For frail patients unfit for cisplatin, carboplatin serves as an alternative.

Methods: We conducted a retrospective analysis of median overall survival (mOS) and progression-free survival (mPFS) among patients with locally advanced or metastatic BTC treated with carboplatin and gemcitabine between April 2018 and March 2023 by identifying patients from multidisciplinary team records of university hospital. Data analysis was conducted using SPSS Statistics, Version 28.0. Survival analysis was done using Kaplan Meier curve to estimate cumulative survival possibilities. Log rank test was used to compare differences between survival rates.

Results: Of the 66 patients studied (58.2% males, mean age 68.2 years), the mOS was 8.97 months (95% CI:6.78-11.16), and mPFS was 5.88 months (95% CI:4.78-6.98). mOS varied among cancer types: gall bladder cancer (6.57 months), intra-hepatic CCA (7.46 months), peri-hilar CCA (9.17 months), extra-hepatic CCA (10.94 months), and ampullary cancer (14.1 months). The corresponding mPFS for these types was 2.95 months, 5.88 months, 5.78 months, 6.37 months, and 8.02 months, respectively. Significantly poor mOS & mPFS was noted in patients receiving less than 4 cycles of chemotherapy; baseline CA19.9 >2000; baseline ALP >180; baseline Albumin <34; baseline Bilirubin >13; and baseline Neutrophil Lymphocyte ratio >4 (all ps<0.05). Common toxicities included haematological, with thrombocytopenia (60.6%), neutropenia (48.5%), and anaemia (50.0%) being notable.

Conclusions: Despite the limited sample size, our study underscores the efficacy of carboplatin-based chemotherapy regimen in treating advanced biliary tract cancers. Additionally, it sheds light on clinical parameters influencing survival outcomes.

Legal entity responsible for the study: Arvind Arora.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2024.05.457

315P Identifying educational needs among European oncologists in the era of targeted therapies for management of cholangiocarcinoma

C. Mardis[1], P. Chen[2], V. Fotaki[3], J.R. White[1]

[1]Educational Strategy, PeerVoice, Luxembourg; [2]Educational Outcomes, PeerVoice, Luxembourg; [3]Medical Content Development, PeerVoice, Luxembourg

Background: While targeted therapies (TT) are guideline-recommended for the treatment of patients with cholangiocarcinoma (CCA) and actionable alterations, clinicians face significant challenges when integrating these novel treatments into routine care. The objective of the current study was to identify knowledge and competence gaps among European oncologists related to molecular testing and TT in order to inform the design of future educational initiatives aimed at improving patient care and outcomes through optimisation of CCA management.

Methods: Data were collected through baseline assessments conducted across six online continuing medical education activities launched from December 2022 to December 2023. A total of 301 European oncologists participated in the assessments, generating 1,583 pooled responses across 31 questions.

Results: Substantial gaps were identified across all assessed knowledge and competence domains (Table). Particularly high rates of incorrect responses were observed in: knowledge of the appropriate timing of, and strategies for, biopsies to facilitate molecular testing (70%), knowledge of the adverse effect profiles of TT (73%), competence in detecting acquired resistance mutations to TT (74%), and competence applying a multidisciplinary team (MDT) approach to molecular testing (72%). Chi-square tests indicated significantly larger gaps among community versus academic oncologists in knowledge related to the use of TT ($P < .05$) and in knowledge and competence related to the MDT approach ($P < .05$).

Table: 315P Incorrect response rates by oncologists' practice settings

Measure group	Incorrect response rates (Total number of pooled responses)		
	Academic	Community	Total
Knowledge related to the use of molecular testing in the management of patients with CCA (10 questions)	62% (295)	61% (207)	62% (502)
Knowledge related to the use of TT in the management of patients with CCA (9 questions)	48% (262)	58% (166)	52% (428)
Competence in designing contemporary management plans for CCA (9 questions)	48% (289)	48% (180)	48% (469)
Knowledge and competence related to the use of an MDT approach to facilitate molecular testing and TT of CCA (3 questions)	50% (113)	66% (71)	57% (184)

Conclusions: This study highlights knowledge and competence gaps that may contribute to a lack of comprehensive molecular testing and appropriate use of TT in patients with CCA. Tailored educational initiatives focused on addressing the identified gaps may better equip clinicians to optimise care and outcomes in patients with CCA.

Legal entity responsible for the study: PeerVoice.

Funding: The continuing medical education activities referenced and the baseline assessment data analysed in the current study were supported by independent educational grants from Taiho Oncology Europe GmbH, Servier Pharmaceuticals LLC, and Incyte Biosciences International Sàrl. The study itself was conducted independently of these funding sources.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2024.05.458

316P Primary gallbladder cancer and the risk of gastrointestinal multiple primary malignancies

J. Shehata[1], A. Ellaithy[2]

[1]Faculty of Medicine, Cairo University, Cairo, Egypt; [2]Gastroenterology, Suez Canal University, Ismailia, Egypt

Background: Gallbladder cancer (GBC) is a rare malignancy representing 1.2% of all cancers according to GLOBOCAN 2022 data. It is considered one of the deadliest gastrointestinal (GI) cancers responsible for 89,055 (0.83%) deaths globally. GBC has a slowly progressive course leading to late diagnosis. Multiple primary malignancies (MPM) involving the gallbladder are rarely reported in the literature but significantly affect patient mortality. So this study aims to assess the risk of developing second primary GI malignancy following primary GBC.