mCRC. The goals of this study are to examine patterns of newer CTx use and survival trends in elderly mCRC patients (pts).
Methods: Pts ⩾ age 65 with mCRC diagnosis (Dx) between 2001 and 2005 were identified from SEER-Medicare, a database which links Medicare claims with a population-based cancer registry representing ~25% of the U.S. population (SEER). Pts were excluded for enrollment in Medicare HMO, lack of Medicare parts A and B, or prior cancer Dx. 1st line (1L) CTx was identified from claims within 3 mo of Dx. Pts were categorized by treatment (none, CTx, CTx + Bv) and Dx year (2001−3 vs. 2004−5). Factors associated with 1L Bv use were identified using logistic regression. A Cox model assessed the association of various factors [age, comorbidity, hepatic resection (rsxn), CTx] with survival.
Results: 5,725 pts (median age 77) met criteria. 2,647 (46%) received 1L CTx. In 2004−5, 32% and 12% of treated pts received Ox and Iri (vs.1% and 34% in 2001−3). Following its approval in 2004, 25% of treated pts received Bv. Factors associated with 1L Bv use include age <75 (OR 1.43, p = 0.02) and concurrent use of Ox (OR 10.11, p < 0.001) or Iri (OR 5.82, p < 0.001). In a Cox model, survival was greater in pts with lower comorbidity, age <75, hepatic rsxn, 1L CTx, and Dx in 2004−5. Pts Dx in 2004−5 who used Bv had the greatest survival compared with untreated pts Dx in 2001−3 (HR 0.46, p < 0.001, median OS 15 vs. 6 mo).
Conclusions: In an elderly mCRC cohort, nearly half of pts received 1L CTx, often with Iri, Ox, or Bv. Survival was greatest in pts who underwent hepatic rsxn and who were Dx in 2004−5 and received Bv. Future SEER-Medicare analyses may elucidate the relative benefit of other new agents in the elderly, a growing population worldwide that is under-represented in clinical trials.

Table: Multivariate Cox Proportional Hazards Model

Factor	Median OS, mo (vs reference)	HR (95% CI)	P
Age <75	12 vs. 6	0.71 (0.66–0.75)	<0.001
Comorbidity ⩽1	10 vs. 6	0.75 (0.70–0.80)	<0.001
Hepatic rsxn	14.5 vs. 8	0.68 (0.58–0.79)	<0.001
Dx 2001−3 + 1L CTx	10 vs 6	0.84 (0.78–0.91)	<0.001
Dx 2004−5 no 1L CTx	7 vs 6	0.88 (0.81–0.95)	0.002
Dx 2004−5 + 1L CTx	12 vs. 6	0.63 (0.57–0.69)	<0.001
Dx 2004−5 + 1L CTx and Bv	15 vs. 6	0.46 (0.39–0.55)	<0.001

Reference: Age ⩾75, Comorbidity >1, No hepatic rsxn, Dx 2001–2003 (no 1L CTx).

6153 POSTER

Association of Rs6983267 G > T Locus With the Risk of Colorectal Cancer − a Systematic Review and Meta-analysis

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Objective: Recent genome-wide association studies of colorectal cancer (CRC) have identified a key variant in the 8q24 region to be associated with CRC. In the present study, we performed a meta-analysis to determine whether the rs6983267 G > T locus is associated with susceptibility to CRC.
Materials and Methods: We meta-analyzed the non-familial studies that evaluated the role of rs6983267 G > T polymorphism with susceptibility to CRC under alternative genetic models.
Results: Meta-analysis of 17 studies (71,445 subjects) from Asian, European, and American populations showed a significant association of rs6983267 alleles and genotypes with the susceptibility to CRC in the overall or in the Asians and Europeans.
Conclusion: Our data suggest that the rs6983267 G > T polymorphism was a risk factor for CRC in the Asians and European populations.

