VOLUME 6 | NÚMERO 4 | OUT-DEZ 2023

REVISTA PORTUGUESA DE Oncologia

Órgão Oficial da Sociedade Portuguesa de Oncologia

PUBLICAÇÕES CIENTÍFICAS:

- **20º Congresso Nacional de Oncologia**

BREAST CANCER
SKIN CANCER
GERIATRIC ONCOLOGY
DIGESTIVE CANCER
NEUROENDOCRINE TUMORS
LUNG CANCER
SARCOMAS
GENITOURINARY CANCER
HEAD AND NECK CANCER
GYNECOLOGICAL CANCER
CENTRAL NERVOUS SYSTEM CANCER
NURSING TOPIC
OTHERS TOPIC
CLINICAL CASES

SOCIEDADE PORTUGUESA DE ONCOLOGIA

Resumo das Características do Medicamento. Nome do Medicamento:Bridic 125 mg, comprimidos. **Composição Qualitatitva e Quantitativa:** Um comprimido contém 125 mg de brivudina. Excipientes com efeito conhecido: lactose mono-hidratada. Cada comprimido contém 37 mg de lactose mono-hidratada. **Forma Farmacêutica:** Comprimido. Comprimidos biselados de faces planas, cor branca ou quase branca. **Informações Clínicas. Indicações terapêuticas**: Tratamento precoce do herpes zoster agudo em doentes adultos imunocompetentes. **Posologia e modo de administração**: Adultos: um comprimido de Bridic, uma vez por dia, durante sete dias. O tratamento deve ser iniciado o mais cedo possível, de preferência nas 72 horas seguintes ao aparecimento das primeiras manifestações cutâneas (geralmente o início da erupção) ou 48 horas após o aparecimento das vesículas. Os comprimidos devem ser administrados todos os dias, aproximadamente à mesma hora do dia. Se os sintomas persistirem ou se agravarem após os 7 dias de tratamento, o doente deve ser avisado para consultar o médico. O medicamento está indicado em tratamentos de curta duração. Este tratamento reduz adicionalmente o risco de desenvolvimento de nevralgia pós-herpética em doentes acima dos 50 anos de idade, isto é, com a administração da posologia habitual, referida no parágrafo anterior (1 comprimido de Bridic, uma vez por dia, durante 7 dias). Após o primeiro ciclo de tratamento (7 dias), não deve ser iniciado um segundo ciclo. Populações especiais: Idosos (idade igual ou superior a 65 anos): Não é necessário ajustamento posológico em doentes com mais de 65 anos de idade. Doentes com compromisso renal ou hepática: Não se observou alteração significativa na exposição sistémica da brivudina como consequência da insuficiência renal ou hepática, pelo que não é necessário o ajustamento posológico em doentes com insuficiência renal moderada a grave bem como em doentes com insuficiência hepática moderada a grave. População pediátrica: Bridic está contraindicado em crianças com idades compreendidas entre os 0 e os 18 anos, uma vez que a segurança e a eficácia neste grupo etário não foram ainda estabelecidas. Modo de Administração: Para uso oral. Bridic pode ser tomado com alimentos pois não afeta significativamente a absorção da brivudina. **Contraindicações**: Quimioterapia para cancro com fluoropirimidinas: brivudina é contraindicada em doentes que receberam recentemente ou estão a receber ou estão a planear receber (dentro de 4 semanas) quimioterapia antitumoral com medicamentos contendo 5-fluorouracilo (5-FU), incluindo também as preparações tópicas, os pro-fármacos (como capecitabina, tegafur) e associações de medicamentos contendo estas substâncias ativas ou outras fluoropirimidinas. Terapia antifúngica com flucitosina: brivudina está contraindicada em doentes que receberam recentemente ou estão a receber terapia antifúngica com flucitosina, porque é um pró-fármaco do 5-fluorouracilo (5-FU). A interação entre a brivudina e fluoropirimidinas (por exemplo, capecitabina, 5-FU, etc.) é potencialmente fatal. Doentes imunocomprometidos: brivudina está contraindicada nos doentes imunocomprometidos tais como doentes que receberam recentemente ou estão a receber quimioterapia antitumoral, ou doentes sujeitos a terapia imunossupressora. Crianças: A eficácia e a segurança da brivudina nas crianças não estão estabelecidas, pelo que o seu uso está contraindicado. Hipersensibilidade: a brivudina não deve ser administrada em caso de hipersensibilidade à substância ativa ou a qualquer um dos excipientes Gravidez e lactação: brivudina está contraindicada durante a gravidez ou nas mulheres que estão a amamentar. **Interações medicamentosas e outras formas de interação.** Foi descrita uma interação clinicamente significativa (potencialmente fatal) entre a brivudina e fluoropirimidinas (como capecitabina, 5-FU, tegafur, flucitosina, etc). Esta interação, que conduz a uma toxicidade aumentada das fluoropirimidinas, é potencialmente fatal. Brivudina, através do seu principal metabolito, bromoviniluracilo (BVU), exerce uma ação inibitória irreversível sobre a dihidropirimidina desidrogenase (DPD), uma enzima que regula o metabolismo de ambos os nucleosídos naturais (ex: timidina) e dos fármacos derivados da pirimidina (fluoropirimidinas) como a capecitabina ou o 5-fluorouracilo (5-FU). Em consequência da inibição da enzima resulta uma sobreexposição e o aumento de toxicidade de fluoropirimidinas. Em sujeitos saudáveis medicados com a posologia recomendada de brivudina (125 mg uma vez por dia durante 7 dias) existiu uma evidência clínica da ocorrência de uma total recuperação funcional da atividade enzimática da DPD, 18 dias após a última toma. De qualquer forma, a brivudina não deve ser administrada em doentes que receberam recentemente ou estão a receber ou estão a planear receber (dentro de 4 semanas) quimioterapia antitumoral e com medicamentos contendo 5-fluorouracilo (5-FU), incluindo também as suas preparações tópicas (como capecitabina, tegafur) e associações de medicamentos contendo estas substâncias ativas ou outras fluoropirimidinas. A brivudina não deve ser administrada, em doentes que receberam recentemente ou estão a receber terapia antifúngica com flucitosina (um pró-fármaco do 5- fluorouracilo). Deve ser observado, no mínimo, um intervalo de 4 semanas entre o final do tratamento com brivudina e o início do tratamento com capecitabina, ou outros fluoropirimidinas incluindo flucitosina. Na eventualidade de administração acidental de brivudina em doentes que receberam recentemente ou estão a receber fluoropirimidinas todos os fármacos devem ser descontinuados e devem ser tomadas medidas efetivas para reduzir a toxicidade das fluoropirimidinas: admissão imediata no hospital e todas as medidas de prevenção de infeções sistémicas e desidratação. Centros especiais de intoxicação (se disponíveis) devem ser contatados o mais rápido possível para encontrar uma ação apropriada contra a toxicidade da fluoropirimidina. Os sinais de toxicidade de fluoropirimidinasincluem náuseas, vómitos, diarreia, e, em casos graves, estomatite, neutropenia e depressão da medula óssea. Medicamentos dopaminérgicos e/ou doença de Parkinson: A experiência pós-comercialização indica uma possível interação da brivudina com medicamentos dopaminérgicos anti parkinsónicos no aparecimento de coreia. Outra informação: Não foi demonstrado qualquer potencial de indução ou de inibição do sistema enzimático hepático P450. A ingestão de alimentos não afetou significativamente a absorção da brivudina. Fertilidade, gravidez e aleitamento: A brivudina está contraindicada durante a gravidez ou nas mulheres que estão a amamentar. Os estudos em animais não evidenciaram efeitos embriotóxicos ou teratogénicos. Só foram observados efeitos tóxicos no feto com doses elevadas. Contudo, a segurança da brivudina na gravidez humana não foi estabelecida. Estudos efetuados em animais mostraram que a brivudina e o seu principal metabolito bromoviniluracilo (BVU) passam para o leite materno. Efeitos sobre a capacidade de conduzir e utilizar máquinas: Não existem estudos sobre o efeito da brivudina na capacidade de conduzir ou utilizar máquinas. Os doentes que conduzam veículos, utilizem máquinas ou trabalhem sem um ponto de apoio seguro, devem ter em consideração que, em alguns casos, ocorreram vertigens e sonolência. **Efeitos indesejáveis**: Nos estudos clínicos, a brivudina foi administrada a mais de 3900 doentes. O único potencial efeito adverso mais comum foi a náusea (2,1%). A incidência e o tipo dos potenciais efeitos adversos foram consistentes com os conhecidos com outros agentes nucleósidos antivíricos pertencentes à mesma classe. Os potenciais efeitos adversos da brivudina foram reversíveis e geralmente de intensidade ligeira a moderada. A lista seguinte descreve os potenciais efeitos adversos por órgão – sistema por ordem decrescente de incidência: frequentes (1 – 10%), pouco frequentes (0,1 – 1%), raros (0,01 – 0,1%), desconhecidas. Alterações do sangue e do sistema linfático Pouco frequentes: granulocitopénia, eosinofilia, anemia, linfocitose, monocitose. Raros: trombocitopenia. Doenças do sistema imunitário Pouco frequentes: reações alérgicas / hipersensibilidade (edema periférico e edema de língua, lábio, laringe pálpebra e na face, prurido, erupção cutânea, aumento da sudação, tosse, dispneia, broncoespasmo) Doenças do metabolismo e da nutrição Pouco frequentes: anorexia. Perturbações do foro psiquiátrico Pouco frequentes: insónia, ansiedade. Raros Alucinação, estado confusional Desconhecidos: Delírio, inquietação, alterações de humor, humor deprimido. Doenças do sistema nervoso Pouco frequentes: cefaleias, tonturas, vertigens, sonolência, parestesia. Raras Disgeusia, tremor Desconhecidos Síncope, distúrbio do equilíbrio, hiperatividade psicomotora Afeções do ouvido e do labirinto Raras Dor de ouvidos. Vasculopatias Pouco frequente: Hipertensão. Raros Hipotensão. Desconhecido: Vasculitis. Afeções gastrintestinais Frequentes: náuseas. Pouco frequentes: dispepsia, vómitos, dor abdominal, diarreia, flatulência, obstipação. Afeções hepatobiliares Pouco frequentes: fígado gordo, aumento das enzimas hepáticas. Raros: hepatite, aumento da bilirrubina no sangue. Desconhecidos Insuficiência hepática grave Afeções cutâneas e dos tecidos subcutâneos Desconhecidos: Erupção fixa, dermatite esfoliativa, eritema multiforme, síndrome de Stevens-Johnson. Afeções musculosqueléticas e dos tecidos conjuntivos Raras Dores nos ossos. Perturbações gerais e alterações no local de administração Pouco frequentes: astenia, fadiga. Descrição de reações adversas selecionadas: brivudina pode interagir com agentes quimioterápicos da classe fluoropirimidina. Esta interação que leva a um aumento de toxicidade das fluoropirimidinas, é potencialmente fatal. Os sinais de toxicidade de fluoropirimidinas incluem náusea, vómito, diarreia e, em casos graves estomatite, mucosite, necrose epidérmica tóxica, neutropenia e depressão da medula óssea. Os efeitos hepatotóxicos ocorreram em ambos os ensaios clínicos e experiência pós-comercialização. Estes efeitos consistem em hepatite colestática ou citolítica, icterícia colestática, ou elevação das enzimas hepáticas. A maioria dos casos de hepatite teve início entre os 3 e os 28 dias após o final do tratamento de 7 dias. Dados pós-comercialização indicam que a prorrogação do tratamento para além do período de 7 dias recomendado aumenta o risco de hepatite. População pediátrica: A Brivudina não foi estudada e não está indicado em crianças. Portanto, o perfil de segurança na população pediátrica é desconhecida. Notificação de suspeitas de reações adversas: A notificação de suspeitas de reações adversas após a autorização do medicamento é importante, uma vez que permite uma monitorização contínua da relação benefício-risco do medicamento. Pede-se aos profissionais de saúde que notifiquem quaisquer suspeitas de reações adversas através de: Sítio da internet: http://www.infarmed.pt/web/infarmed/submissaoram (preferencialmente). Ou através dos seguintes contactos: Direção de Gestão do Risco de Medicamentos, Parque da Saúde de Lisboa, Av. Brasil 53, 1749-004 Lisboa, Tel: +351 21 798 73 73. Linha do Medicamento: 800222444 (gratuita), E-mail: farmacovigilancia@infarmed.pt. **Sobredosagem:** Até à data não se registaram casos de sobredosagem com brivudina. Em caso de sobredosagem voluntária ou acidental, deve instituir-se um tratamento sintomático ou de suporte. **Titular da Autorização de Introdução no Mercado (A.I.M.): Laboratori Guidotti, S.p.A.. Representante Local do Titular da A.I.M.**: A. Menarini Portugal – Farmacêutica, S.A., Quinta da Fonte, Edifício D. Manuel I, Piso 2 - A, Rua dos Malhões nº. 1, 2770-071 Paço de Arcos, Portugal, Tel: +351 210 935 500 . Informações revistas em Fevereiro de 2021. Medicamento sujeito a receita médica. Escalão B (Regime Geral 69%). Refª. 04/2021

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A. MENARINI PORTUGAL

Bridic
Brivudina

Tratamento precoce do Herpes Zoster agudo em **doentes adultos imunocompetentes**[1]

1 comprimido por dia, durante 7 dias[1]

ADVERTÊNCIAS E PRECAUÇÕES ESPECIAIS DE UTILIZAÇÃO:
A brivudina não deve ser administrada em doentes que receberam recentemente ou estão a receber ou estão a planear receber (dentro de 4 semanas) quimioterapia antitumoral com medicamentos contendo 5-fluorouracilo (5-FU), incluindo também as suas preparações tópicas, os pró-fármacos (como capecitabina, tegafur) e associações de medicamentos contendo estas substâncias ativas ou outras fluoropirimidinas. A brivudina não deve ser administrada em doentes que receberam recentemente ou estão a receber a terapia antifúngica (com flucitosina) (um pró-fármaco do 5-fluorouracilo). A interação entre a brivudina e fluoropirimidinas (por exemplo, capecitabina, 5-FU, tegafur, flucitosina, etc.) é potencialmente fatal. Casos fatais foram reportados após essa interação medicamentosa. Deve haver um período de espera de pelo menos 4 semanas entre o final do tratamento com brivudina e o início das fluoropirimidinas (por exemplo, capecitabina, 5-FU, tegafur, flucitosina, etc.), No caso de administração acidental de brivudina em doentes que receberam recentemente ou estão a receber fluoropirimidinas, todos os medicamentos devem ser descontinuados e devem ser tomadas medidas eficazes para reduzir a toxicidade dos medicamentos com fluoropirimidina: admissão imediata no hospital e todas as medidas para prevenir a sistémica infeções e desidratação. Centros especiais de intoxicação (se disponíveis) devem ser contatados o mais rápido possível para encontrar uma ação apropriada contra a toxicidade da fluoropirimidinas. A brivudina não deve ser usada se as lesões cutâneas já estiverem completamente desenvolvidas. A brivudina deve ser usada com precaução em doentes com doenças hepáticas crónicas como hepatite. Dados pós-comercialização indicam que estender o tratamento pela duração recomendada de 7 dias aumenta o risco de desenvolvimento de hepatite. Uma vez que a lactose está presente nos excipientes, os doentes com distúrbios hereditários raros de intolerância à galactose, com deficiência de lactase de Lapp ou com síndrome de malabsorção da glucose-galactose não devem tomar este medicamento.

PT-BRI-12-2023 Referências: 1. RCM Bridic, 12.2.2021

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ISSN 2182-8067

Propriedade:
Sociedade Portuguesa de Oncologia – Voimarães Residence,
Rua de S. Teotónio, Lote 3, Loja 1, 3000-377 Coimbra;
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Voimarães Residence, Rua de S. Teotónio, Lote 3, Loja 1,
3000-377 Coimbra, Portugal;
Tel.: (+351) 239 702 200; M.: (+351) 969 220 165;
E-mail: revistaspo@sponcologia.pt

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Edição, coordenação e produção:
Sociedade Portuguesa de Oncologia – Voimarães Residence,
Rua S. Teotónio, Lote 3, Loja 1, 3000-377 Coimbra, Portugal

Regras editoriais

A **Revista Portuguesa de Oncologia**, órgão oficial da Sociedade Portuguesa de Oncologia, é uma publicação científica na área oncológica (clínica e investigação). Publica artigos originais, artigos de revisão, casos clínicos, imagens em Oncologia, estudos de farmacoeconomia, investigação em serviços de saúde, artigos especiais e cartas ao editor.

Os artigos podem ser redigidos em português ou em inglês.

Todos os artigos que não estejam de acordo com as instruções que se seguem podem ser enviados para modificação antes de serem apreciados pelo conselho editorial. Aqui você encontrará um resumo das regras editoriais. Por favor, para mais detalhes, consulte a página: https://www.sponcologia.pt/pt/revista-spo/

Os artigos devem ser submetidos em formato digital na plataforma presente no site da SPO ou enviados para revistaspo@sponcologia.pt, acompanhados por um formulário devidamente preenchido e assinado. Os autores podem solicitar o formulário utilizando o mesmo endereço eletrónico ou baixá-lo através do site web https://www.sponcologia.pt/pt/revista-spo/.

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Após envio de proposta de alteração do artigo, por parte dos revisores da Revista Portuguesa de Oncologia, os autores devem enviar uma versão revista do artigo, utilizando a função de registo de alterações (*track changes*) do Word (ou compatível) **num prazo de 10 dias**.

Os textos devem ter a seguinte estrutura:

PÁGINA 1

- **Título** em português e em inglês (menos de 130 carateres com espaços) – deve ser uma descrição breve sobre o conteúdo do artigo.
- **Nome dos autores** pela seguinte ordem: nome próprio, seguido do apelido (máximo dois nomes).
- **Filiação dos Autores**.
- **Instituição, Serviço, Cidade ou País** onde foi desenvolvido o trabalho.
- **Financiamentos e conflitos de interesses**.
- **Nome, morada, telefone e e-mail do autor para correspondência.**
- **Título breve para rodapé.**

PÁGINA 2

- Título.
- Resumo em português e em inglês. Estrutura do resumo: a) Objetivos, b) Métodos, c) Resultados e d) Conclusões. Máximo 842 carateres (com espaços).
- Palavras-chave em português e em inglês. Máximo de 5 palavras-chave, de acordo com o Index Medicus: «Medical Subject Headings» (MeSH).

PÁGINA 3 E SEGUINTES

Artigos originais e revisões: o texto deve conter os seguintes subtítulos: a) Introdução, b) Métodos, c) Resutados, d) Discussão, e) Conclusões e f) Referências. Máximo 25.000 carateres (com espaços).

Casos clínicos: o texto deve conter os seguintes subtítulos: a) Introdução, b) Caso clínico, c) Discussão e d) Referências. Máximo 15.000 carateres (com espaços) e não deve exceder 8 figuras e/ou tabelas.

As legendas das figuras e das tabelas não devem ultrapassar os 98 carateres (com espaços).

Artigos especiais: o texto deve conter os seguintes subtítulos: a) Introdução, b) Métodos, c) Resultados, d) Discussão, e) Conclusões e f) Referências. Máximo 25.000 carateres (com espaços).

Investigação em serviços de saúde: o texto deve conter os seguintes subtítulos: a) Introdução, b) Métodos, c) Resultados, d) Discussão, e) Conclusões e f) Referências. Máximo 25.000 carateres (com espaços).

Imagens em oncologia: não devem exceder as 6 figuras. Devem ser enviadas em formato JPEG ou TIFF – 300 dpi. Texto explicativo não deve ultrapassar os 2.500 caracteres (com espaços).

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AGRADECIMENTOS

Quando aplicável, todos os trabalhos devem conter uma secção de agradecimentos, antes das referências bibliográficas.

REFERÊNCIAS

As referências bibliográficas devem ser numeradas pela ordem de aparecimento no texto e assinaladas em *superscript*.

Editorial

Este número da Revista Portuguesa de Oncologia, o último do ano de 2023, é dedicado aos resumos dos trabalhos a apresentar no 20º Congresso Nacional de Oncologia, a decorrer entre 22 e 24 de Novembro, no Estoril.

Aos autores dos trabalhos vencedores, nas várias categorias, será proposto, em nome da Revista, o desafio de submeterem um artigo, que demonstre a excelência que motivou essa distinção.

Naturalmente, a equipa editorial deseja estender este convite a todos quantos viram os seus trabalhos aceites para apresentação em Congresso e que desejem dar o seu contributo para o crescimento e enriquecimento desta Revista.

A equipa editorial da
Revista Portuguesa de Oncologia

Conselho editorial

Abstracts

BREAST CANCER

Adjuvant t-dm1 in HER2 positive breast cancer - experience from a comprehensive oncology center in Portugal

Ana Vaz-Ferreira[1], Ana Teixeira[1], Ana Silva[1], Patrícia Redondo[1], Ana Ferreira[1]

[1.] *IPO do Porto*

Background: Recent studies demonstrated that the use of trastuzumab emtansina (t-dm1) in patients with her2-positive invasive breast cancer (ibc) who maintain residual disease after neoadjuvant treatment and surgery reduces the risk of disease recurrence or death, with a profile of acceptable security. Real-world data in this context are still limited.
Specific objetives: To evaluate the effectiveness and safety of adjuvant t-dm1 in HER2+ ibc.
Methods: A unicentric retrospective cohort study, with sequential sampling of patients ≥18 years old, with her2+ cmi and residual disease (surgical specimen or metastatic nodes) after neoadjuvant treatment (chemotherapy and anti-her2 therapy), who started t-dm1 adjuvant between august 2021 and may 2023. demographic, clinical and treatment variables were evaluated with descriptive analysis. follow-up was carried out until 08/15/2023.
Results: Fifty-nine women were identified, median age 50 years (31–77). The neoadjuvant trastuzumab/pertuzumab combination was used in 94.9% of cases. The majority of patients (66.1%) underwent t-dm1 simultaneously with radiotherapy. grade ≥3 adverse events (aes) occurred in 6 patients (10.2%). Three patients (5.1%) discontinued t-dm1 due to toxicity. The most frequent aes were thrombocytopenia (24.1%), peripheral sensory neuropathy (13.8%), fatigue (12.1%), and neutropenia (12.1%). Cardiac toxicity was uncommon (6.9%) and did not limit treatment. the median follow-up time was 9.5 months (2.7–24.4). At the time of data collection, all patients were alive and without evidence of recurrence.
Conclusions: In this serie, the effectiveness results and safety profile of t-dm1 were as expected; however, a longer follow-up period and more real-world studies, ideally multicenter, are necessary to validate these results.

ENCORE

European portuguese version of the multidimensional fatigue symptom inventory-short form: validation study

Maria Clara[1], Kevin Stein[2], Maria Canavarro[1], Ana Gomes[1]

[1.] *Center for Research in Neuropsychology and Cognitive and Behavioral Intervention*
[2.] *Emory University, Maine Medical Center Research Institute*

Background: Appropriate management of fatigue relies upon comprehensive assessment instruments and timely delivery of targeted interventions.
Specific objetives: The aims of this study were to translate a commonly used english-language measure of fatigue in cancer patients (the multidimensional fatigue symptom inventory–short-form, or mfsi-sf) into european portuguese and to evaluate the psychometric properties (internal consistency reliability, factorial structure, and discriminant, convergent, and criterion concurrent validity) of the translated measure for use with portuguese patients.
Methods: After translation and adaptation of the mfsi-sf to european portuguese, 389 participants (68.38% women), with a mean age of 59.14 years, completed the study protocol. This sample included 148 patients in active cancer treatment from a cancer center and a community sample composed of 55 cancer survivors, 75 patients with other chronic diseases, and 111 healthy controls.
Results: The european portuguese version of the multidimen-

sional fatigue symptom inventory-short form (imsf-fr) showed strong internal consistency (cronbach's alpha = 0.97, mcdonald's omega = 0.95). an exploratory factor analysis indicated that the items loaded in a 5-factor model in subscales were similar to the original version. Strong correlations between the imsf-fr and other measures of fatigue and vitality confirmed convergent validity. Discriminant validity was supported by weak-to-moderate correlations between the imsf-fr and measures of sleepiness, propensity to sleep, and lapses of attention and memory. The imsf-fr accurately distinguished cancer patients from healthy controls and was able to differentiate clinician-rated levels of performance among cancer patients.
Conclusions: The imfs-fr is a reliable and valid tool to assess cancer-related fatigue. By providing an integrated comprehensive characterization of fatigue, this instrument may assist clinicians in implementing targeted interventions.

Toxicity and efficacy of palbociclib requiring dose reduction in the treatment of metastatic breast cancer: a single institution experience

Ana Teixeira[1], Ana Vaz-Ferreira[1], Cristina Oliveira[1], Maria Cassiano[1], Ana Silva[1], Ana Ferreira[1]

[1.] IPO do Porto

Background: Palbociclib was the first icdk approved for the treatment of hormone receptor (hr) positive, HER2-negative, metastatic breast cancer (mbc), in combination with endocrine therapy. Neutropenia is the most common adverse event (ae) grade ≥3 and the primary reason for palbociclib dose reduction.
Specific objetives: To assess the palbociclib real-world toxicity and efficacy with adjusted doses.
Methods: Unicentric retrospective study, including all patients with hr-positive and HER2-negative mbc who began palbociclib plus endocrine therapy between march 2017 and july 2022.
Results: We included 273 patients, 41% required ≥ 1 dose reduction and were included in the subsequent analysis. the median age was 54 years. The first dose reduction occurred mostly due to neutropenia grade ≥3 (87%) and after a median of 2 cycles. A second dose reduction was used in 42 patients, also mostly due to neutropenia grade ≥3 (71%). In addition to dose reduction, 15% of the patients had an alternative regimen of 21-days of treatment followed by 14-days break. One patient developed febrile neutropenia. Treatment discontinuation due to toxicity occurred in 3 patients. In dose modification group, the median pfs was 19.1 months and the median os was not reached. In overall population, the median pfs was 15.0 months and the median os was 41.4 months.
Conclusions: Dose reductions were largely related to neutropenia without high infectious risk, which is consistent with the literature. Both groups median pfs was lower than in the paloma-2 trial and the overall population median os was similar to paloma-3 trial. Survival outcomes should be confirmed with a larger population and longer follow-up period.

Dual HER2 blockade in neoadjuvant treatment of HER2+ breast cancer – real life data from a small and ultraperipheral hospital

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Background: Neoadjuvant dual HER2 blockade in HER2+ breast cancer has become the preferred regimen in clinical practice since the release of neosphere in 2011. We started its use at our hospital in 2017.
Specific objetives: Assess HER2 dual blockade results against major trials.
Methods: We analyzed patients with HER2+ breast cancer, no distant metastasis who have received neoadjuvant treatment with pertuzumab, trastuzumab and chemotherapy.
Results: In 17 eligible patients, 11(65%) achieved pathological complete response(pcr). This number is higher in comparison with the other major trials:neosphere (45.8%), peony (39.3%) and hatschek (45.5%). The major difference was in positive hormone receptors (hr+) patients in wich 70% of HR+ patients achieved pcr. These values are rather superior in comparison with the main trials (26% neosphere). Finally pcr was achieved in 67% of patients with a locally advanced disease (n+) at the time of the initial staging vs 34% in peony. The most common adverse events was alopecia, nausea and mucosal inflamation (71%, 65% and 65% respectively). The number of serious adverse events was significantly lower compared with the major trials (53% vs 70% neosphere) being the most common neutropenia in both trials (24% vs 46% in neosphere).
Conclusions: It is important for a small hospital with a limited budget to compare its results against the major trials. This review shows that our total pcr results are superior to the main trials. Our analysis showed particular good results in the cohort of patients with positive hormone receptors and locally advanced disease, which are usually the ones with a lower evidence of response to this neoadjuvant regimen. While evidencing good results in pcr, total and serious adverse events were not superior to those in major trials. Further investigation with a greater sample of patients and a longer follow-up will certainly bring our real-life data closer to the aforementioned trials.

Can we counterbalance restricted access to innovation through specialized breast cancer care? the real-note study

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Background: The keynote-522 (kn-522) trial showed that the addition of pembrolizumab to standard chemotherapy improves pathological complete response (pcr) and event-free survival (efs) for patients with early triple negative breast cancer (tnbc).
Specific objetives: we analyzed results of a real-world cohort of patients treated in a certified breast unit, before the introduction of pembrolizumab, to see if high quality care can match outcomes brought by the addition of an innovative anticancer therapy.

Methods: observational, retrospective, single-center cohort study, with collected real-world data from an ongoing institutional database with prespecified variables. Inclusion criteria matched the ones from kn-522: previously untreated stage ii or iii tnbc, diagnosed between 2012 and 2022, who received neoadjuvant chemotherapy. The primary endpoints were pcr at the time of definitive surgery and efs; overall survival (os) was a secondary endpoint.
Results: Total of 168 patients were included, median age of 55 years, 55% received neoadjuvant chemotherapy with dose dense anthracyclines and taxanes and 25% carboplatin + paclitaxel, sequenced with dose dense anthracyclines. Most had stage ii disease (82.7%), 47% node+ disease. Pcr was achieved in 52.7% cases. At 36 months, efs was 83.3% (95% ci 75.1-89.0) and os 89% (95% ci, 81.6 to 93.5). in kn-522, at the same median fu, efs was 84.5% (95% ci 81.7 to 86.9) in experimental arm and 76.8% (95% ci, 72.2 to 80.7) in control arm.
Conclusions: Notwithstanding the study limitations, outcomes of patients treated with chemotherapy without immunotherapy were numerically similar to the experimental arm of kn-522 trial. These data highlight that providing care by a specialized multidisciplinary team in a certified unit might be just as impactful as the incorporation of new technologies.

Access to *BRCA1/2* testing for early breast cancer patients candidate to olaparib adjuvant maintenance therapy

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Background: Parp inhibitors (iparp) are a therapeutic tool recently approved in the adjuvant setting for HER2-negative early breast cancer. New indications for iparp treatment are pressuring health systems for *BRCA1/2* testing. We reviewed our institutional genetic testing methodology and analysed the potential candidates that were missed with the current practice.
Specific objetives: Identify which patients may need brca testing given the new indications for iparp treatment.
Methods: We considered all patients discussed in the breast cancer surgical decision-making meetings from october through december 2022. Exclusion criteria were HER2-positive, benign or metastatic disease. Patients were assessed according to the following criteria, based on the olympia trial inclusion criteria: age, sex, clinical stage, hormonal receptor status, chemotherapy setting, pathologic stage and germline *BRCA1/2* pathogenic variant (gbrcapv) status.
Results: Of the 200 patients included, 118 had early breast cancer HER2-negative disease and were submitted to surgery. Of those, 43 (36%) were treated with chemotherapy. After pathologic review of the surgical specimens, 16 patients (37%) were found to be potential candidates for olaparib adjuvant treatment. eight had already been tested according to institutional criteria, 2 were found positive for brca2. of the remaining 8, 2 of them fulfilled institutional criteria, and the remaining 6 had positive hormonal receptor status.
Conclusions: We identified a pool of breast cancer patients ineligible for genetic testing by current institutional guidelines that could benefit from olaparib treatment and that need to be included in the institutional methodology for *gBRCA1/2* testing. Monitoring gBRCAPV detection rates and its costs is mandatory for real-world applicability. Given the recent developments in early breast cancer treatment for patients with gbrcapv, a new approach to BRCA testing is needed for adequate disease management.

Breast cancer above 80 years old, what is the scenery?

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Background: Elderly patients with breast cancer pose a challenge for oncologists, given the comorbidities and the lack of evidence regarding the best therapeutic option, since they are mostly excluded from clinical trials.
Specific objetives: Evaluate the treatment variables of elderly women with breast cancer.
Methods: A retrospective, observational, descriptive study with female patients aged 80 years or older with breast cancer. statistical analysis was performed using microsoft excel.
Results: A total of 187 patients with a median age of 85 years and a performance status of 1 (average ecog) were included. Of these, 155 had localized disease, and 32 had metastatic disease (52% bone and 40% lung). The majority had luminal disease, 11.3% had HER2+ disease, and 5.9% had triple-negative neoplasms. Twenty-six patients did not undergo treatment, with 20% declining surgery, and 57.5% undergoing simple mastectomy. Radiation therapy was administered to 37.5% of patients, with 12.5% refusing it, and in 6 patients, it was deemed inappropriate. Hormonal therapy was given to 87.5% of patients, with 61.4% receiving aromatase inhibitors. Only 8.75% underwent chemotherapy, including capecitabine and modified cmf (for triple-negative cases) and paclitaxel with trastuzumab or trastuzumab monotherapy (for her2+ cases). there were adverse effects in 34% of cases: arthralgia (9%) and asthenia (6%) under hormonal therapy; and peripheral neuropathy (28.5%), myelotoxicity (14%), and palmar-plantar syndrome (14%) during chemotherapy. Only 5% of patients discontinued treatment (50% due to asthenia and 50% due to arthralgia). 14 patients experienced disease progression, and the mortality rate was 27.6%, with a median survival of 37.5 months.
Conclusions: This center has treatment rates similar to the literature, indicating undertreatment. The side effects were proportionate to those in other age groups. Is age a discriminating factor in these patients? Elderly patients should be individually assessed to grant them access to the best therapeutic option.

Progression free survival in patients with breast cancer and visceral metastasis treated with ribociclib: experience of a centre

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Background: Visceral disease in metastatic luminal HER2 negative breast cancer carries worse prognosis. Combination ribociclib-hormonotherapy has shown significant benefit in progression free survival (pfs) in this setting, in an exploratory analysis from the monaleese 2, 3 and 7 trials.

Specific objetives: Analyse pfs in patients treated with ribociclib-hormonotherapy and visceral metastasis, in a portuguese oncology centre.
Methods: Retrospective analysis of clinical data of patients with luminal HER2 negative metastatic breast cancer treated with ribociclib-hormonotherapy. Descriptive statistics, pfs, and kaplan-meier analysis.
Results: A total of 193 patients (190 women) that initiated ribociclib between june/2018 and september/2023, in association with hormonotherapy (112 letrozol 1st line, 83 fulvestrant 1st or 2nd line, 1 tamoxifen 1st line) were analysed. Median age: 61 years. Approximately 41% (79 patients) had visceral disease at the beginning of treatment; 74.7% of those in only one location (mainly in the liver), and 55.6% had disease progression. Median pfs was higher in patients without visceral metastasis (23,9 months, ic95%=18,7-29), compared with those with visceral disease (13,3 months, ic95%=2,7-23,9, p=0,027). Median pfs in patients with 2 or more sites of visceral metastasis was significantly lower than that of patients with a single metastasis site (12,3 vs 14,6 months, p=0,035).
Conclusions: Statistically significant difference in pfs in patients with or without visceral metastasis, and with multiple metastatic sites, in agreement with the most recent literature. This work presents real life data of an oncology centre confirming this patient's worse prognosis.

