BAYER RER







Third-line chemotherapy (3L) in advanced biliary cancers (ABC):

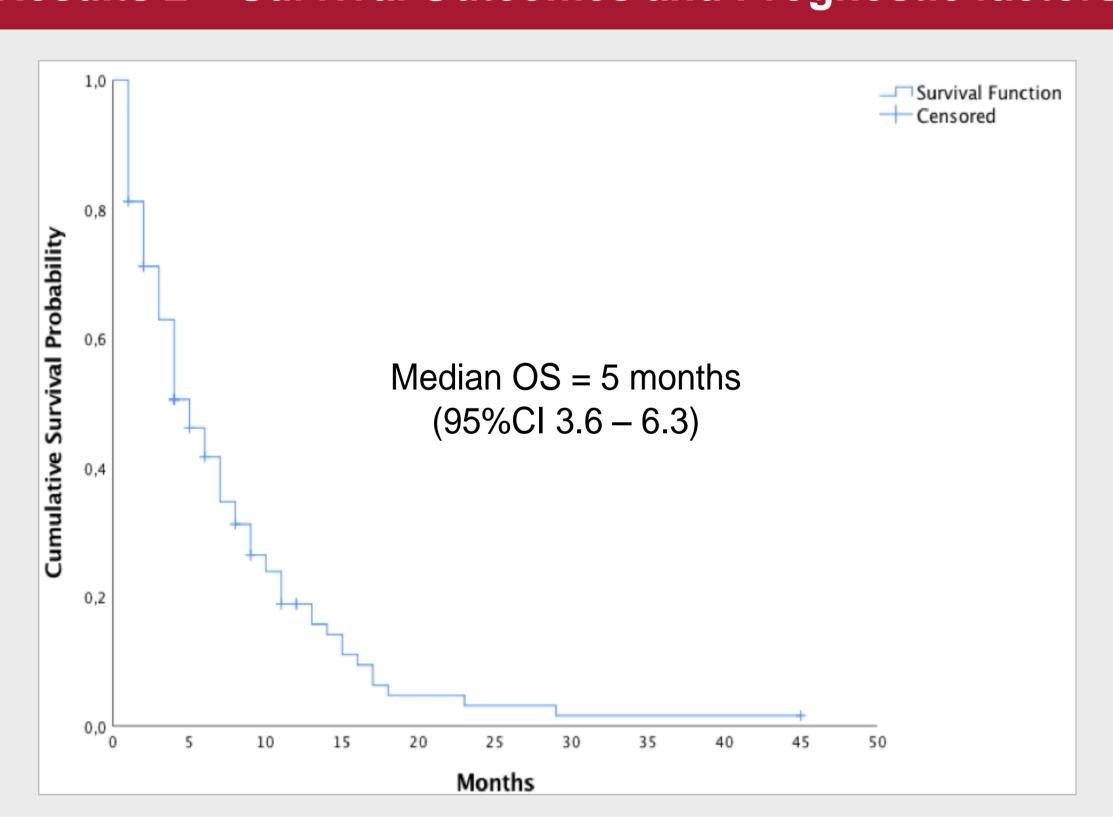
pattern of care, treatment outcome and prognostic factors from a multicenter study.

Massimiliano Salati¹⁻², Alessandro Rizzo³, Valeria Merz⁴⁻⁵, Carlo Messina⁴, Francesco Caputo¹, Fabio Gelsomino¹, Andrea Spallanzani¹, Angela Dalia Ricci³, Andrea Palloni³, Giorgio Frega³, Stefania De Lorenzo³, Pietro Carotenuto⁶, Elisa Pettorelli¹, Stefania Benatti¹, Gabriele Luppi¹, Davide Melisi⁵, Giovanni Brandi³, Massimo Dominici¹

Background

- While chemotherapy has recently been established as a standard second-line treatment in ABC, its role in the third-line setting is still controversial.
- In this study, we aim at describing the pattern of care, survival outcome and prognostic factors of ABC patients (pts) receiving third-line chemotherapy in a real-world scenario.

