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vs 40,0 mm p=0,001) and cyst growth > 2,5 mm/year (57,1% vs 5,8% p < 0,001), presence of dilated main pancreatic duct (MPD) (71,4% vs 4,9% p<0,001), solid component (71,4% vs 1,3% p<0,001), positive cytology (37,5% vs 0,5% p<0,001), development of high-risk stigmata (HRS) (87,5% vs 1,9% p <0,001) or worrisome features (WF) (87,5% vs 23,9% p<0,001) during follow up and symptoms of jaundice (25% vs 0,5% p=0,002) and abdominal pain (50% vs 9,4% p=0,005).

Conclusions: While overall malignancy risk remains low in BD-IPMN with no indications of resection at diagnosis, continuous surveillance should be pursued after 5 years in surgically fit individuals, particularly in patients who develop our identified risk factors.

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P-171 Does metastasectomy really improve survival in gastric cancer?

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Background: Previous observational studies suggest that metastasectomy improves overall survival (OS) for patients with metastatic gastric/gastroesophageal junction cancer (mG/GEJC). However, most conclusions were based on comparisons of distinct populations, with surgery groups having favorable characteristics that could have influenced the results.

Methods: All consecutive patients with mG/GEJC who underwent metastasectomy in our institution were retrospectively recruited. After, a non-metastasectomy control group, with a single site of metastasis and ECOG 0-1, was paired in a 1:1 ratio by the nearest neighbor propensity score matching method, using the following pairing categories: age at diagnosis < 60 years vs ≥ 60 years; intestinal vs diffuse subtype; synchronous vs metachronous metastasis; peritoneal vs other site of metastasis. The primary objective was to compare the overall survival (from the metastasis diagnosis to death by any cause) between the groups. Secondarily, prognostic factors associated with OS were evaluated. Time-to-event variables were analyzed by Kaplan-Meier curves and compared by Log-rank test. Cox regression was used for multivariable analysis.

Results: Between September 2007 to January 2020, 138 mG/GEJC patients were included (69 in each group). The median follow-up was 37 months. The median age at diagnosis was 54 years (31% were ≥ 60 years old); most were men (57.2%), with comorbidities (55.1%) and without malnutrition (only 8.7%). Gastric cancer (88.4%), diffuse subtype (65.2%), synchronous (77.5%) and peritoneal metastasis (65.2%) were predominant. The characteristics between the metastasectomy and the control group were well balanced, with a non-significant increased proportion of GEJC in the control group (17.4% vs 5.8%, p=0.06). Patients who underwent metastasectomy were more exposed to FLOT and less exposed to FOLFOX regimens (16.4% vs 3.0% and 37.3% vs 52.2%, respectively; p=0.048); and tended to receive triplet regimens more often (41.8% vs 29.9%; p=0.207). The median OS was superior in the metastasectomy group (26.0 vs 14.0 months; HR 0.52, 95%CI 0.35-0.78; p=0.001), as it was the median progression-free survival in first-line (12.0 vs 6.0 months; HR 0.56, 95%CI 0.39-0.80; p=0.001). The median time between the metastasectomy to death was 17.0 months (95%CI 11.4-22.6) and this was not influenced by triplet vs doublet schemes or by the metastasectomy site (peritoneal vs others, linfonodal vs others, or visceral vs non-visceral). Data were immature to evaluate the influence of type of perioperative chemotherapy on these results. Metastasectomy, FLOT regimen and ECOG 0 were independent prognostic factors for improved overall survival in multivariate analysis.

Conclusions: Metastasectomy in gastric/gastroesophageal junction cancer was associated with improved overall survival, even when compared to a matched-paired population of metastatic patients with a favorable prognostic profile. This study reinforces the importance of considering this approach, when reasonable, for mG/GEJC patients.

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P-172 PTHrP and SPARC expressions in human colorectal cancer: An in silico analysis

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Background: PTHrP is a paraneoplastic factor involved in the progression and the acquisition of the aggressive behavior of different types of tumors. Employing in vitro and in vivo models of colorectal cancer (CRC), our research group observed that PTHrP promotes cell survival, proliferation, migration, angiogenesis, epithelial to mesenchymal transition (EMT) program, cancer stem cell (CSC) phenotype, and chemoresistance through different signaling pathways. Recently, in HCT116 cells derived from CRC we found that PTHrP acts increasing SPARC protein expression, a relevant protein involved in CRC progression. Moreover, SPARC treatment on HCT116 cells potentiated PTHrP effects. In vivo model, PTHrP also increased SPARC expression. Based on these findings, the aim of this work is explore the clinical relevance of PTHrP and SPARC tumor expression in human CRC using in silico analysis.

Methods: Cytoscape 3.8.2 stringApp was employed to visualize molecular networks from the STRING database related to CRC, and proteins associated with prognostic factors were selected to analysis. Using STRING Enrichment App, the proteins networks (PN) merged were compared to establish enrichment. Finally, in silico tool and online data sets (GEPIA2 and STRING 11.0) were used to explore the association of PTHrP and SPARC and their prognostic value in 362 CRC human samples.

Results: In GEPIA2 database, a significant correlation between the expressions of PTHrP and SPARC in CRC was observed (p-value=0.01). Also, SPARC expression was higher in CRC respect to colorectal normal samples (p-value=0.01). In the same way, SPARC expression was significantly higher in CRC advanced than in early disease. Employing STRING 11.0 database, we observed a strong association between PTHrP and several oncogenic markers (CDH2, CD44, VIM, among others) that previously were evaluated in vitro by us linked through SPARC with a Protein-Protein interaction enrichment (p-value 0.95). This PN was merged with the PN obtained from the search "colorectal cancer" with a high disease score (SD> 3.2). From this analysis, VEGFA was emerged as a central nexus between PTHrP and SPARC proteins. Finally, GEPIA2 was used to evaluate the survival rate in CRC patients that express PTHrP and/or SPARC. No significant impact in overall survival was found taken account high or low expression of each protein.

Conclusions: In CRC tumor samples, a strong relationship between PTHrP and SPARC expression was found, suggesting that both proteins could be involved in the progression of the disease. Despite VEGFA was also associated with PTHrP/SPARC, more studies are necessary to evaluate their clinical relevancy.

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P-173 Customisation of therapeutic strategy in metastatic colorectal cancer by use of liquid biopsies: Final results of an observational study

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Background: In metastatic colorectal cancer (mCRC), tumour RAS profiling informs therapeutic decisions regarding the addition of anti-epidermal growth factor receptor (EGFR) antibodies to chemotherapy. However, RAS status may change in the course of the disease and circulating tumour DNA (ctDNA) testing has emerged as a valuable tool for serial testing in oncology.

Methods: Plasma ctDNA from patients with mCRC underwent expanded RAS (KRAS and NRAS exons 2, 3 and 4) analysis by BEAMing (OncoBEAM TM RAS CRC, Sysmex Inostics) at diagnosis, mid first-line therapy, first and second disease progression. Demographic and clinical data — including tissue RAS — were prospectively collected from patient records and their association with ctDNA results was studied with statistical methods.