GI SLIDE DECK 2019

Selected abstracts from:

ESMO 2019 Congress

27 Sept – 01 Oct 2019 | Barcelona, Spain

european society of digestive oncology

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Letter from ESDO

DEAR COLLEAGUES

It is our pleasure to present this ESDO slide set which has been designed to highlight and summarise key findings in digestive cancers from the major congresses in 2019. This slide set specifically focuses on the **ESMO 2019 Congress** and is available in English, French, Chinese and Japanese.

The area of clinical research in oncology is a challenging and ever changing environment. Within this environment, we all value access to scientific data and research which helps to educate and inspire further advancements in our roles as scientists, clinicians and educators. We hope you find this review of the latest developments in digestive cancers of benefit to you in your practice. If you would like to share your thoughts with us we would welcome your comments. Please send any correspondence to info@esdo.eu.

Finally, we are also very grateful to Lilly Oncology for their financial, administrative and logistical support in the realisation of this activity.

Yours sincerely,

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ESDO Medical Oncology Slide Deck
Editors 2019

COLORECTAL CANCERS




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PANCREATIC CANCER AND HEPATOBILIARY TUMOURS



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GASTRO-OESOPHAGEAL AND NEUROENDOCRINE TUMOURS


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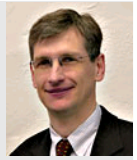

Prof Eric Van Cutsem	Digestive Oncology, University Hospitals, Leuven, Belgium
Prof Thomas Seufferlein	Clinic of Internal Medicine I, University of Ulm, Ulm, Germany

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Glossary

1L	first-line
2L	second-line
3L	third-line
4L	fourth-line
5FU	5-fluorouracil
AE	adverse event
AFP	alpha-fetoprotein
ALT	alanine aminotransferase
AST	aspartate aminotransferase
bid	twice daily
BSC	best supportive care
CAPOX	capecitabine + oxaliplatin
CEA	carcinoembryonic antigen
CI	confidence interval
CMS	consensus molecular subtypes
CPS	combined positive score
CR	complete response
CRC	colorectal cancer
CSC	chemotherapy/surgery/chemotherapy
CT	chemotherapy
ctDNA	circulating tumour DNA
D	day
DCR	disease control rate
DFS	disease-free survival
DoR	duration of response
DOS	docetaxel + oxaliplatin + S-1
DVT	deep vein thrombosis
ECOG	Eastern Cooperative Oncology Group
EGFR	epidermal growth factor receptor
EQ-5D	EuroQol five dimensions questionnaire
EORTC	European Organisation for Research and Treatment of Cancer
ESMO	European Society of Medical Oncology
FAS	full analysis set
FFPE	formalin fixed paraffin embedded
FOLFIRI	folinic acid + fluorouracil + irinotecan
(m)FOLFOX	(modified) leucovorin + 5-fluorouracil + oxaliplatin
FOLFIRINOX	oxaliplatin + irinotecan + leucovorin + 5-fluorouracil
GEJ	gastro-oesophageal junction
GHS	global health status
GI	gastrointestinal
Gy	Gray
HCC	hepatocellular carcinoma
HCV	hepatitis C virus
HER2	human epidermal growth factor receptor 2
HR	hazard ratio
HRQoL	health-related quality of life
IL6	interleukin 6
IQR	interquartile range
(m)ITT	(modified) intent-to-treat
iv	intravenous
LN	lymph node
LSM	least square mean
mCRC	metastatic colorectal cancer
MSI-H	high microsatellite instability
NE	not evaluable
NET	neuroendocrine tumour
NGS	next generation sequencing
NR	not reached
O&C	open and closure
OR	odds ratio
ORR	overall/objective response rate
(m)OS	(median) overall survival
PD	progressive disease
PD-L1	programmed death-ligand 1
PE	pulmonary embolism
(m)PFS	(median) progression-free survival
po	orally
PR	partial response
PS	performance status
q(2/3/4)w	every (2/3/4) week(s)
QLQ-C30	quality of life questionnaire C30
QLQ-STO22	quality of life questionnaire gastric cancer module
QoL	quality of life
R	randomized
R0/1	resection 0/1
RECIST	Response Evaluation Criteria In Solid Tumors
RFS	relapse-free survival
RPSFT	rank-preserving structural failure time
RR	relative risk
SAE	serious adverse event
SC	surgery/chemotherapy
SD	stable disease
SOX	S-1 + oxaliplatin
TEAE	treatment-emergent adverse event
TRAE	treatment-related adverse event
TTD	time to deterioration
TTR	time to response
VEGF(R)	vascular endothelial growth factor (receptor)
wt	wild type
XELOX	capecitabine + oxaliplatin

Contents

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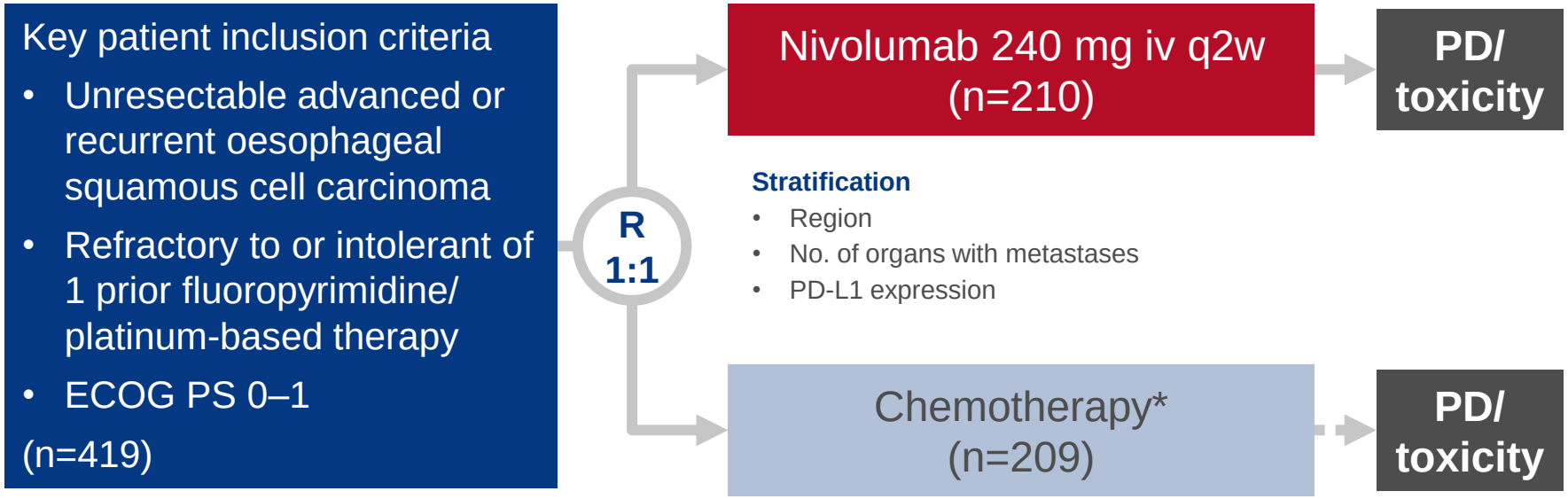
CANCERS OF THE OESOPHAGUS AND STOMACH

LBA11: Nivolumab versus chemotherapy in advanced esophageal squamous cell carcinoma (ESCC): The phase 3 ATTRACTION-3 study – Cho BC, et al

Study objective

- To investigate the efficacy and safety of nivolumab compared with chemotherapy in patients with advanced oesophageal squamous cell carcinoma



