

NYT fra DEN STORE VERDEN

News and trends in upper GI cancer

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Kræftens Bekæmpelse



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Upper GI cancer (and lower)

What we know

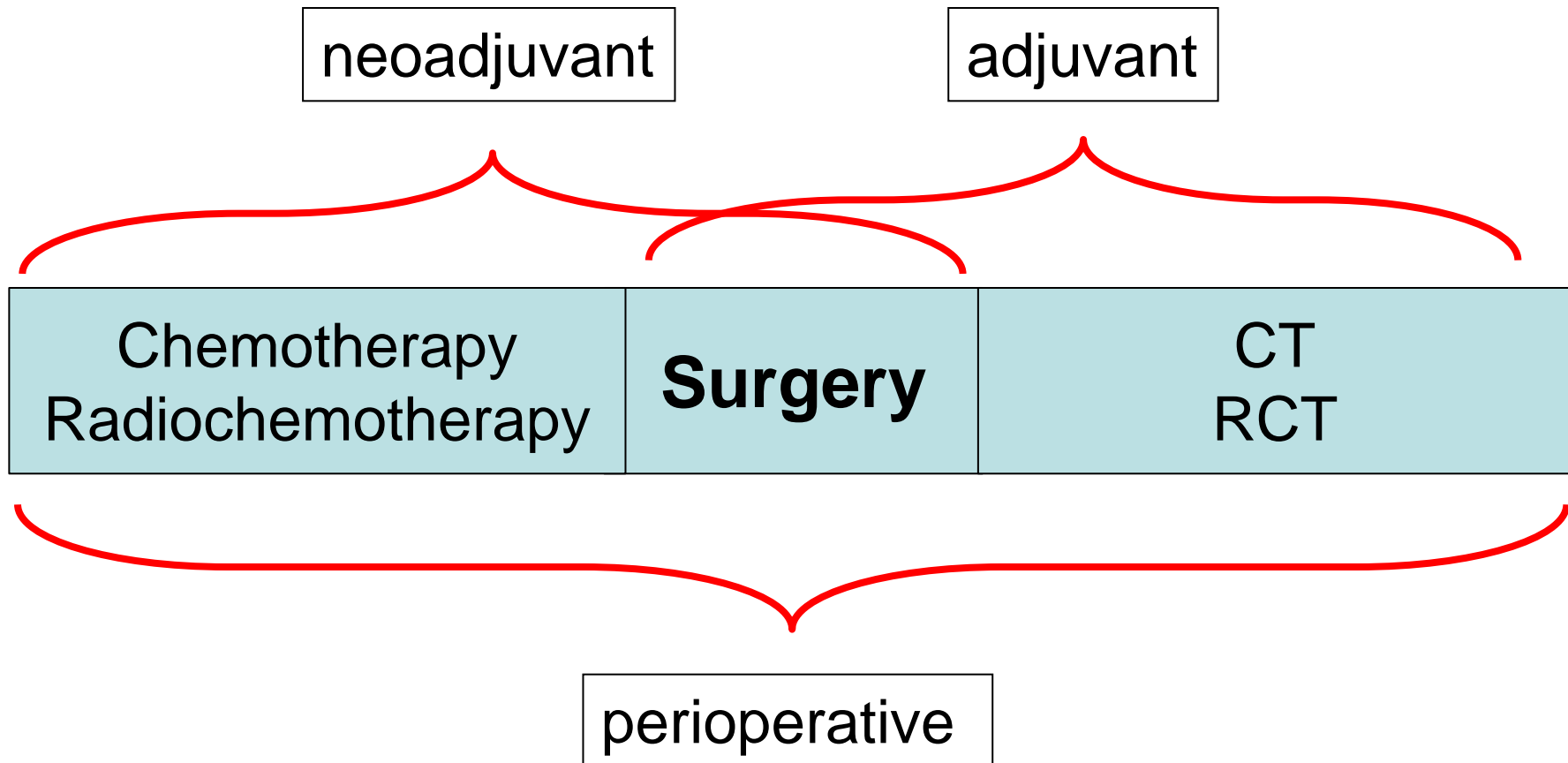
Palliative therapy effective

- Chemotherapy better than BSC
 - Prolong OS and improve quality of life
- 2 drugs better than 1
- 3 drugs better than 2
- Targeted therapy standard in selected patients

Adjuvant therapy effective

- Best palliative regimen is probably the best regimen in the adjuvant/neoadjuvant setting

CT or RCT before or after surgery in resectable upper GI



Paradigm shift from adjuvant to neoadjuvant therapy in upper GI cancer (and lower)

- Neoadjuvant therapy has some advantages
 - Patients tolerate preoperative RCT or CT better
 - Drug distribution might be better than after surgery
 - Preoperative RCT and CT more effective
 - RCT or CT before surgery may shrink tumor and facilitate surgery (down-staging or down-sizing)

Upper GI cancer (and lower)

