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Results: A total of eighty-three elements were defined. Thirty proteins among them were differentially expressed proteins (DEPs), including eighteen up-regulated proteins, and twelve down regulated proteins found in regional lymph node metastasis rather than primary colon cancer. MS analysis was validated by the level of Fibrinogen-β and Serpin B5 using western blotting assay. The metastatic role in Serpin B5 expression was verified that loss of Serpin B5 expression was related to an increased level of snail and induced cellular migration and proliferation in colon cancer cell lines.

Conclusion: In conclusion, we identified thirty DEPs between regional lymph node metastasis and primary colon cancer by proteomics analysis from five patient samples. Among them, alternative levels of Serpin B5 induced metastasis and cellular proliferation in cancer cell lines. Further studies are needed to demonstrate the mechanism of colon cancer progression and survival rate with changes in Serpin B5 expression depending on the metastatic regions.

Disclosure of Interest: None declared.

PO045 | Microsatellite instability-high in stage IV colorectal cancer: Prevalence, and clinicopathological characteristics in Malaysia

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Aim: The purpose of this study was to estimate the prevalence of Microsatellite Instability High (MSI-H) in stage IV colorectal cancer in Malaysians and to describe MSI-H clinicopathological characteristics.

Method: All patients with stage IV colorectal cancer who underwent surgical resection of the primary tumor between January 2017 and December 2020 were included in the single-center retrospective study. MSI status was determined. Clinicopathological features were evaluated.

Results: Among 42 patients with stage IV colorectal cancer, 4 patients (10%) had MSI-H (57% were men) with an average age of 58 ± 21 years and were related to left-sided colonic origin, adenocarcinoma, moderately differentiated, lymphovascular invasion, single-organ metastasis, peritoneal metastasis, and Malay race. The average survival durations for MSI-H and Microsatellite Stable (MSS) were 15 ± 14 and 18 ± 16 months, respectively ($p = 0.77$).

Conclusion: In this study, MSI-H was detected in 10% of individuals with stage IV colorectal cancer. However, our data highlight the features and prognostic relevance of MSI-H in Malaysian stage IV colorectal cancer patients.

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Disclosure of Interest: None declared.

PO046 | Rectal cancer dMMR: A new scenario

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Aim: Multimodality treatment with chemo-/radiotherapy (QT, RT) and surgery is the standard in the management of locally advanced rectal cancer (RC), achieving approximately 25% complete response rate, but with marked morbidity and toxic effects.

About 5–10% of CRs have altered repair proteins (dMMR), detectable by immunohistochemistry (IHC). Immunotherapy alone or after neoadjuvant therapy has shown high efficacy as a first line of treatment in these patients.

Method: We present two cases of advanced RC and dMMR with clinical complete response after immunotherapy.

Results: *Case report 1*: 36-year-old woman, recently diagnosed with Lynch syndrome (pathogenic mutation in the MSH6 gene), was referred with a rectal adenocarcinoma at 9 cm from the anal margin T3bN1b. Given the diagnosis of rectal cancer in a patient with dMMR, treatment with dostarlimab was decided. After 3 and 6 months reevaluation with rectoscopy, MRI and PET/CT a complete clinical response was achieved. The patient continues to be monitored by Oncology.

Case report 2: 46-year-old woman diagnosed with a rectal adenocarcinoma 6 cm from de anal margin, T3cN2b.

With the diagnosis of locally advanced neoplasia, a multidisciplinary session decided on neoadjuvant treatment with a long course of RT and QT (TNT).