

Learning from Every Patient

ESTRO
2022

6-10 May 2022

ONSITE IN COPENHAGEN & ONLINE

ANNUAL
ESTRO
CONGRESS

    **#ESTRO2022**

WWW.ESTRO.ORG

Dr Véronique Vendrely
CHU Bordeaux, France

Final results of the French cohort FFCD-ANABASE : treatment and outcome in non-metastatic anal cancer

Véronique Vendrely¹, Claire Lemanski², Pascal Pommier³, Karine Le Malicot⁴, Eric François⁵, Eleonor Rivin Del Campo⁶, Pauline Regnault⁷, Nabil Baba-Hamed⁸, Philippe Ronchin⁹, Gilles Crehange¹⁰, David Tougeron¹¹, Elodie Menager-Tabourel¹², Olivia Diaz¹³, Michael Hummelsberger¹⁴, Anne De La Rochefordiere¹⁵, Côme Lepage¹⁶, Laurent Quero¹⁷

¹CHU Bordeaux, Oncology radiotherapy, BORDEAUX, France; ²Val d'Aurelle Cancer Center, Radiotherapy, Montpellier, France; ³Léon Bérard Cancer Center, Radiotherapy, LYON, France; ⁴Fédération Francophone de Cancérologie Digestive, university of Burgundy, Biostatistics, Dijon, France; ⁵Antoine Lacassagne Cancer Center, Oncology, Nice, France; ⁶APHP, Tenon Hospital, Radiotherapy, Paris, France; ⁷Tivoli Clinic, Radiotherapy, Bordeaux, France; ⁸Saint-Joseph Hospital group, Oncology Department, Paris, France; ⁹Azuréen Cancer Center, Radiotherapy, Mougins, France; ¹⁰Georges François Leclerc cancer center, radiotherapy, Dijon, France; ¹¹CHU Poitiers, Medical Oncology, Poitiers, France; ¹²Departemental Hospital of Vendee, Medical Oncology, La Roche sur Yon, France; ¹³Daniel Hollard Institute, Radiotherapy, Grenoble, France; ¹⁴Radiotherapy and medical oncology center, Radiotherapy, Béziers, France; ¹⁵Institut Curie, Medical Oncology, Paris, France; ¹⁶EPICAD INSERM LNC-UMR 1231, University of Burgundy, gastro-enterology, Dijon, France; ¹⁷St Louis Hospital, APHP, Radiotherapy, Paris, France.



université
de BORDEAUX

Conflict of Interest Disclosure

Honoraries

- AMGEN
- Servier
- Travel support for conference : Kiowa-Kyrin



ANABASE

Purpose : Evaluation of clinical practice, treatment and outcome after treatment, of patients with anal cancers in France

- Prospective national multicentric observational cohort
- Promotor: French Federation of Digestive Oncology (FFCD)
- Coordinators : Pr V.Vendrely, Pr L.Quéro
- Inclusion of all patients treated for anal cancer from January 2015 to April 2020

