

# 789P: Characterization of locally advanced rectal cancer (LARC) patients in Spanish TTD-RETUD registry

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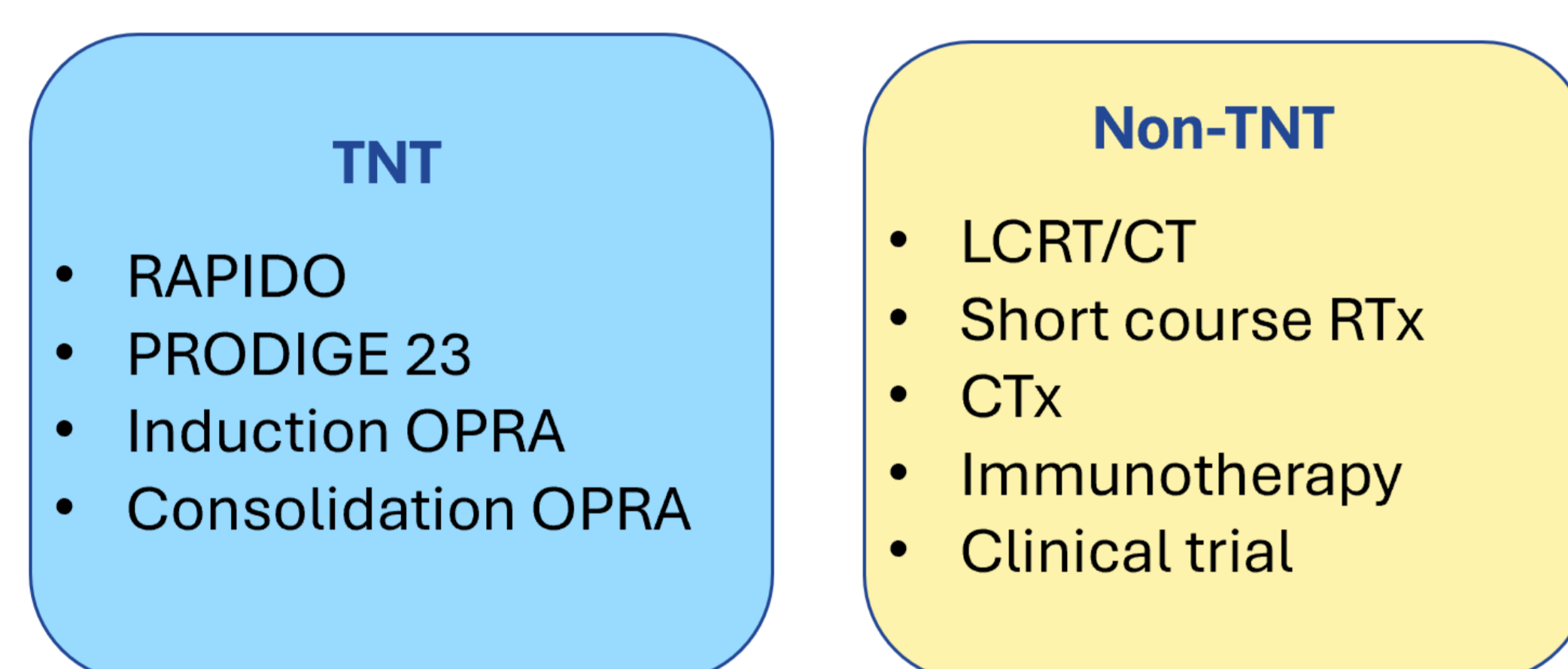
## Background

- LARC accounts for approximately 40-50 % of rectal cancers<sup>1</sup>
- LARC has historically been a disease associated to a complex prognosis and therapeutic approach<sup>2</sup>
- Multimodal treatment is based on long-course chemoradiotherapy (LCRT/CT) or short-course radiotherapy (RT) followed by surgery with total mesorectal excision (TME) ± adjuvant chemotherapy (CTx), and more recently, total neoadjuvant therapy (TNT) schemes<sup>3,4</sup>
- Our objective is to characterize the epidemiology and treatment evolution of LARC patients included in TTD-RETUD, the Spanish registry of digestive tumors (NCT06711211)

## Methods

- Patients included in this analysis were diagnosed with stage II-III LARC between January 1st, 2019 and January 31st, 2025
- Patients were analyzed according to treatment strategy as follows:

