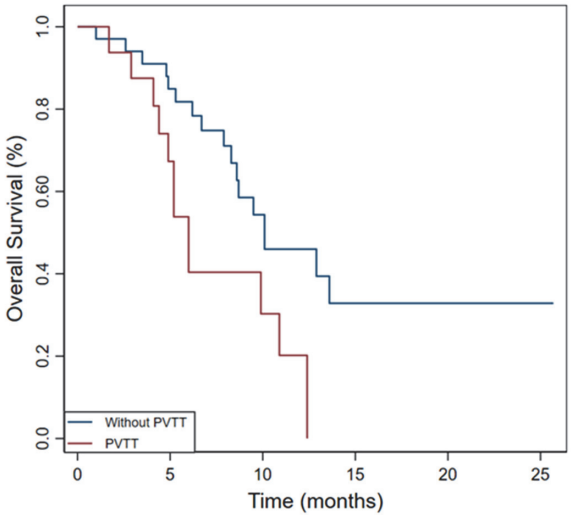
**Abstract IDDF2020-ABS-0103 Table 1** Objective responses and disease control rates between two groups per the RECIST v1.1 and imRECIST.

| | RECIST v1.1 | | | | imRECIST | | | |
|---|---|---|---|---|---|---|---|---|
| | OR | NR | DC | PD | OR | NR | DC | PD |
| PVTT group (n=16) | | 16(100) | 5(31.2) | 11(68.8) | | 16(100) | 7(43.8) | 9(56.3) |
| Non-PVTT (n=34) | 4(11.8) | 30(88.2) | 18(52.9) | 15(44.1) | 5(14.7) | 29(85.3) | 19(55.9) | 14(41.2) |
| *p* value | *p*=0.383 | | *p*=0.125 | | *p*=0.266 | | *p*=0.546 | |




**Abstract IDDF2020-ABS-0103 Figure 1** Significantly better overall survival rates were observed in the patients without portal vein tumor thrombus (PVTT) (p = 0.018)

**Results** According to RECIST 1.1 criteria, no patient achieved a complete response (CR) while four (8%) achieved partial response (PR); thus, the objective response rate (ORR) was 8%. Nineteen (38%) and 26 (52%) patients exhibited stable disease (SD) and progressive disease (PD), respectively, at the first radiological assessment. The disease control rate (DCR) was 46% (table 1). The median OS was 9.5 months (95% confidence interval [CI], 7.6–11.3), while the median TTP was 2.77 months (95% CI, 2.1–3.5). In multivariate analysis, portal vein tumor thrombosis (PVTT) was an independent predictor of poor OS. Kaplan-Meier analysis revealed significantly shorter OS in the PVTT group than in the no PVTT group (median 6.0 vs. 10.1 months, $p$ = 0.018, (figure 1). HBV reactivation occurred in six patients (12%), and the overall AEs rate was 92%.

**Conclusions** PD-1 inhibitor may be safe and effective for HBV-related advanced HCC, with PVTT being a predictor of a poor prognosis.

## IDDF2020-ABS-0117 GUT MICROBIOTA ASSOCIATED WITH THE SENSITIVITY OF HEPATOCELLULAR CARCINOMA TO SORAFENIB

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**Background** Little is known about the relationship between alteration of gut microbiota and the sensitivity of hepatocellular carcinoma (HCC) to sorafenib. We performed a comparative study of gut microbiota composition between sorafenib-resistant HCC patients (R group, n=10) and sorafenib sensitive HCC patients (S group, n=10).

**Methods** Twenty patients were classified into two groups based on the sensitivity of hepatocellular carcinoma to sorafenib within 12 months of post-sorafenib treatment. Treatment response was assessed using modified response evaluation criteria in solid tumors (mRECIST) criteria. After sorafenib treatment, the fecal samples were analyzed using 16S rRNA gene sequencing and LC-MS-based metabolomics approach.

**Results** Compared with the R group, significant gut microbiota alterations were associated with the sensitivity of HCC to sorafenib. The results showed that the S group had higher Faecalibacterium, Enterococcus and Veillonella abundance while the R group had higher levels of Lactobacillus and Prevotellaceae. Additionally, the S group had a higher bacterial network complexity compared with the R group. Moreover, both Salbutamol and Glyclopyramide correlated positively with Anaerostipes.

**Conclusions** These observations will lead to a better understanding of the relationship between alteration of gut microbiota and the sensitivity of HCC to sorafenib. Gut microbiota and microbe-associated metabolites can be used as diagnostic biomarkers in therapeutic explorations.

## IDDF2020-ABS-0139 GLOBAL BURDEN OF GALLBLADDER CANCER AND ITS ASSOCIATIONS WITH HDI, GDP, SMOKING, ALCOHOL DRINKING, AND OVERWEIGHT

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**Background** This study aimed to evaluate the global incidence, mortality of gallbladder cancer, and their associations with human development index (HDI), gross domestic products (GDP), smoking, alcohol drinking, and overweight for 180 countries.

**Methods** The regional and national incidence and mortality figures for gallbladder cancer in 2018 were retrieved from the *GLOBALCAN* database. Age-standardized rates (ASRs) were evaluated by the *Segi–Doll* world standard population. HDI