PRIMARY ENDPOINT

- OS

SECONDARY ENDPOINTS

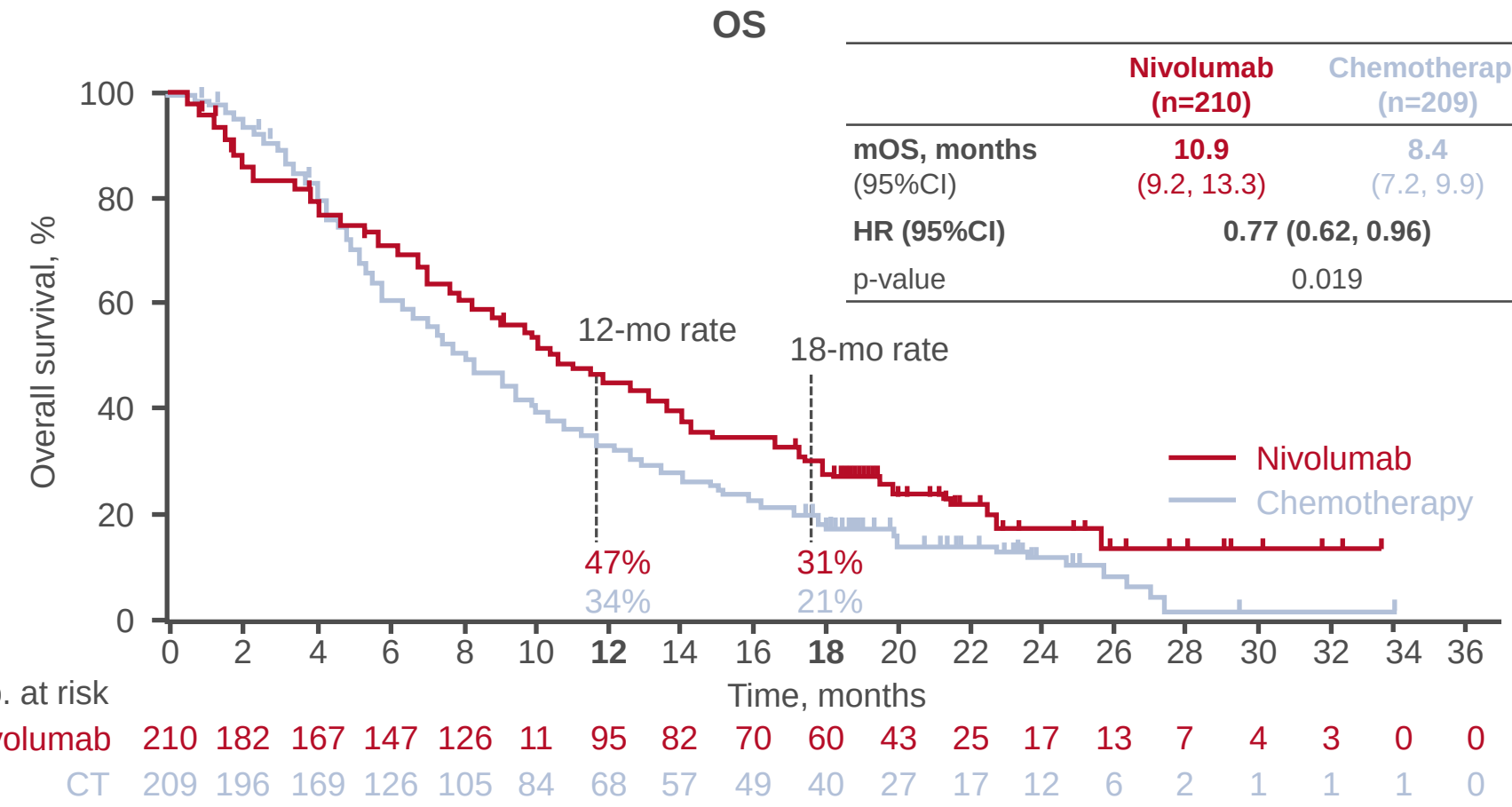
- PFS, ORR, DCR, TTR, DoR, HRQoL, safety

*Docetaxel 75 mg/m^2 q3w or paclitaxel 100 mg/m^2 iv qw 6-weeks on/1-week off

Cho BC, et al. Ann Oncol 2019;30(suppl):abstr LBA11

LBA11: Nivolumab versus chemotherapy in advanced esophageal squamous cell carcinoma (ESCC): The phase 3 ATTRACTION-3 study – Cho BC, et al

Key results

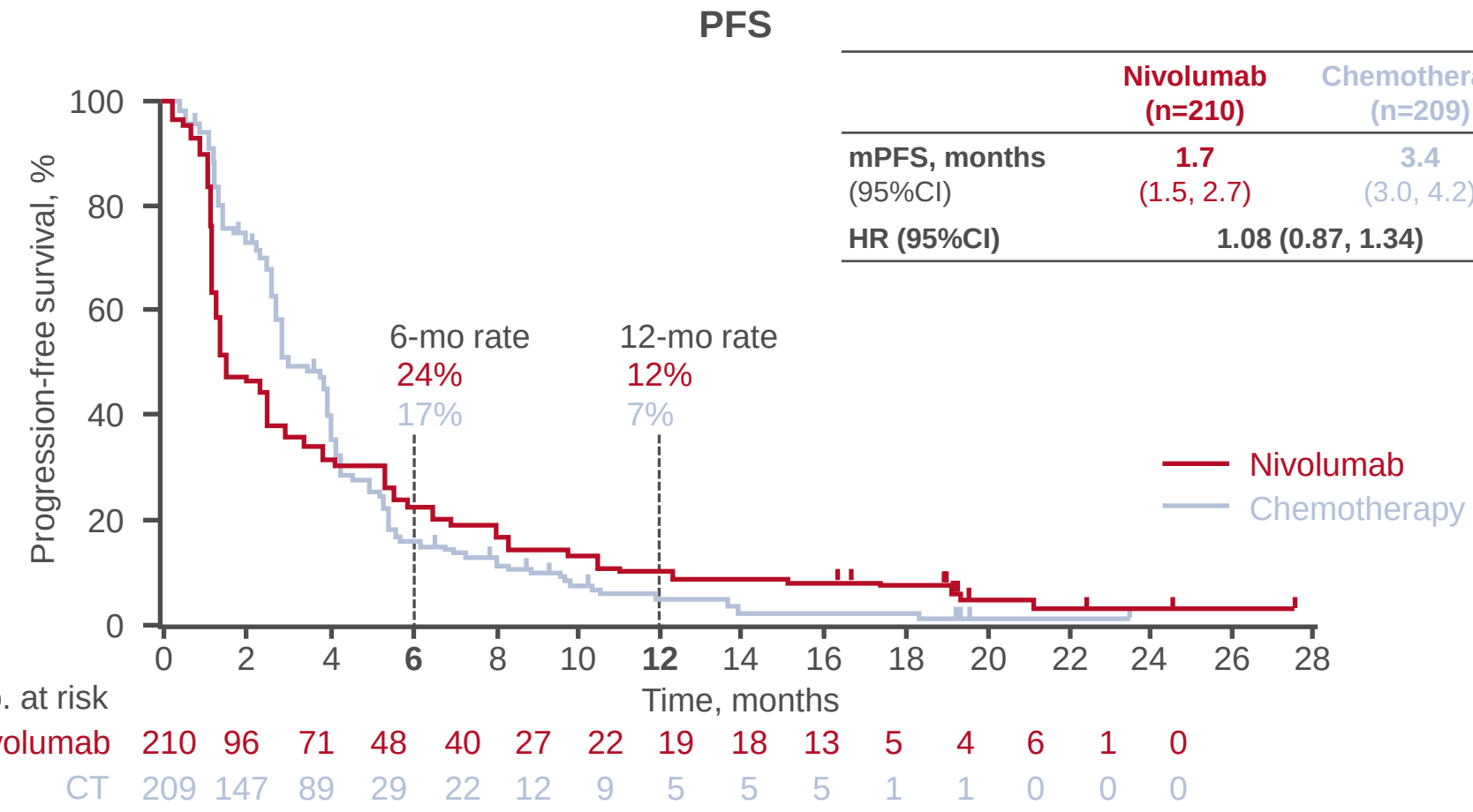


	Nivolumab (n=210)	Chemotherapy (n=209)
mOS, months (95%CI)	**10.9** (9.2, 13.3)	**8.4** (7.2, 9.9)
HR (95%CI)	**0.77 (0.62, 0.96)**	
p-value	0.019	

Cho BC, et al. Ann Oncol 2019;30(suppl):abstr LBA11

LBA11: Nivolumab versus chemotherapy in advanced esophageal squamous cell carcinoma (ESCC): The phase 3 ATTRACTION-3 study – Cho BC, et al

Key results (cont.)



	Nivolumab (n=210)	Chemotherapy (n=209)
mPFS, months (95%CI)	**1.7** (1.5, 2.7)	**3.4** (3.0, 4.2)
HR (95%CI)	**1.08 (0.87, 1.34)**	

Cho BC, et al. Ann Oncol 2019;30(suppl):abstr LBA11

LBA11: Nivolumab versus chemotherapy in advanced esophageal squamous cell carcinoma (ESCC): The phase 3 ATTRACTION-3 study – Cho BC, et al

Key results (cont.)

Select grade 3–4 TRAEs, n (%)	Nivolumab (n=209)	Chemotherapy (n=208)
Gastrointestinal	2 (1)	2 (1)
Hepatic	1 (<1)	4 (2)
Pulmonary	2 (1)	4 (2)
Renal	1 (<1)	0 (0)
Skin	4 (2)	2 (1)

Conclusion

- **In patients with previously treated advanced oesophageal squamous cell carcinoma, nivolumab demonstrated a significant improvement in OS with a manageable safety profile compared with chemotherapy**

Cho BC, et al. Ann Oncol 2019;30(suppl):abstr LBA11

LBA41: Phase III randomized study of neoadjuvant chemotherapy (CT) with docetaxel(D), oxaliplatin(O) and S-1(S) (DOS) followed by surgery and adjuvant S-1, vs surgery and adjuvant S-1, for resectable advanced gastric cancer (GC) (PRODIGY) – Kang Y-K, et al

