# RWE 5

## REAL WORLD EVIDENCE CONFERENCE

# ABSTRACT BOOK

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## Session 1 – Psycho-Oncology

### Oral Presentation Abstracts

### Incidence of BRCA1 / 2 mutations in Indian women - A Real-World evidence from multicentric dataset

*Abstract ID: 6* | *Oral Presentation Abstracts*

Incidence of BRCA1 / 2 mutations in Indian women - A
Real-World evidence from multicentric dataset

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Background
Germline mutations such as BRCA1 and BRCA2 are among the most clinically actionable alterations, guiding treatment decisions, including the use of PARP inhibitors. However large-scale real-world datasets from the Indian population remain limited.

Objective
To evaluate the incidence of BRCA1/2 germline mutations in the real world setting of a private NGS lab.

Methods
A retrospective clinico-genomic analysis of 3820 women referred to 4baseCare lab (2021-2024) for NGS testing was performed. Germline NGS testing was performed to detect pathogenic variants including BRCA1, BRCA2, and extending to ATM, and PALB2.

Results
The age distribution across the above cohort is 18 to 89 years with median age 54. Patients across all stages were referred for Germline testing , majority being in early stages. Pathogenic or likely pathogenic variants were identified as follows: BRCA1 457 (12.32%), BRCA2 345 (9.30%), ATM (3.32%), and PALB2 (2.02%). Majority mutation types were missense and frameshift. 4.5% of patients had VUS. No clinically relevant mutations were detected in 16.80% of cases. 150 patients with BRCA1 mutation are TNBC compared to 60 patients with BRCA2 +ve. Particularly in TNBC, we had a unique pattern with a higher proportion of BRCA1 (150) as compared to BRCA2 (60) pathogenic alteration. The prevalence of BRCA1 was limited in HR+ disease, nevertheless there were 66 patients who had germline BRCA2 positive and were HR+.

Conclusion
Our cohort analysis results as multicentric real world evidence comparable to the published Indian data . With the rising incidence of breast cancer we are likely to see an increase in germline testing in Indian women.

### Real-World Clinico-Genomic insights in NSCLC Patients Receiving Targeted Therapy - An Indian perspective

*Abstract ID: 7* | *Oral Presentation Abstracts*

Title
Real-World Clinico-Genomic insights in NSCLC Patients Receiving Targeted Therapy -
An Indian perspective

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Key words : NSCLC , NGS , gene mutations , Targeted therapy , response rates
Objective

To characterize real-world genomic alterations, targeted treatment patterns, and treatment responses among Indian patients with non-small cell lung cancer (NSCLC)

Methods

A retrospective analysis on Genomic alterations, therapeutic response was assessed.

Results

Among 5,432 NGS reports, 5,189 patients had at least one reported genomic alteration, of whom 3,448 (63%) had an actionable alteration. Documented post-NGS treatment information was available for 2,108 patients. Approximately 75% of EGFR-targetable patients and 85% of ALK-mutated patients were receiving targeted therapy. Among patients with available therapeutic response data, targeted therapy (n=150) demonstrated an ORR of 60.7%, DCR of 80.0%, and PD rate of 20.0%, with a median follow-up from NGS of 4.1 months; chemotherapy (n=70) demonstrated an ORR of 42.9%, DCR of 68.6%, and PD rate of 31.4%, with a median follow-up from NGS of 4.1 months. At the gene–drug level, EGFR–osimertinib showed an ORR of 72.1% (n=43) with a median follow up time from NGS of 3.3 months, while EGFR–gefitinib showed an ORR of 62.2% (n=37) and median follow up time from NGS of 3.6 months. ALK fusion -crizotinib and ALK fusion- lorlatinib showed ORR of 57.1% (n=14) and 54.5% (n=11), respectively. Long term follow up is ongoing.

Conclusion

Our findings were broadly consistent with two published studies: an Indian real-world study reporting ORRs of 65.9% and 63.6% for EGFR-TKIs and ALK inhibitors, respectively, and the FLAURA trial reporting osimertinib ORR of approximately 80%. These results are initial with limited follow up period. Long term results will be published.

Reference:

Garg A, Batra U, Choudhary P, Jain D, Khurana S, Malik PS, Muthu V, Prasad KT, Singh N, Suri T, Mohan A. Clinical predictors of response to EGFR-tyrosine kinase inhibitors in EGFR-mutated non-small cell lung cancer: A real-world multicentric cohort analysis from India. Curr Probl Cancer. 2020 Jun;44(3):100570.doi:10.1016/j.currproblcancer.2020.100570. Epub 2020 Mar 20. PMID: 32498966.

Soria JC, Ohe Y, Vansteenkiste J, Reungwetwattana T, Chewaskulyong B, Lee KH, et al. Osimertinib in untreated EGFR-mutated advanced non-small-cell lung cancer. N Engl J Med. 2018 Jan 11;378(2):113-125. doi:10.1056/NEJMoa1713137.

## Beyond cancer survival: Lower Anterior Resection Syndrome, Psychological Distress, and Health-Related Quality of Life among Colorectal Cancer Survivors

*Abstract ID: 19* | *Oral Presentation Abstracts*

Beyond cancer survival: Lower Anterior Resection Syndrome, Psychological Distress, and Health-Related Quality of Life among Colorectal Cancer Survivors

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Background: Colorectal cancer (CRC) is the third most commonly diagnosed cancer worldwide, and its incidence has been increasing in India over recent decades. Advances in surgical techniques and early detection have made sphincter-preserving procedures possible for many patients. However, the majority of them experience bowel dysfunction of varying degree, commonly known as low anterior resection syndrome (LARS). These symptoms may adversely affect psychosocial functioning and quality of life of the survivors. This study aimed to examine the association between LARS, psychological distress, and Health-Related Quality of Life (HRQoL) in CRC Survivors.

Methods: This cross-sectional study was carried out using a purposive sampling method. It included 64 colorectal cancer survivors without stoma, who were diagnosed between 2014 and 2024 and are aged 18 years and above, from the Cancer Institute (WIA), Chennai. The symptoms related to bowel dysfunction were assessed using the Low Anterior Resection Syndrome (LARS) score, psychological distress was assessed using Depression Anxiety Stress Scale (DASS), and HRQoL was assessed using EORTC QLQ-C30 and QLQ – CR29.
Results: Majority of the sample were middle-aged (43%), married (83.1%), belonged to rural background (53.8%) and had a survival period of 3 to 5 years (49.2%). Major LARS was reported by 32.3% and depression [mild (9.2%), moderate (24.6%) and severe (6.2%)] was reported by 40% of the sample. Male participants were found to have significantly better emotional functioning (79.86+17.64) than female participants (66.07+17.85). The mean global scale score of the participants was 63.67+18.6. There was a significant correlation between physical (r= -.412, p=.001), emotional (r= -.258, p=.040), cognitive (r= -.538, p<.000), and social functioning (r= -.388, p=.002), and depression. Stools frequency symptom was significantly correlated with depression (r= .373, p=.002), anxiety (r= .274, p=.029), and stress (r= .631, p<.000). Further, LARS was significantly correlated with the majority of the functional and symptom scales.
Conclusion: LARS and depression are significantly related to poorer quality of life among CRC survivors.
Implication: The findings may facilitate an understanding of the prolonged physical, psychological, and social challenges of CRC survivors and support the integration of multidisciplinary, biopsychosocial interventions into survivorship care to improve long-term quality of life.
Key words: Colorectal cancer, Lower Anterior Resection Syndrome, Health Related Quality of Life.
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## Impact of FIGO 2023 staging and molecular classificaϴon on stage migraϴon and adjuvant treatment decisions in endometrial cancer: Results from a mulϴcentric prospecϴve Indian cohort (MECASIS)

*Abstract ID: 21* | *Oral Presentation Abstracts*

Title

Impact of FIGO 2023 staging and molecular classificaϴon on stage migraϴon and adjuvant treatment decisions in endometrial cancer: Results from a mulϴcentric prospecϴve Indian cohort (MECASIS)

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Background

The 2023 FIGO staging system integrates molecular classificaƟon into endometrial cancer staging, potenƟally leading to stage migraƟon and changes in treatment decisions. Real-world data from low- and middle-income countries (LMICs), where access to molecular tesƟng is variable, remain limited.

Methods

MECASIS is a prospecƟve mulƟcentric cohort study conducted across five Indian centres. ConsecuƟve paƟents with newly diagnosed endometrial cancer (August 2024–December 2025) underwent dual staging using FIGO 2009 and 2023 systems. Molecular profiling (MMRd, POLE, p53) was performed where feasible. The primary endpoint was stage migraƟon; secondary endpoints included predictors of upstaging and impact on adjuvant treatment decisions.

Results

Among 240 paƟents (median age 59.8 years; 85% endometrioid histology), complete molecular classificaƟon was available in 38.8%, reflecƟng real-world resource constraints. Stage migraƟon occurred in 25.4% of paƟents, almost enƟrely due to upstaging (25.0%), with 90% transiƟoning from FIGO 2009 stage I to FIGO 2023 stage IIC. Stage IIC comprised 23.3% of the cohort and demonstrated significantly higher rates of p53 abnormality than other stages (55.4% vs. 13.0%; p<0.0001). Upstaging translated into clinically meaningful treatment escalaƟon, with 27.9% of paƟents receiving combined chemoradiaƟon protocols (PORTEC-3: 15.4%; GOG-258: 12.5%). Five paƟents harbouring POLE mutaƟons were reclassified as FIGO IA1; all were managed with observaƟon alone, avoiding

adjuvant therapy in one paϴent who would otherwise have been upstaged. Independent predictors of upstaging included grade 3 disease (OR 7.23), p53 abnormality (OR 3.63), and lymphovascular space invasion (OR 2.21). Notably, a subset of stage IIC paϴents lacked complete molecular classificaϴon, limiϴng accurate risk straϴficaϴon.

Conclusions

In this first prospecϴve mulϴcentric LMIC cohort, implementaϴon of FIGO 2023 resulted in one in four paϴents being upstaged, leading to substanϴal escalaϴon of adjuvant therapy. In resource-limited seţngs, incomplete molecular classificaϴon may inadvertently increase the risk of overtreatment. These findings underscore the need for wider access to standardized molecular tesϴng to enable safe and evidence-based implementaϴon

## COMMUNITY -BASED ORAL CANCER SCREENING IN SOUTHERN TAMLNADU

*Abstract ID: 23* | *Oral Presentation Abstracts*

Community-Based Oral Cancer Screening in Southern Tamil Nadu

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Background:

Oral cancer is a major public health concern in rural Tamil Nadu, largely driven by tobacco use. As oral cancer is often preceded by clinically detectable precancerous lesions, community-based visual screening enables early detection and timely intervention. This study evaluated a large-scale oral cancer screening programme across three districts of Southern Tamil Nadu.

Objectives:

To conduct community-based oral mucosal screening, determine the prevalence of tobacco use and suspicious oral lesions, and provide tobacco cessation counselling with referral for diagnostic evaluation.

Methods:

A community-based oral cancer screening programme was conducted across Tirunelveli, Thoothukudi, and Tenkasi districts during 2024–2025. Health education sessions using visual aids and pamphlets were conducted before screening. Trained healthcare professionals performed visual and tactile oral examinations. Demographic details, tobacco use, and oral mucosal findings were recorded. Participants with suspected lesions, including leukoplakia, erythroplakia, oral submucous fibrosis, and non-healing ulcers, received tobacco cessation counselling and were referred for confirmatory diagnosis and biopsy where indicated.

Results:

A total of 25,859 individuals were screened, including 3,936 males (15.2%) and 21,923 females (84.8%). Tobacco use was reported by 2,533 participants (9.8%), predominantly among males (2,062; 81.4%) compared with females (471; 18.6%). Tobacco prevalence was 52.4% among males and 2.1% among females. Oral mucosal lesions suggestive of premalignant or malignant disease were identified in 81 participants (0.31%). All suspected cases received tobacco cessation counselling and were referred for histopathological evaluation.Of those evaluated, three were confirmed with malignancy including two case of Ca tongue who completed radiotherapy and currently under palliative follow-up and one patient Ca buccal mucosa died before completing treatment.

Conclusion:

Community-based oral cancer screening is a feasible strategy for early detection in rural Southern Tamil Nadu. The high burden of tobacco use among men underscores the need for sustained screening, tobacco cessation, and strengthened referral pathways to improve early diagnosis and reduce oral cancer morbidity and mortality.

Keywords: Oral Cancer Screening; Early Detection; Tobacco Cessation; Community-Based Screening; Rural Healthcare; Real-World Evidence.

## BRCA1 Predominance and a Putative Founder Mutation in South Indian Breast Cancer Patients: Updated Real-World Evidence from an LMIC Setting

*Abstract ID: 35* | *Oral Presentation Abstracts*

BRCA1 Predominance and a Putative Founder Mutation in South Indian Breast Cancer Patients: Updated Real-World Evidence from an LMIC Setting

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Background: Hereditary breast cancer constitutes 5–10% of cases, with BRCA1/2 mutations accounting for a significant proportion. Data from low- and middle-income countries (LMICs) remain sparse due to limited access to genetic testing. We updated our South Indian cohort to assess BRCA prevalence, mutation spectrum and clinical correlates, and the regional clustering of a recurrent BRCA1 variant.

Methods: This prospective study included 190 unrelated breast cancer patients eligible for testing as per NCCN criteria; following pre-test counselling, from 1.11.2024 to 01/07/2026. Next-generation sequencing was performed using BRCA-only (n=66) or multigene hereditary cancer panels (n=124). MLPA was offered in selected patients with strong family history but NGS-negative, to detect large genomic rearrangements.

Results: The cohort included 187 females and 3 males with a median age of 47 (20-89) years. Most presented with stage II (n=83) or III disease (n=63). Pathogenic/likely pathogenic BRCA variants were identified in 23 patients (12.1%), including BRCA1 (n=18) and BRCA2 (n=5), with 5 further variants of uncertain significance. Carriers were younger than non-carriers (median 38 versus 49 years, p=0.006). Among BRCA1 carriers, 66.7% had triple-negative breast cancer (TNBC), compared with 40.0% among BRCA2 carriers (p=0.34). Frameshift mutations predominated (69.6%), most often in exon 2. A recurrent BRCA1 c.68_69del mutation was observed in 8 unrelated patients, comprising 44.4% of BRCA1 carriers, and showed significant regional enrichment in Madurai district (10.0% versus 1.5%; p=0.013), suggesting a founder effect. Non-BRCA pathogenic variants were identified in 9 patients. Uptake of cascade testing and risk-reducing surgery remained low.

Conclusion: BRCA pathogenic variants were detected in 12.1% of screened breast cancer patients, with BRCA1 predominance and strong association with TNBC and younger age. Regional clustering of BRCA1 c.68_69del, now in 8 unrelated families comprising nearly half of BRCA1 carriers, strengthens the case for a founder effect and supports first-tier targeted screening. Uptake of preventive strategies remains poor, highlighting the need to strengthen hereditary cancer services in LMICs.

Keywords: BRCA1; founder mutation; hereditary breast cancer; triple-negative; cascade testing; India

## Real-World Toxicity, Dose Attenuation and Treatment Delivery of CAPOX in Gastrointestinal Cancers: A South Indian Tertiary-Centre Cohort

*Abstract ID: 37* | *Oral Presentation Abstracts*

Real-World Toxicity, Dose Attenuation and Treatment Delivery of CAPOX in Gastrointestinal Cancers: A South Indian Tertiary-Centre Cohort

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Background and Objectives:
CAPOX (capecitabine and oxaliplatin) is widely used for gastrointestinal cancers in both curative and palliative settings. In routine practice, treatment-related toxicities may lead to dose modifications, hospitalizations and premature treatment discontinuation. We evaluated the real-world toxicity burden, dose attenuation and treatment completion with CAPOX and identified factors associated with severe toxicity.
Methods:
We conducted a retrospective observational cohort study of adults with histologically confirmed colorectal or gastro-oesophageal cancers who received at least one cycle of CAPOX at a tertiary cancer centre in South India between January 2024 and December 2025. Demographic, clinical, treatment, toxicity, dose modification, hospitalization and treatment completion data were extracted from treatment records. Dose density was defined as the administered capecitabine dose relative to the body-surface-area-calculated reference dose. Multivariable logistic regression was performed to identify independent predictors of Grade 3–4 toxicity.
Results:
Among 322 patients receiving FOLFOX or CAPOX, 312 received CAPOX and constituted the primary

analysis population. Mean age was 61.0 ± 9.8 years and 56.1% were male. Colorectal cancers comprised 72.4% and gastro-oesophageal cancers 27.6%. Any treatment-related toxicity occurred in 59.0% (95% CI, 53.4–64.3%), with diarrhoea (20.2%), hand–foot syndrome (18.3%) and peripheral neuropathy (17.0%) being the most frequent toxicities. Grade 3–4 toxicity occurred in 29.5% (95% CI, 24.7–34.8%) and was significantly more frequent with palliative than curative intent (40.9% vs 22.8%; p=0.001). Ward and ICU admissions occurred in 25.3% and 1.9%, respectively. Median starting capecitabine dose density was 77.2% during neoadjuvant treatment, 72.5% during adjuvant treatment and 69.5% during palliative treatment. Among patients requiring dose reduction, median dose density declined further to 59.5%, 54.3% and 54.1%, respectively. Dose reductions occurred in 31.1% of patients, with 96.9% attributable to toxicity. Treatment non-completion occurred in 35.6%, of which 76.6% was attributable to toxicity. On multivariable analysis, palliative treatment intent independently predicted Grade 3–4 toxicity (adjusted OR, 2.30; 95% CI, 1.39–3.79; p=0.001).
Conclusions:
In this real-world South Indian cohort, CAPOX was associated with substantial toxicity and progressive attenuation of chemotherapy dose delivery across treatment settings. Toxicity was the predominant driver of both dose reduction and treatment non-completion, while palliative treatment intent independently predicted severe toxicity. These findings highlight the need for proactive toxicity surveillance, supportive care and early dose-modification strategies to optimize CAPOX treatment delivery in routine practice.
Keywords: CAPOX; capecitabine; gastrointestinal cancer; chemotherapy toxicity; dose attenuation; treatment completion; real-world evidence

## Relation Between Post-Traumatic Growth, Caregiver Gender, and Duration of Caregiving Across Breast, Gastrointestinal, and Head & Neck Cancers

*Abstract ID: 43* | *Oral Presentation Abstracts*

Relation Between Post-Traumatic Growth, Caregiver Gender, and Duration of Caregiving Across Breast, Gastrointestinal, and Head & Neck Cancers

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Title of the Abstract

Relation Between Post-Traumatic Growth, Caregiver Gender, and Duration of Caregiving Across Breast, Gastrointestinal, and Head & Neck Cancers

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Abstract
While most studies on cancer caregiving have concentrated on caregiver burden and distress, little emphasis has been placed on positive psychological adjustment in caregivers. Post-traumatic growth is an outcome of positive psychological adjustments that result from the encounter with extremely stressful life events. The present study was conducted to evaluate the post-traumatic growth in primary caregivers of patients with breast, gastrointestinal and head and neck cancers and explore their correlation with cancer type and caregiver gender, and caregiving duration.
The present study involved the administration of a quantitative cross-sectional study on 120 primary caregivers of patients diagnosed with breast cancer, gastrointestinal cancer, and head and neck cancer. Data were collected using a socio-demographic information sheet and the Post-Traumatic Growth Inventory-Short Form (PTGI-SF). Descriptive analysis was conducted to characterise the participants and their PTG scores. Welch's one-way analysis of variance, independent-samples t-test, and Pearson's correlation were employed to analyse PTG differences across various cancer diagnoses and caregiver gender, and to examine the relationship between PTG and caregiving duration. There was no significant difference in PTG scores across cancer diagnoses ($p = .330$) or across caregiver gender ($p = .253$). On the other hand, there was a positive correlation between caregiving duration and PTG ($r = .224$, $p = .014$), indicating that finding shows that those who had engaged in caregiving for longer periods exhibited greater PTG.
Caregiving for cancer patients tends to be associated with substantial emotional and psychological difficulties; nevertheless, the results indicate that positive psychological development can occur in these caregivers as well. The association between the duration of caregiving and PTG aligns with theoretical models that posit that post-traumatic growth emerges from ongoing cognitive processing and meaning-making following adversity. It involves knowledge about post-traumatic growth in caregivers would be beneficial in providing pragmatic information that could aid in strengths-based psycho-oncology practice .
It is to acknowledge strength based intervention that complements distress-focused treatment with a focus on resilience and coping skills.
Keywords: Post-traumatic growth; Cancer caregivers; Psycho-oncology; Psycho social Intervention; Caregiver support .

## ELDERLY HEAD AND NECK CANCER- A SINGLE INSTITUTION REAL WORLD DATA

*Abstract ID: 55* | *Oral Presentation Abstracts*

ELDERLY HEAD AND NECK CANCER- A SINGLE INSTITUTION REAL WORLD DATA

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BACKGROUND

Management of elderly patients with head and neck squamous cell carcinoma poses several unique challenges and is often drastically different from that of younger patients. In this study, we attempted to study the clinicopathological and epidemiological characteristics and treatment outcomes and survival of such patients presenting to our outpatient department and compare these with those of patients belonging to a younger age who presented during the same time period.

METHODS

In this retrospective study, details pertaining to 1042 patients with head and neck squamous cell carcinoma were collected from case sheets into which they had been entered at the time of the patients' presentation to the hospital and these patients were divided into 2 groups namely Arm A (828) who had age less than 65 years and Arm B (214) who had age greater than or equal to 65 years.

RESULTS

The parameters that were significantly greater in Arm B were illiteracy (p<.001) , comorbidities (p<.001) and poor performance status (p.006). A greater proportion of patients in the Arm B received Best Supportive Care (20.1% vs. 14.7%; p<.001). There was no significant difference in treatment completion rates, percentage of defaulters or 2 year overall survival (34% vs. 35%; p=.80)

CONCLUSION

The epidemiological and clinicopathological characteristics as well as treatment outcomes appear to be significantly difference in several aspects in the elderly and hence a more nuanced approach is indicated.

## REAL-WORLD OUTCOMES OF TOTAL NEOADJUVANT THERAPY AND ORGAN PRESERVATION IN LOCALLY ADVANCED RECTAL CANCER: EXPERIENCE FROM A TERTIARY CARE CENTRE

*Abstract ID: 57* | *Oral Presentation Abstracts*

REAL-WORLD OUTCOMES OF TOTAL NEOADJUVANT THERAPY AND ORGAN PRESERVATION IN LOCALLY ADVANCED RECTAL CANCER: EXPERIENCE FROM A TERTIARY CARE CENTRE

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Objectives: Total neoadjuvant therapy (TNT) has emerged as a paradigm shift in locally advanced rectal cancer (LARC), improving treatment compliance, pathological response, and organ preservation. However, data on its adoption and outcomes in low- and middle-income countries remain limited. This study evaluated the clinical profile, treatment patterns, response rates, organ preservation, and toxicity of protocol-based treatment for LARC in a tertiary care setting.

Methods: This prospective observational study included 70 patients with histologically

proven LARC treated with curative intent between June 2024 and November 2025. Response was assessed using RECIST 1.1 and toxicity using CTCAE v5.0. Statistical analysis was performed using SPSS v27.
Results: Mean age was 57.4 years, with 67.1% females. Stage III disease was present in 95.7%. High-risk MRI features included mesorectal nodal involvement (95.7%), lateral pelvic nodes (20%), extramural vascular invasion (18.5%), and circumferential resection margin involvement (15.7%). Low- and mid-rectal tumors comprised 84.3%. TNT was administered in 70% of patients, with a chemotherapy completion rate of 74.2%. Long-course chemoradiotherapy and short-course radiotherapy (SCRT) were used in 62.8% and 27.1%, respectively. Among 64 patients receiving neoadjuvant treatment, complete response was achieved in 53.1%, partial response in 43.8%, and progressive disease in 3.1%. Combined neoadjuvant chemotherapy and radiotherapy yielded the highest complete response rates. Forty patients underwent surgery, while 24 patients with complete clinical response (cCR) underwent watch-and-wait. At a median follow-up of 18 months, four developed local regrowth and two were successfully salvaged surgically. Grade 3 chemotherapy toxicities included diarrhoea (18.6%), peripheral neuropathy (17.1%), and neutropenia (7.1%). Grade 3 radiotherapy toxicities were uncommon. Long-course chemoradiotherapy caused significantly more grade >2 dermatitis than SCRT (p=0.026).
Conclusions: Protocol-based LARC management achieved high complete response rates, acceptable toxicity, and successful organ preservation in selected patients. cCR rates compared favorably with landmark TNT trials. SCRT demonstrated a favorable toxicity profile and may be attractive in resource-constrained settings.

## Clinical Determinants and Inter-Domain Symptom Relationships of Survivorship Burden Among Breast Cancer Survivors: A Cross-Sectional Study from Tertiary Cancer center.

*Abstract ID: 62* | *Oral Presentation Abstracts*

Clinical Determinants and Inter-Domain Symptom Relationships of Survivorship Burden Among Breast Cancer Survivors: A Cross-Sectional Study from Tertiary Cancer center.

Authors:
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Mobile Number: 8951631780
Key words: Breast cancer; Survivorship; Symptom burden; Quality of life; Financial toxicity
Background:
Survivorship burden among breast cancer survivors is increasingly recognized in LMICs, yet determinants of domain-specific burden and inter-domain symptom relationships remain poorly characterized. We evaluated clinical determinants and inter-domain symptom relationships among breast cancer survivors treated at a tertiary cancer center in Southern India
Methodology:
This cross-sectional study included 162 breast cancer survivors who completed definitive

treatment. Survivorship burden was assessed using a locally adapted bilingual 24-item questionnaire covering seven domains. Domain prevalence, severity, clinical determinants and inter-domain relationships were analyzed using chi-square, Mann-Whitney U, Kruskal-Wallis tests with Dunn-Bonferroni post-hoc correction, and Spearman correlation
Results:
Median age was 50 years, and median follow-up was 31.5 months. Higher education was associated with greater emotional distress (p=0.003), sexual/menopausal concerns (p=0.007) and higher financial/lifestyle severity (median score 9 vs 7; p=0.023). TNBC survivors had greater emotional burden (11.5 vs 7 in HR+/HER2− disease; p=0.018) and fatigue/sleep disturbance (p=0.020). Longer endocrine therapy duration was associated with lower emotional burden (31 vs 24 months; p=0.027). Financial/lifestyle burden was the commonest affected domain (94.4%), followed by pain/neuropathy (71.0%) and fatigue/sleep disturbance (69.1%). Strong inter-domain relationships were observed between pain-cardiopulmonary symptoms (r=0.561), cognitive dysfunction-fatigue (r=0.530) and pain-fatigue (r=0.505) (all p<0.001). No significant associations were observed with age, stage, menopausal status, surgery, chemotherapy, marital status or time since diagnosis
Conclusions:
Survivorship burden in this LMIC cohort comprises distinct clinical phenotypes rather than a uniform post-treatment experience. Educational attainment, tumor subtype and endocrine therapy duration identify survivors at risk for domain-specific challenges, while inter-domain symptom relationships support multidomain assessment and risk-adapted survivorship

## Molecular Profile, Treatment Patterns and Survival in Metastatic Non-Small Cell Lung Cancer: A Single-Centre South Indian Cohort

*Abstract ID: 72* | *Oral Presentation Abstracts*

Molecular Profile, Treatment Patterns and Survival in Metastatic Non-Small Cell Lung Cancer: A Single-Centre South Indian Cohort

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Background: Driver mutation frequencies in Indian patients with lung adenocarcinoma differ from Western populations, with epidermal growth factor receptor alterations reported in 25-40%. Real-world data linking testing rates, treatment selection, and survival from South India remain limited.
Objectives: To describe the molecular landscape, first-line treatment patterns, and survival outcomes in metastatic non-small cell lung cancer, and to quantify the survival benefit associated with targeted therapy.
Methods: Retrospective cohort of 100 consecutive patients with metastatic non-small cell lung cancer. Molecular testing results, first-line regimen, radiological response, and survival were abstracted. Kaplan-Meier estimation with log-rank testing and multivariable Cox proportional hazards regression were used; response comparisons employed Fisher exact tests.
Results: Median age was 58 years; adenocarcinoma comprised 84%. Molecular testing was performed in 84%. Among tested patients, epidermal growth factor receptor alterations occurred in 48.8% (exon 19 deletion 58.5%, exon 21 L858R 36.6%), anaplastic lymphoma

kinase in 6.0%, ROS1 in 7.1%, and KRAS in 4.8%. Programmed death-ligand 1 was assessed in only 21.4%. First-line therapy was chemotherapy alone in 54%, targeted therapy in 33%, and combined in 9%. Objective response was 78.6% with targeted-containing therapy versus 48.3% without (p=0.003). Median overall survival was 30.5 months overall, 32.8 months with targeted-containing therapy versus 12.2 months without (p=0.030). Targeted therapy independently predicted survival (adjusted hazard ratio 0.42, 95% confidence interval 0.19-0.92, p=0.030). Median progression-free survival was 9.8 months.
Conclusion: Nearly half of tested patients harboured actionable epidermal growth factor receptor alterations, and receipt of targeted therapy independently doubled median survival.
Key Takeaway Messages
Reflex broad molecular testing must be mandatory at diagnosis in every non-squamous metastatic lung cancer, since 48.8% of tested patients had actionable epidermal growth factor receptor alterations and targeted therapy independently reduced mortality risk by 58%.
Sixteen percent of patients were never tested and received empirical chemotherapy, representing avoidable harm. Programmed death-ligand 1 testing in only 21% excludes most patients from immunotherapy eligibility assessment and should be included in the same reflex panel. Generic gefitinib and afatinib are affordable under state schemes and should be prescribed rather than withheld pending resources. Osimertinib access remains the principal unmet need.
Keywords: Lung cancer; epidermal growth factor receptor; targeted therapy; molecular testing; survival; India

## Fear of Cancer Recurrence Among Patients Undergoing Radiotherapy and Their Caregivers: A Cross-Sectional Study Evaluating Quality of Life, Social Support, Psychological Distress &
## unmet psychological needs of caregivers-Single institutional study At Madras Medical college

*Abstract ID: 74* | *Oral Presentation Abstracts*

Title:
Fear of Cancer Recurrence Among Patients Undergoing Radiotherapy and Their Caregivers: A Cross-Sectional Study Evaluating Quality of Life, Social Support, Psychological Distress & unmet psychological needs of caregivers-Single institutional study At Madras Medical college
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HOD & PROF.DR. R. GIRIDHARAN
PROF.DR. S. JEEVA
ASST PROF: DR. C. NITHYA
Background:
Fear of cancer recurrence (FCR) is one of the most common and persistent psychological concerns experienced by cancer survivors and their caregivers. It may adversely affect emotional well-being, quality of life, treatment adherence, and social functioning. Despite its clinical importance, FCR remains under-recognized in routine radiation oncology practice, particularly among caregivers.
Objectives:
To assess the level of fear of cancer recurrence among patients undergoing radiotherapy and their primary caregivers and to evaluate its association with patient quality of life, caregiver psychological

distress and perceived social support in both caregivers & patients.
Materials and Methods:
A total of 100 patient–caregiver dyads were included. Patients represented a heterogeneous group of malignancies treated with radical, adjuvant, palliative radiotherapy or concurrent chemoradiotherapy. This was a cross-sectional observational study conducted among adult cancer patients receiving radiotherapy and their primary caregivers at a tertiary cancer centre. Patient data included demographic and clinical characteristics, treatment details, and Fear of Cancer Recurrence Inventory (FCRI) scores. Quality of life was assessed using the EORTC QLQ-C30, while perceived social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS). Caregivers completed the Fear of Cancer Recurrence Inventory–Caregiver version (FCRI-C), MSPSS, and Hospital Anxiety and Depression Scale (HADS). Descriptive statistics were used to summarize baseline characteristics. Associations between FCR of patients & quality of life in patients with perceived social support, and association between FCR of patients & FCR of caregiver & FCR of caregiver with perceived social support & psychological distress were analysed using appropriate statistical tests, with p<0.05 considered statistically significant.
Results:
Both patients and caregivers demonstrated varying degrees of fear of cancer recurrence. Caregivers experience greater fear of recurrence than patients themselves. Higher FCR scores were associated with poorer quality of life and reduced perceived social support among patients. Caregivers with higher FCR & caregivers who had poor social support also exhibited greater anxiety and depressive symptoms on HADS. Social support was less for caregivers compared to patients leading to psychological distress in caregivers. Stronger perceived social support appeared to mitigate fear of recurrence in both groups.
Conclusion:
Fear of cancer recurrence is prevalent among patients undergoing radiotherapy and extends significantly to their caregivers. Routine psychosocial screening incorporating validated instruments such as FCRI, EORTC QLQ-C30, FCRI Caregiver version; MSPSS, and HADS may facilitate early identification of vulnerable individuals. Integrating psychosocial interventions into radiation oncology practice may improve both patient and caregiver well-being and overall quality of cancer care.