Ablative radiotherapy of metastasis in oligometastatic breast cancer: a retrospective study

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Background: Oligometastatic disease(om) is common in breast cancer(bc). In other pathologies clinical trials demonstrate an advantage in the ablative treatment of these lesions. In bc the benefit has not been verified, despite the few existing studies.
Specific objetives: to identify the group of bc patients who benefit from ablative treatment in om disease.
Methods: Retrospective analysis of patients treated with an ablative dose for bc om lesions, in a radiotherapy(rt) center, from january/2014 to december/2022.
Results: 25 patients were treated with ablative doses (conventional or stereotactic rt), with a mean age of 53 years and ecog ps 0-1, for a total number of 30 metastasis. 18 patients (72%) with metachronous and 7(28%) with synchronous lesions. It should be noted that 5 patients were treated for induced oligoprogression and 3 underwent subsequent treatment for another oligometastasis during the evaluated period. mostly with luminal phenotype (40%a and 32%b), 8%her-2+ and 20%triple negative(tn). 60% were bone metastases, followed by pulmonar (28%), lymph node (8%) and liver (4%). 16 patients had disease progression after a median of 21.6 months. After a median follow-up period of 28.7 months, 9 patients (36%) who did not show progression had only 1 lesion (7 bone and 2 lung), with a similar distribution between synchronous and metachronous lesions (4 and 5 patients, respectively). Of these, 7 patients had luminal phenotype, 1 HER-2+ and another tn. With the exception of tn, all maintain hormone therapy. 2 patients underwent chemotherapy at the time of diagnosis of oligometastasis, which has since been suspended.
Conclusions: This retrospective analysis demonstrate the advantage of ablative treatment of om lesions in a limited group of patients: single bone metastasis in patients with a favorable phenotype. Further studies are needed to identify the subgroup that benefits from local treatment.

Treatment landscape and real-world dosing patterns with CDK4/6 inhibitors for HR+/HER2- advanced/metastatic breast cancer in portugal – portrait study

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Background: CDK4/6 inhibitors (cdkis) ribociclib, palbociclib and abemaciclib were approved in portugal to treat pre/post-menopausal women/men with HR+/HER2- locally advanced/metastatic breast cancer (a/mbc) in combination with endocrine therapy.
Specific objetives: Assess and characterize the real-world cdki use in a/mbc, evaluate treatment persistence, and quantify cdki dose adjustments in portugal from 2018-2023.
Methods: A retrospective, longitudinal, multicenter study was conducted using secondary data from electronic health records of 16 portuguese public hospitals. Patient selection was based on a set of inclusion criteria considering cdki treatments between 11/2018-05/2023. Subgroup analyses were performed by patients' characteristics (gender and menopausal status) and according to treatment lines. Treatment persistence (using kaplan-meier survival curve) and quantification of cdki dose adjustments were also evaluated.
Results: A total of 1926 CDKi patients were identified. Most were female and post-menopausal (80%). 37% were treated with ribociclib, 54% with palbociclib, and 9% with abemaciclib and most in first-line (84%). In first-line setting, the combination cdki+aromatase inhibitors was the most frequent one. Naïve patients represented 34% in the last year of data history. Ribociclib median treatment duration was 16 months, while palbociclib and abemaciclib were both 12 months. Among first-line patients, more than half experienced at least one dose reduction. During the first 6 months of treatment, 42% of ribociclib patients underwent reductions mostly to 400 mg/day (first dose reduction). Ribociclib showed fewer second dose reductions than the other CDKis. Abemaciclib patients experienced the highest dose reduction rates within the first 6 months.
Conclusions: This study describes the real-world cdki treatment landscape and provide comprehensive insights to better understand the reality in portugal.

Impact of anthracyclines use on pathological complete response to neoadjuvant treatment in HER2-positive breast cancer

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Background: The optimal chemotherapy regimen (cr) in the neoadjuvant setting for HER2-positive breast cancer (bc) is yet to be established. The role of anthracyclines has been controversial.
Specific objetives: to evaluate the role of anthracyclines in the pathological complete response (pcr) in patients with HER2-positive bc undergoing neoadjuvant treatment (nat).
Methods: Retrospective study of women with early HER2-positive bc from january/2018 to december/2022 who completed neoadjuvant treatment (nat) with cr containing or not ac. The primary endpoint was pathological complete response (pcr). Survival analysis was performed using the kaplan-meier method and the log-rank test. Univariate and multivariate analyses, of predictors of response, were carried out using the chi-square test, fisher s exact test, and logistic regression model.
Results: The study included 112 women with a median age of 50.5 years [27-78]. Follow-up (fu) was 22.5 months [5-60]. 64 patients (57.1%) received ca. Crp was higher in the group without ca (66.7% vs. 46.9%; p=0.037). 5 patients (4.5%) had a tumor regression of less than 50%, 4 of whom underwent ca regimens. The occurrence of grade 3-4 adverse effects (aes) was higher with ac (17.2% vs. 10.4%; p=0.331). 6 patients had febrile neutropenia (fn) and all received ca (p=0.036). 10 patients relapsed, of whom 4 patients (80%) received ca (p=0.120). There were no significant differences in relapse-free survival between the groups (p=0.885).
Conclusions: The use of ac in HER2-positive bc nat was not associated with better responses. In addition, ac regimens were associated with a higher number of severe ae. Larger prospective trials with longer fu will be needed to clarify the benefit of using ac.

Prognostic value of tumor budding for early breast cancer

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Background: Tumor budding (tb) is a dynamic process associated with the epithelial-mesenchymal transition and a well-established prognostic biomarker for colorectal cancer. As part of tumor microenvironment, tumor buds demonstrate increased cell motility and invasiveness. Current evidence demonstrates that high levels of tb correlate with disease progression and worst outcomes across different solid tumors.
Specific objetives: To demonstrate the clinical utility of tb as a prognostic factor for patients with early breast cancer (ebc).
Methods: Retrospective, single centre, observational study, enrolling patients with ebc diagnosed between 2014-2015. Tb classification was performed according to the international tumor budding conference 2016 guidelines. Primary endpoints defined as disease free survival (dfs), number of relapses and overal survival (os). Statistical analysis using spss® (v.23.0; ibm®), for inferential statistics analysis student s t-test was used to compare numerical variables. The relationship between categorical variables was evaluated with pearson chi-square test. Effects on survival were evaluated using the kaplan meier survival analysis and log-rank test.
Results: Enrolled 100 (100%) patients with median age of 63 (33-98) years-old and median ecog ps 1 (0-3). One hundred (100%) patients diagnosed with invasive ductal breast carcinoma of non special type (nst). A statistically significant relation was found between higher tb score and aggressive clinicopathological features (angiolymphatic/perineural invasion-p=0.000; tumor size - p=0.012; nuclear grading-p=0.000; ki-67 index - p=0.011), higher number of relapses (p=0.000) and short disease-free survival (dfs)(p=0.000).
Conclusions: We demonstrate that high tb correlates with shorter dfs, higher relapse rate and aggressive clinicopathological features used on daily practice to decide on the benefit of chemotherapy for ebc. Tb represents a needed prognostic biomarker for ebc, identifying patients at high-risk of relapse with higher benefit on treatment intensification. Clinical trials incorporating tb are needed to validate its prognostic impact.

Retrospective study of the impact of endopredict: experience from an hospital center

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Background: The use of genomic signatures for risk stratification in patients with breast cancer allows to guide therapeutic decisions and weigh the benefits of therapy against possible adverse effects. Endopredict is a genomic signature that helps choosing hormonotherapy alone or in combination with chemotherapy, based on the 10-year risk of recurrence (epclin risk score). A retrospective study was carried out to evaluate the impact of endopredict on therapeutic decision-making with subsequent monitoring of a cohort of women with breast cancer between 2018 and 2023.
Specific objetives: To evaluate the rate of women who, after treatment with isolated hormonotherapy based on an endopredict result with low risk of recurrence, experienced remission, progression or recurrence of the disease.
Methods: 69 women aged 34-78 years with ER positive/HER2 negative, t1-t2, n0-n1 breast cancer were evaluated. After calculating the epclin risk score (ep), women were categorized into low or high risk of recurrence. According to risk, women received hormonotherapy alone or in combination with chemotherapy. Monitoring was carried out at 3, 12 and 36 months after the beginning of therapy and classified into the categories: remission, progression or recurrence.
Results: In the cohort evaluated, 52% of women presented high ep. Endopredict allowed to avoid adjuvant chemotherapy in 33 women. The majority of women whose results suggested a low risk of recurrence and who were treated with hormonotherapy alone showed no progression or recurrence throughout monitoring.
Conclusions: Endopredict proved to be an effective therapeutic decision tool, with favorable prognostic power in women with breast cancer treated with hormonotherapy alone.

CDK inhibitors: comparison of tolerability and effectiveness in young and senior women

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Background: CDK inhibitors constitute the main first line therapy in patients with advanced luminal HER-2 negative breast cancer. They are generally well tolerated with neutropenia constituting their main adverse effect leading to withholding/suspension of treatment.
Specific objetives: To compare the tolerability profile and effectivity in a real-world setting between young and senior patients.
Methods: We included patients with clinical data from the center whose treatment with cdk inhibitors in first line metastatic setting was initiated between march/2017 and april/2022 at ages <40 years and >70 years. Os was compared by kaplan-meier method and compared by cox proportional hazards. G3 or higher toxicities were included.
Results: Data from fourteen young patients and sixteen seniors were collected. 4 young patients and 7 seniors were under fulvestrant. Median os in the young group was 26.7 months (95% ci [22.8;37.0]) and 32.7 months (95% ci [19.3; inf] in the seniors. Eight young patients had g3 neutropenia and one g4 neutropenia. Eight seniors presented with g3 neutropenia. There is also to report one case of g3 anemia in the young cohort and in the senior one case of g3 anemia, one case of g3 asthenia and one case of g3 tvp. One of the senior patients had no toxicity data. Four young patients (29%) and five seniors (31%) had dose reductions.
Conclusions: No statistical significance was found on os which may be due to a small sample. Tolerability was similar with no definitive suspension of the drug due to toxicity.

Impact of the implementation of an embedded palliative care model in the continuum of care for patients with advanced/metastatic breast cancer

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Background: With an increasing improvement of therapeutic options, patients with advanced/metastatic breast cancer (mbc) are now living longer, making timely and integrated palliative care a crucial component of the patient's journey. However, data on models of integration are scarce.
Specific objetives: We aimed to evaluate the impact of the integration of an embedded model of palliative care in a specialized, multidisciplinary breast unit on important goals of care.
Methods: Single-center, retrospective, observational cohort study including all patients with mbc followed by the palliative and oncology teams in a 12-month period before and after implementation of an embedded model of integration of palliative care. We analyzed early integration, 1-year survival rate, survival and different patterns of articulation of palliative care and oncology (the oncology-predominant pattern (onc), the palliative care-predominant pattern (pall) and the concurrent integrated care pattern (conc)). All analysis were performed using stata 15.1.
Results: From april 2020 to april 2022, a total of 145 patients with mbc were included in the analysis: all female, median age of 63.5 years, 20.7% with triple negative disease. Post-implementation, early referrals significantly increased (35.3% to 61.3%, p<0.01), 1 year survival date was similar (40.1% vs 40.7%), survival time was longer (9.2 months vs 9.9 months), although not significant, and the pattern of integrated care with concurrent palliative and oncology appointments was significantly more frequent (30% vs 61%, p<0.01). When compared to the onc and pall patterns, the conc pattern led to a median of 4 months longer survival (p<0.01)
Conclusions: This study shows that the incorporation of an embedded model of palliative care led to earlier referrals and translated into better outcomes for patients with mbc.

De-escalation of early breast cancer therapy: experience of single portuguese hospital

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Background: In luminal early breast cancer (bc), decision regarding the addition of chemotherapy is based on patient and disease factors, and on the results of gene expression profiles. Oncotypedx®21-generecurrencescore (rs) has been validated for predicting the benefit of adding adjuvant chemotherapy to further reduce the risk of recurrence.
Specific objetives: Evaluate the impact of rs on clinical decision of bc patients in a portuguese hospital.
Methods: Retrospective study, from a cohort of consecutive bc patients, who met all general criteria: complete surgery; hr-positive and her2-negative; tumour>10 mm and <30 mm; pn0, pn1mi or pn1; plus 1–2 risk criteria (grade 2, intermediate ki67, pr-negative or <20%, er >10% but <50%. High-risk patients (ki67 >30%, grade 3, er <10%, existence of more than 3 risk criteria) were excluded.
Results: From november 17 to september 2023, 44 patients, median age 50, were included. Most patients (n=33;75%) were submitted to conservative surgery. Regarding intrinsic subtypes, 52.3% (n=23) were luminal a and 47.7% (n=21) were luminal b. Premenopausal women (n=24;54.5%) subgroup analysis: 17 were n0, 10 had rs≤15 and 7 had rs 16-25; 7 patients were n1, 3 had rs≤15 and 4 rs≥26. As for the postmenopausal women (n=20;45.5%): 9 were n0, 7 patients were rs≤25 and 2 rs≥26; 11 patients were n1, 8 had rs≤25 and 3 rs≥26. In both subgroups, only the high-risk patients (n=4; n=5) were submitted to adjuvant chemotherapy. With a median follow-up time of 15.5 months there were no disease recurrences.
Conclusions: Most patients were submitted to endocrine therapy alone, avoiding an eventual overtreatment to both premenopausal and postmenopausal women. However, follow-up time is still insufficient to evaluate long-term benefit.

BRCA mutated breast cancer and cyclin-dependent kinase inhibitors

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Background: Dysregulation of cell division is one of the hallmarks of carcinogenesis. Despite the benefit of cyclin-de-

pendent kinase inhibitors (cdkis) in hormone-positive breast cancer, evidence in specific populations such as those carrying pathogenic variants in *BRCA* genes is scarce
Specific objetives: To compare the response to icdks in patients with metastatic breast cancer, *BRCA* mutated with the group control, considering characteristics related to the disease process itself and its evolution.
Methods: Data consulted in the institutional application and stored on a coded basis and accessible through the institution s network. Statistical analysis performed in SPSS. Survival curves were estimated using the log-rank test.
Results: 27 women were identified, 16 wild-type (wt) and 11 from the group with BRCA mutation (*BRCA* 1 n=1, *BRCA* 2 n=10); 75% (n=12) of the wt underwent icdk in the 1st line (n=3 in the 2nd line – isolated hormone therapy in an oligometastatic context), as did 72.7% (n=8) of the brca mutated (n=3 in the 3rd or 4th line advanced after chemotherapy). Of the wt, 56.2% (n=9) took palbociclib, 37.5% ribociclib and 6.25% abemaciclib; additionally, 43.8% took fulvestrant and 50% aromatase inhibitor (ai). Of those mutated, 45.4% (n=5) took palbociclib, 36.4% ribocilib and 18.2% abemaciclib; 36.4% took fulvestrant and 63.6% ia. Disease-free progression in wt was 26.6 months and in mutated patients 17.4 months (non-statistically significant difference).
Conclusions: *BRCA* mutated breast cancer has its own specificities, some to be understood. We consider this series of cases promising, with data that are still not very mature due to the small sample size, but which could provide answers regarding the role of icdk in mutated patients, namely efficacy and optimal therapeutic timing (1st line? After parp inhibitor?)

Clinical outcomes of metastatic hormone receptor-positive breast cancer treated with first-line ribociclib or palbociclib – impact of low her2 expression: a portuguese multicenter real-world data analysis

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Background: low HER2 expression has identified a distinct subgroup of breast cancer known as HER2 low, which has unique clinicopathological characteristics and prognostic implications. However, the influence of HER2 expression on metastatic hormone receptor-positive HER2-negative breast cancer treated with first-line ribociclib or palbociclib (cdkis) has not been investigated.
Specific objetives: Using real-world data, our aim was evaluate the benefit in progression-free survival and overall survival associated with both treatments in this patient population.
Methods: A retrospective analysis was done on HR+/HER2- metastatic breast cancer patients receiving palbociclib or ribociclib as first-line therapy between january 2016 and july 2022 at five portuguese oncology units. HER2-negative (HER2 -0) was ihc 0, HER2-low was ihc 1+ or ihc2+ with negative fish results. Primary endpoint: pfs; secondary endpoints: os and safety.
Results: In this study of 177 portuguese patients receiving palbociclib or ribociclib with serds or ais. We excluded HER2-negative cases and analyzed 59 HER2-low patients. Treatment varied (ribociclib + ia, palbociclib + ia, ribociclib + serd, palbociclib + serd, one patient with palbociclib + serm). Statistical analysis showed the following pfs results: ribociclib + ia: ihc 1+ pfs 9.75 months, ihc 2+ pfs 12.4 months, her2-0 pfs 22.2 months. Palbociclib + ia: ihc 1+ pfs 8 months, ihc 2+ pfs 16.8 months, her2-0 pfs 12.1 months. Ribociclib + serd: ihc 1+ pfs 11 months, ihc 2+ pfs 6 months, HER2-0 pfs 7.6 months. Palbociclib + serd: ihc 1+ pfs 6.6 months, ihc 2+ pfs 17 months, her2-0 pfs 9 months. These results highlight pfs differences based on treatments and HER2 levels.
Conclusions: In this real-world multicenter analysis, both cdkis were equally effective as first-line treatment for metastatic HR+ HER2- patients, regardless of her2 expression levels. Though pfs showed numerical differences in various HER2 subgroups, they were not statistically significant, prompting the need for additional evaluation in larger future trials.

SKIN CANCER

Retro-timing - a retrospective analysis of immunotherapy in metastatic melanoma

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Background: Immunotherapy is currently the standard of care in the treatment of metastatic melanoma (mm). The interplay between cancer cells and tumor microenvironment cells (e.g. immune cells) impacts on cancer cell survival, local invasion, and metastatic dissemination. A growing body of evidence suggests a better outcome when immunotherapy is administered in the morning (versus afternoon).
Specific objetives: To determine the impact of immunotherapy administration timing on the overall survival (os) and progression-free survival (pfs) of patients with mm.
Methods: Multicentric, retrospective cohort study of mm patients under immunotherapy (ipilimumab/nivolumab, nivolumab, or pembrolizumab) with ps 0-1, between july-2016 and june-2023, in seven portuguese centers. Clinico–demographic characteristics and time of treatment administration were obtained from medical records. Patients were distributed in two groups: those who received less than 75% of infusions after 2pm (morning-group), and those who received at least 75% of infusions after 2pm (afternoon-group). Os and pfs were calculated with kaplan-meier method and tested using cox-regression model, with a 95% confidence-interval.
Results: We identified 169 patients. No significant demographic or tumor burden differences were found between morning and afternoon groups. The median follow-up time was 29 months, the estimated median pfs was 11.7 months (ci 95%, 7.3-15.1) and median os was 32.2 months (ci 95%, 20.6-43.7). Having more than 75% of immunotherapy infusions in the afternoon results in a shorter median os (14.4 vs 37.6 months; hr 1.94 [ci 95% 1.16 to 3.23]; p<0,01). No statistically significant differences were observed in pfs.
Conclusions: While this work provides valuable insights into the potential role of the circadian-timing of immunotherapy treatments for mm, prospective randomized studies with a translational approach are needed to validate and fully understand the underlying mechanisms at play in circadian-timing efficacy.

Recurrence patterns of melanoma in the era of adjuvant treatment

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Background: In melanoma, adjuvant therapies with anti-PD1 inhibitors or selective braf/mek inhibitors (ibraf/mek) are currently the standard of care for high-risk resected disease. However, >25% of patients experience recurrence within the first year after initiating treatment.
Specific objetives: To evaluate recurrence patterns, subsequent management, and oncologic outcomes after adjuvant treatment in patients with resected melanoma.
Methods: Observational retrospective single-center cohort study of adult patients with resected melanoma, stage iii (8th edition ajcc), who began adjuvant treatment with anti-pd1 inhibitors or ibraf/imek at our institution between june/1/2020 and september/30/2022.
Results: We included 53 patients (54.7% males, 45.3% females); median age was 66 years (30-82). Stage iiic was the most common at diagnosis (n=29, 54.7%); 40,4% of cases had braf v600 mutation. The majority of patients (n=43, 81.3%) received treatment with anti-pd1 (n=14, 26.4% with pembrolizumab, n=29, 54.7% with nivolumab). The remaining (n=10, 18.9%) were treated with targeted therapy. Treatment was discontinued in 18 patients (8 cases of disease recurrence, 7 cases of toxicity, and 3 cases for other reasons). With a median follow-up time of 22 months, 18 recurrences (34%) were diagnosed, 15 in the anti-pd1-treated group and 3 in the ibraf/mek-treated group. Of the recurrence events, 10 were local, 4 were distant, and 4 were both local and distant. Among patients who experienced recurrence, 8 cases were treated with curative intent; the remaining 10 were proposed for palliative systemic treatment. The 12-month disease-free survival was 78.8%. The 12-month overall survival was 94.3%, with a median overall survival time not yet reached.
Conclusions: After resection surgery, approximately 20% of patients treated with adjuvant systemic therapy for stage iii (high-risk) melanoma experienced disease recurrence. Recurrences were primarily local, with the possibility of radical treatment in 44% of cases.

Outcomes of ipilimumab in second-line palliative treatment for melanoma: real-world data from a comprehensive oncology center

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Background: In recent years, there have been profound changes in the treatment of melanoma, particularly in a palliative context, impacting the prognosis of this disease.
Specific objetives: To evaluate the clinical outcomes of second-line palliative treatment with ipilimumab after exposure to systemic therapy with innovative therapies in a comprehensive oncology center.
Methods: observational retrospective cohort study. Adult patients with melanoma undergoing second-line palliative systemic treatment with ipilimumab after treatment with immunotherapy or braf/mek inhibitors between 1/11/2013 and 30/09/2022 were included.
Results: thirty-three patients were included (14 men, 19 women), with a median age of 64.5years. The presence of braf mutation was evaluated in all patients, with 28 being wild-type. At the start of ipilimumab treatment, the majority of patients had a functional status compatible with ecog-ps 1 (n=27, 91.8%), while the remaining had ecog-ps 0. Twenty-eight patients (84.8%) had received anti-pd1 in the first line, and the rest had received braf/mek inhibitors. Only twelve

patients (36.4%) completed the intended 4 treatment cycles. Partial response was observed in 1 patient (3.0%), and stable disease in 3 (9.1%), with the majority experiencing disease progression (87.9%). The ipilimumab discontinuation rate was 58.3% (16 patients due to disease progression, 5 due to toxicity). Grade ≥3 toxicity occurred in 6 patients. With a median follow-up time of 28 months, the median progression-free survival was 2 months, and at 12 months, the overall survival rate was 26.9%

Conclusions: Ipilimumab monotherapy has shown to be a therapy that, despite being safe, has reduced efficacy in second-line palliative settings. Its low response rate may be related to the aggressiveness of the disease or resistance to immunotherapy treatment.

Characterization of the protein expression of the promising immunotherapy targets vista, LAG-3 and prame in a cohort of southern french primary uveal melanoma patients.

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Background: Novel cancer therapies based on immunotherapy have changed the treatment landscape and overall survival prospects for patients. Vista, lag-3 and prame are emerging targets of immunotherapy for different solid tumours, but their relevance in primary uveal melanoma (pum) is unknown.
Specific objetives: Characterize the protein expression of vista, LAG-3 and prame in pum.
Methods: Using immunohistochemistry in representative whole sections of pum cases of a cohort of 30 patients from the nice university hospital (nice, france) we studied and characterized the protein expression of vista, LAG-3 and prame. The expression of each marker was correlated with different clinical and pathological parameters, including metastases onset and overall survival.
Results: vista and LAG-3 expression was identified in small lymphocytes infiltrating the pum cases, while no expression of both proteins was detected in pum cells. In contrary, prame nuclear expression was identified in pum cells, while no expression in the tumour infiltrating immune cells was observed. Increased levels of vista expression in tumour infiltrating lymphocytes (tils) were associated with bap1 nuclear preservation and a better prognosis for patients. Higher levels of lag-3 in tils were associated with higher levels of cd8-positive tils. Prame nuclear positivity in pum cells was associated with epithelioid cell pum histologic subtype, higher mitotic numbers and a higher percentage of chromosome 8q gain.
Conclusions: Vista, LAG-3 and prame are potentially important immunotherapy targets in uveal melanoma, which currently has a dismal prognosis once metastases develop, since therapeutic options are mostly ineffective.

GERIATRIC ONCOLOGY

Real-world data of trifluridine/tipiracil in older adults with metastatic colorectal cancer: experience of a portuguese cancer center

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Background: Trifluridine/Tipiracil (fdt-tpi) is a drug approved for refractory metastatic colorectal cancer (mcrc) treatment.
Specific objetives: We aimed to evaluate fdt-tpi clinical outcomes in older adults in a real-world setting from a single portuguese institution.
Methods: Retrospective cohort with sequential sampling to include all mcrc patients who started fdt-tpi as palliative treatment in our institution before november 1st 2022. The subgroup of patients aged ≥65 years was analysed. Follow-up was complete and survival data cut-off was 30/04/2023. Survival functions (overall [os] and progression-free [pfs]) were computed with the kaplan-meier method.
Results: The subgroup included 72 patients, with a median age of 72 years (65-85) at treatment initiation (table 1). Grade ≥3 adverse events occurred in 37 patients (51%), the most common were neutropenia (38%) and anemia (8%). No toxic deaths were documented. Adverse events led to dose reductions in 21 patients (29%) and treatment delays in 47 patients (65%). Median number of treatment cycles was 3 (1-14). Median pfs was 3.1 months and os was 7.7 months. Disease control rate was 10%. Median time to worsening of ecog ≥2 was 5.6 months.
Conclusions: Our real-world data showed survival benefits similar to those in the recourse trial, with no different signs in safety profile in older patients. Our findings are consistent with the literature, showing that fdt-tpi is an effective and safe option in this subgroup of patients with mcrc.

Immunotherapy in elderly patients - single center experience

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Background: The increase of elderly cancer patients and the use of immune check-point inhibitors(ici) raise questions about the impact of immunosenescence.
Specific objetives: Compare the effect on survival of immunotherapy in elderly population (≥ 65years) and young population(<65years) with metastatic solid tumors.
Methods: patients with melanoma, kidney cancer, non-small cell lung cancer (nsclc) and urothelial cancer) who received at least one dose of ici (pembrolizumab, nivolumab, atezolizumab, ipilimumab and avelumab), from july/2012-january/2022, were retrospective analyzed. Significance set for $p<0.05$.

Results: 220 patients, mostly males, 56.5% ≥65years. Regarding gender distribution, significant difference was observed, with more females in the younger group (p=0.036). The occurrence of bone mestastization was associated with age (p=0.030), being more frequent in the younger group. The analysis did not identify significant age-related differences in the distribution of cancer types. The overall median duration of treatment with ici was 6 months, the overall median follow-up time was 14.5 months, with no differences found between the groups. A significant result was found for kidney cancer (p=0.041), with a greater number of elderly patients without response. When nsclc was evaluated separately (59.5% of total), adjusted for age (<65/≥65), in regard to progression-free survival, the presence of toxicity (p=0.018) and the duration of ici (p<0.001) emerged as a significant determinant of pfs. Regarding overall survival(os), patients who present toxicity (p=0.027) and a longer treatment duration with ici (p<0.001), presented superior os.
Conclusions: No significant differences in survival between elderly and young patients, with the exception of less response to treatment in elderly patients with crc. In nsclc, toxicity and duration of treatment were associated with a lower risk of progression and higher os. The study demonstrates similar efficacy of immunotherapy in elderly patients, reinforcing the need for personalized treatments.

Safety and efficacy of chemo-immunotherapy in elderly patients with lung cancer

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Background: The combined use of pembrolizumab (io) and chemotherapy (ct) demonstrated benefit in the first-line treatment of metastatic non-small cell lung cancer (mnsclc), increasing overall survival (os) and progression-free survival (pfs).
Specific objetives: To evaluate the clinical results, in a real-life context, of ct+io combination in older patients with mnsclc in a portuguese cancer center.
Methods: Retrospective, single-center cohort study, including adults with mnsclc, PD-l1 expression <50%, no oncogenic drivers and age ≥65 years who initiated treatment with ct+io between august 2020 and january 2023. Follow-up was carried out until 8/31/2023. Demographic, clinical, and treatment variables were evaluated with descriptive analysis. Os and pfs were calculated using the kaplan-meier method.
Results: we identified 42 patients, mostly men (83,3%), with ecog 1 (76,2%) and median age 70,5 (65-78) years. The most common histology was adenocarcinoma. The median duration of treatment was 149 days. The incidence of grade≥3 adverse events was 19,0%, the most common being anemia and febrile neutropenia (4,8% each). Treatment was discontinued mainly due to disease progression (81,3%). The disease control rate was 69,0% (stable disease in 52,4%). Twenty-one patients received a second line of treatment. The median follow-up time was 10,5 months. Median os and pfs were 14,3 and 6,5 months, respectively.
Conclusions: this population had a low rate of treatment discontinuation due to toxicity, confirming a favorable safety profile (even better than compared to clinical trials and existing real-life data). In line with the reference trials (keynote-189 and keynote-407), we also demonstrated pfs and os benefit in elderly people with mnsclc.

Molecular findings and prescription of tkis in elderly with advanced lung cancer

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Background: Small molecule tyrosine kinase inhibitors (tkis) have dramatically changed the treatment of advanced mutated non-small cell lung cancer. However, few trials have studied the prevalence of these mutations and the benefit of tkis in elderly people.
Specific objetives: We aimed to estimate the prevalence of oncogenic driver mutations in lung cancer patients aged ≥ 70 years as compared to younger patients, to describe the use of tkis in these populations and to determine the impact of tkis in overall survival (os).
Methods: Retrospective review of patients with lung cancer diagnosed between january 2020 and september 2022 at our hospital. Data was collected from electronic medical records. Multivariable survival analysis was done with cox regression.
Results: We identified 187 patients, median age 69 years old (min 33, max 91); 89 patients were elderly. Adenocarcinoma was the most common subtype in both groups (75.2% vs 74.5%). Molecular testing was performed at similar rates in both groups (44% vs 49%). The most frequently mutated gene was egfr, followed by kras in both groups. Molecular testing led to tki use in 12% in the elderly and 22% in the young (p = 0.34). The use of tki was identified as an independent factor of os (hr for death of 0.15, 95% ci [0.01, 0.11]). Old age was not an independent predictor of poor os (hr 0.6, [0.26, 1.40]).
Conclusions: In our sample, actionable mutations led to the use of tkis in > 10% of elderly patients. The use of tki was associated with longer os, while age itself had no impact on os. Elderly patients should be tested for driver mutations, as tkis may have a positive clinical impact, independent of age.

Chemotherapy intensity in older breast cancer patients – real word evidence

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Background: Breast cancer (bc) prevalence in older women is increasing. For optimal curative-intent treatment a relative dose intensity (rdi)≥85% should be maintained, which can be challenging in this population.
Specific objetives: To evaluate which bc women receive lower chemotherapy rdi and identify risk factors for that.
Methods: Single center, retrospective cohort of bc women, ≥65 years, treated with neoadjuvant/adjuvant chemotherapy, from 2020-2022. Rdi was calculated as the ratio of delivered to planned chemotherapy di. Univariate analysis done with chi-square test.
Results: 79 patients were included, median age 70 years [65-83] (13.9% aged >75), 65% with ecog ps 0, 59% with positive hormone receptors/her2 negative bc. 81% was submitted to adjuvant chemotherapy. 31.6% received chemotherapy rdi<85% (63.6% aged >75years). Age >75 was a risk factor for low rdi (p=0.03). The lower rdi was due to chemotherapy dose

reduction from the beginning (20% in rdi<85% group vs 6.1% in rdi≥85% group, p=0.11), adverse events (ae) related with chemotherapy (grade 3 ae: 52% vs 13%, p=0.001), which lead to treatment delays (44% vs 13%, p=0.004) and early suspension of treatment (88% vs 3.7%, p<0.001). Four patients died: 1 of treatment complications (rdi≥85%) and 2 due to disease recurrence (one of each group).
Conclusions: In this study, only 68.4 % of bc patients with ≥65years treated with standard chemotherapy received rdi≥85%. Most patients >75 years had rdi<85%. Treatment delays and early chemotherapy suspension were the main factors contributing to lower rdi. Although the small sample size of this study, it highlights the importance of careful assessment prior to chemotherapy of older bc patients at higher risk of lower rdi.

Diagnosis and diagnostic delays in elderly lung cancer patients - data from a portuguese center

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Background: Lung cancer is the leading cause of cancer-related death, with a median age at diagnosis around 70 years. Delays in diagnosis are associated with more advanced stages with worse outcomes, but diagnosis delay in the elderly is usually not addressed in the literature.
Specific objetives: We aimed to compare the time between the beginning of symptoms and the seeking of medical help (st) and the time until diagnosis (dt) in patients aged ≥ 70 years and < 70 years and analyze the overall survival (os).
Methods: Retrospective study of lung cancer patients diagnosed between january 2020 and september 2022 at our hospital. Data were collected by reviewing the clinical records. Multivariable analysis was done with cox regression.
Results: We identified 183 patients, 89 (48%) elderly. Most diagnoses in the patients aged ≥ 70 were made in an inpatient setting (55% vs 62%). Transthoracic biopsy and bronchofibroscopy were the most frequent diagnostic procedures. Median st was lower in elderly compared to young patients: 8 (inter-quartile range, iqr, 0-31.0) and 12.5 (iqr 2-46.5) days, respectively. Median dt was higher in the elderly: 102 (iqr 29-190) and 61 (iqr 31-148) days, respectively. These differences weren't statistically significant (p=0.15). For stage iv disease, os was 5.4mo, 95% [1.7, 11.9] for the young and 4.9mo, [1.7, 7.2] for the elderly. For localized disease, os was 31.6mo [15.9, nr], 25.5mo [14.1, nr]. Age was not an independent predictor for os.
Conclusions: In our sample of portuguese patients, diagnostic delay is not significantly associated with age. Strategies to reduce this delay in the younger population will probably remain effective in the elderly.