Fig 1. Treatment strategies



- Demographic and clinical data, treatments received, pathological results and efficacy outcomes such as overall survival (OS), disease free survival (DFS) and metastasis free survival (MFS) are presented. Continuous variables are shown as mean (SD) or median (Q1, Q3). Categorical variables are shown as absolute and relative frequencies. OS, DFS and MFS were estimated using Kaplan-Meier method. P-value < 0.05 was considered statistically significant for all analyses. All analyses were done using statistical software SAS v9.4

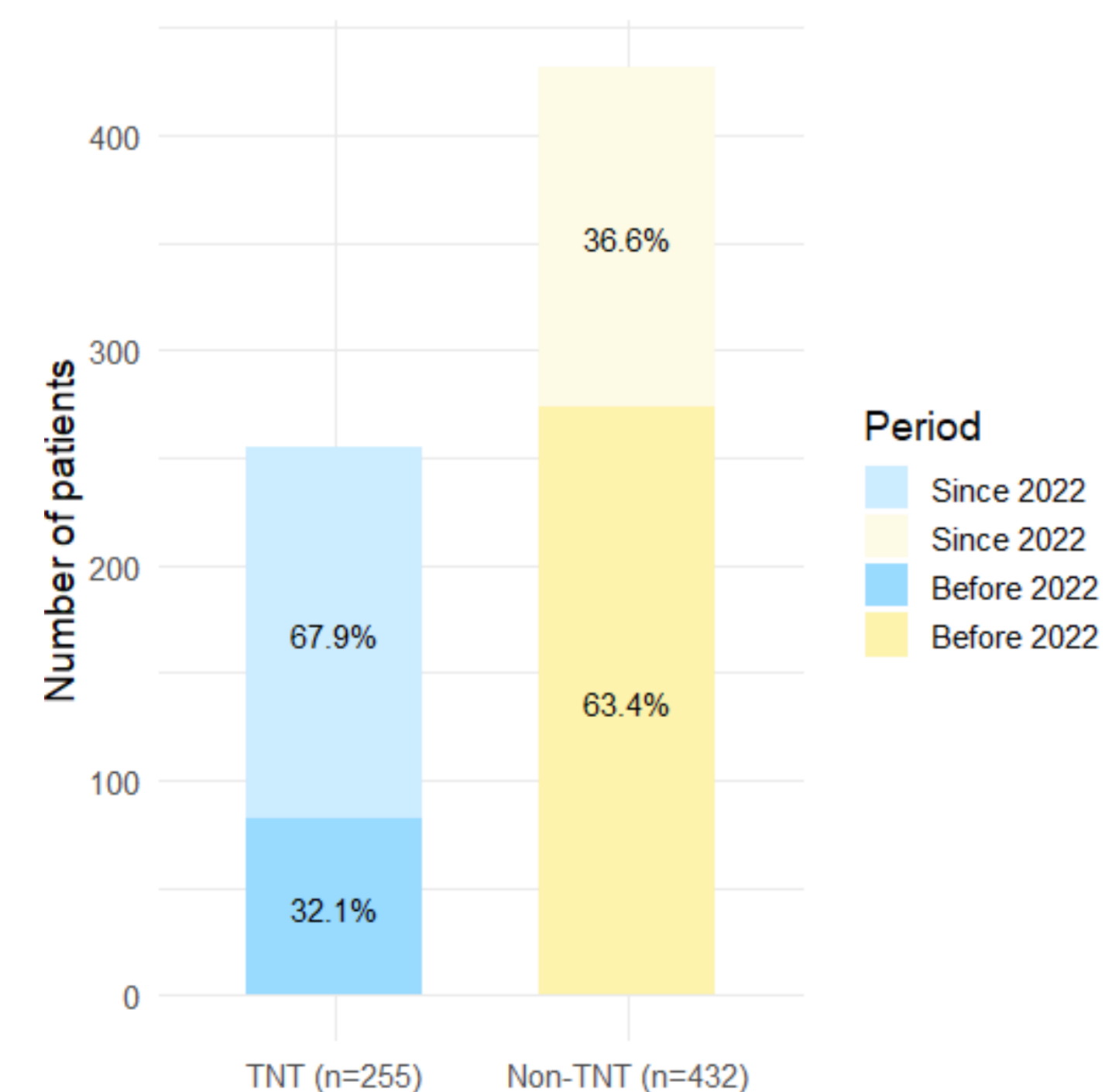
## Results

- 687 patients from 22 different hospitals were included in the study and analyzed per treatment strategy selected, as described below:

