common ICIs were pembrolizumab, nivolumab, followed by ipilimumab-nivolumab, durvalumab, and durvalumab. 81 patients of 218 received antibiotics within 6 months of receiving checkpoint inhibitors. Of antibiotics administered, the most common classes were cephalosporins (86%), fluoroquinolones (28%), and glycopeptides (23%) with substantial overlap. Overall survival and progression-free survival was improved for those who did not receive antibiotics prior to ICI therapy (median OS 6.5 vs. 2.3 years, HR 0.36, p<0.0001; median PFS 1.1 vs 0.5 years, HR 0.6, p=0.0027) (figure 1 and 2 respectively). Linear regression showed no significant association between antibiotic use prior to ICI use and age, sex, race, ICI type, or ECOG status.

Conclusions This data adds to the growing body of knowledge that the use of antibiotics prior to ICI treatment leads to inferior overall and progression-free survival.

Acknowledgements We would like to thank the Roman Janzarov, UC Cancer Center, the University of Cincinnati Division of Hematology and Oncology, Department of Internal Medicine of the University of Cincinnati, and the University of Cincinnati Medical Center for their continued support.

Ethics Approval IRB 2019-0610

REFERENCES


7. References

8. 775 RARE CASE REPORTS ON THYMIC CARCINOMA PATIENTS TREATED WITH PEMBROLIZUMAB


10. References

11. 776 A ROLE FOR IMMUNE CHECKPOINT BLOCKADE TO ENHANCE T CELL-MEDIATED RESPONSES IN COMBINATION WITH CHEMOTHERAPY IN OESOPHAGEAL ADENOCARCINOMA


13. Background Combining immune checkpoint inhibitors (ICIs) with immunogenic chemotherapies is a promising approach in...