

Conclusions: Toripalimab in combination with paclitaxel as second-line therapy for advanced GC showed tolerant toxicity and preliminary clinical efficacy. The conclusion should be validated in more pts consecutively.

Clinical trial identification: NCT04563975.

Legal entity responsible for the study: Wuhan Union Hospital.

Funding: Has not received any funding.

Disclosure: Q. Zhang: Financial Interests, Personal, Full or part-time Employment: Shanghai Junshi Biosciences Co., Ltd. All other authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2021.08.1512>

1404P Update results of paclitaxel and cisplatin in combination with anlotinib as first-line treatment for patients with advanced ESCC: A multicenter, single-arm, open-label phase II clinical trial

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Background: Paclitaxel combined with cisplatin regimen has been the standard of care as first-line therapy in advanced ESCC for almost two decades. PD-1 inhibitors combined with chemotherapy as first line setting exhibited superior efficacy for pts with ESCC recently. Anlotinib was a potential second-line monotherapy for pts with ESCC in China. Therefore, this study was designed to explore the efficacy and safety of paclitaxel and cisplatin combined with anlotinib as first-line therapy in advanced ESCC.

Methods: Pts with previously untreated metastatic or locally advanced ESCC were recruited and were given paclitaxel (135mg/m², iv, q3w) and cisplatin (60~75mg/m², iv, d1~3, q3w) plus anlotinib (10mg, po, d1~14, q3w) for 4~6 cycles as initial therapy. For those who did not have PD, maintenance treatment was adopted with anlotinib monotherapy (10mg, po, d1~14, q3w) until PD or unacceptable toxicity. The tumor response was assessed according to RECIST 1.1 using CT scans every two cycles. The predefined sample size was 47. Primary endpoint was PFS and secondary endpoints included safety, ORR, DCR and DOR.

Results: From Oct 2019 to Mar 2021, a total of 47 pts were enrolled, 46 pts included in intention-to-treat analysis. The best overall response indicated that there were 1 CR (2.2%), 35 PR (76.1%) and 7 SD (15.2%). 3 pts were not available for efficacy assessment. Consequently, ORR was 78.3% (95%CI: 63.6-89.1) and DCR was 93.5% (95%CI: 82.1-98.6). At the data cut-off date, 20 pts discontinued treatment due to PD, the preliminary prognostic result indicated that the median PFS of the 46 pts was 8.38 months (95%CI: 5.86-10.90). Additionally, safety profile exhibited that the regimen was tolerable. Common grade ≥ 3 adverse reactions were myelosuppression (29.8%), gastrointestinal reaction (10.6%), hypertension (6.3%), fatigue (4.3%), hypokalemia (4.3%) and pain (2.1%).

Conclusions: Regimen of paclitaxel and cisplatin combined with anlotinib as first-line therapy for advanced ESCC exhibited encouraging efficacy and tolerable safety profile. And the conclusions needed to be confirmed in phase III clinical trials.

Clinical trial identification: NCT04063683.

Legal entity responsible for the study: Henan Cancer Hospital, Zhengzhou, China.

Funding: Jiangsu Chia Tai-Tianqing Pharmaceutical Co., Ltd.

Disclosure: All authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2021.08.1513>

1405P Efficacy and safety of perioperative FLOT (5-FU, LV, oxaliplatin, docetaxel) chemotherapy in gastric and gastroesophageal junction adenocarcinoma: Real-life data from Turkish oncology group

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Background: FLOT regimen has been considered for early stage gastric and gastroesophageal junction (GEJ) adenocarcinoma for perioperative treatment because of its more tolerability and better response rates in metastatic disease and significant overall survival (OS) and disease free survival (DFS) advantage to ECF regimen. We aimed to determine the real-life efficacy and safety of perioperative FLOT regimen in gastric and GEJ cancer patients.

Methods: The patients with gastric and GEJ tumor who were treated with perioperative FLOT chemotherapy were retrospectively analyzed. The data of the patients collected from 38 different oncology centers in Turkey. All patients who started FLOT chemotherapy as neoadjuvant therapy were included in the study.

Results: 441 patients data were analyzed in the study. The median age of the group was 60 years. The percentages of the disease-subtype according to tumor location were 46,3% for GEJ, 26,3% corpus, 24% antrum, 3,4% fundus. Of the 338 patients with radiological staging information, 0,9% were cT1-2N0, 4,7% cT1-2N(+), 4,4% cT3-4N0 and 89,9% cT3-4N(+). After median 13.5 months (IQR: 8.5-20.5) follow-up the median overall survival was NR (95% CI, NR to NR), and median disease free survival was 22.9 (95% CI, 18.6 to 27.3) months. The estimated overall survival at 24 months was 62%. Median treatment of FLOT chemotherapy before surgery was 4 cycles (range: 1-12) at neoadjuvant and 4 (range: 0-8) cycles. While 93.7% of the patients could undergo surgery, the R0 resection rate was 86.6% in the data available (n=402). 6.3% of patients could not undergo surgery. Complete pathological response (pCR) and near pCR was achieved in 23.8% of all patients. The major recurrence site was peritoneal carcinomatosis (52.5%). At least one adverse event reported in 57.6% of the patients and grade 3-4 toxicity was seen in 23.6% patients. The most common side effect was neutropenia (26.1% any grade, 11.8% grade 3-4).

Conclusions: In our study, mOS was not reached and DFS was 22.9 months. OS at 2 years was 62% and \leq ypT1 was 26.3%. We demonstrated that pCR is a predictor of improved OS and DFS. The tolerability and safety profile of the FLOT were favorable.

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.2021.08.1514>

1406P Survival outcomes in older adults with metastatic gastric and esophageal carcinoma receiving palliative chemotherapy

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Background: 60% of patients with gastric and esophageal carcinoma (GEC) are aged ≥ 65 y, with 26% >75 y, yet the elderly are historically underrepresented in clinical trials. The impact of palliative chemotherapy (CTx) on survival is thus relatively poorly