Results: Totally, 31 patients received TAS-102 and 22 patients received TAS-Bevacizumab. The mean age at diagnosis was 62 years old and 51% were male patients. Mutation of RAS was present in 66% patients at diagnosis, 38% had left-sided tumors and 60% were stage IV at diagnosis. All patients received previous lines of chemotherapy, the majority of patients (66%) started TAS-102 and TAS-Bevacizumab in third line and 81% had an ECOG PS 0-1. Median progression-free survival (PFS) was 7.4 months in TAS-Bevacizumab group [95% confidence interval (CI), 6.4-9.3] and 4.8 months in TAS-102 monotherapy group (hazards ratio 0.58; 95% CI, 1.8-6.1). Although a relatively higher incidence of grade equal or superior than 3 neutropenia was observed in both groups (32% of TAS and 45% TAS-Bevacizumab), the incidence of febrile neutropenia was low (3.2% vs 4.7%). Fatigue was an important symptom during treatment with grade equal or superior than 3 in 16.1% of TAS vs 0% in TAS-Bevacizumab.

Conclusions: In this real-world setting, patients with chemorefractory mCRC, the treatment with TAS-102 plus bevacizumab, as compared with TAS-102 monotherapy, was associated with a significant and clinically relevant improvement in PFS with tolerable toxicity, as showed in C-TASK FORCE and SUNLIGHT.

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P-296 Pain management in pancreatic cancer

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Background: Pancreatic cancer is one of the leading causes of cancer death worldwide, the majority of patients are initially diagnosed at an advanced stage and pain is the most common symptom. The best pain management represents a real challenge to ensure a better quality of life for patients. The aim of this study is to evaluate the therapeutic management of pain in daily clinical practice in our medical oncology department.

Methods: We carried out a retrospective study on patients treated for pancreatic cancer in the Medical Oncology department - CHU Tlemcen between the period 2010-2020; we analyzed the prevalence of the pain and it therapeutic management.

Results: A total of one hundred thirty patients with pancreatic cancer were enrolled in this period of study; 56% were male; median age at diagnosis was 61.2 years [41-111]. Abdominal pain syndrome was the main reason for consultation (95 cases), nociceptive pain was the most common type. Thirty-five patients were completely pain free at time of diagnostic. The disease was diagnosed in the majority of cases at a metastatic stage (63%) and locally advanced stage (32 %). The most common site metastatic was liver (59 cases) peritoneum and ascites (28 cases). Analgesic treatment was prescribed in 73% des cases according the three tiers WHO, after pain assessment with a Visual Analog Scale (VAS): 24% of patients received an analgesic treatment (Level I), 43% (Level II) and 6 % (Level III). The combinations of level I and II of analgesics treatment were found in 39 %. Co analgesics were prescribed in 69 % of cases (the steroidal and no steroidal anti-inflammatories). The analgesic treatment was associated with the specific treatment: chemotherapy (71%), based on monotherapy such as Gemcitabine or Capecitabine and polychemotherapy such as Fofirinox or Gemcis. The combination reduced the consumption of analgesics and decreased in pain intensity. The pain was well controlled in 79 % of cases. Pain control required the use of another level: level II (15%) level III (6%). The main side effects found are constipation and nausea, vomiting. The median time to pain control was 63 days, and the median survival time was 4 months [1-7]. Analgesic drugs are the cornerstone of the pharmacologic management of pain due to pancreatic cancer; these drugs with specific chemotherapy have improved the quality of life and make the patient more comfortable.

Conclusions: Pain can be multifactorial in this patient population and therefore may require several different analgesics along with specialist palliative general. For optimal care, a repeated and close reassessment of the level of pain control seems necessary; this assessment also allows the screening and treatment of anxiety and depressive disorders to improve the quality of life of our patients.

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P-297 Clinical characteristics and outcomes of patients with hepatocellular carcinoma treated at a large multidisciplinary clinic in Saudi Arabia

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Background: Hepatocellular carcinoma (HCC) is the fourth most common solid tumor affecting adult males in Saudi Arabia and the condition poses a serious health threat to patients affected. Here we describe the patient population referred to a large multidisciplinary (MDT) HCC clinic at a tertiary cancer center in Riyadh, Saudi Arabia.

Methods: This retrospective review was done to all patients with HCC referred to our MDT clinic in the last 5 years. Demographics, and patient, as well as disease characteristics have been collected. Therapies given such as locoregional, and/or systemic therapies have also been collected. Potential prognostic factors for response and survival such as neutrophil to lymphocyte ratio, sarcopenia, and others have been investigated. Chi square and Fishers Exact test were used for categorical variables.

