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Dose intensity and tolerance of modified FOLFIRINOX in patients with advanced cancer

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Background: Modified FOLFIRINOX is the standard of care for advanced pancreatic cancer and has expanded application in biliary tract and colorectal cancers. Despite its efficacy, real world data suggests nearly 75% of patients are unable to maintain dose intensity leading to reduction in efficacy and survival. We proposed to evaluate the dose intensity (DI) and toxicity of patients planned for mFOLFIRINOX.

Methods: It is a retrospective analysis of medical records. All patients planned for mFOLFIRINOX between January 2017 and May 2022 were included. Demographic and disease details were collected. DI of each drug was calculated. Toxicity was recorded as per CTCAE v5.0. Serological, clinical and radiological response was recorded if available. Survival analysis was performed and data censored at last follow up.

Results: 40 patients were included in analysis. Mean age was 51.5 years. 75% had pancreatic biliary cancer and 25% had colorectal cancer. 70% had stage IV cancer. ECOG PS was 0-1 in 75% of patients. All patients were planned at for initial dose reduction by 25%. Dose intensity was maintained only in 50% of patients. Relative DI (RDI) for oxaliplatin, 5FU, irinotecan and leucovorin was 38%, 36%, 41% and 39% respectively. The most frequent grade 3 toxicity was fatigue (75%). Grade 3 neutropenia was seen in 6 patients. Only 50% of patients completed the planned therapy. The median time for delay in treatment 30 days. 32.5% had a radiological stable disease or better as their best response. 30 days. 32.5% had a radiological stable disease or better as their best response.

Conclusions: Only 50% of patients completed the planned therapy with mFOLFIRINOX in our population. This has resulted in poor efficacy of the regimen.

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Development of a simple and objective prognostication model in patients with advanced solid malignant tumor treated with immune checkpoint inhibitors: A pan-cancer analysis

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Background: Recently, systemic therapy using immune checkpoint inhibitors (ICIs) has become prevalent for treatment of patients with various types of advanced cancer; however, it remains difficult to predict prognostic outcomes in patients receiving ICIs due to heterogeneous response to these agents. The objective of this study was to develop a prognostic model for advanced cancer patients treated with ICIs.

Methods: This research is approved by the Institutional Review Board of Hamamatsu University School of Medicine (No. 21-288). This study retrospectively analyzed impacts of clinical parameters on overall survival (OS) in 329 patients with several advanced solid malignant tumors who received systemic therapy using ICIs.

Results: Primary tumors of the 329 patients were as follows: lung (n=189), kidney (n=70), urinary tract (n=52), skin (n=50), stomach (n=30), esophagus (n=21) and head and neck (n=17). The median OS after the introduction of ICIs in these patients was 17.3 months. Of factors significantly associated with OS by univariate analysis, body mass index, C-reactive protein, hemoglobin, lymphocyte and platelet were identified as independent predictors of OS by multivariate analysis. When patients were classified into 3 groups based on the positive numbers of these 5 independent factors, median OSs were not reached in the favorable risk group with 0 or 1 risk factor (n=76), 19.5 months in the intermediate-risk group with 2 or 3 risk factors (n=182) and 8 months in the poor risk group (n=71) with 4 or 5 risk factors.

Conclusions: Despite being simple and objective, this model could be used as a reliable tool for prognostic prediction of advanced cancer patients receiving ICIs across multiple tumor types.

Legal entity responsible for the study: This research is approved by the Institutional Review Board of Hamamatsu University School of Medicine (No. 21-288).

Incidence of cancer diagnosis and cancer care before and after the COVID-19 pandemic in French Polynesia

TEAHUPOO study

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Background: Cancer care in French Polynesia has been deprioritized during severe acute respiratory syndrome coronavirus 2 (SARS CoV2) pandemic due to the urgent necessity to reorganize health care systems to fight this crisis and patients (pts) were more reluctant to visit medical doctors, fearful about exposure to the virus and not wanting to disturb a saturated health system.

Methods: We aimed to assess the incidence of cancer diagnosis and cancer care during the Covid-19 period compared to the same period in 2019 (before covid) and in 2021 (after covid). We retrospectively collected data from January 2019 to Sept 2021 regarding pts visits, treatments (ttts) administrations in oncology and radiotherapy outpatient wards, at the Taaone university hospital center of French Polynesia.

Results: Regarding the newly diagnosed pts, we observed a decreased of 13.6% on oncology visits from January to Sept 2020 compared to the same period in 2019 and a decrease of oncology visits after the first wave with +14.2% from January to Sept 2021 compared to 2020. We did not observe any major impact of the crisis on ttts administrations in oncology outpatient. There was a +1.3% of activity from January to Sept 2020 compared to 2019 and a +1.5% from January to Sept 2021 compare to 2020. Regarding the radiotherapy activity, the newly diagnosed pts visits increased of +2.5% from January to Sept 2020 compared to the same period in 2019 and +21% from January to Sept 2021 compared to the same period in 2020. The ttts in radiotherapy outpatient wards decreased of -11% in 2020 (from January to Sept 2020 compared to 2019) and increased of +11% in 2021.

Conclusions: The covid 19 crisis has had an impact in French Polynesia on the oncology and radiotherapy visit of the newly diagnosed patients, with more patients diagnosed after covid; while ttts administrations in oncology and radiotherapy stayed stable.

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