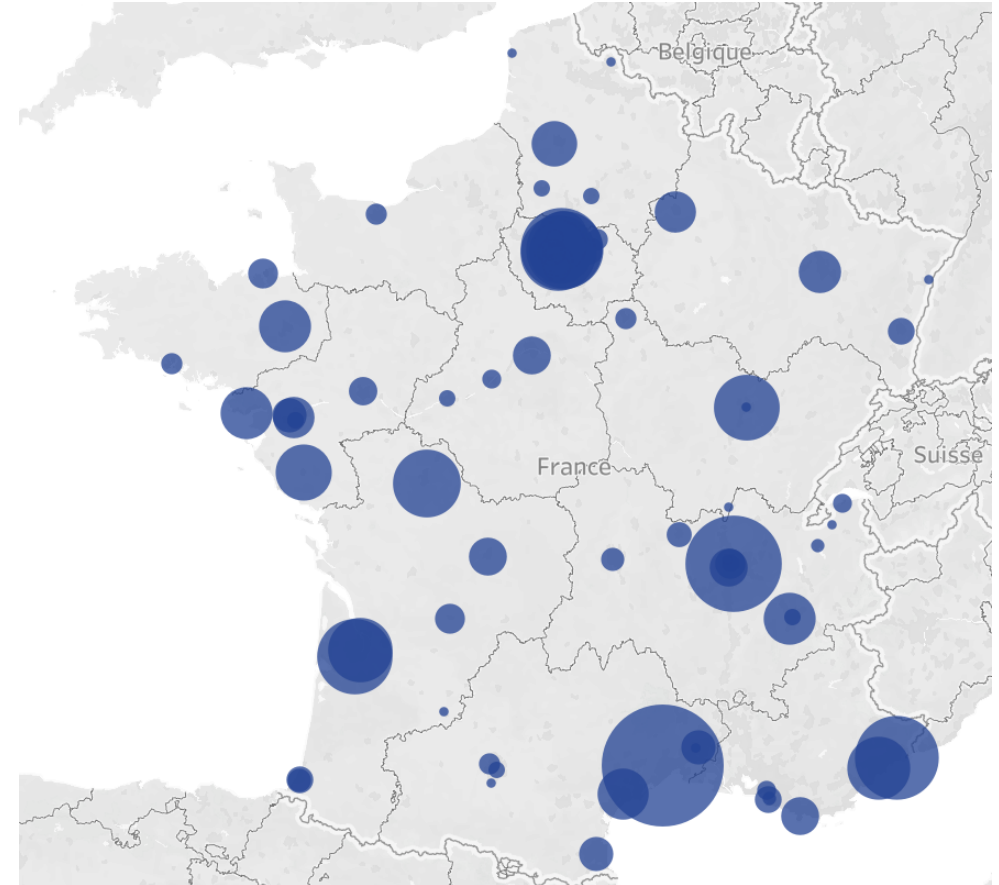
Analyses

- Patients and tumor characteristics,
- Treatments : chemotherapy (CT), chemoradiotherapy (CRT), radiotherapy (RT), and surgery (S)
- **Outcomes: CFS, DFS and OS at 3 years**
- Factors associated with CFS, DFS and OS by univariate and multivariate analysis



ANABASE

Among 1378 patients included, we analyzed 1015 patients treated with radiotherapy or chemoradiotherapy as first line treatment for squamous cell carcinoma with complete data



62 French centers

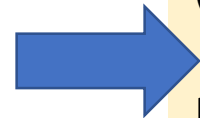


Patients and tumors characteristics

		median (range) or n (%)
[REDACTED]		
Age years		65 (32-94)
[REDACTED]		
ECOG PS status	0	665 (65.5%)
	1	281 (27.7%)
	2	28 (2.8%)
	3	9 (0.9%)
	4	1 (0.1%)
[REDACTED]		
T-stage	T1	152 (15.0)
	T2	488 (48.1)
	T3	231 (22.8)
	T4	144 (14.2)
[REDACTED]		

Initial workup

Imaging	N (%)
CT-scan	566 (55.8)
Pelvic MRI	723 (71.2)
PET-CT	741 (73.0)
Anal US-endoscopy	308 (30.3)



Early-stage tumors (T1-2, N0, M0)	440 pts	(43 %)
Locally advanced tumors (T3-4 or N+, M0)	575 pts	(57 %)

Treatment characteristics

Radiotherapy (RT)

Exclusive RT: 234 pts (23%)

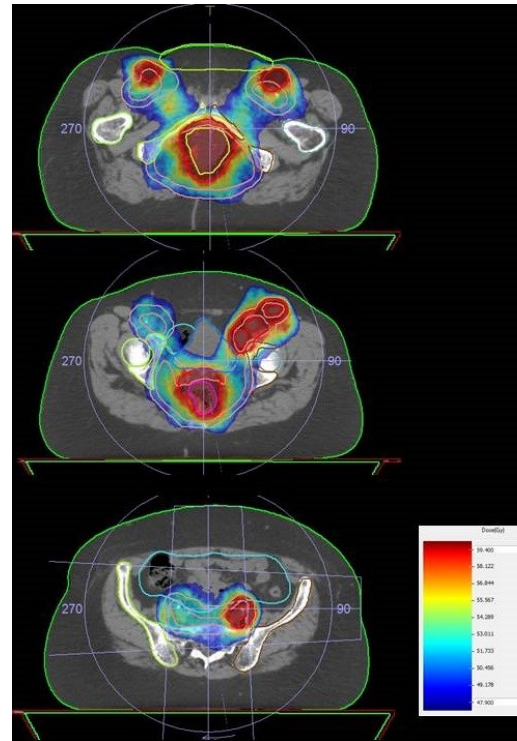
CRT: 781 pts (77%)

