# Clinical characteristics, prognostic factors and survival of early-onset colorectal cancer (EOCRC) in a Spanish cohort.



Javier Soto Alsar<sup>1</sup>, Natalia Gutiérrez Alonso<sup>1</sup>, Marianela Bringas Beranek<sup>1</sup>, Ana Gutiérrez Ortiz de la Tabla<sup>1</sup>, Carlos López Jiménez<sup>1</sup>, Manuel Alva Bianchi<sup>1</sup>, Roberto Jiménez Rodríguez<sup>1</sup>, Rocío Martín Lozano<sup>1</sup>, Marta Arregui Valles<sup>1</sup>, Inmaculada Aparicio Salcedo<sup>1</sup>, Laura Ortega Morán<sup>1</sup>, Gabriela Torres Pérez-Solero<sup>1</sup>, Andrés Muñoz Martín<sup>1</sup>, Aitana Calvo Ferrándiz<sup>1</sup>, Montserrat Blanco Codesido<sup>1</sup>, Miguel Martín Jiménez<sup>1</sup>, Pilar García Alfonso<sup>1</sup>.

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1. Department of Medical Oncology. Hospital General Universitario Gregorio Marañón, Madrid, Spain.

### INTRODUCTION

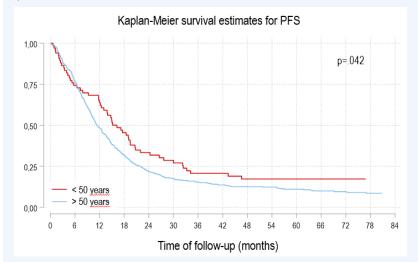
Over the last decades the incidence of EOCRC (< 50 years old) has dramatically increased. Thus, scientific interest in this field has been rising. The aim of this study was to show differences in clinical characteristics, co-morbidities, prognostic factors, and survival among EOCRC compared to the rest of colorectal cancer (CRC) patients in a Spanish hospital.

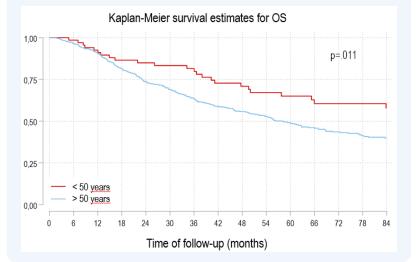
## METHODS

We conducted a retrospective analysis of 554 patients with metastatic colorectal cancer (mCRC) in a tumor registry from 2015 to 2021, analyzing the clinical and molecular characteristics, as well as progression-free survival (PFS) and overall survival (OS) of EOCRC patients versus the rest of CRC patients. We applied the exact test of Fisher in order to identify differences between categoric variables, and Mann-Whitney test to detect differences between quantitative variables. PFS and OS were compared using a long-rank test, and the estimate of hazard ratio (HRs) between studied groups was calculated by means of Cox proportional hazards model.

#### RESULTS

We found 554 mCRC patients of which 68 (12.25 %) were EOCRC patients. Several characteristics were significantly more frequent in patients with EOCRC: **BMI < 18.5** (n = 16, OR 1.9, p = 0.046), primary tumor site at **transverse colon** (n = 9, OR 2.61, p = 0.03) and **ECOG 0** (n = 32, OR 2.21, p = 0.003). Having peritoneal metastases almost reached statistical signification (n = 17, OR 1.82, p = 0.055). Primary tumor site at sigmoid colon was less frequent in EOCRC patients (n = 14, OR 0.49, p = 0.038). Moreover, mean values of LDH at diagnosis were significantly higher in EOCRC patients (359 U/L vs 280 U/L, p = 0.015). EOCRC patients received a significantly higher number of lines of chemotherapy (2.94 vs 2.38, p = 0.027) and underwent more surgeries (2.42 vs 1.24, p < 0,001) than patients with > 50 years. Significant differences in tumor mutational status (BRAF, KRAS, NRAS, MSI, PI3K and HER2) between groups were not found. PFS was longer in EOCRC patients (median, 16.2 vs 11.3 months; HR for progress 0.77; 95 % confidence interval (CI) 0.56 to 0.99; p = 0.043), as well as overall survival (median 121.5 vs 58.1; HR for death 0.58; 95 % CI, 0.39 to 0.88; p = 0.011).





## CONCLUSIONS

- EOCRC patients had more frequently BMI < 18.5, primary tumor located at transverse colon and ECOG 0.
- EOCRC patients had a statistically significant higher PFS in first line of treatment and higher OS than the rest of CRC patients.

## DISCLOSURES

The main author declares no conflict of interest.