Eras@ program in colorectal cancer surgery applied to elderly patients

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Background: Eras® protocols in colorectal surgery based on the enhance recovery after surgery society recommendations aim to reduce perioperative stress, maintain postoperative physiological function and accelerate recovery after surgery, through a multidisciplinary pathway based on scientific evidence. As life expectancy is currently growing, more elderly and frail patients need colorectal resection for cancer and may benefit from these programs.
Specific objetives: The aim of this work is to characterize the population undergoing colorectal surgery for cancer since the implementation of an eras program in one center and compare patients in different age groups to assess whether eras is feasible and beneficial in older patients.
Methods: Encare® database was used to colect data from the patients undergoing colorectal surgery within an eras program since the implementation in 2021. The population was divided by age groups [<70 and ≥70 years old], and characterized by oncologic stage, and other variables. The compliance with the eras protocol interventions was measured. Complications rate, length of stay and readmission were analysed.
Results: A total of 154 patients underwent surgery for colorectal cancer under the eras protocol. 92 of those (59,7%) have 70 or more years old. The compliance was identical in the two groups. The elderly group has a superior length of stay (≥70 years, median 9 days; <70 years, median 7 days), with a readmission rate of 1,1% vs 3,2% in the younger group.
Conclusions: The implementation of an eras program was successful in an elderly population. Elderly patients adhered to and benefited from an eras protocol, similar to their younger counterparts.

Radiotherapy: late toxicity in older patients

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Background: Radiotherapy (rt) is indicated in about half of the cancer patients, with toxicity profile linked to cancer location. The accurate evaluation and management of toxicities can improve the quality of life of older patients undergoing rt.
Specific objetives: To evaluate the late toxicity of people aged ≥70 who underwent rt.
Methods: We included people aged ≥ 70 with 1 year follow-up after undergoing rt. Data were collected through a questionnaire and toxicities were classified according to the rtog/eortc scale. Considerable late toxicity was defined as rtog≥2 or 2 or more reported symptoms. A descriptive analysis of sociodemographic/health variables and considerable late toxicity to rt was performed.
Results: Were included 47 older people, aged ≥70 years, 28 men (59.6%). 30 patients (63.8%) had ecog 1. The most frequent cancer location was the prostate 22 (46.8%). In 20 patients (42.5%) rt was curative, in 19 cases (40.4%) was adjuvant and in 27 cases (57.4%) they also underwent hormone therapy. 53% of the patients reported considerable late toxicity. No relationship was found between acute and considerable late toxicity (p=0.095). Considerable late toxicity was more frequent in patients who had not undergone previous surgery (p=0.011) and in prostate cancer (p<0.001). Voiding complaints were the most frequently reported symptom by patients undergoing prostatic rt (n=18).
Conclusions: Performing a questionnaire to the older pa-

tients allowed the identification of considerable late toxicities. Previous surgery and tumor topography correlated with higher late toxicity.

Cancer in the older patient: quality of life 1 year after radiotherapy

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Background: Cancer has a major impact on a patient s physical and mental health, with undeniable repercussions on quality of life (qol). The patient s perception of the disease is an important indicator of cancer therapy outcomes.
Specific objetives: Assessment of qol in patients aged 70 or over who underwent radiotherapy (rt) around one year ago.
Methods: Forty older cancer patients who underwent rt around 1 year ago were evaluated using the eortc-qlq-eld14 questionnaire. Patients with cognitive impairment detected through the mini-mental state were excluded. Polymedicated was defined as daily use of 5 or more drugs. A descriptive analysis and assessment of the association between sociodemographic and health variables and qol were performed. A significance level of 0.05 was considered.
Results: The cohort was characterized by age groups 70-74 (n=13), 75-84 (n=23) and 85+ (n=4), men (n=25), and curative rt (n=40). The most common cancer site was the prostate (n=19). The median follow-up time was 15.4 months. Purpose in life was lower in polymedicated patients. Difficulties in mobility and uncertainty about the future were more common in polymedicated patients, as well in females. A significant impact of cancer, on a daily life, was more reported by female participants and those polymedicated.
Conclusions: Integrating qol assessment into clinical practice allowed us to verify that participants with greater functional dependence have lower levels of qol. Additionally, women and polymedicated patients constitute a subgroup whose qol is lower in some domains.

Global geriatric assessment in breast cancer patients: case studies from the oncogeriatrics outpatients

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Background: Breast cancer has a high incidence in europe, particularly in elderly. Even so, elderly are under-represented in clinical trials, and there are few specific recommendations for this population. Ageism is also related to the under-treatment of older people with cancer
Specific objetives: Characterisation of oncogeriatrics outpatients, based on global geriatric assessment (gga), in elderly (≥70years), frail patients with breast cancer. Gga is carried out by a multidisciplinary team (geriatrician, rehabilitation nurse, social worker, nutritionist and psychologist). An interdisciplinary meeting is held with general surgery, oncology, radiotherapy and anaesthesiology, and the most appropriate treatment is decided.
Methods: Descriptive analysis of 123 oncogeriatrics outpatients from 01/2021 to 12/2022. Data was collected by electronic medical file.
Results: 123 patients were studied, 122 (99.2%) women. Mean age 84.0±5.6years, mean g8 12.1±2.5. Functional status: 69.9% moderate-total dependence (barthel index); 81.3% mild-total dependence (lawton/brody scale); 59.4% ecog 2-4. 62.6% moderate-high risk of falling (tinetti index). 15.4% had dementia. 29.3% was at risk of malnutrition (mini-nutritional assessment). 58.5% had ≥4geriatric syndromes, most prevalent: hearing (48.8%) and visual impairment (69.9%), urinary incontinence (55.3%) and polymedication (82.9%). After prehabilitation, the most appropriate treatment included: standard (21.1%), adapted (55.3%) and symptomatic control (23.6%). In total, 56.1% underwent surgery, 35.0% radiotherapy, 8.9% chemotherapy and 99.2% hormone therapy.
Conclusions: Aag leads to a change in the approach to elderly cancer patients. It becomes the path to the most appropriate treatment, especially for frail patients, when it s systematised and protocolised. Prehabilitation help to reverse frailty, leading to more effective therapies, which demystifies the limits of age in oncological treatment. These results motivate the dissemination of this approach to other neoplasms and national hospitals.

DIGESTIVE CANCER

The treatment of synchronous rectal and prostate cancer: a challenge for radiotherapy

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Background: Rectal and prostate neoplasms are the most common cancers in men and their synchronous diagnose is becoming more frequent. External beam radiotherapy (ebrt) plays a major role in this clinical scenario.
Specific objetives: Report the experience in this group of patients using ebrt, namely the progression free survival (pfs), overall survival (os) and toxicities.
Methods: Retrospective study of patients with synchronous rectal and prostate cancer treated with ebrt between 2014 and 2022. Data were collected from patient records. Acute toxicities were graded according to ctcae version 5.0. Descriptive analysis was used.
Results: Nine patients were treated in this period; median age was 69 years-old (61-84). Seven patients (77.8%) had stage iiib rectal cancer. Four patients (44.4%) had high risk prostate neoplasm. Seven patients had neoadjuvant ebrt to their rectal cancer and two as adjuvant. All patients had radical treatment for their prostate cancer. Regional nodal irradiation and dose varied according to the staging of both cancers, with a treatment dose for nodal areas between 45 and 50.4gy. Median dose for the rectal cancer was 50gy (50-50.4) and for the prostate 76gy (70-76). Median number of fractions of treatment was 38 fractions (28-41). All patients completed radiotherapy. Grade 3 toxicities reported were radiodermatitis (n=1) and urinary retention four patients had disease progression (dp), with a median pfs of 37 months (95%ci 11-64). Median os was os of 47 months (95%ci 17-66); three patients died, all due to dp.
Conclusions: Ebrt in synchronous tumors of rectum and prostate was a safe option with good clinical outcomes, although some expectable acute toxicities.

NGS as therapeutical management tool in cholangiocarcinoma: a center experience

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Background: Cholangiocarcinoma is a rare tumor with elevated morbimortality, being enriched with potentially actionable molecular targets. Next-generation sequencing (ngs) molecular analysis is recommended in disease advanced stages, leading to systemic treatment tailoring.
Specific objetives: Characterization of a cholangiocarcinoma population, in which ngs foundationone® test was performed, in a portuguese center, between january/2020-september/2023.
Methods: Observational, retrospective, unicentric, descriptive study.
Results: In this period, 81 ngs requests have been registered, 17 (21%) relative to cholangiocarcinoma cases. Eleven patients were male (65%), median age of 62 years, 71% with ecog-ps 1. At requested, nine patients (53%) had already undergone one therapeutic palliative line. Test didn't go further in seven cases, three due to general state deterioration and four because of insufficient sample. Test was performed in ten samples (59%), seven in tumoral tissue and three in peripheral blood. Three potentially actionable targets were identified: 1)idh1-r132s mutation, ivosidenib target treatment was initiated; 2)erbb2-s310f amplification, double her2 blockage (trastuzumab plus pertuzumab) was performed; 3)fgfr2-c382r mutation: patient is candidate to fgfr inhibitor target treatment (e.g.:futibatinib) after progression. Seven deaths (41%) were registered, all disease progression related.
Conclusions: NGS allowed potentially actionable targets identification in 30% of cholangiocarcinoma, leading to the increasing of therapeutic lines, in a poor prognosis population. New drugs access, sometimes with no authorization for market introduction or an approved therapeutic indication, as well as cost-benefit relation are some of the main barriers to target therapies distribution.

Ampullary carcinoma: a retrospective real-world study

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Background: Ampullary carcinomas are rare malignant tumors, originating at the ampullary complex. Surgery is the only potentially curative treatment. Advanced tumor stages (t3-4), pancreatic-biliary (pb) subtype, lymph node involvement (n+), high preoperative tumor markers and positive surgical margin (r1) are associated with worse prognosis. Recommendation for adjuvant treatment is not consensual.
Specific objetives: This retrospective unicentric study aims to describe all localized ampullary tumors diagnosed at our center between january 2015 and december 2022.
Methods: SPSS was used for data analysis.
Results: A hundred and seven patients included, with a median age of 68 years-old (36-82), 60 male and 47 female. At diagnosis: 88.79% of patients presented obstructive jaundice, 60.74% (n=65) stage iii disease; 98.13% were adenocarcinoma (43.93% pb subtype, 33.64% intestinal subtype and 20.56% unspecific); surgical resection was performed in 99% of patients, with majority being n+ 58.87% and 14.01% being r1. Preoperative ca 19.9 (>37u/l) was elevated in 44.87% (n=48). Forty-five (42.05%) patients underwent adjuvant treatment, being gemcitabine (n11), chemo-radiotherapy (n7), capecitabine (n4) and gemcitabine/capecitabine (n3) the most carried out. The median follow-up was 18.15 months (1-65.29). Relapse was observed in 24% of patients (n=30), half of which after adjuvant treatment. A total of 30 (28,04%) deaths was registered. The median progression-free-disease (pfs) was 14.83 months (0-64.49). The median overall survival (os) was not reached. Patients with pb subtype, t3-4, n+, r1 surgeries or increased preoperative ca19.9 had lower pfs. In pb subtype, a better os was observed in patients who did adjuvant treatment (35.8 *vs* 21.8; *p* 0.652).
Conclusions: In localized ampullary carcinoma, it is crucial to consider prognostic factors when deciding on adjuvant treatment. Prospective studies are warranted to assess the best adjuvant approach.

Cavitating pulmonary metastases associated with improved survival in pancreatic ductal adenocarcinoma cancer patients

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Background: Despite advancements in our understanding of tumor biology, pancreatic cancer remains a highly lethal malignancy with a life expectancy of 5% at 5 years. Pancreatic ductal adenocarcinoma (pdac) metastasizes to distant organs, representing a primary cause of mortality. Specific features of target-organ metastasis remain mainly unexplored.
Specific objetives: Ee propose to unveil the impact of pdac cavitating pulmonary metastases on patients survival.
Methods: Ee conducted a retrospective study in pdac patients (n=126) treated between 2010 and 2022 in a portuguese hospital. Pulmonary metastases were found in a total of 24 patients and cavitating metastasis were identified in 11 of these patients. Cohorts of patients with cavitating metastases and non-cavitating metastases were established. Survival outcome was analyzed using kaplan-meier analysis. To exclude the interference of covariates (age, sex, presence of other metastases, metastases at diagnostic) we fitted a cox regression model to our dataset.
Results: Cavitating pulmonary metastasis were associated with a rate of death close to 17 times lower comparing to patients with non cavitating pulmonary metastasis (hazard ratio of 0.059, 95% confidence interval 0.013-0.257, p=0.000169). This effect was still significant when accounting for other covariates.
Conclusions: Our retrospective study is unique as it focuses on investigating survival outcomes for pdac patients with cavitating pulmonary metastasis. The remarkable prolonged survival observed could be explained by several factors such as different treatment approaches or distinct molecular profiles that deserve further investigation. Understanding the genetic progression in pancreatic cancer can enable identifying different subtypes of this cancer, with pathognomonic behavior which can aid in stratifying patients for optimal treatment regimens.

Real-world data of trifluridine/tipiracil in adults with metastatic colorectal cancer: experience of a portuguese cancer center

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Background: Trifluridine/Tipiracil (fdt-tpi) is a drug approved for refractory metastatic colorectal cancer (mcrc) treatment.
Specific objetives: We aimed to evaluate fdt-tpi clinical outcomes in a real-world setting from a portuguese comprehensive cancer center.
Methods: Retrospective cohort with sequential sampling to include all mcrc patients who started fdt-tpi as palliative treatment in our institution before november 1st 2022. Follow-up was complete and survival data cut-off was 30/04/2023. Survival fuctions (overall [os] and progression-free [pfs]) were computed with the kaplan-meier method.
Results: The cohort included 196 patients, with a median age of 63 years (23-85) at treatment initiation. Grade ≥3 adverse events (ae) occurred in 43% of the patients, the most common were neutropenia (31%) and anemia (8%). No toxic deaths were documented. Adverse events led to dose reductions in 24% of the patients and treatment delays in 55%. Median duration of treatment was 2.3 months. Median pfs was 3.0 months and os was 6.4 months. Disease control rate was 10%. Median time to worsening of ecog ≥2 was 5.3 months.
Conclusions: our real-world data showed more frequent dose reductions and worse disease control rate compared to pivotal clinical trials (recourse, sunlight control arm). Nonetheless, survival benefits and time to worsening of performance status were comparable to the ones reported. Our cohort data confirms the safety profile of fdt-tpi in the real-world.

Phenotypic and prognostic impact of heterozygosity in mutyh-associated polyposis

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Background: For many years, the condition now known as mutyh-associated polyposis(map) was equated to an attenuated form of familial adenomatous polyposis,given the lower frequency of polyps and neoplasms. Currently,map is considered a separate genetic condition, with doubts still remaining regarding the neoplastic risk in heterozygous individuals,raising questions as to the type of surveillance indicated.
Specific objetives: To compare the manifestations in heterozygous and homozygous individuals with pathogenic mutyh gene variants.
Methods: A retrospective observational study was conducted using data from confirmed carriers of mutations of the mutyh gene.
Results: Fifty-three patients were analyzed,38 women (71,7%). Eighteen (34%) were homozygotes,34(64,2%) heterozygotes and 1(1,9%) a compound heterozygote. Nineteen(35,8%) were index cases and 12 of these were homozygotes. All 18 homozygotes and the compound heterozygote had manifestations of map, while only 18 (52,9%) of the 34 heterozygotes had manifestations. Every homozygous patient had colorectal manifestations(12 with polyposis only,1 with carcinoma only and 5 with associated polyposis and carcinoma),while they were present in only 17 (50%) of the heterozygotes (14 only with polyposis and 3 only with carcinoma). The only compound heterozygote presented solely with colorectal polyposis. Gastric adenomatous polyps were found in 3 homozygotes and in no heterozygotes. There was one case of gastric carcinoma in a homozygote and in one heterozygote. Two patients presented duodenal polyps and two had polyps in the remaining small intestine and all were homozygotes. Within the heterozygotes, 23 (67,6%) were asymptomatic at the moment of diagnosis, but in 7 were found manifestations during follow-up, 5 developed colorectal adenomatous polyps, 1 had fundic gland polyps and 1 had colon cancer.
Conclusions: Our results confirm that endoscopic surveillance is mandatory in patients with biallelic pathogenic variants and support the benefit of surveillance in heterozygotes,as in more than half of them map-associated polyps or cancers were found.

Molecular determinants of anti-egfr therapeutic efficacy in metastatic colorectal cancer (mcrc)

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Background: MCRC without ras and braf mutations (wt) is heterogeneous. Tumors from different locations are clinically and molecularly distinct. The treatment includes anti-egfr antibodies, with left colon tumors having a greater gain in overall survival (os). The ets transcription factors (etv1, etv4 and etv5) were associated with resistance to cetuximab.
Specific objetives: To examine the prognostic value of tumor expression of etv1, etv4, etv5 and EGFR and tumor localization under anti-EGFR in mcrcwt.
Methods: 111 patients were included, 26 with tumors in the right colon and 85 in the left. 97 treated with cetuximab, 10 with panitumumab and 4 with panitumumab after cetuximab. Quantification of tumor expression of etv1, etv4, etv5 and egfr by qrt-pcr in mccrwt treated with anti-EGFR in cancer center. Comparison of progression-free survival (pfs) with the first anti-EGFR and os with expression level and tumor location, using kaplan-meier estimate.
Results: In multivariate analysis, etv5 overexpression is an independent marker of worse os (hr 1.96; 1.10-3.48, *p*=0.022) while etv1 and etv4 are independent markers of worse and better pfs, respectively (hr 1.73; 1.06-2.83, *p*=0.029, for etv1, and hr 0.54; 0.32-0.93, *p*=0.025, for etv4), even taking into account the location. In left colon, egfr overexpression (n=11) was associated with better os, with hr 0.43 (0.20-0.92, *p*=0.030), while etv1 overexpression(n=56) was associated with worse pfs, with hr 1.75(1.01-3.02, *p*=0.044). In right colon, etv4 overexpression was associated with better os (n=20), with hr 0.25(0.08-0.84, *p*=0.025), and better pfs(n=19), with hr 0.32 (0.11-0.94, *p*=0.038).
Conclusions: Overexpression of etv4 showed a better prognosis (pfs) and overexpression of etv5(os) and etv1 (pfs) showed a worse prognosis, regardless of the clinical-pathological characteristics of the patients. These transcription factors impact the prognosis under anti-egfr and may allow for the prediction of these therapies effectiveness.

KRAS mutations as prognostic biomarkers in trifluridin/tipiracil treated coloretal cancer patietns

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Background: In Trifluridin/Tipiracil (tftp) treated metastatic colorectal cancer patients (crcm) versus placebo, tissue codon g12 KRAS mutations (mKRAS) predict worse overall survival (os), according to a sub-analysis of recourse trial.
Specific objetives: Evaluate the impact of tissue (mkrasbt) and liquid biopsy (mkrasbl) identified mKRAS in the os of tftp-treated crcm.
Methods: Retrospective and unicentric analysis of clinical data from crcm patients treated with tftp between january/2020 and march/2023. Patients without braf/ras mutations were considered wild-type (wt). descriptive statistics, Disease control rate (dcr) calculations, kaplan-meier analysis and cox regression were performed, with $\alpha \leq 0,05$.
Results: Thirty-two patients, median age 65 years (30-82), 72% men, 72% initial stage iv, 63% with left colon/rectum disease, a median of 3 (1-5) palliative lines previous to tftp. One braf mutant patient was excluded from the analyses. Compared with wt patients, mkrasbt (n=17) have worse os [4,3 *vs*. 10,4 meses; hr=2,25; ic95%=1,02-4,96; *p*=0,044] and dcr (11,1% *vs*. 41,7%), as well as mkrasbl patients (n=11) [4,0 vs. 10,4 meses; hr=1,91; ic95%=0,81-4,51; *p*=0,141], with dcr 16,7% *vs*. 40%. Mkrasbt g12 (n=12) predicts a worse os, compared with the absence of codon g12 mutation [4,9 *vs*. 7,6 meses; hr=1,50; ic95%=0,66-3,40; *p*=0,329]. The same occurs for mkrasbl g12 patients (n=7), versus the absence of codon g12 mutation [4,3 *vs*. 7,6; hr=2,45; ic95%=0,98-6,08; *p*=0,054]. Despite the absence of statistical power, mkrasbl in liquid biopsy only (n=6) indicate better os, compared with mkrasbt [hr=0,56; ic95%=0,21-1,48; *p*=0,242], and neoras patients (n=8) have worse os compared with those that maintain the wt status [hr=3,93; ic95%=0,82-18,80; *p*=0,086].
Conclusions: like in the recourse sub-analysis, mKRAS codon g12 seem to impact differently the prognosis of tftp crcm treated patients. Also, mkrasbl showed potential as future prognostic biomarkers in crcm.

Cholangiocarcinoma: real-world data

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Background: Cholangiocarcinoma (cca) is rare, although with an increasing incidence, especially intrahepatic-cca. It has high recurrence rates and overall survival (os) at 5 years of<20%. Lymphovascular invasion (lv+) and the neutrophil/lymphocyte ratio (rn/l) have a prognostic impact.
Specific objetives: Characterization of real-world data of localised and advanced cca.
Methods: Retrospective, single-centre study of patients with cca followed between january/2010-december/2022 in the medical oncology department. Progression-free survival (pfs) and os were calculated using the kaplan-meier method; prognostic variables were identified using univariable/multivariable analyses.
Results: Thirty patients were included with a median age (m-) of 69 years(interquartile interval,iiq 60-72); 17 (56.7%) were male. Five patients (16.7%) had chronic liver disease and 2 had controlled viral infection (hepatitis c and hiv, respectively). Eighteen(60%) were classified as intrahepatic cca, 6(20%) perihilar and 6 as distal (20%). Nineteen patients (63.3%) had localised resectable disease, 3 (10%) locally advanced unresectable and 8 (26.7%) metastatic. In resectable disease: 12 (40%) underwent adjuvant chemotherapy (cht), 4 (13.3%) adjuvant chemoradiotherapy and 1 (3.3%) conversive cht; all relapsed after the end of adjuvant therapy [m-disease-free interval 4 months(iiq 5-14.3)]. In metastatic disease at diagnosis, the m-duration of response to 1lpalliative cht was 4.5 months. The mos was 24 months (95%ci 7.6-40.4) in resectable disease and 7months (95%ci 0.1-8.6) in advanced disease. The mos was 20 months in patients with distal-cca, 16 in intrahepatic-cca and 9 in perihilar-cca – refer to the graph below. The rn/l correlated inversely and statistically with os, as did lv+ and bmi<24.

Conclusions: Despite the limitations of this study, the aggressiveness of cca is confirmed, especially in advanced stages. The analyzed prognostic factors corroborate the description in the literature. Prospective studies, together with the search for new therapeutic targets, are necessary to achieve greater knowledge and better survival in this disease.

Molecular characterization of locally advanced resectable gastric cancer

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Background: In locally advanced resectable gastric cancer (lar-ga), the standard treatment involves perioperative chemotherapy with flot (fluorouracil-leucovorin-oxaliplatin-docetaxel). However, emerging therapies focus on immunotherapy and targeted treatment, taking into account tumor biomarker expression.
Specific objetives: Evaluate tumor biomarkers in lar-ga patients who underwent perioperative flot chemotherapy and correlate these markers with treatment response.
Methods: Retrospective analysis of lar-ga patients treated with flot from june-2017 to june-2023 in a central hospital. Clinical-demographic data were obtained from medical records, and tumor regression from pathology reports. Immunohistochemical analysis evaluated mismatch repair protein status (deficient - dmmr; proficient - pmmr), PD-l1 expression (using cps evaluation with 22c3 pharmdx, dako), and her2 status following college of american pathologists protocols.
Results: Among 104 identified patients, 67 were male, with a median age of 69 years (range 31-82), and 90 had ecog-ps 0-1 performance status. Following preoperative chemotherapy, 13% achieved a complete response, 6% a near-complete response, 25% a partial response, 42% exhibited no tumor response, and 14% experienced disease progression. Of the 75 patients with mmr status assessed, 29% had dmmr, while 71% had pmmr. Among 60 evaluated patients, 73% showed positive pd-l1 expression (cps ≥1), with 30 having cps ≥10. Her2 status was determined in 82 patients, and 6% exhibited protein overexpression (3+). Patients with dmmr and positive pd-l1 had lower tumor regression rates (81% for dmmr vs. 50% for pmmr, and 64% for PD-l1 ≥1 *vs*. 44% for PD-l1<1).
Conclusions: A key limitation was the inability to perform molecular studies on samples with complete or near-complete responses. Given that approximately one-third of patients had dmmr and over half pd-l1-positive status, immunotherapy could have a significant role in enhancing these patients prognosis.

Influence of nutritional status in prognosis and chemotherapy toxicity in localized colorectal cancer

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Background: Nutritional status has proven to influence prognosis and treatment toxicity in metastatic colorectal cancer (crc).
Specific objetives: This study's objectives are to evaluate the correlation between nutritional status, prognosis and chemotherapy toxicities in patients with localized crc.
Methods: Descriptive retrospective unicentric analysis of patients diagnosed with localized crc between january 2019 and december 2022 in an oncology department. Patients stratification by body mass index (bmi) and serum albumin at diagnosis. Data was analyzed using spss® and correlation between variables was evaluated through chi-square test.
Results: Three-hundred and thirty-four patients were identified, 58% males, median age of 70. Left colon cancer in 41%, right colon 36%, rectum 21%. Stage iii in 44%. Surgery in 91%, adjuvant chemotherapy in 27%. During a median follow-up of 26,5 months, 10% had recurrence and 16% died. There were significant correlations between bmi≥25kg/m2 and death (p=0,003/or=0,357), obesity and stage iii disease (p=0,016/or=0,448), between hypoalbuminemia and death (p<0,001/or=3,341) and hypoalbuminemia and stage iii (p=0,008/or=0,496). No variables were found to correlate with disease recurrence. Among 120 patients who underwent adjuvant chemotherapy, most common adverse events (aes) were hematological (61%) and peripheral neuropathy (24%), with grade 3-4 aes in 15%. Fifteen-percent had recurrence and 4% died. There were no significant correlations between bmi, albumin and chemotherapy toxicities. There was a tendency towards less g3-4 aes in normal bmi patients (p=0,064/or=0,29) and more g3-4 hematological aes with hypoalbuminemia (p=0,064/or=3,943).
Conclusions: In this sample, overweight/obesity was a protective factor for death and stage iii disease, unlike what is described in literature. Hypoalbuminemia was associated with a greater risk of death. There were no significant correlations between nutritional status and adjuvant chemotherapy toxicities. These findings prove the importance of nutritional status as a prognostic factor in localized crc.

Risk cofactors and clinical characteristics of gastric cancer in lynch syndrome patients: a comprehensive study

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Background: Lynch syndrome (ls) is the most common cause of hereditary colorectal carcinoma but is also associated with other tumors, like gastric cancer (gc) (6-13% of ls patients).
Specific objetives: This study aimed to identify risk cofactors for gc in ls.
Methods: Ee included patients with ls who were followed in high-risk digestive tumors consultation. We gathered data on the characteristics of this patients and conducted statistical analysis using ibm® spss® statistics, version 28.
Results: Out of the 262 patients with ls, 11 (♀ 4; ♂ 7) developed gc (4.20%). Five were index cases, nine met amsterdam criteria, five had a personal history of other ls-related tumors (colorectal, urothelium, and sebaceous adenoma), six had gc as the first manifestation of ls, and six had a family history of gc. Genetic mutations included mlh1 (5), msh2 (4), msh6 (1), and pms2 (1). Histologically, six of the gc were intestinal-type adenocarcinomas, three were diffuse-type, and one was gc with lymphoid stroma. Chronic atrophic gastritis with intestinal metaplasia was diagnosed in eight patients. The median age at diagnosis was 53 years, and the median survival time was 8

years. All underwent surgical resection, eight underwent total gastrectomy, and three underwent distal subtotal gastrectomy. Mean bmi at surgery was 23.82, none were obese.
Conclusions: This study suggests that ls is associated with a higher risk of gc and identifies atrophic gastritis as an important risk factor. Endoscopic surveillance of ls patients should be tailored to their estimated risk, primarily based on the presence of cofactors, especially atrophic gastritis.

Treatment of patients diagnosed with metastatic colorectal cancer with trifluridine/tipiracil: real-life data.

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Background: The phase 3 recourse clinical trial (nct01607957) compared the efficacy of trifluridine/tipiracil versus placebo in patients diagnosed with refractory metastatic rcc and showed a gain in overall survival as well as in progression-free survival.
Specific objetives: To evaluate the outcomes of overall survival and progression-free survival in patients with metastatic rcc undergoing palliative systemic treatment with trifluridine/tipiracil in a portuguese center between january 2016 and december 2022.
Methods: An observational, retrospective, single-center, longitudinal study of patients with metastatic colorectal carcinoma treated with trifluridine/tipiracil in a portuguese center between january 2016 and december 2022 was carried out and survival outcomes were assessed using kaplan-meier curves.
Results: We identified 58 patients undergoing treatment with trifluridine/tipiracil for metastatic colorectal carcinoma. Median progression-free survival was 2.9 months with a 95% confidence interval between 2.2 and 3.5 months. Median overall survival was 5.5 months with a 95% confidence interval between 4.2 and 6.8 months.
Conclusions: Comparing the results with the recourse study, we can see an increase in progression-free survival compared to 2 months in the study, probably justified by the later response assessment. As for overall survival, we can see that it falls short of the study s 7.1 months. This could be due to the fact that the patients had more comorbidities, but also to the fact that authorization from the national drug authority is required for the use of the drug, which delays its start by at least a few weeks. Despite the clear benefit that the drug showed in the recourse study, there is still the need to explore new therapeutic options, such as the recently approved combination of bevacizumab with Trifluridine/Tipiracil.

Young-onset colon cancer: a multicentric review

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Background: The incidence of young-onset colon cancer (yo-cc)-under the age of 50- is increasing. Yo-cc patients(pts) appear to have distinct characteristics from the general population.
Specific objetives: Identification of clinicopathological characteristics and survival outcomes from yo-cc-pts.
Methods: Retrospective review of yo-ccpts diagnosed at 3 portuguese institutions from january/2017-december/2022. Spss was used for statistical analysis.
Results: Eighty-two-pts were included with a median (m-) age of 46 (range 25-50); 51.2%(n=42) were male. Most tumors were left-sided (n=54,65.9%). Cea at diagnosis was increased in 19pts (m5.81ng/ml, iqi 1.68-282.25); 33pts (40.2%) had intestinal occlusion/perforation at presentation; 45pts (54.9%) had lymphovascular invasion (lvi); 12pts (16.3%) had microsatellite instability. Forty-one-pts (50%) presented with stage-iv disease and 25pts (30.5%) in stage-iii. Of the iii/iv-stage-pts, 20 (24.4%) received conversion/induction chemotherapy (cht), 16pts had r0-surgery and 6pts (30%) completed complementary-cht. Sixteen pts had disease progression (dp) and started 1l-cht: 7pts are still alive without dp. Of the iv-stage-pts at diagnosis, 16pts (32.7%) were oligometastatic. Ras mutation, brafv600e and her2 amplification were found in 28%/ 3.7%/1.2%, respectively. In this setting, 24pts (58.5%) received palliative-cht- mostly doublet/triplet+bevacizumab (8pts)/anti-EGFR (3pts)- with dp in 14pts (58.3%). Ii-stage-pts underwent surgery followed by adjuvant-cht. Of these, 2 had dp after 6 and 38mo, respectively. Overall, mfollow-up was 19mo; mpfs 37mo (95%ci 28.1-45.9) and mos 81mo. In iv-stage-pts at diagnosis, mpfs was 13mo (95%ci 8.5-17.5) and mos 26mo (95%ci 1.3-50.7)-refer to the chart below. Iv-stage, high-levels of cea at diagnosis and lvi were negatively correlated with os (p<0.05). Left-sided tumor and occurrence of occlusion/perforation were significantly associated with ras mutation (p<0.05).
Conclusions: Despite limitations, results confirm less favourable outcomes for yo-ccpts. We found a predominance of ras mutation in left-sided tumors in this population. Increasing incidence and impact highlight the need for further research for better personalised treatments.

Real-life cross trial results: the impact of complete pathological response on overall survival and progression-free survival.

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Background: The cross regimen has become the standard of care in the treatment of esophageal/gastroesophageal junction (gej) tumors, demonstrating improved overall survival (os) and progression-free survival (pfs).
Specific objetives: Study patients with a complete pathological response (cpr) and its impact on os and pfs.
Methods: Retrospectively analyzed patients with resectable esophageal/gej (sievert i-ii) tumors, stages ct1n1m0 - ct2-4n0-1m0 proposed for crt (41.4gy/23 fractions with 5 weekly carboplatin+paclitaxel cycles) followed by surgery, treated between 09/2013-11/2019.
Results: Selected 90 patients (median age 61 years; 91.1% male), all with ps 0-1. Squamous cell carcinoma (scc) was the most prevalent (75.6%), with the thoracic esophagus being the most involved (71.1%). 68.9% completed chemotherapy. 6.5% did not proceed to surgery (2 due to clinical conditions, 1 due to progression, and 3 due to unresectable disease). Among those who underwent surgery, 41.7% achieved cpr. The median follow-up time was 47 months. 26.7% experi-

enced progression, 29.2% of whom had achieved previously cpr (43% local only; 57% including distant sites). Factors associated with higher cpr rates were location (middle/lower vs. Gej, p=0.003), histology (scc *vs*. Adc, *p*=0.009), and the number of chemotherapy cycles (5 *vs*. <5, *p*=0.026). Patients with cpr showed a trend towards better os (*p*=0.078; 1 and 5-year rates of 94.3% and 51.2% *vs*. 72.7% and 45.2%) and significantly higher pfs (*p*=0.036; 1 and 5-year rates of 93.0% and 79.7% *vs*. 73.3% and 53.6%). The number of chemotherapy cycles was the only other factor associated with os and pfs.
Conclusions: CPR is associated with improved pfs with a trend towards better os. Tumor location, histology, and completion of chemotherapy are significant factors for achieving CPR.

