

IMPACT OF THE LOCALIZATION OF PRIMARY TUMOR IN GLOBAL SURVIVAL IN PATIENTS WITH METASTATIC COLON CANCER: INSTITUTIONAL EXPERIENCE.

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Introduction: Colon cancer present different forms of presentation and clinical evolution. In patients with advanced disease, the determination of RAS mutation is essential, since it is a predictive factor and determinant for the choice or not of an anti-EGFR therapy. According to study, Alliance presented at ASCO 2016 by Dr. A. Venook, patients presented different survival depending on the location of the primary tumor. Survival was significantly longer in patients with primary in the left colon. The primary objective was to analyze the location of the primary tumor and its impact on overall survival (OS) in patients with metastatic colon cancer who received chemotherapy plus a monoclonal antibody. Secondary objectives were to relate the location of the primary tumor and the presence of the KRAS mutation and the presence of hepatic or extrahepatic metastases.

Method: Observational and retrospective study. We analyzed 101 clinical histories of patients with colon cancer E IV who had received chemotherapy with FOLFOX and anti EGFR. For the primary tumor localization, the ascending and blind portion was defined as the right colon, and as left colon, descending colon, sigmoid and rectum. The mutational status of KRAS was determined by PCR. Kaplan-Meier was the statistical method used for survival.

Results: 101 clinical records analyzed, 70% (71 pts.) had the primary tumor located in left colon (LC), 30% (30 pts.) in right colon (RC). OS was 16.18 months (m). Patients (pts.) with LC tumor had an OS of 18,12 m. vs 11.56 m. in pts with right colon cancer, this difference was statistically significant ($p: 0.004$). Of the 101 pts analyzed, the Kras mutation was 25%. When the LC was evaluated, 25% (18 pts.) had the mutation and 75% (58 pts.) were Kras wild type (WT). 30 pts with primary tumor in RC 23% (7 pts.) were Kras mutated and the remaining 77% (23 pts.) Kras WT. When analyzed the location metastases, the pts with primary tumor in LC had a 65% of liver metastases, followed by metastases of lung localization. Pts with primary disease in RC had 79% hepatic metastases, followed by lung metastases and peritoneal carcinomatosis.

Conclusion: In this study we observed that the location of the primary tumor in metastatic colon cancer impact in the OS, and it was statistically significant, in agreement with the current literature and there were no differences in the mutational status of Kras when comparing left and right colon.