European Society of Medical Oncology's 18th World Congress on Gastrointestinal Cancer 2016

Date: 29 June to 2 July 2016. Venue: Barcelona, Spain.

Gastric cancer: after surgery chemoradiotherapy delivers no additional benefits over chemotherapy

In patients with gastric cancer postoperative treatment intensification with chemoradiotherapy (CRT) delivered no additional overall survival benefits compared to postoperative chemotherapy (CT), reported the phase III CRITICS study.

Perioperative (pre and postoperative) chemotherapy are the current standard treatments for gastric cancer, but studies have suggested postoperative chemoradiotherapy alone might improve outcomes.

Between January 2007 and April 2015 in the CRITICS study, 788 patients with stage Ib-IVa resectable gastric cancer all received preoperative chemotherapy consisting of three courses of epirubicin, a platinum compound (cisplatin or oxaliplatin) and capecitabine. Following surgery, patients were randomised to 'standard' treatment with another three courses of the CT regime (n=393) or to CRT (n=395), involving 45Gy in 25 fractions combined with weekly cisplatin and daily capecitabine.

Results showed five year survival rates of 40.8% in the chemotherapy arm versus 40.9% in the chemoradiotherapy arm (P=.99). The five year progression free survival rates were 38.5% for chemotherapy versus 39.5% for chemoradiotherapy (P=.99). There was a higher incidence of grade 3 or higher haematological adverse events in the chemotherapy arm (44% versus 34%); but a higher incidence of gastrointestinal adverse events in the chemotherapy arm (42% versus 37%).

It is also noteworthy only 47% and 52% of patients completed postoperative CT and CRT respectively, with reasons for stopping including personal preference, progressive disease and toxicity in the preoperative setting.

"Based on the currently available data, no advice can be given on the preferred adjuvant strategy," said Marcel Verheij, the principal investigator, from The Netherlands Cancer Institute, Amsterdam.

Since less than half of patients could complete full treatment, he said, greater emphasis should be placed on preoperative strategies. Ongoing analyses, he added, may identify treatment benefits for specific subgroups.

Reference

Verheij M. A multicenter randomized phase III trial of neo-adjuvant chemotherapy followed by surgery and chemotherapy or by surgery and chemoradiotherapy in resectable gastric cancer. LBA-02

Janet Fricker, Medical Journalist.

Internal radiation found to be more effective in larger metastatic colorectal liver tumours

Metastatic colorectal cancer (mCRC) patients with baseline liver tumour burdens (≥12%) treated with mFOLFOX6 and selective internal radiation therapy (SIRT) SIR-Spheres Y-90 resin treatment achieved greater depth of response (DpR) than those receiving chemotherapy alone, reports a German study. The new analysis of the phase III SIRFLOX study found no differences in DpR rates between the two treatment groups for patients with liver tumour burden (≤12%) at study entry.


Volker Heinemann

SIRT, also known as radioembolisation, allows tumours to be selectively irradiated leaving healthy tissue relatively unaffected. For the technique, tens of millions of Yttirum-90 labelled coated resin microspheres (Sirtex) are injected into the hepatic arterial supply of the liver via a catheter inserted into the femoral artery thorough an incision in the groin. The spheres, which are 32 microns in diameter, deliver high doses of ionising pure beta radiation to tumours.

In the SIRFLOX study, 530 patients with previously untreated metastatic colorectal cancer were randomly assigned 1:1 to FOLFOX (±bev) plus SIRT or FOLFOX (±bev) alone. Results, published this February in the Journal of Clinical Oncology, showed although SIRT did not influence progression free survival (PFS) at any site, it delivered a 7.9 month prolongation of PFS in the liver.

In the current analysis, Volker Heinemann and colleagues developed the DpR analysis where shrinkage of up to five target liver tumours was tracked until reaching the shortest length or 'nadir'. The investigators identified patients from the SIRTEX study with baseline tumour loads ≥12% (n=245 patients) and tumour loads ≤ 12% (n=239 patients).

Results show for patients with ≥12% tumour burden, depth of response was 77.5% for FOLFOX (±bev) + SIRT compared to 57.2% for FOLFOX (±bev) (P=0.003). In contrast, for patients with ≤12% tumour burden the depth of response was 72.5% for FOLFOX (±bev) +SIRT versus 80.6% for those receiving FOLFOX (±bev) (p=0.763).

"The greater depth of response following SIR-Spheres Y-90 resin microspheres, together with the prolonged PFS in the liver, are very encouraging and increase our anticipation for the survival data we hope to see in 2017," said Heinemann, from the Ludwig-Maximillian University, Munich.

Reference

Heinemann V, Hazel GA, Sharma NK et al. Evaluation of depth of response within a volumetric model in patients with metastatic colorectal cancer: Results of the SIRFLOX study. Annals of Oncology 2016; 27 (Suppl 2): Abs. 0-014.

Janet Fricker, Medical Journalist.

Novel endpoints show benefit for new agent in advanced colorectal cancer

Xilonix™, a novel anti-interleukin 1-alpha antibody, demonstrated significantly improved clinical response rates (CRRs) at eight weeks using a novel endpoint compared with placebo in advanced colorectal cancer, reported a phase III study.

Xilonix™ (XBiotech) is the first monoclonal antibody immunotherapy that specifically targets and neutralises interleukin-1 alpha (IL-1), a potent anti-inflammatory signalling molecule known to promote angiogenesis and break down of connective tissue. The same signals, it is believed, may be involved in metastasis and messaging to the brain to cause pain, fatigue, anxiety, appetite suppression and hypermetabolic syndrome that are seen in advanced cancer.

In the double blind study, 309 patients with metastatic colorectal cancer refractory to standard chemotherapy were randomly assigned 2:1 to receive Xilonix ™ plus best supportive care or placebo plus best supportive care.

The primary endpoint used in the study was clinical response rate (CRR) at eight weeks, developed in collaboration with European Medicines Agency (EMA), to assess the anti-tumour benefit of therapy based on control of symptoms known to be inversely correlated with overall survival, including pain, fatigue, appetite loss and muscle loss.

In the study Xilonix™-treated patients with advanced disease and multiple symptoms known to inversely correlate with overall survival experienced a 76% relative increase in clinical response rate compared to placebo (33% versus 19%, respectively; $p=0.0045$). Among subjects in both groups (treatment and placebo), clinical response was associated with a 2.7 fold increase in overall survival 11.5 months in responders versus 4.2 months in non-responders. In addition, responders gained more lean body mass compared to non-responders ($p<0.0007$), had reduced fatigue and pain ($P<0.001$) and improved appetite ($p<0.001$). Furthermore, control of thrombocytosis and systemic inflammation, both known to be prognosticators of overall survival, were significantly improved in responders. There were one-quarter fewer serious adverse events in the treatment arm of the study compared to placebo.

"In this first-of-its-kind study, not only did treatment with Xilonix™ demonstrate clinical benefit but it was also very well-tolerated, suggesting Xilonix™ has the potential to meet the real and urgent need for more effective, less toxic therapies for patients with advanced colorectal cancer," said study presenter Tamas Hickish, from the Royal Bournemouth Hospital NHS Foundation Trust, UK. The study, he added, provides evidence novel endpoints based on symptom recovery can serve as a predictor of overall survival benefits.

Reference

Hickish T. A pivotal phase 3 Trial of MABp1 in advanced colorectal cancer. Abstract O-027

Janet Fricker, Medical Journalist.

Meet the Editorial Team