Conversion therapy in borderline resectable/locally advanced pancreatic cancer – the experience of a portuguese oncology center

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Background: Pancreatic cancer (pc) has a poor prognosis. Surgical resection, combined with adjuvant chemotherapy, currently provides the only chance of long-term survival, however, only 10-20% of patients are eligible to undergo surgery at the time of diagnosis. Nevertheless, patients with borderline resectable (br) or locally advanced (la) pc can be potential candidates to surgery after systemic conversion therapy (cth).
Specific objetives: Evaluate the outcome of the population with pc that underwent cth at a portuguese oncology center (poc).
Methods: All patients with pc that underwent cth at a poc between 2018 and july 2023 were included. The data were analyzed using microsoft excel® and easyr® software.
Results: We collected a sample of 19 patients, 11 (57.9%) with la and 8 (42%) with br pc at the time of diagnosis. All underwent mfolfirinox as it was the center's preference. Out of the 19 patients, 13 (68.4%) did not underwent surgery, 9 (69.2%) due to disease progression (on average after 7 treatment cycles) and 4 (30.8%) due to worsening of general condition. In this subgroup of patients, 8 (61.5%) died, on average, 7 months after the diagnosis. 4 patients (21.1%) were submitted to surgery, the majority (n = 3, 75%) with br disease at the time of the diagnosis, there was a downgrading of the tumor after a median of 9 cycles. All were submitted to r0 surgery. Nevertheless, 3 (75%) relapsed, on average, 4.4 months after surgery. There were 2 (50%) deaths, occurring on average, 13 months after the diagnosis. 2 patients (10.5%) are still under evaluation concerning eligibility for surgery.
Conclusions: these results reinforce the need to enroll patients with br/la ap into clinical trials, whenever possible.

Risk-reducing total gastrectomy in carriers of the pathogenic variant of CDH1 gene: a centre experience

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Background: Hereditary diffuse gastric cancer is an autosomal dominant cancer syndrome, caused by pathogenic variants of the *CDH1* and *CTNNA1* gene. It is associated with an increased risk of diffuse gastric adenocarcinoma and lobular breast cancer. Due to the high prevalence of gastric adenocarcinoma in these patients, risk-reducing total gastrectomy is recommended.
Specific objetives: The aim of this paper is to evalute and analyze a centre experience, based on the results.
Methods: we conducted a retrospective analysis of the patients with the pathogenic variants of *CDH1* gene from our centre that had a risk-reducing total gastrectomy.
Results: A total of 24 patients were collected. Most were female (62,5%, n=15) with a median age of 38,5 years. 5 families were identified and all patients were carriers of a pathogenic variant of the *CDH1* gene. Apart from 2 patients, all had malignant cells in the gastrectomy specimen (91,7%). Post-operative period was uneventful in most patients. Only 3 patients had post-operative complications – one anastomic leak, one self-limited upper gastrointestinal bleeding and one respiratory infection. No mortality cases were registered.
Conclusions: 91,7% of patients that underwent risk-reducing total gastrectomy, meaning without endoscopic evidence of cancer, had malignant cells in the gastrectomy specimen. This corroborates the international guidelines for risk-reducing total gastrectomy in carriers of pathogenic variants of the *CDH1* gene.

Effectiveness and safety of gemcitabine/nab-paclitaxel in advanced pancreatic cancer

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Background: Nab-paclitaxel/gemcitabine (gem-nabp) is a standard-of-care in first-line treatment for advanced (metastastic/irresectable) pancreatic cancer (apc).
Specific objetives: We aimed to access gem-nabp outcomes in a real-world population from a cancer center.
Methods: Retrospective with a consecutive series of apc patients (pts) who started first line palliative treatment with gem-nabp up to january 31st, 2023. The primary endpoint was overall survival (os). Secondary endpoints were overall response rate (orr), progression free survival (pfs) and safety. Descriptive statistics were conducted for demographic, clinical and treatment data. Kaplan-meier method was used for survival analysis.
Results: 38 apc pts with median age of 69 years. 61% were 65 years (yrs) or older and 58% were male. 89% ductal adenocarcinoma histology. At baseline, 66% pts had de novo disease while 13 pts had recurrent or progressive disease after/during treatment with curative intent. The median number of treatment cycles with gem-nabp was 4 (1-20). Median follow-up time was 8.6 months (mo). Orr was 16% (1 with complete response and 5 with partial response). 11 pts had stable disease. Median os was 8.5 months (mo) [ic95% 4.6-11.2] and mpfs was 4.8 mo [ic95% 3.2-7.7]. In subgroup analysis by age, there was a non-significant trend for worst outcomes in pts ≥65 yrs (mpfs 4.0 *vs* 5.5 mo, *p*=0.93 and mos 4.6 *vs* 9.8 mo, *p*=0.66). Grade 3-4 events occurred in 50% and one adverse event grade 5 in a patient with febrile neutropenia who refused to be hospitalized.
Conclusions: Gem-nabp had predictable safety profile with similar effectiveness to that published in clinical trials. Older patients showed non-significant trend towards worse survival outcomes although with comparable pfs curves.

TNT in locally advanced rectal cancer: real-world data.

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Background: Locally advanced rectal cancer (larc) represents a clinical challenge, which requires a multidisciplinary approach including chemotherapy (ct), radiotherapy (rt) and surgery. Total neoadjuvant therapy (tnt) is a novel strategy which combines (c)rt and systemic ct before surgery.
Specific objetives: Assessing the efficacy and toxicity of tnt in larc treatment.
Methods: Retrospective analysis of patients diagnosed with larc, discussed in multidisciplinary team between 01/01/2022 and 30/06/2022 of a tertiary center, proposed for tnt. Follow-up period extended from 01/01/2022 to 30/06/2023.
Results: With a median follow-up of 16,6 months we included 20 patients (10 male, 10 female, median age: 63 years old) with larc (low: n=8, mid: n=7, high: n=5) proposed for tnt. Staging was mainly ct3 (n=15), cn2 (n=15), with 3 cases of oligometastatic disease (hepatic, pulmonary). Rt strategies used were short-course rt (55%) and crt with capecitabine (45%). The majority of patients (80%) completed tnt (capox: 70%, folfox: 30%), showing frequent dose limiting toxicity (90%), mainly gastrointestinal (40%), hematologic (25%), neurologic (20%). Clinical response was assessed in 9 patients: 5 partial, 3 complete (included in a watch & wait program: only 1 didn't require salvage surgery). Of the operated patients (n=15), 10 presented a partial pathological response and 2 complete response. There were 2 distant relapses: one pulmonary (at 5,6 months), the hepatic (at 16,2 months). Two deaths were registered: one after the 1st cycle of tnt, the 2nd after pulmonary relapse.
Conclusions: TNT is a promising treatment approach demonstrating high patient compliance, local and distant disease control with high response rates, allowing for organ preservation and better quality of life.

NEUROENDOCRINE TUMORS

Real world data of capecitabine and temozolamide (captem) in metastatic neuroendocrine tumours

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Background: Neuroendocrine tumors (net) are commonly treated with multimodality therapy.
Specific objetives: Evaluate outcomes of patients with metastatic net who were treated with captem.
Methods: Retrospective, single-center, which included patients with net treated with captem between jan/19-mar/23. Significance was set to $p<0,05$.
Results: 29 patients were included with a median age of 62 years. The majority of the patients were male. Ecog performance status at the beginning of treatment was 0 in 34.5%, 1 in 55.2% and 2 in 10.5%. Pancreas (55.2%) was the most common site of the tumor. The number of patients with well- and poorly-differentiated net was similar, 6 (20.7%) each. The majority of the patients had hepatic and extra- hepatic metastatic disease (62.1%). Previously of the beginning of captem, 8 of the patients previously received another type of chemotherapy, 7 radionuclide therapy, 7 somatostatin analogs and 2 liver-directed therapy with chemoembolization. Of the 29 patients analyzed, one had a partial response and 15 (51.7%) had stable disease. The median overall survival (os) was 7 months and the median progression free survival(pfs) was 3 months. In the subgroup analysis of the pancreatic net median os was 8 months and the median pfs was 4. Grade 3-4 toxicity was observed only in 2 patients. In multivariate analysis, no statistically significant correlation was found.
Conclusions: In this study, we showed that captem was well-tolerated and in the sub-group of pancreatic net the outcomes were better than the overall study-population. As limitations of the study, the authors highlighted the retrospective nature of the analysis and the small sample size due to the rarity of these tumors. Larger, prospective studies are needed to better assess the efficacy of captem and to assess whether activity may differ depending on primary tumor site.

LUNG CANCER

Concurrent use of metformin in advanced EGFR-mutated lung cancer: a multicentric study

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Background: Lung cancer is the leading cause of cancer-related death, with a high incidence and mortality rate. Epidermal growth factor receptor (EGFR) point mutations are common oncogenic driver mutations in non-small cell lung cancer (nsclc), and egfr tyrosine kinase inhibitors (EGFR-tkis) are the recommended first-line treatment for EGFRmutation–positive advanced nsclc. Despite the encouraging results, resistance is virtually inevitable and is still a significant hindrance in egfr-tkis therapy. Metformin, an insulin-like growth factor receptor 1 (igf-1r) inhibitor and oral antidiabetic drug, has been safely used worldwide for decades. Studies have suggested that metformin is associated with survival benefits among nsclc patients treated with egfr-tkis through inhibiting il-6 signaling. It has also been implied that it could help overcome primary resistance to EGFR-tkis.
Specific objetives: To investigate patients with lung cancer who concomitantly used metformin and osimertinib, hypothesizing that it would impact the outcome.
Methods: This retrospective multicentric cohort study included 76 patients from four portuguese oncological centers with advanced nsclc who received osimertinib between april 2017 and july 2022. Uni and multivariate analysis were conducted to investigate the potential relationship between metformin use and response to osimertinib. Comparisons of overall survival (os) and progression-free survival (pfs) between groups were performed using kaplan-meier analysis with a log-rank test.
Results: Seventeen (22%) of the 76 patients used metformin at baseline. In both groups, most patients were non-smokers and had stage iv disease at baseline. The os in the metformin group was significantly higher (33.1 *vs*. 29.4 months, p =0.040), and metformin use was predictive of a significantly higher pfs (19.9 *vs*. 14.8 months, p=0.034).
Conclusions: Even though the effect of metformin on lung cancer remains debatable, our study suggests that metformin use could be beneficial and enhance osimertinibs effectiveness. Despite that, this was a small study, and these results should be validated in prospective clinical studies.

Real-world retrospective study of patients with unresectable stage iii non-small cell lung cancer in the post durvalumab era

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Background: The current standard of care for patients with unresectable stage iii non-small cell lung cancer (nsclc) consists of chemoradiotherapy (crt), followed by durvalumab maintenance if PD-l1 ≥ 1% and in the absence of progression.
Specific objetives: Results in the real-world setting may differ from randomized trials with strict protocols and recruitment criteria. Therefore, the present study aims to characterize and report the outcomes of our population with unresectable stage iii nsclc treated with crt.
Methods: Between january 2019 and december 2022, 68 patients with unresectable stage iii nsclc were considered for definitive crt of which 26 received maintenance with durvalumab. Two separate cohorts were evaluated: crt and crt-durvalumab. Primary endpoints were progression-free survival (pfs) and overall survival (os). Secondary endpoints were locoregional and distant control, durvalumab treatment duration, reasons for discontinuation and adverse events (radiation and immune-related).
Results: Median time to durvalumab initiation was 60 days and median duration of treatment was 148 days. Disease progression was the main reason for discontinuation. At a median follow-up of 18.6 months, median pfs was 5.6 months (95% ci: 3.5-12.6) without durvalumab and 11.7 months (95% ci: 6.0-na) with durvalumab which translates to 18% *vs*. 39% at 18 months, respectively. Median os was 24 months in the crt cohort and not reached in the crt-durvalumab cohort. Locoregional control at 18 months was 66% and 78%, respectively.
Conclusions: Consolidation with durvalumab after crt is associated with improved pfs in this retrospective analysis. Our results are similar to the available real-world evidence to date and emphasize the benefit of durvalumab in the clinical management of unresectable stage iii nsclc.

Immune exoproteome, gene expression profiles and soluble proteome of immunotherapy in non-small cell lung cancer

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Background: Peripheral immune assessment plays a crucial role in patient selection, monitoring response to treatment, and managing adverse events during immunotherapy with non-small cell lung cancer (nsclc).
Specific objetives: This study intended to evaluate the immunological status of patients with stage iiib/iv nsclc comparing samples at diagnostics (dx), after chemotherapy (ct) and undergoing immune checkpoint blockade (icb) immunotherapy.
Methods: Comprehensive immunophenotyping (>200 parameters) was performed for 44 stage iiib/iv nsclc patients. Immune-related gene expression quantification for 103 target genes was performed by rt-qpcr. Additionally, 103 immune-related plasmatic factors were quantified using xmap (luminex®) technology.
Results: Most important finding consists in myeloid-derived suppressor cells (mdsc) significant increase in all nsclc patients compared to healthy individuals, particularly monocytic mdsc (m-mdsc). T cells subsets (cd8, activated cd8, memory cd8 and tregs), transitional b cells, cd56bright nk cells and nkt-like cells were found significantly increased in icb patients. Gene expression analysis revealed associations with genes involved in the t cell response, mhc class i expression, metabolism, adhesion

molecules and vascular endothelial growth factor (vegf). Concerning the soluble factors, a significant increase in vista/b7-h5 was observed in nsclc patients under immunotherapy. Using unsupervised machine-learning clustering analysis algorithms we were able to identify a global signature associated with icb therapy and response to treatment.
Conclusions: This study suggests the importance of an extensive evaluation of cellular and soluble immune factors, including immune-related gene expression, which may prove useful in the selection and monitoring of patients undergoing immunotherapy in non-small cell lung cancer.

Efficacy and safety of first-line chemoimmunotherapy in metastatic non-small cell lung cancer: a single institution experience

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Background: Pembrolizumab is an anti-PD-1 antibody widely used in the treatment of metastatic non-small cell lung cancer (nsclc). Keynote-407 and keynote-189 trials demonstrated the efficacy of pembrolizumab in combination with chemotherapy (ct-io) in first-line treatment of metastatic squamous and nonsquamous lung cancer, respectively, providing longer overall survival (os) and progression-free survival (pfs).
Specific objetives: Evaluate the real-world efficacy and safety of ct-io.
Methods: We conducted a unicentric retrospective study, including all adult patients with metastatic nsclc who received ct-io between august 2020 and january 2023. The primary endpoints were median os and pfs. The secondary endpoints were disease control rate (dcr) and incidence of adverse events (ae).
Results: In this period, 83 patients began treatment with ct-io. Sixty-one patients were men, the median age was 65 years and 71% presented ecog 1. Lung adenocarcinoma was present in 77% of patients and the platinum-based regimen most frequently used was carboplatin plus pemetrexed. A pd-l1 tumor proportion score ≥ 1% was observed in 69% of patients. The median os was 16.6 months and the median pfs was 9.8 months. The dcr obtained was 71% (stable disease 54%). Any grade ae occurred in 82% of the patients. Treatment discontinuation was mostly due to disease progression (84%). Twenty-eight patients received second-line treatment, after a median of 4 months of ct-io.
Conclusions: Our study provides relevant real-world data regarding ct-io toxicity and efficacy. The survival outcomes were consistent with the literature. The incidence of ae was lower than described in clinical trials, which may be related to the retrospective nature of our study.

Sbrt in lung cancer: 10 years experience from an oncology center

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Background: Surgery remains the indicated curative treatment for early-stage lung cancer. However, 20-30% of these are not candidates for surgery or decline it. Stereotactic body radiotherapy (sbrt) emerged as a non-invasive curative alternative. It involves radiotherapy in a few fractions (typically <5) with high doses.
Specific objetives: A retrospective study aiming to evaluate the impact of sbrt in the treatment of lung carcinomas, in terms of tumor response, overall survival (os), and progression-free survival (pfs).
Methods: included patients with lungcarcinoma treated with sbrt between 01/2013 and 12/2019, followed in the same institution. Demographic and clinical outcomes were characterized. Data were collected from the electronic clinical record and analyzed with SPSS statistics v27 software.
Results: Outcome analysis was evaluated with a median follow-up of 2.67 years. 129 patients were treated, 70.5% with adenocarcinoma histology and 24.8% squamous cell carcinoma. The stage was t1 in 69%, t2 in 22.5%, and t3-t4 in 8.5%. Os was 89%/36.4% at 12/60 months and the median os was 39.9 months. In t1 patients, recorded os was 94.3%/61% at 12/60 months; in t2 patients, it was 86.2%/48.3% at 12/60 months. Os showed a significant difference between fractionation schemes (p=0.03), being higher for a single fraction of 30-34gy (90.6%/38.9% at 12/60 months) and 4 fractions of 12-2.5gy (95.5%/40.9%) and lower for the scheme of 5 fractions of 8-10gy (80%/22.9%). Pfs was 77.4%/40% at 12/60 months and the median pfs was 39.9 months. Local pfs of the treated nodule was 97.5%/79.2%/70.3% at 12/36/60 months.
Conclusions: Sbrt in the treatment of lung carcinoma proves to be effective, due to the application of increasingly conformal radiotherapy techniques, which allow its precise execution.

Prevalence of gene mutations in nsclc patients

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Background: In recent decades, non-small cell lung cancer (nsclc) treatment has seen significant advancements through precision medicine. Currently, the ema has approved treatments for 8 genes, and numerous clinical trials are exploring targeted therapies (tt) for other mutations. Given that tts yield better clinical outcomes for patients, genetic testing becomes a pivotal mechanism in supporting therapeutic decision-making.
Specific objetives: We aim to assess the prevalence of genetic mutations, particularly actionable mutations, in nsclc patients.
Methods: We conducted a retrospective observational study using real-world data from a portuguese hospital. Collected data included demographic and clinical information of patients who underwent next-generation sequencing testing at diagnosis between may 2019 and june 2021. Descriptive statistics included mean and 95% confidence interval (95% ci) for continuous variables, and percentage and 95% ci for categorical variables. A significance level of $p < 0.05$ was considered statistically significant.
Results: We identified 469 eligible patients, 68% males and a mean age at diagnosis of 66 years. 59% were diagnosed at stage iv, and 88% had adenocarcinoma histology. 66% tested

positive for at least one mutation, with no significant differences in the number of positive patients between disease stage at diagnosis (p = 0.247). The most prevalent genes were kras (28.14%), EGFR (19.83%), and met (6.40%). 41% of patients had at least one actionable mutation.
Conclusions: EGFR and KRAS mutations are notably prevalent in our sample of nsclc patients. Given the substantial proportion (41%) of potentially eligible patients for tt, it is imperative to integrate genetic testing into routine clinical practice for nsclc in portugal.

Association of immunotherapy with chemotherapy in first-line treatment for metastatic non-small cell lung cancer

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Background: The majority of cases of metastatic non-small cell lung cancer (nsclcm) do not have molecular targets, thus the integration of immunotherapy has improved overall survival (os) and quality of life. In the keynote-189 and keynote-407 trials, the combination of pembrolizumab/chemotherapy improved both overall survival (os) and progression-free survival (pfs) compared to chemotherapy alone.
Specific objetives: to report real-world data on the association of pembrolizumab and chemotherapy in first-line treatment for nsclcm.
Methods: Consecutive single-center sample of nsclcm patients on pembrolizumab/chemotherapy since june 2022, with follow-up until august 31, 2023. Descriptive statistics and kaplan-meier survival analysis were conducted.
Results: Seventeen patients were identified, 88% of whom were male, with a median age of 65 years (range: 49-76), 71% at initial stage iv, and all with pd-l1 <50%. Among the studied nsclc cases, 71% were adenocarcinoma. The main sites of metastasis were: pulmonary (53%), lymph nodes (47%), bone (35%), pleural (29%), and cerebral (6%). The chemotherapies used were platinum-based with pemetrexed/taxane. With a median follow-up of 8.8 months, pfs was 12 months (95% ci = 4.52-19.6) for adenocarcinoma and 8.6 months (95% ci = 0.96-16.2) for squamous cell carcinoma. Os was not reached in either group, but at 12 months, 82% of patients were alive in the adenocarcinoma group, and 80% in the squamous cell carcinoma group. Disease control rate was 75% in adenocarcinoma and 80% in squamous cell carcinoma. Grade ≥3 toxicities occurred in 17% and 40%, respectively.
Conclusions: With a similar follow-up time to the clinical trials, the descriptive analysis of the limited sample studied showed superior pfs results in both groups, with a lower percentage of grade 3 or higher toxicities. These data support the importance of the immunotherapy/chemotherapy combination in nsclc patients without actionable mutations.

Consolidation durvalumab in patients with unresectable nsclc radically treated with crt: real-life experience in a university hospital.

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Background: Stage iii non-small cell lung cancer (nsclc) stands a challenge due to its multidisciplinary and multimodal approach. In unresectable tumors, consolidation durvalumab represented the most significant advance in recent years.
Specific objetives: Evaluate the effectiveness and toxicity of durvalumab in unresectable stage iii nsclc.
Methods: Retrospective, observational, single-center study, with characterization of patients with unresectable stage iii nsclc, treated with chemoradiotherapy (crt) followed by durvalumab, between january/2019 and january/2023. Descriptive analysis of clinicopathological characteristics and treatment. Study endpoints: percentage of patients free of progression and alive at 12 months, and toxicity (ctcae v5.0). Results: 41 patients with nsclc treated with crt were identified. Of these, 16 (39.0%) started durvalumab. Compared to data from the pacific-r study, a higher proportion of patients aged >75 years (25.0%, n=4), with squamous histology (62.5%, n=10), stage iiib/iiic (62.5%) and need for sequential strategy (50.0%, n=8) was found. Six patients (37.5%) had disease progression, with 2 of them (12.5%) eligible for radical treatment. With a median follow-up of 448 days, 81.3% (n=13) remain alive. The percentage of patients free of progression and alive at 12 months were 61.5% and 81.8%, respectively. The median progression-free survival and overall survival were not reached. There were no g3/4 events. The incidence of pneumonitis was 18.8% (n=3).
Conclusions: Treatment with durvalumab is effective in clinical practice and well tolerated, with a manageable toxicity profile. The results obtained meet the published data. The main challenges in the management of stage iii nsclc include mediastinal staging, definition of resectability and the growing evidence of the use of immunotherapy and targeted therapies.

Lung cancer barometer 2022 - portuguese survey

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Background: In portugal, lung cancer (lc) is the leading cause of cancer mortality and the fourth most common cancer.
Specific objetives: The lung cancer barometer aims to evaluate the opinion and experience about the treatment of pa-

tients with lc of medical oncologists (mo) and pulmonologists (p) who perform specialized consultations in lc.
Methods: An online survey was developed by 2logical and performed between may and september 2022. Participants were mo and p with experience in lc treatment.
Results: Thirty-two physicians answered the survey. About 84% participated in the lc therapeutic decision consultation. Thirty-four percent followed more than 100 lc patients in the last 12months.over 95% of patients with adenocarcinoma performed molecular biomarker testing and 39,1% with squamous lc. Ngs panel is the most common molecular test (62,6-71,6%).more than 95% of patients with unresectable stage iiia/iiib non-small cell lc (nsclc) are tested for pd-l1 expression, and in 15% it is not possible to obtain the result. Nearly 85% of non-squamous (ns) nsclc patients undergo molecular testing. About 28% have molecular targets, with almost 47% being egfr mutations, 10% alk, 5% kras g12c, 3% brafv600e, 3% met, 3% her2 and 2% ntrk.in wild-type (wt) nsclc if pd-l1 expression ≥50%, at least 93% of the physicians usually use immune checkpoint inhibitors(ici) in monotherapy.
Conclusions: Despite the limitations of the methods, this study shows that portuguese lung cancer experts experience is similar to that described in literature. Bureaucracy was identified as a barrier to biomarker reflex testing. Increasing portuguese patients access to recruiting clinical trials has been identified as a need in the 2logical studies in lc.

Impact of the covid-19 pandemic on lung cancer diagnosis

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Background: Lung cancer is the 2nd most common tumor and the one with the highest associated mortality worldwide. The covid-19 pandemic forced the mobilization of resources from health systems with an impact on them.
Specific objetives: Evaluate the impact of the covid-19 pandemic on the diagnosis of patients with lung cancer.
Methods: Retrospective analysis between 2020-2021 of 20 patients per semester, with collection of demographic and clinical data, as well as date of consultations, diagnostic tests and initiation of treatment.
Results: Analysis of 70 patients (6 from 2020 and 4 from 2021 excluded, due to incomplete information). The majority of the sample was male with a median age of 65 years. 56% were referred from primary health care and the majority of patients had smoking habits, 54% active and 27% in the past. The majority had nsclc and 75% had stage iii/iv 75%. The average time between diagnosis and staging was 61 and 70 days, respectively; from the first consultation to the start of treatment it was 60 and 83 days, respectively. Of the diagnostic exams, the ct had an average time of 27 and 41 days, pet of 26 and 23 days, ebus of 17 and 22 days, and the molecular study 22 and 27 days. The average time per therapeutic decision was 80, 82 and 183 in 2020 and 93, 84 and 174 days in 2021 for symptomatic, palliative and curative/radical treatment respectively.
Conclusions: The covid-19 pandemic had a clear negative impact on the diagnosis of lung cancer. Analysis of the following years is necessary, however there is a need for optimizing resources in order to minimize the time between diagnosis and the start of treatment in lung cancer.

Osimertinib in unresectable or metastatic non-small cell lung cancer – a regional retrospective analysis

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Background: Osimertinib is a third-generation tyrosine kinase inhibitor (tki) of epidermal growth factor receptor (egfr) that is used in the treatment of egfr-mutated non-small cell lung cancer (nsclc).
Specific objetives: We aimed to evaluate baseline characteristics and clinical outcomes in real-world patients treated with osimertinib.
Methods: Analysis of medical records, from three hospitals in the same region, of patients with unresectable or metastatic egfr-mutated nsclc treated with osimertinib in first or later lines. Patient demographic information, tumor characteristics and next generation sequencing data were collected. Time to treatment discontinuation (ttd) was defined as months between osimertinib initiation and discontinuation.
Results: We identified 16 patients who initiated treatment from march 2019 to june 2023. Of the 16 patients included, 8 (50%) were female. The average age was 64,8 years (48-89), and the majority of patients had a smoking history. All tumors were adenocarcinomas, 81% of them presenting with stage iv at diagnosis. In addition, 50% of patients had known or treated central nervous system disease when osimertinib was started. Four patients received prior systemic palliative treatment (first generation tki or chemotherapy). Regarding egfr mutations, exon 19 deletion was the most frequently found, and t790m mutation was documented in 3 patients. For clinical outcomes, partial or complete response was observed in 50% of patients. The mean ttd was 11,4 months. Grade ≥3 adverse effects were only documented in two patients.
Conclusions: In our population, osimertinib proved to be an effective and safe treatment for patients with egfr mutated nsclc at first or subsequent lines of therapy.

Durvalumab in stage iii non-small cell lung cancer - a multicentric study

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Background: The pacific trial revolutionised the treatment of unresectable stage iii non-small cell lung cancer (nsclc). In the absence of disease progression (dp) after chemoradiotherapy (crt), treatment with durvalumab allowed for 33,1% (*vs* 19,0%) of patients without dp and a median overall survival (os) of 42,9% (*vs* 33,4%) at 5 years, with real-life data (pacific-r) supporting these results, including in patients treated with sequential crt.
Specific objetives: The aim of this study was to analyse the portuguese experience of efficacy and security with durvalumab treatment in stage iii nsclc, including progression-free survival (pfs), os and grade 3 or superior toxicities.
Methods: This retrospective multicentric study included patients from 5 hospitals with stage iii nsclc who started dur-

valumab treatment between january 2017 and march 2023. Survival analysis was performed through the kaplan-meier method.
Results: Fifty-five patients were included: 69,1% (n=38) male, with a mean age at diagnosis of 64,3 (±10,2) years, 83,6% (n=46) with previous smoking history. Twenty-one (38,2%) had sequential crt. Forty-two (76,4%) patients had pd-l1 ≥1. The median duration of durvalumab treatment was 8 (0-16) months. Eighteen (32,7%) patients died in a median follow-up time of 28 (8-73) months. The median os was not reached. Median pfs from the start of durvalumab was 23 (ci 95% 14,7 - 31,3) months, with no significant difference between stages iiia and iiib/c and sequential/concomitant qrt. Seven (12,7%) patients had ≥g3 toxicities, with pneumonitis being the most frequent (n=5; 9,1%).
Conclusions: These results are similar to those from the pacific-r trial and support the benefit of consolidation therapy with durvalumab in the portuguese population with unresectable stage iii nsclc without dp after crt.

SARCOMAS

Radiation-induced angiosarcoma of the breast: a 10-year retrospective analysis at an oncology center

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Background: Radiotherapy (rt) is an essential adjuvant treatment is early-stage breast cancer (bc) to reduce the risk of local recurrence. Radiation-induced angiosarcoma (rias), a late complication of rt, is a rare and aggressive malignancy, with a 5-year survival rate of 28-54%. Surgery is the standard treatment, although the role of chemotherapy and/or rt remains uncertain.
Specific objetives: We aimed to assess the outcomes of patients with rias of the breast treated at an oncology center.
Methods: A retrospective study was conducted in patients with histologically proven angiosarcoma of the breast or chest wall (2012-2022), all of whom with previous rt, after conservative or radical breast surgery.
Results: A total of 14 patients was included, with a median age of 67.9yo (32;84) at the time of diagnosis of rias. All the pts underwent breast conservative surgery for bc, 7(50%) with axillary lymph node dissection. Median time between the end of adjuvant rt and the diagnosis of rias was 125mo (81;265). All tumors were located within the radiation fields. All patients underwent mastectomy, with complete resection in 13 (92,2%). Recurrent disease was seen in 10/14pts, with a median disease-free-interval of 26,5mo (4;102). With a median follow-up of 76mo (27;124), 5-yo overall survival (os) was 42% with a median os of 46,5m (12;131). At time of final analysis, 4patients (28,6%) are alive, 3 without recurrent disease.
Conclusions: Rias of the breast is a rare but recognized complication of rt. Despite the retrospective nature and limited sample size, consistent with the frequency of this complication, our outcomes are comparable to published data. This study confirms that rias can occur beyond the conventional oncological follow-up. Future challenges also involve optimizing preventive measures of recurrence and new therapies to achieve a better prognosis.

Receptor repertoire and functional analysis of peripheral natural killer cells in soft tissue sarcoma patients

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Background: Several studies in solid tumors correlate natural killer (nk) cell infiltration with a better prognosis. However, the systemic immunity deserves to be explored and the role of peripheral nk cells in soft tissue sarcomas (sts) remains unknown.

Specific objetives: We aimed to characterize the peripheral nk cells in sts patients to define patient´s immunological profiles and discover novel potential biomarkers or targets for immunotherapeutic approaches.
Methods: Peripheral blood from 31 sts patients and 45 healthy donors were deeply immunophenotyped and characterized for nk cell receptor repertoire, degranulation and intracellular cytokine production using flow cytometry. Immune-related gene expression quantification for 103 target genes was performed by rt-qpcr. Additionally, 103 immune-related plasmatic factors were quantified using xmap (luminex®) technology.
Results: In peripheral blood samples from sts patients, nk cells were found diminished in number, immature and functionally impaired. Moreover, the repertoire of inhibitory, activating receptors, and immune checkpoints were altered in sts patients when compared to healthy donors. Nkg2c, nkp44, cd137 and lag-3 were found to be increased, while nkp46, nkp80, tim-3 and tigit were found decreased. Also, sts patients presented downregulation of gzmb and prf1 gene expression and both higher expression levels correlated with longer patient survival. In the plasma of sts patients, plasmatic ifn-gamma levels were found to be higher and negatively correlated with patient survival.
Conclusions: In conclusion, the nk cell repertoire is altered, and the effector capacity appears compromised in sts. Since a favorable association between nk cells and patient outcome was observed, further investigation is needed to improve the efficacy of these cells against sts.

Lung sbrt in high grade metastatic sarcomas

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Background: High grade sarcomas malignant tumors with a high rate of hematogenous spread. Therefore, pulmonary metastasis are common as is the need for local treatment with, for example, radiotherapy (rt).
Specific objetives: Access local control of sarcoma metastases to the lung treated with stereotactic body radiation therapy (sbrt).
Methods: Retrospective study of patients with metastatic pulmonary lesions treated with sbrt between september 2015 and december 2022. Local control (lc), progess-free survival (pfs) and overall survival (os) were calculated and represented as kaplan-meier curves. The response assessment was evaluated based on pre- and post-treatment chest ct or pet-ct. Toxicities were classified according to ctcae v5.0.
Results: A total of 17 patients and 53 lesions were treated in 31 cycles of treatment. Median age was 48 years (18-75 years). Median number of lesions treated per treatment cycle was 2 (1-4). In 96.8% of the treatment cycles, the target was the only active site of active disease. In 79.2% of the lesions treated, the bed was equal or superior to 100gy with a median bed of treated lesions of 105.6gy (67.2-180gy). No grade ≥3 toxicities were reported. Lc rates at 1- and 3-year were 67.1% (ci95% 51.8-78.5) and 42.0% (ci95% 26.3-56.9), respectively. Pfs rates at 1- and 3-year were 32.5% (ci95% 16.3-49.7) and 14.4% (ci95% 4.5-29.7), respectively. Os rates at 1- and 3-years were 73.1% (ci95% 53.3-85.6) and 44.4% (ci95% 24.8-62.2), respectively.
Conclusions: Treatment of pulmonary metastatic sarcoma lesions with sbrt was safe and resulted in an acceptable local control of the lesions.

Effectiveness in the absence of evidence: pulmonary metastasectomy in sarcomas

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Background: Lung metastasis is an indicator of advanced disease in most sarcomas. Despite limited evidence, pulmonary metastasectomy, in selected cases, is associated with an improved prognosis.
Specific objetives: To characterize the population of patients with pulmonary metastasis from sarcomas who underwent pulmonary metastasectomy.
Methods: Retrospective cohort of a sequential sample of patients treated at a reference center, with a median follow-up time of 67 months (20-380). Demographic, clinical, and treatment variables were evaluated using descriptive analysis, and survival was calculated using the kaplan-meier method.
Results: We identified 18 patients, predominantly women (61%), with a median age at the time of pulmonary metastasis of 24 years (13-71). The median time between the initial diagnosis and the first pulmonary recurrence was 39 months (8-152), with 3 patients (16.7%) having synchronous metastasis. Metastases undergoing surgery were: 85% unilateral; 55% solitary, and 80% diagnosed through radiological surveillance, with 5% of patients being symptomatic. There was no perioperative mortality, with 50% of the approaches being by thoracotomy, 35% video-assisted thoracoscopic surgery, and 15% unspecified. Nine patients (45%) received additional treatment with chemotherapy and/or radiation therapy. After the first pulmonary metastasectomy, the median progression-free survival was 8 months (1-322), and the median overall survival was 37 months (1-322).
Conclusions: In selected cases, with a small burden of disease and long intervals without recurrence, pulmonary metastasectomy should be primarily considered in the era of minimally invasive surgery.