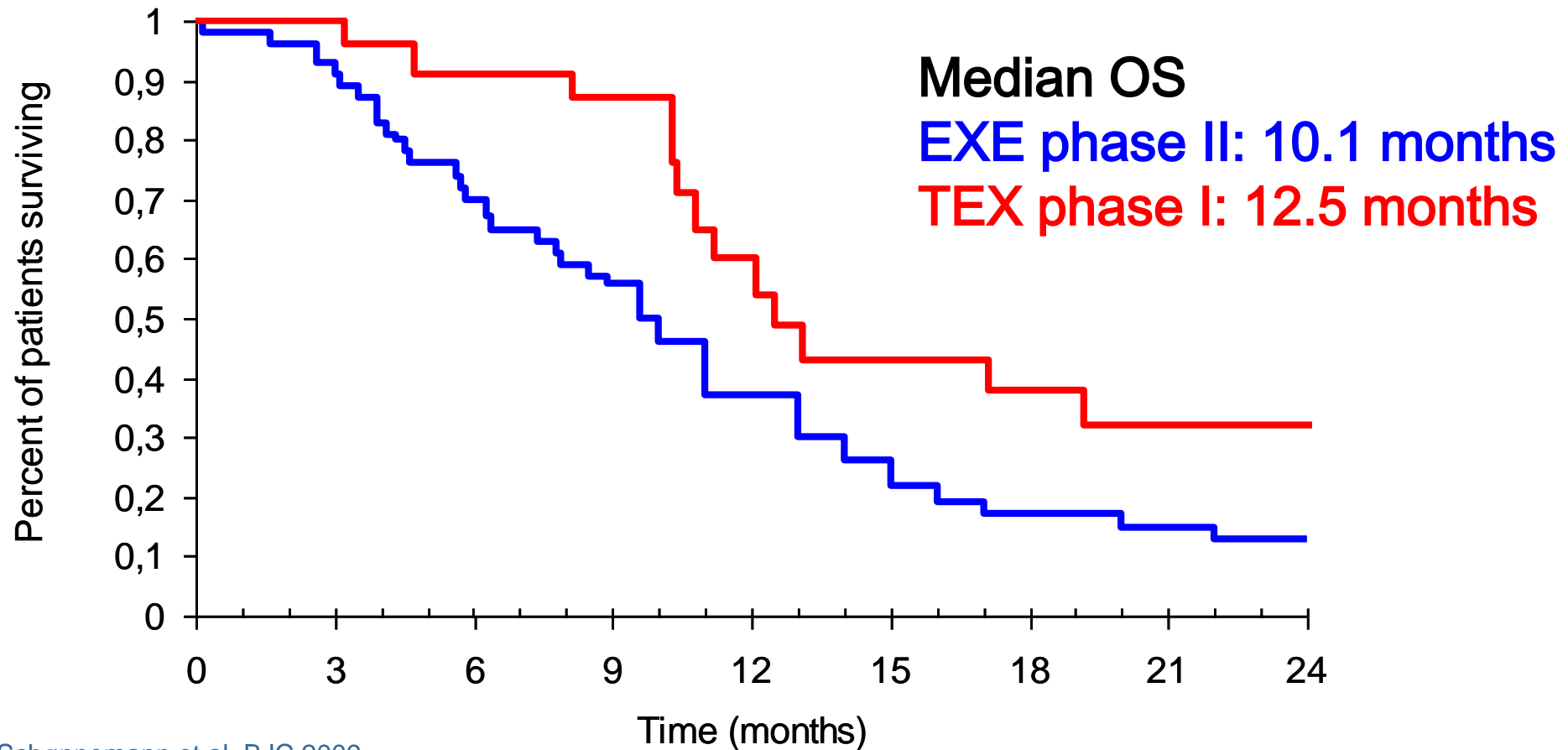
Trends (what we hope or believe)

- MDT conference in all patients
- Neoadjuvant better than adjuvant therapy
 - Rectal cancer
 - Esophageal and gastric cancer
 - Pancreatic cancer
 - Biliary tract cancer
 - Colorectal liver metastasis
- Biological therapy improve results

