endpoint was the proportion of pts remaining progression free at 12 months (mo). The secondary endpoints were ORR, PFS, safety and tolerability, and relative dose intensity (RDI).

Results: Between Jun 2017 and Dec 2018, 200 pts were enrolled from 15 countries in Asia, North Africa and Middle East. A total of 190 pts with a median age of 61y (range, 22.0-96.0) were included in this final analysis. Majority of the pts were Asian (70%), clear-cell type RCC was the most common (80%), with a favourable (9%), intermediate (47%), poor (10%) and unknown (34%) MSKCC risk score. At end of observation period, 78 pts completed the observational period and 112 discontinued the study. 60% of pts had the starting dose at 800mg. Median RDI was 82% with 52% pts received <85%. 56 of 145 evaluable pts (39%) remained progression-free at 12 mo and 19 (13%) 95% CI, 6.48-11.83). 19% of pts (21/109) were long-term responders (on pazopanib for >18mo). The best ORR per RECIST 1.1 was CR/PR in 24%, SD in 44% and PD in 31%. The major reason for switching to other treatment was disease progression with 86.7% pts reported ≥1 treatment related adverse event (TRAE). Most frequent TRAEs were fatigue (30%), palmar-plantar erythrodyssaesosis syndrome (15%) and hypertension (14%).

Conclusions: The final analysis results of the PARACHUTE study support the use of pazopanib in pts with advanced or mRCC who are naive to VEGF-TKI therapy. The safety profile is consistent with the previously reported pivotal and real-world evidence studies.

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205P A study on organ preservation in muscle invasive urinary bladder cancer patients with intensity modulated radiotherapy and concurrent single agent cisplatin in south indian population

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Background: The standard care for muscle invasive bladder carcinoma (MIBC) in the United States for a long time was radical cystectomy where as in Europe, it is radical radiotherapy or multidrug regimen neoadjuvant chemotherapy followed by radical therapy. In spite of the importance in terms of incidence, prognosis and cost, bladder cancer research remains significantly underfunded so the studies and data on organ preservation in MIBC in India are less explored.

Methods: We analyzed the data of 30 patients of MIBC from 2016-2018 who under went primary transurethral resection of bladder tumour (TURBT) followed by IMRT (M:1,84 GY and weekly cisplatin at dose of 40 mg/m2 with median follow up of 10 months. The role of various factors like tumour stage, histopathology, grade, complete TURBT, obstructive uropathy on locoregional response and disease free survival was evaluated. Local reactions evaluated using CTCAE criteria version 5.0. Statistical analysis was done using SPSS version 23.0.

Results: After the treatment, the complete locoregional response (LRR) was 73.3%. Early (T2 stage) tumours (p= 0.043) and patients without obstructive uropathy (p= 0.039) have shown significant LRR. Patients with complete TURBT, Low grade tumours showed increased response though statistically not significant. The overall disease free survival in this study for the preserved bladder patients is 53.3%. Patients without obstructive urethra have shown significant DFS of 70% (p=0.026). Improved DFS of patients with T2 stage tumours (75%), complete TURBT (60%), low grade tumours was observed though statistically not significant. GU toxicities like dysuria, burning micturition in 40% of patients, increased frequency of micturition in 20% of patients, gastro intestinal toxicities like constipation (40%), In anorexia (6.7%) were observed during followup and all are grade I/II and managed well with supportive treatment.

Conclusions: Bladder preservation in more than 70% of patients in this study supports the general concept of organ sparing treatment in oncology. The high response rate and DFS were observed in south Indians with complete TURBT, early stage tumours, no obstructive urethra and low grade tumours. The genito urinary & gastro intestinal toxicities are comparatively less, probably in view of using IMRT technique and single agent cisplatin.

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206P Mutational signature in urothelial carcinoma with TP53 mutation

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Background: The key roles of the TP53 mutation in cancer have been well established. However, the different biological processes of urothelial carcinoma (UC) stratified by the TP53 status, which may re

Disclosure: All authors have declared no conflicts of interest.

Methods: Patients diagnosed with UC were enrolled in the study. Tumor tissue and matching blood were sequenced by next-generation sequencing (NGS) techniques to reveal biological processes underlying carcinogenesis.

Results: A total of 139 patients were enrolled including 69 patients with TP53 mutation and 70 patients with TP53 wildtype. In TP53 mutation cohorts, the five most frequently mutated genes were TP53 (100%), KMT2D (55%), FBXW7 (29%), KMT2C (26%), and FAT1 (25%). For TP53 wildtype cohorts, the five most frequently mutated genes were KMT2D (43%), FGFR3 (30%), FAT1 (28%), BRD4 (26%), and KMT2C (25%). For top 20 gene, 4 frequently mutated genes were significant difference between TP53 mutation and TP53 wildtype cohorts, such as ERBB3, FGFR3, ERCC2, and STAG2, excluding the TP53 gene. C to T (C>T) substitutions and transitions were dominant mutations in both cohorts (38.8% and 44.0%, 50% and 55%, respectively). APOBEC Cytidine Deaminase (Signature 2) were shown in both cohorts. Surprising, exposure to aristolochic acid (Signature 22) and defective DNA mismatch repair (Signature 6) were only existed in TP53 mutation cohorts, whereas spontaneous deamination of 5-methylcytosine (Signature 1) and defects in polymerase POLE (Signature 10) were only discovered in TP53 wildtype cohorts.

Conclusions: There were characterized the genomic differences and similarities, stratified by the TP53 status, which may reflect the UC patients with TP53 mutation harbored a specific biological process.

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