- IMRT: 815 (80 %)
- conformal 3D: 176 (16%)
- Median dose [IQR] : 60.0 Gy [50.4;64.8]

Treatment Interruption: 327 pts (32 %)

- As planned gap : 172 (52 %)
- For toxicity 155 (47 %)
- Median time [IQR]: 14 days [7-19]

Brachytherapy boost: 150 pts (15 %)



Treatment characteristics

Radiotherapy (RT)

Exclusive RT: 234 pts (23%)

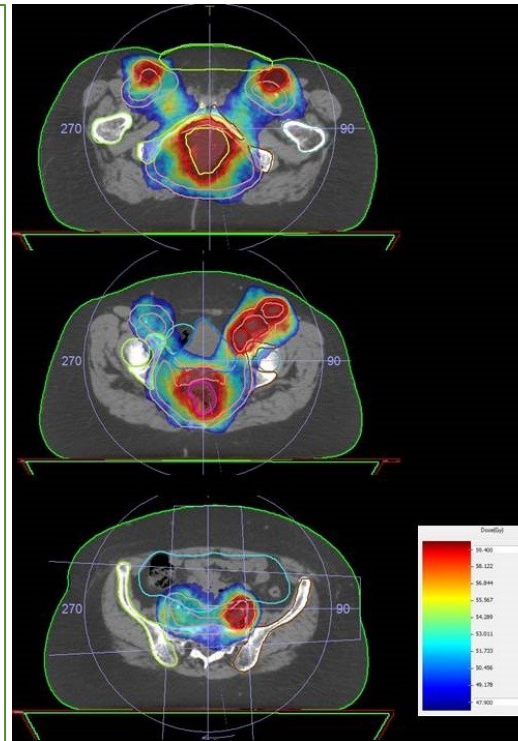
CRT: 781 pts (77%)

- IMRT: 815 (80 %)
- conformal 3D: 176 (16%)
- Median dose [IQR] : 60.0 Gy [50.4;64.8]

Treatment Interruption: 327 pts (32 %)

- As planned gap : 172 (52 %)
- For toxicity 155 (47 %)
- Median time [IQR]: 14 days [7-19]

Brachytherapy boost: 150 pts (15 %)



Chemotherapy (CT)

Concomitant CT

- Mitomycin C based: 685 (88%)
- Cisplatin based: 24 (3.0 %)
- Capecitabine: 33 (4 %)
- Other : 47 (6.0)

Neoadjuvant CT

(Cisplatin-5FU) before CRT:
58 patients (6 %)

Treatment characteristics according to staging

		T1-2/N0 (n= 440)	T3-4 or N+ (n=575)	χ^2
		N (% or median)	N (% or median)	
Chemoradiotherapy		179 (40.7)		<0.0001
		261 (59.3)	520 (90.4)	
			45 (7.8)	
TOTAL DOSE	< 50 Gy	129 (29.3)	93 (16.2)	<0.001
	>60 Gy	160 (36.4)	266 (46.3)	
		106 (24.1)		

Patients with early-stage tumors were treated more frequently by exclusive RT or brachytherapy boost
whereas patients with locally advanced tumors had more neoadjuvant CT or RT dose > 60 Gy



Response rate at 4-6 months

Response	T1-2, N0 n=431	T3-4, N+ n=567	
Complete Response	355 (82 %)	386 (68 %)	(p<0.0001)
Partial Response	47 (10.9)	84 (14.8)	
Stable Disease	8 (1.9)	21 (3.7)	
Progression	21 (4.9)	76 (13.4)	

Complete response was achieved for 74% of patients



Response rate at 4-6 months

Response	T1-2, N0 n=431	T3-4, N+ n=567
Complete Response	355 (82 %)	386 (68 %)
Partial Response	47 (10.9)	84 (14.8)
Stable Disease	8 (1.9)	21 (3.7)
Progression	21 (4.9)	76 (13.4)