## Mapping the Landscape of end-of-life cancer care services in India

*Abstract ID: 78* | *Oral Presentation Abstracts*

Mapping the Landscape of end-of-life cancer care services in India
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Background: Despite all the advancements, death as a result of cancer, end of life period, experiences during that phase of life and evaluating them has been underexplored. Given the inevitable aspect of cancer mortality, it is vital to explore the quality of dying and death of the patients, and to gain an understanding on the current EOL practices in the country. This study attempts to understand the EOLC services in the Indian cancer setting.
Methods: In this descriptive survey, the centers offering palliative care services and cancer hospitals were extracted from the databases of 1) Indian Association of Palliative care 2) Pallium India 3) Jeet Association for Support to Cancer Patients 4) National Cancer Grid, 5) Director of Drug Control, Govt of India and 6) National Health Mission, Govt of India. The

lists were collated, and the duplicates were removed. The final number of centers identified were contacted through email, telephone, and social media and the data was obtained using a structured interview schedule.
Results: A total of 1566 centers were identified and screened. Centres not functional (63), not willing (9), no/invalid contact information (131), no service for cancer (136), no palliative care service (407) were excluded. Of the eligible centers (N=703), 472 were contacted, of which 424 (62.1%) centers offer EOLC services for cancer patients. Among these, 105 responded to the survey and 67.6% of the centers reported having dedicated EOLC professionals (98.1%-physicians, 99.0%-nurses, 67.6%-Social workers, and 62.9%-Psychologists). Of all the centers, 22.9% reported difficulty in availing medications, 41.9% did not have adequate financial stability for functioning, and 24.8% stated receiving some financial support from the government. Overall, 77.1% practice DNR requests and 45.7% practice facilitating living will requests.
Discussion: Nearly two-third of the centers offer EOLC services. Availability of medicines, financial constraints, last-mile connectivity and need for professional training are the major concerns in EOLC in the Indian cancer setting. The findings would aid in the development of guidelines for a nation-wide model of care in India.

## Total Neoadjuvant Therapy Using Long-Course Radiotherapy and Trifluridine/Tipiracil in Locally Advanced Rectal Cancer: A Novel Approach

*Abstract ID: 91* | *Oral Presentation Abstracts*

Total Neoadjuvant Therapy Using Long-Course
Radiotherapy and Trifluridine/Tipiracil in Locally Advanced
Rectal Cancer: A Novel Approach
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Background
Total neoadjuvant therapy (TNT) is now considered the preferred approach for locally advanced rectal cancer (LARC), particularly in patients with high-risk features such as threatened mesorectal fascia, extramural vascular invasion, or nodal involvement. However, conventional long-course chemoradiotherapy (CRT) with fluoropyrimidines followed by total mesorectal excision (TME) yields pathological complete response (pCR) rates of only 13–17%.
Strategies to improve pCR while maintaining tolerable toxicity are needed.
Trifluridine/Tipiracil (TAS-102), an oral nucleoside analogue combined with a thymidine phosphorylase inhibitor, has shown promising activity in colorectal cancer and may enhance response when incorporated into TNT.
Objectives
The primary objective of this study is to evaluate the pCR rate with TAS-102–based TNT in stage II/III rectal adenocarcinoma.
Secondary objectives include assessment of acute gastrointestinal and hematological toxicities.
Methods

This is a prospective, single-arm interventional study being conducted at the Department of Medical Oncology, Madras Medical College, Chennai (September 2025–September 2026). Eligible patients are aged 18–75 years with histologically confirmed stage II/III rectal adenocarcinoma (T3–T4 and/or N+), ECOG performance status 0–1, and no prior treatment. Patients receive long-course radiotherapy (50 Gy in 25 fractions over 5 weeks) with concurrent TAS-102 at 35 mg/m² twice daily during weeks 1, 3, and 5. This is followed by two cycles of consolidation chemotherapy with oxaliplatin 85 mg/m² (Day 1) and TAS-102 35 mg/m² twice daily (Days 1–5) every 2 weeks. Surgery (TME) is planned 2–4 weeks after consolidation chemotherapy. Toxicities are assessed weekly during chemoradiotherapy and prior to each consolidation cycle.

Results

25 patients have been enrolled, completed chemoradiotherapy and consolidation. Treatment compliance has been satisfactory, with manageable toxicities. The most commonly observed adverse events include hematological toxicities and gastrointestinal symptoms, predominantly grade 1–2. No unexpected safety signals have been identified thus far. Surgical and pathological outcomes are being evaluated for patients who have completed TNT.

Conclusion

Preliminary findings suggest that TAS-102–based TNT is feasible and well tolerated in patients with LARC. TAS-102–based TNT is feasible, with a shorter treatment duration and no major toxicity observed. Routine DPYD testing is not required with TAS-102, offering a simpler and practical treatment approach, particularly in resource-limited settings.

## E-Poster Abstracts

### HER2-Positive Metastatic Breast Cancer: Guideline Recommendations versus Real-World Practice—A Single Institution Experience

*Abstract ID: 2* | *E-Poster Abstracts*

HER2-Positive Metastatic Breast Cancer: Guideline Recommendations versus Real-World Practice—A Single Institution Experience

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Objectives

To evaluate first-line treatment patterns and treatment response in patients with HER2-positive metastatic breast cancer in routine institutional practice and identify reasons for non-receipt of guideline-recommended therapy.

Methods

We conducted a retrospective single-institution study of patients with HER2-positive metastatic breast cancer. Hormone receptor-positive/HER2-positive and hormone receptor-negative/HER2-positive disease, including de novo and recurrent metastatic disease, were included. Demographic and disease characteristics, metastatic sites, first-line treatment, response, maintenance therapy and documented reasons for not receiving standard first-line treatment were collected from medical records.

Results

72 patients were included. Median age was 47.5 years (range, 34–79); 70 (97.2%) were female. Hormone receptor-negative/HER2-positive disease accounted for 48 patients (66.7%), and hormone receptor-positive/HER2-positive disease for 24 (33.3%). Metastatic disease was de novo in 47 (65.3%) and recurrent in 25 (34.7%). Brain metastases were documented in 6 (8.3%). First-line treatment was heterogeneous; trastuzumab plus a taxane was most frequently used (24/72, 33.3%), while only 2 patients (2.8%) received a pertuzumab-containing regimen. A financial barrier was documented in 58 patients (80.6%) as a reason for not receiving standard first-line therapy. Response was documented in 67 patients (93.1%): partial response in 34 (50.7%), complete metabolic response in 11 (16.4%), stable disease in 4 (6.0%) and progressive disease in 18 (26.9%). The objective response rate among evaluable patients was 67.2%.

Conclusion

This cohort demonstrates a substantial gap between guideline-recommended HER2-directed therapy and routine practice. Limited pertuzumab use and frequent financial barriers highlight access as an important determinant of treatment selection. Improving access to recommended HER2-directed therapy may narrow this gap.

Keywords: metastatic breast cancer; HER2-positive; trastuzumab; pertuzumab; real-world evidence; treatment access

## Barriers and Facilitators to Return to Work Among Male Survivors of Cancer: A Convergent Parallel Study

*Abstract ID: 5* | *E-Poster Abstracts*

Barriers and Facilitators to Return to Work Among Male Survivors of Cancer: A Convergent Parallel Study

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ABSTRACT

Objectives: Advances in cancer treatment have extended beyond cure to social and occupational reintegration, with return to work (RTW) as an important indicator of recovery. This study aimed to assess the likelihood of returning and sustaining employment, quality of life, and to explore the barriers and facilitators influencing RTW among male cancer survivors.

Methods: This study utilised a convergent parallel mixed-methods design. Male survivors ≥ 6 months after curative-intent treatment were included in the study (N=94). Quantitative measures included the Cancer and Work Scale and the EORTC QLQ C-30. Semi-structured interviews were used to collect qualitative data. Quantitative and qualitative findings were independently analysed and subsequently integrated.

Results: Of the 94 participants, 78.7% of survivors had returned to work, and 89.4% showed a higher likelihood of sustaining employment. Sustained employment was positively correlated with monthly income ($p = .003$), global quality of life ($p = .003$), physical ($p = .001$), role ($p = .034$), and cognitive functioning ($p = .044$), and negatively correlated with fatigue ($p = .012$). Qualitative analysis identified six themes: self and family as the driving

force to return; living with the aftermath of cancer; caring or constraining – the dual nature of social support; beyond the return – the workplace experience; systemic gaps in policy and government support; and the RTW trajectory and impact.
Conclusion: RTW among male cancer survivors is a multidimensional process. The study highlighted the need for routine functional-status screening, vocational counselling, family-inclusive rehabilitation planning, and structured workplace-liaison services as additions to standard survivorship follow-up.
Keywords: Return to work; employment sustainability; male cancer survivors; quality

## Real-World Outcomes of Trastuzumab Emtansine in HER2-Positive Breast Cancer: A Single-Centre Experience from South India

*Abstract ID: 9* | *E-Poster Abstracts*

Title:
Real-World Outcomes of Trastuzumab Emtansine in HER2-Positive Breast Cancer: A Single-Centre Experience from South India

Authors:
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Background:
Trastuzumab emtansine (T-DM1) is established in HER2-positive breast cancer, but real-world populations often include poorer performance status, extensive prior therapy and CNS metastases. Indian real-world data remain limited. We evaluated the clinical profile, efficacy and tolerability of T-DM1 in a tertiary centre in South India.
Methods:
This single-centre retrospective-prospective observational study included adult women with HER2-positive breast cancer treated with T-DM1 in the adjuvant or metastatic setting at Tirunelveli Medical College Hospital. Clinical characteristics, response, PFS, OS and toxicities were assessed. Survival was analysed using Kaplan–Meier methods. The cohort comprised 25 patients treated between 2021 and 2025.
Results:
Median age was 51 years (range, 29–62); 13 patients (52%) had ECOG PS 2 at T-DM1 initiation. Twenty-four patients received T-DM1 for metastatic disease and one in the adjuvant setting. Seven patients had CNS metastases. Among metastatic patients, ORR was 12.5% (CR 8.3%; PR 4.2%), while 83.3% had progressive disease. Median PFS was 4.2 months, with one patient achieving 27.7 months of PFS. The adjuvant patient remained disease-free at 17.9 months. Median OS for the overall cohort was approximately 16 months. T-DM1 was generally well tolerated; thrombocytopenia occurred in 52%, limited to grade 1–2. No grade 3–4 cardiac events or clinically significant LVEF decline were observed.
Conclusion:
T-DM1 demonstrated a manageable safety profile and was feasible in patients with PS 2 and extensive prior treatment. Metastatic outcomes were inferior to pivotal trials, likely reflecting frequent later-line use. Earlier access to T-DM1 may improve real-world outcomes.

Keywords:
1. Trastuzumab emtansine (T-DM1)

## Beyond Actionability: Refining Shared Decision-Making Following Fifty-Gene Next-Generation Sequencing in Non-Small Cell Lung Cancer: A Real-World Audit and Quality Improvement Initiative

*Abstract ID: 11* | *E-Poster Abstracts*

Title

Beyond Actionability: Refining Shared Decision-Making Following Fifty-Gene Next-Generation Sequencing in Non-Small Cell Lung Cancer : A Real-World Audit and Quality Improvement Initiative

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Background

Broad-panel next-generation sequencing (NGS) improves detection of clinically relevant genomic alterations beyond conventional testing in advanced non-small cell lung cancer. This study evaluated the incremental value of an institutional 50-gene NGS panel on shared decision-making in routine clinical practice

Objectives

This study evaluated the impact of an institutional fifty-gene NGS panel on documented shared decision-making (SDM) and characterised the genomic landscape in routine clinical practice.

Methods

A retrospective observational audit included consecutive patients with advanced NSCLC who underwent in-house fifty-gene NGS between June 2025 and June 2026 and had at least one documented post-NGS oncology consultation. All genomic alterations were analysed to describe the molecular landscape, while alterations unique to the expanded panel were assessed for their influence on six predefined SDM domains: targeted therapy discussion, molecular tumour board referral, departmental discussion, clinical trial discussion, prognostic counselling, and genetic clinic referral.

Results

Among 113 patients (median age 64.5 years; 74.3% male), the most frequent alterations were TP53 (45.1%), KRAS (25.7%), EGFR (20.4%), CDKN2A (16.8%), FGFR3 (9.7%), and FGFR1 (7.1%). Additional genomic alterations beyond the conventional 13 gene panel were detected in 49 patients (43.4%); however, only 16 (32.7%) had documented SDM influenced by these findings. Departmental discussion was the commonest SDM practice (24.5%), whereas molecular tumour board referral (4.1%), targeted therapy discussion (4.1%), and clinical trial discussion (6.1%) were uncommon. No documented prognostic counselling or genetic referral was identified. A structured post-NGS SDM documentation template was developed as a quality improvement initiative.

Conclusion

Expanded fifty-gene NGS substantially increased detection of additional genomic alterations, but their integration into documented shared decision-making remained limited. Standardised

post-NGS documentation represents a practical best clinical practice to improve multidisciplinary communication, patient-centred precision oncology, and appropriate utilisation of comprehensive genomic profiling.

Keywords: Non-small cell lung cancer; Next-generation sequencing; Precision oncology; Shared decision-making; Comprehensive genomic profiling; Quality improvement.

Figure 1 Shared decision making impact influenced due to gene alteration in exclusive to 50 gene panel. The alterations of 13 genes (EGFR ,ALK,ERBB2, BRAF,KRAS, MAP2K1,NRAS,PIK3CA,MET,RET, ROS1, TP53, and NTRK) were excluded for evaluating the impact shared decision making

Table 1 Proposed Post NGS -SDM Template

Patient ID: _____Date: _____Diagnosis: _____Stage: _____

Genetic alteration identified: Yes / No

Name the Gene alteration detected : _____

Shared Decision-Making Checklist

Targeted therapy considered based on _____ alteration :Yes / No;

Molecular Tumor Board referral planned based on _____ alteration:Yes / No

Departmental multidisciplinary discussion performed based on _____ alteration :Yes / No

Clinical trial eligibility discussed based on _____ alteration : Yes / No

Prognostic implications explained based on _____alteration :Yes / No

Genetic counselling referral considered based on _____ alteration :Yes / No

Final Plan

Management decision after SDM: _____

Patient preference documented: Yes / No

Follow-up plan: _____

## Association Between Baseline Neutrophil-to-Lymphocyte Ratio and PET-CT Metabolic Parameters in Patients with Diffuse Large B-Cell Lymphoma: A Retrospective Observational Study

*Abstract ID: 15* | *E-Poster Abstracts*

Chronotype Distribution Among Oncology Patients Attending a Tertiary Care Cancer Centre: An Interim Analysis Using the Morningness–Eveningness Questionnaire (MEQ)

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Presenter- Bhuvana J

Background: Circadian rhythm and chronotype are increasingly recognised as determinants of immune regulation, treatment response, and quality of life in cancer patients, yet Indian data on chronotype distribution in oncology populations remain scarce. We report findings from an ongoing cross-sectional study assessing chronotype among oncology outpatients using the Morningness–Eveningness Questionnaire (MEQ).

Methods: Adult oncology outpatients with histopathologically confirmed malignancy were consecutively enrolled at a tertiary care cancer centre. The MEQ was administered once during a routine outpatient visit, categorising patients as morning, intermediate, or evening chronotype. Clinico-demographic, disease, and treatment variables were recorded. Associations between chronotype and categorical variables were assessed using chi-square/Fisher exact tests; continuous variables were compared using one-way ANOVA. Enrolment and analysis are ongoing.

Results: Among patients analysed (mean age 53.1 ± 14.2 years; 51% male), chronotype distribution was 70% morning, 28% intermediate, and 2% evening type. Chronotype was significantly associated with tumour category (solid vs. haematological malignancy, p=0.030) and with neutrophil-to-lymphocyte ratio (NLR, p=0.030); intermediate- and evening-type patients showed higher mean NLR than morning-type patients (3.93 and 3.75 vs. 2.21). No significant association was found

between chronotype and sex, comorbidities, smoking or alcohol use, ECOG performance status, disease stage, treatment modality, or steroid use.

Conclusion: Oncology outpatients showed a marked predominance of morning chronotype, with evening chronotype uncommon. Exploratory associations with tumour category and systemic inflammation (NLR) support the biological plausibility of chronotype–immune interactions in cancer and warrant confirmation as further patients are enrolled and analysed, which will additionally allow multivariable analysis of predictors of evening chronotype.

Keywords: chronotype; circadian rhythm; oncology; Morningness–Eveningness Questionnaire; neutrophil-to-lymphocyte ratio

## Chronotype Distribution Among Oncology Patients Attending a Tertiary Care Cancer Centre: An Interim Analysis Using the Morningness–Eveningness Questionnaire

*Abstract ID: 16* | *E-Poster Abstracts*

Chronotype Distribution Among Oncology Patients Attending a
Tertiary Care Cancer Centre: An Interim Analysis Using the
Morningness–Eveningness Questionnaire (MEQ)

Shashidhar V K Department of Medical Oncology, Vydehi Institute of Medical Sciences & Research Centre, Bangalore, Karnataka, India

Background: Circadian rhythm and chronotype are increasingly recognised as determinants of immune regulation, treatment response, and quality of life in cancer patients, yet Indian data on chronotype distribution in oncology populations remain scarce. We report findings from an ongoing cross-sectional study assessing chronotype among oncology outpatients using the Morningness–Eveningness Questionnaire (MEQ).

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Conclusion: Oncology outpatients showed a marked predominance of morning chronotype, with evening chronotype uncommon. Exploratory associations with tumour category and systemic inflammation (NLR) support the biological plausibility of chronotype–immune interactions in cancer and warrant confirmation as further patients are enrolled and analysed, which will additionally allow multivariable analysis of predictors of evening chronotype.

Keywords: chronotype; circadian rhythm; oncology; Morningness–Eveningness Questionnaire; neutrophil-to-lymphocyte ratio

## Real world outcomes of Low dose Nivolumab and Oral Metronomic chemotherapy in Advanced, Recurrent and Metastatic non nasopharyngeal Head and Neck Squamous cell Carcinoma from a Tertiary Cancer Care Centre in South India

*Abstract ID: 27* | *E-Poster Abstracts*

TITLE :

Real world outcomes of Low dose Nivolumab and Oral Metronomic chemotherapy in Advanced, Recurrent and Metastatic non nasopharyngeal Head and Neck Squamous cell Carcinoma from a Tertiary Cancer Care Centre in South India

OBJECTIVES :

To analyse the clinical profile, efficacy, adverse effects and treatment outcomes of low-dose (LD) nivolumab and oral Metronomic chemotherapy (OMCT) in recurrent unresectable or metastatic non-nasopharyngeal Head and Neck cancer (HN SCC) patients of Cancer Institute, WIA, Chennai.

METHODS :

Adults () with recurrent unresectable or metastatic non-nasopharyngeal HNSCC treated with LD Nivolumab and OMCT between July 2022 and July 2025 were retrospectively evaluated. Progression-free survival (PFS) and OS were calculated using the Kaplan–Meier method.

RESULTS:

Total of 101 patients with advanced or recurrent HNSCC were analysed. Median age was 55 years (range 21-78), and 75.2% were male (n=76). 31.7% were smokers (n=32) and 68.3% were tobacco chewers (n=69). 34.7% had Stage IVA disease at diagnosis (n=35), and 65.3% had prior platinum exposure (n=66). Nivolumab was given as 1st-line of systemic therapy in 31.7% (n=32), as 2nd-line in 56.4% (n=57), and as subsequent lines in 11.9% (n=12), for a median of 6 cycles (range 1-39). 72 patients were evaluated for clinical response, of which 13.8% had partial response (n=10), 65.2% had stable disease (n=47), and 20.8% had progression (n=15). At a median follow-up of 8.2 months (95% CI 5.3-11.1), median PFS was 8.7 months (95% CI 4.5-13.0) and median OS was 11.0 months (95% CI 7.4-14.5). Any-grade adverse events occurred in 30.6% of patients (n=31), of which hepatitis was the most common (45.1%, n=14).

CONCLUSION :

The survival results are comparable with the landmark trial, highlighting the use of Low dose nivolumab and oral metronomic therapy as a clinical and cost effective strategy in advanced HNSCC with acceptable toxicity profile.

Keywords : LD Nivolumab, OMCT, cost effective, PFS, OS

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## Objective response with markedly attenuated flat-dose trastuzumab deruxtecan (100 mg) versus ≥200 mg or weight-based dosing: a real-world multicentre Indian cohort

*Abstract ID: 28* | *E-Poster Abstracts*

Objective response with markedly attenuated flat-dose trastuzumab deruxtecan (100 mg) versus ≥200 mg or weight-based dosing: a real-world multicentre Indian cohort

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Background

Trastuzumab deruxtecan (T-DXd) is licensed at 5.4 mg/kg Q3W in HER2-positive and HER2-low breast cancer and HER2-mutant NSCLC (DESTINY-Breast03, 2022; DESTINY-Breast04, 2022; DESTINY-Lung02, 2023) and 6.4 mg/kg Q3W in gastric cancer (DESTINY-Gastric01, 2020). Registration trials enrolled few Indian patients, and acquisition cost in India frequently drives use of attenuated flat doses dispensed by vial size rather than by body weight. No efficacy data exist for flat doses substantially below the licensed exposure. We examined objective response rate (ORR) by administered dose in a real-world Indian cohort across solid tumour indications.

Methods

Retrospective multicentre analysis of consecutive patients receiving T-DXd across 7 participating tertiary cancer centres in India. Patients were grouped by the dose recorded in the treatment record: Group A, 100 mg flat; Group B, ≥200 mg flat or weight-based dosing (4.4, 5.4 or 6.4 mg/kg). Where body weight was documented, mg/kg-equivalent exposure was derived. Baseline clinicopathological characteristics, including age, sex, primary tumour indication, HER2 and hormone receptor status, and treatment line, were extracted. Best response was investigator-assessed on cross-sectional/PET imaging. ORR (CR+PR) and disease control rate (DCR, CR+PR+SD) were calculated among response-evaluable patients; non-evaluable (NE) and missing responses were excluded. Groups were compared by Fisher's exact test with Clopper–Pearson 95% confidence intervals. No adjustment for confounding was performed.

Results

A total of 74 patients were analysed (Group A, n=6; Group B, n=68; median age 57 years, range 23–76; 93.2% female). Primary tumour indications comprised breast cancer (n=65, 87.8%), gastric or gastro-oesophageal junction adenocarcinoma (n=4, 5.4%), non-small cell lung cancer (n=3, 4.1%), colorectal carcinoma (n=1, 1.4%), and biliary tract carcinoma (n=1, 1.4%). Among breast cancer cases, 53.8% (35/65) were HER2-positive (IHC 3+ or ISH amplified), 23.1% (15/65) HER2-low, and 49.2% (32/65) hormone receptor-positive. Overall, 64.2% of patients received T-DXd in the third line or beyond (median line of therapy 3 in both groups; p=0.82). Derived exposure in Group A was flat 100 mg; Group B median exposure of drug was 5.40 mg/kg (range 2.99–6.40).

Among response-evaluable patients (n=62; Group A n=6, Group B n=56), ORR was 50.0% (3/6; 95% CI 11.8–88.2%) in Group A versus 62.5% (35/56; 95% CI 48.5–75.1%) in Group B (OR 0.60; p=0.67). DCR was 66.7% (4/6) versus 83.9% (47/56; p=0.29). A sensitivity analysis excluding one record with discordant dose documentation gave ORR 40.0% (2/5) versus 63.6% (35/55; OR 0.38, p=0.36). Any-grade ILD/pneumonitis occurred in 1/6 (16.7%) and 6/68 (8.8%) respectively (all Grade 1–2; zero Grade ≥3 events or treatment-related deaths). Median cycles delivered were 8 in both groups (range 1–23).

Conclusions

In this real-world Indian cohort across diverse HER2-expressing solid tumours, patients treated with 100 mg flat-dose T-DXd — a median exposure of only ~1.8 mg/kg — showed a numerically lower ORR (50.0% vs 62.5%) and DCR (66.7% vs 83.9%) than those receiving ≥200 mg or weight-based dosing. With only six patients in the attenuated-dose group, the 95% confidence interval spans 11.8–88.2% and the analysis is not powered to exclude clinically important inferiority; the non-significant p-value must not be interpreted as evidence of equivalence. Given the absence of any pharmacokinetic or efficacy rationale for dosing at one-third of the licensed exposure, these data provide no support for cost-motivated flat-dose attenuation of T-DXd outside a prospective study, and highlight the need for a formally powered exposure–response analysis in Indian practice.

Keywords: trastuzumab deruxtecan; dose attenuation; real-world evidence; HER2; solid tumours; breast cancer; India; access

## Beyond the tip of the iceberg: Distress and Quality of Life among Adolescents and Young Adults with Cancer in a Tier 2 Indian City.

*Abstract ID: 30* | *E-Poster Abstracts*

Beyond the tip of the iceberg: Distress and Quality of Life among Adolescents and Young Adults with Cancer in a Tier 2 Indian City.

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Background

Adolescents and Young Adults (AYA; 15-39 years) with cancer represent a unique population with distinct challenges. The present study aimed to evaluate the clinical and psychosocial profile of AYAs with cancer, with emphasis on distress and quality of life (QOL).

Objectives

Assess distress using NCCN-DT and quality of life using WHOQOL- BREF.

Explore associations between distress, QOL and patient characteristics.

Materials and Methods

All patients aged 15-39 years newly diagnosed with cancer on disease-modifying therapy from April 2023 to October 2024 in the Department of Medical Oncology were enrolled in the cross-sectional study. DT>4 indicated significant distress. QOL was evaluated using WHOQOL-BREF, a 26-item self-report questionnaire to measure quality of life across 4 key domains (Physical health- 7 items; Psychological health- 6 items; Social relationships-3 items; Environment-8 items; General Health and QoL – 2 items). Responses were rated on a 5-point Likert scale. Data was analyzed using SPSS version 26.0, and descriptive statistics were used to summarize patient characteristics. Associations between distress, quality of life domains , and patient characteristics were analyzed using Chi-Square and independent t- tests, with p <0.05 considered statistically significant.

Results

A total of 101 AYAs were enrolled, comprising 51 men (50.5%) and 50 women (49.5%). Significant distress (DT>4) was identified in 41 patients (40.6%). Most participants reported intermediate QOL across physical (76.2%), psychological (60.4%), social (52.5%), and environmental (64.4%). Compared with patients without significant distress, those with DT>4 had significantly lower physical health (p=0.001), psychological health (p=0.011), and environmental health scores (p=0.010). No significant difference was observed in social health scores (p=0.362). Unemployment was significantly associated with poorer physical QOL (p=0.002), while unmarried status was associated with poorer social health QOL (p=0.01).

Conclusion

Significant distress was present in approximately two-fifths of AYAs and was associated with poorer physical, psychological, and environmental QOL.

Key words

Adolescents and Young Adults; Neoplasms; Psychological Distress; Quality of Life; Psycho-Oncology; India

Practice- changing points:

Approximately 4 in 10 AYAs with cancer experience significant distress.

Distress screening should be integrated throughout the cancer journey and not be limited to end-of-life, symptom crisis, or specialist psychological assessment.

Integrating distress screening, documentation, and psychosocial referral pathways into routine oncology care may improve patient-centred outcomes.

## Beyond Clinician Predictions: Distress Doesn’t Follow the Rules We Expect in Geriatric Oncology

*Abstract ID: 31* | *E-Poster Abstracts*

Beyond Clinician Predictions: Distress Doesn’t Follow the Rules We Expect in Geriatric Oncology

Harini S1, Ravi Kiran Pothamsetty2, SV Saju3, Raju Honey Susan4, Krishnakumar Rathnam5

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Background

Distress is recognized as the sixth vital sign in oncology, yet routine screening remains inconsistent, particularly in resou rce-limited settings where dedicated psycho-oncology services are limited.

Objectives

To determine the proportion of older adults with cancer experiencing clinically significant distress.

To examine the association between distress and clinical variables.

Materials and Methods

The cross-sectional analysis enrolled adults aged ≥60 years attending the Department of Medical Oncology between April and July 2025. Clinically significant distress was defined as a score of ≥4 on the NCCN DT. Clinical variables were collected using institution protocols and summarized using descriptive statistics. Associations between categorical variables and distress (≥4 and <4) were evaluated using Fisher's exact test, with statistical significance was set at p≤0.05.

Results

Forty-eight patients were included (mean age 66.5 years±5.3; 25 women, 23 men). Clinically significant distress was present in 34 patients (71%). Most patients had metastatic disease (33/48, 69%) and were receiving palliative-intent treatment (35/48, 73%).

No significant association was observed between distress and treatment intent (curative vs palliative = 77% vs 69%, p= 0.73), stage (early-advanced vs metastatic = 60% vs 76%, p= 0.32), treatment type (DMT vs BSC vs TBD = 74% vs 100% vs 50%, p= 0.28), ECOG (0-1 vs 2-4 = 59% vs 77%, p= 0.20), gender (men vs women = 65% vs 76%, p=0.53), and socioeconomic status (upper /upper-middle vs lower-middle vs upper-lower /lower = 89% vs 64% vs 68%, p=0.40).

Exploratory post-hoc analysis identified two clinically relevant discordant groups: 7 patients with poor ECOG but low distress, and 10 patients with good ECOG despite high distress.

Conclusion

Nearly three-quarters of older adults with caner experienced clinically significant distress, irrespective of clinical profile. Although limited by the small sample size, these findings support consideration of universal distress screening rather than selective risk-based assessment.

Key words

Geriatric Oncology; Psychological Distress; Psycho-oncology; Distress Thermometer; Cross-sectional study; India

Practice- changing points

Distress screening should be universal rather than limited to perceived high-risk groups.

Routine NCCN DT screening, documentation, and serial monitoring should be integrated alongside other vital signs in geriatric oncology.

Early identification of distress enables timely supportive care interventions, irrespective of stage grouping or treatment in tent.

## The Support Gap: Perceived Social Support Among Patients with Cancer- A Cross-Sectional Study

*Abstract ID: 32* | *E-Poster Abstracts*

The Support Gap: Perceived Social Support Among Patients with Cancer- A Cross-Sectional Study

Harini S1, Ravi Kiran Pothamsetty2, SV Saju3, Raju Honey Susan4, Krishnakumar Rathnam5

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Background

Perceived social support influences coping, treatment adherence, and quality of life in cancer patients, yet it is rarely assessed systematically in Indian oncology settings. This cross-sectional study measured perceived social support in cancer patients using the Multidimensional Scale of Perceived Social Support (MSPSS).

Objectives

To assess perceived social support among patients with cancer using the Multidimensional Scale of Perceived Social Support (MSPSS).

To compare perceived social support across sociodemographic and clinical characteristics and identify factors associated with lower support.

Methods

The cross-sectional study was conducted in June 2026 among fifty cancer patients undergoing active treatment, survivorship follow-up, or palliative care at a tertiary cancer centre completed the 12-item MSPSS (1–7 scale), covering family, friends, and significant-other domains. Demographic, clinical, and subscale data were analyzed descriptively and by subgroup.

