

## Session IV: Presentation of Selected Abstracts on Non-Colorectal Cancer

### [A Multicentre, Prospective Clinical Evaluation Study For Analyzing RAS Mutational Status Utilizing Plasma Circulating Tumor DNA In Patients With Metastatic Colorectal Cancer](#)

Yoshinori Kagawa, et al., O-005

**The authors of the study conclude that** *"The accuracy of plasma RAS mutational status determined by OncoBEAM RAS kit was confirmed for Japanese mCRC patients. The concordance rate between plasma- and tissue-based analyses was 86.4% in overall, rising to 89.2% in patients excluding lung metastasis alone, with 13.6% of discordant cases being potentially attributed to variables of tissue heterogeneity, a longer interval in sample collection from archived tissue to plasma and a lower amount of ctDNA shed into plasma. Careful attention should be paid for MCRC patients with lung metastases alone when considering the use of plasma ctDNA test instead of tissue-based test."*

### [Ultra-selection of metastatic colorectal cancer patients using Next Generation Sequencing platform to improve the clinical efficacy of anti-EGFR therapy](#)

Joana Vidal, et al., O-006

**The authors of the study conclude that** *"this study analyses the impact of using an NGS platform for molecular diagnosis of mCRC patients. Increasing the sensitivity of MAF cutoff from 5% to 1% we identified mutations in RAS/BRAF hotspots in 27.63% more patients. Confirming results from our previous reports, no mutations in EGFR ECD have been detected in untreated samples."*

### [Liquid biopsy allows predicting benefit from rechallenge with cetuximab\(cet\)+irinotecan\(iri\) in RAS/BRAF wild-type mCRC patients\(pts\) with resistance to 1st-line cet+iri: final results and translational analyses of the CRICKET study by GONO](#)

Daniele Rossini, et al., O-007

**The authors of the study conclude that** *"this is the first prospective demonstration of the activity of rechallenge with cetuximab(cet)+irinotecan in some mCRC patients initially sensitive and then resistant to first-line iri and cet-based therapy, with no RAS/BRAF mut in pre-treatment liquid biopsies. Partially funded by Merck Serono SpA."*

[The prognostic role of microsatellite status, tumor mutational burden and protein expression in CRC](#)

Justina Lam, et al., O-008

**The authors of the study conclude that** *"a combination of MSS, low TMB and low p16 expression characterized a subset of patients with longer survival. This is important because patients with MSS tumors have limited treatment options but may respond to CDK4/5 inhibitors due to low p16 expression. Molecular profiling of CRC may identify patient subgroups with a relatively poor prognosis who could benefit from personalized therapy."*

[A Phase II multi institutional study of Nivolumab in Patients with Advanced Refractory Biliary Tract Cancers \(BTC\)](#)

Richard Kim, et al., O-009

**The authors of the study conclude that** *"the primary endpoint of ORR was met. Nivolumab was well tolerated and has shown promising efficacy in refractory BTC including durable response lasting over 1 year. Further randomized trial is warranted in refractory BTC."*

[Cisplatin/5-Fluorouracil +/- Panitumumab for Patients with Non-resectable, Advanced or Metastatic Esophageal Squamous Cell Cancer: A Randomized phase III AIO/EORTC Trial with an Extensive Biomarker Program](#)

Markus Moehler, et al., O-010

**The authors of the study conclude that** *"To our knowledge, this has been the largest European first-line palliative phase III trial of chemotherapy +/- EGFR targeting agent in ESCC patients only. Addition of Panitumumab to CF provided no benefit to first-line CTX alone. A low sEGFR level was associated with better PFS and increased under CF+1Panitumumab. Further results of second-line therapies and further biomarker analysis will be presented at the meeting."*