Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Conclusions: By far, p16 is still a useful surrogate marker for OPSCC in Taiwan.

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242P Epidemiology and survival analysis of head and neck cancer: Results from a comprehensive care center in North India

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Background: In India head and neck cancers (HNCs) are the most common cancer among male and rank 2nd overall. There is wide variation in the incidence and anatomic distribution of HNCs in India compared to western countries. This variation is mostly due to demographic differences in cigarette and alcohol consumption behaviours, which lead to the development of over 80% of all HNCs diagnosed worldwide. The purpose of this study was to understand the epidemiology of HNCs in terms of demographic and clinical characteristics at the time of diagnosis and their survival.

Methods: This was a retrospective single-center, hospital-based cancer registry study which included all primary diagnosed HNC cases attending various departments of our hospital during the time 1st January 2016 – 31st December 2020. Patients’ sociodemographic characteristics, clinicopathological details, such as stage of cancer, treatment received and follow up details were extracted from medical records. All statistical analysis was performed using Microsoft Excel 2016 and R software (Rx 64 version 3.6.2). Survival was estimated by the Kaplan Meier method and compared by the log-rank test.

Results: A total of 574 confirmed cases of HNCs were included in this study. Baseline characteristics of patients are included in the study. Amongst all the patients, 28.9% had a smoking history and 30.6% had alcohol consumption. The median age at presentation was 56 years.

Conclusions: This study reports the demographic profile and pattern of care of patients with HNCs from a comprehensive care center in North India.

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Table: 242P Baseline distribution of HNCs (N = 574)

| Age, years (range) | Yes (%) | No (%) |
|--------------------|---------|--------|
| 24-91              | 496 (86%) | 82 (14%) |

| Tobacco history | 56 (24-91) |
|-----------------|------------|

| Oral cavity including lip | 223 (39%) |
|---------------------------|-----------|
| Oropharynx                | 176 (31%) |
| Larynx and hypopharynx    | 140 (24%) |
| Nasopharynx               | 23 (4%)   |
| Salivary gland            | 7 (1%)    |
| Nasal cavity and paranasal sinuses | 5 (1%) |

| Regimen | 2 to 3 cycles of TPF or TP/DP-HDFL (weekly docetaxel or paclitaxel with cisplatin and 24-hr high dose 5-fluorouracil/leucovorin infusion)-40 patients from 2012-2022 in our hospital for the comparison | 2 to 3 cycles of APF in 46 patients | 2 to 3 cycles of cetuximab with TPF or TP/DP-HDFL in 43 patients | Pembrolizumab or nivolumab with cetuximab and TP/DP-HDFL for 2 to 3 cycles in 10 patients |
|---------|---------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------|------------------------------------------------------------------|
| ORR(%)  | 50%                                                           | 74%                              | 79%                                                           | 90%                                                              |
| Conversion rate to definitive surgery | CCRT: 27.5% Surgery: 42.5% | CCRT: 17% Surgery: 63% | CCRT: 26% Surgery: 60% | CCRT: 20% Surgery: 80% |
| 2-year disease-free survival | 32.5% Induction mortality 12.5% | 54% Gr. 3 bleeding: 11% | 65% Induction mortality: 5% | 70% No induction mortality |

244P Alternate-day hypofractionated radiotherapy for radical treatment of head & neck cancer during the COVID-19 pandemic: A single institute experience

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Background: Managing head and neck squamous cell carcinoma (HNSCC) requires a prolonged course of concurrent chemoradiotherapy and other supportive care measures. Such a multidisciplinary approach was significantly hampered during the emergence of the COVID-19 pandemic which necessitated divergence of health resources towards treating the infected patients thereby compromising cancer care. Therefore, we adopted an alternate-day hypofractionated radiotherapy (AD RT) schedule, aiming to decrease patients’ hospital visits daily without compromising the oncological outcomes. This study assesses the response and toxicity of the AD RT schedule in HNSCC patients.