Results

Mean age was 49.6±12.6 years; 52% were female. Nearly three-quarters (74%) lived with spouse only or spouse and children, and 26% were widowed, divorced, or separated. Treatment phase distribution was 48% active, 18% survivorship, and 34% palliative. Overall mean MSPSS score was 5.15±1.09, indicating moderate-to-high perceived support; no patient scored below the low-support cutoff (<3). However, 46% fell in the moderate band (3–5), short of consistently high support. The friend's subscale scored highest (5.54±1.34) and the significant-other subscale lowest (4.79±0.86). Rural patients reported lower support than urban patients (4.88 vs 5.50), and patients in active treatment scored no higher, and slightly lower, than those in palliative care (5.03 vs 5.33).

Conclusion

While overt social isolation was rare, a substantial minority reported only moderate support, with a consistent gap in significant-other support and a rural disadvantage. Social support should be assessed early and universally rather than inferred from treatment phase or family structure.

Keywords: Perceived social support; MSPSS; Cancer patients; Cross-sectional study; Rural-urban disparity; Psychosocial oncology

Practice-Changing Points

Screen social support at diagnosis. Active-treatment patients had no support advantage over palliative patients, supporting routine assessment from the time of diagnosis.

Prioritize rural patients for psychosocial referral. Lower support scores among rural patients suggest residence should trigg er early social work assessment.

Assess support beyond family. The significant-other domain scored lowest, highlighting the need to identify and strengthen a trusted personal support system rather than assuming family support is sufficient.

## "Prevalence and Risk Factors of Electrolyte Abnormalities in Patients Undergoing Concurrent Chemoradiotherapy for Head and Neck Malignancy"

*Abstract ID: 34* | *E-Poster Abstracts*

"Prevalence and Risk Factors of Electrolyte Abnormalities in Patients Undergoing

Concurrent Chemoradiotherapy for Head and Neck Malignancy"

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Background: Electrolyte imbalance is a significant but often under-recognized complication in head-and-neck cancer patients undergoing concurrent chemoradiotherapy (CCRT). Cisplatin can cause renal tubular injury with sodium, potassium, calcium, and magnesium wasting[1], [3]. Hyponatremia is frequently encountered[2], while dysphagia and reduced oral intake following irradiation may further aggravate electrolyte disturbances[4], [5].

Aim: To determine the prevalence of sodium, potassium, calcium, and magnesium abnormalities in head-and-neck cancer patients undergoing CCRT and identify associated risk factors.

Methods: A retrospective analysis of 50 head-and-neck cancer patients receiving CCRT was performed. Cisplatin was used in 45 patients and carboplatin in 5. Serum sodium, potassium, calcium, and magnesium, where available, were reviewed against standard reference ranges. Demographic, treatment-related, and clinical factors were assessed for association with

electrolyte abnormalities.
Results: Electrolyte imbalance was observed in 18/50 patients (36%). Hyponatremia was the most frequent abnormality (36.7%), followed by hypocalcemia (12.2%) and hypokalemia (10.2%). Magnesium was tested in only 3 patients, of whom 2 had abnormalities, limiting interpretation of its true prevalence. Imbalances were more frequent in patients aged ≤40 and 61–70 years, without a consistent age-related trend. Hypokalemia and hypomagnesemia were observed only among patients receiving cisplatin; the small carboplatin group precluded reliable comparison. Radiation-associated dysphagia and reduced oral intake appeared to contribute substantially. Comorbidities and personal habits showed no major association.
Conclusion: Electrolyte abnormalities affected more than one-third of patients undergoing CCRT and were associated with prolonged hospitalization. Major contributing factors included hyponatremia related to cerebral salt wasting, inadequate oral intake secondary to dysphagia, and cisplatin-associated renal electrolyte wasting. Early nutritional intervention, including timely enteral feeding and electrolyte supplementation, along with close biochemical monitoring during chemotherapy, may reduce morbidity and treatment interruptions. Routine magnesium monitoring and appropriate $MgSO_4$ supplementation should be considered in patients receiving cisplatin.
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## “30 Minutes to Make a Difference: A Rapid Breast Cancer Awareness Intervention for Hospital Employees”

*Abstract ID: 36* | *E-Poster Abstracts*

“30 Minutes to Make a Difference: A Rapid Breast Cancer Awareness Intervention for Hospital Employees”
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Background: Breast cancer is the commonest malignancy among Indian women and presents at advanced stage largely because of low awareness. Hospital employees are influential health communicators in their communities, yet their own awareness is seldom measured or addressed.
Objectives: To evaluate the effect of a structured educational intervention on breast cancer knowledge among hospital employees.
Methods: Single-group pre-test and post-test study among 381 hospital employees with

complete paired responses. A 26-item validated knowledge questionnaire covering risk factors, warning signs, self-examination and screening was administered before and after a structured education session. Paired comparisons used the Wilcoxon signed-rank test and McNemar test; effect size was expressed as Cohen dz.

Results: Participants were predominantly nursing staff (51.4%), housekeeping (15.7%) and catering staff (13.6%); 54.1% lived in rural areas and 2.4% reported a family history. Mean knowledge score rose from 16.74 (standard deviation 2.70) to 20.07 (standard deviation 3.20) out of 26, a mean gain of 3.33 points (95% confidence interval 3.02-3.65; p<0.001; Cohen dz 1.06). Scores improved in 83.5% of participants. The proportion achieving adequate knowledge, defined as 70% or more correct, rose from 25.7% to 72.2% (p<0.001). Largest gains occurred for screening-interval and risk-factor items. Nursing staff scored higher at baseline and after intervention than non-clinical staff (both p<0.001), though knowledge gain did not differ between groups (p=0.128). Post-intervention scores remained lowest for items on mammographic screening age.

Conclusion: A single structured educational session produced a large, statistically robust improvement in breast cancer knowledge across all staff categories.

Key Takeaway Messages

A single low-cost education session raised adequate knowledge from 26% to 72%, and should be mandatory in hospital induction and annual training for all staff categories, not only clinical staff. Non-clinical staff started lower but gained equally, so housekeeping and catering personnel must be included rather than excluded. Persistent deficits concerned screening age and mammography intervals; future sessions should foreground national screening recommendations. Trained hospital employees form a ready cadre of community health messengers for opportunistic breast awareness in surrounding rural populations. Knowledge retention beyond the immediate post-test remains unmeasured and requires follow-up assessment.

Keywords: Breast cancer awareness; health education; hospital employees; early detection; intervention; India

## Challenges in Delivering Anti-Insomnia Interventions for Cancer Patients: A Qualitative Process Evaluation Study

*Abstract ID: 40* | *E-Poster Abstracts*

Challenges in Delivering Anti-Insomnia Interventions for CanceReal-World Evidence-r Patients: A Qualitative Process Evaluation Study

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Introduction:

Insomnia is a common and distressing symptom in cancer patients. Though Cognitive Behavioural Therapy-Insomnia (CBT-I) is a guideline-recommended intervention, practical challenges (space, time in crowded clinics) limit its delivery. Drugs for insomnia have shown conflicting results in trials.

Methods:

Patients with cancer undergoing chemotherapy with moderate-to-severe insomnia enrolled in a randomised trial comparing modified CBT-I +/- melatonin at JIPMER. A trained psychologist facilitated these modified sessions. As part of a qualitative process evaluation audit, the psychologist noted her observations, and these “field notes” (the first 74 participants

counselled) were analysed using reflexive thematic analysis to understand the challenges in delivering anti-insomnia interventions.

Results

The codes derived from the notes were analysed using a deductive approach and categorised into two major themes reflecting the challenges: 1) In the delivery of anti-insomnia interventions and 2) In adhering to anti-insomnia interventions. Challenges in the delivery of anti-insomnia interventions include two sub-themes: 1.a) System-level Challenges: non-conducive Environment, limited human resources and time constraints. 1.b) Provider-level Challenges: Provider Fatigue, process tension and stigma in care-seeking. Challenges adhering to anti-insomnia interventions include two sub-themes: 2) mCBT-I adherence: lack of literacy, less interest and poor family-support; 2b) Drug adherence: apprehension of polypharmacy and adverse effects of chemotherapy. Common challenges include patients' personality traits and gender roles.

Conclusion

There are significant challenges limiting the optimal delivery of anti-insomnia interventions, especially CBT-I, at several levels in an Indian tertiary care setting. Though some challenges are systemic and possibly unmodifiable, others could be addressed in patients with a more supportive-oriented and eclectic approach.

Keywords: insomnia, melatonin, observations, challenges, psychotherapy, oncology

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## Real-World Feasibility and Dosimetric Bottlenecks of the FAST-FORWARD Protocol in Right-Sided Whole Breast Radiotherapy

*Abstract ID: 41* | *E-Poster Abstracts*

Real-World Feasibility and Dosimetric Bottlenecks of the FAST-FORWARD Protocol in Right-Sided Whole Breast Radiotherapy

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Background

No published data exist on how often FAST-FORWARD (26Gy/5) dosimetric constraints can be met outside a trial setting. We quantified real-world feasibility of ultra-hypofractionated whole-breast irradiation (WBI) for right-sided breast cancer using two metrics (clinician plan acceptance and strict protocol compliance), identified which constraint limits eligibility most, and assessed the role of planning technique.

Methods

Between 2020 and 2026, 599 consecutive right-sided breast cancer patients received adjuvant RT at our institution; 115 (19.2%) received WBI alone and constituted the FAST-FORWARD eligible cohort. All were planned at 26Gy/5 on Eclipse v15.3 (FiF, IMRT, or VMAT), and evaluated against protocol

constraints: PTV V 95% ≥90%, V 105% ≤7%, V 107% ≤2%, D max ≤110%, ipsilateral lung V 8Gy <15%, heart V 1.5Gy <30%, heart V 7Gy <5%. Two feasibility metrics were computed: clinical acceptance (patients treated with 26Gy/5) and strict dosimetric compliance (every constraint met per protocol operators). Between-group comparisons used Mann-Whitney U with BH-FDR correction and rank-biserial r as effect size. Threshold sensitivity relaxed each constraint individually while holding others at protocol values.

Results

Clinical acceptance was 38/115 (33%, 95% CI 24.6–42.4) and strict compliance 30/115 (26%, 95% CI 18.3–35.1); population-level utilization was 38/599 (6.3%). Thirteen patients were treated despite borderline violations (10 involving lung V 8Gy , median overshoot 0.80%); 5 compliant patients were not treated (all FiF).

Feasibility depended on planning technique: FiF 8.1% (6/74), IMRT 53.8% (7/13), VMAT 89.3% (25/28); Fisher's exact p <0.001. Among accepted plans, 18/38 (47.4%) met all ideal objectives. Among rejected plans, lung V 8Gy was the most frequently failed constraint (88.3%, 68/77), followed by PTV V 95% (41.6%, 32/77). Of 39 single-constraint failures, 35 (89.7%) failed lung V 8Gy alone. Between-group comparisons are presented in the table.

Relaxing lung V 8Gy from <15% to <17% improved strict compliance from 26% to 33%. No other constraint relaxation added more than 2 patients.

Metric Accepted Plans - Median (IQR) Rejected Plans - Median (IQR) p (BH) Effect Size (r) Effect Magnitude

PTV V 95% 95.0 (92.8–96.0) 92.1 (84.0–94.2) <0.001 0.494 Medium

PTV V 105% 1.7 (0.4–3.6) 1.4 (0.0–3.3) 0.378 0.102 Small

PTV V 107% 0.0 (0.0–0.1) 0.0 (0.0–0.0) 0.267 0.117 Small

PTV D max 108.2 (106.5–109.0) 106.1 (105.4–107.1) <0.001 0.492 Medium

Lung V 8Gy 13.7 (12.3–15.1) 23.5 (19.0–26.9) <0.001 −0.821 Large

Conclusion

The population-level utilisation of 6.3% in our high-volume institution is attributable to RNI exclusion and highlights a ceiling on adoption. Our report also suggests that centres should consider VMAT planning to achieve FAST-FORWARD protocol constraints.

Keywords: FAST-FORWARD, ultra-hypofractionation, breast radiotherapy, dosimetric feasibility, ipsilateral lung dose, VMAT,

## Beyond Performance Status: Uncovering Hidden Symptom Burden Using the Edmonton Symptom Assessment System (ESAS)—A Clinical Audit

*Abstract ID: 42* | *E-Poster Abstracts*

Beyond Performance Status: Uncovering Hidden Symptom Burden Using the Edmonton Symptom Assessment System (ESAS)—A Clinical Audit

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Background

Symptom burden in cancer extends beyond physical symptoms and performance status. ESAS is widely used in palliative care, but its role in routine medical oncology remains underutilized. This audit evaluated ESAS in profiling symptom burden and identifying supportive care needs not apparent from performance status alone.

Objectives

1. To identify hidden symptom burden using ESAS and evaluate the relationship between ESAS and ECOG.

2. To assess palliative care integration based on symptom burden.

Methodology

A retrospective cross-sectional audit was conducted among 50 consecutive adult patients with cancer presenting to the Department of Medical Oncology, assessed during the data-collection officer's scheduled OPD postings (May – June 2026) at a tertiary cancer centre. Symptom burden was assessed using ESAS; non-English speakers used a non-validated Tamil translation. Symptom severity was categorized as mild, moderate, or severe. Demographics, ECOG status, and palliative care referral were recorded. Spearman's rank correlation evaluated the ECOG-symptom burden association.

Results

Of fifty patients, 42 (84%) were on active treatment, 2 (4%) in survivorship, and 6 (12%) on best supportive care. Mean total ESAS score was 28.9±11.6. Impaired well-being (mean 4.42) and depression (mean 4.40) showed the highest burden; moderate-to-severe rates were highest for impaired well-being (80%), depression (74%), fatigue (54%), appetite loss (50%), and pain (48%).

Thirty-one patients (62%) had moderate and 15 (30%) had severe symptom burden. Only 2 (4%) were newly referred to palliative care; 6 (12%) were already on best supportive care. Among the 15 patients, 9 (60%) had no referral. ECOG correlated strongly with symptom burden (ρ = 0.70); however, four patients (8%) with good functional status (ECOG 0–1) had severe symptoms, none

referred.

Conclusion

Routine ESAS assessment identified a hidden cohort with severe symptom burden despite preserved performance status, highlighting limits of ECOG-based referral and the need to capture unmet needs.

Keywords

Edmonton Symptom Assessment System (ESAS)

Eastern Cooperative Oncology Group (ECOG)

Symptom Burden

Medical Oncology

Clinical Audit

India

Practice-changing Points

1. Prioritize the integration of psychological and psychosocial support as core component of comprehensive cancer care.
2. Integrate palliative care early in the cancer treatment trajectory, alongside disease-directed therapies.
3. A persistent negative psychological state may contribute to deterioration of overall health.
4. Patients with well-controlled physical symptoms and good psychological well-being are more likely to tolerate anticancer treatment effectively, potentially reducing avoidable dose reductions, treatment interruptions, and delays while improving adherence to planned therapy.

## When Cancer Strikes Twice:, Clinicopathological Spectrum, Therapeutic Challenges and SurvivorshipStrategies for Double Primary Malignancies in India-A Decade of Real World Experience.

*Abstract ID: 47* | *E-Poster Abstracts*

Title: When Cancer Strikes Twice:, Clinicopathological Spectrum, Therapeutic Challenges and Survivorship Strategies for Double Primary Malignancies in India-A Decade of Real World Experience.

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Background: Advances in cancer screening, multimodality treatment, and supportive care have substantially improved cancer survival, leading to a rapidly expanding population of longterm cancer survivors. Consequently, double primary malignancies (DPMs) are emerging as an increasingly important challenge in oncology. These patients often require complex diagnostic evaluation, individualized treatment planning, and prolonged surveillance. However, data from India describing not only the patterns of DPMs but also potential survivorship strategies to address this growing burden remain scarce.

Objectives: To describe the clinicopathological Spectrum, cancer-combination patterns, latency patterns, therapeutic challenges, identify factors associated with loss of curative opportunity at the second cancer, and propose a resource-adapted survivorship intervention.

Methods: We retrospectively reviewed patients diagnosed with two histologically distinct primary cancers between 2015 and 2025. Double primary malignancies were defined using Warren and Gates criteria. DPMs were classified as synchronous (≤6 months) or metachronous (>6 months).Exact McNemar testing assessed paired change in explicit stage IV disease; Fisher exact tests explored associations with palliative intent.Descriptive statistics were used to summarize patient characteristics, tumour patterns, latency intervals, treatment strategies, and outcomes.

Results: A total of 78 patients with double primary malignancies were identified. The median age was 59 years, with a female predominance. Metachronous malignancies constituted 43(55.1%) of cases, while synchronous malignancies accounted for 35(44.9%). Breast, head-and-neck, gastrointestinal, gynecological, thoracic, genitourinary, and hematological malignancies represented the predominant tumour groups. Adenocarcinoma and squamous cell carcinoma were the leading histologies. Stage IV disease increased from 8/78 (10.3%) at the first primary to 36/78 (46.2%) at the second; 31/70 (44.3%) patients without stage IV first cancer later developed stage IV second cancer (exact McNemar p<0.001). Palliative-intent treatment occurred in 52/78 (66.7%). Performance status 2 or higher was associated with palliative intent (odds ratio 6.30; p<0.001).

Conclusion: Double primary malignancies are an increasingly recognized consequence of improving cancer survivorship. The second cancer did not follow a single clock: 44.9% appeared within 6 months and 55.1% later, yet loss of curative opportunity was similar in both groups supporting lifelong, risk-directed survivorship rather than time-limited surveillance.Based on our findings, we propose a survivorship-oriented framework incorporating risk-stratified screening, treatment-exposure tracking, multidisciplinary management, and structured survivorship clinics to facilitate early detection of second primary malignancies. Such strategies may improve treatment feasibility, reduce diagnostic delays, and optimize long-term outcomes in resource-constrained settings.

Keywords: Double primary malignancies(DPMs), second Curative Oppurtunity ,Synchronous, metachronous, latency interval; Survivorship strategies.

## Bridging the Multiple Myeloma Survival Gaps in Resource-Limited Settings: Real World Outcomes and Proposal of a Five Tier Pragmatic Resource Stratified Care Framework.

*Abstract ID: 49* | *E-Poster Abstracts*

Title: Bridging the Multiple Myeloma Survival Gaps in Resource-Limited Settings: Real World Outcomes and Proposal of a Five Tier Pragmatic Resource Stratified Care Framework.

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Abstract

Objectives: To evaluate real-world outcomes of frontline bortezomib-based therapy in newly diagnosed multiple myeloma patients, to identify the major resource related barriers to care at a Government tertiary care oncology center in India and using these observations to develop a pragmatic five-tier resource-stratified care framework.

Methods: This retrospective cohort included 52 consecutive adults treated from January 2021 to November 2024. Patients received cyclophosphamide, bortezomib, and dexamethasone or lenalidomide, bortezomib, and dexamethasone. Baseline characteristics, response, toxicity, progression-free survival, and overall survival were analyzed using Kaplan-Meier estimates, log-rank testing, and Cox regression. Observed institutional barriers informed a five-tier implementation framework covering diagnosis, therapy, transplantation, maintenance, and supportive care.

Results: Median age was 59 years and 63.5% were male. Eastern Cooperative Oncology Group performance status was at least 2 in 34.6%, renal dysfunction occurred in 38.5%, myeloma-related bone disease in 71.2%, and International Staging System stage III disease in 34.6%. Cyclophosphamide, bortezomib, and dexamethasone was used in 61.5% and lenalidomide, bortezomib, and dexamethasone in 38.5%. Overall response rate was 75%, with 48.1% achieving very good partial response or better. Median progression-free and overall survival were 18.4 and 34.7 months. Lenalidomide, bortezomib, and dexamethasone was associated with longer progression-free survival (22.5 versus 16.2 months; P=0.04) and overall survival (39.8 versus 31.2 months; P=0.03). Baseline renal dysfunction independently predicted inferior survival (hazard ratio 2.1, 95% confidence interval 1.2-3.7; P=0.01). Grade 3-4 hematologic toxicity occurred in 21.2%, severe infections in 7.7%, and peripheral neuropathy in 9.6%.

Conclusion: Advanced presentation, renal impairment, and treatment-access limitations remain major barriers. Best clinical practice should prioritize early diagnosis, renal-supportive care, risk-adapted triplet therapy, transplant optimization, maintenance access, and strengthened supportive care.

Keywords: Multiple myeloma; real-world evidence; resource-stratified care; renal dysfunction; survival; India.

## Clinicopathological Profile and Survival Outcomes of Epithelial Ovarian Carcinoma: A Two-Year Retrospective Study from a Tertiary Cancer Centre

*Abstract ID: 51* | *E-Poster Abstracts*

Clinicopathological Profile and Survival Outcomes of Epithelial Ovarian Carcinoma: A Two-Year Retrospective Study from a Tertiary Cancer Centre

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Objectives: To evaluate the clinicopathological characteristics, treatment patterns, progression-free survival, overall survival, and prognostic factors in patients with epithelial ovarian carcinoma treated at a tertiary cancer centre.

Methods: This retrospective observational study included patients with epithelial ovarian carcinoma registered between January 2024 and December 2025. Demographic, clinical, pathological, treatment, surgical and follow-up data were collected. Progression-free survival (PFS) and overall survival (OS) were estimated using Kaplan–Meier analysis, with survival comparisons performed using the log-rank test.

Results:Of 109 ovarian tumour records screened, 101 patients had epithelial ovarian carcinoma after exclusion of eight non-epithelial tumours. Median age was 55 years and majority (69.3%) were postmenopausal. Advanced-stage disease (FIGO III–IV) was present in 82 patients (81.2%), while ascites was documented in 38 (37.6%). Serous carcinoma was the predominant histology ( 56.4%). Neoadjuvant chemotherapy was administered to 61 patients (60.4%), interval debulking surgery was performed in 28 (27.7%), and ovarian cancer-directed surgery was performed in 46.5%. Twenty-one defaulters were excluded from survival analysis, leaving 80 evaluable patients. Thirty-eight PFS events and 13 deaths were observed. Median PFS was 16 months, with 12- and 24-month PFS rates of 62.5% and 45.8%, respectively. Median OS was not reached, with 12- and 24-month OS rates of 89.1% and 76.7%, respectively. Advanced-stage disease was significantly associated with inferior PFS (p=0.0032). Stage IV disease was associated with inferior OS compared with stage I–III disease (p=0.0187).

Conclusion:This real-world cohort demonstrated a high burden of advanced epithelial ovarian carcinoma, with more than four-fifths presenting with FIGO stage III–IV disease. Stage was the most consistent adverse prognostic factor. These findings emphasize the importance of early referral, appropriate selection of neoadjuvant versus primary cytoreductive strategies, and achieving optimal cytoreduction in routine clinical practice.

Keywords: Epithelial ovarian carcinoma; Progression-free survival; Overall survival; Cytoreductive surgery; Neoadjuvant chemotherapy; Prognostic factors

## The Modified Glasgow Prognostic score as Prognostic marker in Advanced Cancer Patients receiving Palliative care

*Abstract ID: 53* | *E-Poster Abstracts*

The Modified Glasgow Prognostic score as Prognostic marker in Advanced Cancer Patients receiving Palliative care

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Abstract
Background
Systemic inflammation and malnutrition are common in advanced malignancies and contribute significantly to poor outcomes. C-reactive protein (CRP) is a widely used marker of systemic inflammation, while serum albumin reflects nutritional and inflammatory status. The modified Glasgow Prognostic Score (mGPS), which incorporates CRP and albumin, has emerged as a simple prognostic tool in oncology.
Objectives
To evaluate the impact of CRP and serum albumin and mGPS on six-month survival in patients with advanced cancer receiving palliative care and to assess their association with tumor site and clinical characteristics.
Methods
A Prospective observational study was conducted among 150 patients with advanced metastatic cancers receiving palliative treatment. Demographic, clinical, laboratory, and survival data were collected. Baseline CRP, serum albumin, ECOG performance status, primary tumor site, and mGPS were recorded. The primary endpoint was six-month survival.
Results
Among 150 patients, 62 (41.4%) survived beyond six months while 88 (58.6%) died within six months. Mean CRP was substantially lower among survivors compared to non-survivors (22.8 vs 51.1 mg/L). Mean serum albumin was higher among survivors (3.71 vs 2.78 g/dL). Patients with elevated mGPS demonstrated poorer survival outcomes. Upper gastrointestinal malignancies constituted the largest subgroup. Poor survival was associated with elevated inflammatory burden, hypoalbuminemia, and poor performance status.
Conclusion
Elevated CRP and reduced serum albumin are associated with inferior six-month survival in advanced cancer patients receiving palliative care. These inexpensive and routinely available biomarkers may assist clinicians in prognostication, treatment planning, and supportive care decision-making and eliminate inter-observer variability of ECOG-PS.
Keywords
CRP, Albumin, Inflammation, Nutrition, Modified Glasgow Prognostic Score, Palliative Care, Advanced Cancer, Survival

## Treatment Burden and Predictors of Hospital Readmission During Concurrent Chemoradiotherapy for Head and Neck Squamous Cell Carcinoma: A Prospective Observational Study

*Abstract ID: 59* | *E-Poster Abstracts*

Treatment Burden and Predictors of Hospital Readmission During Concurrent Chemoradiotherapy for Head and Neck Squamous Cell Carcinoma: A Prospective Observational Study

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Background
Concurrent chemoradiotherapy (CTRT) for head and neck squamous cell carcinoma (HNSCC) is associated with substantial acute treatment-related morbidity, which may compromise nutritional status, treatment continuity and quality of care. Hospital

readmission represents an important clinically relevant consequence of treatment toxicity. This study evaluated the treatment burden associated with CTRT and explored clinical and treatment-related factors associated with hospital readmission.

Methods

This prospective observational study included 60 adults with HNSCC treated with concurrent chemoradiotherapy at a tertiary cancer centre. Baseline demographic and disease characteristics, treatment details and treatment-related complications were prospectively recorded. Treatment burden was assessed using weight loss >10%, feeding-tube requirement, severe mucositis, severe dysphagia, severe dermatitis, haematological toxicity, nephrotoxicity and treatment interruption. The primary outcome was hospital readmission. Categorical variables were compared using the Chi-square or Fisher's exact test, and continuous variables using the Student's t-test or Mann–Whitney U test, as appropriate. Odds ratios with 95% confidence intervals were planned for clinically relevant associations, with exploratory multivariable logistic regression used to identify independent factors associated with hospital readmission.

Results

Sixty patients with HNSCC undergoing concurrent chemoradiotherapy were analysed. Hospital admission was documented in 28 patients (46.7%). Treatment-related morbidity was substantial, with >10% weight loss in 37 patients (61.7%), feeding-tube requirement in 43 (71.7%), severe mucositis in 28 (46.7%), severe dysphagia in 14 (23.3%), haematological toxicity in 15 (25.0%) and nephrotoxicity in 5 (8.3%). Treatment interruption occurred in 24 patients (40.0%).

On univariate analysis, hospital admission was significantly associated with N-stage positivity (OR 7.71, 95% CI 2.17–27.42; P=0.001), advanced overall stage (OR 5.91, 95% CI 1.79–19.50; P=0.003), induction chemotherapy (OR 4.58, 95% CI 1.10–19.11; P=0.050), >10% weight loss (OR 13.89, 95% CI 3.44–56.05; P<0.001), feeding-tube requirement (OR 6.48, 95% CI 1.62–25.93; P=0.009), and severe mucositis (OR 10.71, 95% CI 3.24–35.49; P<0.001). Treatment interruption was also strongly associated with hospital admission (OR 142.6, 95% CI 15.59–1304.79; P<0.001), although the temporal relationship between these events requires cautious interpretation.

Conclusion

Concurrent chemoradiotherapy in HNSCC was associated with a substantial burden of nutritional, mucosal and systemic toxicity, with nearly half of patients requiring hospital readmission. Identification of clinical factors associated with readmission may facilitate early supportive-care intervention, closer toxicity surveillance and strategies aimed at maintaining uninterrupted cancer treatment. These findings require validation in larger prospective cohorts.

## Real-world outcomes of trastuzumab deruxtecan in metastatic breast cancer: Treatment patterns, toxicities and logistical challenges from a Tertiary Government Cancer Hospital

*Abstract ID: 61* | *E-Poster Abstracts*

Real-world outcomes of trastuzumab deruxtecan in metastatic breast cancer: Treatment patterns, toxicities and logistical challenges from a Tertiary Government Cancer Hospital

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Objectives:

To evaluate real-world efficacy, safety, and treatment delivery challenges of trastuzumab deruxtecan (T-DXd) in metastatic breast cancer in a resource-constrained setting.

Materials and Methods:

We conducted a retrospective analysis of patients with confirmed HER2 status receiving ≥1 cycle of T-DXd. The primary endpoint was objective response rate (ORR) per RECIST v1.1. Secondary endpoints included progression-free survival (PFS), overall survival (OS),

treatment-related adverse events (TRAEs), and treatment delays.
Results:
Seventeen female patients (median age 55 years) were included; 16 had breast cancer and one dual malignancy. Recurrent metastatic disease was present in 52.9%. Most were hormone receptor-positive (76.5%), with HER2-positive (82.3%) and HER2-low (17.6%) disease; 47.1% had >3 metastatic sites. All patients received prior chemotherapy. Among hormone-positive patients, prior endocrine therapy included aromatase inhibitors (n=11) and CDK4/6 inhibitors or fulvestrant (n=4). Prior anti-HER2 exposure included dual blockade (64.7%) and T-DM1 (52.9%). T-DXd was administered in ≥3rd line in 52.9%, with a median of 7 cycles.
A total of 34 clinically significant delayed cycles occurred, predominantly due to logistical factors (71.4%); median cumulative delay was 21 days. Dose modifications occurred in 6 patients (upfront n=3; on-treatment n=3), mainly within ≤4 cycles.
Among 10 evaluable patients, ORR was 90% (CR 40%, PR 50%). Seven were not evaluable due to inadequate exposure or early death. Grade ≥3 toxicities included thrombocytopenia, interstitial lung disease (one fatal), and cardiotoxicity (one discontinuation). With median follow-up of 6 months, median PFS and OS from T-DXd initiation were 6 months; mOS from diagnosis was 39.6 months.
Conclusion:
T-DXd demonstrates high response rates with manageable toxicity in a real-world LMIC setting. However, treatment continuity is significantly limited by logistical barriers rather than toxicity. Early toxicities, including ILD and cardiotoxicity, warrant vigilant monitoring, underscoring the need for system-level interventions

## Real-World Pathological Complete Response with Neoadjuvant Subcutaneous Pertuzumab–Trastuzumab–Hyaluronidase (PHESGO) in HER2-Positive Breast Cancer: A Single-Center Experience

*Abstract ID: 63* | *E-Poster Abstracts*
Metastatic Lung Adenocarcinoma: Guideline Recommendations Versus Real-World Practice – An Institutional Experience

## Real-World Pathological Complete Response with Neoadjuvant Subcutaneous Dual Human Epidermal Growth Factor Receptor 2 Blockade in Human Epidermal Growth Factor Receptor 2-Positive Breast Cancer: A Single-Center Experience

*Abstract ID: 64* | *E-Poster Abstracts*
Real-World Pathological Complete Response with Neoadjuvant Subcutaneous Dual Human Epidermal Growth Factor Receptor 2 Blockade in Human Epidermal Growth Factor Receptor 2-Positive Breast Cancer: A Single-Center Experience
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Objectives
To determine the real-world pathological complete response (pCR) rate with neoadjuvant subcutaneous dual human epidermal growth factor receptor 2 (HER2) blockade (pertuzumab, trastuzumab, and hyaluronidase) in patients with HER2-positive breast cancer, and to benchmark outcomes against pivotal randomized trials and published real-world data.

Methods

We retrospectively reviewed 62 consecutive patients with HER2-positive breast cancer enrolled for neoadjuvant subcutaneous pertuzumab-trastuzumab-hyaluronidase-based treatment at a single center. Of these, 33 underwent definitive breast surgery; 31 had final histopathology reported and were evaluable for pathological response, defined as absence of invasive tumor in the breast and axilla (ypT0/Tis, ypN0). Response was stratified by hormone receptor (HR) status and chemotherapy sequencing (concurrent taxane plus dual HER2 blockade upfront versus anthracycline-first sequential chemotherapy). Proportions are reported with Wilson score 95% confidence intervals (CI).