Neoadjuvant radiochemotherapy for high-risk soft tissue sarcoma - 19 years of experience

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Background: Although surgery and radiation therapy(rt) represent standard therapy in high-risk soft tissue sarcomas(hrsts), its sequence remains controversial. Neoadjuvant radiochemotherapy(narqt) improves survival in patients with hrsts. Tumor size, surgical margins, and pathological necrosis(pn) are prognostic factors with unknown significance.
Specific objetives: Characterise, evaluate complications, and outcomes in patients with hrsts after nrct.
Methods: Retrospective analysis of 31 patients with stage iii

hrsts, who underwent neoadjuvant treatment(2002-2020), with 16 receiving nrct(adriamycin 90mg/m2+dacarbazine 900mg/m2±vincristin 2mg bolus+ifosfamide 10mg/m2; 45-54gy/25-30fr) and surgery. Pathological response, pn and surgical margins were evaluated. Toxicities assessment(ctcae v5.0). Survival analysis using kaplan-meier method and cox regression. A=0.05.
Results: 16 patients were included:68.8% male, median age 44[18-78]years. 61.8% limb sarcomas. Median dimension of 12[5-25]cm. 25% with pleomorphic and 18.8% fusocellular sarcomas. 86.7% g3. No patient interrupted rt, with a median overall treatment time of 41 [31-49]days. Median of 7[5-10] qt cycles, with cycle postponement in 18.8%. Surgery (62.5% wide excision) occurred on a median of 2[1-9]months after rt, and was uncomplicated in 68.8% (31.2% suture dehiscence and 6.3% osteitis). 87.5% negative margins(r0) and 25% pathological complete response(pcr), 60% pn≥90%. 50% had haematological toxicity g3-4: 18.8% anemia; 50% leukopenia; 25% thrombocytopenia. 68.8% of patients presented radiodermatitis (93.8%, g0-2). For a median follow-up time 76[8-220]months, 3 and 5-year survival rates were: overall survival(os) and disease-free survival were equivalent (62.5% and 56.3%); local recurrence-free survival (lrfs) 92.9%; metastasis-free survival 68.8% and 61.9%; disease-specific survival 75% and 67.5%, respectively. R1 resections influenced lrfs (50% *vs* 100%; *p*=0.014). Pcr and tumor size≤10cm with better os (*p*>0.05).
Conclusions: Narqt is an acceptable strategy in hrsts, with comparable survivals to reported data and manageable acute toxicity. R0 margin rates were high and associated with improved lrfs.

GENITOURINARY CANCER

Advanced penile carcinoma: a center's experience with an uncommon malignancy

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Background: Penile cancer is a rare malignancy, typically diagnosed in men over the age of 60. The primary systemic therapy for distant recurrent or metastatic penile cancer involves platinum-based chemotherapy. However, the overall response to this treatment is generally unsatisfactory.
Specific objetives: Description of clinicopathological features and survival outcomes of patients treated for penile cancer in one cancer center.
Methods: Retrospective analysis of patients treated for penile cancer between june/2009 and june/2023 in one cancer center. Data regarding age, sex, eastern cooperative oncology group performance status (ecog-ps), metastasis, staging and lines of chemotherapy was collected. Progression free survival (pfs) and overall survival (os) were estimated and represented as kaplan meier curves.
Results: Ten patients were included. The median age was 60.5 years (42-79). Nine patients had an ecog-ps of 1. Four patients were positive for the human papillomavirus. Among the 10 patients, five were non-smokers. The most common site for metastasis were the lymph nodes (n=8, 80%). The most common first-line chemotherapy (8 patients) was the al-sarraf regimen (cisplatin 100 mg/m2 d1+5-fluorouracil 1000 mg/m2 d1-4 21/21 days). One patient had a partial response and 5 patients had disease progression after the first line of chemotherapy. Only 3 patients received a second-line treatment. Among the 10 patients, 3 are alive, and they all received the al-sarraf regimen as their first-line treatment. At a median follow-up time of 42 months, the median pfs was 5 months (95% ci; 1.9-8.1), and median os was 14 months (95% ci; 0-29.5).
Conclusions: Our results offer real world data into the treatment outcomes and prognosis of penile cancer. Further research is warranted to explore potential treatments strategies for this rare and challenging cancer.

Survival predictors in metastatic renal cell carcinoma on second-line immunotherapy: retrospective bicentric study

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Background: In the advent of first-line combination therapy, immunotherapy (io) remains a mainstay in metastatic renal cell carcinoma (mrcc) therapy sequencing.
Specific objetives: Identify survival predictors in mrcc patients receiving second-line (2l) io.
Methods: Bicentric, retrospective study including mrcc pa-

tients receiving 2l io in our departments. Minimum follow-up was 3 months (mo). Data cut-off was january 1st 2023. Data was analyzed using SPSSv29.0.1.0.
Results: Twenty-four patients included. Median (med) age was 66 years-old (24-84), mostly male (79.16%), had prior nephrectomy (91.67%) and clear-cell rcc (83.33%). One patient had rhabdoid differentiation. Fifteen patients progressed on sunitinib, while 9 progressed on pazopanib. Starting 2l, 14 patients had intermediate international metastatic rcc database consortium (imdc) risk, followed by poor (7) and favorable risks (3). Lung was the most frequent metastatic site (79.17%), followed by bone (29.17%) and liver (20.83%). One patient started 2l ipilimumab+nivo, while the remaining received nivo. Med follow-up was 15mo; med os was 23mo (95% ci 0.0 – 52.96); med pfs was 15mo (95% ci 0.0 – 45.23). Partial response ocured in 33.33% patients. Grade ≥2 adverse events (ae) were seen in 45.83% patients, mainly nephritis, pneumonitis and colitis (2 patients each). 2l imdc accurately stratified os (log rank, *p*=.005). Both objective response (.589, *p*=.005). And grade ≥2 aes (.605, *p*=.004) correlated positively with os, contrary to imdc individual factors.
Conclusions: The reported survival data is in line with the literature. In our study, ae grade ≥2 correlated positively with os. Evaluation of the hypothesis that individual imdc factors weigh differently towards survival on 2l io suffered limitations regarding our sample size, which is our aim to increase for a more instructive analysis.

Association of hypertension with tyrosine-kinase inhibitor treatment outcomes in renal cell carcinoma: real-world data

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Background: Anti-vegf tyrosine-kinase inhibitors (tkis) remain a treatment option for renal cell carcinoma (rcc), despite not being the first-line standard of care. Studies show that tki induced arterial hypertension (ah) is correlated with efficacy and may serve as a predictive marker.
Specific objetives: Our aim was to evaluate if tki-induced ah is a positive prognostic factor in patients with metastatic rcc (mrcc).
Methods: We performed a retrospective analysis in 56 patients with mrcc treated with anti-vegf tkis between 2014-2023. Survival was estimated using kaplan-meier method.
Results: The mean age at diagnosis was 65.2 years-old (66.1% men). Most had ecog ps 0-1 (91.0%) and 66.0% had a prior diagnosis of ah. Lung and lymph node metastasis were the most frequent location (67.9% and 60.7%, respectively). The most frequently tkis used (first-line) were pazopanib (51.8%) and sunitinib (46.4%). The occurrence of ah during tki treatment was 51.8%, with pazopanib being the most frequently associated. The mean number of prescribed blood pressure medication was 1.5 (0-4). The median follow-up was 49.6 months (1.3-289.5). Patients with ah had worse overall survival (os) compared to those without ah, 79.6 months (95% ci: 58.0-101.2) *vs*. 139.0 months (95% ci: 39.4-238.5), not statistically significant (*p*=0.581). The progression-free survival (pfs) in first line tended to be longer in patients with ah compared to those without ah, 19.1 months (95% ci: 10.2-27.9) *vs*. 10.0 months (95% ci: 1.5-18.5), respectively (*p*=0.336).
Conclusions: These results suggest that ah with tki may not be a robust prognostic factor for os. The trend towards longer pfs thus provides valuable insights into the potential role of ah as a biomarker for treatment response.

An underrated alternative in bladder tumors?

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Background: Trimodal therapy comprises transurethral bladder resection (tur-b) followed by concurrent chemotherapy and radiotherapy, preserving curative potential and avoiding surgical resection and associated comorbidities. According to the nccn guidelines, this is a category 1 recommendation for evidence and consensus in stages ii and iiia. In modern series, the bladder preservation rate is 15%, and local recurrence rate is 29% at 5 years following trimodal therapy.
Specific objetives: Evaluation of the efficacy and safety outcomes of the bladder preservation strategy in patients treated at our institution.
Methods: All patients with a primary diagnosis of bladder carcinoma from january 2016 to october 2023 were selected. Overall survival (os) and progression-free survival (pfs) were calculated from the last day of treatment using the kaplan-meier method. Toxicities were assessed according to ctcae v5.0 criteria.
Results: Of the 115 selected patients, 10 underwent the trimodal strategy with an average age of 69.4±6.8 years, the majority being male (n=8). The average os was 61.55±8.06 months [95%ci 45.75-77.36], with two deaths unrelated to the disease. The 3-year local recurrence rate was 20% (n=2), and the need for salvage cystectomy was 10% (n=1). The average pfs was 58.18±9.99 months [95%ci 38.59-77.76]. All patients completed cisplatin/gemcitabine without interruption and elective nodal irradiation. No grade 3 or 4 toxicities were reported. No patients experienced distant disease progression.
Conclusions: Our experience has reinforced the paradigm shift aimed at in recent literature regarding the standard of care for muscle-invasive bladder carcinomas. Bladder preservation trimodal therapy is therefore an effective and safe alternative, especially in patients who refuse or do not meet the conditions for surgery.

Predictive factors and management of chronic kidney disease in renal cancer survivors: 5-year unicentric analysis

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Background: Chronic kidney disease (ckd) is a common and impactant complication in renal cell carcinoma (rcc) survivors. Timely diagnosis and referral are essential, with few data regarding predictive factors.
Specific objetives: This study's main objective was to identify predictive factors of ckd in rcc survivors and the second-

ary objective was to evaluate its incidence and management.
Methods: Retrospective descriptive unicenter analysis including all patients diagnosed with rcc who underwent nephrectomy from january 2015 to december 2022, in a secondary hospital. Sociodemographic and biometric data was collected along with history of hypertension, diabetes, smoking, type of nephrectomy and basal, 12- and 24-month creatinine. Ckd was defined as glomerular filtration rate <60ml/min/1.73m2 by ckd-epi equation. Data was analyzed using spss® and correlation between variables using chi-square test.
Results: One-hundred and twenty-nine patients were identified, 70% males, median age 65 years, 39% with obesity, 41% diabetes, 70% hypertension, 50% smoking history, 15% previous ckd. Radical nephrectomy performed in 61%, partial in 39%. During a median follow-up of 4,7 years, 7% had recurrence, 5% died due to recurrence and 13% other causes. De novo ckd was identified in 24% patients, of which 46% were referred to nephrology and 19% started dialysis. There was a higher incidence of ckd in advanced age (>70) (p=0,018/or=2,7) and smokers (p=0,013/or=1,51). There was a tendency towards a correlation between ckd and diabetes (p=0,057/or=1,21). No correlation was found with sex, nephrectomy type, body mass index or hypertension.
Conclusions: In the studied sample, ckd was a prevalent complication, with a significant correlation with advanced age, smoking and diabetes. Most patients with ckd were not referred to nephrology, which may have delayed proper treatment.

Beyond imdc stratification: potential alternative prognostic factors in metastatic renal cells carcinoma

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Background: The imdc risk criteria are currently the gold standard for risk stratification in metastatic renal cell carcinoma (mrcc). Nevertheless, other factors may be useful for better patient risk stratification.
Specific objetives: To identify other prognostic factors (pf) in mrcc.
Methods: Retrospective analysis of patients with mrcc, treated with sunitinib in the 1st line, between 2015-2022. Survival analysis was performed using the kaplan-meier method. Pf were assessed by univariate analysis and by the cox regression model.
Results: 55 patients with mrcc were included. Median age was 60 [26;78] years and the majority were males (72.7%) with clear-cell rcc (ccrcc) (67.3%). 48 patients (87.3%) underwent nephrectomy at diagnosis. The median of overall survival (os) was 59 months and progression-free survival (pfs) was 8 months. In multivariate analysis, the presence of ≥3 sites of metastization (hr 0.435,[95%ci 0.202-0.937], p=0.034), dyslipidemia (hr 0.390, [95%ci 0.179-0.851], p=0.018), ccrcc (hr 0.33, [95%ci 0.159-0.686], p=0.003) and albumin-alkaline phosphatase ratio (appr)>0.41 (hr 0.417, [95%ci 0.182-0.956], p=0.054) were significant for pfs. Prior nephrectomy (hr 0.088, [95%ci 0.026-0.292], p<0.001), appr>0.41 (hr 0.417 [95%ci 0.182-0.956], p=0.039), ccrcc (hr 0.375 [95%ci 0.175-0.801], p=0.011) and dyslipidemia (hr 0.451 [95%ci 0.213-0.959], p=0.038) were identified as independent pf for os.
Conclusions: In this study, dyslipidemia, the number and sites of metastization, appr and histology were factors with a prognostic impact on mrcc. Larger prospective studies are needed to corroborate these results.

Safe prescription in advanced prostate cancer

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Background: Prostate cancer is the most prevalent neoplasm among men, with an increase in its incidence having been demonstrated in portugal. Understanding the complexities of this disease and its treatment is essential. Second-generation hormonal therapies, such as enzalutamide, apalutamide and abiraterone acetate, have emerged as promising interventions, however, bringing with them a complex challenge: potential drug interactions. Apalutamide, being a moderate to strong inducer as well as a weak inhibitor of several enzymes, has potential important drug interactions, particularly with anticoagulant drugs, antihypertensives, opioid analgesics and proton pump inhibitors.
Specific objetives: Characterize patients diagnosed with prostate cancer, undergoing active treatment with apalutamide in our hospital, from january 2023 to the present date and evaluate possible drug interactions with their usual medication.
Methods: Retrospective and observational study evaluating drug interactions in patients with prostate cancer undergoing treatment with apalutamide using the drug interaction checker (medscape®).
Results: 13 patients were identified with a mean age of 76 years (min 61 and max 89 years) diagnosed with prostate adenocarcinoma (61.5% with gleason > 8) under treatment with apalutamide. Of the 12 patients with stage iv at diagnosis, 69.2% were classified as high-volume disease (1 patient with visceral metastasis). The most common comorbidities were: type ii diabetes mellitus (23%), high blood pressure (54%) and dyslipidemia (39%). As for potential drug interactions, these were identified in 11 patients (17 events, 13 of which were serious risk and 4 required close monitoring). The most frequent were statins (46.2%), tramadol and amlodipine (15% each).
Conclusions: Considering the age, prevalence of comorbidities and polypharmacy in these patients, the concomitant administration of second-generation hormonal therapies with other medications requires meticulous attention due to the possibility of adverse reactions and compromising the effectiveness of the treatment.

HEAD AND NECK CANCER

Effectiveness of primary chemotherapy followed by chemoradiotherapy versus chemoradiotherapy alone in nasopharyngeal carcinoma

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Background: Nasopharyngeal carcinoma (npc) is a head and neck malignancy with a notable yearly incidence. Current guidelines advise radiation therapy (rt) alone for stage i and either rt or concurrent chemoradiotherapy (ccrt) for stage ii. Recent trials have demonstrated improved metastasis-free survival using primary chemotherapy (pct), establishing pct followed by ccrt as the standard for stages iii and iv. Numerous studies have explored pct, but conflicting outcomes sustain debate about the pct and ccrt combination.
Specific objetives: Evaluation of the effectiveness of pct + ccrt compared to ccrt alone.
Methods: Retrospective observational study: 104 npc patients treated at an oncology center from january 2016 to december 2022. Descriptive analysis of demographic and clinicopathological variables, response rate. Estimation of overall survival (os) and progression-free survival (pfs) using kaplan-meier method. Cox model for uni- and multivariate analysis.
Results: Median age of 57 years (range: 17-77) with karnofsky score >90%. Most had type iii npc (65%), 83 were ebv-positive, and 89 patients (85.6%) were at stage iii/iv. Forty-six (44%) received pct + ccrt, and 58 (56%) had ccrt alone. Cisplatin with gemcitabine was the most common pct (71.7%), and cisplatin (84.6%) was the primary ccrt agent. Overall survival (os) was similar in both groups (80.4% *vs*. 75.9%, $p = 0.6$). Progression-free survival (pfs) was higher in the ccrt-only group (69.5% *vs*. 51.8%, $p = 0.038$). Multivariate analysis revealed that pct + ccrt was associated with worse pfs (hr = 2.13, 95% ci = 1.03–4.40, $p = 0.04$).
Conclusions: Pct + ccrt is associated with worse pfs. The use of pct should be considered in carefully selected patients.

Voice: health literacy in the journey of patients with h&n cancer - different perspective of multidisciplinary teams

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Background: Patients with recurrent or metastatic (r/m) head and neck squamous cell carcinoma (hnscc) are typically treated within multidisciplinary healthcare settings.
Specific objetives: The aim of this study is to characterize the information needs of patients with hnscc r/m and their caregivers, as identified by health professionals.
Methods: Two online focus groups were conducted using a modified metaplan methodology. The content analysis was organized into 4 themes: diagnosis, treatment, quality of life and global assessment.
Results: This study comprised 12 participants. Focus group 1 consisted of medical specialist, while focus group 2 included other healthcare professionals. Participants reached a consensus that information should be given sparingly, taking into consideration the patient's existing knowledge and in accordance with the preferences of both patients and their caregivers. However, the two groups identified different information needs of these patients. The analysis of focus group 1 revealed that their primary objective was to address the disease using a biomedical model. In contrast, focus group 2 adopted a more patient-centered approach within a biopsychosocial model.
Conclusions: Given the behavioral risk factors associated with this disease, and the relatively low levels of health literacy among these patients, the transmission of the information should be handled with care. The disparities uncovered in this qualitative study underscore the significance of employing a multidisciplinary and holistic approach in the treatment and care of these patients.

Imuno-chemotherapy in head-and-neck cancer – the experience of a reference center

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Background: Head-and-neck (h&n) squamous carcinomas are a rare entity and their treatment is multimodal. In persistent, recurrent or metastatic disease with a combined positive score (cps) ≥1, the use of immunotherapy with or without chemotherapy is indicated.
Specific objetives: To access the use of immunotherapy outside the scope of a clinical trial.
Methods: Patient selection was done through pembrolizumab requests to the hospital pharmacy between february 2022 and august 2023, excluding patients without h&n cancer. We analyzed data from patients (sex, age, smoking history, performance status), tumors (location of primary tumor, cps) and treatments (indication, used regimen, toxicities), overall response rates (orr), progression free survival (pfs) and overall survival (os). Data were collected from patient records and toxicities graded according to ctcae 5.0. Statistical analysis is descriptive.
Results: A total of 62 patients were included, mostly men (82%, n=51) with a mean age of 61 years (range 44-80). The main primary tumor location was oral cavity (39%, n=24) and most patients were treated because of local recurrence (47%, n=29). The majority of treatments was in combination with chemotherapy (71%, n=44). Os was 8.6 months (ic95% 6,93 - 12,02) and pfs was 5.7 months (ic95% 4,30 - 7,52). Most obtained responses were partial (45%, n=28). Toxicity profile was according to literature.
Conclusions: Our population presented with more oral cavity tumors and more carboplatin was used. Results were less favorable: os 8.6 *versus* 13.6 months, pfs 5.7 *versus* 5.1 months, despite better orr (58% *versus* 36%), demonstrating the challenges of a real-life context.

The role of nivolumab in a palliative setting for head and neck tumors: real-world data from a comprehensive oncology center

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Background: Head and neck cancer (hnc) is a clinically significant entity with prognosis dependent on the initial stage and response to treatments. Immunotherapy has gained relevance in the palliative treatment of these tumors.
Specific objetives: To assess the clinical outcomes of palliative treatment with nivolumab in the population treated at a comprehensive oncology center.
Methods: Retrospective observational cohort study. Included adult patients with recurrent/metastatic head and neck cancer undergoing nivolumab treatment.
Results: The study population comprised 96 patients (88 males, 8 females) with a median age of 57 years. Tumors of the oral cavity and hypopharynx were the most frequent (29.2% in both groups). 80 patients (83.3%) presented at stage iv at diagnosis. Of the total population, 64.6% underwent radical treatment, most commonly chemoradiotherapy (35.5%) and surgery followed by chemoradiotherapy (25.8%). Over 50% of patients treated with radical intent experienced disease recurrence. Nivolumab was used as first-line palliative treatment in 29 patients (30.2%) and as second-line in 51%. 25 patients experienced toxicity of any grade to nivolumab, with 16% being grade 3. Treatment was discontinued in 82 patients, mostly due to disease progression; however, there were 6 cases of discontinuation due to toxicity. The median overall survival (os) was 7 months, with a 12-month os of 28.8%.
Conclusions: nivolumab demonstrates benefit in a palliative context for hnc patients, aiming to impact the survival of these patients, with a favorable safety profile.

Surgery and adjuvant radiotherapy for salivary gland malignancies: single center retrospective study

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Background: Salivary gland cancer is a rare form of head and neck cancer. The primary treatment is surgery and adjuvant radiotherapy is indicated in the presence of pathological risk factors.
Specific objetives: To study the outcomes of patients submitted to surgery and adjuvant radiotherapy for major salivary gland tumors in a tertiary center.
Methods: Retrospective study of patients diagnosed with major salivary gland cancer treated between january 2016 and december 2020. Disease-free survival (dfs) and overall survival (os) were calculated as kaplan-meier curves. Toxicities were classified according to ctcae v5.0.
Results: A total of 54 patients were treated, with a median age of 62 years (22-92). Median follow-up was 56 months (5-93). The most frequent tumour location was the parotid gland (77.8%, n=42) and half of the patients had advanced stage disease (stage iii 20.4% (n=11) and stage iv 29.6% (n=16)). The most prevalent histologies were adenoid cystic carcinoma (22.2%, n=12) and salivary duct carcinoma (18.5%, n=10). Most patients (87.0%, n=47) had short or positive surgical margins; 27.8% (n=15) had lympho-vascular invasion and 55.6% (n=30) had perineural invasion. The median dose of radiotherapy in the surgical bed was 66gy (50-70gy). Dfs at 2- and 5-year was 90.3% (95%ci 78.3-95.9) and 74.3% (95%ci 59.8-84.2), respectively. Os at 2- and 5-years was 90.6% (95%ci 78.8-96.0) and 84,9% (95%ci 72.0-92.1), respectively. Less than a quarter of patients (20.4%, n=11) developed grade 3 acute toxicities. In long term follow-up, 8 patients (14.8%) developed hypothyroidism.
Conclusions: Surgery followed by adjuvant radiotherapy of major salivary gland cancers proved to be both safe and effective. These results are in accordance with the literature. Due to the nature of this disease, long term follow-up is required.

Nivolumab in recurrent or metastatic head and neck squamous cell carcinoma after palliative chemotherapy: real-world data.

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Background: Recurrent or metastatic head and neck squamous cell carcinoma (hnsccr/m) is associated with a poor prognosis, high morbidity and deterioration in quality of life. Nivolumab has been shown to prolong survival in patients refractory to platinum-based treatment.
Specific objetives: Evaluation of overall survival (os) and progression-free survival (pfs) in patients diagnosed with hnsccr/m undergoing treatment with nivolumab, between january 2017 and june 2023, with disease progression after palliative chemotherapy and associated toxicity.
Methods: Observational, retrospective, longitudinal and single-center study.
Results: Of the 21 patients evaluated, 19 underwent nivolumab in second-line palliative treatment and 2 in third-line, all being male, median age of 61 years, 95% with ecogps 1. With a median treatment duration of 2.8 months, the median os was 4.5 months (95%ci, 3.5;5.5). The median pfs was 3.0 months (95%ci, 2.4;3.6), not showing statistical significance when stratified by the chemotherapy regimen used in the first line. The median os from the start of first-line palliative treatment was 13.0 months (95%ci; 11.2;14.8). Six patients maintained systemic treatment in subsequent lines. Grade 2/3 treatment-related adverse events were recorded in 6 patients (29%), requiring treatment postponement in 4 cases.
Conclusions: The advent of immunotherapy has made it possible to increase the range of palliative therapeutic lines in these patients, who traditionally have a worse prognosis given their resistance to platinum treatment, with a consequent increase in survival. The importance of studies in a real-world context is reinforced, with less selected patients and with a greater burden of morbidity compared to clinical trials.

GYNECOLOGICAL CANCER

Molecular classification of endometrial cancer: pilot study from a single portuguese academic center

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Background: Since the seminal publication of the tcga consortium in 2013, the molecular classification of endometrial cancer has been widely accepted as a new and powerful tool to better understand the natural history of this malignancy.
Specific objetives: Feasibility study to verify if it was possible to incorporate dna sequencing (pole) and ihc to correctly classify endometrioid endometrial carcinomas according to the tcga classification.
Methods: The molecular classification was determined using immunohistochemical staining for mmr and p53 and sanger sequencing to determine pole mutation status.
Results: 11 patients only with endometrioid histology. Demographic data was collected. The tumors were classified as: mmrd (n=4); p53 abn (n=2); nsmp (n=5). No pole ultramutated tumor was identified.
Conclusions: It is feasible to offer patients with a comprehensive molecular/pathological study, with major implications in the prognosis.

Intraoperative radiation therapy in the treatment of locoregional recurrence of gynecological cancer

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Background: Intraoperative radiation therapy (iort) consists of a single application of a high dose of radiation into the surgical bed during surgery. This technique allows the treatment of areas of subclinical disease and/or residual tumor not excised during surgery, sparing the normal structures in its vicinity from radiation.
Specific objetives: Characterization of patients with persistent/locoregional recurrence of gynecological cancer submitted to rio and report of the respective outcomes.
Methods: Retrospective study of patients with persistent/locoregional recurrence of gynecological cancer submitted to rio between 2012-2021.
Results: Seven patients were identified, with a median age of 51 years (44-74). The median follow-up time was 10.3 years (3.4-17.9). The tumor originated in the cervix in 3 patients (stage iib-iiib), the vagina in 2 patients (stage iii-iv) and the endometrium in 2 patients (stage ia-iii). The 2 patients with endometrial cancer were initially treated by surgery (hysterectomy and adnexectomy). The remaining patients underwent radical radiochemotherapy, with 3 patients showing persistence of disease and it was proposed chemotherapy. The median time between initial treatment and iort was 2.6 years (0.83-10.5). Five patients underwent preoperative radiotherapy, with or without chemotherapy, 4 patients previously irradiated received 30gy, 1 patient without previous irradiation received 50.4gy and 2 patients did not perform preoperative radiotherapy. All patients underwent pelvic exenteration, with lymphadenectomy in 4 patients and with free margins in 6 patients (85.7%). A dose of 10-15gy was delivered intraoperatively. No patient showed local recurrence until the end of the study. Distant recurrence was observed in 2 patients, with a dfs of 68.6% at 5 years after iort. Os at 5 years was 85.7% after iort.
Conclusions: The combination of rio and radical resection appears to be a valid therapeutic option in these patients.

Four cases of mesonephric adenocarcinoma of the cervix: a rare histology

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Background: Mesonephric adenocarcinoma of the uterine cervix is a rare tumor, originating from remnants of the mesonephric duct. Less than 60 cases were described in the literature, therefore the available data regarding clinical history, diagnosis, prognosis and treatment is limited.
Specific objetives: Description of 4 clinical cases of mesonephric adenocarcinoma of the cervix.
Methods: Consultation of the electronic health record.
Results: The patients presented postmenopausal metrorrhagia at diagnosis. Three patients underwent type c radical hysterectomy, pelvic lymphadenectomy, with or without salpingo-oophorectomy, margins r0 and figo staging (2018) pib1, pib3 and piib, respectively. The patient with stage pib1 remained under surveillance. The patient with stage pib3 underwent adjuvant radiotherapy (45gy to the pelvis, 25 fractions) and brachytherapy (18gy, 3 fractions) to the vaginal mucosa surface (3cm of extension), remaining without evidence of disease. The third patient was restaged, identifying bone metastases and starting carboplatin/paclitaxel, dying 1 month later. One patient (stage iiic1) underwent radical radiochemotherapy, receiving 50.4gy to the pelvis (60gy to iliac adenopathies), concomitantly with cisplatin (40mg/m2; 6 cycles) and 2 applications of uterovaginal brachytherapy (performing 85gy to points a). Ten months later, regional and distant metastases were observed. She completed 6 cycles of carboplatin/paclitaxel associated with bevacizumab, since the 4th cycle. Five months after starting maintenance with bevacizumab, the disease progressed, changing the treatment to carboplatin/gemcitabine, having completed 2 cycles until now. Histologically, the tumors presented a mixture of patterns including papillary, glandular, with the presence of some spindle cells in 2 patients. The immunohistochemistry showed positive expression for cam 5.2, cd10, vimentin (2/3: 2 positive patients, 1 negative, 1 without information), gata3 (2/3), calretinin (3/4), p16(3/4) and negative for wt1 and hormone receptors. P53 wild-type .
Conclusions: Given the rarity of this tumor, its diagnosis and treatment.

Application of three-dimensional (3d) imaging software to map carcinomatosis in recurrent ovarian cancer a

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Background: The treatment of recurrent ovarian cancer has been based on systemic therapy. The role of secondary cytoreductive surgery has been addressed recently in several trials, with different results. Adding to the natural complexity of the relapse setting, when patients present with carcinomatosis, it is even more challenging to face the dilemma between surgery versus systemic therapy. The use of three-dimensional (3d) imaging models has already been reported mainly for hepatic and colorectal cancers but the evidence is still limited regarding its applicability and advantages.
Specific objetives: To report the first case of a patient with recurrent ovarian cancer undergoing 3d imaging planning before secondary cytoreductive surgery.
Methods: A 68 year-old woman with a relapsed figo stage iia fallopian tube carcinoma was evaluated using 3d imaging prior undergoing cytoreductive surgery. The 3d models were obtained from ct scans and mri and the images of the anatomic structures and tumor are acquired in three dimensions using specific algorithms.
Results: In this clinical case a ct, a mri and a diagnostic laparoscopy were performed to evaluate the extend of the disease. Unfortunately it was not possible to assess with certain the right colon implants and its resectability. The 3d imaging was of most value to evaluate the extension of the disease in the right colon that was not adequately evaluated by laparoscopy.
Conclusions: The presented case shows that the development of 3d devices may be a promise in staging and pre-operative evaluation of patients with ovarian cancer.

Hipec in ovarian cancer surgery - our experience

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Background: The peritoneum is the prime site for ovarian cancer metastasis and recurrence. Hyperthermic intraperitoneal chemotherapy (hipec), alongside cytoreductive surgery (crs), combines hyperthermia s cytotoxic effects with intraperitoneal chemotherapy, limiting systemic absorption. The ovhipec-1 study showed hipec benefits in stage iii ovarian cancer patients undergoing interval surgery, with a median 14.3-month progression-free survival (pfs) and 45-month overall survival (os).
Specific objetives: Characterize ovarian cancer patients undergoing hipec based on demographic, disease-specific, surgical procedure and hipec characteristics. Evaluate hipec s impact on pfs and os.
Methods: Single-center retrospective study including ovarian cancer patients receiving hipec from may 2017 to december 2022. Categorical variables: frequencies and percentages. Continuous variables: mean, standard deviation, or median, minimum, maximum (for non-normally distributed). Normality assessed via shapiro-wilk test. Survival analysis conducted using the kaplan-meier method.
Results: Nine patients studied: mean age 58±3 years, 78% ecog ps 0, 33% brca mutation. 63% high-grade serous carcinoma, 67% figo stage iii. 33% had prior suboptimal surgery. 89% received intraperitoneal cisplatin and doxorubicin. Median peritoneal carcinomatosis index 5 (3-21). 100% cc-0. 22% had surgical complications, 33% required colostomy. Median os not reached in 30-month follow-up. Median pfs was 31 months in stage iii, 8 months in stage iv.
Conclusions: Though a limited sample, these results endorse hipec in ovarian cancer s multidisciplinary care. Median pfs in stage iii exceeded that of ovhipec-1 trial, with low surgical morbidity.

Ovarian carcinosarcoma - retrospective analysis of a rare entity

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Background: Carcinosarcomas are two-differentiated tumors of monocolonal epithelial origin. Representing 1-4% of all ovarina cancers and usually have a poor prognosis.
Specific objetives: To characterize the patients diagnosed with carcinosarcoma of the ovary (cso) treated between 2010-2013 at our center.
Methods: Identification of patients through anatomical-pathological diagnoses of ovarian tumors in the period mentioned. Data was collected by consulting clinical records. The statistical analysis is descriptive.
Results: Nine patients were identified, with a median age of 62 years. The majority had ecog ps 0-1. Three patients (33%) had figo stage i or ii, three (33%) stage iii and three (33%) stage iv. After cytoreductive surgery, it was r0 in 4 patients (44.4%). Six (66%) patients received platinum doublet, one refused qt and two lost status due to disease progression (dp). After primary treatment, there were 4 complete responses, one partial response and two pd. Two cases had no radiological evaluation. Pfs was 7 months and os was 15 months. Two long survivors (both stage ii, alive 5.9 and 9.8 years after primary treatment), did not relapse. Three were rechallenged with platinum doublet: 1 (stage iii) - after surgery for pelvic recurrence is under surveillance, 1 (stage iv) was treated with 5 lines of ct and died after 32 months; 1 progressed and died 2 months after rechallenge (stage iii).
Conclusions: Due to its rarity, it is difficult to obtain robust evidence on the best approach for patients with cso. In our series, stage was a predictor of pfs and os. In the multidisciplinary approach, the multimodal approach to both primary treatment and recurrences should be discussed.

Recurrence or new primary: comparison of the genetic profile between vulvar tumours

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Background: Patients with vulvar squamous cell carcinoma often have local recurrences. Around 20% occur after several

years of follow-up, with the differential diagnosis being a new primary or recurrence. In carcinomas of the vagina, a cut-off of 5 years is used, but for vulvar carcinomas there are no clinical criteria to define the tumour as a new primary.
Specific objetives: Evaluate the clonal relationship between primary vulvar carcinoma and recurrence.
Methods: Genetic study was performed with next generation sequencing, using a panel of 77 genes, in the tumors of two patients.
Results: A 67-year-old patient, diagnosed with squamous cell carcinoma, hpv-independent, in 2011, underwent radical local excision and sentinel lymph node biopsy (figo stage ib). In 2016, there was a local, right peri-vaginal recurrence, measuring 1.5cm, and complete surgical excision was performed. In 2023, a new right vulvar recurrence lateral to the urethra, measuring approximately 3 cm, confirmed on biopsy as invasive squamous cell carcinoma, and treated with chemoradiotherapy due to the proximity to urethra. The neoplasms shared the variants identified in the pik3ca and tp53 genes. A 75-year-old patient, diagnosed with squamous cell carcinoma, hpv-independent, in 2015, underwent radical local excision and sentinel lymph node biopsy (figo stage ia). In 2023, a new lesion was identified, in the introitus, measuring 8mm, with fungating growth. It was confirmed through biopsy as squamous cell carcinoma and was treated with complete surgical excision. The neoplasms had different tp53 gene variants.
Conclusions: Local recurrence can either originate from the previous tumour or develop de novo due to inherent local carcinogenic predisposition of the patient. A different genetic profile between the primary tumour and the recurrence favours the diagnosis of a new primary. This distinction may have implications for surgical approaches and/or adjuvant treatment.

