215P Analysis of spatial heterogeneity of responses in metastatic sites with nivolumab in renal cell carcinoma

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Background: The study was done to appraise whether tumor response to CPI in RCC varies among organs and describe the response patterns in a population of surgically treated metastatic RCC patients treated with Nivolumab.

Methods: A retrospective analysis was conducted in patients receiving Nivolumab for metastatic RCC after first-line therapy, between January 2016 and March 2020, having at least a baseline and two follow up scans. Comparison across groups was performed using a Fisher exact test for categorical variables and a Kruskal-Wallis test for continuous variables. TTP was estimated using a Kaplan-Meier method.

Results: 21 out of 30 patients analyzed were eligible and were classified into two arms as either responder (n=11) or non-responders (n=10). Of the 21 patients, 18 (85.7 %) had the following: PD (10 patients), PR (3 patients) and SD (8 patients) according to all iRECIST guidelines. Overall, 7, 15, 4, 13, 7, and 7 patients had measurable hepatic metastasis and lung, brain, lymph node, soft tissue and other intra-abdominal metastases at baseline, respectively; these patients were subject to organ-specific response evaluation. Organ-specific ORRs of hepatic metastasis and lung, brain, lymph node, soft tissue, adnexa and other intra-peritoneal metastases were 10, 19, 35, 0, 25 and 25%, respectively. Among them, 13 (61.9%) exhibited differential responses to CPI treatment with 6 (28.5 %) patients revealing intra-organ differential response. The best objective response (BOR) was seen in lymph nodes (35%), followed by adrenals and peritoneal (25 % both) followed by the brain (20%) and lung (19%). The response rate was highest in adrenal gland lesions (2/4; 50%) followed by lymph nodes (13/19; 68.4 %) and liver (5/10; 50 %), while the rates were intermediate in lung (9/25; 36 %), intraperitoneal metastasis (1/4; 25%), brain (1/5; 20 %), and lowest in soft tissue (1/7; 14.2 %) lesions.

Conclusions: There is a differential response to checkpoint inhibitors at different metastatic sites in Renal Cell carcinoma. With highest Best response in Lymph nodes and least in soft tissue.

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216P Clinical profile and treatment outcome of testicular seminoma treated at tertiary care centre in Chennai

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Background: Seminomas form around 50% of germ cell tumours of testes. It commonly occurs during third decade. It is highly chemo sensitive and radio sensitive. Those patients who recur during surveillance for early stage can be salvaged by treatment with chemotherapy or radiotherapy most of the times.

Methods: Data was collected from master case sheets of seminoma patients treated over a period of five years from January 2013 to December 2017 at department of Madras medical college, Chennai.

Results: 28 patients had seminoma of testes with a median age of 37 years. All patients had classical type histopathology. Right testis was more commonly involved (n=21) than left (n=7). 4 patients had seminoma arising from undescended testes. Of these 21 patients, 18 (85.7 %) had the following: PD (10 patients), PR (3 patients) and SD (8 patients) according to all iRECIST guidelines. Overall, 7, 15, 4, 13, 7, and 7 patients had measurable hepatic metastasis and lung, brain, lymph node, soft tissue and other intra-abdominal metastases at baseline, respectively; these patients were subject to organ-specific response evaluation. Organ-specific ORRs of hepatic metastasis and lung, brain, lymph node, soft tissue, adnexa and other intra-peritoneal metastases were 10, 19, 35, 0, 25 and 25%, respectively. Among them, 13 (61.9%) exhibited differential responses to CPI treatment with 6 (28.5 %) patients revealing intra-organ differential response. The best objective response (BOR) was seen in lymph nodes (35%), followed by adrenals and peritoneal (25 % both) followed by the brain (20%) and lung (19%). The response rate was highest in adrenal gland lesions (2/4; 50%) followed by lymph nodes (13/19; 68.4 %) and liver (5/10; 50 %), while the rates were intermediate in lung (9/25; 36 %), intraperitoneal metastasis (1/4; 25%), brain (1/5; 20 %), and lowest in soft tissue (1/7; 14.2 %) lesions.

Conclusions: Patients presented with advanced stage compared to that given in literature due to ignorance. Treatment results were comparable with that given in the literature.

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