Results

Median age of the evaluable cohort was 53 years (range 34–84). Pathological complete response was achieved in 21 of 31 evaluable patients (67.7%; 95% CI 50.1–81.4%). Response was numerically higher in HR-negative (9/11, 81.8%) than HR-positive (6/10, 60.0%) tumors, and with concurrent upfront taxane plus dual HER2 blockade (12/18, 66.7%) than anthracycline-first sequential chemotherapy (2/5, 40.0%). No treatment-related symptomatic cardiac dysfunction leading to discontinuation was recorded. This rate exceeded NeoSphere (39.3% with pertuzumab-trastuzumab-docetaxel), was consistent with TRYPHAENA (55–64%), and compared favorably with a published real-world series using the same subcutaneous formulation (65%, n=26).

Conclusion

In this real-world single-center cohort, neoadjuvant subcutaneous dual HER2 blockade achieved a pCR rate of 67.7%, exceeding landmark trial benchmarks and comparable real-world data, with a favorable cardiac safety profile. Upfront concurrent regimens and HR-negative status were associated with higher response. These findings support this regimen as an effective, practical neoadjuvant option, though the modest sample size and retrospective design warrant confirmation in larger prospective cohorts.

Keywords

HER2-positive breast cancer; Neoadjuvant therapy; Pertuzumab; Trastuzumab; Pathological complete response; Real-world evidence

Table 1. Benchmarking against published neoadjuvant dual HER2-blockade studies

| Study | Regimen | N | pCR rate |
|---|---|---|---|
| NeoSphere | Pertuzumab + trastuzumab + docetaxel | 107 | 39.3% |
| NeoSphere | Trastuzumab + docetaxel | 107 | 21.5% |
| TRYPHAENA | Pertuzumab + trastuzumab + anthracycline-containing / anthracycline-free chemo | 225 | 55–64% |
| Real-world series | Neoadjuvant subcutaneous dual HER2 blockade | 26 | 65% |
| Present study | Neoadjuvant subcutaneous dual HER2 blockade | | |

## Definitive hypofractionated chemoradiotherapy for locally advanced esophageal squamous Cell Carcinoma: Prospective Outcomes, Survival, Response, and Patterns of Failure from a Single-Institution Cohort

*Abstract ID: 65* | *E-Poster Abstracts*

Definitive hypofractionated chemoradiotherapy for locally advanced esophageal

squamous Cell Carcinoma: Prospective Outcomes, Survival, Response, and Patterns of Failure from a Single-Institution Cohort

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Purpose/Objective(s): Definitive chemoradiotherapy (dCRT) is an established option for patients with esophageal squamous cell carcinoma (ESCC) unsuitable for or declining surgery. We prospectively evaluated feasibility, response, survival, dysphagia outcomes, toxicity, and failure patterns following definitive hypofractionated radiation-based treatment.
Materials/Methods: Sixty-four consecutive patients with ESCC received definitive radiotherapy (60 Gy/25 fractions or 61.6 Gy/28 fractions) with concurrent chemotherapy. Overall survival (OS), progression-free survival (PFS), local progression-free survival (LPFS), and distant metastasis-free survival (DMFS) were estimated using Kaplan-Meier methods. Response and dysphagia were assessed longitudinally. Univariable and exploratory multivariable Cox regression were performed for OS.
Results: Median age was 57 years (IQR, 50–65); 44/64 (68.8%) had T4 disease. Neoadjuvant chemotherapy was administered in 54 (84.4%), and RT was completed in 63 (98.4%). Among 59 evaluable patients, complete and objective response rates were 86.4% and 91.5%, respectively. Dysphagia significantly improved by end of RT (P=0.038) and at 3 months (P<0.001). Median OS was 34.7 months (95% CI, 20.6–NR), with 1-, 2-, and 3-year OS of 80.4%, 56.1%, and 48.2%. Median PFS was 23.3 months, with 1-, 2-, and 3-year PFS of 73.2%, 49.9%, and 44.8%. Median LPFS and DMFS were 30.1 and 39.2 months, respectively. Distant relapse occurred in 9/64 (14.1%), with no isolated distant failures. T4/N2+ disease showed numerically inferior OS versus T3N0/N1 (HR 1.81, 95% CI, 0.73–4.46; P=0.197). On multivariable analysis, no independent predictor of OS was identified. Grade ≥3 acute toxicity was uncommon. Late stricture occurred in 29.7%; among these, 47.4% required dilatation and 15.8% stenting.
Conclusion: Definitive hypofractionated chemoradiotherapy was feasible and achieved high response rates, significant dysphagia improvement, and encouraging survival despite predominantly locally advanced ESCC. The low rate of isolated distant relapse emphasizes locoregional control as a key therapeutic challenge and supports strategies to improve local control while reducing late esophageal toxicity.

Keywords: Esophageal squamous cell carcinoma, Definitive chemoradiotherapy, Hypofractionated radiotherapy, Locoregional control, Dysphagia, Survival

## CARCINOMA ERYSIPELOIDES IN BREAST CANCER-AN UNCOMMON PRESENTATION

*Abstract ID: 67* | *E-Poster Abstracts*

CARCINOMA ERYSIPELOIDES IN BREAST CANCER-AN UNCOMMON PRESENTATION
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ABSTRACT
Objectives
To highlight carcinoma erysipeloides (CE) as an uncommon manifestation of cutaneous metastatic breast cancer and emphasize the importance of early recognition and skin biopsy in patients presenting with cellulitis/erysipelas-like lesions.
Methods
We present a case of a 55-year-old postmenopausal woman with triple-negative left breast carcinoma, initially staged cT4bN1M0. She received neoadjuvant chemotherapy followed by modified radical mastectomy, adjuvant radiotherapy, and capecitabine. Clinical, radiological, histopathological, and treatment details were reviewed.
Results
Histopathology after mastectomy showed grade 3 invasive ductal carcinoma, ypT4bN2a, with 6/22 lymph nodes involved. Subsequently, she developed pruritic erythematous papules over the right breast. Mammography and MRI demonstrated diffuse skin thickening, subcutaneous edema, and inflammatory changes without a discrete mass. PET-CT showed no metabolically active distant metastases. The lesions progressively involved the upper chest, back, and left chest wall. Given the persistent and progressive nature of the lesions, dermatology consultation and incisional skin biopsy were performed. Histopathology demonstrated malignant cells within dermal lymphovascular spaces with perivascular lymphatic infiltration, confirming CE. She received second-line gemcitabine but subsequently developed chronic liver disease, ascites, and lower respiratory tract infection, with progressive deterioration and death.
Conclusion
CE is a rare but important manifestation of breast cancer recurrence/progression that can closely mimic cellulitis or erysipelas. Persistent, atypical, or treatment-resistant erythematous skin lesions in patients with a history of malignancy should prompt early dermatological assessment and skin biopsy. Recognition of dermal lymphatic involvement is crucial for timely diagnosis and appropriate systemic management, although CE generally indicates an aggressive disease course and poor prognosis.
Keywords: Carcinoma erysipeloides; breast cancer; cutaneous metastasis; triple-negative breast

## Knowing How Far, Not What: Patient Awareness of Diagnosis, Stage, and Treatment Goals in Indian Oncology.

*Abstract ID: 68* | *E-Poster Abstracts*

Knowing How Far, Not What: Patient Awareness of Diagnosis, Stage, and Treatment Goals in Indian Oncology.

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Background
Patient-centered cancer care relies on patients understanding three key domains of their illness: cancer diagnosis, disease stage, and treatment goals. Deficits in awareness across these domains may compromise informed decision-making and shared care planning.
Objectives
1. To determine the proportion of oncology outpatients who correctly identify their cancer type, disease stage, and treatment goal, verified against medical records and compare awareness across these domains.
2. To identify demographic and clinical factors associated with accurate awareness.
Methodology
This cross-sectional study of 50 adult oncology patients, conducted in July 2026, utilized a structured, researcher-developed Tamil/English questionnaire to assess awareness across three domains: cancer diagnosis, disease stage, and treatment goals. Patient responses were verified against medical records for accuracy. Statistical analyses included Fisher's exact test, McNemar's exact test, and multivariable logistic regression to identify independent predictors of accurate awareness.
Results
Mean age was 53.5 years (58% women, 58% rural, 30% with no/primary education). Patients correctly identified disease stage more often (62%) than treatment goal (44%) or cancer type (26%); stage awareness exceeded cancer-type awareness within the same patients (McNemar $p<0.0001$). Treatment-goal awareness was strongly associated with actual intent: 75.0% of curative-intent patients identified their goal correctly versus 15.4% of palliative-intent patients ($p<0.0001$). Cancer-type and stage awareness were both strongly associated with education (stage: 13.3% correct with low education vs. 82.9% with higher education, $p<0.0001$) and remained independently predicted by education after adjustment for residence, age, and sex (adjusted OR 24.5, 95% CI 3.1–193.9). Despite low objective awareness, 92% of patients reported feeling adequately informed.
Conclusion
This cohort understands disease extension far better than its specific name, yet awareness of palliative-intent treatment remains critically low. Since low formal education is the primary modifiable barrier to insight instead of family gatekeeping, targeted educational interventions are vital.
Keywords: Patient Awareness; Cancer disclosure; Communication; Health literacy; Cross-sectional study; India
Practice-Changing Points
1. Palliative shifts: Re-evaluate goals-of-care understanding immediately when treatment

intent shifts to palliative care.
2. Low-literacy care: Use routine teach-back methods and simplified language to counter total gaps in comprehension.
3. Objective verification: Rely on active verification rather than patient silence or perceived satisfaction.
4. Private consultation: Secure a brief, private moment alone with the patient despite constant family presence.

## Pathological Complete Response Following Neoadjuvant Docetaxel, Carboplatin, Trastuzumab and Pertuzumab (TCHP) in HER2-Positive Breast Cancer: A Real-World Single-Centre Experience

*Abstract ID: 75* | *E-Poster Abstracts*

Pathological Complete Response Following Neoadjuvant Docetaxel, Carboplatin, Trastuzumab and Pertuzumab (TCHP) in HER2-Positive Breast Cancer: A Real-World Single-Centre Experience

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Objectives

Primary Objective- To determine the pathological complete response (pCR) rate following neoadjuvant TCHP.

Secondary Objectives- To assess clinicopathological factors associated with pCR, treatment related toxicities and disease free survival (DFS).

Methods

A retrospective, single-centre observational study was conducted in patients with histopathologically confirmed HER2-positive breast cancer who received neoadjuvant TCHP followed by definitive surgery and met inclusion and exclusion criteria. 71 patients treated between 1 January 2024 and 31 December 2025 were included; data were collected till 31 July 2026. Demographic, clinical, pathological, treatment and toxicity data during neoadjuvant treatment, along with limited survival data, were collected. pCR was defined as ypT0/is ypN0. Associations were assessed using Fisher’s exact test and multivariable logistic regression.

Results

The median age was 53 years; 57.7% had hormone-receptor-positive disease and 67.6% had HER2 immunohistochemistry 3+ tumours. Pathological complete response occurred in 43/71 patients (60.6%; 95% confidence interval, 48.9–71.1%). pCR was higher in hormone-receptor-negative versus positive disease (80.0% vs 46.3%; odds ratio 4.63; P=0.006) and immunohistochemistry 3+ versus 2+ tumours (72.9% vs 34.8%; odds ratio 5.05; P=0.004). pCR was also higher in clinically node-negative versus node-positive disease (79.2% vs 51.1%; P=0.039), while no significant association was observed with histological grade (62.1% vs 58.5%; P=0.809). Anaemia and diarrhoea were the most frequent toxicities (90.1% and 94.4%); grade 3 or higher events occurred in 18.3% and 15.5%, respectively. The median follow up was 9.1 months and no disease-related events were observed during follow up.

Conclusion
Neoadjuvant TCHP achieved a 60.6% pathological complete response rate, consistent with available literature data. Hormone-receptor status, HER 2 3+ expression and nodal status were important determinants of response.
Keywords: HER2-positive breast cancer; neoadjuvant therapy; pathological complete response; TCHP; trastuzumab; pertuzumab

## Real-World Effectiveness, Dose Optimization, Toxicity and Quality of Life with Generic Palbociclib in Hormone Receptor-Positive, Human Epidermal Growth Factor Receptor 2-Negative Metastatic Breast Cancer: An Ambispective Single-Centre Study from South India

*Abstract ID: 80* | *E-Poster Abstracts*

Real-World Effectiveness, Dose Optimization, Toxicity and Quality of Life with Generic Palbociclib in Hormone Receptor-Positive, Human Epidermal Growth Factor Receptor 2-Negative Metastatic Breast Cancer: An Ambispective Single-Centre Study from South India

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Objectives: To assess the real-world use, clinical indications, tolerability, dose delays and dose reductions associated with generic palbociclib in Indian patients with hormone receptor-positive, human epidermal growth factor receptor 2-negative metastatic breast cancer; to evaluate quality of life (QOL); and to determine progression-free survival (PFS) and overall survival (OS).
Methods: We conducted an ambispective cohort study of 101 patients treated with generic palbociclib at a tertiary cancer centre in South India. PFS and OS were estimated using Kaplan–Meier methods. Dose modifications, toxicity and toxicity-related hospitalizations were assessed. QOL was evaluated using the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Breast Cancer Module at baseline, 3 and 6 months.
Results: Median age was 60 years; 83.2% were postmenopausal. Palbociclib was used as first-line therapy in 67.3%, most commonly with letrozole (80.2%). At a median follow-up of 23.0 months, median PFS was 30.0 months (95% confidence interval 18.0–not reached), while median OS was not reached. Dose delays occurred in 35.6% and dose reductions in 37.6%. Neutropenia occurred in 92.1%, with grade III–IV toxicity in 19.8%; toxicity-related hospitalization occurred in 26.0%. Among 43 patients assessed for QOL, 30 completed questionnaires. Future Perspective improved significantly from baseline to 6 months (56.5 to 73.8; $\chi^2$=9.67, p=0.008), with improvement evident by 3 months. Arm Symptoms also declined (23.9 to 14.3; p=0.075).
Conclusion: Generic palbociclib demonstrated clinically meaningful real-world effectiveness with manageable toxicity. Dose optimization and close hematologic monitoring remain important. QOL findings suggest improvement in patients' future outlook and a favorable trend in symptom burden during treatment.

## SpHeRe 1.0 (Spiritual Health Reflection): Exploring Reflective Readiness and Spiritual Comfort in Oncology Healthcare Professionals in a Tier II Cancer Care Centre in Southern India – An Exploratory Mixed-Methods Study.

*Abstract ID: 83* | *E-Poster Abstracts*

SpHeRe 1.0 (Spiritual Health Reflection): Exploring Reflective Readiness and Spiritual Comfort in Oncology Healthcare Professionals in a Tier II Cancer Care Centre in Southern India – An Exploratory Mixed-Methods Study.

Shanmuga Priya Murugan1, Ravi Kiran Pothamsetty2, SV Saju3, Raju Honey Susan4, Krishnakumar Rathnam5

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Background

Systemic staff shortages, acute time constraints, and clinical reticence frequently aggravate spiritual care inconsistencies in resource-limited settings.

Objectives

To assess spiritual reflective readiness among oncology health care professionals (HCPs) using SpHeRe-RR Likert based scale.

To explore HCPs personal comfort with spiritual care through open-ended questions.

Materials and Methods

A cross-sectional, anonymous mixed-methods study was conducted in March 2025 among 36 oncology HCPs in the Department of Medical Oncology. A 10-item, 5-point SpHeRe-RR Likert reflection scale (max score=50; α = 0.77) assessed reflective readiness. Reflection scores were stratified into low, middle and upper score groups based on score distribution, with cut-offs adjusted to avoid splitting participants with identical total scores.

Three open-ended questions were independently coded as low (0), moderate (1), or high (2) spiritual comfort. Scores were summed (range 0-6) and categorized as: GA (5-6), GB (3-4), and GC (0-2).

Concordance was defined as falling on the matching pattern (upper-score + GA, middle-score + GB, lower-score + GC), tested further with Cohen's kappa (κ). Descriptive statistics were used in the study.

Results

Thirty-Six oncology HCPs participated in the study. The mean reflective readiness score was 32.6±4.9 (range 22-48). Based on reflection scores, participants were categorized into lower (≤31; n=13), middle (32-34; n=15), and upper (≥35; n=8) score groups. Based on narrative comfort scores, participants were categorized as GA: (n=5), GB: (n=23), GC:(n=8).

A total of 14 HCPs (38.9%) demonstrated concordance. Statistical analysis revealed negligible to slight agreement beyond chance (κ = 0.02-0.16); with no statistically significant correlation between the two metrics (Spearman's ρ =0.17, p= 0.31). 5 untrained HCPs demonstrated high spiritual comfort.

Conclusion

Fewer than two in five HCPs demonstrated alignment between reflection scores and narrative spiritual comfort− suggesting that structured reflection scales alone may not fully capture spiritual comfort. Findings are hypothesis-generating and warrant further validation.

Key Words

Spirituality; Oncology; Likert Scale; Healthcare Professionals; Mixed-Methods Research; India

Practice- changing points

Spiritual well-being awareness and training are important for HCPs involved in comprehensive cancer care.

Mixed-method approaches may improve assessment of spiritual readiness in oncology settings.

HCPs demonstrating high spiritual comfort may serve as potential champions for future spiritual care initiatives.

## SpHeRe 1.1 (Spiritual Health Reflection): Exploring patients' spiritual perceptions in a Tier II cancer centre in India.

*Abstract ID: 84* | *E-Poster Abstracts*

SpHeRe 1.1 (Spiritual Health Reflection): Exploring patients' spiritual perceptions in a Tier II cancer centre in India.

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Background:

Spirituality remains an often overlooked 'iceberg' domain of health care. Patients frequently struggle with coping, meaning, uncertainty, and resilience; while health care professionals often feel unprepared to address these needs. The SpHeRe study was undertaken to explore patient spiritual perceptions among older adults with cancer.

Objectives:

To identify spiritual insights among older adults with cancer using Distress Thermometer (DT).

Methodology:

We conducted a cross – sectional mixed- methods study in the Department of Medical Oncology. Cohort included adults ≥60 years with caner (N=49) from April to September 2025. Responses to the spiritual component of DT were collected and thematically analyzed to identify patterns in spiritual perceptions. Assessments were conducted by a psychologist, and a second psychologist to refine codes and derive cohesive themes, ensuring that findings reflected both patient perspectives and clinical relevance. Four major themes were identified-

Theme 1: Spiritual insecurity and lack of confidence.

Theme 2: Limited knowledge about spiritual health.

Theme 3: Confusion between religious and spiritual concepts.

Theme 4: Positive spiritual perspectives as coping resources.

Descriptive statistics were used to summarize the findings.

Results:

Among 49 patients, 20 were men, and 29 were women. The mean DT score for the cohort was 5.7±1.3. Twelve patients (25%) expressed uncertainty about spiritual coping, 8 (16%) reported limited awareness of available spiritual support, 20 (41%) expressed difficulty differentiating religion from broader spirituality, and 9 (18%) demonstrated resilience through fa ith, trust, gratitude or acceptance. Overall, 40 patients (82%) experienced unmet spiritual needs, highlighting both spiritual distress and potential coping resources.

Conclusion:

This study indicates that structured, culturally adapted, periodic spiritual screening and targeted interventions, integrated with primary oncology care can enhance well-being and quality of life in resource-limited cancer settings.

Keywords: Spirituality; Spiritual Distress; Geriatric Oncology; Distress Thermometer; Psycho-oncology; India

Practice-changing points:

Incorporate structured spiritual screening as part of routine oncology assessments for older adults.

Train Oncology teams to identify spiritual concerns beyond religious beliefs, enabling culturally sensitive, person-centered care.

Establish referral pathways tp psychologists, counsellors, psycho-oncologists, palliative care, spiritual care providers, or trained chaplaincy to address unmet spiritual needs early.

## The Echo of Cancer: Fear of Recurrence in Cancer Survivors—A Cross-Sectional Study from Southern India

*Abstract ID: 85* | *E-Poster Abstracts*

The Echo of Cancer: Fear of Recurrence in Cancer Survivors—A Cross-Sectional Study from Southern India

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Background

Fear of cancer recurrence (FCR) is one of the most prevalent yet under-recognized psychological concerns among cancer survivors. Despite its clinical significance, Indian data remain scarce. This study evaluated clinically significant FCR usin g the validated Fear of Cancer Recurrence Inventory–Short Form (FCRI-SF).

Objectives:

To estimate the prevalence and pattern of clinically significant fear of cancer recurrence among adult cancer survivors.

To examine its association with selected demographic and clinical variables.

Methodology

A hospital-based cross-sectional study was conducted from June to July 2026 among adult cancer survivors attending follow-up at Department of Medical Oncology. Consecutive eligible survivors were assessed using the validated FCRI-SF, a 9-item questionnaire scored from 0 to 4 for each item (total score: 0–36). Clinically significant fear of cancer recurrence was defined as an FCRI-SF score≥13. Descriptive statistics summarized participant characteristics. Associations were examined using Fisher's exact test and Spearman's coefficient. A two-sided p-value <0.05 was considered statistically significant.

Results

Fifty adult cancer survivors were included (median age 51.5 years, range 15–81 years; 52% women; 74% married). The mean FCRI-SF total score was 17.2 ± 5.5 (range 7–28), exceeding the threshold for clinically significant fear of cancer recurrence. FCRI-SF ≥13 was identified in 39 survivors (78.0%). The prevalence was comparable between women and men (73.1% vs 83.3%; p=0.50) and did not differ significantly by age group. A weak positive correlation was observed between age and FCRI-SF score (ρ=0.27, p=0.06). Item-level analysis demonstrated the highest mean scores for time spent thinking about recurrence (2.34) and the intensity of recurrence-related fear (2.22), whereas impact on interpersonal relationships (1.58) and overall distress (1.46) scored lower.

Conclusion

Nearly four in five adult cancer survivors experienced clinically significant fear of cancer recurrence, with intrusive thoug hts about recurrence emerging as the predominant symptom.

Keywords

Fear of cancer recurrence; Cancer survivors; Survivorship; Psycho-oncology; Cross-Sectional Study; India

Practice-Changing Points

Screen all cancer survivors using a validated bilingual FCRI-SF during routine follow-up visits.

Establish a structured referral pathway for survivors with clinically significant FCR to psychologists, counsellors, or supportive care services.

Develop dedicated survivorship and wellness clinics within the oncology department to provide comprehensive long-term psychosocial care.

# BEYOND THE RASH: REAL-WORLD IMPACT OF TREATMENT-RELATED DERMATOLOGICAL TOXICITIES ON ANTICANCER TREATMENT CONTINUITY AND QUALITY OF LIFE: A SYSTEMATIC REVIEW

*Abstract ID: 88* | *E-Poster Abstracts*

BEYOND THE RASH: REAL-WORLD IMPACT OF TREATMENT-RELATED DERMATOLOGICAL TOXICITIES ON ANTICANCER TREATMENT CONTINUITY AND QUALITY OF LIFE: A SYSTEMATIC REVIEW

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ABSTRACT

INTRODUCTION:

Dermatological toxicities are common adverse events associated with anticancer therapies, particularly targeted therapies such as EGFR and MEK inhibitors and immune checkpoint inhibitors. Beyond causing physical discomfort, these cutaneous reactions can substantially impair health-related quality of life (HRQoL) and may contribute to treatment interruptions, dose reductions, treatment delays, or premature discontinuation, potentially compromising the continuity of anticancer therapy. Early recognition and appropriate supportive management are therefore essential components of patient-centred oncology care. Clinical pharmacists are well positioned within interprofessional oncology teams to support the prevention, early identification, and management of dermatological toxicities and help optimize supportive care and maintain treatment continuity.

AIM & OBJECTIVE: To systematically evaluate the real-world impact of treatment-related dermatological toxicities on anticancer treatment continuity and HRQoL.

METHODOLOGY

A systematic review was conducted across PubMed, Embase, and Cochrane databases following PRISMA guidelines. Real-world studies evaluating targeted or immunotherapy were included if they reported dermatological toxicities alongside specific drug modifications and validated HRQoL metrics. Outcomes between reactive care and structured, pharmacist-led pathways were qualitatively synthesized.

RESULTS

Across synthesized real-world studies, unmanaged cutaneous toxicities consistently caused systemic treatment interruptions and subtherapeutic dose adjustments, with severe reactions necessitating permanent drug cessation. EGFR inhibitor-induced papulopustular rashes and immune checkpoint inhibitor-driven cutaneous reactions were primary drivers of regimen disruption. HRQoL impairments strongly correlated with treatment modification. Studies incorporating a structured "Skin-to-Treatment Continuity Pathway"—featuring clinical pharmacist-led baseline risk profiling, ePRO-based symptom tracking, and dual-track interventions—demonstrated marked reductions in avoidable treatment holds, fewer drug discontinuations, and substantial preservation of HRQoL compared to conventional care.

CONCLUSION

Dermatological toxicities represent major, modifiable drug-related problems. Integrating ePRO-monitored, clinical pharmacist-driven pathways into routine oncology practice

mitigates HRQoL deterioration, prevents premature drug discontinuation, and optimizes therapeutic continuity.

KEYWORDS
Clinical pharmacy practice, Onco-dermatology, Quality of

## Metastatic Lung Adenocarcinoma: Guideline Recommendations Versus Real-World Practice – An Institutional Experience

*Abstract ID: 89* | *E-Poster Abstracts*

Metastatic Lung Adenocarcinoma: Guideline Recommendations Versus Real-World Practice – An Institutional Experience

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ABSTRACT

Background

Metastatic lung adenocarcinoma is a molecularly heterogeneous disease requiring biomarker-driven treatment selection. Current guidelines recommend comprehensive molecular profiling and PD-L1 testing before systemic therapy whenever feasible.

Objectives

To evaluate the pattern of molecular testing and systemic treatment in patients with metastatic lung adenocarcinoma at our institution and assess the gap between guideline-recommended management and real-world practice.

Methods

A retrospective observational study was conducted among patients with metastatic lung adenocarcinoma treated at our institution from January 2024 to May 2026. Clinical characteristics, smoking status, molecular testing, NGS results, actionable alterations and treatment received were evaluated.

Results

Among 156 patients, NGS was advised for all, with 64 patients undergoing NGS. The cohort demonstrated a predominance of smokers, with actionable molecular alterations identified in a substantial proportion of patients. EGFR was the predominant actionable alteration, with additional alterations involving other therapeutically relevant molecular pathways. Treatment patterns reflected a combination of targeted therapy and conventional systemic therapy, with variability between guideline-recommended management and treatment actually delivered. Major barriers included financial constraints, access to molecular testing and targeted therapies, tissue limitations and clinical deterioration.

Conclusion

Our institutional experience highlights a persistent gap between guideline-recommended precision oncology and its implementation in routine practice. Increasing access to comprehensive molecular testing, reducing turnaround time and improving affordability of targeted therapies are essential to optimize management of metastatic lung adenocarcinoma in real-world settings.

Keywords

Metastatic lung adenocarcinoma; Non-small cell lung cancer; Next-generation sequencing; Molecular profiling; Actionable genomic alterations; Targeted therapy; Precision oncology; Real-world evidence.

## Integrated analyses of functional polymorphisms in candidate genes influencing ovarian carcinoma susceptibility

*Abstract ID: 90* | *E-Poster Abstracts*

Integrated analyses of functional polymorphisms in candidate genes influencing ovarian carcinoma susceptibility

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ABSTRACT

Objectives: Ovarian cancer (OC) is one of the most aggressive and fatal gynecological malignancies worldwide. Increasing evidence suggests that multiple low-penetrance genetic variants collectively influence OC susceptibility. However, evidence from South Indian populations remains limited and inconclusive. Therefore, the present study aimed to investigate the association of single nucleotide polymorphisms (SNPs) in genes involved in xenobiotic metabolism (CYP1A1, CYP2D6, NQO1, GSTT1, GSTM1, and GSTP1), DNA damage response/repair (XRCC1, XRCC2, XRCC3, XRCC4, RAD51, LIG4, TP53, NBN, ERCC2, and PARP1), and tumour regulation (FGFR2, VEGF, MMP1, NME1, and HOTAIR) with OC susceptibility in South Indian women for the first time.

Methods: This hospital-based case–control study included 494 participants comprising 240 histologically confirmed OC cases and 254 age-matched controls. Genomic DNA was

isolated from peripheral blood and genotyped using PCR-RFLP. Logistic regression and stratified analyses evaluated associations with OC risk and clinicopathological characteristics. Multifactor dimensionality reduction (MDR) was employed to assess SNP–SNP interactions, while in silico analyses investigated the potential functional and structural effects of selected variants.
Results: Several polymorphisms were significantly associated with increased OC susceptibility. Among xenobiotic-metabolizing genes, CYP2D6*4, GSTP1 I105V, and NQO1 P187S variants conferred approximately 2–3-fold increased risk. DNA repair variants in XRCC1, LIG4, TP53, and RAD51 were associated with elevated susceptibility, with some conferring up to 4-fold increased risk. Variants in MMP1, VEGF, NME1, and HOTAIR were also significantly associated with elevated OC risk. MDR analysis demonstrated stronger effects for specific SNP combinations, suggesting synergistic genetic interactions. In silico analyses further supported the potential functional relevance of selected variants.
Conclusion: This study demonstrates that genetic variants across multiple biological pathways, individually and in combination, may contribute to OC susceptibility in South Indian women. These findings provide a foundation for further validation of population-specific genetic biomarkers for OC risk assessment.
Clinical Data and Best Clinical Practices
 Study population: 494 participants, comprising 240 histologically confirmed ovarian cancer cases and 254 age-matched controls, recruited through a hospital-based case–control design.
 Clinical characterization: Cases were characterized using relevant clinicopathological parameters, including histological subtype, FIGO stage, metastatic status, and menopausal status.
 Clinical sample collection: Peripheral blood samples were collected from participants using standardized procedures following informed consent and ethical guidelines.
 Clinical data integration: Genetic findings were evaluated in relation to OC susceptibility and clinicopathological characteristics, enabling assessment of genotype–phenotype relationships.
 Best clinical research practices: The study incorporated institutional ethical approval, informed consent, age-matched controls, standardized sample collection, systematic clinical data documentation, and quality-controlled molecular genotyping.
 Clinical relevance: Identification of genetic variants associated with OC susceptibility may contribute to future population-specific risk assessment and biomarker development, particularly in South Indian women.
Keywords: Ovarian cancer; Genetic polymorphisms; DNA repair; Xenobiotic metabolism; SNP–SNP interactions;

## Resilience and Professional Quality of Life Among Oncology Healthcare Professionals: A Multi-centre Cross-Sectional Study

*Abstract ID: 92* | *E-Poster Abstracts*

Abstract

Title : Resilience and Professional Quality of Life Among Oncology Healthcare Professionals: A Multi-centre Cross-Sectional Study

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Objectives
To assess resilience and professional quality of life among oncology healthcare professionals. To examine the association between Resilience and Compassion Satisfaction, Burnout and Secondary Traumatic Stress. To examine the association between years of oncology experience and Resilience and Professional quality of life domains.
Methods
A multicentre cross sectional study was conducted among 60 oncology healthcare professionals, including oncologists, Oncology nurse , Psycho-oncologists, Psychologists and Oncology support staff. Resilience was assessed using the Brief Resilience Scale (BRS), while Professional Quality of Life was assessed using Professional Quality of Life Scale, Version 5 (ProQOL Version 5)consisting of three subscales.
Descriptive and Inferential statistics were used to analyse the data. Associations were assesed using the Chi-square test or Fisher’s exact test, with statistical significance set at p<0.05.
Results
Among the 60 participants, oncology nurses constituted the largest professional group (41.7%), followed by oncologists (25.0%); support staff (20.0%); psycho-oncologists and psychologists each comprised ( 6.7%) . Overall, (65%) demonstrated normal resilience, (21.7%) low resilience, and (13.3%) high resilience. Average levels predominated for compassion satisfaction (68.3%), burnout (65.0%), and secondary traumatic stress (56.7%). Resilience was significantly associated with secondary traumatic stress (p=0.012), (87.5% ) of participants with high resilience demonstrating low secondary traumatic stress, while high secondary traumatic stress was observed in (15.4%) of those with low resilience. No significant association were observed between resilience and compassion satisfaction (p=1.000) and burnout (p=0.678). Years of oncology experience and professional category were not significantly associated with resilience and any of PRoQOL domains. (all p>0.05).
Conclusion
Most oncology healthcare professionals demonstrated normal resilience, and predominantly average levels across three domains of professional quality of life. `Resilience was significantly associated with secondary traumatic stress, highlighting the relevance of considering both factors when identifying and addressing work-related psychological stress among oncology healthcare professionals.
Keywords: Resilience , Oncology Healthcare Professionals, Compassion satisfaction, Burnout, Secondary Traumatic stress, Professional Quality of Life.