CENTRAL NERVOUS SYSTEM CANCER

The prognostic value of systemic inflammatory markers in glioblastoma – a multicenter study

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Background: Glioblastoma treatment is not curative. Systemic inflammation is related to tumor growth and recurrence. High neutrophil/lymphocyte ratio (nlr), monocyte/lymphocyte ratio (mlr), platelet/lymphocyte ratio (plr), prognostic nutritional index (pi), systemic immune- inflammation index (sil) and systemic inflammatory response index (siri) are established prognostic factors in some solid tumors.
Specific objetives: To evaluate the correlation of markers with the prognosis of patients with glioblastoma.
Methods: Multicenter data from patients diagnosed with glioblastoma from january/2018-january/2022 were retrospectively analyzed. Roc curves were used to determine cut-offs for nlr, plr, mlr, sil and sirl in each treatment phase. Cox regressions were performed and adjusted for corticosteroid in each treatment phase. Kaplan-meier curves were implemented for variables close to the 70%auc criterion. Significance was set $p<0.05$.
Results: 184 patients, the majority female and aged <65years at diagnosis. Stupp was the 1st line treatment in the majority. The use of corticosteroid increased throughout treatment. Pni ($p<0.001$), mlr ($p=0.002$) and sii ($p=0.005$) were lower after 1st and 2nd line when compared with diagnosis. Only two significant results were found, a higher risk of death for higher siri values after 1st l (hr-1.01,$p=0.027$) and nlr after progression (hr-1.04,p-0.043). After implementig the roc curves, siri after 1ºl (AUC-61.1%) and nlr after progression (AUC-64.4%) for sg were the accepted parameters. Thus, the cut-offs siri after 1st line≥ 1292.86 and nlr after progression≥ 2.58. Patients with a value above the established siri and nlr have a lower os, $p=0.009$ and $p=0.002$, respectively.
Conclusions: Post-treatment ratios nlr and siri were associated with worse os in glioblastoma. Corticosteroid did not influence the results. The retrospective study limits interpretation. A longer follow-up time and larger sample size are needed to support these findings.

Prognostic factors of glioblastoma

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Background: The most common malignant primary brain tumor in adults is glioblastoma (gbm), which has poor overall survival (os).

Specific objetives: To explore the prognostic factors of gbm's progression.
Methods: Retrospective study of gbm adult patients diagnosed between 2016-2022, submitted to surgery followed by chemoradiotherapy with temozolomide (stupp protocol – sp). Survival analysis done with kaplan- meier method; univariate and multivariate analysis performed using log-rank test and cox regression, respectively.
Results: 192 patients were included, 64.1% male, median age 62 [22- 82]years-old, 83.3% with ecog 0-1 after surgery/biopsy (87% submitted to surgery). Median neutrophil-to-lymphocyte ratio (nlr) previous to surgery was 7.88. 59.9% of patients had disease progression (dp) during sp. 76% of patients presented with local dp (ldp) and 20.3% with non-local dp (nldp). Median progression free survival (pfs) was 8 months (ci 95%[7.27-8.73]). Univariate analysis showed: patients with nlr≥7.88 (p=0.016) and submitted to biopsy (p=0.04) had worse pfs. Multivariate analysis confirmed worse pfs only for nlr≥7.88 (p=0.01). Os was 16 months (ci 95%[14.37-17.63]). Univariate analysis showed: patients with ecog 2-3 (p<0.01), other comorbidities (p=0.006), submitted to biopsy (p=0.04), modified sp (p=0.007), incomplete sp (p=0.04), need of corticosteroid treatment during sp (p=0.001) and nldp (p=0.02) had worse os. Multivariate analysis confirmed the results for ecog and incomplete sp (p=0.008, p=0.02, respectively).
Conclusions: In this study, patients with nlr≥7.88 had worse pfs. Ecog 2-3 and incomplete ps led to worse os. Other factors seem to contribute to worse pfs and os, however they weren't significant in the multivariate analysis. Further studies are need to validate these findings and evaluate their impact on the follow-up of these patients.

Impalg21: impact of early palliative care integration on quality of life and symptomatic burden in patients with high-grade glioma: parcial analysis at 12 months

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Background: Early integration of palliative care (pc) has proven to be beneficial for quality of life (qol) and healthcare costs in cancer patients. The impalg21 study aims to investigate the impact on qol and symptomatic burden of this integration in patients with high grade gliomas proposed for treatment.
Specific objetives: To present the partial results at 12-month follow-up of phase 1 recruitment.
Methods: Prospective, single-center, randomized (1:1) study with a control arm– standard of care in the institution (sci) –and an intervention arm –sci with early pc consultation. The eortc qlq-c30 and fact-l questionnaires were applied and the variation of scores was assessed. Univariate analysis for overall survival (os) was conducted using the kaplan-meier method. Statistical significance for p<0.05.
Results: 25 patients were included. Ecogps 0-1 in 84% of cases, median age of 62 years. One patient had a mutated idh, the mgmt methylation was negative in 56% of cases. Complete surgical ressection in 56% of patients. All patients were proposed for the stupp protocol, 6 of them undergoing a modified one. There was a variation in questionnaire scores with a reduction in the median value at 1st and 6th/8th months, indicating an improvement in qol regardless of the study arm. There was no statistically significant difference in os between the two arms (p=0.844). The only factor with a significant impact in os was the ecogps at inclusion (p=0.001).
Conclusions: The analysis at 12-month follow-up reveals an improvement in qol and symptomatic burden at 1st and 6th/8th months in all patients. There is no statistically significant difference in os between the arms. The small sample size and difficulty in compliance limit the robustness of the results. Currently, phase 2 recruitment is ongoing.

NURSING TOPIC

Information transmission during shift handover: outcomes at IPO Porto

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1. IPO do Porto

Background: The main causes of adverse events in healthcare, result from communication failures among healthcare professionals. Effective communication promotes the prevention of these failures. The (dgs), in norm 001/2017/08/02, recommends the use of a tool that promotes standardized communication - isbar methodology. Thus, it became essential to understand the various dimensions of information transmission during shift handovers in the inpatient services.
Specific objetives: This study, part of an audit process, sought: evaluate the quality of information transfer, understand the methodologies used, assess the environmental conditions during the transition of care in inpatient services; identify potential improvements in the quality of transmitted information.
Methods: This is a quantitative, descriptive observational study, based on a systematic sample of 114 observations. In each observation, the first information transfer conducted by each nurse was audited, totalling four observations per month over six months, alternating between november 2021 and september 2022. The evaluation of the quality of information transmission was carried out equitably by auditors. The audit instrument was designed based on the recommendation's norm. The collected data were entered into microsoft excel® software and subjected to descriptive statistical analysis.
Results: The results stand out: 97% identified the patient, 88% of nurses mentioned the medical diagnosis, 86% mentioned the reason for hospitalization, 58% referenced alerts, 94% conveyed relevant information about the patients health status, 78% provided infor-mation about relevant therapies administered. Regarding the logistical and environmental conditions: 91% had an appropriate environment, 79% adhered to the stipulated time and communication was effective in 99% of cases.
Conclusions: Information transmission during shift handover is effective, however, it does not always follow a systematic approach.

Nursing consultation rehabilitation in radiotherapy

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Background: In context, rehabilitation nursing s main objective is the prevention and rehabilitation of people who have suffered disease/treatment processes that impact their functional capabilities. The most recent guidelines indicate that the rehabilitation process must be present throughout the entire continuum of care in oncology, including the diagnosis of the disease.
Specific objetives: Promote the quality of life of patients undergoing radiotherapy implement individualized rehabilitation programs for patients undergoing radiotherapy
Methods: Starting from an empirical perception of the lack of a rehabilitation plan for patients proposed for radiotherapy and the consequent worsening of surgical sequelae throughout of radiotherapy treatment, a literature review was carried out which validated our perception of the need to create a rehabilitation program with individual intervention. In the context of a continuous improvement project, the rehabilitation nursing consultation in radiotherapy was implemented
Results: The implementation of this consultation required authorization from the various service managers and sensitization of the entire nursing team, as there is only one nurse specialized in rehabilitation nursing, and the referral of the various patients depends on the team. Consultations are scheduled throughout the external radiotherapy process according to identified needs.
Conclusions: The consultation, despite being very recent, is currently a reality with good adherence by patients undergoing radiotherapy after surgery for pathologies such as head and neck and breast. It will be necessary to create coordination strategies with the remaining care units where the patient is followed after radiotherapy treatment in order to ensure continuity of rehabilitation care with the aim of promoting the patient s well-being and quality of life.

The comfort of cancer patients at different stages of their disease process

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Background: The word comfort is frequently used by nurses in the various contexts of their practice, being one of their focuses of attention during the provision of care. Thus, comfort appears as something inherent and essential to care, being a concept explored by several authors, who attribute it as a basic human need, as an integral part of nursing care or as a desired result of the care provided.
Specific objetives: Identify the comfort needs of cancer patients at different stages of their illness; understand the importance of nurses promoting the comfort of cancer patients.
Methods: Narrative literature review carried out in indexed databases.
Results: In the different stages of their illness, the main discomforts experienced by cancer patients, as well as the causes that trigger them, vary. As it is a multidimensional and subjective concept, strongly dependent on individual experiences, ensuring comfort in the provision of healthcare is not always easy. In the studies analyzed, nurses were mentioned as the main responsible for promoting the comfort of cancer patients, and the relief of physical symptoms, a good relationship with the healthcare team, the presence of family members or communication and distraction devices and environmental management, were among the most frequently mentioned measures to promote comfort.
Conclusions: Valuing the needs of cancer patients and promoting comfort during nursing care, increases the quality of care and strengthens nurse-patient-family relations, which leads to an improvement in the quality of care provided.

The role of nurses in providing care to cancer patients with febrile neutropenia

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Background: The iatrogenic effects associated with the therapeutic modalities administered and the aggressiveness of oncological treatment, concomitantly with overall survival and respective comorbidities, mean that oncological disease, increasingly considered a chronic disease, is susceptible to periods of exacerbation and the occurrence of oncological emergencies related to the primary tumor and disease progression/metastasis. Among all existing oncological emergencies, febrile neutropenia is considered one of the most common, and is, in most cases, related to the side effects of antineoplastic treatments.
Specific objetives: Understand the role of nurses in the prevention, early detection, and treatment of febrile neutropenia.
Methods: Narrative literature review carried out in indexed databases. The search included articles in portuguese and english, published between 2019 and 2023.
Results: For being the healthcare professionals with the longest contact with the patients, nurses play an important role in identifying people with high risk of developing febrile neutropenia and preventing it, as they play an active role in educating them about risk factors, protective measures and signs and symptoms of infection in immunocompromised cancer patients, enabling early detection of signs and symptoms of infection and ensuring rapid intervention.
Conclusions: Early treatment of cancer patients with febrile neutropenia is associated with better results and higher survival rates. This brevity, associated with standardized diagnostic strategies and evidence-based practice, as well as the use of a multidisciplinary team specialized in the area, are essential to improve treatment and the results obtained.

Process of decannulation in patients with head and neck cancer in the postoperative period: rapid systematic review

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Background: Head and neck cancer treatment includes surgery and/or radiotherapy and/or chemotherapy. A tracheotomy is often essential in major surgeries for this type of canker. More literature is needed on the tracheotomy cannula removal process and the role of the patient in the interdisciplinary team.
Specific objetives: To identify the nursing interventions for a safe decannulation process in patients undergoing head and neck cancer surgery.
Methods: Rapid systematic review on medline and cihnal, january 2023.
Results: Seven studies met the inclusion criteria. The nursing interventions were grouped into before, during and after the decannulation.
Conclusions: The decision for decannulation is medical, and a multidisciplinary approach is essential in the decannulation process to ensure safe and appropriate practices. The team must guarantee that the reason for performing the tracheostomy is resolved and that no anesthetic or surgical procedure is planned for shortly. These are essential factors associated with the state of consciousness, deflation of the cuff and tolerance of the tube cover before decannulation. The literature highlights the need for experienced teams, including nurses, to ensure the safe cannula removal process. This review highlights the importance of disease intervention in all phases of this process: before decannulation, during and following the procedure, to avoid complications, such as the need to reposition the tracheotomy cannula.

Opioid toxicity, nursing interventions, b.r.o.c.h.e. protocol

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Background: Pain is a sensory experience and emotional anxiety associated with actual or potential tissue injury or described in terms of such injury (iasp). The use of strong opioids is very common in oncology, but carries risks. The use of a protocol quick access, which allows you to prevent adverse events
Specific objetives: Develop an easy tool that detects signs and symptoms of opioid toxicity early- - know the main nursing interventions
Methods: Review of the bibliography - development of easy detection protocol - identify the main nursing interventions
Results: The detection of early signs and symptoms of opioid toxicity makes it possible to prevent adverse events, especially serious ones, which can put the patient s life at risk, without compromising their quality of life.
Conclusions: The democratization of the use of opioids in portugal has allowed patients to increase their quality of life, but it is not without risks. The use of tools that allow rapid and intuitive detection of these signs allows improving the care provided, preventing adverse events, without compromising the quality of life of patients.

OTHERS TOPIC

Cardio-oncology rehabilitation: effects on physical fitness, psychological distress and quality of life

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Background: Given the potential benefits of exercised-based interventions across the cancer continuum, cardio-oncology rehabilitation frameworks for specific cancer patients were proposed. However, optimal program designs are not fully ascertained.
Specific objetives: To assess the effects of a cardio-oncology rehabilitation program for cancer patients at increased cardiovascular (cv) risk, compared to a community-based exercise training (cbet) included in standard of care.
Methods: Prospective, single-center, single-blinded, parallel 2-arm group randomized clinical trial (nct05132998), enrolling adult cancer survivors in follow-up after primary curative intent treatment, exposed to cardiotoxic cancer therapies and/or with previous cv disease, randomized to an 8-week comprehensive center-based cardiac rehabilitation program (cbcr), delivered by a multidisciplinary team, or an exercise-training intervention at a community facility. Primary endpoint was cardiorespiratory fitness (vo2peak, from a cardiopulmonary exercise test); secondary endpoints included functional performance [one-minute sit to stand (sts) test, handgrip maximal strength (digital dynamometer)], psychological distress [hospital anxiety and depression scale], and quality of life [(qol), eq-5d-5l questionnaire].
Results: 80 patients randomized (mean age 54.5±14.12, 61 women; 66% breast cancer); 75 patients completed the intervention (cbcr n= 38; cbet n=37). Patients in cbcr achieved superior results than those in cbet in vo2peak (2.1±2.8 ml/kg/min *vs* 0.8±2.5 ml/kg/min, $p = .03$) and qol (14.0±10.0 *vs* 0.4±12.9 points; $p < .001$), as well as in the following outcomes: sts (mean-difference 8.7 repetitions, 95%ci 5.5 to 12.0; $p < .01$), anxiety and depression (mean-difference –1.8 and –2.2 points respectively, 95%ci –3.7 to –0.6 points; $p < .01$). Exercise-related adverse events were mainly musculoskeletal, without serious events
Conclusions: The higher effectiveness in cbcr group suggests that this comprehensive approach could be of interest among cancer survivors, included in supportive care of this complex population.

Access to genetic testing - evolution over time

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Background: Access to genetic testing has gained in importance over time. Initially, its fundamental implications were in cancer surveillance and prevention (in colo-rectal and breast/ovarian cancer syndromes), but with the approval of parp inhibitors (parpi) in patients with braca1/2 mutation (brac1/2m), genetic testing became a predictor of treatment response in both localized and advanced disease.
Specific objetives: Evaluate the evolution of genetic tests performed in a reference center over time.
Methods: Patient selection occurred through consultation of all genetic tests performed for genes with enhanced risk of breast, prostate and ovarian cancer between january 2001 and august 2023. We analyzed which cancer motivated the test and data collection was done through patient records. Statistical analysis is descriptive and was performed in excel®.
Results: Over this time period, for a total of 7382 performed tests, we observed an increase in tests/year that corresponded with indication for the use of parpi: after 2014 there was an 8-fold increase in ovarian, after 2020 a 2.3-fold increase in pancreas, after 2021 an 8.6-fold increase in prostate cancer and after 2021 a 1.6-fold increase in breast cancer testing.
Conclusions: Indications for genetic testing with therapeutic implications have risen and spread across multiple tumors, creating both a challenge and a priority in oncology. We must, in a hastily fashion, significantly improve genetic testing access, recruiting and integrating national resources to achieve this goal.

Perception of musical intervention in an oncology ward: a qualitative study.

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Background: The use of music in a medical context has been employed to alleviate anxiety, depression, and pain, aiming to enhance the quality of life in the oncology population, where these pathologies are prevalent.
Specific objetives: To understand: the biopsychosocial impact of music in the context of cancer adaptation; the perceived impact of music by third parties; how music can benefit the doctor-patient relationship; perceptions regarding whether characteristics of different music have varying effects; the effect of noise in an oncology ward.
Methods: Four focus groups were conducted (two with patients and two with healthcare professionals). Clinical and demographic data was obtained following specific musical interventions. Opportunistic recruitment of inpatients in the medical oncology ward, their family members, and healthcare professionals was carried out.
Results: There was a significant receptiveness to the role of musical intervention. Five categories were highlighted by the patients: curiosity, group effect, emotions, distraction from the illness, and humanization. Negative aspects were primarily related to difficulties encountered, including difficult memories, socialization as a disturbing effect, and the environment. For the healthcare professionals, the predominant themes that emerged were impact on the patient and doctor-patient closeness. Familiarity with musical styles was a highlighted factor in both groups.
Conclusions: The results obtained allow us to capture an overall positive impact in an oncology ward, emphasizing the mobilization of positive emotions, the facilitation of hope, and the role of memory, enhanced by the musical interven-

tions. The artists provided an opportunity for engagement in the treatment process and brought comfort and joy to the patients, supported by their family members. Patients struggling with accepting their illness or introverted individuals proved challenging to engage.

Lynch syndrome – the importance of a universal screening approach

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Background: Lynch syndrome is one of the most common cancer susceptibility syndromes. There is a 50%-70% lifetime risk of colorectal cancer, 40%-60% risk of endometrial cancer, and increased risks of several other malignancies. Genetic testing is of extreme importance since lynch syndrome is caused by germline mutations in the dna mismatch repair genes.
Specific objetives: Our main goal was to evaluate the importance of a universal screening approach.
Methods: We reviewed all the patients at our high-risk digestive tumor consultation.
Results: We obtained the following results: a total of 283 patients, 56,5% female. Regarding asymptomatic carriers, we found 55%. There were 22 cases of interval carcinomas (15%). When symptomatic, colorectal cancer was the most frequent (72%). The rest of the cases: 14% endometrial, 9% gastric, and 3% urothelial tract cancer. There were other cases: ovary, small bowel, biliary tract and sebaceous neoplasms of the skin. 27% are probands and 61% fulfill amsterdam's criteria and 48% the bethesda's criteria. Regarding mutations it goes as follows: 51% msh2's mutation; 30,7% mlh 1; 18% msh6; 7% pms2. 17% of the patients chose risk-reducing surgery. In 11% of the cases, a cancer recurrence happened, and there was 4% of mortality disease related.
Conclusions: We must highlight that 15% of the cases were diagnosed during our surveillance. Lynch syndrome screening relied mostly on family history-based criteria, which could inaccurately identify eligibility for testing in 25%-70% of cases. The current standard of care is a universal screening approach: microsatellite instability and immunohistochemical testing in all colorectal cancer specimens and endometrial cancer cases. It's important to identify the patients that would benefit from genetic counseling and germline testing to diagnose and treat pre-malign lesions and early-stage cancers.

NGS applicability in daily practice – one step closer to precision oncology?

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Background: Next-generation sequencing (ngs) allows for a comprehensive tumor genomic profiling and has become part of routine practice, but the lack of evidence regarding the applicability of reported alterations makes its clinical value less clear.
Specific objetives: To analyse the clinical value of ngs testing.
Methods: Retrospective analysis of foundationone® ngs results in advanced solid tumors from 06/2021 to 07/2023. Lung cancer was excluded.
Results: 53 patients were included. Ngs was performed on ctdna in 34% of patients and 60% of patients had received at least 2 lines of systemic treatment. More than 2/3 (68%) were digestive cancers, followed by urologic (9%), gynecological (8%) and breast (6%). Only 2 patients (4%) had no molecular alterations reported. Microsatellite instability was found in 2% of tumors and a high tumor mutational burden in 12%. Kras mutations were detected in 19 tumors (36%), of which 2/3 were colorectal; brca, pik3ca and fgfr mutations were present in 9% of patients each and braf in 4%. At least one actionable molecular target (escat tiers i-iii) was found in 18 patients (34%). Of these, 6 (11%) actually started molecularly-matched therapy (2 of them in the setting of clinical trials) and 3 of these (6%) demonstrated disease control, with a progression-free survival between 8 and 21 months; 6 (11%) died before starting targeted treatment and 1 (2%) had the requested drug refused.
Conclusions: The most relevant molecular alterations can be detected with cheaper methods. Ngs testing may allow for a patient to be included in a clinical trial, but further studies are needed to better select patients and the optimal range of reported genomic alterations.

Prognostic impact of concomitant use of proton pump inhibitors and corticosteroids in patients treated with immune checkpoint inhibitors

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Background: Multiple studies tried to find factors that can influence clinical response to immune checkpoint inhibitors (ici) and some of these demonstrated a negative impact of treatment with proton pump inhibitors (ppi), showing it can be associated with shorter overall survival (os) and progression free survival (pfs). Corticosteroids do not appear to significantly reduce the efficacy of immunotherapy in patients in metastatic setting.
Specific objetives: In this study, we evaluate the prognosis of patients treated with ici according to the use of concomitant ppi and/or corticosteroids.
Methods: Retrospective analysis of patients treated with ici between january/2016 and december/2022. Concomitant use of oral corticosteroids (at least one week) and the chronic use of ppi were registered. Os and pfs curves were estimated using kaplan–meier method.
Results: One hundred-and-thirty patients treated with ici, 96(73.8%) male, median age of 61.0 years (24-83). Most frequent tumor sites were: 105(80.8%) non-small cell lung cancer, 9(6.9%) urothelial cancer and 9 (6.9%) renal cancer. Ici were used in second line setting in 86(66.2%) patients. Nivolumab was used in 66(50.8%) patients and pembrolizumab in 53(40.8%). The use of corticosteroids was observed in 48 pts (36.9%), with a med dose of prednisolone equivalent of 25.4mg. Fifty pts (38.5%) use chronic ppis. We found a similar pfs and os for patients in different groups. For corticosteroids vs. No corticosteroids the os was the same, of 31.0 months. Regarding the effect of ppi, no statistically difference in os was observed (os 39.0months with ppi *vs* 24.0months without ppi; p=0.09).
Conclusions: In our study, we found no significant difference in outcomes with the use of ppi or corticosteroids.

What is the role of nutrition at the end of life?

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Background: End of life is defined as someone whose death is likely to occur within the next 12 months from an incurable and progressive disease. The issue of performing artificial nutrition and hydration (nha) raises some ethical problems and is usually accompanied by the complexity of managing the expectations of family members and patients themselves.
Specific objetives: This review aims to understand the main advantages and disadvantages of nha in patients at the end of life.
Methods: A non-systematic review of the literature was carried out using the pubmed search engine, crossing the keywords nutrition and end of life , from january 2018 to january 2023, choosing the most relevant articles in the english.
Results: Nha can be administered enterally or parenterally. In the enteral route, the gastrointestinal tract must be functional, but if patients express a desire to eat, food should not be refused, ensuring that the patient understands the associated risks and benefits. In the case of the parenteral route, there are also some risks such as infection and thrombosis. Hydration can controll some symptoms including xerostomia, delirium and myoclonus, however risks such as peripheral edema and increased respiratory secretions also exist. Studies seem to indicate that nha are a burden for patients at the end of life, causing pain and discomfort. An adapted nutritional intervention plan must be established by the medical team, with the patient and family, in order to discuss the advantages and risks of an nha.
Conclusions: We can say that nha can change the prognosis in some particular cases, without, however, improving the quality of life. More studies are needed to clarify the usefulness of nutrition at the end of life.

Mutation screening in the dpyd gene in patients treated with fluoropyrimidines – a real-world single-center experience

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Background: Fluoropyrimidines (fp), including 5-fluorouracil and capecitabine, are used in the treatment of various neoplasms. The dpyd gene encodes dihydropyrimidine dehydrogenase (dpd), a pivotal enzyme in the metabolism of fp. Patients with dpd deficiency or reduced activity treated with fp may experience severe or fatal toxicity.
Specific objetives: To evaluate the implementation of dpyd gene variant screening, mutational patterns, and toxicities associated with fp therapy.
Methods: A retrospective observational study that included patients who underwent dpyd gene mutation screening (c.1905+1g>a, c.2846a>, c.1679t>g, and c.1236g>a/hapb3) prior to fp treatment between april 2021 and january 2023. Acute toxicities were assessed using the ctcae version 5.0 scale and compared between dpyd variant carriers and wild-type individuals using fisher s exact test (ibm SPSS v27).
Results: A total of 301 patients were tested, predominantly male (69.8%), with a median age of 67 years. The majority were being treated for colorectal cancer (61.1%, n=184). A dpyd variant was detected in 4.32% of cases, with no homozygous carriers identified. The most frequent genotype was c.2846a>t (84.6%). In heterozygous mutation carriers, a dose reduction of 25-50% was performed in the first cycle, with an average dose of 59.62%, while wild-type dpyd patients received an average initial dose of 93.38%. Overall grade ≥ 3 toxicity was similar between dpyd variant carriers (30.76%) and wild-type carriers (38.5%) (p=1.00).
Conclusions: With a multidisciplinary team, the implementation of such a screening protocol can be successful. Severe toxicities associated with fp therapy appear to be mitigated by upfront dose reduction of 25-50% in patients with heterozygous dpyd gene mutations. Detection of genetic polymorphisms is crucial for limiting toxicity.

Exceptional use authorization of therapeutics in oncology

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Background: In specific situations, hospitals within the national health system (sns) may request exceptional use authorization (eua) from infarmed for medications with market authorization before the completion of the prior hospital assessment process.
Specific objetives: To assess the requests for euas made by an oncology service at a central hospital and their impact on patient survival.
Methods: Retrospective study of all eua requests submitted to infarmed between 2020 and 2022 by portuguese central hospital oncology service. Progression-free survival (pfs) and overall-survival (os) of patients who received at least one dose of the drug were calculated using the kaplan-meier method.
Results: During the study period, 191 eua requests were submitted (figure 1a): 33 were denied, and 24 patients did not initiate treatment (22 due to death, 1 due to disease progression, and 1 due to an alternative therapy). The 133 approved requests corresponded to 25 different drugs, and were used 57.9% (n=77) in metastatic disease, 39.8% (n=53) in a neoadjuvant context, and 2.3% (n=3) in an adjuvant context. The most requested drugs were for the treatment of breast cancer (neoadjuvant pertuzumab and trastuzumab-deruxtecan in metastatic-disease), prostate cancer (abiraterone in hormone-sensitive metastatic-disease), and urothelial carcinoma (avelumab in metastatic-disease). The median follow-up time for metastatic patients was 22.6 months. The assessment of the impact of these therapies on patient survival is limited by the small number of patients treated in different indications.
Conclusions: Euas enable early access to therapies not yet funded by the sns in situations where there is no therapeutic alternative, and there is a risk to life or serious complications. While it is important to assess the impact of these therapies in clinical practice, the results of this study are limited by the low number of treated patients and the specific circumstances of eua approvals.

Mentor-mentee relationships in oncology: a comprehensive review

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Background: Oncology, a dynamic field, demands continuous learning and guidance for healthcare practitioners. Mentorship, where experienced individuals guide less-experienced mentees, is vital in oncology. This review explores mentor-mentee dynamics, models, and outcomes.
Specific objetives: Examine mentorship models in oncology, their impact on personal and professional growth, and career advancement, patient care, job satisfaction, research productivity, clinical skills, and progression.
Methods: A systematic pubmed search covered oncology, mentorship, mentor-mentee relationships, and professional development. Inclusion criteria focused on english-language studies in oncology mentorship.
Results: 32 articles met the criteria, revealing: • mentorship models: oncology employs diverse mentorship models. • benefits: mentorship enhances growth, career advancement, patient care, and satisfaction. • characteristics: effective mentors are seasoned and empathetic; successful mentees are adaptable and eager learners. • challenges: hurdles include time constraints, role ambiguity, and limited mentorship diversity. • outcomes: mentorship boosts research productivity, clinical skills, and career satisfaction, advancing oncology.
Conclusions: Mentorship is integral in oncology. This review highlights models, benefits, characteristics, challenges, and outcomes. Future research must address challenges, promote inclusivity, and study long-term implications. Sustaining oncology mentorship programs is vital for healthcare professionals growth and cancer care progress.

How many cisplatin hydration protocols does a hospital need?

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Background: Cisplatin is a cytotoxic agent used in the treatment of various solid tumors (ts). Its use increases the risk of nephrotoxicity, making it mandatory to initiate hydration to prevent kidney damage. in 2018, when we computerized ts chemotherapy (ct) protocols, we verified the existence of variations in cisplatin-based hydration protocols(ch). According to the bibliography, this lack of standardization could lead to sub-optimal treatment, errors and unnecessary use of resources.
Specific objetives: Standardize the cisplatin-based ch protocols used in st ct regimens in adults in our institution.
Methods: Audit of ch protocols used in st in adults in our institution and literature review to build a standardized evidence-based protocol.
Results: We gathered 31 qt regimens with cisplatin. We verified variations: volume of hydration (vh) pre and post-cisplatin, drug dilution volumes, infusion time, oral hydration (ho) and ionic supplementation. We found that everyone had an indication for cisplatin only urine output>100ml/min, use of mannitol before cisplatin and furosemide in sos. Through the bibliography consulted and information collected, 4 regimens were composed: hc1<40mg/m2(hdia) and hc2<40mg/m2(int.), hc3:41-60 mg/m2 and hc4:61-100mg/m2. Regarding vh and total treatment time: hc1=1500 ml, 2 h; hc2=2000 ml, 4h; hc3:2500 ml, 5h; hc4:3500ml, 7.5h. In hc1 we removed 2h of hdia time, changing it to ho. All cisplatin protocols have a 1-hour infusion, except hc4. All protocols have magnesium and potassium supplementation. It is our intention to evaluate the impact of this intervention, from the perspective of the patient and the institution.
Conclusions: Optimizing results for oncology patients also involves supportive care. Therefore, despite the lack of consensus in the bibliography, a standardized protocol was created based on the evidence and clinical practice of our institution.

Lower response to covid-19 booster dose vaccination in cancer therapy with high neutropenia risk

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Background: Cancer patients under active treatment have a weaker humoral response to covid-19 vaccination, with higher risk of covid-19 and higher covid-19 mortality. Cancer therapies with higher neutropenia risk could plausibly cause lower response to sars-cov-2 vaccine booster doses, which could lead to higher risk of infection.
Specific objetives: Evaluate the humoral immune response to sars-cov-2 vaccine booster doses in patients under active cancer treatment with low, intermediate and high neutropenia risk.
Methods: Vaccinated patients with different types of solid tumors under active treatment were included and stratified according to their neutropenia risk (<10%, 10-20%, >20%). Vaccinated healthy individuals were also analyzed. Igg levels against sars-cov-2 spike protein in serum were evaluated at 3 and 6 months after the first booster dose using the mann-whitney test.
Results: At 3 months post-boost, compared to healthy controls (n=83), cancer patients (n=163) had significantly lower igg levels (p<0,0001). Patients with neutropenia risk >20% (n=117) had significantly lower igg levels than patients with risk <10% (n=23)(p=0,0235), with a trend towards difference between >20% and 10-20% (n=23)(p=0,0517). At 6 months post-boost, cancer patients still had significantly lower igg levels compared to controls (p<0,0001), but no statistical differences were found between low-, intermediate- and high-risk treatments.
Conclusions: patients under active cancer treatment had lower igg levels than healthy controls 3 and 6 months after a sars-cov-2 vaccine booster dose. At 3 months, those with >20% neutropenia risk had lower igg levels than those with <10% risk, which could have a higher risk of covid-19.

Docetaxel hypersensitivity reactions: strategies to reduce their incidence

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Background: Docetaxel is often associated with hypersensitivity reactions (hsr), which can have mild to severe clinical presentations. Prophylaxis reduces their incidence and severity, but hsr continues to occur. In the usual hsr prophylaxis protocol, dexamethasone is used the day before docetaxel administration. More recently, the use of a single dose of dexamethasone 20mg, before docetaxel infusion, has shown to be adequate for prophylaxis.
Specific objetives: To analyze the occurrence of hsr to docetaxel with the different prophylaxis strategies.
Methods: The medical records of patients who received docetaxel were analyzed. The following data were collected: chemotherapy and hsr prophylaxis protocols, age, weight, intention of treatment, and analytical data. A bivariate analysis was performed using the chi-square or t-student test, when appropriate.
Results: A total of 121 patients took part in this study, with a mean age of 62.6 years (sd 10.7) and 57% female. Digestive (43.8%), breast (43%), prostate (10.7%) and lung (2.5%) cancer were being treated, with adjuvant intention in 35.5%, neoadjuvant in 46.3%, and palliative in 18.2%. In 74 (61.2%) the common hsr prophylaxis protocol was used, with prophylaxis starting on the day before docetaxel administration, and 47 (38.8%) with single dose of dexamethasone before docetaxel infusion. Eleven hsr were identified (9.1%), which were associated with body mass index (bmi) (p=0.009), type of neoplasia (p=0.010), with breast cancer of 19.2%, with adjuvant intention (p<0.001), and the use of cyclophosphamide (p<0.001; or= 0.03 95% ci 0,00-0.33). No association with hsr prophylaxis protocol (p=0.077) was found.
Conclusions: Docetaxel was equally associated with hsr regardless of the prophylaxis protocol. Hsr was associated with gender, type of cancer, and bmi.