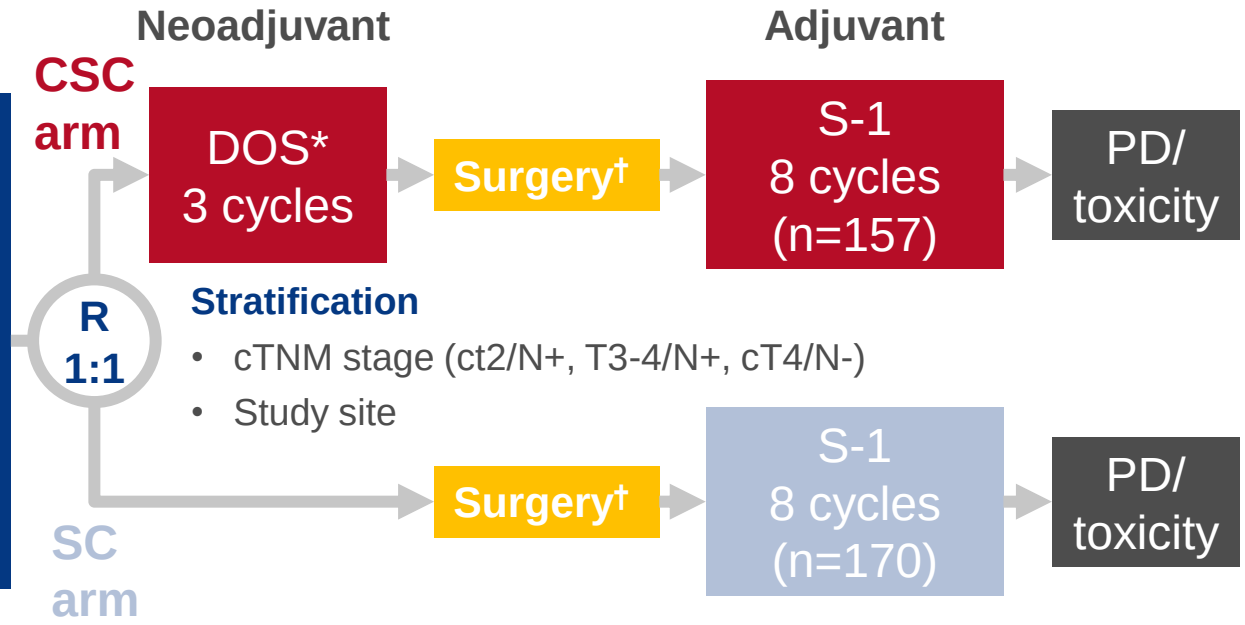
Study objective

- To investigate the efficacy and safety of neoadjuvant chemotherapy with DOS followed by surgery and adjuvant S-1 compared with surgery + adjuvant S-1 in patients with advanced gastric cancer

Key patient inclusion criteria

- Locally advanced gastric or GEJ cancer
- cT2,3/N[+]M0 or cT4/N[any]M0
- ECOG PS 0–1

(n=530)



PRIMARY ENDPOINT

- 3-year PFS (FAS)

SECONDARY ENDPOINTS

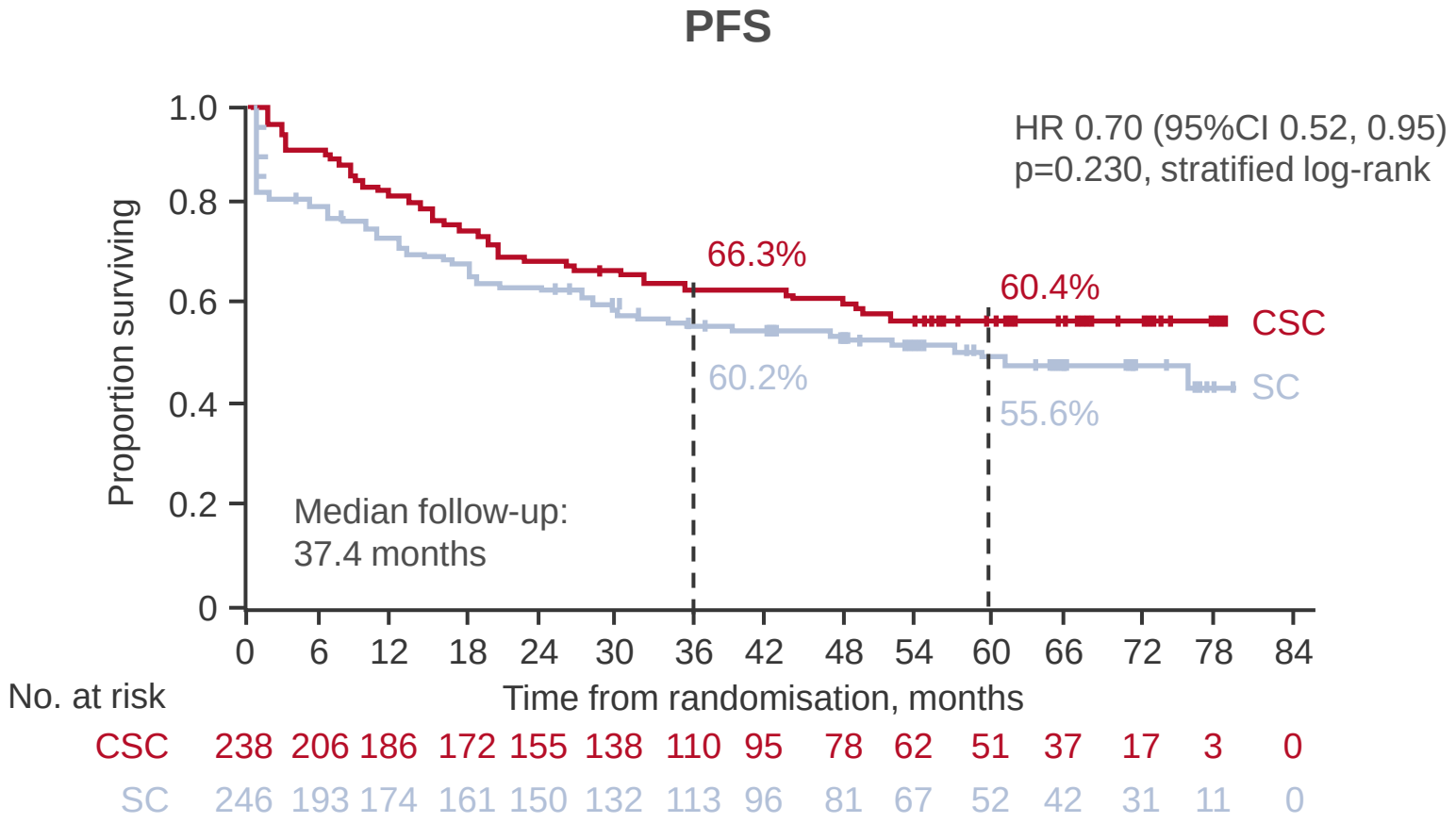
- R0 resection rate, postoperative pathological stage, OS, safety

*Docetaxel 50 mg/m^2 iv D1, oxaliplatin 100 mg/mg^2 iv D1, S-1 40 mg/m^2 po bid D1–14; †gastrectomy + D2 LN dissection

Kang Y-K, et al. Ann Oncol 2019;30(suppl):abstr LBA41

LBA41: Phase III randomized study of neoadjuvant chemotherapy (CT) with docetaxel(D), oxaliplatin(O) and S-1(S) (DOS) followed by surgery and adjuvant S-1, vs surgery and adjuvant S-1, for resectable advanced gastric cancer (GC) (PRODIGY) – Kang Y-K, et al

Key results



Kang Y-K, et al. Ann Oncol 2019;30(suppl):abstr LBA41

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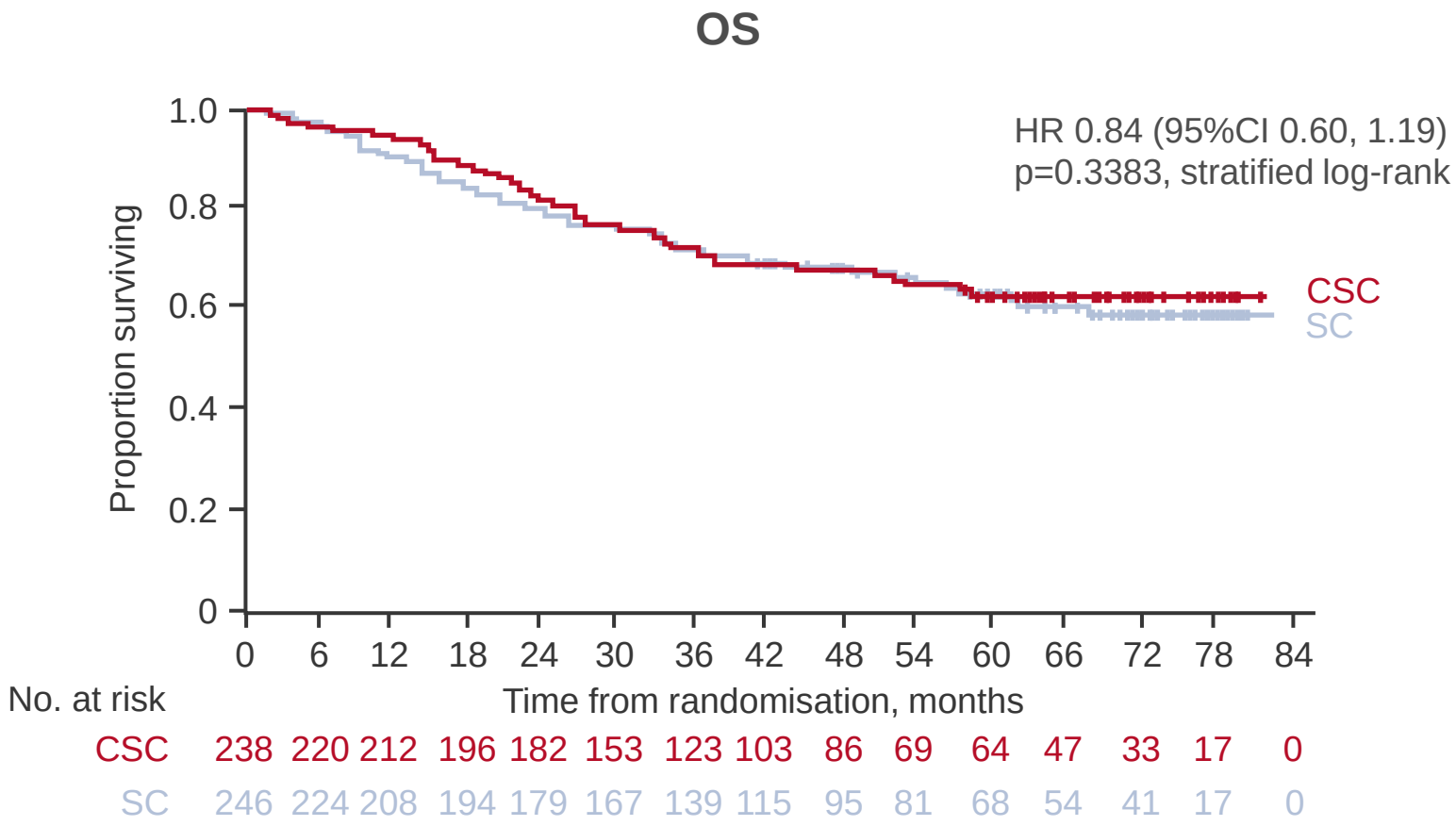
Key results (cont.)