Methods: Retrospective analysis of all histopathologically proven HNSCC patients treated with AD RT regimen during April — October 2020 in our institute. Hypofractionation dose schedule: 63Gy/21 fractions, 3Gy/fraction was delivered on alternate days without concurrent chemotherapy after patients’ consent.

Table: 244P Alternate-day hypofractionated radiotherapy for radical treatment of head & neck cancer during the COVID-19 pandemic: A single institute experience

| Regimen | 2 to 3 cycles of TPF or TP/DP-HDFL (weekly docetaxel or paclitaxel with cisplatin and 24-hr high dose 5-fluorouracil/leucovorin infusion)-40 patients from 2012-2022 in our hospital for the comparison | 2 to 3 cycles of APF in 46 patients | 2 to 3 cycles of cetuximab with TPF or TP/DP-HDFL in 43 patients | Pembrolizumab or nivolumab with cetuximab and TP/DP-HDFL for 2 to 3 cycles in 10 patients |
|---------|---------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------|------------------------------------------------------------------|
| ORR(%)  | 50%                                                           | 74%                              | 79%                                                           | 90%                                                              |
| Conversion rate to definitive surgery | CCRT: 27.5% Surgery: 42.5% | CCRT: 17% Surgery: 63% | CCRT: 26% Surgery: 60% | CCRT: 20% Surgery: 80% |
| 2-year disease-free survival | 32.5% Induction mortality 12.5% | 54% Gr. 3 bleeding: 11% | 65% Induction mortality: 5% | 70% No induction mortality |
Radiation toxicity assessment and post-radiotherapy response assessment by CECT face and neck at 3 and 6 months.

**Results:** A total of 26 patients were planned for ADH RT. Most (96%) of them were males with a median age of 60 years and ECOG PS 0-2. The most common tumor site was the oropharynx (58%), the stage was IVA (54%) followed by stage IIB (27%). 93% of patients had a history of tobacco smoking. Only 23 patients completed the treatment and were included in the final assessment. Mucoepidermoid carcinoma grade 1, 2 and 3 was observed in 44%, 52%, 4% and 78%, 18%, and 4% patients, respectively. At three months of follow-up, 5 patients were lost to follow-up and 4 patients expired due to COVID/disease-related complications. Complete response (CR) was observed in 10 patients (71.4%) and partial response in 4 patients. At 6 months, CR was observed in 7 (64.5%) patients.

**Conclusions:** Most of the patients were able to tolerate and complete treatment. At analysis, around half of the patients either expired or were lost to follow-up which is the major limitation of this study. Among the available patients, a good response was observed. The practical applicability of this regimen needs to be tested further with a larger sample size and longer follow-up.

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**245P** Determine the effectiveness of Palliative Split Course Radiotherapy (PASCORA) regimen in non-metastatic head and neck cancer patients who are treated with palliative intent: A retrospective single-centre study

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**Background:** We at our centre practice a Palliative Split Course Radiotherapy (PASCORA) of 22.5 Gy in 5 fractions followed by a gap of 4 weeks and then again repeat 22.5 Gy in 5 fractions for locally advanced squamous cell carcinoma patients, treated with a palliative intent. Our primary aim is to determine the symptomatic relief at 3 months after completion of PASCORA regimen. Our secondary objective is to evaluate the overall survival (OS) in our patients.

**Methods:** 49 Patients with histologically proven LAHNSCC between January 2014 to January 2021, planned for PASCORA regimen were evaluated. Retrospectively patient, tumor and treatment characteristics were retrieved. Symptomatic relief was assessed on an objective scale. OS was determined using Kaplan-Meir survival curves.

**Results:** Median age was 61 years, Multiple comorbidities (37%) were the most commonly documented reason for these patients being treated with a palliative intent. 25% of our patients had an excellent symptomatic relief, 26% of our patients had a good symptomatic relief and 31% had a partial relief. Median OS was 38 months in patients who had an excellent symptomatic relief and 3-8 months in patients with no or partial symptomatic relief (p value=0.000) 6% of our patients had grade 3/4 RTOG toxicity.