Results: Total of 670 patients have been referred to the MDT clinic with males representing the majority at 69%. All patients have had a radiological diagnosis of HCC except 7% of cases who needed a biopsy to confirm the diagnosis. The majority of cases had Child-Pugh class A disease (44%) followed by child B class (28%) with the rest having class C. High alpha feto protein (AFP) levels (>400ng/mL) is found in 28% of patients. Etiology of HCC was varied among the cohort with viral hepatitis affecting 37% of, and NASH affecting 6% of the patients. Vascular invasion with tumor thrombosis affected 22%, and extra hepatic metastases affected 16% of the population. Transarterial chemo-embolization was performed 153 times, whereas transarterial radioembolization was performed 74 times. Systemic therapy was given to 153 patients (23%) and of those the majority received Atezolizumab Bevacizumab as first-line therapy (35 patients; 23%). NLR when high (chosen cut off >3) was associated with reduced one year survival with 63% of patients (with high NLR values) surviving less than one year (p 400ng/mL), the majority of patients (72%) will likely survive less than one year ($p < 0.001$). Patients with sarcopenia and receiving immune checkpoint inhibitors were more likely to have progressive disease (PD) on imaging as per iRECIST (with 65% of sarcopenic patients having iPD) however this association was not statistically significant.

Conclusions: NLR values, locoregional therapy, and AFP levels were found to be strongly prognostic in our studied population. A significant proportion of patients in our MDT clinic have an advanced child pugh score rendering them not fit for systemic therapy. Educating referring physicians about the importance of early referral to an HCC MDT clinic is essential.

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P-298 Adjuvant chemotherapy in resected lung-limited metastatic patients with colorectal cancer

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Background: Due to the lack of data and recommendations on the curative resection of isolated lung metastases (LM) from colorectal cancer (CRC), the same treatment approach is mainly reserved for them as for metastatic liver disease, despite differences in their biological behavior. In particular, the benefit of chemotherapy after pulmonary metastasectomy remains unclear. Our study evaluated the role of systematic thoracic lymphadenectomy during lung metastasectomy in better defining postoperative prognosis, increasing staging rate, and selecting more appropriate postoperative treatment.

Methods: We retrospectively collected data from 260 pts (aged 18-85) who underwent CRC lung metastasectomy with radical intent, from December 2002 to January 2022 at four Italian Centers: the Division of Thoracic Surgery at "A. Businco Cancer

Center" in Cagliari, the Division of Thoracic Surgery at "Città della Salute e della Scienza" in Tourin, the Department of Thoracic Surgery at "IRCCS Azienda Ospedaliero-Universitaria" in Boulogne, and the Medical Oncology Unit of the University Hospital of Cagliari. Statistical analysis was performed with MedCalc (survival distribution: Kaplan-Meier; survival comparison: log-rank test; association between categorical variables: Fisher's exact test).

Results: Of 260 patients, 126 underwent thoracic lymphadenectomy following lung metastasectomy, and 18 resulted in nodal involvement. Interestingly, among 188 patients preoperative examined with computed tomography and 18-FDG positron-emission-tomography, the nodal pathological examination resulted in nodal upstaging in 16 clinically negative cases. Positive thoracic lymph nodes affect overall survival (OS) ($p < 0.0001$), and adjuvant chemotherapy in patients with lymph node involvement provides a statistically significant benefit on OS ($p < 0.0001$). In contrast, no other clinicopathologic features impacting OS identified patients who benefited from adjuvant therapy.

Conclusions: Although limited by retrospective analysis of a small cohort of patients, our study suggests that thoracic lymphadenectomy during pulmonary metastasectomy from CRC may represent a tool in staging with a predictive role for prognosis and in identifying patients who could benefit from adjuvant therapy after surgery.

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P-299 Histopathological findings following preoperative treatment and the outcomes of gastric cancer patients treated with perioperative FLOT

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Background: Gastric cancer was estimated to be the fifth most commonly diagnosed cancer in 2020. Perioperative chemotherapy with fluorouracil plus leucovorin, oxaliplatin and docetaxel (FLOT) protocol is the current standard of care in locally advanced and resectable gastric cancer (LARGC). Histopathological response to preoperative treatment is thought to be an important predictor of prognosis. Here we aimed to evaluate the impact of clinical and histopathological variables in LARGC prognosis, in our sample.

Methods: We conducted a retrospective observational study including patients with LARGC, treated in our center with FLOT protocol, initiated between July 2017 and December 2021. We considered patients who completed 4 preoperative and 4 postoperative cycles and had at least 6 months of interval after treatment initiation. We compared demographic, clinical and pathological variables and their connection to oncologic outcomes, such as disease-free survival (DFS) and overall survival (OS). OS and DFS were assessed by the Kaplan-Meier method and prognostic factors were evaluated by univariate and multivariate Cox analysis.

Results: Eighty-nine patients were included in our analysis. Sixty-four (71.9%) were males and the initial ECOG performance status was 0 in 72 (80.9%) patients. Our sample median age at diagnosis was 63.0 years (IQR 14) and 36 (40.4%) had at least 65 years. At initial staging 35 (39.3%) had clinical T-stage $\geq$ 3 and 48 (53.9%) had positive nodal status. Sixty-nine (77.5%) performed a total gastrectomy and a complete pathological response (ypT0N0) was achieved in 15 (16.9%) subjects. Postoperative ypT0 was observed in 16 (18.0%) patients and ypN0 in 53 (59.6%). Twenty-two (24.7%) were classified has diffuse in Lauren Classification and 26 (29.2%) had any histological presence of signet ring cells. During the follow up, the median DFS and OS were not reached, and the 3-year DFS rate was 73.7% and the 3-year OS rate was 75.4%. Neither the presentation of a histopathological ypT0 or a complete pathological response were associated with differences in DFS (p=0.259; p=0.318; respectively) or OS (p=0.142; p=0.175; respectively). In the multivariable analysis, presenting a postoperative histopathological ypN0 was associated with a better DFS [HR 0.21 (95% CI: 0.05-0.88); p=0.033] and OS [HR 0.22 (0.06-0.86); p=0.030].