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Key results (cont.)

	CSC (n=238)	SC (n=246)
O&C or bypass only	3 (1.4)	18 (7.3)
R2 resection	0	7 (2.9)
R1 resection	5 (2.3)	10 (4.1)
R0 resection	**214 (96.4)**	**211 (85.8)**
Total gastrectomy	120 (56.1)*	120 (56.9)
Subtotal gastrectomy	94 (43.9)	91 (43.1)
D2 dissection	210 (98.1)	207 (98.1)
No. of LN dissected, mean (SD)	44.2 (19.5)	50.8 (18.6)

Grade ≥3 TEAEs occurring in ≥5%, n (%)	CSC (n=238)
Haematological	
Neutropenia	30 (12.6)
Febrile neutropenia	22 (9.2)
Gastrointestinal	
Diarrhoea	12 (5.0)
Treatment-related mortalities	2 (0.8)†

Conclusion

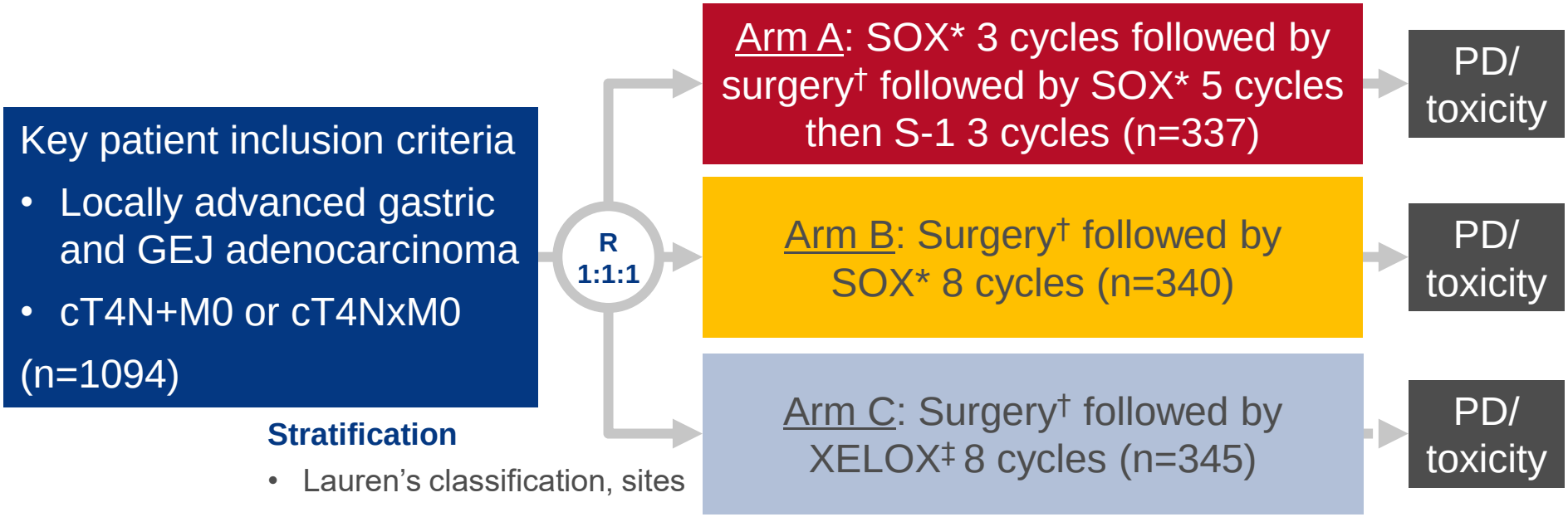
- **In patients with advanced gastric or GEJ cancer, the use of neoadjuvant chemotherapy followed by surgery and adjuvant S-1 demonstrated better R0 resection rates and tumour downstaging as well as improved PFS compared with surgery followed by adjuvant S-1 and was generally well-tolerated**

*p<0.0001; †1 febrile neutropenia associated and 1 unknown cause Kang Y-K, et al. Ann Oncol 2019;30(suppl):abstr LBA41

LBA42: Perioperative chemotherapy of oxaliplatin combined with S-1 (SOX) versus postoperative chemotherapy of SOX or oxaliplatin with capecitabine (XELOX) in locally advanced gastric adenocarcinoma with D2 gastrectomy: A randomized phase III trial (RESOLVE trial) – Ji J, et al

Study objective

- To investigate the efficacy and safety of perioperative chemotherapy with SOX compared with postoperative chemotherapy with SOX or XELOX in patients with locally advanced gastric cancer



PRIMARY ENDPOINT

- 3-year DFS

SECONDARY ENDPOINTS

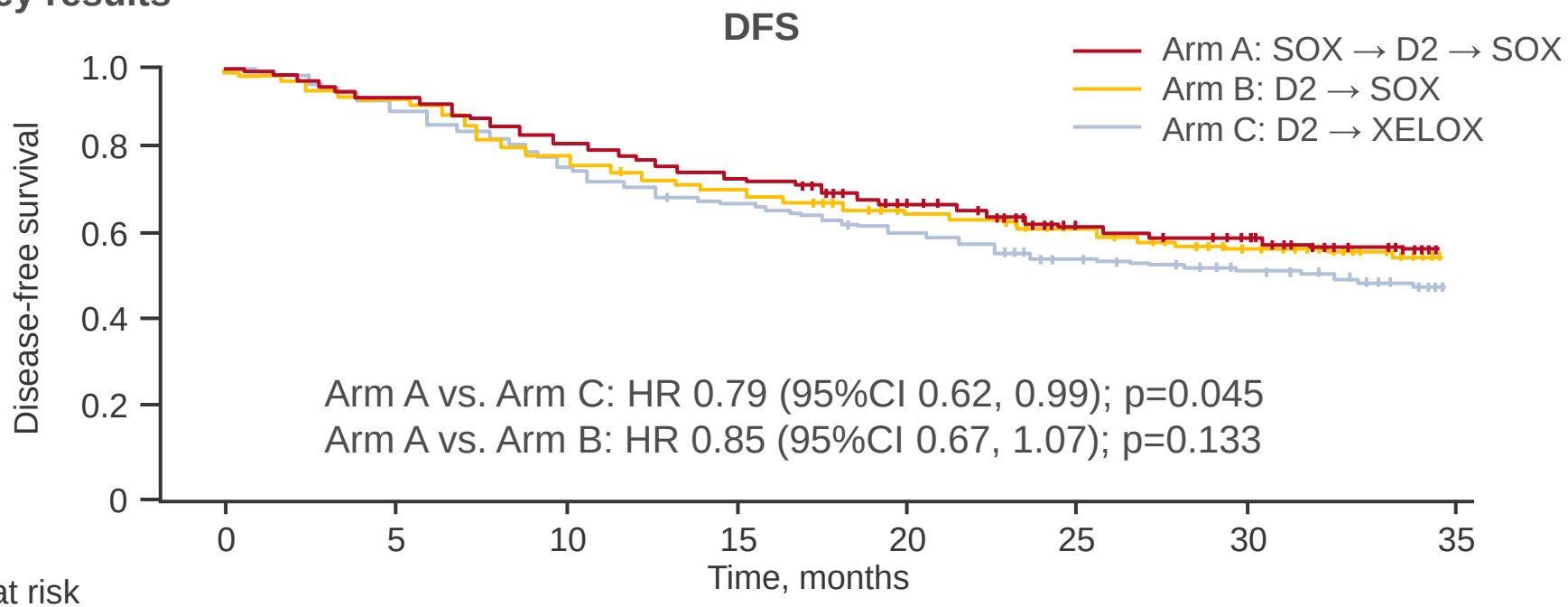
- 5-year OS, safety

*S-1 40–60 mg bid D1–14 + oxaliplatin 130 mg/mg^2 iv D1 q3w; †D2 gastrectomy; ‡capecitabine 1000 mg/m^2 bid D1–14 + oxaliplatin 130 mg/m^2 iv D1 q3w

Ji J, et al. Ann Oncol 2019;30(suppl):abstr LBA42

LBA42: Perioperative chemotherapy of oxaliplatin combined with S-1 (SOX) versus postoperative chemotherapy of SOX or oxaliplatin with capecitabine (XELOX) in locally advanced gastric adenocarcinoma with D2 gastrectomy: A randomized phase III trial (RESOLVE trial) – Ji J, et al

Key results



No. at risk

Arm A	337	307	277	248	223	181	156	117
Arm B	340	309	268	237	215	188	168	123
Arm C	345	314	267	228	206	171	149	116

	Arm A: SOX→ D2 → SOX	Arm B: D2 → SOX	Arm C: D2 → XELOX
3-year DFS, %	62.02	60.29	54.78

Ji J, et al. Ann Oncol 2019;30(suppl):abstr LBA42

LBA42: Perioperative chemotherapy of oxaliplatin combined with S-1 (SOX) versus postoperative chemotherapy of SOX or oxaliplatin with capecitabine (XELOX) in locally advanced gastric adenocarcinoma with D2 gastrectomy: A randomized phase III trial (RESOLVE trial) – Ji J, et al

Key results (cont.)