Table 1. Patients distribution by treatment strategy

Strategy	n (%)
<b>TNT (n = 255, 37.1%)</b>	
RAPIDO	129 (18.8)
Consolidation OPRA	72 (10.5)
Induction OPRA	52 (7.6)
PRODIGE 23	2 (0.3)
<b>Non-TNT (n = 432, 62.9%)</b>	
LCRT/CT	306 (44.5)
Short course RT	94 (13.7)
CTx	21 (3.1)
Immunotherapy	5 (0.7)
Clinical trial	6 (0.9)

Fig 2. Treatment strategy by period of diagnosis



- 2.2% (5) of TNT patients and 2.9% (10) of non-TNT patients presented microsatellite instability high, five of which received immunotherapy
- Since 2022, the TNT approach has been used much more frequently (67.9% of TNT cases) compared with non-TNT strategies (36.6% of non-TNT cases). Median age in these groups were 62.5 and 66.8 years, respectively

Table 2. Baseline characteristics

VARIABLES	TNT [n=255 (37.1%)]	LCRT/CT [n=306 (44.5%)]	P-value
Age at diagnosis [mean (SD)]	62.2 (9.9)	66.8 (10.7)	< 0.001
Sex male [n (%)]	163 (63.9)	214 (69.9)	0.131
Tumor localization [n (%)]			
Upper rectum	48 (18.9)	69 (22.8)	0.264
Middle rectum	118 (46.5)	149 (49.2)	0.522
Lower rectum	88 (34.6)	85 (28.1)	0.098
Circunferencial margin affected [n (%)]	47 (18.5)	32 (10.6)	0.008
EMVI [n (%)]	79 (31.1)	59 (19.5)	< 0.001
cT [n (%)]			
T2	11 (4.3)	24 (7.8)	0.087
T3	164 (64.6)	227 (74.2)	0.011
T4	78 (30.7)	51 (16.7)	< 0.001
cN [n (%)]			
N0	25 (9.8)	44 (14.4)	0.104
N1	80 (31.5)	141 (46.1)	< 0.001
N2	142 (55.9)	117 (38.2)	< 0.001
ECOG [n (%)]			
0	119 (49.8)	127 (51.4)	0.720
1	116 (48.5)	109 (44.1)	0.330
2	4 (1.7)	8 (3.2)	0.382
3	0 (0.0)	2 (0.8)	0.449
4	0 (0.0)	1 (0.4)	1
Histopathological grade [n (%)]			
G1	48 (39.0)	74 (39.6)	0.923
G2	71 (57.7)	101 (54.0)	0.520
G3	4 (3.3)	10 (5.3)	0.578
G4	0 (0.0)	2 (1.1)	0.520

