line of treatment with a TKI (sunitinib, pazopanib, axitinib, or sorafenib) and/or mTOR inhibitors (pembrolizumab, temsirolimus, or everolimus) in patients refractory to prior TKI and mTOR inhibitors than in published clinical trials (range 4–8 months). Study results suggest an urgent treatment need for RCC despite the rapid expansion of the number of drugs with an RCC indication in the past 5 years.

PCN21

OVERALL SURVIVAL (OS) QUALITY OF LIFE (QoL), AND NEUROCOGNITIVE FUNCTION IN PATIENTS WITH ADENOID GLIOBLASTOMA (GBM): A SYSTEMATIC LITERATURE REVIEW

Signorovitch J, Li N, Ohashi F, Diastani H, Shaw J, Orlosi L, A433

OBJECTIVES: Approved treatment options for patients with recurrent GBM yield limited survival and QoL benefits. A systematic review was conducted to summarize OS, QoL, and NF among patients with recurrent GBM. METHODS: Eligible English language articles published between 2005–2016 were identified using Ovid MEDLINE, and the Cochrane Library. RESULTS: Fifty publications were identified. Among bevacizumab-naïve patients treated with monotherapies, median OS ranged from 4.4–6.0 months with initial bevacizumab treatment, 6.6–9.4 months with targeted therapies (enzastaurin, cediranib, and sunitinib), 7.1–11.7 months with chemotherapy (temozolomide, bevacizumab, or sorafenib), and 10.9–11.4 months with targeted therapies + chemotherapy. Among patients who chose targeted treatments with combination therapies, median OS ranged from 8.7–16.0 months with bevacizumab + chemotherapy, 5.6 months with bevacizumab + sorafenib, and 9.4 months with cediranib + temozolomide. Among patients with prior bevacizumab treatment, median OS was 13.4 months in 2014. The outcomes among patients treated with nilotinib, the most widely used drug in 2014, was 3.4–3.6 months with nilotinib. Among studies not specifically reporting outcomes for bevacizumab-naïve or -experienced patients, median OS ranged from 4.4 months with temsirolimus to 24.5 months with fotemustine. Factors that may have significantly influenced OS were the status of patients (relapsed vs. refractory), prior treatments with bevacizumab, and inclusion of RCC-indicated drugs. CONCLUSIONS: The median OS was high for patients treated with bevacizumab in first or second line. However, no studies reported treatment-related improvements in QoL or NF. Current OS and NF outcomes are insufficient for the risk of bias among non-randomized studies. RESULTS: Nineteen eligible comparative studies representing 3,062 patients were identified. Overall and disease-free survival results didn’t result in significant differences for 1 study. Poorer mean difference for cases treated with irinotecan + irinotecan + irinotecan + irinotecan in phase II trials showed no significant differences in OS, but in the phase III, irinotecan + irinotecan + irinotecan + irinotecan showed significantly better OS for irinotecan + irinotecan + irinotecan + irinotecan in phase III trials. CONCLUSIONS: Bevacizumab as a single agent or in combination with chemotherapy, targeted therapy, or immunotherapy may provide improvement in OS but further studies are needed to establish its role in the management of GBM. Updated OS and NF data will be reported in the present study.}

PCN24

CURRENT EFFECTIVENESS AND SAFETY OF ROBOT-ASSISTED LAPAROSCOPIC HYSTERECTOMY VERSUS TRADITIONAL LAPAROTOMY FOR ENDOMETRIAL CANCER: A SYSTEMATIC REVIEW