Chemotherapy-related AEs, n (%)	Arm A (n=337)	Arm B (n=340)	Arm C (n=345)	p-value
Neutropenia	118 (40.0)	85 (36.2)	88 (33.9)	0.322
Leukopenia	85 (28.8)	68 (28.9)	63 (25.2)	0.384
Thrombocytopenia	93 (31.5)	53 (25.6)	37 (14.2)	<0.001
Anaemia	59 (20.0)	39 (16.6)	37 (14.2)	0.198
Nausea	48 (16.3)	30 (12.8)	45 (17.3)	0.343
ALT/AST increase	58 (19.7)	28 (11.9)	36 (13.9)	0.036
Fatigue	30 (10.2)	24 (10.2)	20 (7.7)	0.527
Vomiting	30 (10.2)	16 (6.8)	25 (9.6)	0.377
Sensory neuropathy	23 (7.8)	16 (6.8)	21 (8.1)	0.862
Diarrhoea	16 (5.4)	17 (7.2)	11 (4.2)	0.37

Ji J, et al. Ann Oncol 2019;30(suppl):abstr LBA42

LBA42: Perioperative chemotherapy of oxaliplatin combined with S-1 (SOX) versus postoperative chemotherapy of SOX or oxaliplatin with capecitabine (XELOX) in locally advanced gastric adenocarcinoma with D2 gastrectomy: A randomized phase III trial (RESOLVE trial) – Ji J, et al

Conclusions

- In patients with locally advanced gastric cancer, perioperative chemotherapy followed surgery and postoperative chemotherapy demonstrated significant improvement in DFS compared with postoperative XELOX while postoperative SOX was found to be non-inferior to postoperative XELOX
- Both perioperative and postoperative SOX showed no differences to postoperative XELOX with regards to surgical morbidity, mortality and safety

Ji J, et al. Ann Oncol 2019;30(suppl):abstr LBA42

LBA43: Randomized phase 3 ANGEL study of rivoceranib (apatinib) + best supportive care (BSC) vs placebo + BSC in patients with advanced/metastatic gastric cancer who failed ≥2 prior chemotherapy regimens – Kang Y-K, et al

Study objective

- To investigate the efficacy and safety of rivoceranib (apatinib) + BSC in patients with previously treated advanced or metastatic gastric cancer

Key patient inclusion criteria

- Advanced/metastatic gastric or GEJ cancer
- Failed ≥2 prior lines of chemotherapy
- ECOG PS ≤1

(n=460)

R 2:1

Rivoceranib 700 mg/day po + BSC (n=308) → **PD*/ toxicity**

Placebo + BSC (n=152) → **PD/ toxicity**

Stratification

- Geographic region (Asia vs. North America/Europe)
- Disease measurability
- Prior ramucirumab use
- Line of therapy (3L vs. ≥4L)

PRIMARY ENDPOINT

- OS

SECONDARY ENDPOINT

- PFS, ORR, DCR, QoL, safety

*Patients permitted to continue treatment beyond PD at the investigators' discretion

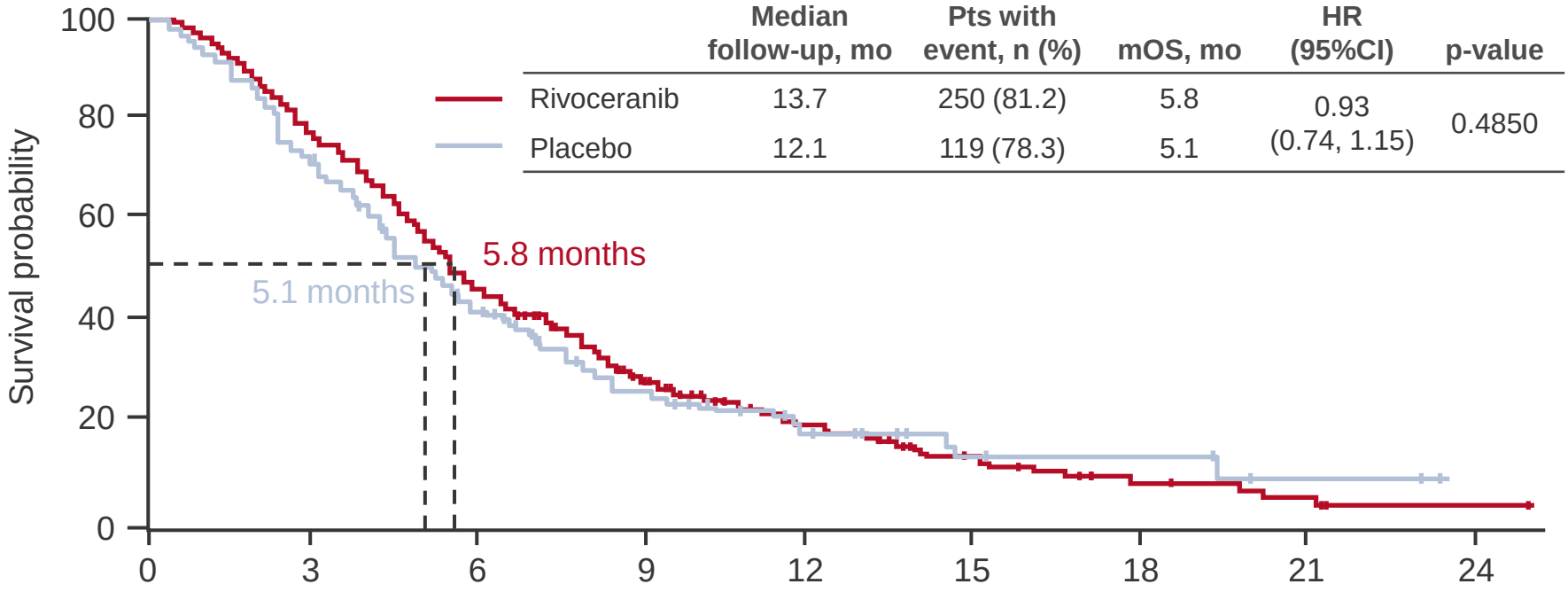
Kang Y-K, et al. Ann Oncol 2019;30(suppl):abstr LBA43

LBA43: Randomized phase 3 ANGEL study of rivoceranib (apatinib) + best supportive care (BSC) vs placebo + BSC in patients with advanced/metastatic gastric cancer who failed ≥2 prior chemotherapy regimens – Kang Y-K, et al

Key results

OS

	Median follow-up, mo	Pts with event, n (%)	mOS, mo	HR (95%CI)	p-value
Rivoceranib	13.7	250 (81.2)	5.8	0.93 (0.74, 1.15)	0.4850
Placebo	12.1	119 (78.3)	5.1		



No. at risk

Rivo	308	239	143	74	32	16	8	5	1
Placebo	152	108	62	30	16	6	5	2	0

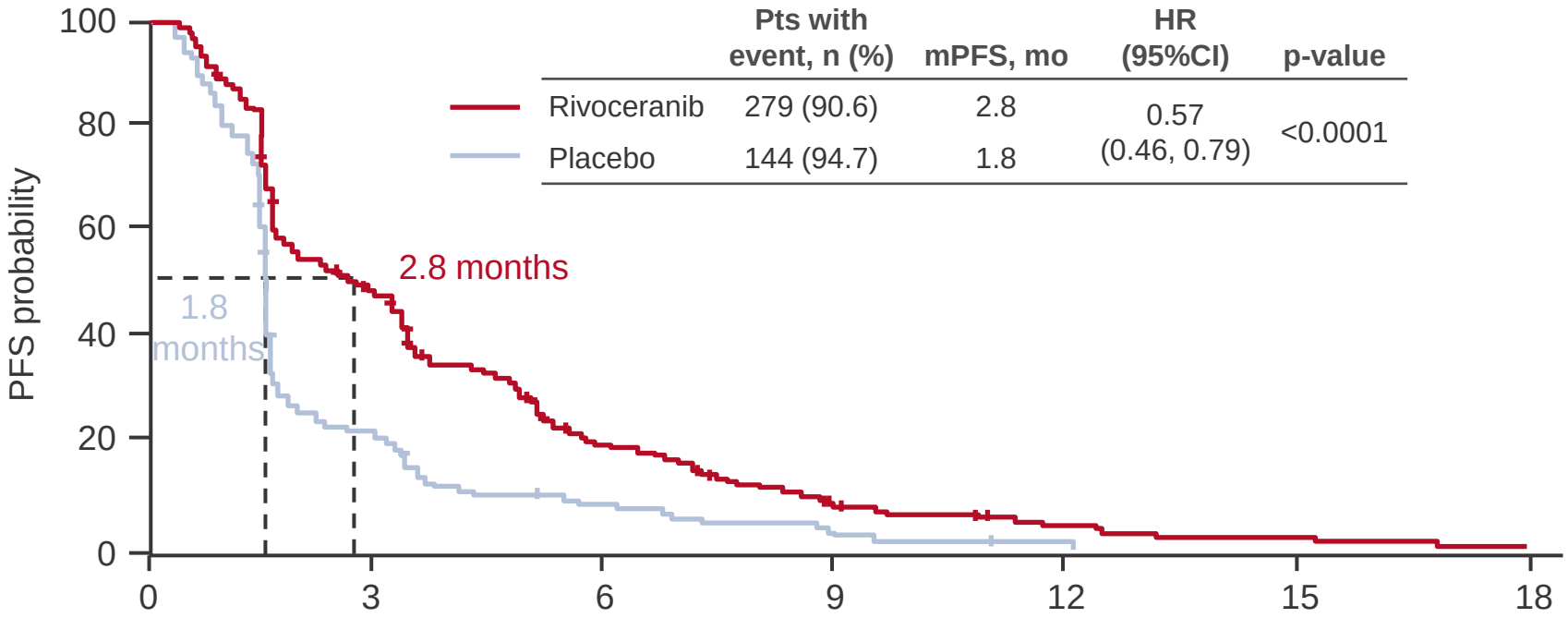
Kang Y-K, et al. Ann Oncol 2019;30(suppl):abstr LBA43

