



**IMACC**

International Multidisciplinary Anal Cancer Consortium

# **Role of concomitant chemotherapy in the management of early-stage anal squamous cell carcinoma : ancillary study of the French national cohort ANABASE**

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# Conflict of interest



- *No conflict of interest*

# Context



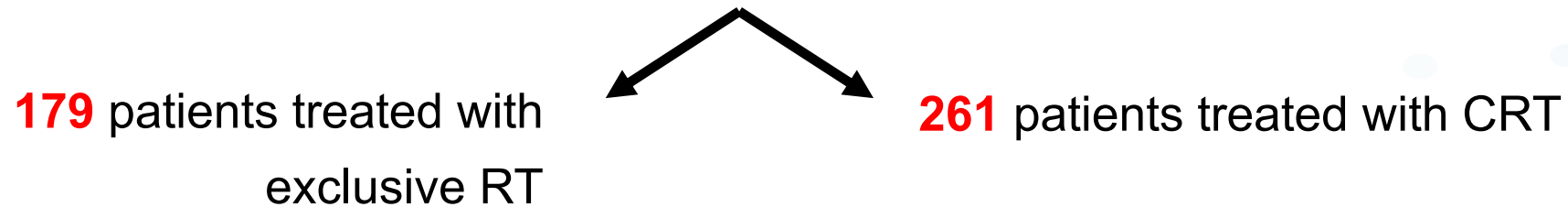
- Early stage ASCC (T1-2N0) : good prognostic
- Treatment :
  - Benefice of concurent chemotherapy (mostly advanced stages) :  
5FU-Mitomycin > 5FU-Cisplatin (*Ganderson et al, JCO, 2012*)
- Long time survivors : impact of late toxicities
- Benefit/risk ratio of adding chemotherapy for early stage?
- Differing recommendations :
  - USA : CRT for all
  - FR : exclusive RT is an option for <3cm, N0 tumors (*L. Moureau-Zabotto et al, Digestive and liver disease, 2017*)



# Material and Methods

- French national cohort FFCD-ANABASE (*Vendrely et al.*, Radiotherapy and Oncology, 2023)

- 440 patients treated for T1-2N0 ASCC



- Propensity score : 105 pairs of patients

# Results : Population

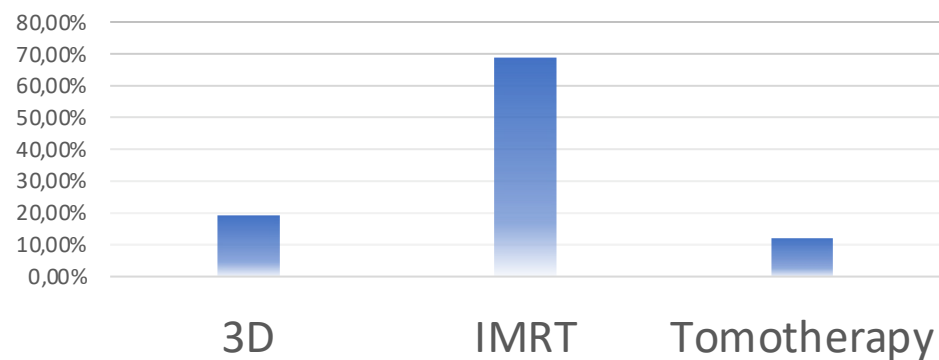


		CRT group	RT group	Total	p value
<b>N (%)</b>		261	179	440	
<b>Median age</b>		64	66	65	<b>0.0079</b>
<b>Performance status</b>	<i>n</i>	251	177	428	<b>0.0125</b>
	0	197	130	327	
	1	53	39	92	
	2	1	8	9	
<b>Tumor size</b>	<i>n</i>	253	176	429	<b>&lt;0.001</b>
	<i>Median</i>	3.00	2.00	2,7	
	<i>Q1-Q3</i>	2.50-4.00	1.5-3.00	2-3,5	
	<i>Min-Max</i>	0.70-5.00	0,2-5	0,2-5	
<b>Stage</b>	<i>T1N0</i>	26	96	122	<b>&lt;0.001</b>
	<i>T2N0</i>	235	83	318	
<b>Dose to the primary tumor (Gy)</b>	<i>Median</i>	60.00	56.00	59.40	<b>&lt;0.001</b>
	<i>Q1-Q3</i>	50.40-64.80	45.00-61.00	45.00-63.00	

