

posters

P – 163 **Choice of first line treatment and survival in metastatic colorectal cancer – a retrospective analysis**

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Introduction: Selection of first line treatment for patients with metastatic colorectal cancer (mCRC) is based on tumour and patient related factors. The wide and increasingly use of targeting agents in this setting are proven to be beneficial in first line treatment. Increasing evidence suggests that this first line treatment is of great importance and its impact is being studied in prospective studies. In this retrospective analysis, we aimed to analyze the first treatment used and its potential impact on overall survival (OS).

Methods: Retrospective study of patients diagnosed and treated in our institution with metastatic colorectal cancer between January 2009 and December 2014. Specific filters of search were applied as patients with metastatic adenocarcinoma with unresectable disease having chemotherapy and confirmed death certificate. The clinicopathologic

features as age, gender, tumor histologic type, first treatment administered and time between diagnosis and death were assessed. Treatment was stratified and divided into 4 categories: 1) Infusional 5-FU; 2) FOLFIRI; 3) FOLFOX-4; 4) CT plus targeted therapy. Data was analyzed using IBM SPSS v22.

Results: We evaluated 137 patients (48 women and 89 men) with a median age at diagnosis of 65 years (38-86). Primary tumor localization was the rectum (21.7%), sigmoid (19.7%), right colon (29.9%) and left colon (29.2%). First line treatment with chemotherapy (CT) Infusional 5-FU represented 27%, FOLFIRI 24.1%, FOLFOX-4 29.9% and CT plus targeted therapy 19%. Median OS in the CT plus targeted therapy group was 24.7 months (95% CI 7.8-41.6) followed by FOLFOX-4 with 24.5 months (95% CI 16.2-32.8), FOLFIRI with 17.5 months (95% CI 11.2-23.9) and Infusional 5-FU group with 14.7 months (95% CI 4.9-24.5). Overall comparison between each treatment were not statistically significant (log rank = 0,159). There was no statistically difference in subgroup analysis by age.

Conclusion: Patients with mCRC are having increasingly improved overall survivals with many of the treatments available. In this small study, no statistical difference was found between the four main options used in first line treatment of mCRC and survival. Upfront use of targeted therapy represented a small portion of the patients in our center (19%). Some limitations of this study were that further lines of therapy and changes in resectability status of lesions were not assessed. More prospective studies are needed to define the ideal first line therapy and the best timing for each therapy.