LBA43: Randomized phase 3 ANGEL study of rivoceranib (apatinib) + best supportive care (BSC) vs placebo + BSC in patients with advanced/metastatic gastric cancer who failed ≥2 prior chemotherapy regimens – Kang Y-K, et al

Key results (cont.)

PFS

	Pts with event, n (%)	mPFS, mo	HR (95%CI)	p-value
Rivoceranib	279 (90.6)	2.8	0.57 (0.46, 0.79)	<0.0001
Placebo	144 (94.7)	1.8		



No. at risk							
Rivo	308	145	51	23	6	3	0
Placebo	152	32	10	4	1	0	

Kang Y-K, et al. Ann Oncol 2019;30(suppl):abstr LBA43

LBA43: Randomized phase 3 ANGEL study of rivoceranib (apatinib) + best supportive care (BSC) vs placebo + BSC in patients with advanced/metastatic gastric cancer who failed ≥2 prior chemotherapy regimens – Kang Y-K, et al

Key results (cont.)

Grade ≥3 TEAEs occurring in ≥5%, n (%)	Rivoceranib + BSC (n=307)	Placebo + BSC (n=151)
Hypertension	55 (17.9)	0 (0)
Proteinuria	23 (7.5)	0 (0)
Decreased appetite	22 (7.2)	7 (4.6)
Asthenia	26 (8.5)	15 (9.9)
Abdominal pain	22 (7.2)	7 (4.6)
Anaemia	30 (9.8)	24 (15.9)

Conclusion

- **In patients with previously treated advanced or metastatic gastric cancer, rivoceranib did not significantly improve OS, but did demonstrate significant improvements in other outcomes (PFS, ORR, DCR) and was generally well tolerated**

Kang Y-K, et al. Ann Oncol 2019;30(suppl):abstr LBA43

LBA44: Pembrolizumab with or without chemotherapy vs chemotherapy in patients with advanced G/GEJ cancer (GC) including outcomes according to microsatellite instability-high (MSI-H) status in KEYNOTE-062 – Shitara K, et al

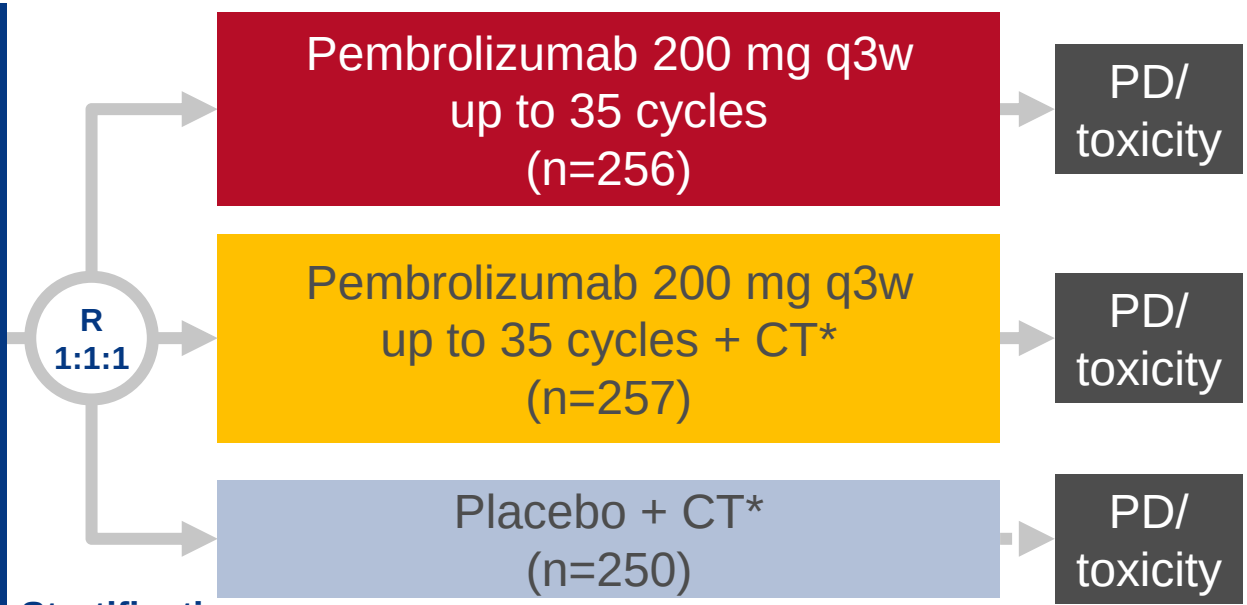
Study objective

- To investigate the efficacy and safety of pembrolizumab with or without CT vs. CT alone in patients with advanced gastric and GEJ adenocarcinoma according to MSI-H status

Key patient inclusion criteria

- Locally advanced, unresectable or metastatic gastric and GEJ adenocarcinoma
- HER2/neu negative, PD-L1-positive disease (CPS ≥1)
- ECOG PS 0–1

(n=763)



Stratification

- Region; locally advanced or metastatic disease; 5FU or capecitabine

PRIMARY ENDPOINTS

- OS, PFS

SECONDARY ENDPOINTS

- ORR, safety

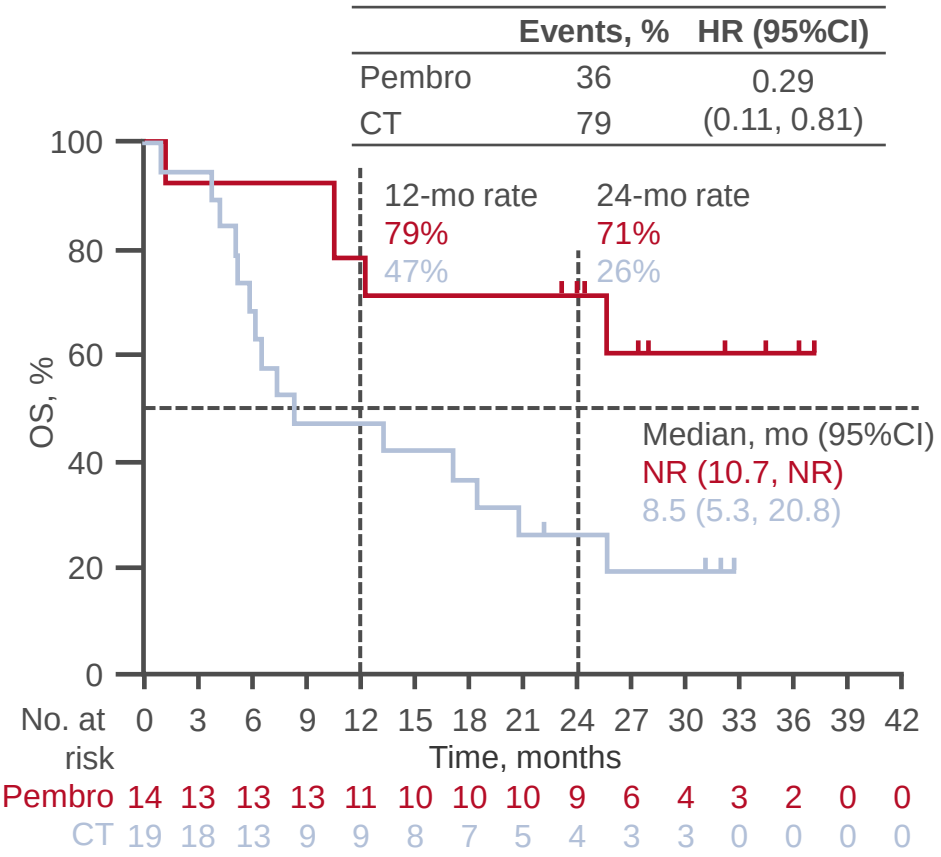
*Cisplatin 80 mg/m^2 q3w + 5FU 800 mg/m^2/day for 5 days q3w (cisplatin may be capped at 6 cycles per country guidelines) or capecitabine bid D1–14 q3w