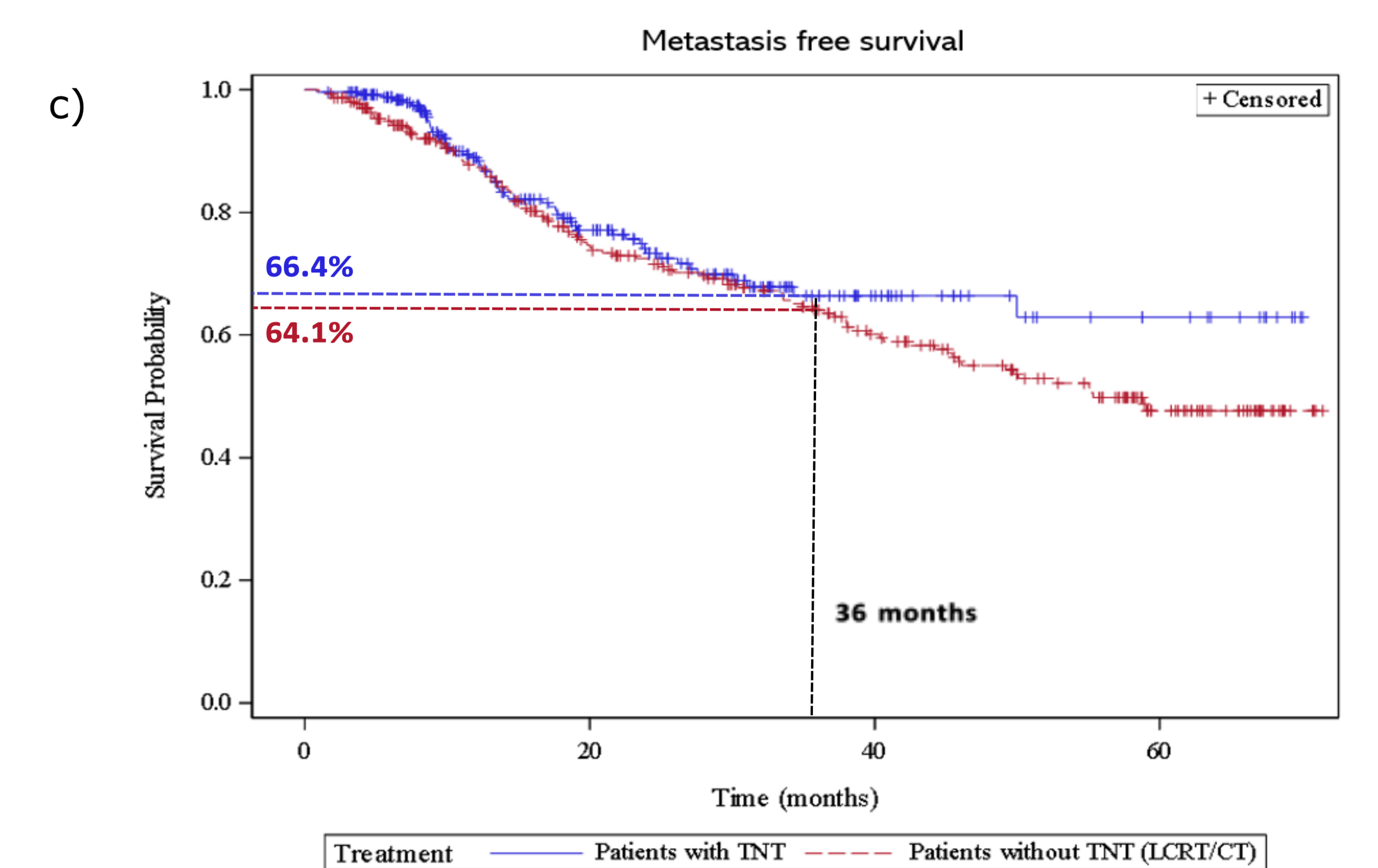
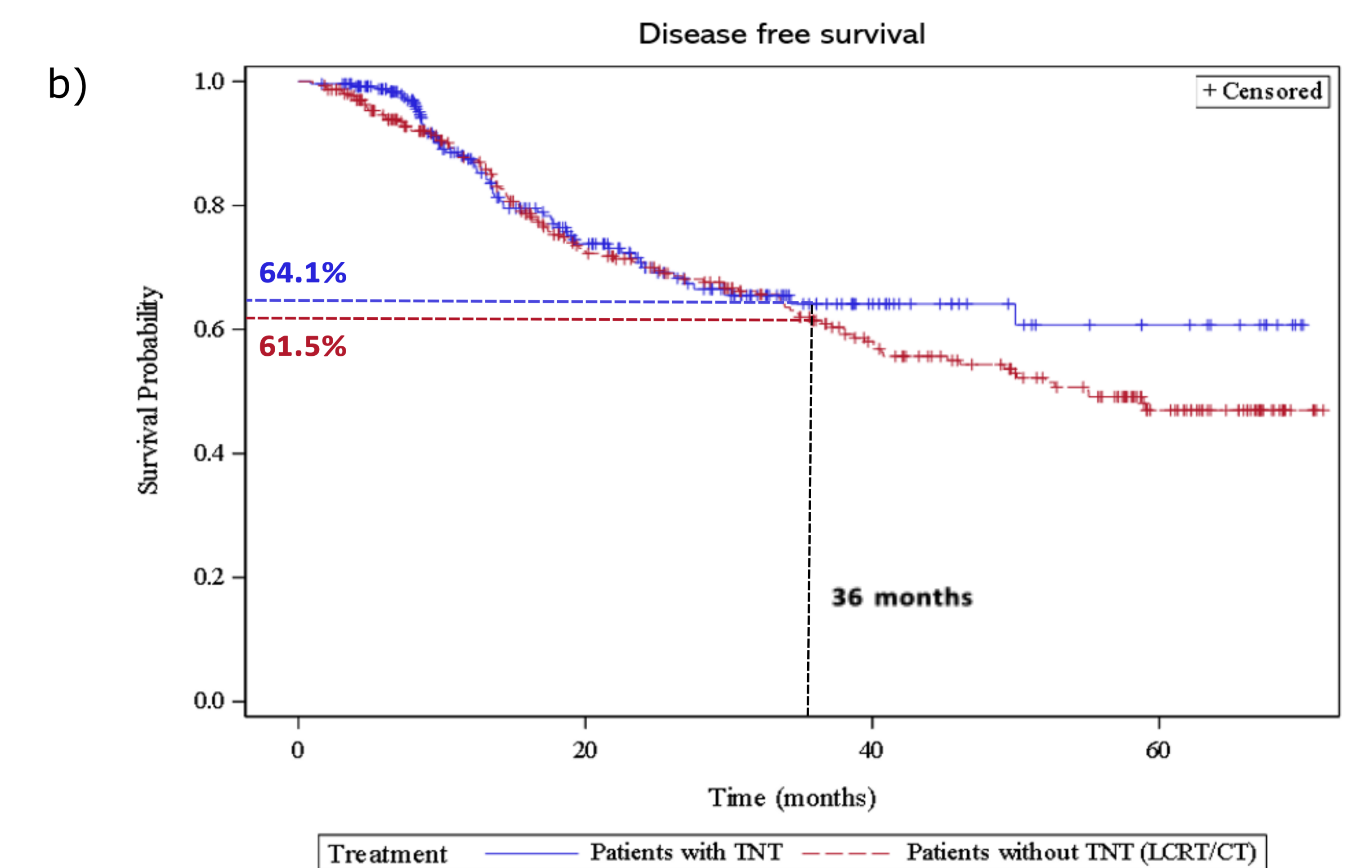