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OBJECTIVES: Minimally invasive hysterectomy using the Da Vinci robotic surgical system remains uncertain if the technology offers benefits compared with conventional laparotomy. The purpose of this study was to compare the effectiveness and safety of robot-assisted laparoscopic hysterectomy (RALH) compared with traditional laparotomy in endometrial cancer. METHODS: We searched potentially relevant studies using Ovid-Medline, Ovid-EMBASE, Cochrane Library, and 5 local medical databases through November 2014. We included retrospective, randomized controlled trials, non-randomized comparative studies, post-operative complications and specific morbidities for safety outcomes, survival, recurrence, length of stay (LOS), estimated blood loss (ECL), operative time (OT) for effectiveness outcomes. Two independent reviewers extracted data and assessed the risk of bias among non-randomized studies. RESULTS: Nineteen eligible comparative studies among 3,062 patients were identified. Overall and disease-free survival results didn’t result in significant differences for 1 study. Poorer mean difference for cases treated with irinotecan + irinotecan + irinotecan + irinotecan in phase II trials showed no significant differences in OS, but in the phase III, irinotecan + irinotecan + irinotecan + irinotecan showed significantly better OS for irinotecan + irinotecan + irinotecan + irinotecan in phase III trials. CONCLUSIONS: Bevacizumab as a single agent or in combination with chemotherapy, targeted therapy, or immunotherapy may provide improvement in OS but further studies are needed to establish its role in the management of GBM. Updated OS and NF data will be reported in the present study.}

PCN25

OVERALL SURVIVAL (OS) QUALITY OF LIFE (QoL) OUTCOMES IN RECURRENT OR METASTATIC SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK (SCCHN): A SYSTEMATIC LITERATURE REVIEW

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OBJECTIVES: Patients with recurrent or metastatic SCCHN, particularly those with platinum-refractory disease, face limited treatment options that demonstrate limited survival benefits and may improve QoL. This study summarized outcomes from systematically identified clinical studies reporting OS or QoL among patients with recurrent or metastatic SCCHN. METHODS: Eligible English-language publications (2005–2015) were identified using EMBASE, MEDLINE, and the Cochrane Library. RESULTS: Thirty-eight publications reporting clinical outcomes from 35 studies in all lines of therapy were identified (902 patients). Most study arms received chemotherapy-based combinations. When stratified by prior treatment, median OS ranged from 4.7–11.1 months for platinum-naive patients (11 arms), 4.3–11.8 months for platinum-refractory patients (12 arms), and 5.0–32.2 months for patients with unspecified or mixed platinum history (38 arms). When stratified by primary treatment, median OS ranged from 2.9–14.4 months for cetuximab (11 arms) and 5.0–32.2 months for docetaxel (17 arms). CONCLUSIONS: RALH may be a generally safer and better option than laparotomy in endometrial cancer. Robotic surgery is associated with shorter LOS, lower EBL and fewer complications than laparotomy. Further prospective studies using longer follow-up are required.}

PCN23

EFFECTS OF LIFESTYLE INTERVENTIONS ON BODY MASS INDEX IN BREAST CANCER PATIENTS

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OBJECTIVES: Obesity is associated with an increased risk of breast cancer, and is also associated with an increased risk of developing additional cancer and a higher probability of having positive axillary lymph nodes and faster growing tumors. It has been suggested that up to 50% of postmenopausal breast cancer patients are attributable to obesity. Accordingly, this study assessed the impact of lifestyle intervention on body mass index (BMI) in women with breast cancer. This is a randomized controlled trial. The study sample were 80 women with stage I, II, or III breast cancer, that operated for breast cancer and their chemotherapy or radiotherapy completed 3–8 months ago. They were divided into two groups, control group and lifestyle intervention group. Those in the lifestyle intervention group were advised to practice aerobic exercises 45–60 minutes three times per week for 24 weeks with dietary energy restriction training. Those in the control group were not advised to change their habitual activities and their routine health care. Data were obtained from the patient information form and body mass index form that completed before and after the lifestyle intervention in both groups. RESULTS: No baseline differences exist between the two groups for the mean of BMI (p<0.366). In the study, but the mean of BMI in the lifestyle intervention group after the intervention decreased to 25.1 ± 2.86, while in the control group it increased to 30.42 ± 6.89. The difference between the mean of BMI among the two groups after the intervention was statistically significant (p<0.019). CONCLUSIONS: The lifestyle intervention could be considered as part of a cancer survivorship program. For women with breast cancer, lifestyle intervention can decrease body mass index. Additional research in lifestyle intervention along with cognitive behavioral therapy also may be beneficial.