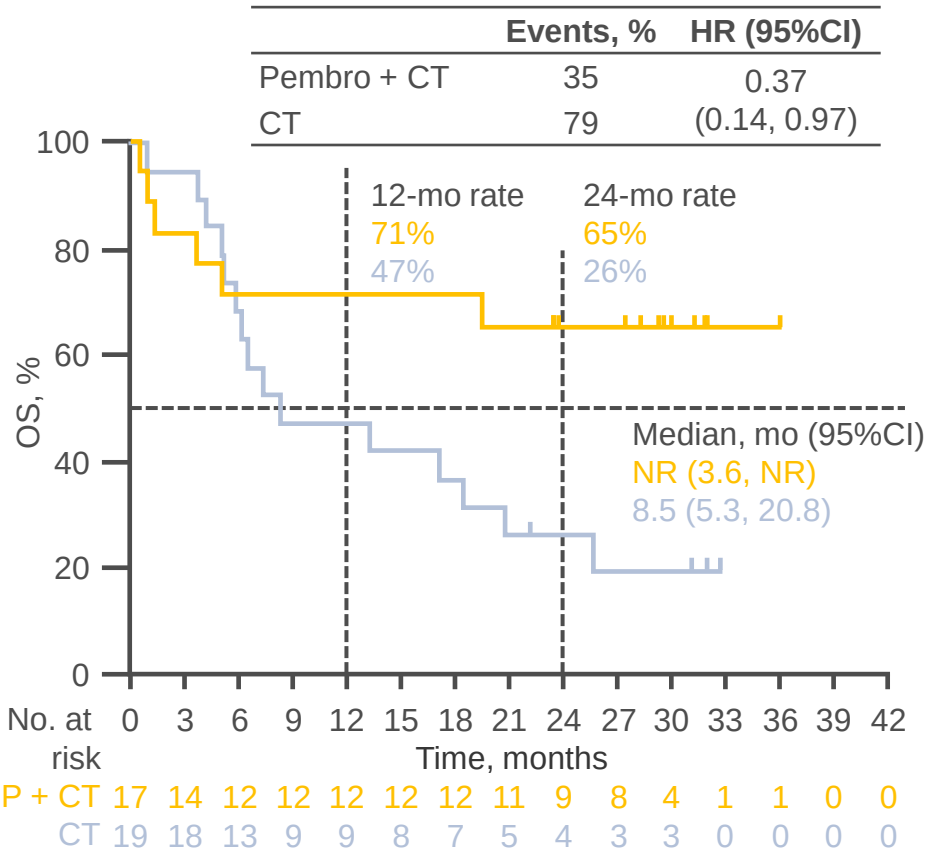
Shitara K, et al. Ann Oncol 2019;30(suppl):abstr LBA44

LBA44: Pembrolizumab with or without chemotherapy vs chemotherapy in patients with advanced G/GEJ cancer (GC) including outcomes according to microsatellite instability-high (MSI-H) status in KEYNOTE-062 – Shitara K, et al

Key results

OS in CPS ≥1 and MSI-H subgroup





- In the CPS ≥1 and non-MSI-H subgroup, mOS was 9.5 vs. 11.2 months (HR 0.94 [95%CI 0.77, 1.14) for pembrolizumab vs. chemotherapy, respectively

Shitara K, et al. Ann Oncol 2019;30(suppl):abstr LBA44

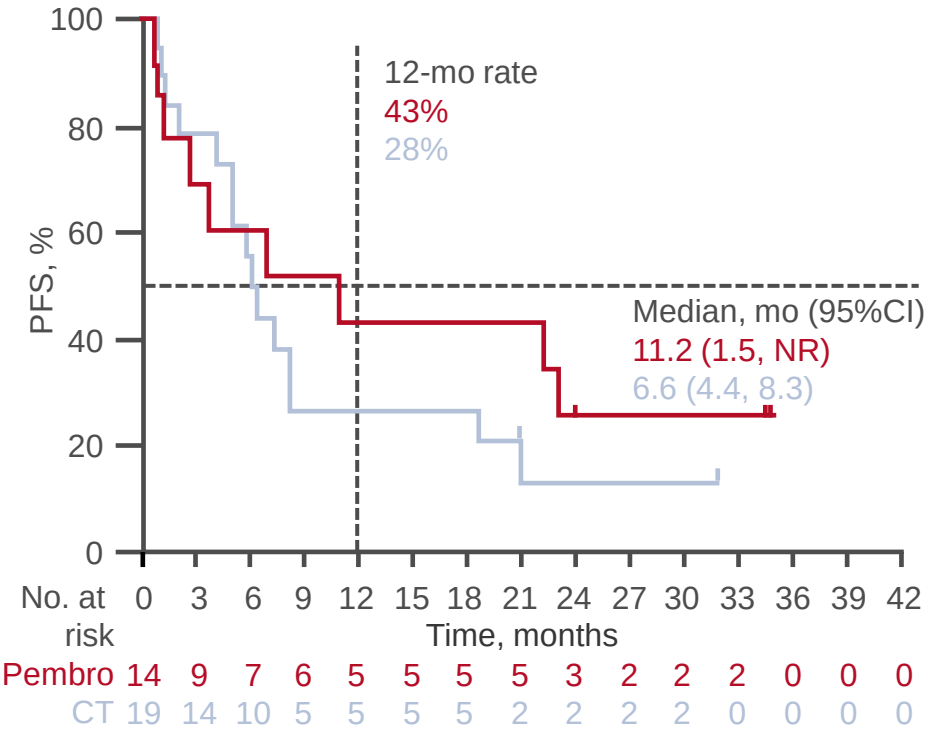
LBA44: Pembrolizumab with or without chemotherapy vs chemotherapy in patients with advanced G/GEJ cancer (GC) including outcomes according to microsatellite instability-high (MSI-H) status in KEYNOTE-062 – Shitara K, et al

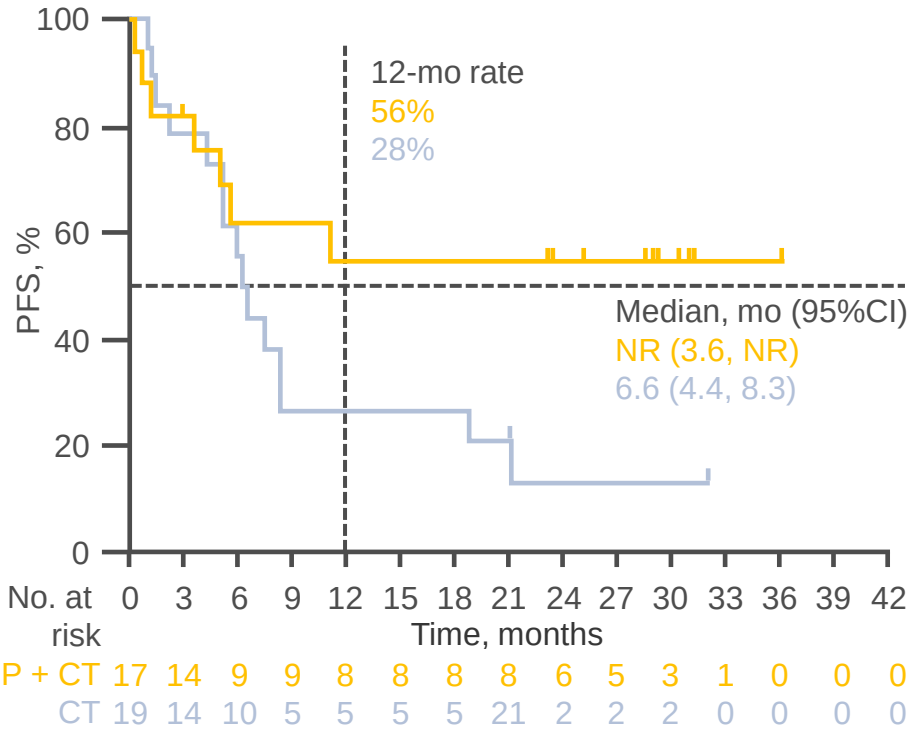
Key results (cont.)

PFS in CPS ≥1 and MSI-H subgroup

	Events, %	HR (95%CI)
Pembro	64	0.72
CT	79	(0.31, 1.68)

	Events, %	HR (95%CI)
Pembro + CT	41	0.45
CT	79	(0.18, 1.11)





Shitara K, et al. Ann Oncol 2019;30(suppl):abstr LBA44

LBA44: Pembrolizumab with or without chemotherapy vs chemotherapy in patients with advanced G/GEJ cancer (GC) including outcomes according to microsatellite instability-high (MSI-H) status in KEYNOTE-062 – Shitara K, et al

Key results (cont.)