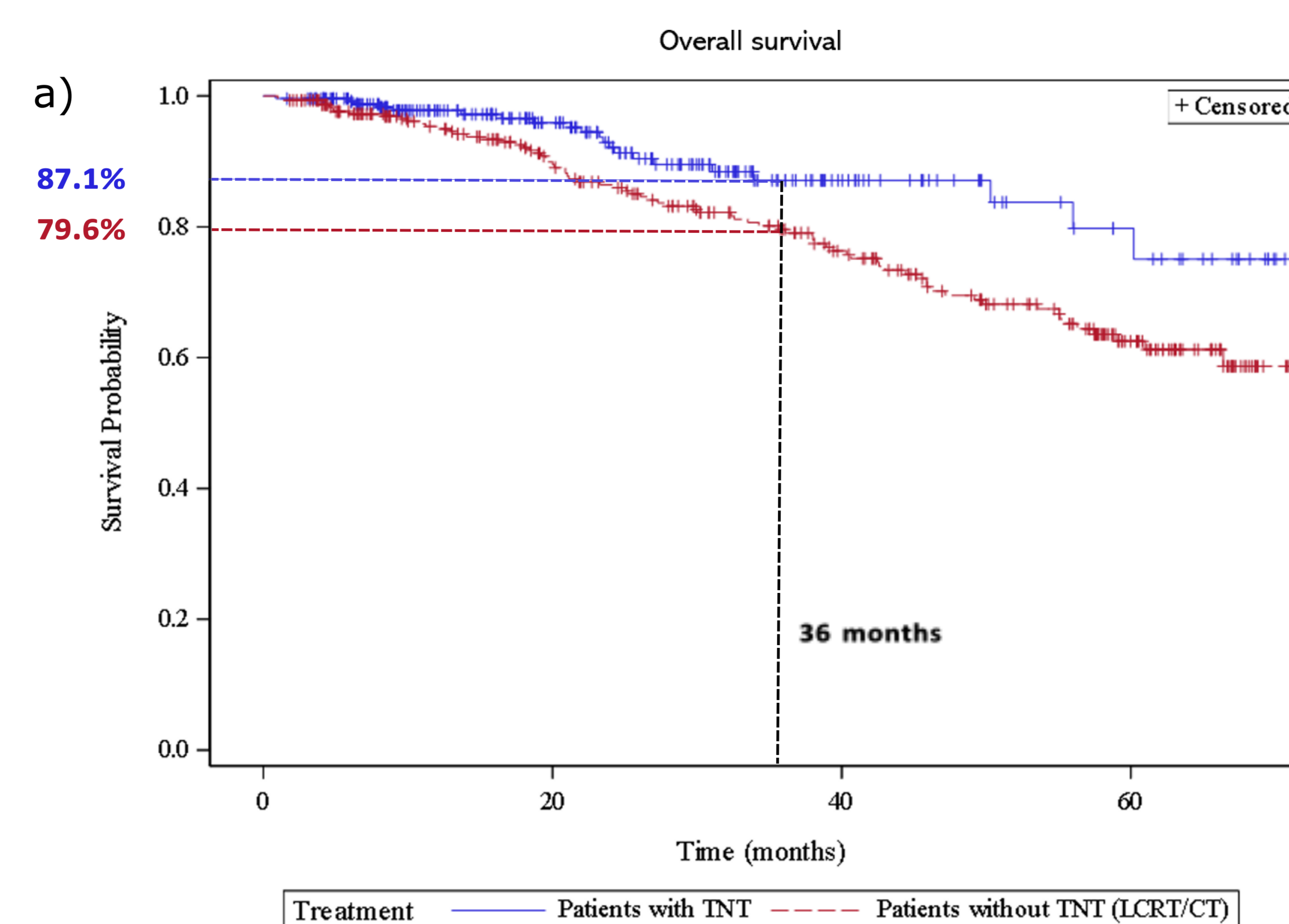
Table 3. Efficacy outcomes