6154 POSTER

Accuracy of CT Colonography in Detection of Colorectal Polyps − Systematic Review and Meta Analysis

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Aims: To determine the methodologic quality of studies as well as accuracy of CT colonography in detection of colorectal polyps in symptomatic patients and screening population combined.
Methods: An extensive online English Medical Literature search was made on reports of diagnostic accuracy of CTC between 2000–2009. Quality of the studies was assessed using a tool called “quality assessment of diagnostic accuracy studies (QUADAS)”. (Fig. 1). Per patient sensitivity and specificity of CT colonography for polyps of different size was computed for each study and pooled sensitivity and specificity was also calculated. Forest plots and summary receiver operating characteristic curve (s ROC) was computed. Pooled sensitivity was measured for polyps of various sizes. Meta analysis was performed using Meta DiSc version 1.4.
Results: Out of a total of studies 11 met our inclusion criteria. Total patrients were 3688 out of which 62.5% were male, rest were female. The average age was 64 years (Age range 25−90). Patient demographics and eligibility criteria were clearly defined in 10 out of 11 studies. Six studies which used Conventional Colonoscopy (CC) as a reference standard have not described the procedure details on the technique. Index test (CTC) formed a part of the reference standard in five studies using ‘segmental unblinding of the colonoscopy’ as the reference standard. Information bias in interpreting CT colonography results was found in none of the studies. Per patient pooled sensitivity and specificity for polyp of any size with 95% CI was 69% (66−72%) and 75% (73−78%) respectively with area under curve 0.787 and standard error of 0.066. The Pooled sensitivity for all studies in the detection of colorectal polyps showed too heterogeneous results i.e., for polyp of size <5 mm, 6−9 mm and ⩾10 mm sensitivity was found to be 32% (30−34%), 65% (62−68%) and 74% (70−78%) respectively.
Conclusions: Per patient sensitivity for detecting polyp of any size is less as compared to its specificity and per polyp sensitivity increased with polyp size indicating that CT colonography may not detect smaller lesions accurately.

6155 POSTER

Panitumumab in Patients With Chemorefractory Wild-type KRas MCRC − Results of a Second Interim Analysis From a Community-based Non-interventional Cohort Study (VECTOR) in Germany

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Background: Panitumumab (pmab) monotherapy has been shown to significantly improve progression-free survival compared with best supportive care in patients (pts) with chemorefractory wild-type (wt) *KRAS* metastatic colorectal cancer (mCRC). This observational cohort study was initiated to evaluate the safety and efficacy of pmab in daily practice in Germany.
Material and Methods: To ensure a population representative of routine clinical practice, eligibility criteria were largely unrestricted. Patient needed to have histological confirmed *KRAS* wt mCRC, treatment for >4 weeks with pmab, failure of prior fluoropyrimidine-, oxaliplatin- and irinotecan-containing chemotherapy (CTx) regimens, be >18 years old, adequately consented and undergoing appropriate contraception. Predefined endpoints were: tumour response rates (according to investigator‘s assessment) and overall skin toxicity assessed by the NCI Common Terminology Criteria for Adverse Events v3.0. For this second interim-analysis, 240 pts with completed treatment documentation of a total of 488 enrolled pts were analysed.
Results: A total of 221 pts were considered eligible for evaluation of efficacy. At start of treatment, pts had a median age of 70 years (range 22−88), 63% (n = 140) were male and 79% (n = 175) had an ECOG performance status 0−1. About 95% (n = 209) of pts underwent prior surgical intervention and 37% (n = 81) were pretreated with at least one cycle of adjuvant CTx. Pts received a median number of 3 prior CTx regimens (range: 1−12); mostly FOLFOX/FOLFIRI with or without antibody before pmab therapy was introduced. Approximately 88% of these regimens were given with palliative intent. The mean dosage by patient was 6 mg/kg (range 2.5−6.1) q2w for a median of 7 cycles, with 30% (n = 68) receiving more than 10 cycles. Overall response rate with pmab was 16% (n = 36; complete response: 1% [n = 3], partial response: 15% [n = 33]) and disease control (incl. stable disease) reached 57% (n = 125). Skin toxicities were reported in 153/240 pts (64%) with CTC grade 1: 12%; 2: 35%; 3: 14%; and unspecified: 3% mainly specified as acneiform rash. In 42/240 patients (18%) additional toxicities were reported including 11 cases of grade ⩾3 severity and only 2 pts with a grade 1 infusion reaction (<1%).
Conclusions: The therapeutic efficacy and safety profile of pmab monotherapy observed in this routine population of pts with wt *KRAS* mCRC was consistent with the data from the published randomised trials of pmab.