Conclusions: In our sample, presenting a histopathological ypN0 after preoperative treatment was significantly associated with better prognosis in LARGC patients. Contrarily, presenting a histopathological ypT0 or obtaining a complete pathological response after preoperative FLOT, was not associated with the outcome. Further works are still needed to clarify these findings and to identify promising novel biomarkers in LARGC prognosis.

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P-300 Progression-free survival in patients with metastatic colorectal cancer treated with maintenance therapy with bevacizumab adjusted by sideness in a third level hospital in Mexico City

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Background: Maintenance therapy is a standard practice in metastatic colorectal cancer, phase III trials has shown an impact in PFS and OS without an increase of toxicity. Sidedness of primary tumor is an independent prognostic and predictive factor for the combination of chemotherapy and anti - VEGF treatment. In this study we present the results of the treatment with bevacizumab in Mexican population adjusted by sideness.

Methods: We made a retrospective, longitudinal, observational study of patients diagnosed with metastatic colorectal adenocarcinoma treated with chemotherapy and bevacizumab as maintenance therapy between 2016 and 2021 at Hospital de Oncología Centro Médico Nacional Siglo XXI in Mexico City. A descriptive analysis was carried out to characterize the study population, for quantitative variables measures of central tendency and dispersion were determined. For categorical variables, absolute frequencies and percentages were expressed Progression-free survival was estimated using the Kaplan-Meier method.

Results: During the study period, 245 patients were treated with chemotherapy and bevacizumab as maintenance therapy. A greater number of male patients (61%) was documented. The relationship of the primary site showed that 76% of the patients presented involvement of the left colon, while 24% presented a tumor in the right colon. Most of the patients (63%) had metastatic disease at diagnosis, while the rest had recurrent disease. The median progression-free survival was 15 months. After adjusting for laterality, it was observed that the median progression-free survival for tumors on the right side was 16 months and for tumors on the left side it was 15 months (p=0.219). Clinical response to primary-line chemotherapy was a significant predictor of survival, with complete response patients (7%) achieving a median PFS of 36 months, while patients with stable disease (61%) achieved 13 months.

Conclusions: The median progression-free survival achieved in our study was 15 months, which is higher than that reported in the pivotal CAIRO-3 study (median 11.5 months). The response rate achieved (39.1%) was similar to that reported in the 44.8% approval study of bevacizumab (Hurwitz), however with current schemes response rates of the order of 50-55% are achieved. We did not observe significant differences according to laterality, with the median PFS being 15 months in both right and left tumors.

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P-301 Benefit of adding bevacizumab to trifluridine/tipiracil in different prognostic groups of metastatic colorectal cancer: A Portuguese exploratory analysis

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Background: According to a post-hoc analysis of RECOURSE trial, metastatic colorectal cancer (mCRC) trifluridine/tipiracil treated patients with good prognostic characteristics (GPC) have higher overall survival (OS) and progression-free survival (PFS), when compared with those with poor prognostic characteristics (PPC). Phase III SUNLIGHT trial demonstrated an improvement in outcomes with the association of bevacizumab. This study aimed to evaluate the impact of trifluridine/tipiracil plus bevacizumab treatment in PFS and OS of patients with mCRC, stratified according to both prognostic groups from RECOURSE trial, using real-world data from patients that received both combination and monotherapy.

Methods: Single-centre, retrospective cohort study of mCRC patients who started trifluridine/tipiracil between January 2020 and November 2022. Patients were divided into two subgroups (combination with bevacizumab and monotherapy) and further stratified in GPC [low tumour burden (less than 3 metastatic sites) and indolent disease ($\geq$18 months from first metastasis)] and PPC [high tumour burden (3 or more metastasis sites) and/or aggressive disease ($<$ 18 months since the first metastasis)]. Statistical analysis was performed with Kaplan Meyer curves and univariate Cox Regression with α=0,05.

Results: In the trifluridine/tipiracil monotherapy subgroup (n=32), 71% were male, with median age 66 (30-82). Median number of metastases was 2 (1-4) and 53% had PPC. In the combination group (n=14), 57% were male, with median age 64 (49-74). Median number of metastases was 2 (1-4) and 50% had PPC. Overall, PFS was 3.29 months (IC95% 1.24-5.33) and 2.40 months (IC95% 1.69-3.11) for the combination and monotherapy, respectively (HR 0.36, p=0.35). Patients with GPC had PFS of 5.72