VARIABLES	TNT (n=255)	RAPIDO (n=129)	Consolidation OPRA (n=72)	Induction OPRA (n=52)	LCRT/CT (n=306)	P-value <sup>1</sup>
Follow-up time [median (Q1, Q3)]	23.4 (11.2, 36.1)	28.7 (20.0, 36.3)	10.6 (7.5, 15.5)	42.3 (17.9, 64.5)	37.2 (16.8, 58.4)	NA
Watch-and-Wait (WW) [n (%)]	45 (17.6)	18 (14.0)	25 (34.7)	2 (3.8)	12 (3.9)	< 0.001
Best response						
mrTRG1	34 (16.7)	16 (15.8)	15 (23.8)	3 (7.7)	12 (8.6)	0.032
mrTRG2	80 (39.2)	43 (42.6)	21 (33.3)	16 (41.0)	44 (31.7)	0.152
mrTRG3	73 (35.8)	36 (35.6)	21 (33.3)	15 (38.5)	62 (44.6)	0.101
mrTRG4	14 (6.9)	5 (5.0)	5 (7.9)	4 (10.3)	19 (13.7)	0.036
mrTRG5	3 (1.5)	1 (1.0)	1 (1.6)	1 (2.6)	1 (0.7)	0.650
Progression	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.7)	0.405
ypT0 [n (%)]	38 (20.9)	24 (24.7)	9 (25.0)	4 (8.3)	45 (17.9)	0.430
Local recurrence after surgery [n (%)]	15 (7.1)	6 (5.4)	3 (6.4)	5 (10.0)	20 (6.8)	0.882
Tumor regrowth in WW [n (%)]	7 (15.6)	4 (22.2)	1 (4.0)	2 (100.0)	6 (50.0)	0.012
3-year OS (%)	87.1	87.6	98.2	83.1	79.6	NA
3-year DFS (%)	64.1	72.6	44.5	50.5	61.5	NA
3-year MFS (%)	66.4	74.4	54.3	54.0	64.1	NA

<sup>1</sup>P-value was calculated for TNT vs LCRT/CT groups

- At cut-off date, 79.2% of patients were alive and disease recurrence had occurred in 23.2%

Fig 3. Survival outcomes by treatment strategy



## Conclusions

- This study provides insights on epidemiology and treatment evolution in LARC patient population in Spain
- We observe a trend in recent years towards TNT treatments administration
- In our TTD-RETUD population, patients assigned to TNT strategies present a worse risk profile at diagnosis than those administered LCRT/CT therapy schemes
- Overall, TNT treatment schemes show superior efficacy outcomes, specifically in 3-y OS and tumor shrinkage

## Disclosure

Vera R has received honoraria for consulting or advisory role from MSD, Amgen and Roche and also travel, accommodations and/or expenses from MSD, Roche, Servier and Amgen

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