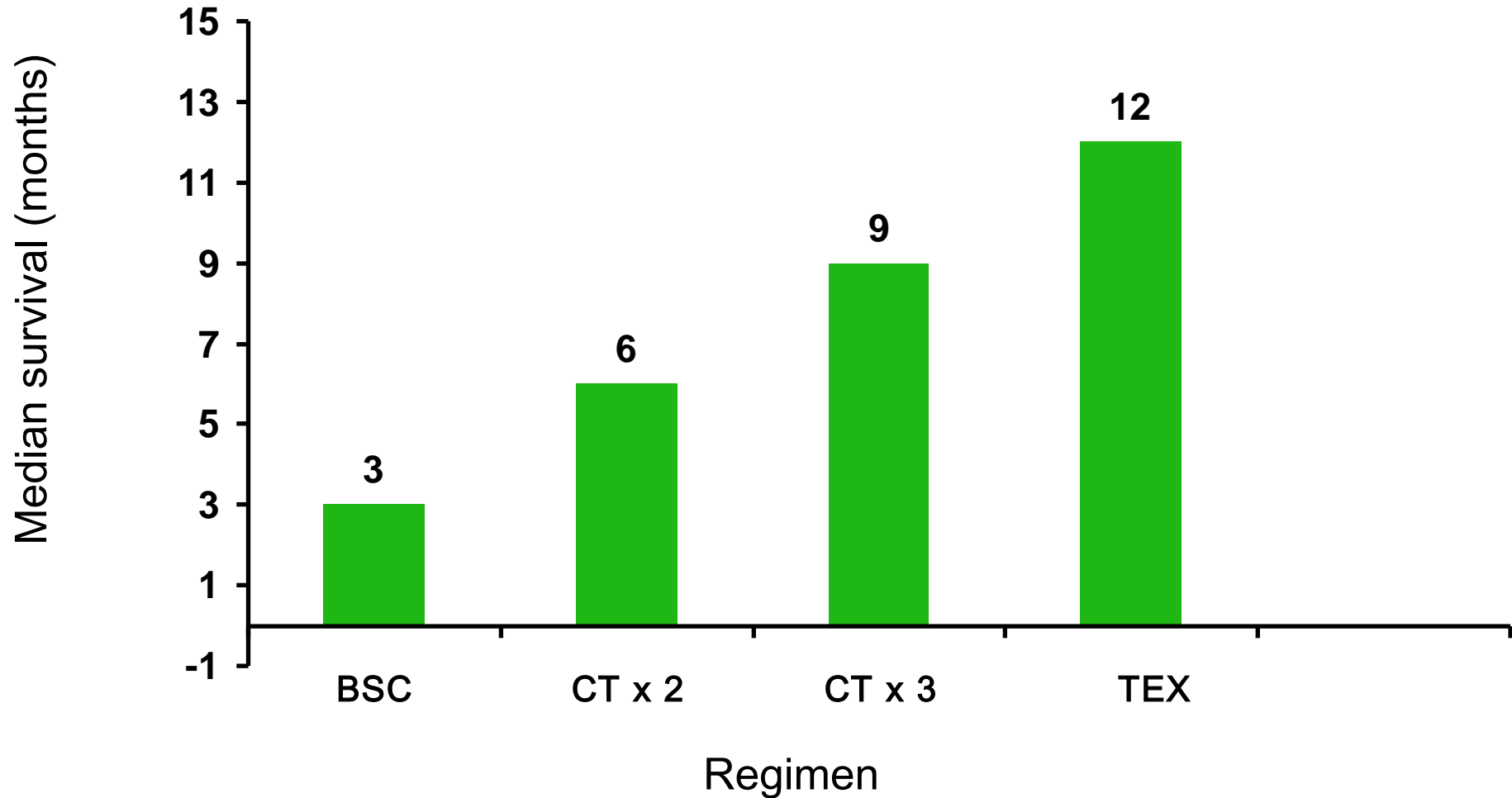
Gastric cancer

- Adjuvant ?
Neoadjuvant ?
- 1st line Best palliative regimen ?
- 2nd line ?