## School Re-entry Patterns in Children Treated for Cancer: A Qualitative Explorative Study

*Abstract ID: 93* | *E-Poster Abstracts*

School Re-entry Patterns in Children Treated for Cancer:
A Qualitative Explorative Study

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Background/ Objectives:
School re-entry after cancer treatment is a critical milestone in childhood cancer survivorship, yet treatment-related interruptions can lead to educational and psychosocial challenges. This study explores the factors influencing school re-entry and experiences in children treated for cancer.
Methods:
A qualitative study was conducted among caregivers of children who had completed their cancer treatment at the RCC, JIPMER between December 2025 and March 2026. Participants were purposively selected to explore diverse school re-entry experiences. Semi-structured interviews were conducted with caregivers of children who had either rejoined/not rejoined school after treatment. An interview guide was developed based on reflections from the quantitative data and face-validated by an expert. The interviews were audio-recorded and manually transcribed. Braun and Clarkes' reflexive thematic analysis was used to generate codes and themes.
Results:
Fourteen interviews were conducted with the caregivers (5 of children had joined school and 9 of children had not rejoined). Data saturation was attained, and no new themes emerged. Three major themes were identified: barriers to school re-entry after treatment, facilitators of school re-entry, and post-school re-entry experiences. Sub-themes of barriers included treatment-related consequences, parental emotional and practical concerns, stigma and disease perception, school rejection and peer opinions, and lack of trust in school stakeholders. Facilitators included child's personal interest, child's future well-being, desire for normalcy, positivity and support circle, and a supportive school environment. Post-school re-entry experiences included psychosocial adjustment, academic challenges and caregiver perceptions. These findings highlighted that school reintegration was influenced by multiple factors, including child's treatment experience, family support, social perceptions, school-related circumstances and child's willingness to continue education.
Conclusion:
School re-entry after cancer treatment is a multidimensional process, and findings suggest the need for multidisciplinary support to address the educational, psychological and social needs to facilitate successful and sustained school reintegration among childhood cancer survivors.

Keywords: school reintegration, childhood cancer survivorship, school re-entry, challenges, caregivers' experience

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## “Two Targets, One Curative Aim”: Successful Organ-Preserving Definitive Concurrent Chemoradiotherapy for Synchronous Pyriform Fossa and Mid-Thoracic Esophageal Squamous Cell Carcinomas

*Abstract ID: 95* | *E-Poster Abstracts*

“Two Targets, One Curative Aim”: Successful Organ-Preserving Definitive Concurrent Chemoradiotherapy for Synchronous Pyriform Fossa and Mid-Thoracic Esophageal Squamous Cell Carcinomas

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Objectives

To report a case of Synchronous Dual Primary Squamous Cell Carcinoma (SCC) of the left Pyriform fossa and Mid-thoracic Esophagus, successfully managed with organ-preserving definitive concurrent chemoradiotherapy (CCRT) delivered simultaneously to both primary sites.

Methods

A 56-year-old male chronic smoker presented with progressive dysphagia, hoarseness of voice, and dry cough of two months duration. Biopsies from the left aryepiglottic fold and mid-thoracic esophagus revealed moderately differentiated SCC at both anatomically distinct, mucosally discontinuous sites, confirming synchronous dual primaries. Contrast-enhanced MRI neck, and whole-body FDG PET-CT demonstrated both primary tumors, with bilateral level IB/II cervical and FDG-avid subcarinal nodes without any distant metastasis. PD-L1 testing was negative. Following multidisciplinary tumor board discussion, the patient was planned for simultaneous definitive CCRT using Volumetric Modulated Arc Therapy (VMAT) with daily image guidance to both primaries.

Results

The pyriform fossa primary received 70 Gy in 35 fractions (2 Gy/fraction), while the mid-thoracic esophageal primary received 50.4 Gy in 28 fractions (1.8 Gy/fraction), delivered concurrently from 1 January - 25 February 2026. Concurrent chemotherapy comprised weekly Paclitaxel-Carboplatin for five cycles, followed by two cycles of Carboplatin alone (seven cycles overall). Acute toxicities were managed conservatively without treatment interruption or radiotherapy dose reduction, and the patient maintained ECOG performance status 1 throughout. At three-month follow-up, FDG PET-CT demonstrated complete metabolic and morphological response at both primaries and involved nodes. Residual subcarinal nodal activity was considered inflammatory with no evidence of residual or recurrent disease.

Conclusion

Synchronous dual primaries of the pyriform fossa and esophagus are uncommon but clinically important entity, with reported incidence of synchronous esophageal SCC in hypopharyngeal cancer varying widely across the literature, though recent series suggest a range of around 10–20%. 1-4 This case demonstrates that simultaneous definitive CCRT using VMAT is feasible, well tolerated, and can achieve complete clinical, metabolic, and radiological response with organ-preservation. With appropriate patient selection, meticulous treatment planning, and multidisciplinary decision-making, this approach may offer an effective curative option for

selected patients with synchronous head & neck and esophageal primaries.

Keywords
Synchronous dual primary malignancy; Pyriform fossa carcinoma; Esophageal carcinoma; Concurrent chemoradiotherapy; Volumetric modulated arc therapy; Organ preservation

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## “Adult Granulosa Cell Tumour of the Ovary: A Single-Centre Case Series”

*Abstract ID: 100* | *E-Poster Abstracts*

Abstract

Title : “Adult Granulosa Cell Tumour of the Ovary: A Single-Centre Case Series”

Authors:
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Background:
Adult granulosa cell tumour (AGCT) of the ovary is a rare sex cord–stromal malignancy characterized by an indolent course but a potential for late recurrence. Evidence regarding postoperative management and adjuvant therapy remains limited, particularly from real-world Indian settings.
Methods:
We conducted a retrospective descriptive case series at a tertiary care teaching hospital in South India. Medical records of seven patients with histologically confirmed AGCT managed between January 2020 and December 2025 were reviewed. Demographic characteristics, stage, treatment, recurrence patterns, and clinical outcomes were analysed descriptively.
Results:
Seven patients were included, with a median age of 44 years (range, 32–55 years). Four were premenopausal and three postmenopausal. Abnormal uterine bleeding was the predominant presenting symptom. All patients had unilateral, early-stage disease, with FIGO stage IA being most common. Primary surgical management consisted of total abdominal hysterectomy with bilateral salpingo-oophorectomy in six patients and fertility-sparing unilateral ovarian cystectomy in one. As all patients had stage IA disease without high-risk

## Molecular reclassification of tracheoesophageal squamous cell carcinoma to BRD4–NUTM1–rearranged NUT midline carcinoma with early osseous metastases: A rare case highlighting the importance of molecular profiling

*Abstract ID: 101* | *E-Poster Abstracts*

Abstract for Case report :

Title : Molecular reclassification of tracheoesophageal squamous cell carcinoma to BRD4 –NUTM1–rearranged NUT midline carcinoma with early osseous metastases: A rare case highlighting the importance of molecular profiling

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Nuclear protein in testis (NUT) carcinoma is a rare and highly aggressive malignancy characterized by rearrangement of the NUT midline carcinoma family member 1 (NUTM1) gene, most commonly involving a bromodomain-containing protein 4 (BRD4)–NUTM1 fusion, and is frequently underdiagnosed due to its histologic resemblance to poorly differentiated squamous cell carcinoma. We report a 41-year-old male who presented with cough and respiratory distress requiring airway stabilization and tracheobronchial stenting. Initial biopsy suggested poorly differentiated nonkeratinizing squamous cell carcinoma in the tracheoesophageal groove, and the patient received platinum-based chemotherapy followed by definitive chemoradiation, achieving a partial locoregional metabolic response. However, within 2 months, he developed early skeletal metastases confirmed on positron emission tomography/computed tomography and magnetic resonance imaging. Comprehensive molecular profiling subsequently identified a BRD4NUTM1 fusion, leading to molecular reclassification as NUT carcinoma. The tumor demonstrated low Programmed Death-Ligand 1 (PD-L1) expression, low tumor mutational burden, and microsatellite stability. The patient was enrolled in a clinical trial evaluating bromodomain and extra-terminal domain inhibitors/ BRD4 degraders. This case highlights the aggressive clinical course, diagnostic challenges, and the critical role of molecular profiling in accurately identifying NUT carcinoma and guiding targeted therapeutic strategies.

Keywords: Bromodomain and extra-terminal domain inhibitors, bromodomain-containing protein 4–nuclear protein in testis carcinoma midline carcinoma family member 1 fusion, molecular profiling, nuclear protein in testis carcinoma, tracheoesophageal carcinoma

## BRIDGING THE GAP: RADIOTHERAPY BEFORE CAR T-CELL THERAPY IN PRIMARY CNS LYMPHOMA

*Abstract ID: 107* | *E-Poster Abstracts*

BRIDGING THE GAP: RADIOTHERAPY BEFORE CAR T-CELL THERAPY IN PRIMARY CNS LYMPHOMA

Dr Catherine Angel , Dr Shalini Devi, Dr Vishnu Vardhan , Dr Azmi Saundarya K, Dr Arun Ramanan, Dr Moorthi T, Anand - Gleneagles Fortis Hospital , Chennai

KEYWORDS: CD 19 CAR T CELL THERAPY, PRIMARY CNS LYMPHOMA(PCNSL), MATRIX CHEMOTHERAPY

Primary central nervous system lymphoma (PCNSL) is a rare and aggressive extranodal non-Hodgkin lymphoma confined to the craniospinal axis.

We report the case of a 49-year-old gentleman who presented with headache, giddiness, gait unsteadiness, and progressive left-sided weakness. MRI revealed bilateral periventricular/centrum semiovale enhancing lesions with surrounding edema, and stereotactic biopsy confirmed diffuse large B-cell lymphoma, non-germinal centre B-cell subtype with a double-expressor phenotype (CD20+, BCL2+, C-Myc+, Ki-67 80%). Cerebrospinal fluid cytology was negative.

The patient received four cycles of MATRIX chemotherapy however, post chemo MRI and PET-CT demonstrated persistent metabolically active residual disease with progression of intracranial lesions.

Following multidisciplinary tumor board discussion, radiotherapy was planned with curative intent followed by CAR T CELL therapy . He received whole-brain radiotherapy to 23.4 Gy in 13 fractions followed by a sequential tumor boost to a total dose of 45 Gy in 25 fractions using image-guided IMRT, with concurrent vincristine. Post radiotherapy MRI showed significant disease resolution.

He underwent CD19-directed CAR T-cell therapy (NexCAR19) after lymphodepleting chemotherapy. Treatment was complicated by grade 3 cytokine release syndrome, which was successfully managed with tocilizumab, corticosteroids, and supportive care. Post-treatment PET-CT demonstrated complete metabolic resolution of intracranial lesions with no residual enhancing disease on MRI . This case highlights the evolving multidisciplinary management of PCNSL and the successful sequential use of radiotherapy as a bridge followed by CAR T-cell therapy, achieving complete radiological remission.

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# Session 2 – Head & Neck and Thoracic Oncology

## Oral Presentation Abstracts

No abstracts assigned to this section in the supplied dataset.

## E-Poster Abstracts

No abstracts assigned to this section in the supplied dataset.

## Session 3 – Breast and Ovarian Cancer

### Oral Presentation Abstracts

No abstracts assigned to this section in the supplied dataset.

### E-Poster Abstracts

#### Predictive Value of PET-CT and Tumor Biology for Pathological Complete Response in Triple-Negative Breast Cancer Treated with Neoadjuvant Pembrolizumab: A Real-World Analysis

*Abstract ID: 4* | *E-Poster Abstracts*

Title: Predictive Value of PET-CT and Tumor Biology for Pathological Complete Response in Triple-Negative Breast Cancer Treated with Neoadjuvant Pembrolizumab: A Real-World Analysis

Background:

Pembrolizumab combined with chemotherapy improves pathological complete response (pCR) in early-stage triple-negative breast cancer (TNBC). However, real-world predictors of response and the reliability of imaging biomarkers remain unclear. We evaluated clinical, biological, and imaging factors associated with pCR in a real-world TNBC cohort treated with neoadjuvant pembrolizumab.

Methods:

This retrospective study included 35 patients with stage II–III TNBC treated with neoadjuvant chemotherapy plus pembrolizumab. Post-neoadjuvant PET-CT was performed prior to surgery. Associations between pCR (ypT0/is ypN0) and PET-CT response, HER2-low status, germline homologous recombination repair (HRR) mutations, carboplatin completion, menopausal status, and pembrolizumab dose were analyzed using Fisher's exact test.

Results:

The overall pCR rate was 62.8%, comparable to KEYNOTE-522. Complete metabolic response (CMR) on PET-CT was strongly associated with pCR; all patients achieving pCR demonstrated CMR, and no pCR occurred among patients with partial response or stable disease (p=0.003). PET-CT showed 100% sensitivity and negative predictive value for pCR. HER2-low tumors had lower pCR rates than HER2-0 tumors (45% vs 70%), despite similar CMR rates, suggesting discordance between imaging and pathological response. Germline HRR mutation status did not significantly impact pCR (63.5% vs 62.5%). Carboplatin completion was associated with numerically higher pCR rates (71.5% vs 50%). Pembrolizumab dose and menopausal status were not associated with pCR. Immune-related adverse events were consistent with known safety profiles.

Conclusions:

In this real-world TNBC cohort, PET-CT CMR strongly predicted pCR after pembrolizumab-based neoadjuvant therapy. However, HER2-low tumors demonstrated reduced pathological response despite favorable metabolic imaging, indicating that tumor biology may modify the predictive value of PET-CT. These findings may refine response assessment and identify subgroups that could benefit from post-neoadjuvant escalation strategies.

#### "Menstrual Pad–Based Human Papillomavirus DNA Testing as a Non-Invasive Approach to Cervical Cancer Screening: A Pilot Study"

*Abstract ID: 70* | *E-Poster Abstracts*

NOT UPLOADED

## Real-World Pathological Complete Response by Molecular Subtype After Neoadjuvant Systemic Therapy for Breast Cancer: A Single-Centre Retrospective Cohort

*Abstract ID: 99* | *E-Poster Abstracts*

Real-World Pathological Complete Response by Molecular Subtype After Neoadjuvant Systemic Therapy for Breast Cancer: A Single-Centre Retrospective Cohort

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Objectives

To determine real-world pathological complete response (pCR) rates by molecular subtype following neoadjuvant systemic therapy (NAST) in breast cancer, and to quantify subtype-specific effect estimates using real-world data, since such formal confirmation remains scarce outside clinical trial populations, particularly from South Asian tertiary cancer centres.

Methods

We retrospectively reviewed 73 consecutive women receiving NAST for invasive breast cancer at a single oncology centre (2024–2026). Molecular subtype (ER/PR/HER2 immunohistochemistry) was assignable in 56/73 patients (77%); pathological response (ypT0/is N0 defined as pCR) was evaluable in 69/73 (95%). Proportions are reported with Wilson score 95% confidence intervals (CI); comparisons used two-sided Fisher's exact tests, appropriate given small expected cell counts.

Results

Median age was 53 years (range 29–73); all patients were female. Overall pCR rate was 65.2% (45/69, 95%CI 53.4–75.4%). Among 52 patients with known subtype, pCR ranged from 90.9% in HER2-enriched (HR−/HER2+) disease to 50.0% in HR+/HER2− disease (Table 1). Comparing these extremes, HER2-enriched subtype showed substantially higher pCR (odds ratio 10.0, 95%CI 0.96–104.5; Fisher's p=0.069) — a large effect not reaching significance at this sample size. TNBC patients were also significantly younger than non-TNBC patients (46.4 vs 54.2 years; p=0.007).

Molecular subtype n pCR, n (%) 95% CI (Wilson)
HER2-enriched (HR−/HER2+) 11 10 (90.9%) 62.3–98.4%
TNBC 17 11 (64.7%) 41.3–82.7%
Triple positive (HR+/HER2+) 12 7 (58.3%) 32.0–80.7%
HR+/HER2− 12 6 (50.0%) 25.4–74.6%
Overall (subtype-known) 52 34 (65.4%) 51.8–76.8%

Table 1. pCR by molecular subtype (n=52 with both known subtype and evaluable pathologic response). HER2-enriched vs HR+/HER2−: OR 10.0, 95%CI 0.96–104.5, Fisher's exact p=0.069.

Conclusion

This real-world cohort reproduces the subtype-dependent pCR gradient established in randomised trials, with a large, clinically meaningful effect favouring HER2-enriched tumours

approaching significance despite limited sample size, and confirms younger age at TNBC diagnosis. Adequately powered, multicentre real-world registries should validate these subtype-specific effect estimates.

Keywords: pathological complete response; breast cancer; molecular subtype; neoadjuvant systemic therapy; real-world evidence; HER2

# Session 4 – Colorectal Cancer

## Oral Presentation Abstracts

No abstracts assigned to this section in the supplied dataset.

## E-Poster Abstracts

### Primary Bilateral Adrenal Peripheral T-cell Lymphoma, Not Otherwise Specified with Complete Response to DA-EPOCH: A Rare Case Report

*Abstract ID: 24* | *E-Poster Abstracts*

Primary Bilateral Adrenal Peripheral T-cell Lymphoma, Not Otherwise Specified with Complete Response to DA-EPOCH: A Rare Case Report
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Background:

Peripheral T-cell lymphoma, not otherwise specified (PTCL-NOS), is an uncommon and aggressive subtype of non-Hodgkin lymphoma (NHL), accounting for approximately 5–10% of NHL cases. It usually presents with lymphadenopathy, while extranodal involvement occurs in 20–30% of cases, commonly involving the skin, gastrointestinal tract, liver, or bone marrow. Primary adrenal lymphoma is rare, occurring in less than 1% of NHL cases, and is predominantly B-cell in origin. Bilateral adrenal involvement by T-cell lymphoma is exceptionally rare.

Case Presentation:

A 58-year-old man presented with low back pain and vomiting. Upper gastrointestinal evaluation was unremarkable. Imaging revealed bilateral adrenal masses. FDG PET-CT demonstrated a large, intensely FDG-avid right adrenal mass and a smaller FDG-avid left adrenal lesion, with low-grade uptake in small pulmonary nodules. CT-guided biopsy of the adrenal mass confirmed T-cell lymphoma. Immunohistochemistry showed strong positivity for CD3, CD5, CD7, and CD8, absence of B-cell markers, and a Ki-67 proliferation index of 40%, consistent with aggressive PTCL-NOS.

Treatment and Outcome:

The patient received six cycles of dose-adjusted EPOCH (DA-EPOCH) chemotherapy with growth factor support and infection prophylaxis. Interim PET-CT after three cycles showed a good partial response, with complete metabolic resolution of the right adrenal lesion and significant reduction of the left lesion. Following six cycles, repeat imaging demonstrated near-complete metabolic response, with only minimal residual uptake in the left adrenal gland. Consolidative radiotherapy of 30 Gy in 15 fractions was subsequently delivered to the initial bulky disease site. Post-treatment evaluation demonstrated complete metabolic response, and the patient remains on follow-up without evidence of active disease.

Discussion:

PTCL-NOS typically presents with nodal disease; primary bilateral adrenal involvement represents an extremely unusual extranodal presentation.

Conclusion:

Primary bilateral adrenal PTCL-NOS is exceptionally rare. This case demonstrates that

aggressive multimodality treatment with DA-EPOCH followed by consolidative radiotherapy can achieve complete metabolic remission despite this high-risk presentation.

Keywords:
1. Peripheral T-cell lymphoma, NOS
2. Bilateral adrenal lymphoma
3. Primary adrenal lymphoma
4. Extranodal lymphoma
5. DA-EPOCH chemotherapy
6. Consolidative radiotherapy

## Real-World Validation of a Simple Geriatric Nutrition-Inflammation Index (sGNII)

*Abstract ID: 54* | *E-Poster Abstracts*

Real-World Validation of a Simple Geriatric Nutrition-Inflammation Index (sGNII) for Survival Prediction in Geriatric Gastrointestinal Cancer Patients.

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Abstract

Background: Geriatric gastrointestinal (GI) cancers patients represent a heterogeneous population where chronological age often fails to reflect physiological reserve. Malnutrition, inflammation, and anemia are frequent contributors to poor outcomes. The Simple Geriatric Nutrition Inflammation Index (sGNII)—integrating Albumin, Hemoglobin, Neutrophil-to-Lymphocyte Ratio (NLR), and BMI—has been proposed as a multidimensional prognostic tool. This study provides real-world validation of sGNII in predicting overall survival (OS) and treatment-related toxicity in geriatric gastrointestinal cancer patients.

Methods: A retrospective cohort of 116 patients (median age 73) was analyzed. Patients were stratified by sGNII into Low, Intermediate, and High vulnerability groups. Primary endpoints were OS and treatment-related adverse events (Interruptions due to ≥ Grade 3 treatment related toxicities and unplanned hospitalizations). Multivariable Cox regression and Harrell’s C-index were used for prognostic validation.

Results: High sGNII was a potent independent predictor of mortality (HR 2.36; 95% CI 1.82–3.06; p < 0.001). High vulnerability was also significantly associated with Grade ≥ 3 treatment related toxicities (27% vs. 11%, p < 0.001) and unplanned hospitalizations (34% vs. 18%, p < 0.01). The sGNII demonstrated superior discriminative ability (C-index 0.71) compared to serum albumin (0.62) or ECOG performance status (0.66).

Conclusion: The sGNII is a robust, objective, and easily accessible, novel marker that outperforms traditional single-domain predictors. It should be integrated into the geriatric assessment in Gastrointestinal cancer patients to guide personalized treatment strategies and improve resource allocation.

Keywords: body mass index; cachexia; gastrointestinal neoplasms; geriatric assessment; simple geriatric nutrition-inflammation index (sGNII)

## Session 5 – Miscellaneous / Open Oncology

### Oral Presentation Abstracts

### Multimodal melphalan delivery: Improved safety and outcomes with autologous myeloma transplant in India

*Abstract ID: 13 | Oral Presentation Abstracts*

1 Research leadership in India

2

3 Multimodal melphalan delivery: Improved safety and outcomes with autologous myeloma

4 transplant in India

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30
31 Manuscript word count: 2478
32 Abstract word count: 200
33 Number of Tables and Figures: 5
34 References: 27
35 Short running title: Multimodal melphalan administration
36 Keywords: Universal Health Coverage, SORT-IT, SDG, operational research
37 ABSTRACT
38 Setting: High dose melphalan (HDM) based autologous stem cell transplantation (ASCT) remains a
39 cornerstone of treatment in multiple myeloma but causes severe gastrointestinal toxicity of up to 50%
of patients due to mucosal injury.
1,2 40 To mitigate this, we introduced a multimodal approach of combined
41 oral cryotherapy, extended duration of melphalan infusion (one hour compared to bolus) and upright
42 patient positioning during administration at a tertiary hospital in south India.
43 Objective: To evaluate the safety and outcomes of this approach.
44 Design: A cohort study using hospital patient records (January 2017 to March 2026)
45 Results: Among 47 patients undergoing ASCT, 4% had grade 3 (severe) mucositis, 15% experienced
46 grade 3 diarrhea and one patient had severe vomiting. No grade 4 (life threatening) or grade 5 (fatal)
47 gastrointestinal toxicities were observed. Total parenteral nutrition was required in 4% patients. The
48 median duration of stay in the transplant unit was 14 days. There was no post-transplant mortality within
49 one year. Relapse-free survival at one year was 88% and relapse was significantly associated with high-
50 risk cytogenetics.
51 Conclusion: Multimodal melphalan delivery is feasible, with manageable toxicity and low rates of
52 severe adverse events, while maintaining excellent short-term outcomes. Further multicentric
53 evaluation and wider adoption is warranted.
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55

## From Fragmented Testing to Unified Diagnosis: A Single Whole-Transcriptome Sequencing Assay for WHO-Aligned Molecular Subtyping of B-Cell Acute Lymphoblastic Leukemia

*Abstract ID: 22* | *Oral Presentation Abstracts*

Title: From Fragmented Testing to Unified Diagnosis: A Single Whole-Transcriptome Sequencing Assay for WHO-Aligned Molecular Subtyping of B-Cell Acute Lymphoblastic Leukemia

Category: Oral/Paper Award session

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Objectives: WHO classification of B-cell acute lymphoblastic leukemia (B-ALL) relies on

defining genetic lesions that determine risk stratification, treatment intensity, and eligibility for targeted therapy. Conventional workflows (karyotype, FISH, flow cytometry, PCR) are fragmented, sequential, tissue-intensive, and frequently fail to resolve cryptic fusions, leaving a subset of patients unclassified. We evaluated TranSeqALL, a single whole-transcriptome sequencing (WTS) assay designed to consolidate fusion detection, expression-based subtyping, sequence and copy-number variant calling, germline screening, and pharmacogenomic profiling into one unified workflow.
Methods: WTS was performed on 143 Indian B-ALL patients using TranSeqALL, capturing gene fusions, expression-based subtype signatures, somatic and germline variants, copy-number alterations, and a 67-gene pharmacogenomic panel spanning eight chemotherapeutic agents. Results were cross-validated against karyotype/SNP-array data and public reference datasets.
Results: Ph-positive (n=32) and PAX5-altered (n=17) leukemias were the most common subtypes, followed by hyperdiploid (n=16) and Ph-like (n=12) disease, with further genomic heterogeneity resolved within Ph-like and PAX5-altered subgroups. Rare subtypes—including CDX2/UBTF, ZNF384-rearranged, MEF2D-rearranged, and ETV6::RUNX1-like—were characterized. NRAS and KRAS were the most frequent somatic mutations (14 each); TP53 was the leading germline finding (7/20 germline carriers), with direct implications for chemoresistance risk and genetic counseling. Pharmacogenomic profiling identified ~18% intermediate/poor 6-MP metabolizers (NUDT15/TPMT), including 1 in 4 adults, necessitating reduced maintenance-phase dosing. Modal chromosome number by TranSeqALL showed strong concordance with gold-standard cytogenetics in hyperdiploid cases.
Conclusion: TranSeqALL replaces the fragmented multi-assay cascade with a single reproducible WTS workflow, enabling comprehensive WHO-aligned molecular subtyping, actionable pharmacogenomic guidance, and identification of clinically significant germline findings—advancing precision oncology and equitable access to molecular diagnostics for B-ALL in India.
Keywords: B-cell acute lymphoblastic leukemia; whole-transcriptome sequencing; WHO molecular classification; pharmacogenomics; Ph-like ALL; germline predisposition

## Beyond the usual clear cells of the Kidney ; A Diagnostic challenge of Clear cell sarcoma in a young child.

*Abstract ID: 87* | *Oral Presentation Abstracts*
poster

## Early Real-World Experience with Tislelizumab in Advanced Solid Tumours at an Indian Tertiary Cancer Centre

*Abstract ID: 97* | *Oral Presentation Abstracts*
Early Real-World Experience with Tislelizumab in Advanced Solid Tumours at an Indian Tertiary Cancer Centre
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Background:
Tislelizumab, an anti-programmed cell death protein 1 antibody engineered to minimise Fc gamma receptor binding, showed survival benefit in RATIONALE-302 (2022), RATIONALE-306 (2023) and RATIONALE-305 (2023). Indian regulatory approval is recent and post-marketing data are limited.
Objectives:
To characterise indications, effectiveness, and safety of tislelizumab in early Indian clinical use.
Methods:
Cross-sectional cohort of consecutive patients initiating tislelizumab. Tumour type, programmed death-ligand 1 status, chemotherapy backbone, cycles, best response, immune-related adverse events, and survival were captured on a standardised case record form. Kaplan-Meier estimates were generated; exact binomial confidence intervals were calculated for response rates.
Results:
Fifty-six patients were included (median age 64 years, interquartile range 59-70; 28.6% female). Predominant indications were oesophageal squamous carcinoma (n=12), gastric or gastro-oesophageal adenocarcinoma (n=17), and non-small cell lung cancer (n=1). Median three cycles were administered. Among 28 response-evaluable patients, objective response rates by tumour type were: oesophageal squamous carcinoma 80.0% (4/5 evaluable patients), gastric/gastro-oesophageal adenocarcinoma 50.0% (3/6), and other solid tumours 50.0% (2/4). Overall objective response rate was 53.6% (95% confidence interval 35.5-70.9) and disease control rate 67.9%. Immune-related adverse events were documented in 8.9%, including grade 2 infusion reaction, grade 2 adrenal insufficiency, and seropositive rheumatoid arthritis; no grade 3 or higher events occurred. At median follow-up of 2.5 months, 12 progression events and 5 deaths occurred; 6-month progression-free survival was 67.9% and 6-month overall survival 86.7%.
Conclusion:
Early Indian experience with tislelizumab shows response rates consistent with pivotal trials, with particularly favourable efficacy in oesophageal squamous carcinoma. The toxicity profile demonstrates predominantly low-grade immune-related adverse events, without any grade 3 or higher toxicities recorded. These data support tislelizumab as a lower-cost checkpoint inhibitor option in oesophagogastric and lung cancer where price is decisive, though follow-up remains immature for survival conclusions.
Key Takeaway Messages
Response rates in oesophageal squamous carcinoma (80%) were notably higher than in gastric adenocarcinoma (50%), supporting tumour-type-specific efficacy assessment. The low rate of severe immune toxicity (no grade 3+ events, 71.4% overall toxicity predominantly low-grade) is reassuring for resource-limited settings.
Endocrine immune-related adverse events, including adrenal insufficiency, appeared early; baseline and cyclical thyroid and morning cortisol monitoring should be protocolised.
Follow-up remains too short for survival conclusions, and these data should not yet displace agents with mature Indian outcome data.
Keywords:
Tislelizumab; immune checkpoint inhibitor; oesophageal cancer; gastric cancer; immune-related adverse events; real-world evidence; India

## Title: Evaluation of short-term outcomes following Robotic Versus Open Pancreatoduodenectomy in patients with peri ampullary and pancreatic head neoplasms: An early experience from a tertiary care centre

*Abstract ID: 104* | *Oral Presentation Abstracts*

Title: Evaluation of short-term outcomes following Robotic Versus Open Pancreatoduodenectomy in patients with peri ampullary and pancreatic head neoplasms: An early experience from a tertiary care centre

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Keywords: Robotic Pancreatoduodenectomy, Open Pancreatoduodenectomy, adjuvant chemotherapy, hospital stay.

Abstract text count: 299 words

Objective: The magnification and dexterity of the robotic system offer potential benefits in major oncological surgeries. Although, robotic pancreaticoduodenectomy (RPD) has been reported with favourable short-term outcomes, evidence in India is still scarce. This study aims to compare the short-term postoperative outcomes of RPD with those of open pancreaticoduodenectomy (OPD).

Methods: The study is based on prospective analysis of retrospectively collected data from a tertiary centre in India of patients with periampullary and pancreatic head neoplasms who underwent pancreatoduodenctomy between November 2022 and April 2026. Patients with non-neoplastic conditions and those requiring venous reconstruction were excluded. The primary outcomes included postoperative length of hospital stay, short-term post-operative outcomes and promptness of adjuvant therapy.

Results: 97 patients underwent pancreatoduodenectomy, of which 71 patients were included comparing 35 RPD vs 36 OPD patients. Postoperative length of hospital stay was significantly shorter following RPD than OPD (median 5.0 days [4·0 to 14.0] vs 8.0 days [7.0 to 18·0]; p=0·01). Post-operative morbidity including clinically relevant pancreatic fistula, post-pancreatectomy haemorrhage, delayed gastric emptying and overall Clavien-Dindo ≥ Grade 3 complications were similar in both groups. Surgical site infection (SSI) was significantly higher following OPD vs RPD (25.4% vs. 3.2%, p = 0.008). The RPD group had significantly less blood loss (110 ml vs. 360 ml, p = 0.02). We had one mortality in each group due to post-operative hemorrhage. The R0 resection rate and lymph nodal yield were similar in both groups. 47 patients (22 RPD and 25 OPD) required adjuvant chemotherapy, of which RPD patients were able to start within 12 weeks from surgery in comparison with OPD patients (80% Vs 45%, p=0.002).

