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, adrenals and other intra-peritoneal metastases were 10, 19, 30, 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 (2/25; 36 %), intra peritoneal 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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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 chemosensitive 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. 10.7% (n=3) patients had elevated beta hcg and 28.5% (n=8) had elevated LDH. 9 patients had stage I, 12 patients had stage II and 7 patients had stage III disease. 3 patients had trans scrotal violation at peripheral hospital. 6 patients with stage I received paraaortic nodal irradiation with a mean dose of 24Gy of which 3 patients received inguinal irradiation also. All stage II and stage III patients received adjuvant chemotherapy with BEP regimen with minimum of 3 cycles. 2.5 year DFS and OS in stage I was 88.9% (n=8) and 100% (n=9) respectively. 2.5 year DFS and OS in stage II was 83.3% (n=10) and 91.6% (n=11) respectively. 2.5 year DFS and OS was 71.4% (n=5) and 71.4% (n=5) respectively.

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

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