Results assessment

	Patients n=998	%
CT-scan	236	23.6
MRI	373	37.3
FDG-PET-CT	473	47.3
EUS	165	16.5

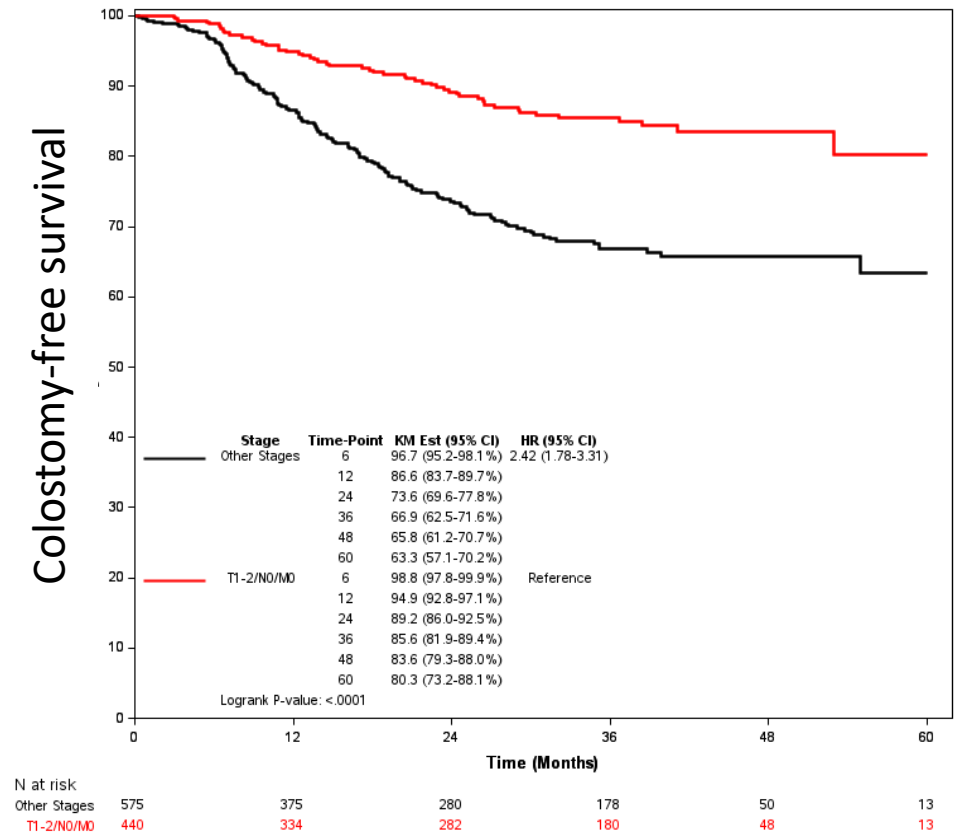
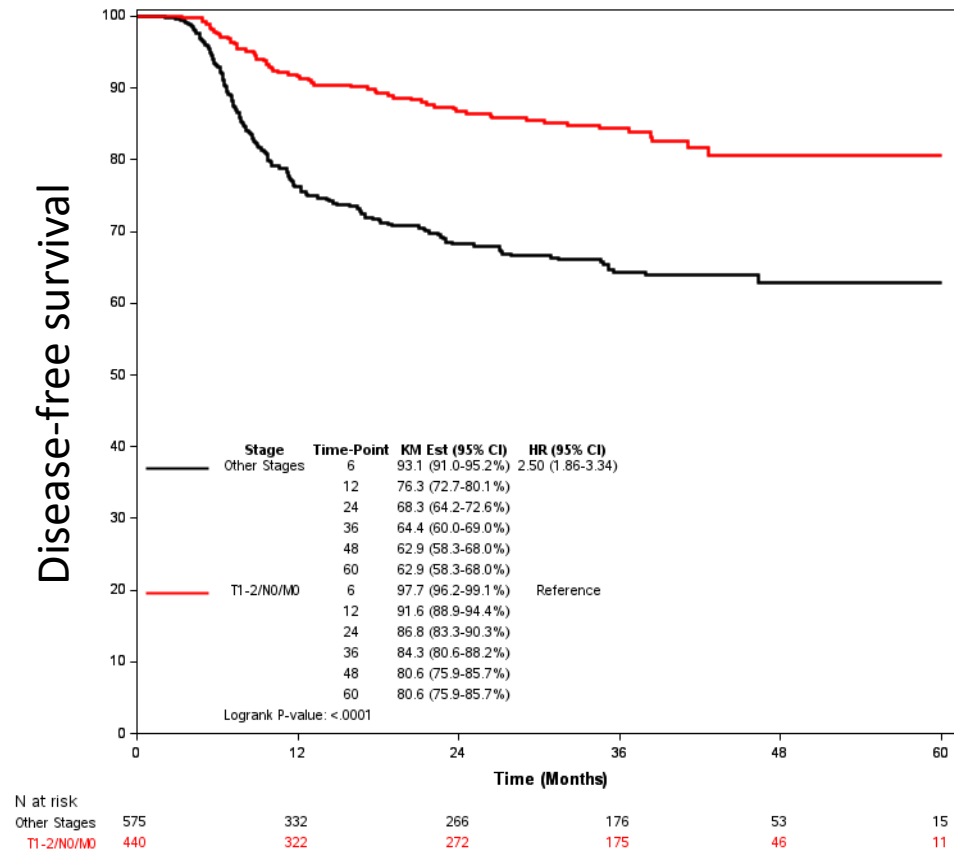
Each patient could have several imaging analyses