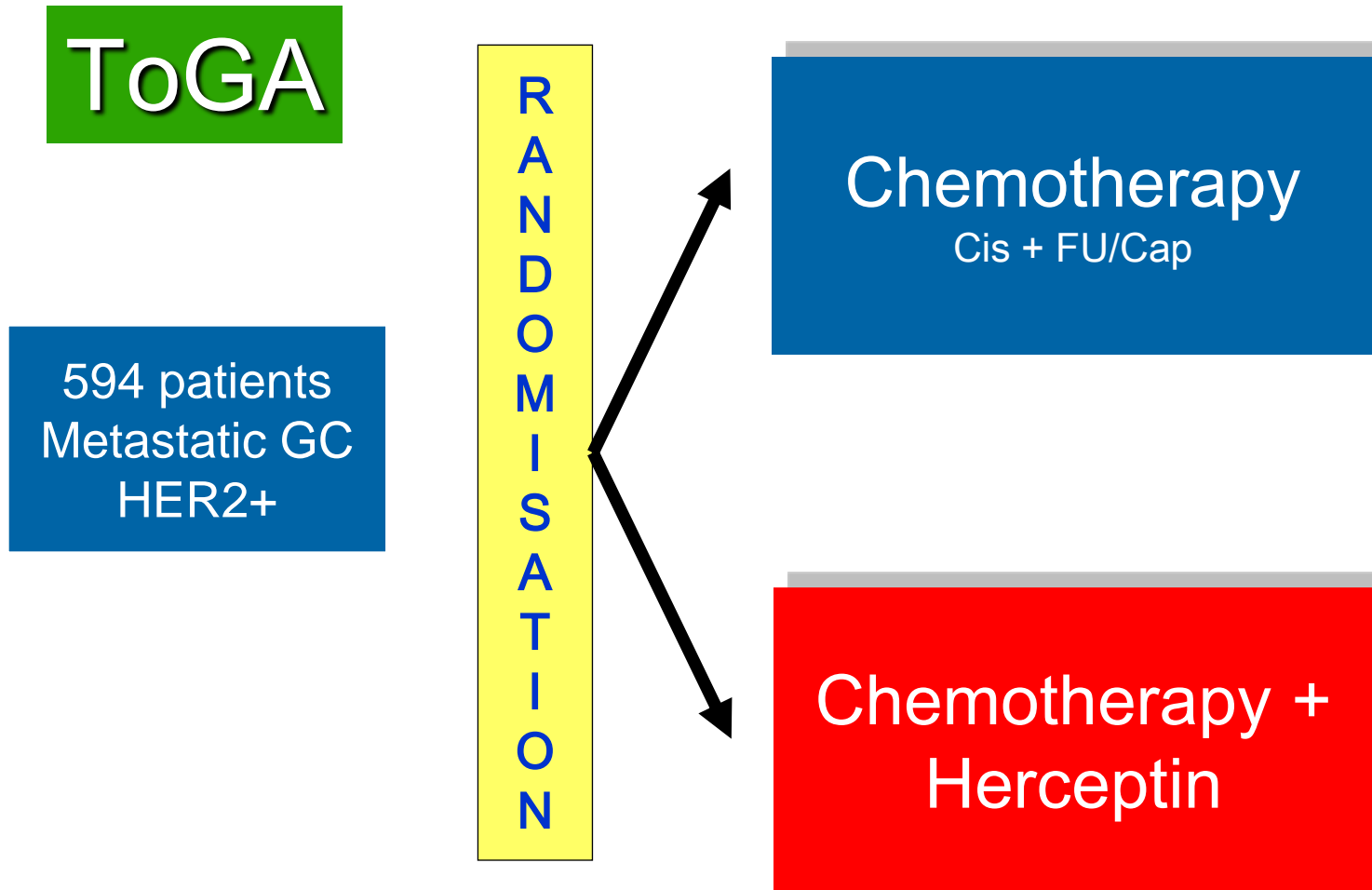
Gastric cancer



Chemotherapy in patients with metastatic gastric cancer

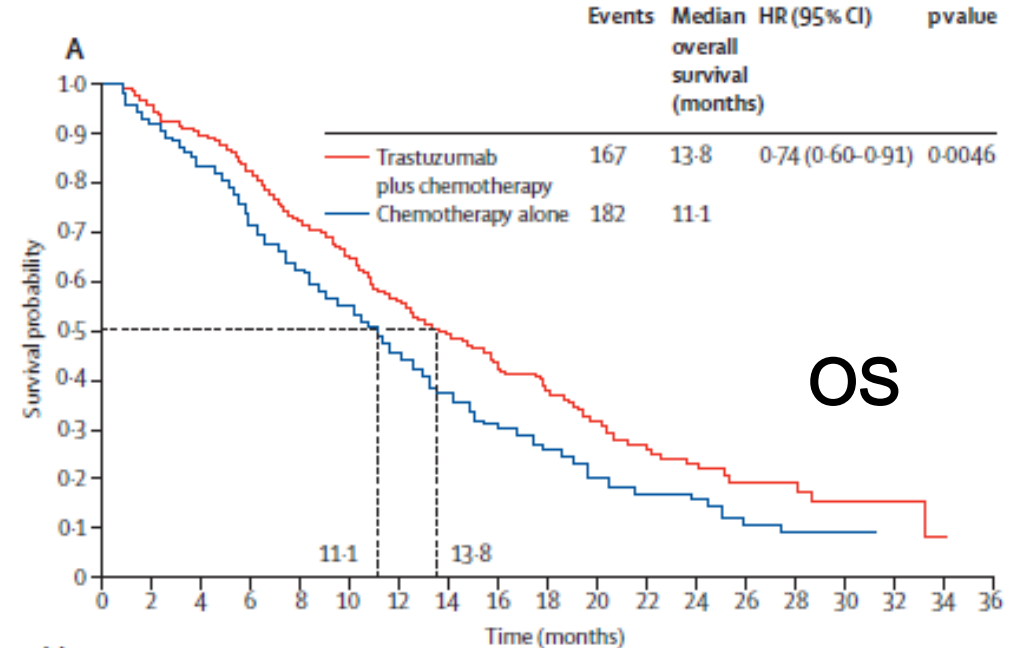
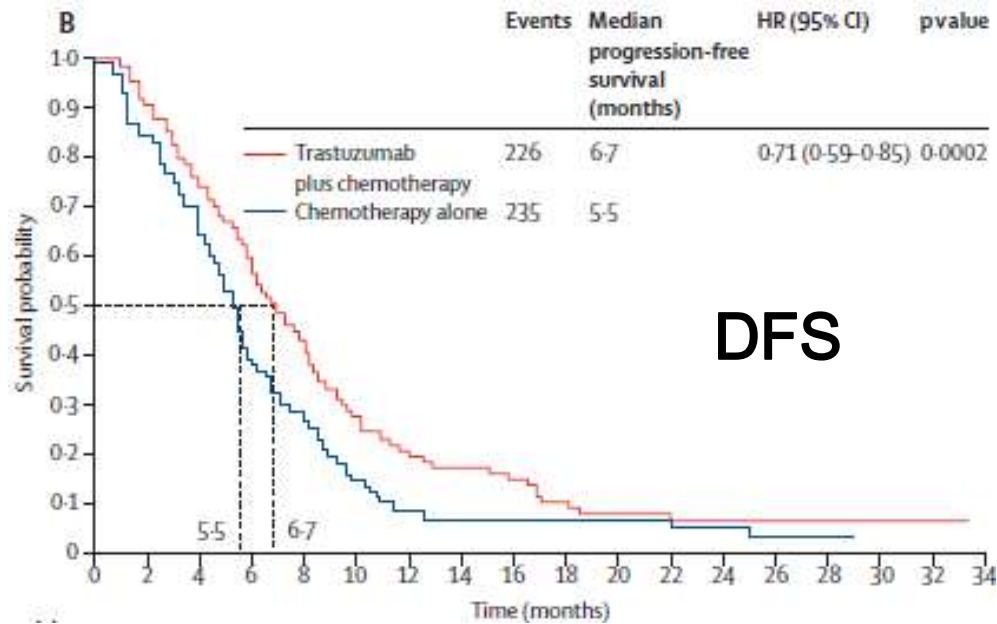


Metastatic gastric cancer – HER2+ CT ± trastuzumab (Herceptin)



Metastatic gastric cancer – HER2+ CT ± trastuzumab (Herceptin)

Bang; NEJM 2010; n = 594	CT	CT + Tra
No of pts	296	298
RR	35%	47%*
Median PFS, mo	5.5	6.7*
Median OS, mo	11.1	13.8*

