**Poster Session**

**P3-060 THE INFLUENCE OF KRAS MUTATION ANALYSIS BEFORE PRIMARY CHEMOTHERAPY FOR UNRESECTABLE AND RECURRENT COLORECTAL CANCER**

H. Satake¹, T. Kotake¹, Y. Ito¹, H. Kitamoto¹, K. Takashima², S. Ogawa³, K. Masuo³, M. Fujita³, T. Inokuma³, A. Tsuji¹

¹Kobe City Medical Center General Hospital, ²Kuma Hospital, ³Kobe City Medical Center General Hospital

**Background:** The effectiveness of the anti-EGFR agent has been proved in unresectable and recurrent colorectal cancer (URCC), and the anti-EGFR agent combination therapy is recommended as an alternative of primary chemotherapy for the KRAS wild type URCC. However, in the past, there were cases whose KRAS mutations were not analysed before primary chemotherapy, and the regimen including anti-EGFR antibody could not be selected as primary treatment. From July 2011, we recommended the KRAS mutation analysis for all URCC patients before primary chemotherapy. We retrospectively investigated how KRAS mutation analysis influences primary chemotherapy for URCC.

**Methods:** From July 2010 to June 2012, 57 consecutive URCC patients were treated as primary chemotherapy. The patients were divided into 2 groups based on the date of primary chemotherapy: group A, from July 2010 to June 2011 and group B, from July 2011 to June 2012.

**Results:** Patients’ backgrounds did not differ between two groups. The incidence of KRAS mutation analysis in group A and B before primary chemotherapy was 30 and 73%, respectively. The primary chemotherapy regimen, L-OHP base/CPT-11 base and the molecular target agent combination (anti-VEGF/anti-EGFR) was [78% / 18%, and 70% (63%/ 37%)] in group A, [7% / 80%, and 90% (46%/ 54%)] in group B, respectively. At a median follow-up of 16 months, PFS and 1y-OS of group A/B were 212/ 261 days, and 88.9%/ 87.6%, respectively.

**Conclusion:** This study suggests that the incidence of KRAS mutation analysis came twice and the incidence of regimen including the anti-EGFR antibody became higher since we recommended KRAS mutation analysis before primary chemotherapy, and KRAS mutation analysis before primary chemotherapy is useful.