Results 2 – Survival Outcomes and Prognostic factors

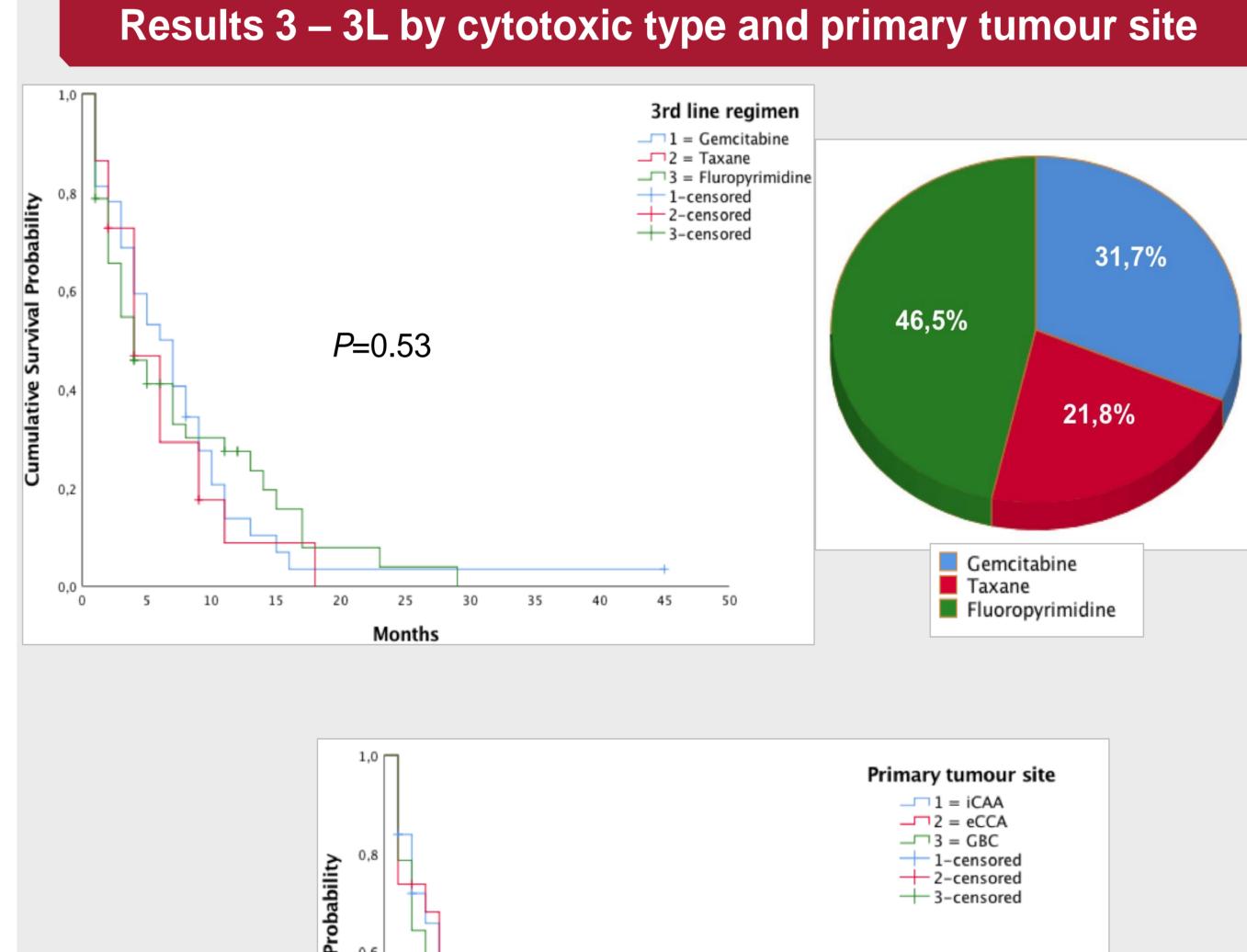


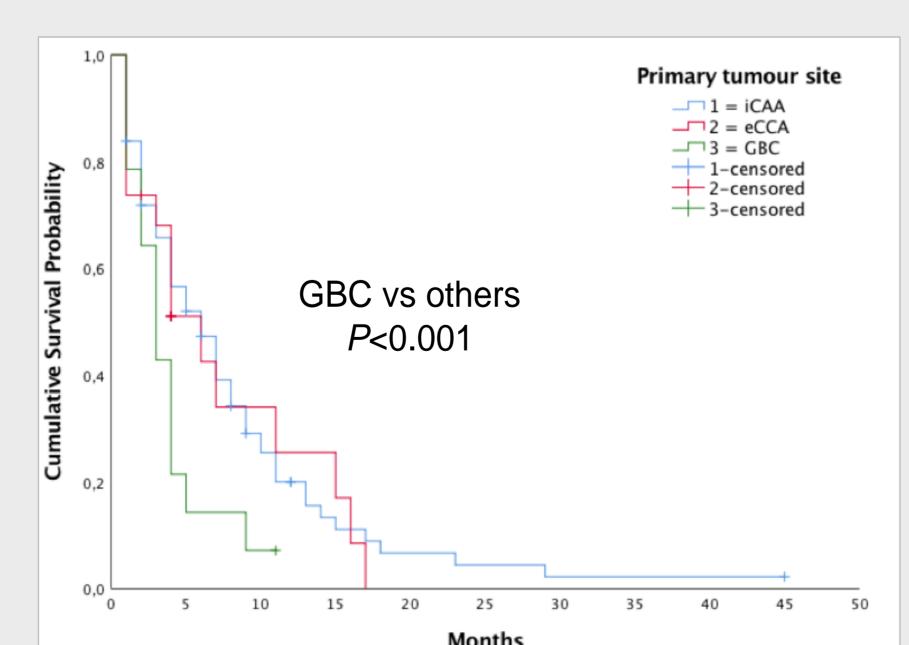
Cox proportional hazard regression model for overall survival (n=101).

Covariate	UNIVARIATE ANALYSIS HR (95%CI) p-value		MULTIVARIA HR (95%CI)	ATE ANALYSIS p-value
ECOG PS ≥2	2,43 (1,69-3,48)	<0.001	1,88 (1,25-2,84)	<0,001
Low disease burden	0,48 (0,31-0,75)	0,001	0,63 (1,09-1,78)	0,01
Lymphocyte/Monocyte ratio >2.1	0,55 (0,35-0,86)	0,009	0,64 (1,13-1,89)	0,02

Materials and Methods

- Institutional registries across three academic medical centers were retrospectively reviewed to identify ABC pts who had received third-line chemotherapy from September 2005 to January 2020.
- Kaplan-Meier estimators were used to calculate survival, while the log-rank test was implemented to make comparisons. The impact of variables on survival was assessed through univariate and multivariate analysis





Results 1 – Table 1. Baseline characteristics (n=101)

Variable	N (%)	
Age, years median (range)	64 (35-84)	
Gender		
Female	58 (57.4)	
Male	43 (42.6)	
ECOG PS		
0-1	67 (66.3)	
≥ 2	34 (33.7)	
Primary tumour site		
Intrahepatic cholangiocarcinoma	68 (67.4)	
Extrahepatic cholangiocarcinoma	19 (18.8)	
Gallbladder cancer	14 (13.8)	
Prior surgery on the primary tumour		
Yes	39 (38.6)	
No	62 (61.3)	
Second-line chemotherapy regimen		
mFOLFIRI	28 (27.7)	
mFOLFOX	23 (22.7)	
