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Top Abstracts To Watch Out For In Gastrointestinal Cancers@ ASCO 2018

RAS

Abstract LBA4001: Unicancer GI PRODIGE 24/CCTG PA.6 trial: a multicenter international randomized phase III trial of adjuvant mFOLFIRINOX versus gemcitabine in patients with resected pancreatic ductal adenocarcinomas (Abstract LBA4001)

Anticipated findings of this late-breaking abstract, for which no details have yet been posted so far, is likely to demonstrate superiority with either adjuvant mFOLFIRINOX or gemcitabine in patients with resectable pancreatic ductal adenocarcinoma. If results turn out to be positive, it may have impact on clinical practice for Pancreatic cancer (adjuvant resectable setting)

Abstract 4000: FOLFIRINOX until progression, FOLFIRINOX with maintenance treatment, or sequential treatment with gemcitabine and FOLFIRI.3 for first-line treatment of metastatic pancreatic cancer: a randomized phase II trial (PRODIGE 35-PANOPTIMOX)

Conclusion: Maintenance with LV5FU2 appears to be feasible and effective in patients with mPC controlled after 4m of induction chemotherapy with FOLFIRINOX. Severe neurotoxicity rate was higher in the maintenance therapy arm, likely because of higher cumulative oxaliplatin dose.

Abstract 4062: Pembrolizumab versus paclitaxel for previously treated advanced gastric or gastroesophageal junction (G/GEJ) cancer: Phase III KEYNOTE-061 trial

Conclusion: Results of KEYNOTE-061 showed that pembrolizumab reduced the risk of death by 18% compared with paclitaxel in patients with previously treated G/GEJ cancer and PD-L1 positivity ≥1% (NCT02370498). However, this was not found to be statistically significant

MERCK INVENTING FOR LIFE

Sep 2017: *FDA Approves Merck's KEYTRUDA® (pembrolizumab) for Previously Treated Patients with Recurrent Locally Advanced or Metastatic Gastric or Gastroesophageal Junction Cancer Whose Tumors Express PD-L1 [Combined Positive Score (CPS) ≥1]*

Abstract 4011: A randomized phase II study of weekly paclitaxel ± trastuzumab in patients with HER2-positive advanced gastric or gastroesophageal junction cancer refractory to trastuzumab (Herceptin) combined with fluoropyrimidine and platinum: WJOG7112G.

Conclusion: Continuation of trastuzumab beyond progression (TMB Strategy) in this patient population was not found to have the similar outcomes as it does for patients with HER2-positive breast cancer.

This is a very important study given that continuation of trastuzumab beyond progression in gastric/GEJ cancer patients is widely used in the United States without any supporting data. This phase II randomized study suggests a lack of benefit from continuation of trastuzumab beyond progression in patients with HER2-positive disease.

Trastuzumab (Tmab) is a key drug for HER2-positive breast and gastric or gastro-esophageal junction (G/GEJ) cancer. While continuous use of Tmab beyond progression (TBP) showed a benefit in HER2-positive metastatic breast cancer, it has not been studied in HER2-positive G/GEJ cancer.

Abstract 3501: Long-term results of the ADORE (ADjuvant Oxaliplatin in REctal cancer) trial: Adjuvant oxaliplatin, leucovorin, and 5-fluorouracil (FOLFOX) versus 5-fluorouracil and leucovorin (FL) after preoperative chemoradiotherapy and surgery for locally advanced rectal cancer (Abstract 3501)

Conclusion: Adjuvant FOLFOX clearly demonstrated improved DFS in rectal cancer patients with ypStage II/III after preoperative CRT. Subgroup analyses provided additional information on the selection of adjuvant candidates.

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Abstract 4031: Safety and efficacy of durvalumab in combination with tremelimumab, durvalumab monotherapy, and tremelimumab monotherapy in patients with advanced gastric cancer.

Conclusion: *D+T has a manageable safety profile in 2L and 3L advanced gastric cancer, with encouraging OS versus D monotherapy.*

Abstract 4047: Preliminary result of phase 1/2 study of ramucirumab plus nivolumab in patients with previously treated advanced gastric adenocarcinoma (NivoRam study).

Conclusion: Combination of Nivo and Ram showed no new safety signals and demonstrated promising antitumor activity in previously treated AGC.

Nivolumab (Nivo) has a significant survival benefit in salvage line of advanced gastric cancer (AGC) patients (pts) in ATTRACTION-2 trial. Based on synergistic anti-tumor effect induced by simultaneous blockade of PD-1 and VEGFR-2 in preclinical data, phase I/II study was conducted to investigate the safety and efficacy of Nivo plus ramucirumab (Ram) in the 2nd line chemotherapy for AGC.

Abstract 4003: REACH-2: A randomized, double-blind, placebo-controlled phase III study of ramucirumab (Cyramza) versus placebo as second-line treatment in patients with advanced hepatocellular carcinoma (HCC) and elevated baseline alpha-fetoprotein (AFP) following first-line sorafenib (Nexavar)

Conclusion: REACH-2 met its primary endpoint showing a significant survival benefit, with RAM treatment reducing the risk of death (29%) in pts with HCC and AFP ≥ 400 ng/mL who progressed on or were intolerant to sorafenib. Treatment was well tolerated, with a safety profile consistent with the established profile for single agent RAM. REACH-2 is the first positive phase 3 study conducted in a biomarker-selected pt population with HCC. Approximately half of all advanced HCC patients have a high alpha-fetoprotein (AFP-High), a marker of poor prognosis

REACH-2 is a follow-up to the phase III REACH trial. In June 2014, Lilly Oncology reported that in the REACH study, second-line treatment with ramucirumab did not improve OS compared with placebo in the full population of patients with advanced HCC. Investigators later conducted further analyses of the REACH data, including a subgroup analysis which demonstrated that patients with high expression of AFP did experience an OS benefit with ramucirumab.1 Based on these findings, the phase III REACH-2 study was launched, with the goal of assessing ramucirumab specifically in patients with AFP-high HCC