Complete response was achieved for 74% of patients



Outcomes according to initial staging

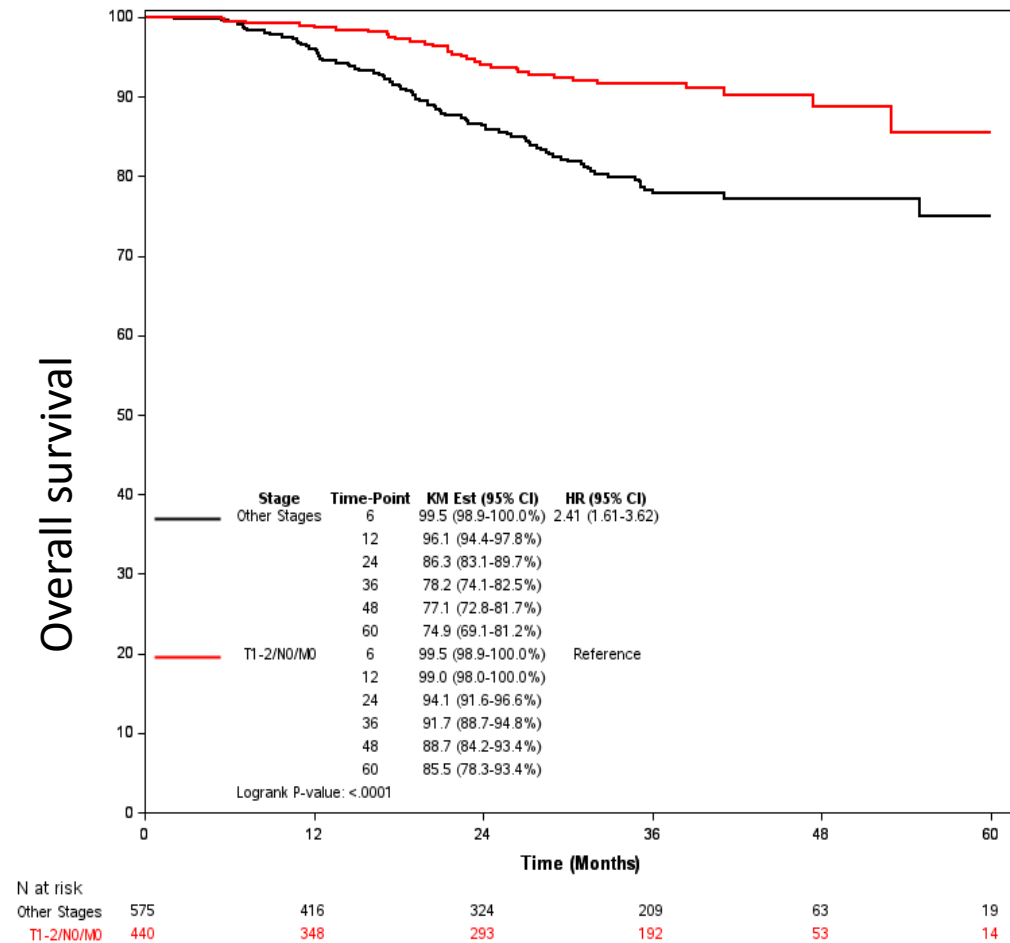
Median follow-up :35.5 months [IC95%: 34.4;36.0].