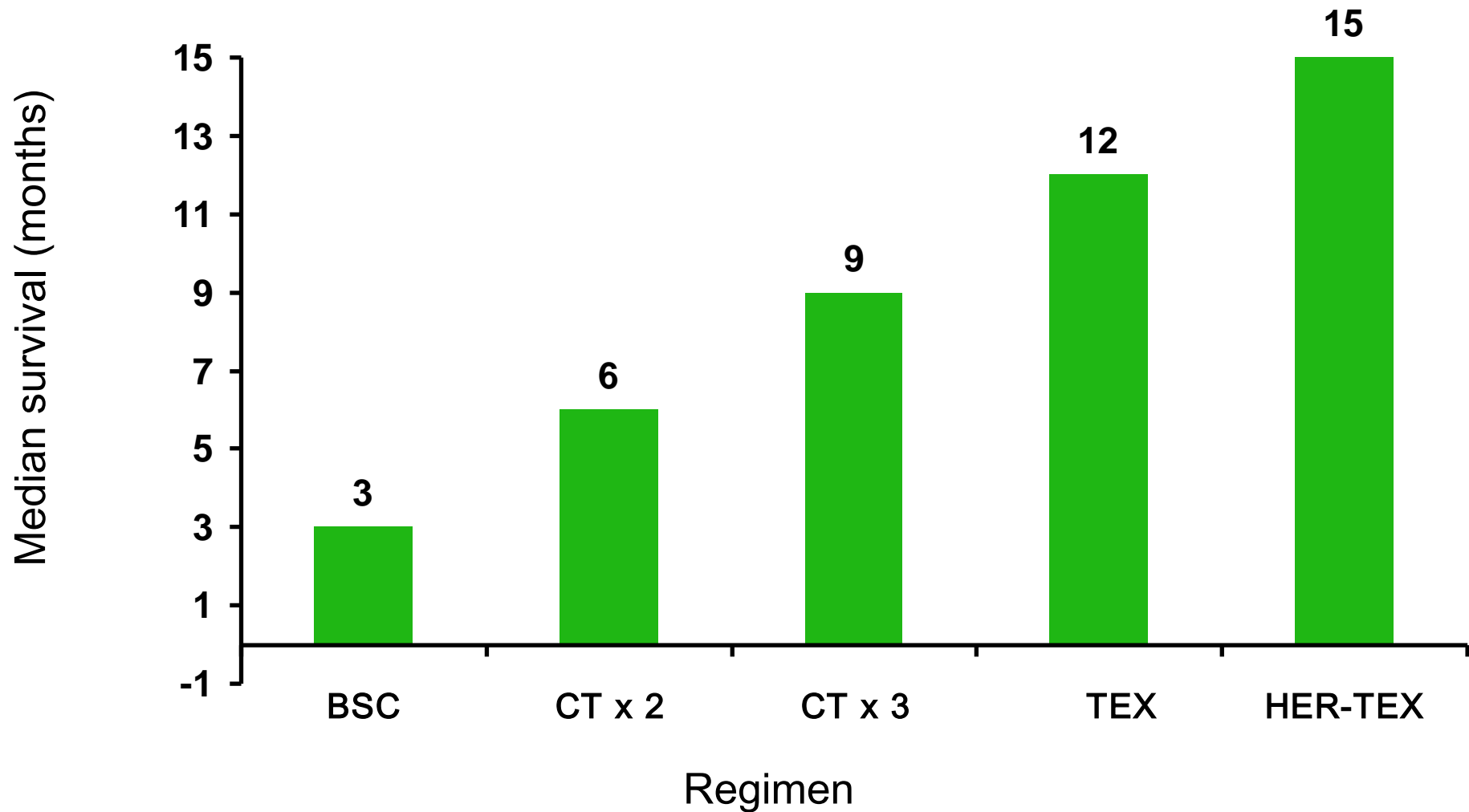


Bang et al, NEJM 2010

Status for Herceptin in DK

- DECV (Danish esophageal – cardia – gastric cancer group) recommends HERCEPTIN in HER2+ mGC.
- Request for approval of HERCEPTIN has been forwarded to UVKL (National Board for Evaluation of Cancer Drugs – Danish NICE)
- Danish phase I/II study (HER-TEX) has been submitted to Ethics Committee (approval expected within few weeks)