# Results : Treatment

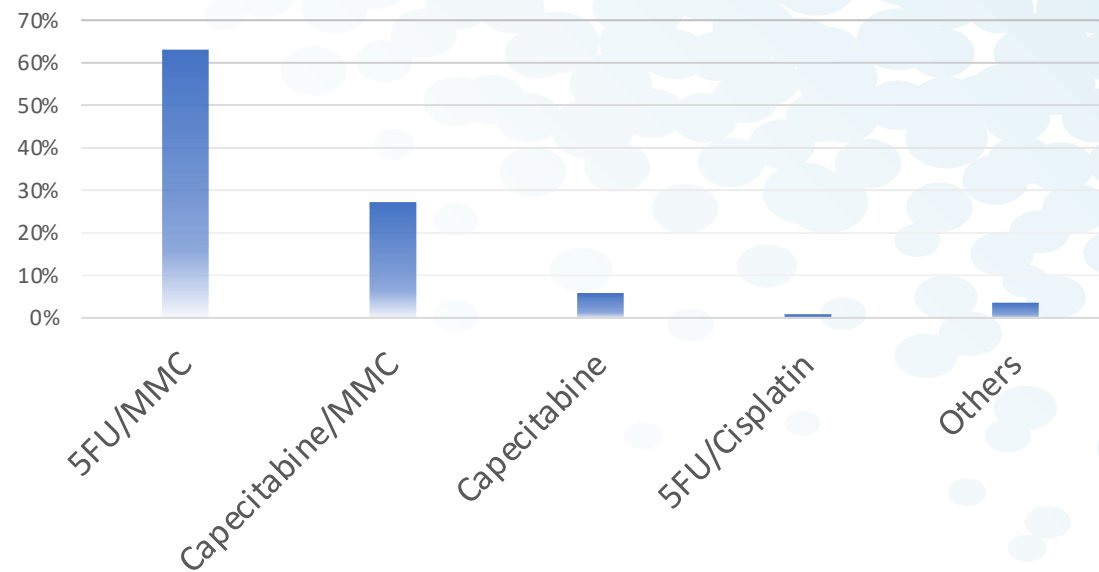


## RADIATION THERAPY



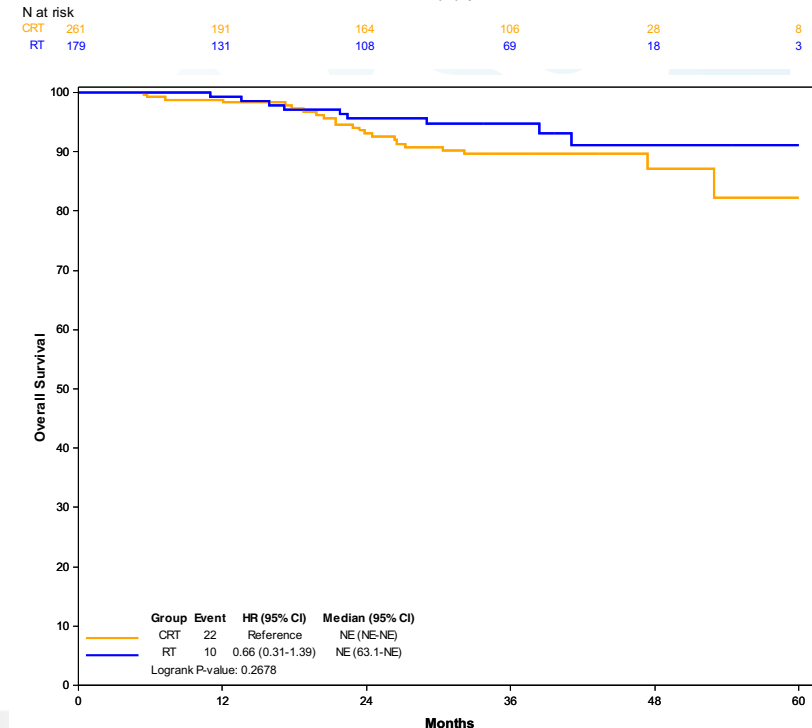
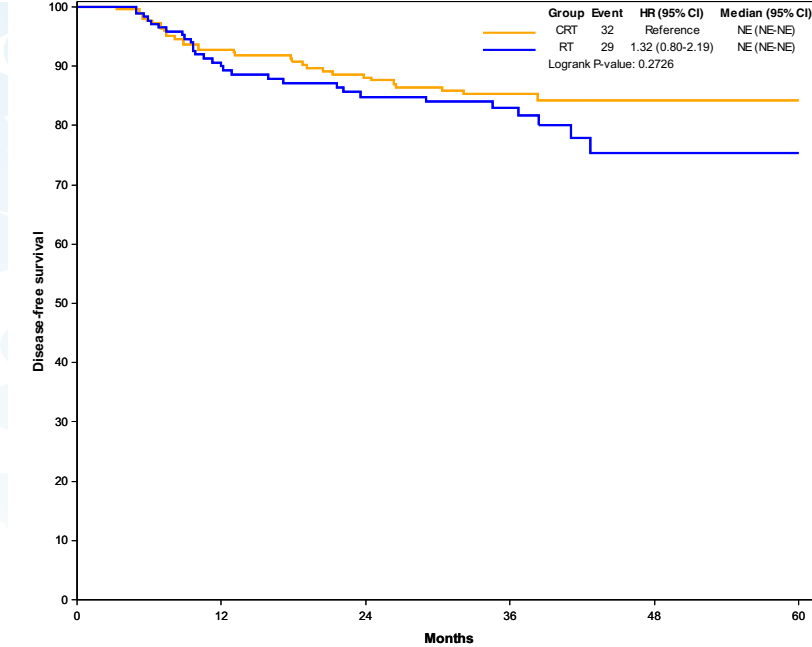
*No significant difference between CRT and RT groups (p=0,62)*

## CHEMOTHERAPY



# Results

- No significant difference in 3-year survival outcomes
  - DFS 83.0% (RT) vs 85.3% (CRT)  $p=0.28$
  - OS 94.8% (RT) vs 89.6% (CRT)  $p=0.27$
- Overall Treatment Time increased
  - 43 (RT) vs 50 (CRT) days ( $p<0,001$ ) **+7 days**
- Toxicity :
  - G3 ou plus : 120 (**46.0%**) CRT group vs 34 (**19.0%**) groupe RT ( $p<0.001$ )
- Same results with propensity score



N at risk									
CRT	261	204	174	113	30	9			
RT	179	144	119	79	23	5			

# Perspectives



- No significant benefit for adding concomitant chemotherapy in our study
- Impact of dose prescription ?
  - **ANABASE** early stage: Median dose delivered to the tumor = **59.4 Gy** : The French exception ?

- **USA database** : 2959 patients cT1N0M0 ASCC : benefit of CRT *Huffman et al. , Cancer treatment and research communication, March 2021*  
OS **86%** CRT vs **65%** for RT alone (p<0.0001)  
Median dose reported : **50.4 Gy** (CRT) vs **54 Gy** (RT alone)

- **Toward a de-escalation strategy ?** Trials



 **PLATO/ACT4 trial** (Personalizing Radiotherapy Dose for anal cancer)  
41.4Gy vs 50.4Gy (+ chemotherapy for all)

USA **DECREASE** : phase III  
28 vs 20/23 fractions (+Capecitabine/5FU-MMC)







*Thank you for your attention*

*Questions ?*