

gastrointestinal tumours, colorectal

534P Efficacy of obesity in metastatic colorectal cancer patients treated with bevacizumab-based chemotherapy combinations: A Turkish Oncology Group Study

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Background: Obesity is known as a carcinogenic factor for colorectal cancer.

Interestingly, obesity is associated with increased VEGF levels. Therefore, we aimed to investigate whether obesity affects survival in metastatic colorectal cancer (mCRC) patients who treated with bevacizumab combined chemotherapies.

Methods: Five hundred and sixty three patients with mCRC who received first-line chemotherapy combination with bevacizumab were studied retrospectively. Patients were grouped as obese (BMI levels > 30) and non-obese (BMI levels < 30). Progression-free survival (PFS) and overall survival (OS) were analyzed. Additionally, the efficacy of obesity was evaluated with the other prognostic factors in univariate and multivariate cox proportional hazard models.

Results: The median age of all the patients was 59 years. Non-obese group had longer PFS than obese group (P = 0.030). 2-year survival rate of non-obese group was also

significantly higher (P = 0.036). In the univariate cox regression analysis ECOG ≤1, male gender, and non-obesity were the positive factors for PFS (HRs: 0.46, 0.81, and 0.75, respectively). In the multivariate analysis ECOG performance status was found as the most powerful prognostic factor for PFS (HR: 0.47, P < 0.001). Additionally, in Kras-wild type patients, obese group (n = 37) had longer PFS than non-obese group (n = 163), (10.1 months and 8.1 months, respectively, P = 0.010).

Table: 534P Characteristics and demographics

	BMI < 30	BMI > 30	Total
n (%)	474 (84%)	89 (16%)	563 (100%)
Age (years)	58 ± 12	58 ± 10	58 ± 12
ECOG ≤1 >1	402 (85%) 72 (15%)	71 (80%) 18 (20%)	473 (84%) 90 (16%)
Female	175 (37%)	53 (60%)	228 (40%)
Male	299 (63%)	36 (40%)	335 (60%)
Metastases			
Liver	215 (46%)	38 (43%)	253 (45%)
Multiple The other sites	147 (31%) 110 (23%)	25 (28%) 26 (29%)	172 (31%) 136 (24%)
Treatments			
FI + BEV	308 (65%)	52 (58%)	360 (64%)
FO + BEV	142 (30%)	33 (37%)	175 (31%)
F + BEV	24 (5%)	4 (5%)	28 (5%)
Kras status			
Wild	163 (81.5%)	37 (18.5%)	200 (100%)
Mutant	157 (85.8%)	26 (14.2%)	175 (31%)

Conclusions: Efficacy of bevacizumab may be lower in obese patients. Prospectively designed studies for obese patients should be done to recommend the efficacy of bevacizumab in mCRC.

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