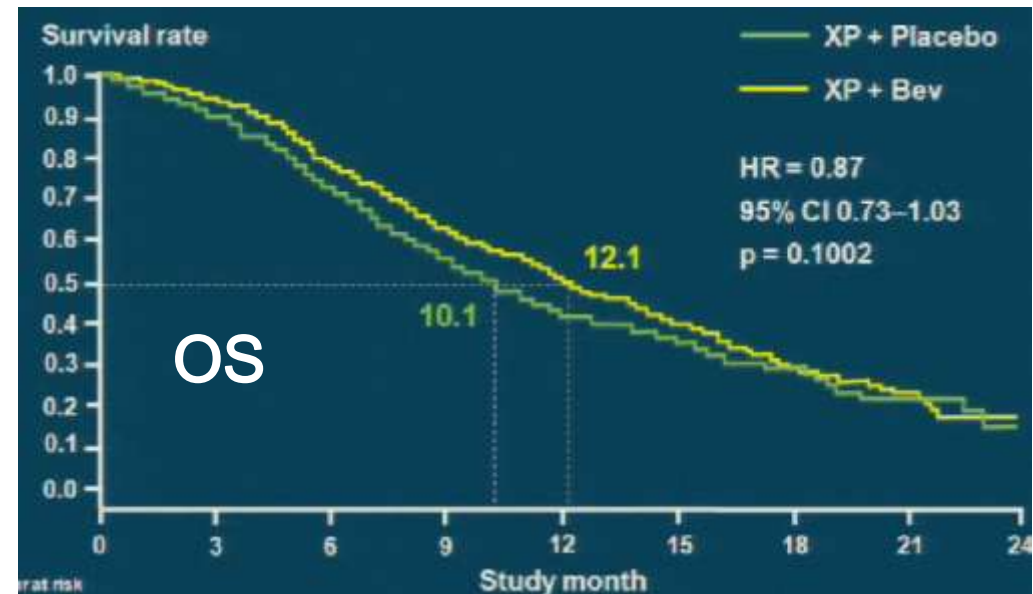
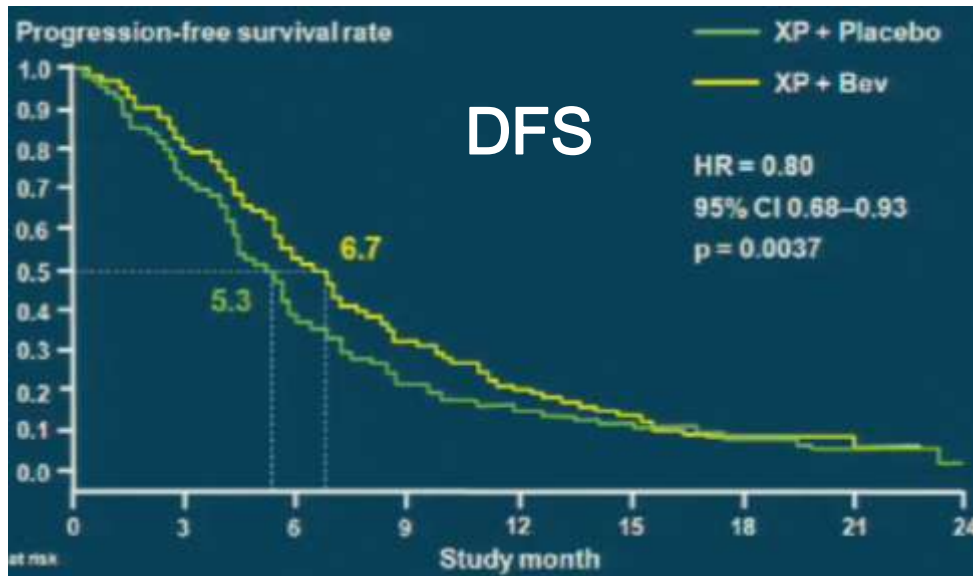
Chemotherapy in patients with metastatic gastric cancer



Metastatic gastric cancer (AVAGAST)

CT ± bevacizumab (Avastin)

Kang; ASCO 2010; n = 774	CT	CT + Bev
No of pts	387	387
RR	37%	46%*
Median PFS, mo	5.3	6.7*
Median OS, mo	10.1	12.1



Kang et al, ASCO 2010

Resectable gastric cancer

		5 year OS		Δ %
		Surgery	S +	
Preoperative				
MAGIC	ECF → Surgery	23%	→ 36% *	13%
ACCORD	CF → Surgery	24%	→ 38% *	14%
Postoperative				
INT0116	Surgery → RKT	25%	→ 40% *	15%

Pancreatic cancer

- Adjuvant ?
Neoadjuvant ?
- 1st line Best palliative regimen ?
- 2nd line ?

