P-82 Impact of COVID-19 pandemic on metastatic colorectal cancer outcomes

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Background: COVID-19 pandemic substantially affected cancer care by affecting diagnostic and treatment opportunities. Patients were more likely to present in worse general condition, in a state of an emergency and with more advanced stage cancers, thus making them less likely to be suitable for treatment.

Methods: We conducted a retrospective analysis of patients with metastatic colorectal cancer who initiated their systemic treatment in period from 01/2016 to 02/2020 (pre-pandemic group), and compared them to patients whose treatment was initiated during the pandemic (03/2020 to 12/2020 – pandemic group). We collected the data on the existence of initial metastases, affection of liver and multiple metastases in both groups and calculated the overall (OS) and progression free survival (PFS) using the Kaplan-Meier and a Cox hazard ratio model.

Results: We included 341 patients before the COVID-19 pandemic and compared them to 100 patients whose treatment plans were initiated during pandemic. There were no significant differences between the pre-pandemic (n=341) and pandemic group (n=100) in the initially metastatic disease (P=0.318), liver spread (P=0.855) or multiple metastases (P=0.466). OS was significantly lower in the pandemic group (12.3±7.0 vs 19.0±12.7 months; log rank P < 0.001). Controlling for the effects of age, gender and previous confounders in the Cox model for the OS yielded significantly higher hazard ratio for the pandemic group of 1.93 [95%CI 1.45-2.58]. Despite somewhat longer PFS in the pre-pandemic group (14.3±9.9 months vs 11.0±6.8 months), log-rank test in Kaplan-Meier analysis was insignificant (P=0.429).

Conclusions: Despite a profound effect of the pandemic on the health system, we did not detect a substantial deteriorations. The decline in the OS with retained PFS suggests that the predominant causes for higher hazard ratio resided outside oncologic care.

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P-83 Preoperative endoscopic biliary drainage procedures may affect intrahepatic recurrence of cholangiocarcinoma after surgical resection

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Background: To determine the impact of preoperative endoscopic nasal biliary drainage (ENBD) and/or endoscopic retrograde biliary drainage (ERBD) procedures on intrahepatic recurrence rate in patients with cholangiocarcinoma after surgical resection.

Methods: Between January 2005 and January 2023, 143 patients were diagnosed with cholangiocarcinoma and received surgical resection. Among 143 patients, 99 patients were treated with preoperative ENBD and/or ERBD. We retrospectively analysed prognostic factors (age, gender, preoperative ENBD and/or ERBD, tumor differentiation, pT factor, lymph node metastasis, surgical margin, lymphovascular invasion, preoperative maximal total bilirubin, postoperative chemoradiation/chemotherapy/radiation therapy, CA19-9) for recurrence after surgical resection.

Results: Intrahepatic recurrence after surgical resection was detected in 22 /99(22.2%) patients with preoperative ENBD and/or ERBD, and 5/44(11.4%) patients without preoperative ENBD and/or ERBD for median period of 12 months (range 0-48). On univariate analysis, intrahepatic recurrence rate of patients who underwent ENBD and/or ERBD (n=99) was higher than that of patients who did not (n=44) (P=0.090) and and that of patients who had T3/T4 factor (n=74) was higher than that of who had T1/T2 factor (n=69) (P=0.168). Intrahepatic recurrence rate of patients who had elevated CA19-9 (> 200) (n=49) was higher than that of patients who had not (n=94) (P=0.002). In multivariate analyses, preoperativel ENBD and/or ERBD and elevated serum CA19-9 level (>200 ng/mL) were prognostic factors for intrahepatic recurrence, with hazard ratios (HR) of 2.154 (95% confidence interval (CI) 0.893-7.626, P = 0.080) and 3.647, (95% confidence interval (CI) 1.660-8.011, P = 0.001).

Conclusions: Preoperative preoperative endosopic nasal biliary drainage (ENBD) and/or endoscopic retrograde biliary drainage (ERBD) procedures may affect the intrahepatic recurrence of tumor in patient with cholangiocarcinoma after surgical resection. And serum elevated CA 19-9 level was affect intrahepatic recurrence of tumor in patients with cholangiocarcinoma after surgical resection.

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P-84 Safety of robotic total gastrectomy in comparisons of laparoscopic total gastrectomy: A retrospective study in a high volume gastric cancer center

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Background: Still, there are few studies investigating the advantages of robotic approach over laparoscopic surgery during the treatment of gastric cancer. Therefore, we compared the short-term outcomes between robotic total gastrectomy (RTG) and laparoscopic total gastrectomy (LTG).

Methods: A total of 414 patients underwent either RTG (n=86) of LTG (n=328) for gastric cancer at our institution between 2015 and 2023. We retrospectively reviewed their medical records.

Results: There were no statistical differences in patients' characteristics between two groups such as, age, sex, body mass index, American Society of Anesthesiologists score. Advanced pathologic stage was more frequent in RTG than LTG group (29.1% vs 16.5%, P=0.002), however, other tumor characteristics were not significantly different. During esophagojejunostomy, the surgeons used circular staplers more in RTG than in LTG (96.5% vs 59.1%, P < 0.001). The operation time was significantly 12min longer in RTG than in LTG (P=0.011). The other short term outcomes including estimated blood loss, admission days after surgery, the date of gas passage after surgery, proximal resection margin, number of dissected lymph nodes and number of dissected suprapancreatic lymph nodes were not statistically different. In the RTG group, there was one case of esophagojejunostomy stricture categorized with IIIB Clavien-Dindo classification, however, no esophagojejunostomy site leakage was seen.

Conclusions: In this study, the RTG is comparable to LTG in terms of short-term surgical outcomes. The RTG is an oncologically and technically safe surgical approach of total gastrectomy and lymphadenectomy for gastric cancer.

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P-85 Treatment propensity and the feasibility of cisplatin plus gemcitabine in elderly patients aged ≥ 75 years with biliary tract cancer

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Background: A gemcitabine-cisplatin (GC) combination is a standard treatment for patients with locally advanced or metastatic biliary tract cancer (BTC). However, treatment propensity and combination chemotherapy in patients with BTC over 75-years old has not been studied extensively. The purpose of this study was to investigate the treatment propensity and feasibility of GC combination chemotherapy in elderly patients with BTC aged 75 years or older.

Methods: Between 2013 and 2020, we consecutively reviewed elderly patients aged ≥75 years who were histologically diagnosed with BTC at Kangwon National University Hospital. BTC included intrahepatic cholangiocarcinoma, extrahepatic cholangiocarcinoma, gallbladder cancer, and ampulla of Vater cancer. We collected and analyzed the patient's characteristics, treatment modalities and propensity, and clinical outcomes of GC combination chemotherapy.

Results: Out of total 102 cases enrolled in this study, 54 patients (52.9%) received only best supportive care (BSC) including percutaneous or endoscopic drainage. The reasons of receiving only BSC only were patient refusal of treatment (n=33, 61.1%), poor performance status (n=15, 27.8%) and transfer to another hospital or follow-up loss (n=6, 11.1%). Among the remaining 48 patients (47.1%) who received anticancer treatment such as surgery, chemotherapy and radiotherapy, 30 patients underwent curative operation (n=14) and palliative surgery without palliative chemotherapy (n=16). Twenty-eight patients with locally advanced/metastatic (n=14) and relapsed BTC (n=14) received first-line GC chemotherapy. The median age of the patients was 80.9 years old (75.0-90.9 years). A median of six cycles (range 1-13) of GC chemotherapy was administered, and best responses were partial response in 9 patients (32.1%) and stable disease in 11 (39.3%). The median progression-free