0.982). At 94.8% specificity, the sensitivities for detecting advCRA and CRC reached 95.7% and 98.0% (stage 0: 94.1%; stage I: 98.5%), respectively. Promisingly, the detection sensitivity has reached 100% and 97.6% in CRC patients with negative fecal occult or CEA blood test results, respectively. In advCRA subgroup, our model showed high sensitivities for detecting different grades of dysplasia (high: 91.3%, low: 100%) and for pedunculated (92.9%) or sessile adenoma (96.9%). Finally, our model maintained promising performances (mean AUC: 0.985, 92.6% sensitivity at 94.8% specificity) even when sequencing depth was downsampled to 1X.

Conclusions: Our integrated predictive model using plasma cfDNA fragmentomic profiles demonstrated an unprecedented detection sensitivity for advCRA and very early-stage CRC, shedding light on more accurate non-invasive colorectal cancer screening in clinical practice.

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393P Risk factors for colorectal cancer complicated with synchronous advanced adenomas

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Background: Patients with colorectal cancer (CRC) may somehow receive insufficient preoperative colonoscopy, e.g. as a result of intestinal obstruction or inadequate intestinal preparation. However, updated guidelines do not recommend the timing of surveillance colonoscopy to be performed for those patients. The purpose of this study was to identify risk factors for CRC complicated with synchronous advanced adenomas.

Methods: We conducted a retrospective analysis of 4659 patients with CRC from the year of 2015 to 2018. Advanced adenoma was defined as adenoma $\geq$ 10 mm, villous or tubulovillous component or high-grade dysplasia. The patients with full clinical and pathological information were divided into no adenoma group, non-advanced adenoma group and advanced adenoma group. Univariate and multivariate logistic regression analysis were used to estimate odds ratio (OR) and 95% confidence interval (CI) for all potential risk factors.

Results: Among those eligible patients, 675 cases (14.5%) were found to be advanced adenomas, while 848 (18.2%) were found to be non-advanced adenomas. As compared with no adenoma group, CRC patients with synchronous advanced adenomas were more likely to be over 50 years old (*OR*=3.00, *P*<0.001), male (*OR*=2.13, P<0.001), have primary tumor located in the right colon (*OR*=1.82, *P*<0.001) and multiple primary cancers (*OR*=3.05, *P*<0.001), with NRAS mutant (*OR*=1.71, *P*=0.03) and with BRAF wild type (OR=2.55, P=0.03). There was no difference in risk factors between non-advanced adenoma group and advanced adenoma group.

Conclusions: The study illustrated several risk factors of CRC patients with synchronous advanced adenomas. Intense surveillance for CRC patients complicated with high-risk polyps is of great significance to prevent synchronous CRC.

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394P Preliminary tolerance analysis of adjuvant chemotherapy in older patients after resection of stage III colon adenocarcinoma from PRODIGE 34-FFCD 1402-ADAGE randomized phase III trial

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Background: Colon adenocarcinoma occurs mainly in older patients (pts). Oxaliplatin based adjuvant chemotherapy has demonstrated an improvement on disease-free survival (DFS) after a stage III colon cancer resection in young pts. Nevertheless, the benefit of adjuvant chemotherapy is matter of debate in old pts.

Methods: The purpose of ADAGE trial is to compare the DFS obtain with oxaliplatin combined with fluoropyrimidine (F) to F alone in fit pts over 70 years (group 1) and F to observation in frail pts (group 2) after resection of a stage III colon cancer. We here report a preliminary tolerance analysis on 50% of the first pts enrolled in the study.

Results: The analysis was performed on 491 pts (378 in group 1 and 113 in group 2). Main pts characteristics were respectively for the group 1 and 2: male in 57% and 50%, median age of 76 and 83 years, ECOG=0 in 59% and 29%, abnormal IADL in 23% and 62%, no caregiver in 26% and 28%, fall $\leq$6 months in 9% and 14%, depression possible 28% and 40%, fail of one-leg balance in 20% and 59%, impaired cognition in 21% and 38%, G8 score <14 75% and 94%, undernutrition 35% and 48%. The toxicity was reported in the 434 pts treated excluding the 57 pts in observation arm of group 2. One treatment related death was reported in the doublet chemotherapy arm of group 1.

Table: 394P

	Group 1: LV5FU2 (n=153) or capecitabine (n=31), n=189	Group 1: FOLFOX (n=166) or XELOX (n=21) n=189	Group 2: LV5FU2 (n=17) or capecitabine (n=30), n=56
Treatment started	98%	98%	84%
At least one cure delayed	56%	67%	60%
Early stop of treatment	18%	21%	38%
Cumulated grade 3-5	26%	58%	40%
Neurologic grade 1-2 / 3-4	20% / 1%	87% / 21%	19% / 4%
Diarrhoea grade 1-2 / 3-4	42% / 4%	49% / 9%	40% / 6%
Mucositis grade 1-2 / 3-4	24% / 1%	25% / 2%	19% / 0%
Vomiting grade 1-2 / 3-4	7% / 1%	13% / 2%	4% / 0%
Neutropenia grade 1-2 / 3-4	18% / 3%	36% / 22%	17% / 6%
Asthenia grade 1-2 / 3-4	59% / 4%	64% / 8%	49% / 11%

Conclusions: Toxicities of adjuvant chemotherapy are manageable in both groups. An early stop of treatment is more frequent in group 2. Severe toxicity of F are more frequent in group 2 than in group 1.

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