Conclusion: RPD was safe and feasible with the advantage of shorter length of hospital stay than OPD. The benefit of promptness of ensuing adjuvant therapy was observed in RPD patients.

## The AI Paradox in Precision Oncology: Prospective Blinded Concordance Study of Large Language Models Against a Molecular Tumor Board

*Abstract ID: 106* | *Oral Presentation Abstracts*

The AI Paradox in Precision Oncology: Prospective Blinded Concordance Study of Large

Language Models Against a Molecular Tumor Board

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Abstract
Purpose
To prospectively evaluate the concordance, reproducibility, and citation reliability of four general-purpose large language models (LLMs) against consensus recommendations from a national virtual molecular tumor board (MTB) in precision oncology.
Patients and Methods Of 108 consecutive oncology cases presented to a national MTB were screened, 80 with a MTB consensus recommendation were evaluated using four LLM platforms: ChatGPT (GPT-5 series), Perplexity Pro (Sonar series), Gemini (2.5 Flash), and DeepSeek-V3. Each case underwent two independent blinded runs using a standardized prompt, yielding 640 LLM outputs. End-to-end and conditional concordance with MTB recommendations were assessed at the molecular pathway and drug-class levels. Hallucinations and link integrity were independently evaluated. Multivariable regression identified predictors of conditional concordance.
Results
End-to-end concordance differed significantly across models (P < .001): ChatGPT achieved 85.0%, followed by Gemini (80.0%), Perplexity (73.8%), and DeepSeek (52.5%). Conditional concordance was 88.3%, 83.1%, 76.6%, and 65.6%, respectively. Reproducibility rates were 98.8%,98.7%, 97.5%, and 97.0%, whereas extraction completion rates were 97.5%, 97.5%, 98.7%, and 82.5%, respectively (p < .001). Median total hallucination rates were 33%, 60%, 33%, and 50%, respectively; median evidence misrepresentation rates were 33%, 50%, 33%, and 50%, and median link integrity failure rates were 33%, 33%, 25%, and 7%, respectively. On multivariable analysis, low evidence level remained independently associated with reduced conditional concordance for Perplexity (OR, 0.18; 95% CI, 0.03–0.97; P = .046).
Conclusion
LLM concordance was highest in guideline-supported, high-actionability settings but declined in low-evidence scenarios. This “AI paradox,” together with substantial hallucination rates, indicates that LLMs may support molecular interpretation but cannot replace expert multidisciplinary MTBs in precision oncology.
Keywords: Artificial Intelligence; Large Language Models; Precision Oncology; Molecular

Tumor Board; Clinical Decision Support; Reproducibility; Hallucinations

## E-Poster Abstracts

### Accelerated patient recruitment for rare biomarker-selected clinical trials through pre-consented real world clinico-genomic data

*Abstract ID: 1* | *E-Poster Abstracts*

Title: Accelerated patient recruitment for rare biomarker-selected clinical trials through pre-consented real world clinico-genomic data

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Key words: Real-world clinico-genomic data, pre-screening, biomarker-selected clinical trials, rare biomarker populations, patient recruitment, prospective consent

Objectives: Investigator and sponsor-initiated oncology trials in India continue to face challenges in identifying eligible patients efficiently. Electronic health records are often incomplete, unstructured, and fragmented across hospitals, laboratories, and clinics, limiting visibility of relevant clinical and molecular information to trial teams. The challenge is particularly pronounced for rare biomarker-defined populations, where small eligible cohorts, rapid disease progression, and conventional manual screening can result in potentially eligible patients being missed. This proposal explores the potential of longitudinal, real-world clinico-genomic data registries as a scalable pre-screening resource for oncology clinical trials.

Methods: Standardised clinical, pathological, treatment, and genomic data can be systematically queried against protocol-specific eligibility criteria to identify potentially eligible patients across multiple healthcare settings. Automated pre-screening can be complemented by medical review to confirm eligibility against protocol requirements, followed by communication with the treating oncologist and appropriate clinical research coordination. A key enabler of this approach is the availability of patients who have provided documented prospective consent to be contacted regarding potential clinical trial opportunities. This can facilitate timely and ethically appropriate outreach while reducing logistical barriers associated with identifying and contacting potentially eligible patients.

Results: This proposed framework demonstrates how the integration of structured real-world clinico-genomic data, automated pre-screening, clinical validation, and research coordination could address an important operational gap in oncology clinical trials.

Conclusion: The approach may be particularly valuable for rare molecular subgroups, where conventional site-based screening is resource-intensive and inefficient. Scaling such a framework across healthcare settings could support faster trial feasibility assessment, improve access to precision oncology trials, and enhance representation of Indian patients in global clinical research.

## Why Do Cancer Patients Die? A Decade of Experience on Trends, Profile, Causes and Timing of Deaths in India

*Abstract ID: 3* | *E-Poster Abstracts*

Why Do Cancer Patients Die? A Decade of Experience on Trends, Profile, Causes and Timing of Deaths in India

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ABSTRACT

OBJECTIVE: To evaluate trends, profiles, causes, and timing of inpatient deaths among cancer patients between 2016 and 2025. The specific objectives were to:(i) assess annual trends in admissions and deaths during COVID-19; (ii) describe patient characteristics; (iii) determine causes, place and timing of death; and (iv) identify factors associated with treatment-related and early deaths

METHODS: A cohort study was conducted using secondary data from electronic medical records of adult cancer patients who died during hospitalisation under the Medical Oncology Department. Demographic, clinical, admission and treatment-related variables, immediate and underlying causes of death, and time to death were analysed. Log-binomial and modified Poisson regression identified factors associated with treatment-related and early death (within two days of admission).

RESULTS: There were 474 inpatient deaths. Despite an 11-fold increase in annual admissions (119 to 1355), inpatient mortality rates remained relatively stable ( 4– 10%). Mean age at death was 63(S.D 12) years, 64% were male, 73% had metastases, and 84% had poor performance status. Most patients (78%) were emergency admissions, 41% utilised palliative care services and 75% consented to no active life support. Cancer progression was the leading immediate cause of death (57%), followed by organ failure (21%) and sepsis (15%); cancer progression was the underlying cause in 83%. Median time from admission to death was 5 days (IQR 2-10). Admission for treatment-related complications ((aRR:10.9, 95%CI 3.7-32.3) and no consent for end-of-life-support (aRR:2.5, 95%CI 1.1-6.0) predicted treatment-related death, while recent systemic therapy was protective against early death (adjusted RR 0.7, 95% CI 0.5-0.97).

CONCLUSION: Cancer progression predominates as the cause of inpatient mortality. Stable mortality despite rising admissions reflects improved care Preventing treatment-related deaths and integrating palliative care earlier in the care pathway remain critical priorities for high-quality end-of-life care.

Keywords: Cancer mortality; Cause of death; Palliative

## A Case Report on Malignant Triton Tumor in Neurofibromatosis Type 1: Real World Diagnostic Challenges and Multidisciplinary Management of a rare sarcoma

*Abstract ID: 8* | *E-Poster Abstracts*

A Case Report on Malignant Triton Tumor in Neurofibromatosis Type 1: Real World Diagnostic Challenges and Multidisciplinary Management of a rare sarcoma

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Keywords: Malignant Triton Tumor (MTT), Malignant Peripheral Nerve Sheath Tumor (MPNST), Neurofibromatosis type-1 (NF1), postoperative radiotherapy

Background: Malignant Triton Tumor (MTT) is a rare, aggressive subtype of malignant peripheral nerve sheath tumor (MPNST) characterized by rhabdomyoblastic differentiation and is most commonly associated with Neurofibromatosis type 1 (NF1). Its rarity and overlapping histopathological features with other soft tissue malignancies often lead to diagnostic uncertainty, underscoring the importance of multidisciplinary evaluation.

Case Presentation: A 34-year-old man with NF1 since childhood presented with a progressively enlarging, painful left calf swelling for one year. Magnetic resonance imaging revealed a 5.5 × 3.0 × 4.5 cm heterogeneously enhancing intramuscular mass involving the gastrocnemius, with areas of necrosis. Core biopsy showed a spindle cell neural tumor with S100 and HMB45 positivity, initially favouring malignant melanoma. The patient underwent wide local excision, and histopathology revealed a high-grade pleomorphic spindle cell neoplasm with tumour-free margins, the closest being 0.1 cm at the deep margin. Expert pathological review with an expanded immunohistochemical panel demonstrated diffuse desmin, myogenin and SMA positivity, focal S100 and HMB45 positivity, and negativity for CK, EMA, SOX10, CD34 and h-caldesmon, supporting a high-grade sarcoma with skeletal muscle differentiation and establishing the diagnosis of MTT. This prevented potential misclassification as melanoma and inappropriate systemic therapy.

Metastatic workup was negative. Following multidisciplinary tumour board discussion, adjuvant external beam radiotherapy was delivered to the postoperative tumour bed to 60 Gy in 30 fractions over 6 weeks, based on principles of management of high-grade soft-tissue sarcoma with close margins, to optimise local control. The patient remains under surveillance.

Conclusion: This case highlights the importance of clinicopathological correlation, expert pathology review, comprehensive immunohistochemistry, multidisciplinary decision-making, complete surgical excision with negative margins, and appropriately selected adjuvant radiotherapy as best clinical practices in the management of this rare sarcoma. Real world experiences from such cases contribute to improving recognition and optimising outcomes in uncommon oncological entities.

## A retrospective observational study to assess early chemotherapy futility in metastatic pancreatic cancer: Development and performance of a baseline clinical futility score in a tertiary cancer centre

*Abstract ID: 10* | *E-Poster Abstracts*

A retrospective observational study to assess early chemotherapy
futility in metastatic pancreatic cancer: Development and performance of a
baseline clinical futility score in a tertiary cancer centre

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Objectives: To develop and evaluate a simple baseline clinical score to identify patients with metastatic pancreatic ductal adenocarcinoma at increased risk of early chemotherapy futility during first-line palliative systemic therapy.

Methods: A retrospective analysis was performed on 424-patients of metastatic pancreatic cancer patients attending Tata Medical Centre, Kolkata. Early chemotherapy futility within 12 weeks was defined as a composite of death, disease progression, cancer- or treatment-related hospitalization, deterioration in Eastern Cooperative Oncology Group performance status, or treatment discontinuation before completion of two cycles. Six baseline variables were incorporated into an integer score: performance status 2 or higher, albumin below 3.5 g/dL, neutrophil-to-lymphocyte ratio 5 or higher, bilirubin above 1.5 mg/dL or prior biliary drainage, peritoneal metastasis or ascites, and carbohydrate antigen 19-9 of 1000 U/mL or higher. Discrimination, calibration, Brier score, classification performance, and decision-curve analysis were assessed. Progression-free and overall survival were estimated using Kaplan-Meier methods.

Results: Early futility within 12 weeks occurred in 206 of 424 patients (48.6%). Death within 12 weeks occurred in 43 patients (10.1%), progression within 12 weeks in 146 (34.4%), hospitalization within 12 weeks in 57 (13.4%), and grade >=3 toxicity in 55 (13.0%). Futility rates increased across low-, intermediate-, and high-risk groups: 26.7%, 47.4%, and 73.7%, respectively. The integer TMC-PANC futility score had an AUROC of 0.695 (95% CI, 0.644-0.742) and Brier score of 0.220. ECOG performance status alone had an AUROC of 0.674, while the multivariable clinical model improved discrimination to an AUROC of 0.722. Median PFS was 5.81, 3.75, and 2.60 months across low-, intermediate-, and high-risk groups; median OS was 12.35, 7.56, and 5.45 months, respectively. Log-rank tests for PFS and OS by risk group were significant (both P<0.001).

Conclusion: A simple baseline clinical score identified a clinically meaningful gradient in early treatment futility and survival. It may support risk communication, treatment-intensity discussions, early supportive-care integration, and reassessment planning, but requires validation in real-world patient cohorts before clinical implementation.

Keywords: metastatic pancreatic cancer; chemotherapy futility; prognostic

## MIND THE GAP: REAL-WORLD INCIDENCE OF FEBRILE NEUTROPENIA AND THE ROLE OF RESCUE G-CSF DESPITE PEGYLATED G-CSF PROPHYLAXIS IN INDIA - A PROSPECTIVE SINGLE-CENTRE STUDY

*Abstract ID: 12* | *E-Poster Abstracts*

Title:

MIND THE GAP: REAL-WORLD INCIDENCE OF FEBRILE NEUTROPENIA AND THE ROLE OF RESCUE G-CSF DESPITE PEGYLATED G-CSF PROPHYLAXIS IN INDIA - A PROSPECTIVE SINGLE-CENTRE STUDY

Authors: Dr Asif Rahman MD, Dr Ashwin Oommen Philips DM

Background:

Pegylated G-CSF (Peg GCSF) is recommended as primary prophylaxis (PP) in patients receiving intermediate- or high-risk chemotherapy to reduce febrile neutropenia (FN). Clinical trial data suggest FN incidence with Peg GCSF is ~1%; however, real-world data from low and middle-income countries (LMICs) are sparse. This study assessed the real-world incidence of FN despite Peg GCSF PP and the clinical role of rescue GCSF.

Methods:

This prospective single-arm cohort study enrolled adult patients receiving first-line chemotherapy with Peg GCSF PP at a tertiary center in India. The null hypothesis was that the FN incidence is 1% post-Peg GCSF; the alternative, that it is ≥10% in real-world settings. Patients developing FN or grade 3/4 neutropenia were assessed for rescue GCSF use and outcomes. Descriptive and inferential statistics were applied.

Results:

Among 125 patients (mean age 57.2±10.9 years; 77.6% female), 67.2% were high-risk, and 76% received curative-intent chemotherapy. FN occurred in 14 patients (11.2%), significantly higher than the expected 1% ($p < 0.001$). All FN cases received rescue GCSF (median 4 doses, IQR [1-5]), and 2 required intensive care unit (ICU) admission. An additional 4 patients received rescue GCSF for grade 3/4 neutropenia without fever (median 1 dose, IQR [0-3]). Among FN cases, 10 (71.4%) required chemotherapy dose reductions, 2 (14.3%) had regimen changes, 1 (7.1%) discontinued chemotherapy, and 1 (7.1%) died from FN-related sepsis. No serious adverse events were attributed to rescue GCSF.

Conclusions:

The real-world incidence of FN despite Peg GCSF PP exceeded 10%, supporting the alternative hypothesis. Rescue GCSF was commonly required and influenced subsequent treatment decisions. These findings highlight the need to re-evaluate FN management strategies in LMICs, where guidelines may not fully reflect real-world complexities.

## Nanotechnology-Future Prospects of Sperm-Driven Therapy in Oncology – A Review Article

*Abstract ID: 14* | *E-Poster Abstracts*

Nanotechnology-Future Prospects of Sperm-Driven Therapy in Oncology – A Review

Article

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ABSTRACT

Objective

The purpose of the study was to assess the role of sperm mediated nanotechnology in delivering drugs specifically into gynaecologic malignancies like cervical and ovarian cancer patients.

Methodology

Relevant published literature on sperm-mediated drug delivery, sperm-loaded nanoparticles, and sperm-driven micro robotic systems for cancer therapy was reviewed. Evidence regarding drug loading, targeted tumour delivery, cellular uptake, therapeutic efficacy, safety, and translational challenges was evaluated.

Results

The use of sperm is an exciting approach because these cells are capable of spontaneous motility and interactions with reproductive tract tissues. Anticancer drug-loaded sperm and sperm-nanorobotics hybrid systems have shown the ability to deliver therapeutic agents to the tumour site and facilitate their local release. This approach may increase the penetration of drugs into tumour tissue and minimise the toxic effects of chemotherapy. The optimization of the nanoparticle size, loading efficiency, release features, and interaction between sperm and nanoparticles can further increase the therapeutic effect. Still, the existing data is limited to preclinical studies, and some issues to be solved include the safety of treatment, reproducibility, the capacity for drug loading, precise drug delivery, immune and reproductive problems, ethical aspects, and large-scale production.

Conclusion

Sperm-based nanotechnology can serve as a novel promising approach to precise drug delivery in gynaecological cancers. The ability to localize anticancer drugs without affecting healthy tissues can overcome some problems of conventional treatment. Further research in the field is needed to confirm the safety and efficacy of the approach.

Keywords: Cancer therapy, Nanotechnology, Targeted drug delivery, sperm-loaded Nanotherapy, Enhanced permeability and retention (EPR), Spermbots.

## Complementary and Alternative Medicine Use and Disclosure Among Patients with Cancer: A Cross-Sectional Study from a Tertiary Cancer Centre

*Abstract ID: 17* | *E-Poster Abstracts*

Complementary and Alternative Medicine Use and Disclosure Among Patients with Cancer: A Cross-Sectional Study from a Tertiary Cancer Centre

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Background

Complementary and alternative medicine (CAM) refers to non-conventional health practices used alongside or in place of standard cancer treatment. Undisclosed CAM use may increase the risk of herb–drug interactions and hinder informed clinical decision-making. Understanding patients' CAM practices and disclosure behavior is essential to strengthen patient–physician communication and promote safe cancer care.

Objectives

1. To determine the prevalence of complementary and alternative medicine (CAM) use among patients with cancer.

2. To describe the patterns of CAM use, including types of CAM and disclosure to treating oncologists.
3. To identify factors associated with CAM use among patients with cancer.

Methods

A hospital-based cross-sectional study was conducted among 50 adult patients with cancer using a structured interviewer-administered questionnaire from June-July 2026. Information on sociodemographic characteristics, disease profile, CAM utilization, timing of use, disclosure to treating oncologists, dietary modifications, perceived benefits, and reasons for CAM use was collected. CAM users and non-users were compared using Fisher's exact test for categorical variables and the Mann–Whitney U test for age.

Results

Fifty adult patients with cancer were included (mean age 52.1 ± 14.8 years; 26 [52%] males). CAM use was reported by 5 patients (10%). Among CAM users, four (80%) initiated CAM concurrently with conventional cancer treatment, while one (20%) used CAM before starting allopathic treatment. The most commonly used CAM modalities were Siddha (3/5, 60%) and dietary modifications (3/5, 60%), followed by Homeopathy (2/5, 40%), herbal supplements (2/5, 40%), and Ayurveda (1/5, 20%). None of the CAM users disclosed CAM use to their treating oncologist. Reasons for non-disclosure included perceiving disclosure as not relevant (3/5, 60%) and the absence of enquiry by the treating oncologist (2/5, 40%). All CAM users reported using CAM with the expectation of additional therapeutic benefit or cure, and all had been influenced by family members. Four (80%) perceived some benefit from CAM, while one (20%) reported no benefit. No CAM-related adverse events were reported. No significant associations were observed between CAM use and age (p=0.159), sex (p=0.78), education (p=0.91), residence (p=0.53), or cancer stage (p=0.26).

Conclusions

One in ten patients reported CAM use; however, complete non-disclosure of CAM use to treating oncologists highlights a critical communication gap in cancer care. Routine, non-judgmental enquiry regarding CAM use should be incorporated into oncology consultations to improve patient safety, identify potential herb–drug interactions, and facilitate shared decision-making.

Keywords

Complementary and alternative medicine; Cancer; Disclosure; Cross-sectional study; Communication; India

Practice-changing points

Routine enquiry about complementary and alternative medicine (CAM) should be incorporated into oncology consultations, as patients may not voluntarily disclose CAM use.

Integrative oncology requires a strong patient–physician partnership built on trust, open communication, and non-judgmental discussion of CAM practices.

Standardized screening for CAM use and systematic evaluation of potential herb–drug interactions should be integrated into routine cancer care to enhance treatment safety.

## BURNOUT, COGNITIVE EMOTION REGULATION AND SLEEP QUALITY AMONG DOCTORS AND NURSES FROM A TERTIARY CANCER CENTRE: A COMPARATIVE CROSS-SECTIONAL STUDY

*Abstract ID: 18* | *E-Poster Abstracts*

BURNOUT, COGNITIVE EMOTION REGULATION AND SLEEP QUALITY AMONG DOCTORS AND NURSES FROM A TERTIARY CANCER CENTRE: A

COMPARATIVE CROSS-SECTIONAL STUDY

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ABSTRACT

Objectives

To assess and compare burnout, cognitive emotion regulation, and sleep quality among doctors and nurses working in a tertiary cancer centre, and to examine relationships between these variables.

Methods

A comparative cross-sectional study was conducted among 70 oncology healthcare professionals (35 doctors and 35 nurses). Data were collected using the Copenhagen Burnout Inventory (CBI), Cognitive Emotion Regulation Questionnaire (CERQ), and Pittsburgh Sleep Quality Index (PSQI). Descriptive and inferential statistics were used for group comparisons and correlation analysis.

Results

Among doctors, personal burnout was moderate in 37.1% and severe in 37.1%; work-related burnout was moderate in 34.3% and severe in 22.9%; and client-related burnout was moderate in 28.6% and severe in 17.1%. Among nurses, personal burnout was moderate in 68.6% and severe in 17.1%; work-related burnout was moderate in 45.7% and severe in 20.0%; and client-related burnout was moderate in 48.6% and severe in 17.1%. Good sleep quality was reported by 62.9% of participants. Among doctors, mean adaptive and maladaptive coping were 62.71 ± 10.87 and 35.00 ± 8.53, respectively; among nurses, they were 58.74 ± 13.73 and 37.31 ± 10.97. No significant differences were observed in burnout, cognitive emotion regulation, or sleep quality among doctors and nurses. Overall, maladaptive coping was significantly associated with all burnout domains, strongest with work-related burnout ($r_s$ = .629, $p < .001$). Poor sleep quality was also associated with all burnout domains, strongest with work-related burnout ($r_s$ = .577, $p < .001$). Adaptive coping showed no significant association with burnout or sleep quality ($p > .05$).

Conclusion

Doctors and nurses face comparable occupational and psychological challenges. Associations between maladaptive coping, poor sleep, and burnout highlight the need for targeted coping, stress-management, and sleep-hygiene interventions to support staff well-being and quality patient care.

Keywords: Burnout; Cognitive Emotion Regulation; Sleep Quality; Oncology; Doctors; Nurses;

## Real-World Impact of Mismatch Repair Immunohistochemistry in Solid Tumors: A South Indian Cohort Study

*Abstract ID: 20* | *E-Poster Abstracts*

Real-World Impact of Mismatch Repair Immunohistochemistry in Solid Tumors: A South Indian Cohort

Study

Authors

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Thazhath

Background:
Mismatch repair deficiency (dMMR) is a key biomarker for Lynch syndrome screening, adjuvant therapy decisions in early-stage colorectal and endometrial cancers, and immune checkpoint inhibitor (ICI) eligibility. However, real-world evidence on MMR immunohistochemistry (IHC) in resource-limited Indian settings remains limited.
Methods:
We retrospectively analysed 191 patients who underwent MMR IHC using a four-antibody panel (MLH1, PMS2, MSH2, MSH6) between January 2021 and March 2025 at a South Indian tertiary cancer center. Demographic, histopathologic, and clinical data were collected. Associations were analysed using chi-square or Fisher's exact tests, and temporal trends in testing were assessed using the Cochran-Armitage test.
Results:
Among 191 patients (median age 62 years; 50.8% male), colorectal cancer was most frequent (68.5%), followed by upper gastrointestinal (15.7%) and endometrial cancers (6.3%). Adenocarcinoma accounted for 91.6% of tumors. Indications for testing included adjuvant therapy decisions (54.4%), ICI eligibility (45.5%), and Lynch syndrome screening (20.4%), with overlaps. dMMR was detected in 14.1% (n=27), pMMR in 85.3% (n=163), and one case was inconclusive. Among dMMR tumors, colorectal cancer predominated (77.8%). The most common loss patterns were isolated PMS2 (18.5%) and MSH2+MSH6 (18.5%), with non-classical or complex loss in 70%. Among dMMR tumors, adjuvant therapy was omitted in 48.1%, modified in 22.2%, and ICI was offered in 29.6%. Testing uptake rose from 3 cases in 2021 to 51 in early 2025 ($p<0.0001$).
Conclusion:
Routine four-panel MMR IHC detected dMMR in 14% of solid tumors and significantly influenced management, underscoring its value as a cost-effective precision oncology tool in resource constraint settings.
Keywords: Mismatch Repair Deficiency, Immunohistochemistry, Solid Tumors, India, Immune Checkpoint Inhibitors, Lynch Syndrome

## Ewing's Sarcoma of the Prostate Presenting as Back Pain: A Report of a Rare Case and Review of the Literature

*Abstract ID: 25* | *E-Poster Abstracts*

ABSTRACT FOR POSTER

TOPIC - Ewing's Sarcoma of the Prostate Presenting as Back Pain: A Report of a Rare Case and Review of the Literature

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ABSTRACT

INTRODUCTION

Ewing's sarcoma is an aggressive small round blue cell tumor typically arising in bone or soft tissues of children and young adults.

Primary involvement of the prostate is exceptionally rare, with only a handful of cases reported.

The unusual site and nonspecific clinical presentation often delay diagnosis.

CASE REPORT

We report the case of a 35-year-old male patient who initially presented with progressive lower back pain of two months' duration, without neurological deficits. The pain was accompanied by urinary hesitancy and abdominal discomfort. WORK UP

Imaging revealed a markedly enlarged prostate (13.2 × 11.1 × 18.1 cm) with heterogeneous enhancement, cystic degeneration, and compression of adjacent pelvic structures.

PET-CT demonstrated intense fluorodeoxyglucose (FDG) uptake in the prostate and distant metastases involving the lungs and liver. Histopathology of a core biopsy showed sheets of small round blue cells with hyperchromatic nuclei and scant cytoplasm, along with rosette formation.

## Case study:

*Abstract ID: 26* | *E-Poster Abstracts*

case study

## Primary Diffuse Large B-Cell Lymphoma of the Tongue: Clinicopathological Features, Treatment Outcomes, and Prognostic Factors from a 22-Year Single-Centre Cohort in India

*Abstract ID: 29* | *E-Poster Abstracts*

Primary Diffuse Large B-Cell Lymphoma of the Tongue: Clinicopathological Features, Treatment Outcomes, and Prognostic Factors from a 22-Year Single-Centre Cohort in India

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Objectives: To evaluate the clinicopathological features, treatment outcomes, and prognostic factors in patients with primary diffuse large B-cell lymphoma (DLBCL) of the tongue, a rare extranodal presentation with evidence limited to case reports and small series.
Methods: This retrospective cohort study included 15 patients with histopathologically confirmed primary DLBCL of the tongue, diagnosed at a tertiary cancer centre in India between February 2004 and August 2026. Overall survival (OS), progression-free survival (PFS), and disease-free survival (DFS) were estimated using the Kaplan-Meier method; median follow-up was estimated using the reverse Kaplan-Meier method. Cell-of-origin (COO) was classified using the Hans algorithm.
Results: Median age was 67 years; base of tongue was the predominant subsite (93.3%). Ten patients (66.7%) had germinal centre B-cell (GCB) subtype and 5 (33.3%) had activated B-cell (ABC) subtype disease. Complete response was achieved in 60.0% of patients (overall response rate 73.3%). At a median follow-up of 111.6 months, 5- and 10-year OS were both 71.1%, and 5- and 10-year PFS were both 63.6%. Complete responders had 88.9% disease-free survival at 5 and 10 years. GCB subtype trended toward superior OS compared with ABC subtype (90.0% vs 30.0%, p=0.052), without a statistically significant association with complete response (70.0% vs 40.0%, p=0.329).
Conclusion: Primary tongue DLBCL demonstrated favourable long-term survival, with durable remission among complete responders. Cell-of-origin subtype showed a survival trend consistent with established DLBCL biology, though larger multicentre studies are needed to confirm these hypothesis-generating findings.

Keywords: Diffuse large B-cell lymphoma; Tongue; Extranodal lymphoma; Cell of origin; Survival analysis; Retrospective cohort

## DEMOGRAPHIC DATA AND PRESENTATION OF HEPATOCELLULAR CARCINOMA AMONG LOW INCOME PATIENTS IN A TERTIARY CARE CENTRE HOSPITAL

*Abstract ID: 33* | *E-Poster Abstracts*

DEMOGRAPHIC DATA AND PRESENTATION OF HEPATOCELLULAR CARCINOMA AMONG LOW INCOME PATIENTS IN A TERTIARY CARE CENTRE HOSPITAL

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Keywords: Hepatocellular Carcinoma, Tyrosine Kinase Inhibitors(TKI), Portal hypertension, PVTT(Portal Venous Tumour Thrombosis)
INTRODUCTION:
Hepatocellular carcinoma is a relatively rare cancer that progresses rapidly with high mortality. Most common etiology are alcoholic liver disease followed by viral etiology (HBV, HCV). Treatment options are limited for advanced diseases. Here we see the presentation of such patients among low-income people
OBJECTIVE:
To see the patterns of presentation and progression of HCC among different age groups and etiologies
METHODS:
Patient data was collected retrospectively from 2021-2025 and tabulated
RESULTS:
There was a total of 86 patients, of which 75 patients were male. The most common age group was 50-70 years, which accounted for 56 patients. 52 patients had BCLC C presentation. Alcohol was the most common etiology accounting for 58%. 57 patients underwent treatment with TKIs. Median PFS was 7 months, while median OS was 10.2 months. Median OS for patients with alcoholic etiology was 10.4 months, while for viral etiology was 5.89 months. Portal hypertension was an important risk factor with median OS of 5.3 months with PHTN and 9.2 months without PHTN. 11 patients had atleast 2 etiologies associated (viral/alcoholic)and they had a median OS of 5 months. 3 patients are alive and they had underwent either surgery or TACE followed by TKI in the event of recurrence.
DISCUSSION:
HCC has dismal prognosis, with majority being unfit for local therapies. Multiple risk factors, PHTN, PVTT were the major prognostic markers, where such patients had median OS of around 5 months, while those without had a median OS of 9-11 months. Patients who received TKI alone(sorafenib) had a median PFS of 6.3 months which was comparable to IMbrave150 study
CONCLUSION:
Identification of high risk patients and subjecting them to screening can help in early detection and subsequent treatment. In resource limited settings, where immunotherapy is unavailable, VEGF inhibitors can

## Transplant Oncology: Breaking the Myths and Pioneering Complex Multi-visceral & Intestinal Transplantation in India and Asia.

*Abstract ID: 38* | *E-Poster Abstracts*

Transplant Oncology: Breaking the Myths and Pioneering Complex Multi-visceral & Intestinal Transplantation in India and Asia.