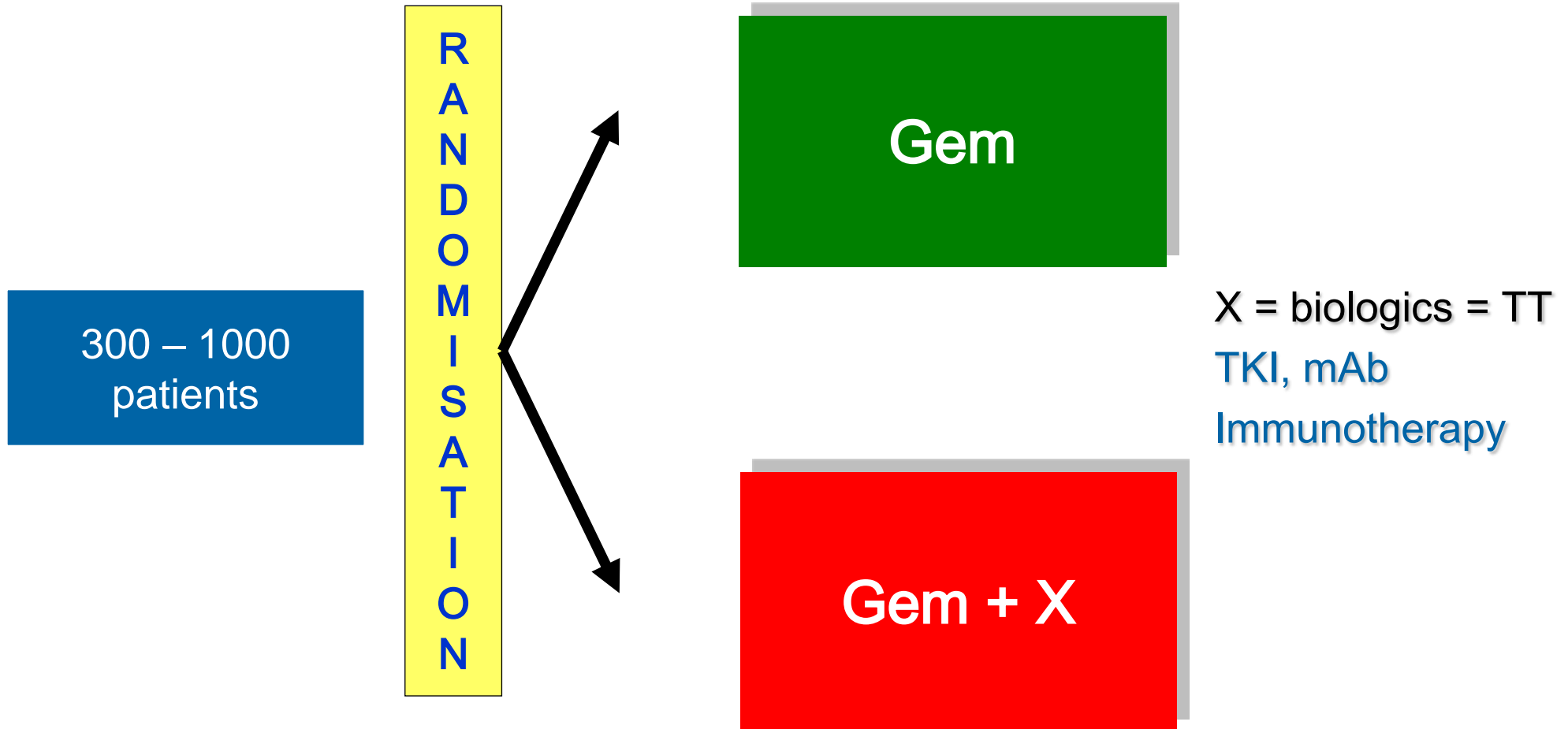
Phase III studies in non-resectable PC

Summary

Gemcitabin AND	PFS months	OS months
Erlotinib	3-4	6-7
Platinum	5-6	6-9
FU/capecitabine	4-6	6-8