**Conclusions:** PASCORA regimen offers a good symptomatic relief with good local control rates and acceptable level of toxicity and comparable OS. However, a larger prospective study with more patients and longer follow up would be required to confirm the same.

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**246P** Clinicoepidemiological profile and patterns of failure in carcinoma oral cavity in Indian patients: A 6-year retrospective study

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**Background:** Despite various awareness programmes and strict regulations for consumption of tobacco and alcohol, the incidence of oral cavity cancer is increasing in low and middle income countries. We have reported here clinico-epidemiological profile of 343 oral cavity cancer patients. Although, treatment guidelines exist, treatment failure is seen in more than 50% of patients.

**Methods:** We retrospectively analysed the data of 343 oral cavity cancer patients who presented to our department during 2010-2015. Detailed history and clinical examination followed by requisite investigations were done and treatment was given as per the existing guidelines.

**Results:** Out of 343 patients, 283 (82.5%) were males while 60 (17.4%) were females with a male: female ratio of 4.7:1. The mean and median age for the cohort was 46.2 years and 45 years, respectively. More patients presented in the age group of 31-40 years (41.6%) and 41-50 yrs (27.4%). The youngest patient was 21 yrs while the oldest was 85 yrs. Tongue was the most common site of involvement followed by buccal mucosa. Histopathologically, tumours with moderate differentiation were most frequent followed by well differentiated. Approximately, 60% patients underwent surgery with or without adjuvant radiation. Remaining 40% cases, for whom surgery could not be done, received definitive radiation. Overall, however, 40% of cases had treatment failure despite aggressive multimodality treatment with local recurrence observed in more than half. Locoregional recurrence occurred in 19.1% while disease metastasized to distant areas in 8.8% cases.

**Conclusions:** Our study provided a clinico-epidemiological profile and failure rates of patients having oral cavity cancers in North India. We have tried to study various risk factors associated with the disease. Significant number of patients presents very late in our setting and so failure rates are unacceptably high. Hence, there is a need to study various therapies for effective management without adding any significant financial burden on patients.

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**247TP** Addition of induction, concurrent and maintenance durvalumab to induction and concurrent chemoradiation vs induction and concurrent chemoradiation for previously untreated locoregionally advanced nasopharyngeal carcinoma: A phase II randomised-controlled trial

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**Background:** Nasopharyngeal carcinoma (NPC) is endemic in Southern China and Southeast Asia. Despite the most aggressive and devastating treatment with induction chemotherapy followed by concurrent chemoradiation, about 20-30% of patients with locoregionally advanced nasopharyngeal carcinoma (LANPC) suffer from relapse at 5 years. Addition of anti-PD(L)1 immune checkpoint inhibitor to this intensive radiotherapy treatment may help improve tumour outcomes and survival. We are conducting a phase II randomised-controlled trial on adding durvalumab as induction, concurrent maintenance therapy to induction and concurrent chemoradiation compared to the same regimen without durvalumab for previously untreated LANPC patients.

**Trial design:** Patients with previously untreated LANPC (stage III to IVA disease except T3N0M0 based on TNM-8) are screened for study eligibility. After fulfilling all the study criteria, they will be randomised (1:1 ratio) to (a) experimental arm with a fixed dose durvalumab 1500mg intravenously administered every 4 weeks for 13 cycles and 3 cycles of induction chemotherapy with gemcitabine (1000mg/m2 on day 1 and day 8) and cisplatin (100mg/m2 on day 1) every 3 weeks followed by concurrent chemoradiation with 3-weekly cisplatin (100mg/m2) infusion, or (b) control arm with the same regimen of induction chemotherapy and concurrent chemoradiation. The primary study end point is progression-free survival while the secondary end points are objective response, overall survival, safety profiles, change in tumour microenvironment before and after induction chemotherapy and concurrent chemoradiation (with or without durvalumab), and change in PD-L1 positive circulating tumour cells before and after induction chemotherapy and concurrent chemoradiation (with or without durvalumab). The study is still ongoing and expected to complete patient accrual (n=118) in end of December 2022.

**Clinical trial identification:** NCT04447612. Release date: 25 June 2020.

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