Objective:
The field of transplant oncology has advanced significantly in recent years. Yet complex multi-visceral and intestinal transplants for oncology indications remain shrouded in misconceptions, particularly in developing countries like India. Many perceive these procedures as nearly impossible to perform due to resource constraints, technical challenges, immunosuppression in oncology patients, or a lack of clinical expertise. However, two recent groundbreaking cases in India have dispelled these myths — a modified multi-visceral transplant (MMVT) for low-grade pseudomyxoma peritonei (PMP) originating from the appendix and an isolated small bowel transplant for an advanced and complex desmoid tumour of the intestinal mesentery in Familial Adenomatous Polyposis (FAP) syndrome.
Method:
Case 1- The patient, diagnosed with low-grade PMP — a rare condition characterized by the accumulation of mucin-secreting tumour cells in the abdominal cavity — presented unique challenges. In its advanced stages, the disease required a MMVT due to the extensive involvement of abdominal organs leading to intestinal failure, making curative surgery without replacement impractical. The surgical solution required precision, innovation, and expertise in intestinal transplantation, something rarely attempted in India or Asia.
Case 2- The patient underwent prophylactic colectomy for FAP syndrome. Later she developed an intestinal mesenteric desmoid tumour, which progressed slowly and then complicated to intestinal obstruction and type 3 intestinal failure. She was stabilised after Home Parenteral Nutrition (HPN), and an Isolated Intestinal Transplant was performed.
Outcome:
Both patients were discharged from the hospital after 2 weeks post-transplant with no reliance on TPN. Both patients are on regular follow-up with no rejection, recurrence, or infection.
Conclusion:
The success of this MMVT and isolated intestinal transplant for cancer encourages more cases, prompting Indian healthcare to invest in training, technology, and collaboration. This can ensure equitable access to life-saving treatments and transform transplant oncology in India and Asia.
Keywords: Multi-visceral transplant, Isolated intestinal transplant, Pseudomyxoma peritonei, Desmoid tumour, Familial Adenomatous

## Breaking the Myths and Pioneering Complex Multi-visceral & Intestinal Transplantation in India and Asia.

*Abstract ID: 39* | *E-Poster Abstracts*

Breaking the Myths and Pioneering Complex Multi-visceral &
Intestinal Transplantation in India and Asia.
Objective:
The field of transplant oncology has advanced significantly in recent years. Yet complex multi-visceral and intestinal transplants for oncology indications remain shrouded in misconceptions, particularly in developing countries like India. Many perceive these procedures as nearly impossible to perform due to resource constraints, technical challenges, immunosuppression in oncology patients, or a lack of clinical expertise. However, two recent groundbreaking cases in India have dispelled these myths — a modified multi-visceral transplant (MMVT) for low-grade pseudomyxoma peritonei (PMP) originating from the

appendix and an isolated small bowel transplant for an advanced and complex desmoid tumour of the intestinal mesentery in Familial Adenomatous Polyposis (FAP) syndrome.
Method:
Case 1- The patient, diagnosed with low-grade PMP — a rare condition characterized by the accumulation of mucin-secreting tumour cells in the abdominal cavity — presented unique challenges. In its advanced stages, the disease required a MMVT due to the extensive involvement of abdominal organs leading to intestinal failure, making curative surgery without replacement impractical. The surgical solution required precision, innovation, and expertise in intestinal transplantation, something rarely attempted in India or Asia.
Case 2- The patient underwent prophylactic colectomy for FAP syndrome. Later she developed an intestinal mesenteric desmoid tumour, which progressed slowly and then complicated to intestinal obstruction and type 3 intestinal failure. She was stabilised after Home Parenteral Nutrition (HPN), and an Isolated Intestinal Transplant was performed.
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Conclusion:
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Keywords: Multi-visceral transplant, Isolated intestinal transplant, Pseudomyxoma peritonei, Desmoid tumour, Familial Adenomatous Polyposis

## Challenges in Managing CNS-Only Relapse in High-Grade Lymphomas: Clinical Insights and Outcomes.

*Abstract ID: 44* | *E-Poster Abstracts*

Challenges in Managing CNS-Only Relapse in High-Grade Lymphomas: Clinical Insights and Outcomes.
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Objectives: Isolated CNS relapse following CMR to frontline chemotherapy is rare (4-6%) and carries poor prognosis. Due to its rarity and exclusion from prospective trials, optimal management remains undefined. This study aimed to describe the clinical characteristics, treatment approaches and outcomes of patients with CNS-only relapse across high-grade lymphomas.
Materials and Methods: This is a retrospective single-institution case series of 11 consecutive patients who developed CNS-only relapse after achieving CMR to first-line chemotherapy. Histologies included DLBCL (n-7), plasmablastic lymphoma (n-1), mantle cell lymphoma (n-1), Burkit lymphoma (n-1), and ALCL (n-1). Relapse confirmed by brain biopsy. MRI brain/spine,

CSF analysis and PET-CT were performed to exclude systemic disease. Demographics, CNS-IPI, salvage regimens and outcomes were recorded.
Results: Median age was 46 years (range 23–62); 8 males, 3 females. Among 7 DLBCL patients, all were Stage III/IV with median CNS-IPI 3 (range 2–5); non-GCB subtype predominated (6/7); BCL2 and MYC co-expression seen in 5/7. All received 6 cycles R-CHOP achieving CMR; only 1 received IT-MTX prophylaxis. Median time to CNS relapse was 5 months (range 3–13). presentations headache (11/11), focal deficits, and seizures. ECOG PS at relapse was 3–4 in 10/11 patients. MTR/HD-MTX administered in 6/7 DLBCL patients (median 4 cycles); 1 HIV-positive plasmablastic lymphoma patient received HD-MTX + temozolomide for 7 cycles achieving CR. 3 non-DLBCL patients received steroids alone due to poor PS. Overall, 2/11 patients (18%) are alive on follow-up; 9/11 (82%) died of progressive disease.
Conclusion: CNS-only relapse occurs early post-treatment and carries a very poor prognosis, only 18% survival in this series. Survival limited to patients with adequate PS who could complete MTR/HD-MTX–containing salvage regimens with consolidation. Performance status at relapse was the principal determinant of treatment feasibility and outcome, underscoring the need for novel therapeutic strategies in this high-risk group.
Keywords: CNS-only relapse; High-grade lymphoma; DLBCL; High-dose methotrexate;

## Real-World Spectrum of DPYD Gene Variants and Their Impact on Fluoropyrimidine-Related Toxicity: A Prospective Cohort Study from a South Indian Tertiary Cancer Centre

*Abstract ID: 45* | *E-Poster Abstracts*

Real-World Spectrum of DPYD Gene Variants and Their Impact on Fluoropyrimidine-Related Toxicity: A Prospective Cohort Study from a South Indian Tertiary Cancer Centre

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Objectives: To characterise the real-world spectrum of DPYD gene variants in South Indian patients receiving fluoropyrimidine-based chemotherapy, evaluate DPD activity score and compound heterozygosity as toxicity risk stratifiers, and assess the real-world impact of departmental dose-modification protocol on treatment-related toxicity.
Methods: In this prospective, single-centre study (June 2024–November 2025), 423 patients underwent pre-treatment DPYD genotyping by targeted PCR-based sequencing with CPIC/DPWG activity-score assignment; 348 received fluoropyrimidine-based chemotherapy and were followed for three cycles, with toxicity graded by CTCAE v5.0. Associations of activity score and compound heterozygosity with toxicity were analysed using Chi-square/Fisher's Exact tests. Based on real-world experience, dose was modified according to departmental protocol, and toxicity outcomes were compared before and after protocol revision.
Results: DPYD variants were identified in 268/423 patients (63.4%), with a South Asian-enriched spectrum dominated by DPYD*9A (43.3%), DPYD*6 (19.1%), and DPYD*5 (7.6%); DPYD*2A was rare (2.6%). Among 348 treated patients, any-grade toxicity occurred in 43.4%, grade ≥3 toxicity in 15.2%, and treatment-related death in 1.1%. Reduced/lost DPD activity score predicted any-grade toxicity (81.3% vs 41.6%, p = 0.003), grade ≥3 toxicity (50.0% vs

13.6%, p = 0.001), and treatment-related death (75% of deaths, p < 0.001). Compound heterozygosity was similarly associated with higher any-grade (87.5% vs 42.4%, p = 0.023) and grade ≥3 toxicity (50.0% vs 14.4%, p = 0.021). Following dose modification per departmental protocol, grade ≥3 toxicity fell from 17.7% to 12.8% (OR 1.47, 95% CI 0.66–3.24, p = 0.44). Conclusion: This large single-centre Indian cohort reveals a DPYD mutational spectrum distinct from Caucasian populations, supporting pre-emptive DPYD testing with South Asian-inclusive panels before fluoropyrimidine chemotherapy. DPD activity score and compound heterozygosity further stratify toxicity risk. Dose modification per departmental protocol showed a favourable, non-significant trend in reducing severe toxicity, warranting confirmation in larger multi-centre studies.

Keywords: DPYD; Fluoropyrimidine toxicity; Pharmacogenomics; DPD activity score; South Asian population; Dose modification.

## PDGFRAPDGFRA rearranged myeloid/lymphoid neoplasm with eosinophilia unmasked during evaluation of community acquired pneumonia A Rare case report

*Abstract ID: 46* | *E-Poster Abstracts*

FIP1L1::PDGFRA rearranged myeloid/lymphoid neoplasm with eosinophilia

unmasked during evaluation of community acquired pneumonia: A Rare case report.

Dr Chilamkurty Maitreyi[1], Dr Mohamed Thanish[2], Dr P. N. Sathiyamoorthy[3], Dr Chandralekha[4], Dr Anand Praveen Kumar[5], Dr M. Monisha[6] .[1],[2],[6] DM Postgraduate Residents, Department of Medical Oncology; [3] Professor and Head; [4],[5] Assistant Professors, Department of Medical Oncology, Government Stanley Medical College and Hospital, Chennai, Tamil Nadu, India.

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Background: Myeloid/lymphoid neoplasms with eosinophilia and platelet-derived growth factor receptor alpha rearrangements are rare but highly actionable disorders that can mimic reactive eosinophilia. Early molecular identification is essential because these neoplasms show remarkable sensitivity to low-dose imatinib, allowing rapid disease control and prevention of eosinophil-mediated organ injury.

Objectives: To highlight the importance of recognizing clonal eosinophilic neoplasms in patients with severe eosinophilia despite a concurrent infection and to demonstrate the value of early molecular testing in enabling effective targeted therapy.

Methods: A 21-year-old man presenting with fever, productive cough, and right lower lobe community-acquired pneumonia underwent serial blood counts, peripheral smear examination, bone marrow aspiration and biopsy, evaluation for secondary causes of eosinophilia, assessment for eosinophil-mediated organ injury, and comprehensive testing for clonal myeloid disorders.

Results: The initial leukocyte count was 59,400 cells/mm³, with eosinophils comprising 84% and an absolute eosinophil count of 49,560 cells/mm³. Despite clinical improvement of pneumonia, leukocytosis progressed to 72,000 cells/mm³ with an absolute eosinophil count of 61,000 cells/mm³, accompanied by splenomegaly. Bone marrow demonstrated marked eosinophilic myeloid proliferation without blast excess. Secondary causes and alternative clonal drivers were excluded. Fluorescence in situ hybridization demonstrated FIP1L1–CHIC2–PDGFRA rearrangement in 70% of 200 interphase nuclei. Temporary cytoreduction with prednisolone and hydroxyurea was followed by imatinib 100 mg once daily after molecular confirmation, with rapid hematologic improvement.

Conclusion: Extreme or progressive eosinophilia should not be attributed to infection alone. Persistence after infection control, splenomegaly, and abnormal eosinophil morphology should prompt early clonal evaluation. Timely identification of platelet-derived growth factor receptor alpha rearrangement enables highly effective low-dose imatinib therapy and may prevent irreversible eosinophil-mediated organ injury.

Keywords: Hypereosinophilia; myeloid/lymphoid neoplasm; platelet-derived growth factor receptor alpha rearrangement; imatinib; molecular diagnosis; community-acquired pneumonia

## From Default to Definitive Care: Protecting the Curative Window in Bladder Cancer at a Government Tertiary Hospital - A 75-Patient Retrospective Care-Cascade Study (2019-2025)

*Abstract ID: 48* | *E-Poster Abstracts*

Title: From Default to Definitive Care: Protecting the Curative Window in Bladder Cancer at a Government Tertiary Hospital - A 75-Patient Retrospective Care-Cascade Study (2019-2025)

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Objectives: To map treatment attrition across diagnosis, active treatment, and surveillance among patients with bladder cancer treated in a public-sector tertiary hospital, identify vulnerable points in the curative pathway, and propose a low-cost navigation strategy to improve continuity of care.

Methods: This retrospective, single-centre observational study included 75 adults with biopsy- or transurethral resection-proven urinary bladder carcinoma treated at Government Stanley Medical College and Hospital, Chennai, from 2019 to 2025. Demographic characteristics, risk factors, histology, stage, muscle-invasive or non-muscle-invasive status, metastasis, treatment modality, default/attrition, and recurrence were reviewed.

Results: Of 75 patients, 41 (54.7%) had muscle-invasive disease, 34 (45.3%) had non-muscle-invasive disease, and 13 (17.3%) were metastatic.45 patients (60.0%) were daily-wage workers and 38 (50.7%) were smokers. Bladder-preserving definitive concurrent chemoradiotherapy was used in 24 patients, while only seven surgical pathways were documented. 36 attrition events were recorded during treatment or surveillance: surveillance 13, definitive concurrent chemoradiotherapy 9, palliative chemotherapy 6, intravesical therapy 5, neoadjuvant chemotherapy 2, and adjuvant chemotherapy 1.9 additional patients defaulted immediately after diagnosis; possible overlap with the 36 recorded events requires patient-level verification. These findings demonstrate loss to care at multiple points rather than at a single treatment step.

Conclusion: In a resource-constrained government hospital, preserving the curative window requires systematic retention as well as appropriate oncologic therapy. A structured “Bladder Care” navigation pathway incorporating treatment-intent deadlines, multidisciplinary linkage, missed-visit detection within 48-72 hours, access support, response assessment, and a surveillance calendar may provide a practical best-practice framework for reducing avoidable attrition.

Keywords: bladder cancer; treatment attrition; care cascade; bladder preservation;

## Real world Unusual Clinical Presentations and Early Molecular Responses in Philadelphia Chromosome-Positive Acute Lymphoblastic Leukemia: A Single Center Four Case Series from a Resource-Limited Setting.

*Abstract ID: 50* | *E-Poster Abstracts*

Title: Real world Unusual Clinical Presentations and Early Molecular Responses in Philadelphia Chromosome-Positive Acute Lymphoblastic Leukemia: A Single Center Four Case Series from a Resource-Limited Setting.

Dr Chilamkurty Maitreyi 1 , Dr Mohamed Thanish 2 , Dr Anand Praveen Kumar 3 , Dr P. N. Sathiyamoorthy 4 , Dr Chandralekha
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phone: 9491969963, Email: maitreyi999@gmail.com
Abstract
Background: Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph-positive ALL) is a biologically high-risk subtype of ALL defined by the BCR::ABL1 fusion. Outcomes have improved substantially with tyrosine kinase inhibitor (TKI)-integrated therapy, but unusual presentations, treatment complications, measurable residual disease (MRD), and kinase-domain resistance remain clinically decisive.
Objective:
To characterize unusual real-world presentations of Philadelphia chromosome-positive acute lymphoblastic leukemia and evaluate early molecular response patterns following tyrosine kinase inhibitor-based therapy in a resource-limited setting, with emphasis on treatment feasibility, response kinetics, and practical implications for risk stratification and individualized management.
Methods: We describe four consecutive patients with Ph-positive precursor B-cell ALL managed at a tertiary cancer center. Diagnosis was established using morphology, multiparameter flow cytometry, and BCR::ABL1 confirmation by molecular or cytogenetic testing. Clinical presentation, treatment strategy, MRD response, molecular response, complications, and early outcome were summarized.
Results: The median age was 17 years (range, 15-25 years). Clinical Presentations included pleural effusion, diffuse osteolytic vertebral lesions, extensive generalized lymphadenopathy with hepatosplenomegaly ,neurological complications, and BCR::ABL1 T315I-mediated resistance. Three patients achieved flow cytometric MRD negativity following induction; one patient achieved complete molecular remission with undetectable p190, p210, and p230 transcripts. One patient with persistent MRD positivity was found to harbor a T315I kinase-domain mutation and was referred for allogeneic hematopoietic stem cell transplantation. One patient developed acute motor axonal neuropathy(AMAN) during induction and recovered after intravenous immunoglobulin.
Conclusion: Ph-positive ALL remains a biologically aggressive but increasingly targetable leukemia. Contemporary outcomes have improved substantially with TKI integrated therapy, MRD guided treatment adaptation, Ponatinib based regimens and appropriate use of allogeneic hematopoietic stem cell transplantation in selected high-risk patients. Recent evidence suggests that ponatinib-based regimens can overcome much of the adverse prognostic impact associated with T315I-mutated disease and achieve high rates of complete molecular remission.Furthermore, chemotherapy-free combinations incorporating ponatinib and blinatumomab have demonstrated excellent molecular responses and survival outcomes, representing an emerging treatment paradigm in newly diagnosed Ph-positive ALL. Asciminibcontaining combinations are also being explored as novel targeted approaches in this setting.This case series highlights unusual presentations, the importance of early and repeated MRD assessment, the need for kinase domain mutation testing in persistent MRD or treatment resistance, and the clinical value of individualized TKI based therapy in real world practice.
Keywords: Philadelphia chromosome-positive ALL; BCR::ABL1; precursor B-cell ALL; dasatinib; imatinib; Ponatinib; Asciminib; MRD; T315I mutation; acute motor axonal neuropathy (AMAN); allogeneic transplantation (HSCT).
Table.1.Summary of cases of PH Positive ALL case series.

| Case | Age/sex | presentation | Diagnostic confirmation | Treatment approach | Early response / outcome |
|---|---|---|---|---|---|
| 1 | 17/M | Fever for 20 days; ~30% circulating blasts; mild pleural effusion | Precursor B-cell ALL by flow cytometry; BCR::ABL1- | | |

positive
BFM-based induction
+
imatinib because
baseline pleural
involvement
influenced TKI
selection
Complete hematologic remission and
MRD
negativity after induction;
consolidation with continued TKI
2 17/M Fever with severe lowback pain;
MRI showing diffuse osteolytic
vertebral lesions
Bone marrow biopsy
confirmed
ALL;BCR::ABL1-
positive
Palliative
radiotherapyfor pain
control followed by
dasatinib with
induction
Marked symptom improvement and
end- induction MRD negativity;
consolidation with continued
dasatinib
chemotherapy
3 15/M Fever, leukocytosis,
~40% circulating blasts
Precursor B-cell
ALL;BCR::ABL1-
positive
Dasatinib-based
induction
Persistent MRD positivity; T315I
detected; referred for allogeneic
HSCT
4 25/F Fever, fatigue, anorexia, bilateral
cheek swelling, generalized
lymphadenopathy,
hepatosplenomegaly; Hb 6.8
g/dL, WBC
22,810/uL, platelets
31,000/uL, ~80%

blasts
CALLA-positive
precursor B-cell ALL
expressing
CD10, CD19,
CD20, CD79a, CD34,
HLA-DR
and CD200; Ph-
positive
BFM-95
induction +
dasatinib; IVIG for
AMAN
during induction
Complete hematologic remission;
flow MRD negative (<0.01%);
complete molecular remission
documented; proceeded to
consolidation with high- dose
methotrexate, cytarabine and
continued dasatinib

Table.1 ALL denotes acute lymphoblastic leukemia; Ph-positive indicates Philadelphia chromosome-positive disease confirmed by detection of the BCR::ABL1 fusion transcript. All patients received induction chemotherapy combined with a tyrosine kinase inhibitor (TKI) and central nervous system prophylaxis with triple intrathecal (IT) therapy. Minimal residual disease (MRD) was assessed by multiparametric flow cytometry, with MRD negativity defined as <0.01% residual leukemic cells. BFM refers to the Berlin–Frankfurt–Münster treatment protocol, MRI to magnetic resonance imaging, IVIG to intravenous immunoglobulin, AMAN to acute motor axonal neuropathy, and HSCT to hematopoietic stem cell transplantation. TKI selection and subsequent treatment strategies were individualized according to disease characteristics, treatment response, and toxicity considerations. Abbreviations: ALL, acute lymphoblastic leukemia; AMAN, acute motor axonal neuropathy; BCR::ABL1, breakpoint cluster region–Abelson 1 fusion gene; BFM, Berlin–Frankfurt–Münster; CALLA, common acute lymphoblastic leukemia antigen; CNS, central nervous system; Hb, hemoglobin; HSCT, hematopoietic stem cell transplantation; IT, intrathecal; IVIG, intravenous immunoglobulin; MRI, magnetic resonance imaging; MRD, minimal residual disease; Ph, Philadelphia chromosome; TKI, tyrosine kinase inhibitor; WBC, white blood cell count.

## Steroid-Responsive Regional Hyaline-Vascular Castleman Disease of the Right Axillary Nodal Basin in an Adolescent Male: A Case Report and Evidence-Based Review

*Abstract ID: 52* | *E-Poster Abstracts*

Steroid-Responsive Regional Hyaline-Vascular Castleman Disease of
the Right Axillary Nodal Basin in an Adolescent Male: A Case Report
and Evidence-Based Review

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Abstract
Background: Castleman disease is a rare lymphoproliferative disorder defined by characteristic lymph node histopathology and classified clinically as unicentric Castleman disease (UCD) or multicentric Castleman disease (MCD). Hyaline-vascular morphology is most frequently associated with UCD, but final classification requires integration of nodal distribution, clinical phenotype, laboratory inflammatory burden, viral studies, and exclusion of mimics.
Case presentation: A 17-year-old male presented with a 2-month history of indolent, slowly progressive right axillary swelling. The swelling was painless and was not associated with fever, weight loss, night sweats, constitutional symptoms, or palpable lymphadenopathy elsewhere. Examination revealed a matted group of right axillary lymph nodes measuring approximately 4 x 4 cm. Lymph node biopsy with immunohistochemistry favoured Castleman disease, hyaline-vascular type. The immunohistochemistry report documented CD20 positivity in reactive germinal-centre B cells, strong CD3 positivity in parafollicular T cells, CD23 highlighting preserved follicular dendritic cell meshworks, and Ki-67 of 70-80% in germinal centres and parafollicular areas. Whole-body 18F-FDG PET/CT demonstrated metabolically active right axillary lymph nodes with SUVmax approximately 5.4 and no evidence of metabolically active disease elsewhere. He was treated with oral prednisolone 1 mg/kg/day for 5 days, repeated every 21 days, for six cycles. A complete clinical response of the palpable axillary lymphadenopathy was documented after 3-4 cycles. Six cycles were completed, and he was placed on follow-up.
Conclusion: This case represents an adolescent male with biopsy-proven, PET-localized, right axillary hyaline-vascular Castleman disease and complete clinical response to intermittent corticosteroid therapy. Although the observed response is clinically important, complete surgical excision remains the preferred definitive therapy for confirmed resectable UCD in international literature; therefore, long-term follow-up and careful documentation of residual radiologic disease are essential.
Keywords: Castleman disease; hyaline-vascular ; unicentric Castleman disease; axillary

## Real world outcomes of Low dose Nivolumab in metastatic renal cell carcinoma from a tertiary care cancer centre in South India

*Abstract ID: 56* | *E-Poster Abstracts*

TITLE:
Real world outcomes of Low dose Nivolumab in metastatic renal cell carcinoma from a tertiary care cancer centre in South India
OBJECTIVES:
To analyse the clinical profile, efficacy, adverse events and treatment outcomes of low-dose (LD) nivolumab in metastatic renal cell carcinoma(mRCC) patients.
METHOD:
Patients with mRCC treated with Low-dose nivolumab at Cancer Institute (WIA), Chennai, from 2019 to 2025 were included in this retrospective study. Progression-free survival (PFS) and overall survival (OS) were calculated from ICI initiation using Kaplan-Meier method.
RESULTS:
Of 50 mRCC patients who received ICIs evaluated during the study period, 18(36%) received low-dose nivolumab and were included in analysis. Median age was 54 years (range 25-63

years), 94.4% were male (n=17). IMDC risk was intermediate in 72.20%(n=13) and poor-risk in 27.80% (n=5). Low dose nivolumab was used as first-line(n=3,16.7%), second-line (n=9,50%) and beyond second-line (n=6,33.3%). TKI partners were cabozantinib (n=13, 72.2%), lenvatinib (n=3, 16.7%), and no TKI in 2 (11.1%) patients. ICI was given for a median of 5 cycles (IQR 3-14). Among 10 patients with documented response rate, objective response rate was 50%. At a median follow-up of 15.5 months (95% CI 6.1-24.8), median PFS was 13.2 months (95% CI 2.8-23.7), and median OS was 15.2 months (95% CI 1.6-28.7), median PFS and OS on excluding 4 th line were 17.5 months (95% 5.2-29.8) and 22.3 months (95% 4.5-40). Hypothyroidism was the commonest immune-related adverse event seen in 16.7% patients.

CONCLUSION:

Low-dose nivolumab in mRCC showed clinically meaningful activity (ORR 50%, n=10 evaluable; mPFS 13.2mo, mOS 15.2mo) across treatment lines, supporting feasibility as a cost-effective option in resource-constrained settings. Larger prospective studies are needed to validate these findings.

Keywords : Low-dose Nivolumab, mRCC ,cost-effective, PFS, OS .

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## Real-World Outcomes of Durvalumab in Advanced Biliary Tract Malignancies: A Single-Center Retrospective Analysis from South India

*Abstract ID: 58* | *E-Poster Abstracts*

Treatment Burden and Predictors of Hospital Readmission During Concurrent Chemoradiotherapy for Head and Neck Squamous Cell Carcinoma: A Prospective Observational Study

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Background

Concurrent chemoradiotherapy (CTRT) for head and neck squamous cell carcinoma (HNSCC) is associated with substantial acute treatment-related morbidity, which may compromise nutritional status, treatment continuity and quality of care. Hospital readmission represents an important clinically relevant consequence of treatment toxicity. This study evaluated the treatment burden associated with CTRT and explored clinical and treatment-related factors associated with hospital readmission.

Methods

This prospective observational study included 60 adults with HNSCC treated with concurrent chemoradiotherapy at a tertiary cancer centre. Baseline demographic and disease characteristics, treatment details and treatment-related complications were prospectively recorded. Treatment burden was assessed using weight loss >10%, feeding-tube requirement, severe mucositis, severe dysphagia, severe dermatitis, haematological toxicity, nephrotoxicity and treatment interruption. The primary outcome was hospital readmission. Categorical variables were compared using the Chi-square or Fisher's exact test, and continuous variables using the Student's t-test or Mann–Whitney U test, as appropriate. Odds ratios with 95% confidence intervals were planned for clinically relevant associations, with exploratory multivariable logistic regression used to identify independent factors associated with hospital readmission.

Results

Sixty patients with HNSCC undergoing concurrent chemoradiotherapy were analysed. Hospital admission was documented in 28 patients (46.7%). Treatment-related morbidity was substantial, with >10% weight loss in 37 patients (61.7%), feeding-

tube requirement in 43 (71.7%), severe mucositis in 28 (46.7%), severe dysphagia in 14 (23.3%), haematological toxicity in 15 (25.0%) and nephrotoxicity in 5 (8.3%). Treatment interruption occurred in 24 patients (40.0%).

On univariate analysis, hospital admission was significantly associated with N-stage positivity (OR 7.71, 95% CI 2.17–27.42; P=0.001), advanced overall stage (OR 5.91, 95% CI 1.79–19.50; P=0.003), induction chemotherapy (OR 4.58, 95% CI 1.10–19.11; P=0.050), >10% weight loss (OR 13.89, 95% CI 3.44–56.05; P<0.001), feeding-tube requirement (OR 6.48, 95% CI 1.62–25.93; P=0.009), and severe mucositis (OR 10.71, 95% CI 3.24–35.49; P<0.001). Treatment interruption was also strongly associated with hospital admission (OR 142.6, 95% CI 15.59–1304.79; P<0.001), although the temporal relationship between these events requires cautious interpretation.

Conclusion

Concurrent chemoradiotherapy in HNSCC was associated with a substantial burden of nutritional, mucosal and systemic toxicity, with nearly half of patients requiring hospital readmission. Identification of clinical factors associated with readmission may facilitate early supportive-care intervention, closer toxicity surveillance and strategies aimed at maintaining uninterrupted cancer treatment. These findings require validation in larger prospective cohorts.

## TREATMENT AND OUTCOMES OF DIFFERENT PROGNOSTIC FACTORS AND CORRELATION OF SERUM ALPHA-FETOPROTEIN AND MAXIMUM TUMOUR DIAMETER IN HEPATOCELLULAR CARCINOMA IN A RESOURCE-LIMITED SETTING: A TERTIARY CARE CENTRE EXPERIENCE

*Abstract ID: 60* | *E-Poster Abstracts*

TREATMENT AND OUTCOMES OF DIFFERENT PROGNOSTIC FACTORS AND CORRELATION OF SERUM ALPHA-FETOPROTEIN AND MAXIMUM TUMOUR DIAMETER IN HEPATOCELLULAR CARCINOMA IN A RESOURCE-LIMITED SETTING: A TERTIARY CARE CENTRE EXPERIENCE

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ABSTRACT

Background: Hepatocellular carcinoma (HCC) is the most common primary liver malignancy. Serum alpha-fetoprotein (AFP) is a standard biomarker, but its value as an isolated prognostic determinant is unclear.

Objectives: To evaluate treatment outcomes across prognostic factors in HCC and compare tumour characteristics between normal/low vs elevated AFP.

Methods: Retrospective analysis of all HCC patients registered, evaluated, and treated at a tertiary care centre, Jan 2021-Dec 2025. AFP-MTD correlation assessed by Spearman rho; survival by Kaplan-Meier; prognostic factors by Cox regression.

Results: N=220; 87% male, median age 57y. Alcoholism/cirrhosis 56%, viral aetiology 33%, multifocal tumours 48%, PVT 40%, metastasis 16% (lung commonest). BCLC C 62%, Child-Pugh B 68%. Sorafenib 78%, resection 12%, TACE 7%. AFP showed no correlation with MTD (p=0.480), multifocality (p=0.384), PVT (p=0.077), or cirrhosis (p=0.548). 195/220 evaluable for survival; median OS 6 months. Low AFP was associated with superior OS vs elevated AFP (p<0.01). PVT, alcoholism, cirrhosis, BCLC stage, and Child-Pugh score independently predicted OS (all p<0.01) on multivariable Cox regression.

Conclusion: AFP does not correlate with tumour burden but remains an independent prognostic marker for survival. PVT, cirrhosis, BCLC stage, and Child-Pugh score are key determinants of outcome in resource-limited HCC management.

Key Takeaway Messages: AFP should not be used alone to estimate disease burden; low-AFP patients may still harbour advanced disease. In resource-limited settings, PVT, cirrhosis, BCLC stage, and Child-Pugh score, rather than tumour size, should guide risk stratification, with alternative markers (PIVKA, EpCAM, Glypican-3) warranting evaluation in low-AFP disease.
Keywords: HCC, Alpha-fetoprotein, MTD, Survival

## Primary Breast Diffuse Large B-Cell Lymphoma Treated with DA-EPOCH-R: A Case Report

*Abstract ID: 66* | *E-Poster Abstracts*

Abstract Title: Primary Breast Diffuse Large B-Cell Lymphoma Treated with DA-EPOCH-R: A Case Report

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Introduction:

Primary breast lymphoma is rare, accounting for less than 1% of breast malignancies and approximately 1–2% of extranodal lymphomas. Diffuse large B-cell lymphoma (DLBCL) is the most common subtype. Accurate diagnosis requires histopathological and immunohistochemical evaluation because of its clinical similarity to breast carcinoma.

Case Presentation:

A 56-year-old woman presented with a left breast lump of 3 weeks' duration. PET-CT on 06/11/2025 showed a metabolically active, ill-defined irregular lesion in the upper outer quadrant of the left breast, infiltrating the overlying skin, with mildly avid left level I axillary and internal mammary lymph nodes. Core biopsy on 12/11/2025 revealed high-grade B-cell lymphoma consistent with DLBCL, nongerminal center type, with double-expressor phenotype. Immunohistochemistry showed strong CD45 and CD20 positivity, diffuse BCL-2 expression, patchy c-MYC (~10%) and weak BCL-6 (~20%) positivity, with Ki-67 of approximately 80%. CD3, MPO, ALK-1, and pancytokeratin were negative.

Treatment and Outcome:

Considering the aggressive histology and high-risk biological features, the patient received dose-adjusted EPOCH-R (DA-EPOCH-R) chemotherapy. After three cycles, interim PET-CT demonstrated complete metabolic response. Treatment was well tolerated, with manageable adverse effects and no significant complications.

Discussion:

Primary breast DLBCL is an uncommon entity requiring a high index of suspicion. Nongerminal center subtype and double-expressor phenotype may indicate aggressive disease biology and poorer prognosis. R-CHOP remains the standard chemoimmunotherapy approach, while intensified regimens such as DA-EPOCH-R may be considered in selected high-risk patients. Interim PET-CT provides valuable assessment of treatment response.

Conclusion:

This case highlights the importance of early diagnosis and individualized treatment in primary breast DLBCL. DA-EPOCH-R achieved an excellent early complete metabolic response in this high-risk case, supporting its potential role in selected patients with aggressive disease biology.