GEMCAP	18 (17.8)	
Other	32 (31.6)	
Disease burden/n. metastatic deposits		
1-2	42 (41.5)	
>2	59 (58.4)	
Type of metastatic deposits		
Liver	101 (100)	
Distant nodes	59 (58.4)	
Peritoneum	47 (46.5)	
Lung	38 (37.6)	

Conclusions

- Third-line chemotherapy displayed limited activity in this real-world cohort, although prognostic factors have been identified that may assist in treatment decision.
- The results of this multicenter experience, the largest so far, highlight the need for more effective therapies and provide a benchmark for future trials of third-line chemotherapy in ABC.

Contact

Dr. Massimiliano Salati, MD Department of Medical Oncology, University Hospital of Modena, Modena, Italy Via del Pozzo 71, 41124, Modena, Italy maxsalati@live.it

Authors affiliations

- ¹ Division of Oncology, Department of Oncology and Hematology, University Hospital of Modena, Modena, Italy.

 ² PhD Program Clinical and Experimental Medicine, University of Modena and Reggio Emilia, Modena, Italy.

 ³ Department of Experimental, Diagnostic and Specialty Medicine, S. Orsola-Malpighi University Hospital, Bologna, Italy.

 ⁴ Department of Medical Oncology, Santa Chiara Hospital, Trento, Italy.

⁵ Digestive Molecular Clinical Oncology Research Unit, University of Verona, Verona, Italy. ⁶ Telethon Institute of Genetics and Medicine, Via Campi Flegrei 34, 80078, Pozzuoli, Napoli, Italy.

Funding, Acknowledgments and COIs