Icino: impact of chemotherapy-induced peripheral neuropathy in quality of life of patients treated with oxaliplatin: ongoing project

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Background: Oxaliplatin-induced neuropathy (oin) is a dose-limiting toxicity associated with impaired neurological function that tends to gradually recover after treatment discontinuation; however, long-term neuropathy continues to have a significant impact on patients' quality of life (qol), being a prognostic factor of survival. In this clinical context, we propose the icino study to prospectively follow patients treated with oxaliplatin in our institution and monitor data related to patient-reported outcome measures (proms) in patients with oin.
Specific objetives: Primary endpoints: evaluate the symptomatic burden and impact on qol of oin. Secondary endpoints: evaluate the impact of oin in limitation of dose and duration of treatment with oxaliplatin; effectiveness of preventive and treatment measures for oin; patterns of health care consumption and survival outcomes.
Methods: Prospective, unicentric, observational study, including patients proposed for treatment with oxaliplatin. Patients with information not available, withdrawal of informed consent or neurologic disease with progressive neuropathy will be excluded. Proms and qol questionnaire (eortc qlq-cipn20 and qlq-c30) will be assessed at baseline, 1, 3, 6, 12, 18 and 24 months after the beggining of treatment. At the same timepoints, data on preventive and treatment measures of neuropathy, health care consumption and oxaliplatin treatment status will be prospectively collected.
Results: Ongoing trial with recruitment time from july to december of 2023. To date enrollment of 29 patients. First interim data analysis excepted at january of 2024. Planned follow-up of 2 years.
Conclusions: The management of oin still represents a significant challenge. We hope that the icino study can contribute to the assessment of the impact of oin on qol, healthcare costs and strategies for its prevention and treatment.

Young adults with cancer in portugal: a survey by the portuguese group of young adults with cancer

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Background: Young adults with cancer (yac) pose a challenge due to their unique characteristics that require specialized care. An esmo-siope survey revealed that in europe, there is suboptimal and uneven provision of care for yac, highlighting the need to assess their status in the portuguese healthcare system.
Specific objetives: Assessment of the needs of physicians and available resources for yac in portugal.
Methods: Online questionnaire sent between march-april 2023 to physicians treating yac in portugal, using the spo email database. It was based on the esmo-siope-9 and focused on demographics, medical training, research and accessibility of yac to specialized care.
Results: Received 179 questionnaires from all regions of portugal, with the majority being physicians from tertiary hospitals (66%) and oncologists (62%). About 65% reported following 1-20 young adults with cancer (yac), with breast cancer (54%) being the most frequent. The majority stated they could refer yac to psychology (86%) and genetics (67%), but 17% reported inaccessibility to fertility consultations and 30% to oncosexology consultations. Approximately 84% did not have occupational therapy/support groups for yac. Likewise, 93% and 95% stated they did not have access to support groups for caregivers of yac or for physicians, respectively. Survivor clinic was not available for 83% of the physicians,

but 90% acknowledged its necessity in clinical practice. Although 77% recognized the complexity of dealing with yac, only 7% had received any form of specific training.
Conclusions: The results have shown a shortage of resources in the care, training, and research for yac in portugal. Special attention should be given to establishing a dedicated network committed to the approach of yac, as well as providing support for their caregivers and healthcare professionals.

Characteristics of *BRCA*-positive patients

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Background: Mutations in the tumor suppressor genes brca1 and *BRCA2* are responsible for most of the hereditary breast cancer cases but are also associated with other tumors such as ovarian, prostate, pancreatic cancer and melanoma.
Specific objetives: The aim of this analysis was to evaluate the brca-mutated population at one center and describe their clinical and pathological features.
Methods: Descriptive and retrospective analysis of the demographic and clinical characteristics of patients with *BRCA* 1 or 2 mutation.
Results: Of the 26 patients included in this study, most were women (n=25, 96.2%). Median age of diagnosis of the first tumor was 42.0 years-old (28-69). Ten (38.5%) had a *BRCA1* mutation and 16 (61,5%) had a *BRCA2* mutation, with 2 of these (7.7%) having variants of uncertain significance in *BRCA1* or *BRCA2*. Eleven of them (42.3%) had at least one first-degree relative with a history of cancer and 23 (88.5%) had at least one second or third degree relative with brca associated tumors; only in two patients we found no family history. Twenty-four (92.3%) of these patients were diagnosed with breast cancer, of these 3 (12.5%) had breast and ovarian cancer and two (8.3%) had non-synchronous bilateral breast cancer. The most common breast cancer subtype was luminal b (n=17, 70.8%), followed by triple negative (n=6, 25%). Only 1 patient with breast cancer was diagnosed at an advanced stage. Of the total number of patients, 18 patients (69.20%) have already performed or are proposed to perform prophylactic surgeries (mastectomies and salpingo-oophorectomies). They are all followed up in a genetics consultation and have surveillance in dermatology and ophthalmology.
Conclusions: The identification of brca mutations requires close clinical surveillance for the prevention and early detection of certain neoplasms. Furthermore, it currently has therapeutic implications.

The reality of cancer patients in a home hospitalization unit: observational study

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Background: Home hospitalization is a model of home internment for acute patients that emerged in 2015 in portugal. this home hospitalization unit (hhu) was created in 2020 and allows the voluntary internment of stable patients with controllable comorbidities and also with a caretaker. The reasons for admission to hhu are multiple, due to oncological pathology as a primary, secondary diagnosis or for symptomatic control.
Specific objetives: The aim of this study was to evaluate the cancer patients admitted to an hhu.
Methods: This is an observational and retrospective study of data obtained from the clinical records of patients, between september 2022 and september 2023 due to oncological disease as a primary or secondary diagnosis.
Results: This study was composed of 295 patients admitted to hhu. 39 patients had oncological disease, 20 of which had a primary diagnosis of oncological disease, 16 as a secondary diagnosis and in 3 cases the diagnosis was made during home admission. The most common diagnoses were gastrointestinal cancer (n=14), lung (n=7), prostate (n=6) and urothelial (n=4). 75% were male, and their ages varied between 42 and 102 years, with a mean age of 71.58 years. Mortality rate from this pathology was 12.8% (5 deaths). General mortality rate was 1.69%).
Conclusions: This study describes an increasing number of cancer patients admitted to hhu, corresponding to 7.5% of cases. On the other hand, this model demonstrates the humanization and centered role for oncological patients, especially at the end of life. It is expected that more cancer patients will be able to benefit from this model of care in the near future. Active intervention with the patient and their family allows better control of symptoms, support for psychological and spiritual conflicts.

Cascade oncogenetic screening: hits and misses from 5-years of experience

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Background: Once a variant in a cancer susceptibility gene is identified in an individual, their family members should be assessed in a medical genetics consultation, ensuring appropriate cancer screening in positive cases and avoiding unnecessary surveillance in negative cases. International data shows that this process is slow and limited.
Specific objetives: Evaluate the results of cascade family oncogenetic screening in a tertiary hospital.
Methods: Retrospective evaluation of family genetic testing for cancer susceptibility carried out in the reference laboratory from 01/2018 to 12/2022, analysing demographic, clinical and genetic data and consultation, referral and testing times.
Results: 366 relatives from 155 families. Referral was mostly made by primary care (72%) or directly by the geneticist (21%). Most common types of cancer in the index: breast (44%), colorectal (25%) and endometrial (7%). There were 25 distinct syndromes (most commonly those associated with *BRCA1*, *BRCA2* or *MSH6*). Positive genetic tests: 43%; of these, 88% started a personalised screening plan, 13% underwent surgery, 2% were referred for pre-implantation genetic testing. Around 13 per cent of the tests were not requested by a geneticist. The median time between identification of the index and family testing was 10.2 months and between the first consultation and delivery of the result to family members was 4.8 months.
Conclusions: This retrospective analysis shows that cascade screening is largely successful, with adequate communication with primary healthcare and short, stable screening times. Improvements are needed in the significant proportion of tests requested by non-geneticists. The overall results are positive.

The AI revolution in oncology

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Background: The integration of artificial intelligence (AI) into the field of oncology has reshaped the landscape of healthcare. In recent years, deep learning breakthroughs have propelled AI into the forefront of medical research.
Specific objetives: This review aims to highlight the transformative role of AI in oncology, focusing on its applications in cancer detection, diagnosis, treatment personalization, continuous monitoring, and prognosis. Additionally, it underscores the importance of addressing ethical considerations and principles.
Methods: This review is based on a comprehensive analysis of relevant literature. The selection of articles was conducted through systematic searches in academic databases.
Results: AI has played a pivotal role in oncology by significantly improving the accuracy of cancer detection. Moreover, it has automated histopathological analysis, enhancing diagnostic precision. Personalized cancer treatment has seen remarkable progress, with AI enabling the prediction of individual responses to specific therapies and the optimization of treatment strategies. AI s influence extends to continuous monitoring and prognosis, offering ongoing, patient-specific surveillance that considers tumor heterogeneity, ultimately leading to improved patient outcomes. However, to ensure the success of AI applications in oncology, robust data preparation and the development of interpretable models are essential. Ethical considerations, particularly regarding data representativeness and the avoidance of perpetuating disparities, are imperative.
Conclusions: In today s age, it's vital to emphasize principles that encompass giving utmost importance to empirical evidence, fostering critical thinking, engaging in collaborative decision-making, and acknowledging the essential role of empathetic individuals at the heart of healthcare. AI has demonstrated its potential to revolutionize oncology, offering significant benefits across various stages of cancer care. However, addressing ethical considerations and ensuring that AI models are trained with representative data are essential steps in harnessing the full potential of ai in oncological practice.

Palliative care needs of cancer patients in active treatment

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Background: The increasing number of cancer patients determines more resources to anticipate the needs of this population. Palliative care must be introduced earlier in the disease trajectory and palliative needs should be actively evaluated by health care professionals.
Specific objetives: To identify the palliative care needs of cancer patients during oncological treatments. To determine a profile of the cancer patients who present the greatest palliative needs.
Methods: Ipos (integrated palliative outcomes scale) was answered by 113 cancer patients. Inclusion criteria: to be over 18 years old, under cancer treatment, and able to read and write in portuguese. Exclusion criteria: patients who needed legal guardians, patients in the process of a cancer diagnosis or under surveillance. The total score of the questionnaire varies from 0 (the best result, no unattended palliative needs) and 80 (the worst result, associated with extreme suffering). The patients with the highest scores were identified through subgroup analyses, using spss™. A descriptive analysis of the patients answers allowed to determine which palliative needs require more attention.
Results: Out of the subgroups analyzed, only ecog and female gender are associated with higher scores in the ipos. Regarding symptoms, 11.5% of the participants reported severe pain and fatigue, 17.8% reported severe levels of anxiety and 10.6% claimed to be always or most of the time depressed. 31% reported spiritual suffering and 32.7% considered themselves to be poorly informed about their clinical problems.
Conclusions: Cancer patients with higher ecog and female gender were groups of patients who tended to have greater palliative care needs. Physical symptoms are better controlled than psychological or spiritual symptoms, which may justify the regular presence of psychologists and spiritual assistants. Communication is an area that must be prioritized.

CLINICAL CASES

Retinal metastases as the initial presentation of advanced lung adenocarcinoma

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Background: Most lung cancers are diagnosed at an advanced stage. Common metastatic sites include the brain, bone and liver. Ocular metastases, however, are extremely rare. We present a case of advanced lung adenocarcinoma presenting exclusively with photopsias attributable to retinal metastases.
Conclusions: Retinal metastases usually indicate advanced disease, so presenting with isolated ocular symptoms is exceedingly rare. Especially in cases of uncommon metastases, a multidisciplinary approach is fundamental for a prompt diagnosis and timely treatment, impacting prognosis and quality of life.
Clinical Case: We describe a 53-year-old woman, lifetime nonsmoker, with an unremarkable medical and family history. She presented to the emergency department with photopsias for a week. The remaining clinical history and physical examination were normal. Ophthalmology evaluation revealed decreased visual acuity bilaterally and fundus examination disclosed lesions suggestive of bilateral retinal metastases. A comprehensive evaluation diagnosed a stage ivb lung adenocarcinoma with exon 19 mutation on epidermal growth factor receptor gene. Metastases sites included bilateral ganglia, brain, retina, liver, vertebral bodies, and adrenals. Subsequently, she developed complaints of headaches and dizziness, so she started on dexamethasone and received whole-brain radiation therapy (wbrt) with partial orbital inclusion, followed by osimertinib 80mg daily. After ten wbrt sessions, these complaints were resolved, and an ophthalmology revaluation revealed improved visual acuity and photopsia complaints. The patient is currently on daily osimertinib and preserves an ecog of 0.

Water bath irradiation of mycosis fungoides' irregular lesions – a dosimetric challenge

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Background: Mycosis fungoides (mf) is a primary cutaneous t-cell lymphoma presenting with cutaneous patches, plaques, and tumors. Early-stage mf is managed with skin-directed therapies which may be administered sequentially. Due to mf's radiossensibility, radiation therapy is used to alleviate symptoms and improve local disease control. In irregular superficial lesions there is a challenge in finding the best technique that provides an uniform dose distribution.
Conclusions: The reported technique represents an efficient and easily replicable strategy in order to obtain an uniform dose distribution on an irregular target, achieving a favorable response simply using a water tank and immobilization devices.
Clinical Case: Patient was a 47-year-old woman diagnosed in 2017 with mf who underwent multiple lines of therapy, including several radiotherapy treatments - currently stage iib. In july 2023, she presented with new infiltrative cutaneous lesions and skin fissures on the lateral edge of her left foot, severe pain and functional impotence. After examination, the lesion´s unevenness prompted us to propose palliation with a water bath radiation technique. We used a paraffin tank with 2 polystyrene molds and filled it with distilled water, positioning the foot inside. The prescribed treatment was 15 gy in 5 fractions, 1 fraction per day. It underwent without complications and with excellent patient´s tolerance. At 2 months' follow-up, all the lesions had disappeared and there were no functional impairment or pain reported.

Hidden target

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Background: Histological characterization allows distinguishing secondary lesions from second primary tumors and identifying possible therapeutic targets in metastatic disease.
Conclusions: Histological confirmation in metastatic disease, whether inaugural or recurrent, is important when suspected metastasis in uncommon topographies. The identification of a therapeutic target contributed beneficially to the prognosis of this patient.
Clinical Case: 70-year-old male presented with a right region parotid nodule, hard and adherent to the skin, associated with peripheral right facial paresis. A cervico-thoraco-abdomino-pelvic computed tomography was performed, which showed a lesion with a larger diameter of 2.5 cm, invading the masseter muscle, ipsilateral latero-cervical adenomegaly (levels ii and iii), bone lesions (d8, l2 and l4) and 2 hepatic lesions. A parotid biopsy was performed, histologically compatible with acinar cell carcinoma, and a liver biopsy compatible with cholangiocarcinoma mutated in the alk gene. He performed right parotid, ipsilateral cervical nodes and bone lesions radiotherapy and completed 6 cycles of cisplatin/gemcitabine. There was a complete imaging response of the liver and parotid lesions, but new bone lesions appeared (dorsal column, left shoulder blade, costal grid and sacrum). Given the dissociated liver and bone response, a bone biopsy was performed, which was histologically compatible with a secondary lesion of cholangiocarcinoma. Crizotinib was started and there was a complete imaging response, which he maintained for 18 months. He died from a cause unrelated to the oncological disease from which he was in complete remission.

Re-irradiation in nasopharyngeal carcinoma: a clinical puzzle

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Background: Nasopharyngeal squamous cell carcinoma (scc) has a low incidence in europe and is endemic in southeast asia. Epstein-barr (ebv) infection, genetics, tobacco and alcohol are risk factors. The anatomical location of the naso-

pharynx makes curative surgery unfeasible, so radiotherapy and chemotherapy play a fundamental role in the treatment. Overall survival at 5 years ranges between 85-90%, with about 8-10% relapses. Re-irradiation requires a balance between local disease control and radioinduced toxicity. Its efficacy is conditioned by multiple factors such as age, recurrence-free period, previous dose to the organs at risk, location and extent of recurrence.
Conclusions: Re-irradiation can be safe and effective with acceptable toxicities
Clinical Case: Female, 52 years old, squamous cell carcinoma of the nasopharynx with retropharyngeal lymph node metastasis, ct1n1m0. Intensive radiochemotherapy was prescribed, using helical-imrt(intensity-modulated-radiotherapy), as 69.96gy/33fractions/6.5weeks for tumor, lymphadenopathies and cervical chain lymph nodes, concomitant with cisplatin. Followed by 2 cycles of adjuvant chemotherapy(cisplatin/5-fluorouracil) with favorable response. Local recurrence after 1.8 months of follow-up, rt2n0m0. Re-irradiation with concomitant cisplatin was prescribed, using helical-imrt, as 66gy/33fr/6.5weeks to the tumor. Due to tumoral persistence, palliative chemotherapy was done. Patient remains in remission 4 years later, without significant late toxicity.

Invasive techniques in the treatment of complex cancer pain in palliative patients

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Background: Complex cancer pain in patients in need of palliative care has a multifactorial origin, difficult to control with pharmacological therapy, requiring multidisciplinary and multimodal treatment where invasive techniques play an important role in relieving and preventing worsening, improving quality of life and reducing opioids and their adverse effects.
Conclusions: In face of the evident benefits, it is suggested to include these techniques early as adjuvant on all steps of the analgesic ladder of the world health organization, and not just in the fourth step due to lack of response to pharmacological therapy in refractory/difficult to control pain. The fragility of patients in need of palliative care often conditions the use and timing of invasive procedures (as in this case), while impar ganglion blockage was relevant for the treatment of perineal oncological pain, which significantly limited the quality of life from the patient.
Clinical Case: 55 years old, male, stage iv urotelial neoplasia (bone, ganglionary, hepatic metastasis), ecog 3, bilateral nephrostomy. Performed palliative chemotherapy and radiotherapy. Followed in external palliative care consultation, medicated with opioid equivalent to 400mg/day of oral morphine, dexamethasone 8mg/day and pregabalin 600mg/day. He presented intense lumbar and perineal pain iradiated to the penis, persistent after pharmacological optimization. Epidural infiltration reduced lower pain, without relieved pain radiated to the penis. Subjected to odd ganglion blockage (dual guidance technique). A good response occurred with a reduction of the opioid dose by 75% and pregabalin by 50%.

Adult medulloblastoma: case series

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Background: Medulloblastoma (md) is a pediatric tumour and corresponds to 1% of ncs in adults (30% at 15-39 years). Adult mb is distinct from pediatric mb at a molecular and biologic level, in its imagiological aspects and in prognosis. Treatment in adults is based on pediatric trials.
Conclusions: These cases intend to share experience in the treatment of adult mb. The crescent use of molecular classification may have future implications in treatment, with decalating radiotherapy and ct, and with the use of targeted therapies for certain molecular subtypes, with less toxicity and better quality of life.
Clinical Case: The 3 mb clinical cases had between 25 and 30 years old, the majority were female, and presented with headache and gait imbalance. Neuroaxis staging was negative. As to the morphological subtype, 2 cases of classic meduloblastoma and 1 of desmoplastic meduloblastoma. On a molecular level, they classified as group 3/4, non wnt activated and shh activated, respectively. Only 1 of the 3 patients had complete surgical resection. Two patients presented a high risk of relapse by packer s criteria. Patients underwent chemoradiotherapy of the posterior fossa and neuroaxis with vincristine 1.5 mg/m2 weekly. Later, they performed 8 cycles of adjuvant chemotherapy (ct) with cisplatin 75mg/m2 (d0), vincristine 1.5 mg/m2 (d1, d7, d14) and cyclophosphamide 1000mg/m2 (d21-22). The most reported toxicity was hematological with 1 episode of febrile neutropaenia. With a median follow-up of 56.8 months none of the patients relapsed.

Anti- TIF1γ dermatomyositis and secondary sjögren syndrome as local rectum carcinoma presentation

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Background: Dermatomyositis is an inflammatory myopathy, often paraneoplastic in nature. Patients have cutaneous lesions and, in 80% of cases, symmetric proximal weakness. Blood workup shows elevated muscle enzymes enzymes and electromyogram shows fibrillation potentials. Biopsy and myositis-specific antibodies confirm the diagnosis. Disease management includes rheumatologic therapy, cancer screening and its treatment, if the case.
Conclusions: This case represents a rare form of local rectal cancer presentation: A anti-TIF1γ dermatomyositis with concomitant secondary sjögren syndrome. Diagnosis was complicated due to the rarity of a dermatomyositis with muscle involvement but no muscle enzymes or change on electromyogram. Multidisciplinary management, cancer screening and its treatment were crucial to clinical success.
Clinical Case: An 86-year-old woman presented with pruriginous cutaneous lesions with a evolution of 13 months, proximal weakness, and sicca symptoms. muscle enzymes (ck, ast, alt, ldh) and eletromyogram were within normal range.

Antinuclear antibodies, anti-tif1- and anti-ro52 were positive. Muscle biopsy established the diagnosis of dermatomyositis and salivary glands biopsy set the diagnosis of concomitant sjögren syndrome. Considering the patient age and the identification of anti-TIF1γ antibodies, cancer was screened and a local colorectal carcinoma was found and resected.

Personalized treatment for low-grade ovarian serous carcinoma with braf n581s mutation.

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Background: Low-grade ovarian serous tumors are distinct, often harboring kras and braf mutations, emphasizing the need for molecular characterization in treatment.
Conclusions: This case demonstrates that targeted treatment with dabrafenib and trametinib can result in long-term control of low-grade serous ovarian carcinoma, stage iv, with the braf n581s mutation.
Clinical Case: Female, 39 years old, ecog 0, referred to consultation for low-grade serous papillary ovarian carcinoma, july 2015. Underwent laparotomy, no macroscopic evidence of disease after surgery, pt3an1m0, iiicfigo. Negative brca mutation. Started chemotherapy with carboplatin, paclitaxel, and bevacizumab in september 2015. Completed 9 months of treatment. Five years after diagnosis, a peritoneal recurrence and abdominal-pelvic lymph node involvement were revealed in the pet scan. Without surgical options, began chemotherapy with carboplatin and gemcitabine in december 2021. After 4 months of treatment, experienced new lymph node progression. Ngs identified the braf n581s mutation. Recent evidence describes a case of stage iv non-small cell lung cancer with braf n581s mutation, treated with braf inhibitor dabrafenib in combination with mek inhibitor trametinib, resulting in sustained clinical improvement and partial response. The patient was offered off-label treatment with dabrafenib and trametinib. To date, she has completed 12 months of treatment, maintaining disease control.

Application of three-dimensional (3d) imaging software to map carcinomatosis in recurrent ovarian cancer

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Background: the treatment of recurrent ovarian cancer has been based on systemic therapy. The role of secondary cytoreductive surgery has been addressed recently in several trials, with different results. Adding to the natural complexity of the relapse setting, when patients present with carcinomatosis, it is even more challenging to face the dilemma between surgery versus systemic therapy. The use of three-dimensional (3d) imaging models has already been reported mainly for hepatic and colorectal cancers but the evidence is still limited regarding its applicability and advantages.
Conclusions: The presented case shows that the development of 3d devices may be a promise in staging and pre-operative evaluation of patients with ovarian cancer.
Clinical Case: A 68 year-old woman with a relapsed figo stage iia fallopian tube carcinoma was evaluated using 3d imaging prior undergoing cytoreductive surgery. The 3d models were obtained from ct scans and mri and the images of the anatomic structures and tumor are acquired in three dimensions using specific algorithms. In this clinical case a ct, a mri and a diagnostic laparoscopy were performed to evaluate the extend of the disease. Unfortunately it was not possible to assess with certain the right colon implants and its resectability. The 3d imaging was of most value to evaluate the extension of the disease in the right colon that was not adequately evaluated by laparoscopy.

Intraperitoneal treatment modalities in gastric cancer with peritoneal metastasis

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Background: Gastric cancer (gc) is the fourth leading cause of cancer-related deaths worldwide. Gc with peritoneal metastases (pm) is associated with worse survival outcomes. Regarding gc with pm treatment, there is increasing evidence of the benefit of cytoreductive surgery (crs),hyperthermic intraperitoneal chemotherapy (hipec), pressurized intraperitoneal aerosolized chemotherapy (pipac),among other intraperitoneal treatments.
Conclusions: Pipac and hipec have an important role in the treatment of gc with pm. However, further studies are needed to better select the patients, who most benefit of these treatments, and also the best chemotherapy scheme.
Clinical Case: 66-yers-old man, ecog 0, diagnosed with gc after upper digestive endoscopy (performed due to complains of postprandial fullness). Ct scan showed no distant metastasis; laparoscopy with multiple pm (peritoneal cancer index [pci]=10) - stage iv gc, her2 and pd-l1 negative. Patient started palliative chemotherapy (pct) with folfox (january/2021). Revaluation ct scan showed partial response and after sustained stable disease. On october/2022 patient is submitted to pipac (with cisplatin+doxorubicin) intercalated with pct. Two more pipac were done (december/2022 - pci<9; january/2023 - no malignancy). On march/2023 a crs+hipec (with cisplatin+mitomycin) is done (pci=1 – ileus lesion); gastric histology showed: tubular adenocarcinoma, partial response to chemotherapy, ypt2n0(0/22)r0. Patient did adjuvant chemotherapy with folfox until july/2023. Currently, patient has no disease recurrence, no symptoms and is professionally active.

Multimodal approach in the egfr-mutated occult primary lung cancer

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Background: Carcinoma of unknown primary origin accounts for 2 per cent of all cancer diagnoses and is associated with a poorer prognosis.
Conclusions: In the presented clinical case, radiation therapy proved to be safe and effective in controlling the single site of disease. Targeted therapy with egfr-tki contributed to

progression-free survival, highlighting the importance of mutation testing in patients with carcinoma of unknown primary origin.
Clinical Case: A 58-year-old female ex-smoker was assessed for a decrease in muscle strength in the right hemibody. Both brain ct and mri scans revealed an intra-axial left frontal lesion. The lesion was excised and histopathological examination identified a poorly differentiated carcinoma, ck7 and ttf1+/ ck20, thyroglobulin and pax8-, compatible with primary lung cancer. Additionally, a mutation was detected in exon 21 of the egfr gene. However, the complementary study did not identify the primary location of the disease, assuming an occult primary with single brain metastasis. She was proposed for stereotactic radiosurgery, which was carried out in a single fraction of 16 gy on the tumour bed and an integrated boost of 19 gy on the tumour residue present, without significant toxicity. She subsequently began treatment with oral osimertinib, 80 mg/day. At the follow-up appointment at 2 years and 11 months, there was no evidence of cranial disease (brain mri) or systemic disease (pet-ct), and the targeted therapy was maintained.

Autoimmunity meets oncology: immunotherapy in cutaneous squamous cell carcinoma with concurrent discoid lupus erythematosus

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Background: Discoid lupus erythematosus (dle) has been associated with cutaneous squamous cell carcinoma (cscc) with a higher probability of recurrence and metastases compared to sporadic forms. We describe the case of a woman with a history of chronic dle who was diagnosed with cscc and treated with cemiplimab.
Conclusions: Despite potential risks in patients with autoimmune comorbidities, immunotherapy may be considered on a case-by-case basis. Careful monitoring and management of immune-related adverse effects are essential. In this case, the concurrent use of hydroxychloroquine allowed for the safe continuation of cemiplimab without compromising efficacy. Further research is needed to identify biomarkers that can predict immune-mediated toxicity and refine immunotherapy-based strategies in this population.
Clinical Case: We present the case of a 72-year-old woman from angola, recently relocated to portugal, with a documented medical history of dle. She had previously been diagnosed with cscc of the scalp in angola a year earlier and had received concurrent chemoradiotherapy with cisplatin, yielding no clinical benefit. Upon restaging in portugal, her condition was deemed inoperable due to cranial vault bone invasion. Intravenous cemiplimab therapy was initiated, resulting in a remarkable clinical response after just one cycle. Four months after starting cemiplimab, the patient experienced an acute dle flare, likely due to immune-mediated toxicity, effectively managed with hydroxychloroquine and topical corticosteroids. Cemiplimab treatment was resumed concurrently with hydroxychloroquine, with good overall tolerance and sustained clinical response for over a year and three months.

Managing inoperable locally advanced cutaneous squamous cell carcinoma: a case study on symptom control

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Background: Cutaneous squamous cell carcinoma (cscc) with bulky lymph node involvement, particularly when involving the axillary vascular axis, presents a therapeutic challenge. We report the case of an inoperable cscc in an elderly patient with multiple comorbidities, and our approach focused on symptomatic control.
Conclusions: Despite the patient s limited life expectancy, our intervention provided significant palliation and improved the patient's comfort. This case underscores the potential benefit of cemiplimab and palliative radiotherapy in managing inoperable locally advanced cscc. Even in the absence of curative intent, such combined therapeutic modalities may offer meaningful relief to patients with advanced cscc, affirming the importance of a multidisciplinary approach to improving the overall quality of life in these challenging cases. Further research is needed to validate and refine treatment strategies for similar cases.
Clinical Case: We report the case of a frail 84-year-old woman diagnosed with locally advanced cscc, with right axillary lymph node involvement, presenting with a bulky, malodourous, and hemorrhagic fungating wound. Due to medical comorbidities, curative surgery was contraindicated. Malignant wound management was optimized, and intravenous treatment with cemiplimab was initiated. Palliative radiotherapy (three quad-shot cycles) was also administered. A notable improvement was observed in the lesion (size, odor, quantity of exudate) after just two months of treatment. The disease remained stable under treatment with cemiplimab, with an improvement in the patient's quality of life. The patient passed away after nine months due to disease progression.

Four years of capmatinib

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Background: Met exon 14 skipping mutations are present in 3-4% of non-small cell lung cancer. The clinical trials geometry-mono-1 and vision have shown that capmatinib and tepotinib lead to increased survival rates. The geometry trial revealed a positive response in 48% of patients who had previously undergone one line of chemotherapy, with 78% of patients showing disease control. The response to treatment lasted, on average, 9.7 months. In contrast, the immunotarget trial showed a response rate of 16% and progression-free survival of 3.4 months in patients with met mutation who were treated with immune checkpoint inhibitors.
Conclusions: Skipping of exon 14 of the met gene can be used as a biomarker for selecting patients for targeted treatment. This case highlights the effectiveness of targeted therapy in patients with met exon 14 skipping mutation, resulting in progression-free survival of 3 years and 9 months with manageable side effects.
Clinical Case: 64-year-old male, former smoker, with a his-

tory of colon adenocarcinoma and active hepatitis b. Patient was diagnosed with stage iva-ct4n3m1 lung adenocarcinoma, with pd-l1 expression of 70-80% and skipping of exon 14 of the met gene. He performed chemotherapy with carboplatin and pemetrexed, with stable disease as the best response. Due to disease progression, he started capmatinib 400mg bid in december 2019, becoming the first portuguese patient with lung cancer on capmatinib. Since then, he has had two dose reductions for grade 3 peripheral oedema. He is currently taking capmatinib 200mg bid with ecog 1, tolerance and stable disease.

Multifocal recurrence of grade II atypical meningioma

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Background: Multifocal recurrence of meningiomas is a rare event but poses a challenge in its therapeutic approach.
Conclusions: Cerebral radiotherapy using the imrt technique has proven to be a safe and effective treatment in controlling this rare and extensive form of multifocal recurrence of grade ii atypical meningioma according to the who classification.
Clinical Case: A 60-year-old woman with a diagnosis of single focal meningioma in 06/2014, under surveillance. In 06/2017, she began experiencing amnestic complaints and headaches. Follow-up cerebral magnetic resonance imaging (mri) showed an increase in size of the bilobed lesion in the anterior third of the cerebral falx. Referred to neurosurgery and subsequently underwent bifrontal craniotomy in 12/2018, with resection of the lesion, revealing a grade ii atypical meningioma according to who. She remained asymptomatic and under surveillance with mri scans showing no signs of recurrence until 10/2021 when a multifocal recurrence was observed on mri, with approximately 8 countable lesions with dural attachment in the interhemispheric falx and beneath the left orbital roof. In multidisciplinary group meeting, it was decided to perform radiotherapy. In 11/2021, she started radiotherapy using imrt technique to all meningeal implants at a dose of 59.40 gy at 1.8 gy per fraction and 50.40 gy at appropriate margins. The treatment proceeded without complications. Since then, she has occasional headaches without other symptoms and continues surveillance with mri. The most recent mri in 08/2023 identified multiple meningiomas with overlapping numbers, signal characteristics, and dimensions.

Paraneoplastic cerebellar degeneration: a rare complication associated with colon cancer

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Background: Paraneoplastic cerebellar degeneration (pcd) is a rare paraneoplastic syndrome that affects less than 1% of all cancer patients. Pcd is most associated with breast, lung and ovarian cancers. Pcd is a rare neurological syndrome and anti-yo antibodies are rarely associated with colon cancer. In 70%–80% of cases, neurological paraneoplastic syndrome antedates the diagnosis of cancer and it's usually associated with poor prognosis.
Conclusions: Our case is one of the few previously reported occurring during chemotherapy. It is also unusual since there was a total clinical improvement. Early diagnosis and treatment of pcd are essential because any delay can result in progression and irreversible neurological damage.
Clinical Case: A 48-year-old man who was previously diagnosed with stage iii colon cancer (adenocarcinoma) and underwent a right colectomy and 12 cycles of folfox until may 2021. In february 2021, he presented with gait unsteadiness progressing to ataxia, dysarthria and dysmetria. Brain magnetic resonance imaging (mri) showed a mild atrophy of the cerebellar hemispheres. Cerebrospinal fluid examination showed slightly elevated protein levels, no malignant cells and laboratory assessments showed an elevated titer of anti-yo antibodies. He started treatment with methylprednisolone and intravenous immunoglobulin. The patient's symptoms improved after the administration of high-dose steroids and physical rehabilitation. He remains in remission since may 2021 and is now able to walk without assistance and he has no other neurological deficits.

The challenge of fluoropyrimidine-induced cardiotoxicity

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Background: Fluoropyrimidines are frequently used agents in the treatment of various solid tumors. These agents are often discontinued due to potentially severe cardiac toxicity, with re-challenge being an alternative in some of these cases. The algorithm for re-challenge is not well-described in the literature, posing a true challenge in cardio-oncology.
Conclusions: The uniqueness of this case lies in the successful re-challenge with fluoropyrimidines, enabled through cardiac monitoring, the use of ccbs and nitrates. This algorithm may allow the safe continuation of fluoropyrimidine chemotherapy.
Clinical Case: We report the case of a 57-year-old woman with no significant medical history, diagnosed with low rectal adenocarcinoma, ct3n1m0. She was recommended for neoadjuvant radiotherapy with capecitabine, followed by four cycles of xelox. Four days after the first cycle of capecitabine, she experienced paroxysmal precordial chest pain and sought the emergency department. Physical examination was unremarkable, and the investigations performed, including ecg, chest x-ray, blood tests for cardiac markers, and transthoracic echocardiogram, revealed no abnormalities. Subsequently, coronary ct angiography showed stenoses of less than 50% and high atherosclerotic index. The diagnosis of capecitabine-induced coronary vasospasm was assumed, and this therapy was discontinued. After a multidisciplinary discussion, a re-challenge with a reduced dose of 5-fluorouracil, continuous cardiac monitoring, and prophylaxis against coronary vasospasm using calcium channel blockers (ccbs) and nitrates was performed. The re-challenge was well-tolerated, allowing for treatment continuation.