Keywords: Primary breast lymphoma; DLBCL; DA-EPOCH-R; Double-expressor lymphoma; Nongerminal center; PET-CT

## Adjuvant HDR Interstitial Brachytherapy After Immediate Flap Reconstruction in Soft Tissue Sarcomas: A Two-Patient Case Series

*Abstract ID: 69* | *E-Poster Abstracts*

TITLE:

Adjuvant HDR Interstitial Brachytherapy After Immediate Flap Reconstruction in Soft Tissue Sarcomas: A Two-Patient Case Series

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OBJECTIVE

To evaluate the clinical feasibility, technical implementation, and early treatment outcomes of integrating adjuvant high-dose-rate (HDR) interstitial brachytherapy with immediate flap reconstruction in patients undergoing resection for soft tissue sarcoma.

METHODS

We reviewed two patients managed at a tertiary care centre. CT-based brachytherapy planning and simulation were performed prior to treatment. The first patient was a 65-year-old male with a 10-year history of upper back swelling. He underwent wide local excision, latissimus dorsi flap reconstruction, intraoperative interstitial catheter placement, and vacuum-assisted closure. Biopsy revealed a spindle cell neoplasm with negative margins. Brachytherapy was initiated on day 13, delivering 36 Gy in 10 fractions, with two fractions per day, 6 hours apart, over 7 days. The second patient was a 50-year-old female with recurrent high-grade spindle cell sarcoma of the left forearm following prior incomplete excisions. Histopathology confirmed a poorly differentiated high-grade spindle cell sarcoma with inadequate margins. She underwent radical re-excision, reconstruction using an anterolateral thigh free flap, and placement of brachytherapy catheters. Brachytherapy was initiated on day 8, delivering 42 Gy in 12 fractions, with two fractions per day, 6 hours apart, over 9 days.

RESULTS

Catheter placement was modified to accommodate flap reconstruction while maintaining adequate target coverage and protecting the vascular pedicle. Both patients successfully completed the prescribed brachytherapy without any acute toxicities or complications. Catheters were removed aseptically at treatment completion.

CONCLUSION

Adjuvant HDR interstitial brachytherapy following immediate flap reconstruction appears feasible and safe in selected patients with primary or recurrent soft tissue sarcoma. Customized catheter placement enabled treatment delivery while preserving flap integrity and wound healing. At a median follow-up of 3 months, both patients remained free of local recurrence, with no late radiation-related toxicity observed to date. Multidisciplinary collaboration is important for optimal oncological and reconstructive outcomes overall.

KEYWORDS: Soft tissue sarcoma, Interstitial brachytherapy, High-dose-rate brachytherapy, Flap reconstruction, Catheter placement, Wound healing

## Real-World Outcomes with a Nivolumab Biosimilar Across Multiple Tumour Types in an Indian Tertiary Cancer Centre

*Abstract ID: 71* | *E-Poster Abstracts*

Real-World Outcomes with a Nivolumab Biosimilar Across Multiple Tumour Types in an Indian Tertiary Cancer Centre

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Background: Biosimilar nivolumab substantially reduces the cost of programmed cell death protein 1 blockade in India, where originator immunotherapy is unaffordable for most patients. Post-marketing effectiveness and safety data for biosimilar checkpoint inhibitors are almost absent from the published literature.

Objectives: To evaluate indications, effectiveness, and toxicity of a nivolumab biosimilar in routine Indian practice across multiple centre.

Methods: Cross sectional of consecutive patients receiving nivolumab biosimilar . Tumour type, programmed death-ligand 1 status, chemotherapy companion, dosing, cycles, best response, immune-related adverse events, and survival were abstracted using a standardised case record form. Kaplan-Meier methods estimated survival; exact binomial confidence intervals were calculated for response.

Results: One hundred forty-seven patients were analysed (median age 57 years, interquartile range 48-66; 28.6% female). Head and neck squamous cancers were commonest (n=25), followed by renal cell carcinoma (18), Hodgkin lymphoma (11), gastric cancer (9), melanoma (7) and non-small cell lung cancer (7). Programmed death-ligand 1 testing was undocumented in the majority. Flat 240 mg every three weeks predominated, though a low-dose 40 mg schedule was used in 30 patients. Median three cycles were delivered. Among 49 response-evaluable patients, objective response rate was 57.1% (95% confidence interval 43.2-70.3) and disease control rate 83.7%. Head and neck carcinoma and Hodgkin lymphoma showed better response among the subset. Immune-related adverse events occurred in 17.7%, most commonly hypothyroidism and diarrhoea; grade 3 or higher events (pneumonitis, transaminitis, febrile neutropenia, diarrhoea) affected 2.7%. median follow-up of 1.9 months.

Conclusion: Nivolumab biosimilar produced response and toxicity profiles consistent with originator data across diverse tumour types, supporting its role in improving immunotherapy access in India. Further follow up for response assessment and PFS survival data has to be done.

Keywords: Nivolumab biosimilar; immunotherapy; head and neck cancer; access; real-world evidence; India

## nan

*Abstract ID: 73* | *E-Poster Abstracts*

Full abstract: N.A. in the supplied dataset.

## Treatment Patterns, Morbidity, Mortality, and Institutional Experience in the Management of Pediatric Neuroblastoma: A Retrospective Analysis of 29 Cases

*Abstract ID: 76* | *E-Poster Abstracts*

Treatment Patterns, Morbidity, Mortality, and Institutional Experience in the
Management of Pediatric Neuroblastoma: A Retrospective Analysis of 29 Cases
Department of Pediatric Surgical Oncology — Retrospective Case Series Abstract

Introduction: Neuroblastoma is the most common extracranial solid tumour of childhood, with wide biological heterogeneity ranging from spontaneous regression to aggressive metastatic disease. Standard care is multimodal and risk-adapted, combining surgery, chemotherapy, radiotherapy, and, in high-risk disease, stem cell transplantation. Institutional audit of treatment delivery, morbidity, and mortality helps benchmark practice and identify care gaps.

Objective: To retrospectively analyse treatment patterns, morbidity, and mortality in children managed for neuroblastoma at our institution.

Materials and Methods: Records of 29 children treated for neuroblastoma/ganglioneuroblastoma were retrospectively reviewed. Demographic, disease, treatment, complication, and follow-up data were abstracted and analysed descriptively.

Description: Median age at diagnosis was 14 months (38% infants); M:F ratio was 1.1:1. Primary sites were mediastinal (34.5%), adrenal (31.0%), and retroperitoneal/other (34.5%); 27.6% had metastatic disease at diagnosis. Surgical resection was achieved in 58.6% of patients; PVC was the commonest chemotherapy regimen (58.6%), with a median of 8 cycles over 5 months. Radiotherapy was given in 20.7%, autologous stem cell transplantation in 3.4%, and only 6.9% received a dedicated central venous access device. Disease progression or inadequate first-line response occurred in 24.1% (median 7 months). Treatment-related morbidity was documented in 27.6%, chiefly febrile neutropenia/pancytopenia, intraoperative vascular injury, and mucocutaneous toxicity. No mortality was recorded over a median follow-up of 25 months, though two patients were lost to follow-up and vital status was not independently verified.

Conclusion: This institutional experience demonstrates safe, effective multimodal neuroblastoma management with an acceptable morbidity profile and no documented mortality, though low CVAD use, incomplete MYCN testing, and limited follow-up duration highlight areas for improvement.

Keywords: Neuroblastoma; Paediatric surgical oncology; Retrospective case series; Morbidity; Mortality; Institutional experience

Word count (abstract body): 258

## 5-Fluorouracil-Induced Cytotoxic Lesion of the Corpus Callosum(CLOCC SYNDROME): A Rare and Reversible Cause of Acute Encephalopathy

*Abstract ID: 77* | *E-Poster Abstracts*

5-Fluorouracil-Induced Cytotoxic Lesion of the Corpus Callosum(CLOCC SYNDROME): A Rare and Reversible Cause of Acute Encephalopathy

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Background

5-Fluorouracil is widely used in colorectal cancer, but neurotoxicity is rare. Cytotoxic lesions of the corpus callosum are uncommon, reversible radiological manifestations of chemotherapy-associated encephalopathy.

Objective

To describe a case of 5-fluorouracil-associated cytotoxic lesion of the corpus callosum presenting with acute encephalopathy and seizure.

Case Report :

A 19-year-old woman diagnosed with metastatic poorly differentiated signet-ring cell adenocarcinoma of the sigmoid colon received FOLFOX chemotherapy. Clinical, cardiac, neurological, imaging and laboratory findings were reviewed. After the fourth cycle of chemotherapy, approximately 3 hours after chemotherapy, she developed chest pain followed by a generalized tonic-clonic seizure and rapidly progressive encephalopathy requiring mechanical ventilation. Electrocardiography showed anterior ST-segment elevation; echocardiography revealed global left ventricular hypokinesia with an ejection fraction of 32%. Electroencephalography showed diffuse encephalopathy. Magnetic resonance imaging demonstrated diffusion restriction in the genu and splenium of the corpus callosum, with additional bilateral thalamic, pontine and deep periventricular white-matter involvement, without significant enhancement. Infectious, vascular and metabolic causes were evaluated and no alternative etiology was identified. She received supportive care, correction of metabolic abnormalities, antiepileptic therapy and corticosteroids, and further 5-fluorouracil was withheld. Neurological improvement and subsequent radiological resolution supported the diagnosis.

Conclusion

5-Fluorouracil-associated cytotoxic lesion of the corpus callosum is rare but serious. Early recognition and withdrawal of the offending agent, along with supportive management, may result in complete clinical and radiological recovery.

Key Takeaway Message

In patients receiving 5-fluorouracil who develop acute encephalopathy or seizures, cytotoxic lesion of the corpus callosum (CLOCC syndrome) should be considered. Prompt magnetic resonance imaging and exclusion of alternative causes can facilitate early diagnosis and treatment.

Keywords: 5-Fluorouracil; Cytotoxic lesion; Corpus callosum; Encephalopathy; Colorectal cancer; Neurotoxicity

Abstract body word count: 248 words (maximum 250).

## Rising Inflammation, Falling Survival: Clinical Prognostic Significance of Pretreatment Neutrophil-to-Lymphocyte Ratio in Gallbladder Cancer

*Abstract ID: 79* | *E-Poster Abstracts*

Rising Inflammation, Falling Survival: Clinical Prognostic Significance of Pretreatment

Neutrophil-to-Lymphocyte Ratio in Gallbladder Cancer

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BACKGROUND: Gallbladder cancer is an aggressive malignancy with poor outcomes, and simple biomarkers for baseline prognostic stratification are needed. The neutrophil-to-lymphocyte ratio, derived from a routine blood count, may provide clinically useful prognostic information.

AIM AND OBJECTIVE: To evaluate the prognostic significance of pretreatment neutrophil-to-lymphocyte ratio for overall survival in gallbladder cancer.

METHODS: This retrospective cohort study included consecutive adults with gallbladder cancer with available pretreatment neutrophil and lymphocyte counts and adequate survival follow-up. Patients were categorized according to neutrophil-to-lymphocyte ratio as ≤2.5, 2.6–4.9, or ≥5.0. Overall survival was assessed using Kaplan–Meier analysis and compared using the log-rank test.

RESULTS: Among 105 patients, 26 had a ratio ≤2.5, 46 had a ratio of 2.6–4.9, and 33 had a ratio ≥5.0. Increasing neutrophil-to-lymphocyte ratio was associated with a marked, stepwise reduction in survival. Median overall survival was 433 days (14.2 months; 95% CI, 251–609) for ≤2.5, 182 days (6.0 months; 95% CI, 159–205) for 2.6–4.9, and 56 days (1.8 months; 95%

CI, 39–62) for ≥5.0. Thus, patients with the highest ratio had approximately 87% shorter median survival than those with the lowest ratio.

DISCUSSION AND CONCLUSION: Pretreatment neutrophil-to-lymphocyte ratio demonstrated substantial clinical prognostic discrimination in gallbladder cancer. Its routine availability, simplicity, and low cost make it a potentially useful tool for identifying patients at high risk of poor outcomes at initial assessment and supporting clinical risk stratification. Prospective studies are warranted to validate its prognostic utility and assess its incremental value beyond established clinicopathological factors.

KEYWORDS: Gallbladder cancer; neutrophil-to-lymphocyte ratio; overall survival; prognosis; inflammation.

## Temporal Trends in the Contribution of Older Adults to the Oncology Caseload at a Public Tertiary Cancer Centre in South India: A Five-Year Registry Analysis

*Abstract ID: 81* | *E-Poster Abstracts*

What a Transfusion Costs Beyond the Unit: Donor Arrangements and Lost Treatment Days in 734 Episodes

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Category of presentation: E-poster

Background: Transfusion records capture only the component, units and indication. Two important burdens borne by families often go undocumented: arranging a replacement donor and treatment time lost around transfusion.

Objectives: To quantify family replacement-donor requirements and the frequency and duration of chemotherapy disruption associated with transfusion.

Methods: All transfusion episodes in chemotherapy-treated patients were identified from the medical oncology day-care register of a government medical college hospital from April 2025 to July 2026. Donor requirement, treatment delay and treatment impact were analysed by component, disease group and treatment intent using chi-square and Mann-Whitney U tests.

Results: There were 734 episodes in 309 patients, involving 1,331 components. A replacement donor was required in 620 episodes (84.5%) and for 1,117 units (83.9%); 289 patients (93.5%) required one at least once, median 2 per patient (range 1–8). No significant difference was observed by component, disease group or treatment intent (all $p>0.10$). Chemotherapy was delayed in 341 episodes (46.5%) and 371 (50.5%) had treatment impact, including dose modification, deferment or regimen change in 189. Median delay was 2 days; 51 delayed episodes (15.0%) exceeded one week, totalling 1,064 patient-days. Delay was more common in palliative than curative episodes (53.3% vs 32.8%, $p<0.001$); 48.3% of 118 curative-intent patients lost at least one cycle. Donor requirement did not predict delay ($p=0.77$).

Conclusion: Across 1,331 transfused units, 620 family donor arrangements and 1,064 treatment-delay days represent measurable but routinely undocumented burdens of transfusion support.

Key Takeaway Messages and Practice-Changing Points: Replacement donation is not occasional but the norm, affecting more than nine of ten transfused patients. Units issued therefore underestimate the service burden, and departments should audit donor arrangements alongside component numbers. Transfusion-related treatment disruption affects half of episodes, including patients treated with curative intent, where lost days may compromise treatment delivery. Early identification of transfusion-dependent patients and a pre-emptive anaemia-management pathway may reduce transfusion requirements and treatment disruption. Transfusion registers should routinely record donor source and treatment impact.

Keywords: Transfusion, anaemia, chemotherapy, delay, donation, oncology

## Access to Healthcare and Sources of Support for Immigrant Caregivers of Paediatric Cancer Patients: A Qualitative Exploration.

*Abstract ID: 82* | *E-Poster Abstracts*

Access to Healthcare and Sources of Support for Immigrant Caregivers of Paediatric Cancer Patients: A Qualitative Exploration.

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Title of the Abstract: Access to Healthcare and Sources of Support for Immigrant Caregivers of Paediatric Cancer Patients: A Qualitative Exploration.

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## Exploring the new cancer care vital signs in Geriatric Oncology- An institutional pilot study, India.

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Exploring the new cancer care vital signs in Geriatric Oncology- An institutional pilot study, India.

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Background:

The majority of older adults with cancer are not assessed routinely with validated geriatric assessment tools but rather rely on clinical judgements owing to lack of resources and attrition. The present study attempted to identify the new cancer care vital signs among patients on chemotherapy to facilitate screening tools culturally adaptable and utilized clinically.

Objectives:

Prevalence of fatigue and depression among geriatric patients on chemotherapy.

Correlation between fatigue / depression and intent of therapy.

Impact of fatigue and depression on WHO -5 wellbeing scale.

Materials and Methods:

The ongoing study conducted from July - October 2024 in the Dept. of Medical Oncology at tertiary cancer care academic institution. Based on the eligible criteria, 72 patients were recruited in the study. Descriptive cross sectional study desig n utilized, and the tools used in this study were G8, FACIT-F, GDS and WHO-5 Well-Being Scale.

Results:

The participants' ages ranged from 60 to79 years (M= 67; SD=6.6) with 56% (n=40) was identified as men and 44% (n=32) as women. Among them, curative was 31 % (n=22) and palliative 69% (n= 50). The prevalence of fatigue was 81.9% [n=59] and depression was 77.7%[n=56]. In the current study, the sample was categorized into 4 groups and Group C (F+/D+) found to be 62.5% (n=45). Surprisingly, among the curative mode, 11 adults (50%) displayed F+/D+.

Conclusion:

"Fatigue and Depression" are the two most tip of the iceberg symptoms which needs regular screening along with 7 vital cancer care signs to provide holistic care.

Keywords: Geriatric Oncology; Cancer-related Fatigue; Depression; Vital Signs; Well-being; India

Practice-Changing points:

Screen routinely: Incorporate brief validated screening for fatigue and depression at every chemotherapy visit in older adult s.

Treat beyond the tumour: Fatigue and depression should be considered core cancer care vital signs, not merely treatment side effects.

Trigger early intervention: Positive screening should prompt multidisciplinary assessment, supportive care, psycho -oncology, and early palliative care referral when appropriate.

Embed in routine oncology practice: Simple, culturally adaptable screening tools can improve recognition of unmet supportive care needs even in resource-constrained settings.

## IMPLEMENTATION DETERMINANTS AND WORKFLOW INTEGRATION BARRIERS FOR DIGITAL PATIENT- REPORTED OUTCOME MEASURES IN PEDIATRIC AND ADOLESCENT ONCOLOGY- A SYSTEMATIC REAL WORLD EVIDENCE SYNTHESIS.

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IMPLEMENTATION DETERMINANTS AND WORKFLOW INTEGRATION BARRIERS FOR DIGITAL PATIENT- REPORTED OUTCOME MEASURES IN PEDIATRIC AND ADOLESCENT ONCOLOGY- A SYSTEMATIC REAL WORLD EVIDENCE SYNTHESIS.

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INTRODUCTION :

In clinical oncology practice, routine symptom monitoring using electronic patient-reported outcome measures (ePROMs) significantly enhances symptom management, reduces acute emergency department visits, and improves health-related quality of life during active cancer therapy. However, real-world translation into paediatric and adolescent/young adult(AYA) oncology remains hindered by unique developmental, technological, and clinical workflow complexities. This study evaluates global real-world evidence to characterize implementation determinants and workflow barriers using the Consolidated Framework for Implementation Research (CFIR) and outlines actionable integration strategies for resource-constrained oncology centers.

METHODS:
A systematic evidence synthesis was performed across PubMed, Scopus, and Google Scholar adhering to PRISMA guidelines. Studies evaluating the feasibility, adoption, clinical workflow integration, and implementation fidelity of digital ePROM platforms in pediatric and AYA oncology cohorts were synthesized. Extracted determinants were mapped across the five standardized CFIR domains: Innovation Characteristics, Inner Setting, Outer Setting, Individual Characteristics (Patient-Caregiver Dyads and Healthcare Providers), and Implementation Process.
RESULTS:
Synthesized evidence across global implementation studies identified distinct structural barriers across core domains:
Innovation Characteristics: Alert fatigue from overly sensitive notification thresholds, and lack of dual-mode logging (child self-report vs. parent-proxy discordance).
Inner Setting: Absence of dedicated nurse navigation pathways for triage, lack of electronic medical record (EMR) interoperability, and high outpatient clinic volume.
Outer Setting & Patient Factors: Digital divide (device sharing, connectivity gaps in rural cohorts) and survey burden causing longitudinal attrition. Key facilitators included automated severity-stratified alerts, modular smartphone-based survey designs, and designated clinical nurse champions.
Innovation & Outer Setting: Lengthy survey instruments (>10 minutes) precipitated rapid longitudinal compliance attrition,
Implementation process: Digital access disparities in non-urban cohorts hindered sustained reach.
CONCLUSION:
Successful real-world implementation of ePROMs in pediatric and AYA oncology requires restructuring clinical care pathways rather than merely deploying digital tools. In Indian and low-to-middle-resource healthcare settings, establishing nurse-coordinated triage hubs, leveraging lightweight vernacular mobile interfaces (such as automated messaging micro-surveys), and enabling confidential adolescent reporting pathways represent high-yield strategies to minimize symptom-related hospital admissions and enhance patient-centered oncologic care.
KEYWORDS:
ePROM, PRISMA guidelines, barriers,

## Delivering DA-EPOCH as Intended: Real-World Feasibility of Protocol-Directed Dose Escalation in Aggressive Lymphomas.

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Delivering DA-EPOCH as Intended: Real-World Feasibility of Protocol-Directed Dose Escalation in Aggressive Lymphomas.
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Background: Dose-adjusted EPOCH (DA-EPOCH) is widely used for aggressive lymphomas including primary mediastinal B-cell lymphoma (PMBCL), double-hit diffuse large B-cell lymphoma (DLBCL), Burkitt lymphoma, and other high-grade non-Hodgkin

lymphomas. Unlike conventional chemotherapy regimens, DA-EPOCH requires protocol-directed dose escalation or de-escalation based on haematological toxicity. Real-world data regarding the feasibility of implementing this strategy in resource-limited settings remain limited.
Objectives:
Primary Objective: To evaluate the feasibility of protocol-directed dose escalation with DA-EPOCH in routine clinical practice.
Secondary Objectives: To determine the maximum dose level achieved, frequency of dose de-escalation, incidence of haematology and non haematological toxicities, febrile neutropenia, central venous catheter-related complications, and treatment-related mortality.
Methods: We conducted a retrospective single-center study of adult patients with aggressive lymphomas treated with DA-EPOCH between June 2023 and June 2026 at a tertiary cancer center in South India. Data collected included lymphoma subtype, dose escalation patterns, dose de-escalation, haematological and non haematological toxicities, febrile neutropenia (FN), central venous catheter-related complications, and survival outcomes. The primary endpoint was feasibility of protocol-directed dose escalation.
Results: Nineteen patients received DA-EPOCH during the study period. Diagnoses included PMBCL (36.8%), double-hit DLBCL (26.3%), Burkitt lymphoma (10.5%), and anaplastic large cell lymphoma (10.5%). Fourteen patients (73.7%) successfully escalated beyond the starting dose level. Maximum dose level achieved was level 1 in 5 patients (26.3%), level 2 in 8 patients (42.1%), and level 3 in 6 patients (31.6%). Dose de-escalation was required in 9 patients (47.4%).Dose de-escalation was mainly due to neutropenia in 7 patients and thrombocytopenia in 2 patients.Grade 3/4 neutropenia occurred in 42.1%, grade 3/4 thrombocytopenia in 21.1%, and FN in 47.4%. Grade 3/4 diarrhoea occurred in 10.5%, while no grade 3/4 mucositis or peripheral neuropathy was observed. Central venous catheter-related infections occurred in 10.5% of patients. No deaths were attributable to FN or catheter-related complications.
Conclusions: DA-EPOCH can be successfully delivered in routine clinical practice in a resource-limited Indian oncology center. Nearly three-quarters of patients underwent protocol-directed dose escalation, with one-third achieving dose level 3. Although haematological toxicity and FN were common, treatment-related complications were manageable and no treatment-related mortality was observed. These findings support the feasibility and safety of administering DA-EPOCH as intended outside clinical trial settings in appropriately equipped centres.
Keywords: DA-EPOCH-R;

## TRANSFORMATION OF NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA TO CLASSICAL HODGKIN LYMPHOMA PRESENTING AS MALIGNANCY-ASSOCIATED HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS IN A CHILD: A DIAGNOSTIC CONUNDRUM

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TRANSFORMATION OF NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA TO CLASSICAL HODGKIN LYMPHOMA PRESENTING AS MALIGNANCY-ASSOCIATED HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS IN A CHILD: A RARE DIAGNOSTIC CHALLENGE
Background:

Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL) is an uncommon subtype of Hodgkin lymphoma with an indolent clinical course. Transformation to diffuse large B-cell lymphoma is well recognized, whereas transformation to classical Hodgkin lymphoma (cHL) is exceedingly rare. Hemophagocytic lymphohistiocytosis (HLH) is a life-threatening hyperinflammatory syndrome that rarely complicates Hodgkin lymphoma, particularly in the pediatric population. We report a rare case of transformed cHL presenting as malignancy-associated HLH.

Case Presentation:

A 13-year-old boy was diagnosed with stage IIIS NLPHL in 2022 based on cervical and axillary lymph node biopsy with CD20-positive immunophenotype. He achieved complete metabolic response after six cycles of R-CHOP. One year later, biopsy-proven recurrent CD20-positive NLPHL was treated with R-ICE chemotherapy followed by mediastinal radiotherapy for residual disease, resulting in complete metabolic response.

After being lost to follow-up, he re-presented two years later with one month of persistent high-grade intermittent fever without localizing symptoms. Examination revealed pallor and mild splenomegaly without peripheral lymphadenopathy. Initial investigations showed anemia (Hb-6.6g/dl) , elevated transaminases (AST 154 U/L, ALT 166 U/L), ESR of 80 mm/hour, and LDH of 1878 U/L. Extensive microbiological evaluation, including blood and urine cultures, tropical fever panel, viral serology, and repeat cultures, was negative despite an elevated procalcitonin level (3.67 ng/mL). Contrast-enhanced CT of the chest and abdomen showed sub centrimetric axillary lymphadenopathy. Despite broad-spectrum antimicrobial therapy for pyrexia of unknown origin, fever persisted.

Within one week, he developed jaundice, thrombocytopenia, splenomegaly, and axillary lymphadenopathy of size 2 cm×1cm. Bone marrow aspiration demonstrated numerous activated histiocytes with hemophagocytosis, while lymph node biopsy revealed classical Hodgkin lymphoma, nodular sclerosis subtype, with CD30 and CD15 positivity, weak PAX5 expression, and loss of CD20 and CD45 expression. EBERish and EBV DNA couldn't be done due to financial constraints. Expert hematopathology review confirmed NLPHL in the original biopsy and transformation to classical Hodgkin lymphoma in the current specimen. Serum ferritin (5000 µg/L) and triglycerides (300 mg/dL) were markedly elevated. Six of eight HLH-2004 diagnostic criteria were fulfilled, establishing the diagnosis of malignancy-associated HLH. Baseline echocardiography demonstrated newly detected left ventricular dysfunction (ejection fraction 40%). Treatment according to the HLH-94 protocol with dexamethasone and etoposide was initiated; however, the patient developed progressive multiorgan failure and died 16 days after treatment initiation.

CONCLUSION:

Transformation of NLPHL to classical Hodgkin lymphoma is exceptionally rare and may present as malignancy-associated HLH, creating a significant diagnostic challenge. Persistent pyrexia of unknown origin in patients with previously treated lymphoma should prompt early evaluation for HLH and repeat tissue biopsy, even when initial imaging is unrevealing. Early recognition is critical, although outcomes remain poor once fulminant HLH develops.

Keywords: Nodular lymphocyte predominant Hodgkin lymphoma, Classical Hodgkin lymphoma, Hemophagocytic lymphohistiocytosis, Transformation, Pediatric lymphoma, Pyrexia of unknown origin.

## Pulmonary Metastatic Parathyroid Carcinoma Confirmed by Needle-Tip Washout Parathyroid Hormone Assay: A Rare case with diagnostic challenge

*Abstract ID: 103 | E-Poster Abstracts*

INTRODUCTION:

Parathyroid carcinoma is an exceptionally rare endocrine malignancy, accounting for less than 1% of primary hyperparathyroidism. Recurrence and distant metastases are uncommon but are associated with significant morbidity due to refractory hypercalcemia. Establishing the diagnosis of metastatic disease may be challenging when conventional imaging and histopathology are inconclusive. We report a rare case of pulmonary metastatic parathyroid carcinoma in which needle-tip washout parathyroid hormone (PTH) assay established the diagnosis and its approach.

Case Presentation:

A 36-year-old man underwent left inferior parathyroidectomy in 2023 for presumed parathyroid adenoma after presenting with severe hypercalcemia and markedly elevated PTH levels. Postoperatively, serum calcium normalized, and he was lost to follow-up. Two years later, he presented with anorexia, weight loss, constipation, and generalized body aches. Laboratory evaluation revealed severe hypercalcemia (20 mg/dl), markedly elevated intact PTH (1823 pg/mL), and elevated alkaline phosphatase. Neck ultrasonography showed no evidence of locoregional recurrence. FDG PET/CT demonstrated multiple FDG-avid bilateral pulmonary nodules without a detectable neck lesion. CT-guided biopsy of a pulmonary nodule was performed, and PTH estimation from the needle-tip washout fluid measured 406 pg/mL, confirming metastatic parathyroid carcinoma. Following multidisciplinary tumor board discussion, the patient was planned for systemic chemotherapy with dacarbazine, 5-fluorouracil, and cyclophosphamide.

Discussion:

Metastatic parathyroid carcinoma should be considered in patients with recurrent severe hypercalcemia and markedly elevated PTH following parathyroid surgery, even in the absence of detectable cervical recurrence. Needle-tip washout PTH assay is a simple yet valuable adjunct that can accurately establish the parathyroid origin of metastatic lesions when tissue diagnosis alone is uncertain, thereby facilitating timely therapeutic decision-making.

Conclusion:

This case highlights an unusual presentation of metastatic parathyroid carcinoma and underscores the diagnostic utility of needle-tip washout PTH assay in confirming pulmonary metastases. A multidisciplinary approach incorporating biochemical, radiological, and pathological correlation is essential for accurate diagnosis and optimal management of this rare malignancy.

Keywords: Parathyroid carcinoma, Pulmonary metastasis, Hypercalcemia, Parathyroid hormone, Needle-tip washout, FDG PET/CT.

## Molecular Mirror – From Morphology to Molecular Profiling in Endometrial Carcinoma Management in a Suburban Indian Hospital

*Abstract ID: 105 | E-Poster Abstracts*

Background: Endometrial carcinoma(EC) represents a significant burden in the Indian population, with distinct clinico-pathological characteristics and genetic profiles. Molecular classification has become an integral part of risk classification and are correlated with prognosis, clinical management, and personalization of patient treatment. Molecular

subtypes are classified as POLE-mutated (POLE mutant), mismatch repair deficient(MMRd), no specific molecular profile(NSMP), and p53 abnormal(p53abn), which are identified using immunohistochemistry(IHC) and next-generation sequencing(NGS). It is imperative to risk classify based on molecular profiling which will throw more light on management of EC.

Materials and Methods: 55 patients diagnosed with EC underwent molecular profiling to assess POLE, p53, and MSI/MMR status. Clinical data including Age, histological subtype, grade, and stage were collected. P53, MSI/MMR were assessed by IHC, and POLE was analyzed using NGS technique. Treatment strategies were individualized based on staging, molecular characteristics after extensive multidisciplinary tumour board discussion(MDT). These patients have been followed up for a period of three years as per the intended study protocol.

Results: This study predominantly included patients with Grade II Endometrioid Endometrial Adenocarcinoma. The cohort was distributed across FIGO 2023 stages IA (n = 13), IB (n = 16), IC (n = 2), IIA (n = 2), IIC (n = 7), IIIA (n = 3), IIIB (n = 2), and IIIC (n = 10).

Molecular profiling identified two POLEmut case, fifteen p53-abnormal cases, eight MMRd/MSI-high cases, and thirty NSMP cases. Treatment was individualized through MDT discussion, with p53-abnormal tumors (n=15) receiving escalation due to their aggressive biology, POLEmut (n=2) undergoing de-escalation despite high-risk features, and MMRd cases (n=8) managed as intermediate risk. NSMP patients (n=30) were treated according to standard risk-based protocols. At analysis, no recurrences or failures were observed, although early follow-up limits definitive long-term outcome assessment

Conclusion: Based on our institutional analysis, molecular profiling has a significant impact on the Indian population, with the majority presenting a NSMP profile. This approach is instrumental in elucidating complex treatment scenarios, thereby allowing for more precise adjustment of therapeutic strategies. Consequently, molecular profiling has the potential to enhance treatment efficacy by optimizing local control through either escalation or de-escalation of interventions.

Keywords: Endometrial carcinoma(EC), POLE mutation, p53 expression, microsatellite instability(MSI), mismatch repair(MMR), FIGO staging and personalized treatment.