3y-DFS 64% for locally advanced tumors
84% for early-stage tumors (p<0.001)

3-year CFS 67% vs 86% (p<0.0001)

Outcomes according to initial staging



3-year OS : 78 % vs 92 %; $p < 0.0001$

Prognostic factors

Univariate Analysis		
Gender (Male vs Female)	1.57 [1.19;2.07]	0.001
ECOG PS (≥ 1 vs 0)	2.32 [1.78;3.03]	<0.0001
T3-4 or N+ vs T1-2/N0	2.50 [1.86;3.34]	<0.0001
Induction CT (yes vs no)	2.30 [1.55;3.42]	<0.0001
Brachytherapy Boost (yes vs no)	0.47 [0.29;0.75]	0.001
RT technique (3D vs IMRT)	1.17 [0.82;1.66]	0.385
Tobacco (yes vs no)	1.13 [0.86;1.49]	0.391

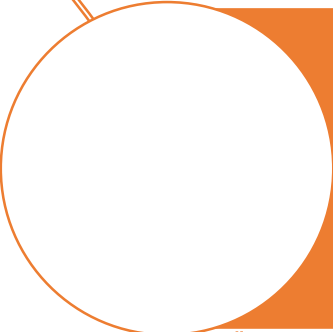


Prognostic factors

Univariate Analysis			Multivariate Analysis	
Gender (Male vs Female)	1.57 [1.19;2.07]	0.001	1.65 [1.14;2.38]	0.008
ECOG PS (≥1 vs 0)	2.32 [1.78;3.03]	<0.0001	0.56 [0.4;0.78]	0.001
T3-4 or N+ vs T1-2/N0	2.50 [1.86;3.34]	<0.0001	1.72 [1.19;2.47]	0.004
Induction CT (yes vs no)	2.30 [1.55;3.42]	<0.0001	1.45 [0.88;2.38]	0.148
Brachytherapy Boost (yes vs no)	0.47 [0.29;0.75]	0.001	1.05 [0.59;1.87]	0.858
RT technique (3D vs IMRT)	1.17 [0.82;1.66]	0.385		
Tobacco (yes vs no)	1.13 [0.86;1.49]	0.391		



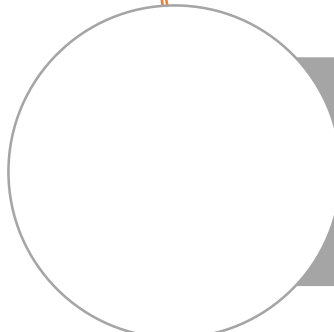
Conclusions

A large, empty orange circle with a thin orange outline, connected by a thin orange line to the top-left corner of the orange text box.

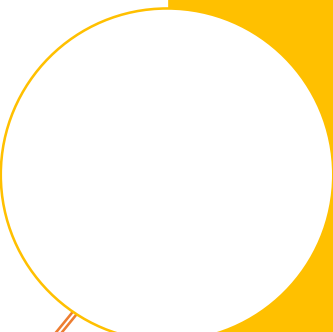
Evaluation of clinical practice in France

Good accordance with current guidelines for anal cancer treatment regarding IMRT and Mitomycin C based chemotherapy

Results in « real life »

A large, empty grey circle with a thin grey outline, connected by a thin grey line to the top-left corner of the grey text box.

Same treatment for all patients but differences in outcomes between early stage and locally advanced tumors: we are in need of de-escalation or intensification strategies

A large, empty yellow circle with a thin yellow outline, connected by a thin yellow line to the top-left corner of the yellow text box.

Many data still to analyze to answer more specific questions:

-HIV patients (presented today at mini-oral session today by C.Evin)

-Elderly patients

-PET-CT evaluation

-5FU or capecitabine

A series of vertical black lines of varying heights, resembling a barcode or a stylized graphic, located at the bottom left of the slide.