Chemotherapy extravasation from cvc: therapeutic management

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Background: Central venous catheter (cvc) is used broadly in chemotherapy administration, being safe and reliable. Infectious, inflammatory and thrombotic complications are the most common, and can interfere with cancer treatment.
Conclusions: Chemotherapy extravasation from cvc is rare. Dmso application on anthracycline extravasation is controversial, having favorable evidence based on observational studies. In the present case, and despite initial alterations, dmso seems to had led to lesion stabilization, avoiding worse/bigger complications. Sooner detection/treatment are fundamental in these events management.
Clinical Case: Woman, 69 years old, follicular non-hodgkins lymphoma, stage ivb, ongoing r-chop treatment. During chemotherapy administration, a red liquid extravasation from cvc was observed, doxorubicin most likely. The patient reported local pain and clamminess after drug instillation, not being possible to determine the exact extravasated volume. At that moment: extensive local erythema observed (upper hemithorax/right armpit/shoulder) plus heat and pain with touch, no itch or vesicles. Lesion extension was delimited. Ct excluded local complications; cvc was well implanted, no deposit rupture. Admitted as an inpatient to surveillance and therapy with topic dimethyl sulfoxide (dmso) 8/8h and local cold, for a period of eight days. After initial worsening and length increasing, lesion size stabilized and pain was controlled. Asked for plastic surgery collaboration: no need for more invasive approaches. During surveillance: positive evolution, without cutaneous necrosis/ulceration. Revision surgery showed cvc lateral rotation, helping explaining the event.

Neuroendocrine tumors and sbrt: a case study

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Background: Rectal neuroendocrine tumours (nets) account for 20% of nets, but only 1-2% of rectal tumours. They can be functional/non-functional, are often detected during routine exams and associated with a favourable prognosis if identified early. Stereotactic body radiation therapy (sbrt) allows precise delivery of high-dose radiation and can provide an alternative treatment of regional lymph node recurrence or oligometastatic disease of rectal nets, particularly in situations like high-risk surgery.
Conclusions: Sbrt, thus avoiding invasive procedures or systemic therapy, provides excellent result and no side effects in treating lymph node recurrence or oligometastatic disease in rectal nets.
Clinical Case: 64-year-old underwent colonoscopy in january 2018, where 6mm lesion (low-grade rectal neuroendocrine tumor (net) with ki-67 5%) was excised. In october 2018, a 68ga-dota-noc pet-ct showed uptake in 5mm lymph node with high somatostatin-receptor expression. Staging was completed with computed tomography and colonoscopy, which revealed hyperplasic polyps. A repeat 68ga-dota-noc pet-ct six months later confirmed a pelvic net metastasis. A pelvic magnetic resonance imaging described the lesion as a 12mm adenopathy. This led to sbrt targeting the lymph node with a dose of 39gy/3f/1w (13.0gy/f), on alternate days in november 2019. Subsequent semi-annual surveillance using 68ga-dota-noc pet-ct scans (last one in july 2023), showed reduced size and receptor expression. At three years six months follow-up, the patient remained asymptomatic, with no late treatment-related effects of the lymph node recurrence/oligometastatic disease in rectal nets.

Maranthic endocarditis and disseminated intravascular coagulation - what do they announce?

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Background: Marantic endocarditis and disseminated intravascular coagulation (dic) are rare paraneoplastic conditions. Marantic endocarditis primarily affects the left heart valves and is associated with advanced neoplasia. Dic also predisposes to marantic endocarditis and worsens its prognosis.
Conclusions: This case represents a rare occurrence of marantic endocarditis and dic as a manifestation of signet ring cell gastric carcinoma.
Clinical Case: a 76-year-old male smoker presents with constitutional symptoms and exertional dyspnea for the past 8 months. Upon physical examination, he was polypneic with minimal effort, has a new mid-systolic murmur audible at the mitral focus, painless palpable swelling in the epigastrium, symmetrical bimalleolar edema, and rare petechiae on the limbs. Laboratory analysis reveals iron-deficiency anemia, severe thrombocytopenia, prolonged inr, reduced fibrinogen, and elevated nt-probnp. Transthoracic echocardiogram shows vegetations on the tricuspid and mitral valve leaflets causing severe and moderate valvular insufficiency, respectively. Serial blood cultures were negative. There was worsening thrombocytopenia and coagulopathy, leading to the diagnosis of dic. Thoracoabdominopelvic ct scan revealed thickening of the parietal region in the fundic and body portions of the gastric wall. Pathological examination of gastric biopsies revealed poorly cohesive carcinoma cells with signet ring cell features.

Benign metastasizing leiomyoma: regarding a clinical case

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Background: The benign metastasizing leiomyoma is a rare and hormonally sensitive entity, primarily occurring in women of reproductive age or older. Its typical presentation is often characterized by exuberant features, involving multiple metastases, and its rarity contributes to the challenge of diagnosis.
Conclusions: This clinical case demonstrates the indolent progression of benign metastasizing leiomyoma, with an expectation of prolonged survival. In some instances, maintaining an expectant attitude and achieving lasting response to hormone therapy are possible.

Clinical Case: The case report describes a 48-year-old woman with a previous history of total hysterectomy with the detection of leiomyoma. She presented with prolonged respiratory symptoms since november 2016 and underwent further investigation in this context, leading to the diagnosis of multiple pulmonary nodules. Biopsy of one of these nodules revealed secondary involvement by neoplasia with smooth muscle differentiation, with positive hormonal receptors, consistent with benign metastasizing leiomyoma. Due to minimal symptoms, she was under surveillance until november 2017. At that time, due to disease progression in the lungs, systemic treatment with anastrozole was initiated. The patient continues the therapy to the present date, with disease stability and good tolerance to the ongoing treatment.

Addressing osimertinib resistance in nsclc: a clinical case report

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Background: Epidermal growth factor receptor (egfr) mutations are amongst the most frequent oncogenic drivers in non-small cell lung cancer (nsclc). Tyrosine kinase inhibitors (tkis) are the standard therapeutic approach in these cases. Nonetheless, acquired resistance to tkis remains a hallmark in disease course.
Conclusions: Osimertinib resistance is more commonly associated with off-target egfr pathways, with histological transformation into sclc remaining rare. We present a case that highlights the complexity of osimertinib resistance patterns and underscores the crucial role of tumor tissue re-biopsy and reassessment, alongside the dynamic evolution of the disease.
Clinical Case: We present the case of a 55-year-old male, a former smoker (30 pack-years), diagnosed with stage iv a lung adenocarcinoma in 2021. Initial examination identified a exon 21 egfr mutation (l858a), and first-line therapy with osimertinib was initiated. The treatment was maintained for 20 months until systemic disease progression was documented. Although chemotherapy was briefly initiated, disease progression was once more observed after only one month of treatment. A biopsy was performed for histopathological and molecular reassessment using endobronchial ultrasound (ebus), revealing histological transformation into small cell lung cancer (sclc). In the molecular characterization conducted, egfr amplification was identified, along with the persistence of the initially identified l858a mutation. T790m mutation was not identified.

Sarcoidosis-like reaction induced by nivolumab

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Background: A sarcoidosis-like reaction is a rare irae that can be misinterpreted on imaging studies as therapeutic failure and tumor progression. Recognition of this entity is essential in the management of patients treated with immune checkpoint inhibitors (ici). A case of sarcoidosis-like is reported in a patient on nivolumab monotherapy.
Conclusions: Knowledge of sarcoidosis-like granulomatosis as a differential diagnosis of a de novo lung lesion during ici therapy and the interpretation of imaging findings are essential to avoid misdiagnosis of the entity as tumor progression, which can affect patient management. A biopsy of the lesion should be considered to differentiate it from tumor progression. If benefit from ici is observed and the patient is asymptomatic, immunotherapy can be continued.
Clinical Case: A 57-year-old man, diagnosed with stage iv lung adenocarcinoma, pd-l1 negative, ngs without sensitizing mutations. Due to disease progression, after 1st line with chemotherapy, 2nd line with nivolumab was started. On imaging evaluation, asymptomatic g1 pneumonitis was detected. Ici was suspended. As there was no radiological or clinical unfavorable evolution, nivolumab was resumed. On follow-up ct, an exuberant central thoracic adenopathic expression with symmetrical distribution and surrounding the mediastinum, para-hilar and proximal intra-pulmonary regions was described. Due to suspicion of sarcoidosis, ebus was performed, confirming non-necrotizing granulomatous lymphadenopathy and stable oncological disease. Assessed on a pulmonary consultation: patient was asymptomatic, with adequate respiratory function tests, so immunosuppressive therapy was not initiated. He remains under surveillance on nivolumab therapy.

Size (still) matters? – a clinical case

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Background: Nearly 90-95% of urothelial carcinomas origin in the bladder, having more incidence/prevalence in men, rising up with aging. Smoking is the most relevant risk factor.
Conclusions: Tumor risk initial stratification and right staging enable a better and individualized management for each patient. This case reflects neoadjuvant treatment value in bulky lesions with muscular invasion and suspected adenopathies, mainly in terms of surgical risks. In these tumors, organ preservation is difficult (implications for recurrence risk). More than the size or extravesical/lymph node disease, response to neoadjuvant treatment is a prominent factor for radical therapy success and should not be omitted.
Clinical Case: Man, 47 years old, submitted to urethrocystoscopy because of intense pelvic and macroscopic hematuria, revealing suspected bladder lesion. Transurethral resection of the bladder showed high grade bladder urothelial carcinoma, with left urethral meatus and muscularis invasion (g3/pt2). Staging ct-scan: infiltrative bladder mass (4.5x4.1cm) with extravesical and muscular extension (left iliopsoas/obturator muscles); also suspected pelvic adenopathies. Although disease length, radical treatment was decided. The patient started neoadjuvant chemotherapy (gemcitabine plus cisplatin), leading to pain and hematuria resolution. Ct-scan after chemotherapy revealed left mass reduction (2.6x1.4cm), no enlarged lymph nodes or suspected secondary lesions. Radical cystoprostatectomy was performed and complete pathological response was achieved (ypt0n0r0). The patient remains in surveillance after 4 years, asymptomatic, with no evidence of clinical or imaging recurrence.

Non-surgical radical treatment in two metachronous tumours

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Background: Multiple primary tumours can occur in 2-17% of oncologic patients and are more frequent in men with heavy tobacco and alcohol consumption.
Conclusions: This a sucessful case of effective non-surgical radical treatment in two tumours diagnosed within 1-year interval.
Clinical Case: 62 year-old male, history of hypertension, dyslipidemia, diabetes, former smoker (5 pack-year) and heavy alcohol consumption in the past. Due to dysphagia for solid food with a 2-month duration and a significant weight loss, an upper digestive endoscopy was performed, revealing vegetative lesion in the cervical esophagus. Biopsy revealed moderately-differentiated epidermoid carcinoma. Staging with cervicothoracoabdominal computorized tomography (ct) and positron-emission tomography confirmed localized disease, with no ganglionary or distant metastases. Due to the tumour location, the proposed treatment in multidisciplinary meeting was radical chemoradiation. The patient completed cervical radiotherapy with 45gy in 25 fractions, with concomitant chemotherapy, 6 cycles of 5-fluorouracil/sodium levofolinate and oxaliplatin (protocol mfolfox6). Dysphagia completely resolved during treatment. Response-evaluation ct at 10 weeks showed partial response, and at 9 months complete response. The revaluation ct at 9 months revealed a new single liver nodule with 19mm, confirmed in magnetic resonance. Liver biopsy revealed hepatocellular carcinoma and, after multidisciplinary discussion, the patient underwent microwave ablation, 12 months after completing chemoradiotherapy to the esophagus. Revaluation ct at 4 weeks confirmed effective ablation. The last magnetic resonance, 7 months after ablation, has no evidence of recurrence. The patient remains asymptomatic and tolerating diet.

Molecular tumor board - a clinical case

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Background: Tumors located in esophago-gastric junction (egj) have seen a rising incidence. Managing unresectable or metastatic egj tumors is challenging. Clinical trials have reported survival rates of less than one year for in this condition.
Conclusions: The mtb discussion is an opportunity to improve patients therapeutic alternatives. In this case, with surprising results despite being a patient with brain metastasis in terms of survival and quality of life.
Clinical Case: A 44-year-old male presented with recurrent headaches. A ct scan revealed the presence of three nodules in the right cerebellar hemisphere and another lesion in the posteroinferior cortex of the left cerebellar hemisphere, suggestive of secondary tumors. Further investigation identified a vegetating and ulcerated lesion located in the egj. Pathologic report indicated a poorly differentiated adenocarcinoma. Staging through pet-ct revealed multiple metastases in lymph nodes above and below the diaphragm, as well as in the liver. The patient initiated on first-line chemotherapy (ct) with folfox, followed by maintenance with capecitabine. After 8 months of receiving first-line therapy, disease progression was observed in the liver and lymph nodes. A next-generation sequencing (ngs) panel was conducted, identifying egfr amplification. After discussion in the molecular tumor board (mtb), and based on the egfr amplification finding, the patient initiated second-line therapy in july 2022, receiving cetuximab and irinotecan. At the moment the patient remains on this therapy. Imaging evaluations in january 2023 indicated a partial response, which has been sustained in subsequent assessments. The patient s ecog remains at 1.

Malignant pleural effusion in an intermediate care unit

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Background: Neoplasia is a cause of hematic pleural effusion, and it is associated with a poor prognosis. However, level ii care is rarely required.
Conclusions: Primary pulmonary melanoma is a rare condition with a poor prognosis, which may explain the difficult progression of malignant pleural effusion in this case.
Clinical Case: 71-year-old male, ex-smoker (40 pack-years), ecog 0. After a fall, without trauma, a computed tomography was performed which revealed a large left pleural effusion and a mass in the ipsilateral lower lobe. Diagnostic thoracentesis was performed with blood flow, without haemothorax criteria, and a chest tube was placed. Cytology of the pleural fluid revealed malignant cells compatible with adenocarcinoma. The staging process showed pleural and adrenal metastasis. Stage iva (ctxnxm1b). Due to progressive respiratory failure, associated with refractory drainage and a drop of 10g in haemoglobin (16.5>6.5g/dl), he was admitted to the intermediate care unit. Due to the doubt of iatrogenesis, active haemorrhage was excluded by ct angiography. Given the location and extent of the effusion, a larger-calibre drain was placed. Despite the absence of coagulopathy or obvious haemorrhagic focus, he underwent blood drainage requiring six transfusions. Losses associated with pleural implants were assumed. Given the progressive clinical worsening and the impossibility of medical control of the bleeding, he was transferred to thoracic surgery where he underwent surgical cleaning and implant biopsy using uniportal vats, whose histology and genetic study revealed primary pulmonary melanoma with braf v600e mutation.

Medication interaction brivudina-5-fu: risk and clinical consequences

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Background: Drug-drug interaction is a known risk factor for adverse reactions but often goes unnoticed. The interaction between brivudine and 5-fluorouracil (also present with capecitabine) arises from the irreversible inhibition of bromovinyluracil, a metabolite of brivudine, which exerts in-

hibitory effects on dihydropyrimidine dehydrogenase, resulting in an elevation of serum levels of 5-fu. At elevated concentrations, 5-fu becomes toxic, leading to adverse reactions, primarily of hematological and gastrointestinal nature. This clinical case report details a severe adverse reaction associated with the use of 5-fu and brivudine.
Conclusions: This case exemplifies the imperative need for therapeutic reconciliation in oncology patients - meticulous prescription record-keeping that is readily accessible to healthcare professionals is vital as is patient education on this matter.
Clinical Case: 61-year-old male, ecog 0, followed for gastric adenocarcinoma with signet ring cells and peritoneal metastasis, undergoing first-line palliative chemotherapy with folfox regimen. He was prescribed with brivudine in a general er for a herpes zoster infection and administered the d1c32 of folfox four days later. On d4 of the folfox cycle, he presented with odynophagia, food intolerance, weight loss, and facial erythema, necessitating an emergency oncology consultation – identified mucositis g4, alopecia g2 and, in the laboratory analysis, neutropenia g4 and thrombocytopenia g4. He remained hospitalized for 8 days, receiving analgesia, antifungal and antibiotic therapy – he had a favorable clinical course and was discharged with ecog 1, accompanied by hematological recovery to g2.

Recurrent venous thromboembolism in cancer patients

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Background: Cancer is a state of hypercoagulability with increased risk of venous thromboembolism (vte), second cause of death amongst cancer patients, just behind cancer itself. Despite advances in anticoagulation, these patients have increased risk of recurrent vte, especially if aged less than 65 years and presence of vte at the time of diagnosis, with few recommendations regarding its approach.
Conclusions: After exclusion of infra-therapeutic dosing, medication non-compliance, local tumoral compression or heparin induced thrombocytopenia it is recommended to switch pharmacological groups, and, if needed dosing increment of 120%, without increasing the hemorrhagic risk significantly. This case represents a patient with recurrent vte despite therapeutic anticoagulation, with difficult management, with existing recommendations with low evidence in the cancer population.
Clinical Case: Male sex, 55 years old. Ecog ps 1. Diagnosis of 2 synchronous neoplasia: acinar adenocarcinoma of prostate, gleason 7 (3+4), no metastasis, and mucinous adenocarcinoma of lung with pleural and bone metastasis (ct4n3m1c). Currently under therapy with bicalutamide and leuprolide, with pemetrexed and pembrolizumab as maintenance. Prior to cancer diagnosis with deep vein thrombosis (dvt) treated with 3 months of rivaroxaban, with pulmonary thromboembolism (pte) only 2 months afterwards, leading to the cancer diagnosis. Later, and under oral anticoagulation, new pte episode with ventricular thrombus and 2 months later with bilateral dvt starting 10 000 units of tinzaparin (175 units/kg). About 10 months later with new episode of dvt and pte increasing the dosing to 14 000 units (215 units/kg), with no new episodes ever since.

Vitiligo-like lesions induced by cyclin-dependent kinase 4/6 inhibitor - a case series

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Background: Cyclin dependent kinase 4/6 inhibitors (cdki) used in breast cancer can be associated with dermatological adverse events, with some case reports of ribociclib-induced vitiligo.
Conclusions: Vitiligo-like lesions are a cdki class-related adverse-effect especially associated with ribociclib. Cell-cycle arrest and apoptosis may lead to premature death of melanocytes, manifesting as achromic lesions. Prognostic meaning remains unclear. Patients should be informed about this potential adverse effect. Treatment may include topical immunosuppressants and oral corticosteroids.
Clinical Case: Female, 52-years-old, postmenopausal, with axillary adenopathy. Imaging and biopsy revealed an invasive carcinoma, g2, er 100%/pr 90%/her2 negative/ki67 40%, ct1n3bm0. She received neoadjuvant chemotherapy and tumorectomy with axillary lymph node dissection, adjuvant radiotherapy and letrozol. After 2 years she developed extensive bone, liver, and nodal metastasis and started ribociclib+fulvestrant with good response. After 18 months she developed vitiligo lesions mostly on sun-exposed areas (forearms and chest). No dose reduction was made and she continued ribociclib for 18 months with no worsening of vitiligo, discontinuing treatment due to disease progression. Female, 55-years-old, postmenopausal. Breast screening revealed an invasive carcinoma, g2, re 100%/rp 60%/ki67 10%/her2 negative, ct1n0m0. She underwent tumorectomy, adjuvant radiotherapy and tamoxifen. After 3 years, imaging revealed a right-iliac wing metastase. Ribociclib+letrozole+zoledronic acid were started, with good response. In november/2020 treatment was suspended due to grade 2 liver toxicity and restarted with 400mg/day. After 36 months, extensive vitiligo in photo-exposed areas (face, neck, arms) appeared. Treatment continued with good response.

Nasopharynx re-irradiation – a clinical case

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Background: Radiotherapy is the standard treatment for nasopharynx carcinoma. Locoregional recurrence poses a challenge because re-irradiation depends on the initial dose and time interval after the first treatment, often close to the tolerance limits of the surrounding tissues.
Conclusions: It is crucial to achieve an early diagnosis of recurrence, enabling appropriate treatment, while considering the inherent risks and toxicities associated with re-irradiation.
Clinical Case: A 37 years-old female patient with otalgia and hypoacusia. She was diagnosed with cystic adenoid carcinoma of the nasopharynx, staged as ct2an0m0, and was proposed treatment with chemoradiotherapy. She underwent three cycles of chemotherapy with cisplatin, 5-fu and calcium levofolinate, resulting in a 75% tumoral reduction. This was followed by radiotherapy with a dose of 65gy/25fr, which she

completed in january 2003. After treatment, she showed residual tumor volume, that with time stopped being evident and she was placed under clinical and radiological surveillance. In june 2017, after an imaging study raised suspicion of a lesion, a biopsy confirmed a recurrence of nasopharynx carcinoma at stage rct1n0m0. Given the time since the initial treatment, it was chosen to pursue chemoradiotherapy. She underwent radiotherapy with a 70gy /35fr/ 7s, with concurrently chemotherapy with cisplatin (3 cycles). Four months after the treatment, a re-avaluation with pet-ct 18f-fdg showed a complete radiological response. The patient continued regular follow-up and is currently free of disease.

Management of the cutaneous toxicity of enfortumab vedotin

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Background: Enfortumab vedotin (ev) is a nectin-4-directed antibody-drug conjugate approved for the treatment of locally advanced/metastatic urothelial carcinoma. Dermatological events are expected due to nectin-4 cutaneous expression and occured in 47% of patients in the ev-301 trial.
Conclusions: This case demonstrates the challenge in the management of adverse events of this drugs class. There is the potential for severe cutaneous adverse reactions, such as stevens-johnson syndrome. Early recognition of this toxicity is essential.
Clinical Case: 67-year-old man, ecog-ps 1, diagnosed with metastatic upper tract urothelial carcinoma in 2019, treated in first-line with carboplatin/gemcitabine with partial response, and in second-line with pembrolizumab, which was suspended due to organizing pneumonia. On 11/2022, due to new bone metastasis, ev 1.25 mg/kg d1,d8,d15 was started every 28 days. On d15c1, g2 erythematous rash developed. Prednisolone 0.5 mg/kg, antihistamines and topical corticosteroids were started, with complete resolution. On d15c2, the patient presents with g3 erythematous rash, requiring dose omission and treatment with oral corticosteroids, with complete resolution. Proceeded to c3 with dose reduction (1mg/kg). On d15c3, he developed g3 vasculitis, and ev was temporarily suspended and prednisolone 1mg/kg started. Due to the partial response and clinical benefit, ev was restarted at a dose of 0.75mg/kg. After 5 cycles, he developed a g3 erythematous rash. Ev was omitted and prednisolone 1mg/kg started, with subsequent improvement. Currently, ev is at a dose of 0.5mg/kg, with good tolerance and maintaining partial response.

Surgery for stage IV unresectable gastric cancer

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Background: Stage IV gastric cancer (gc) carries a poor prognosis. However, it has been reported in the literature, good survival outcomes in patients with unresectable gc, who underwent gastrectomy with curative intent after responding to several regimens of chemotherapy.
Conclusions: Radical intent surgery in gc stage iv isn't recommended. However, in some cases of oligometastatic disease or in a patient with long term follow-up, this strategy should be considered. What to do as a complement after surgery remains controversial. More trials are required to define the best treatment strategy for these patients.
Clinical Case: A 69-year-old woman presented with transfusion-dependent anemia. Upper endoscopy revealed a gastric lesion. Histopathological examination revealed moderately differentiated gastric adenocarcinoma (her2 negative). Computed tomography revealed a huge gastric mass invading the liver, pancreas and several peri-coeliac nodes. Cea and ca 19.9 levels were elevated. The patient was diagnosed with ct4b-n2m0, stage iiib, unresectable gc. Hemostatic radiotherapy was performed. Then, she received 6 cycles of chemotherapy with platinum plus 5- fluorouracil (cf). The ct scan showed a partial response with a remarkable reduction in the primary lesion and no invasion of adjacent organs. She underwent a subtotal gastrectomy with billroth ii plus liver metastasectomy (segment iii). The histopathological result was moderately differentiated adenocarcinoma, ypt4a n0 r0 m1. The patient has continued to receive cf chemotherapy for two more cycles. She remains disease-free for 18 months.

Adjuvant radiotherapy in breast cancer for women with li-fraumeni syndrome

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Background: Treating cancer in individuals with li-fraumeni syndrome is challenging due to their higher risk of developing secondary tumors after radiotherapy.
Conclusions: The patient did not undergo radiotherapy because of clinical evidence of radiation-induced tumors in the irradiated area, estimated at around 30%, including various cancer types associated with this genetic alteration. The benefit of adjuvant radiotherapy for this patient remains unknown, with ongoing research (nsabp b-51).
Clinical Case: 31-year-old woman with li fraumeni syndrome was diagnosed with invasive nst carcinoma of the left breast (ct2n1m0). She underwent neoadjuvant systemic therapy, followed by a left mastectomy (ypt0n0). The multidisciplinary team opted for surveillance and maintenance of trastuzumab.

Radiotherapy in metastatic spinal cord compression: an oncological emergency

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Background: Metastatic spinal cord compression is an oncological emergency that, without prompt treatment, causes irreversible sequelae. It is associated in more than 50% of cases with breast, prostate and lung cancers. It is often caused by metastatic vertebral collapse that occurs mostly in the dorsal spine (50%), followed by the lumbosacral spine (30%) and cervical spine (10%).
Conclusions: Multidisciplinary evaluation is essential for the adequate and rapid treatment of metastatic spinal cord compression.

Clinical Case: A 56-year-old woman with breast carcinoma with multiple bone and lung metastasis was admitted to the hospital emergency room due to low back pain and no sphincter dysfunction. The patient had tetraparesis and babinski s sign on the left. Urgent cervical-dorsal ct scan with vertebral metastatic collapse of c4-d9 with peri-vertebral and intra-canalar soft tissue component, severe canal stenosis and spinal cord involvement at c6, and multiple metastatic fractures. She was evaluated by neurosurgery and, having no immediate surgical indication, began high-dose corticosteroid therapy. The patient underwent urgent palliative radiotherapy to the spine (c1-s2), 20gy/5fractions/5 days by helical-imrt(intensity-modulated-radiotherapy), without significant acute toxicities. Post-rt neurological evaluation showed gradual improvement of deficits.

Oxaliplatin-induced evans syndrome: a clinical case

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Background: Oxaliplatin is a platinum compound used in the treatment of gastrointestinal neoplasms. It is known that anemia and thrombocytopenia are frequently associated, however, more serious cases, when immune-mediated, are rare, potentially fatal events and little described in the literature.
Conclusions: The case is illustrative of evans syndrome complicated by acute tubular necrosis associated with oxaliplatin. Although rare, it should not be underestimated as it is potentially fatal, which is why early diagnosis and treatment with corticosteroids is important, essential to stop the progression of the condition.
Clinical Case: The authors present the case of a 56-year-old male patient with a personal history of cardia adenocarcinoma (siewert ii) stage iv undergoing chemotherapy with folfox + nivolumab. After administration of the drugs, sweating, paleness, low back pain and nausea begin. Analytically with anemia (8 g/dl), leukopenia (1.8x10^9/l), neutropenia (0.3x10^9/l), thrombocytopenia (minimum 9000/mmm3), acute kidney injury akin 3 (maximum creatinine 9.15 mg/dl) and cytocholestasis. The patient was admitted and the etiological investigation highlighted ldh 2500 u/l, indoseable haptoglobin, positive coombs test, no changes in clotting times, peripheral blood smear without schistocytes and adamts 13 55% which excluded hemolytic uremic syndrome and purpura thrombotic thrombocytopenic disease. Therefore, evans syndrome secondary to oxaliplatin was admitted, requiring intermittent dialysis during hospitalization and initiation of corticosteroid therapy, which he continued after discharge with gradual improvement in renal function and blood count.

Rare nivolumab-induced overlap syndrome: myasthenia gravis, myositis & myocarditis

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Background: Immune checkpoint inhibitors (icis) have become a standard of care among various malignancies, leading to a rise in immune-related adverse events (iraes) and challenges in their management.
Conclusions: This case illustrates the coexistence of myasthenia gravis and myositis with simultaneous involvement of nerve, muscle, and neuromuscular junction. Although asymptomatic in our patient, the possible immune myocarditis demands a vigilant approach. Future strategies may provide meaningful insights into the prevention and management of iraes.
Clinical Case: An 85-year-old male with completely resected stage iv melanoma currently under nivolumab in an adjuvant setting, was admitted two weeks after the second cycle for shortness of breath, dysphonia, dysphagia and worsening fluctuating muscle weakness. Neurological exam revealed unilateral ptosis, generalized hyporeflexia and fatigable bilateral and symmetric muscle weakness, worse on proximal muscles. Laboratory tests showed elevated c-reactive-protein (101mg/l), ck (250 u/l), mioglobin (1076 ng/ml) and troponin t (3138 ng/l), with the latter prompting a cardiac mri which suggested a myocarditis scar. Auto-immune panel, including anti-acetylcholine receptor antibody was negative. Electromyography showed sensory-motor polyneuropathy, myopathy, and a post-synaptic neuromuscular transmission defect. A thoracic ct scan was unremarkable. Brain and spinal cord mri indicated tissue thickening from c3 to c6. He was treated with prednisolone (1 mg/kg/day) for two weeks, followed by a 5-day regimen of human immunoglobulin. While he demonstrated a marked muscle impairment improvement, residual dysphagia remained.

Pot1 gene and breast cancer: increased radiotherapy toxicity?

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Background: Genomic damage in the telomeric pathway can interfere with dna repair, inducing genomic instability and carcinogenesis. In the case of the gene encoding protein protection of telomers 1 (pot-1), mutations are known to cause several types of cancer, such as melanoma, squamous cell carcinoma, angiosarcoma, and chronic lymphocytic leukemia.
Conclusions: Adjuvant radiotherapy in conventional fractionation, in the presence of the pot-1 gene mutation, did not increase acute skin toxicity. More studies and a longer follow-up are needed to clarify the radiotherapy/pot-1 mutation relationship, considering it prudent to maintain closer surveillance of these patients.
Clinical Case: A 42-year-old woman, with a family history of breast cancer (5 relatives), melanoma, and brain neoplasms, in the context of li fraumeni syndrome, was diagnosed with unilateral breast cancer. The histology of the total mastectomy and sentinel lymph node (sln) biopsy revealed: 7 foci of invasive ductal carcinoma grade 2, the largest measuring 5.3 cm, with deep invasion of the mamillary dermis; multifocal ductal carcinoma in situ; 1 out of 4 nodes metastasized (micrometastasis with extracapsular extension). Estrogen receptors positive in 90-100% and progesterone in 80-90%; her2 negative; ki67 >30%. Staging pt3multicn1m0. The genetic study revealed the presence of a pathogenic variant in the pot-1 gene. The patient underwent adjuvant chemotherapy, followed by radiotherapy to the chest wall and nodal areas (supraclavicular, axillary, and internal mammary chain), a total dose of 50gy in 25 fractions, using 3dcrt and deep inspiration breath-hold techniques. Radiotherapy was well-tolerated, documenting grade 1 erythema (ctcae v5.0).

Mesonephric adenocarcinoma of the endocervix: a rare entity

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Background: The mesonephric adenocarcinoma of the cervix is originated from the embryonic remnants of the mesonephric duct. It is a rare entity, for which optimal treatment remains unknown.
Conclusions: The rarity of this histological entity means that there is no consensus regarding the most effective treatment, requiring individual assessment and a regular multidisciplinary discussion during the course of the decided therapeutic regimen.
Clinical Case: 51-year-old patient, with postmenopausal metrorrhagia and cervical lesion, stage iiic2 (figo). Histopathological examination of the uterine cervix revealed mesonephric adenocarcinoma, p53 positive in 10% of the cells and ttf1 negative. She completed 2 cycles of induction chemotherapy (carboplatin/paclitaxel) and underwent exploratory laparotomy which resulted in partial colpectomy and pelvic lymphadenectomy, with no feasibility for lesion removal. She underwent imrt/vmat with daily igrt, to a total dose of 66.6gy/37fractions/7.5weeks, with concomitant weekly cisplatin followed by intracavitary brachytherapy. She completed 4 additional cycles of carboplatin/paclitaxel until reevaluation by pelvic mri, which revealed tumor reduction. She underwent total hysterectomy with bilateral adnexectomy and dissection of the ureter on the left. Histopathology reported mesonephric adenocarcinoma of the uterine cervix, ypr2a2, stage iia2 (figo). after discussing the case, we opted for adjuvant endovaginal brachytherapy, after thorough dosimetric calculation, which included the treatment already carried out.

Lung cancer - a common tumor with rare metastasis – about a clinical case

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Background: Muscular and intracardiac metastasis are rare entities with few cases described in the literature. We present the case of a patient with multimetastatic lung carcinoma at the time of diagnosis.
Conclusions: Lung carcinoma is an important cause of cancer-related death worldwide, with diagnosis often at an advanced stage, giving it a poor prognosis. We intend here to demonstrate an example of rare presentation of metastasis from lung carcinoma, with good response to established treatment.
Clinical Case: 52-year-old man, active smoker, presents with a 3-month history of dry cough, predominantly nocturnal, anorexia and weight loss, dyspnea on exertion and right shoulder pain. Thorax, abdomen and pelvis ct-scan demonstrated a cavitated lesion in the pulmonary right upper lobe and nodular opacities in the lung bases, laminar pleural effusion and small-volume pericardial effusion. An echocardiogram demonstrated pericardial effusion and a suspicious image on the roof of the right atrium. Pet-ct with findings suggestive of bilateral pulmonary metastasis, intracardiac metastasis involving the right atrium, lymph node and muscle metastasis. Physical examination revealed a palpable mass on the back, with echography revealing 2 nodules in the erector spinae muscle and histological evidence of metastasis. Stage ivb squamous cell carcinoma of the lung was diagnosed, pdl1 + 15-20%. He completed palliative chemotherapy with carboplatin + paclitaxel in association with pembrolizumab. Reevaluation ct-scan with partial response. The patient is currently under maintenance treatment with pembrolizumab, with good tolerance, without limitation in daily activities. Reevaluation echocardiogram without evidence of intracavitary masses or pericardial effusion.