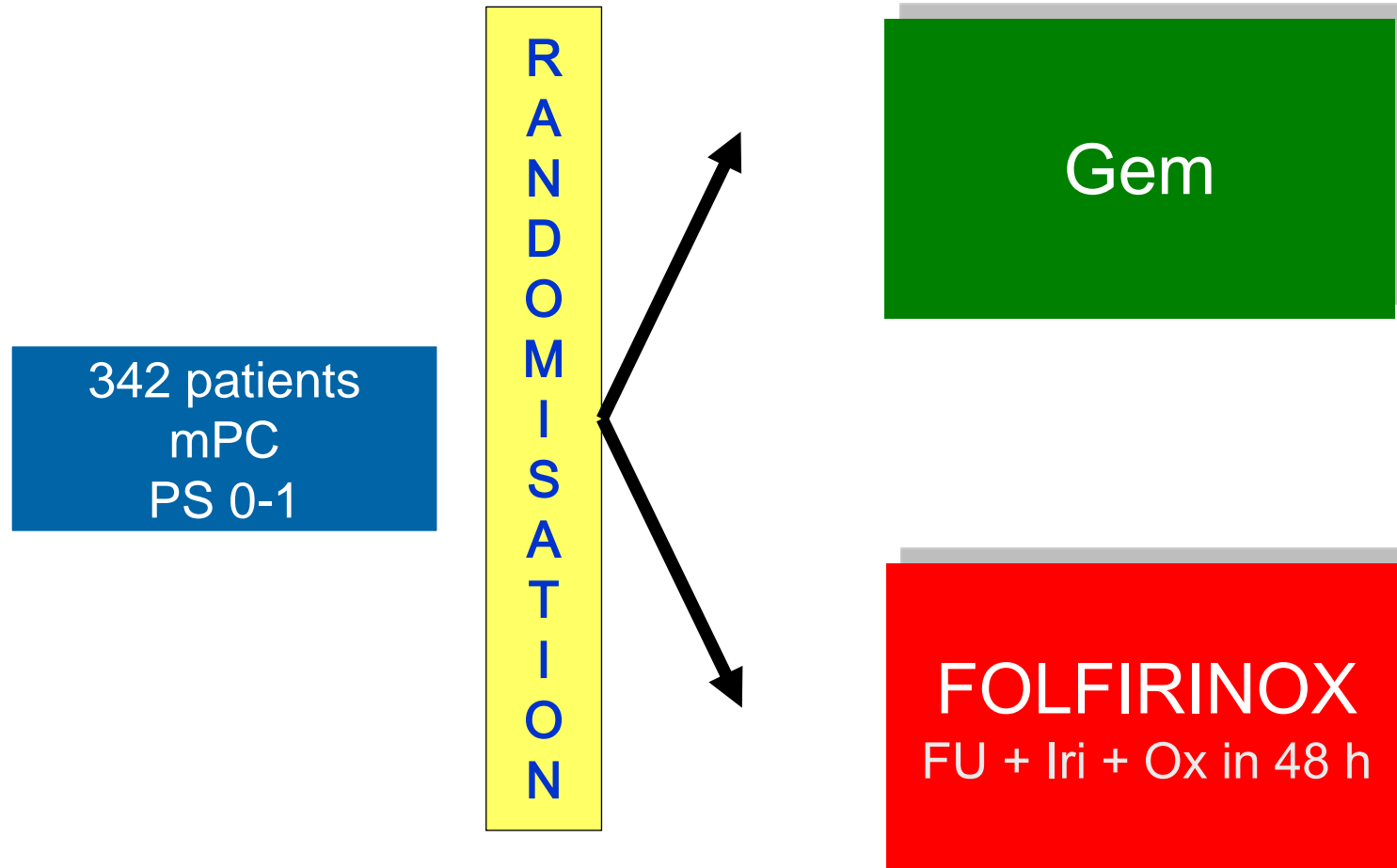
Metastatic pancreatic cancer

1st line therapy – Gem ± X



Metastatic pancreatic cancer

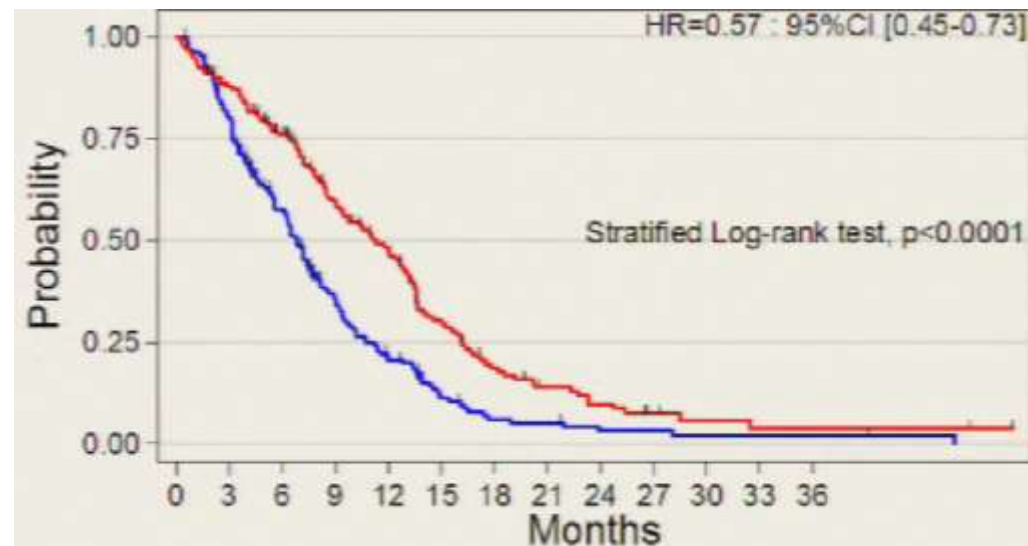
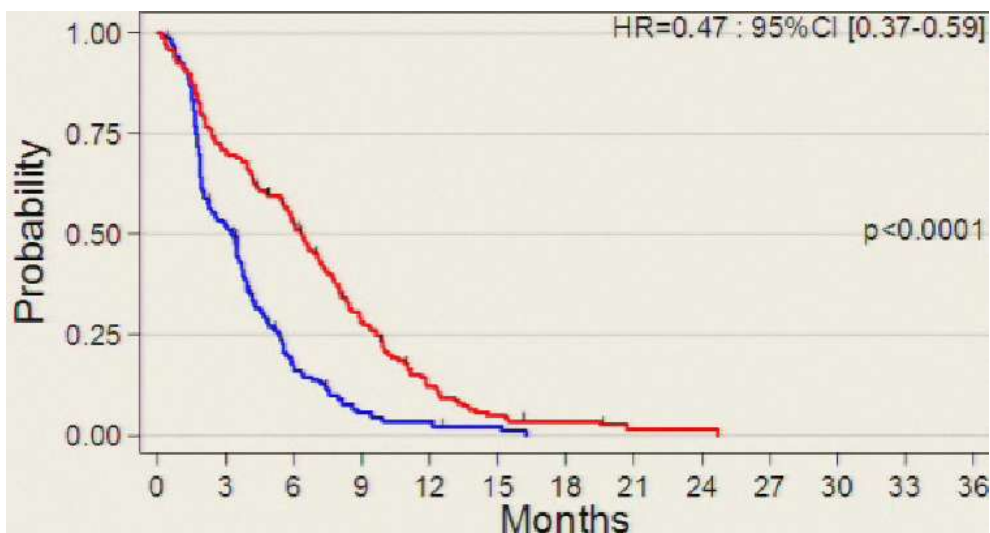
1st line therapy – Prodigie 4 ACCORD 11



Metastatic pancreatic cancer

1st line therapy – Prodigie 4 ACCORD 11

Conroy; ASCO 2010; n = 342	Gem	FOLFIRINOX
	n=171	n=171
Response rate	9%	32%*
Median PFS (months)	3.3	6.4*
Median survival (months)	6.8	11.1*



Status for FOLFIRINOX in DK

- DPCG (Danish Pancreatic Cancer Group) recommends FOLFIRINOX in mPC.
- Request for approval has been forwarded to UVKL

Gastric cancer - summary

- Adjuvant EXE ⇒ Surgery ⇒ EXE
 Surgery ⇒ RCT
 Herceptin ?
- 1st line
 - HER2-/? TEX
 - HER2+ HER-TEX
- 2nd line Iri-Bev

Pancreatic cancer

- Adjuvant Surgery ⇒ Gemcitabin
Gem vs GemCap (ESPAC 4)
FOLFIRINOX ?
- LAPC FOLFIRINOX ⇒ RCT ⇒ Surgery
- Metastatic
 - 1st line FOLFIRINOX ?
Gemcitabin + other
 - 2nd line PAN-ICE
Irinotecan + cetuximab + everolimus