Outcomes for CPS ≥1 + MSI-H subgroup	OS		PFS		ORR, %	DoR, months (range)
	Months	HR (95%CI)*	Months	HR (95%CI)*		
Pembrolizumab	NR	0.29 (0.11, 0.81)	11.2	0.72 (0.31, 1.68)	57.1	21.2 (1.4+–33.6+)
Pembrolizumab + CT	NR	0.37 (0.14, 0.97)	NR	0.45 (0.18, 1.11)	64.7	NR (1.6+–354.5+)
Chemotherapy	8.5		6.6		36.8	7.0 (2.0–30.4+)

- In the CPS ≥10 and MSI-H subgroup, mOS was NR vs. 13.6 months (HR 0.21 [95%CI 0.06, 0.83]) for pembrolizumab vs. chemotherapy, respectively
- In the CPS ≥10 and non-MSI-H subgroup, mOS was 16.0 vs. 10.8 months (HR 0.76 [95%CI 0.54, 1.09]) for pembrolizumab vs. chemotherapy, respectively
- In the CPS ≥10 and MSI-H subgroup, mOS was NR vs. 13.6 months (HR 0.26 [95%CI 0.07, 0.99]) for pembrolizumab + chemotherapy vs. chemotherapy, respectively

Conclusion

- **In patients with advanced gastric or GEJ cancer and MSI-H tumours, pembrolizumab with or without chemotherapy demonstrated better efficacy outcomes in both the CPS ≥1 and CPS ≥10 subgroups compared with chemotherapy alone**

*Comparison with chemotherapy

Shitara K, et al. Ann Oncol 2019;30(suppl):abstr LBA44

LBA45: Health-related quality of life (HRQoL) impact of pembrolizumab (P) versus chemotherapy (C) as first-line (1L) treatment in PD-L1–positive advanced gastric or gastroesophageal junction (G/GEJ) adenocarcinoma – Van Cutsem E, et al

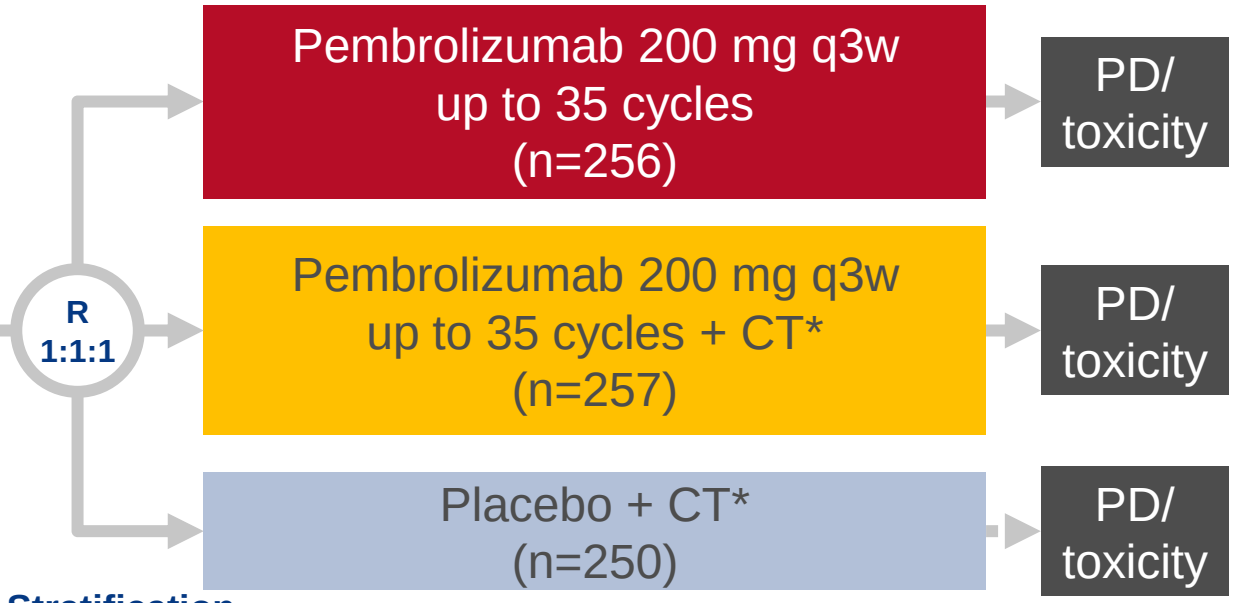
Study objective

- To investigate the HRQoL in patients with PD-L1-positive advanced gastric or GEJ adenocarcinoma receiving 1L pembrolizumab with or without CT vs. CT alone

Key patient inclusion criteria

- Locally advanced, unresectable or metastatic gastric and GEJ adenocarcinoma
- HER2/neu negative, PD-L1-positive disease (CPS ≥1)
- ECOG PS 0–1

(n=763)



Stratification

- Region; locally advanced or metastatic disease; 5FU or capecitabine

PRIMARY ENDPOINTS

- OS, PFS

SECONDARY ENDPOINTS

- ORR, safety, HRQoL

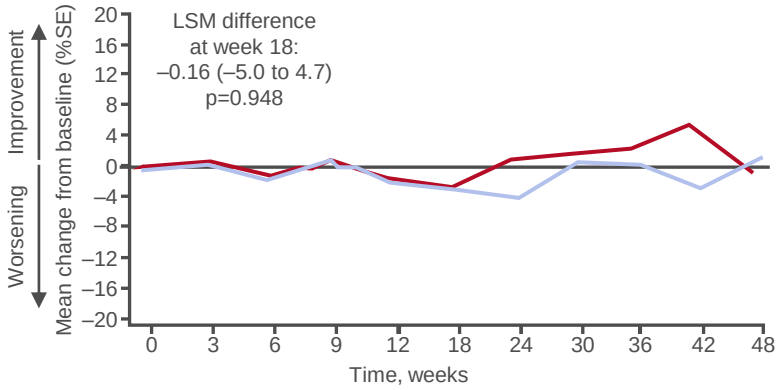
*Cisplatin 80 mg/m^2 q3w + 5FU 800 mg/m^2/day for 5 days q3w (cisplatin may be capped at 6 cycles per country guidelines) or capecitabine bid D1–14 q3w

Van Cutsem E, et al. Ann Oncol 2019;30(suppl):abstr LBA45

LBA45: Health-related quality of life (HRQoL) impact of pembrolizumab (P) versus chemotherapy (C) as first-line (1L) treatment in PD-L1–positive advanced gastric or gastroesophageal junction (G/GEJ) adenocarcinoma – Van Cutsem E, et al

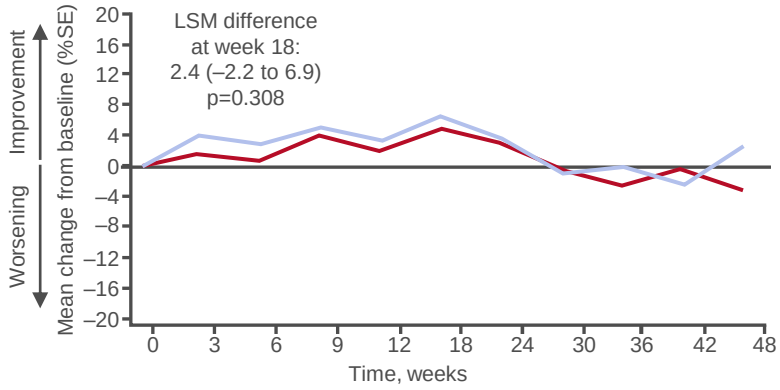
Key results

QLQ-C30 Global Health Score/QoL



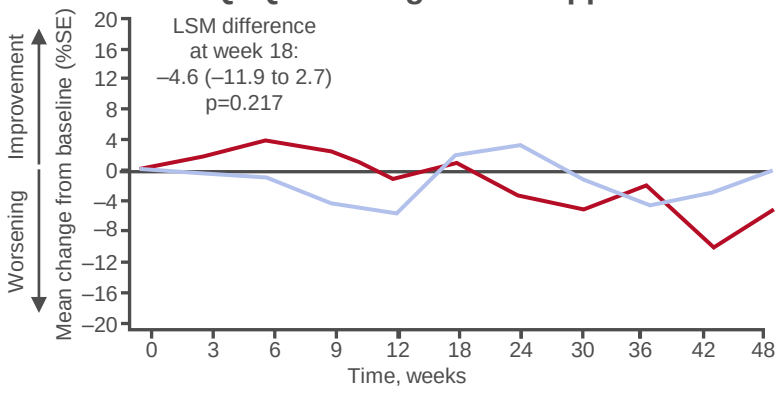
Pembro	239	210	182	144	134	98	63	58	48	47	45
CT	234	214	175	161	174	134	108	80	65	45	42

QLQ-C30 symptom scale: Nausea/vomiting



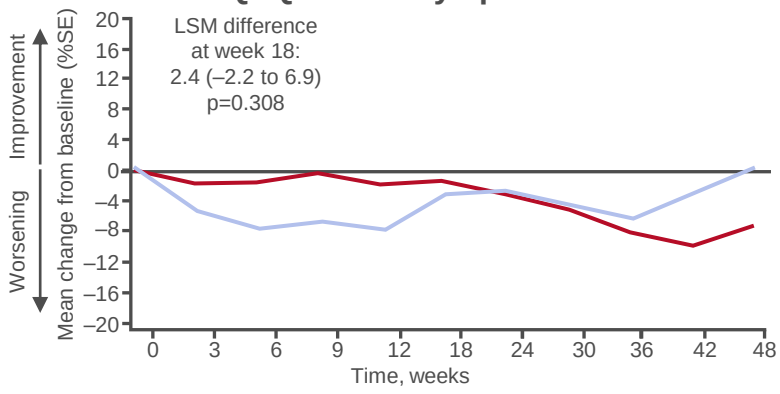
Pembro	239	210	182	144	134	98	63	58	48	43	45
CT	234	214	175	161	174	134	108	80	65	45	42

QLQ-C30 single item: Appetite loss



Pembro	239	210	182	144	134	98	63	58	48	43	45
CT	234	214	175	161	174	134	108	80	65	46	42

QLQ-STO22 symptom scale: Pain

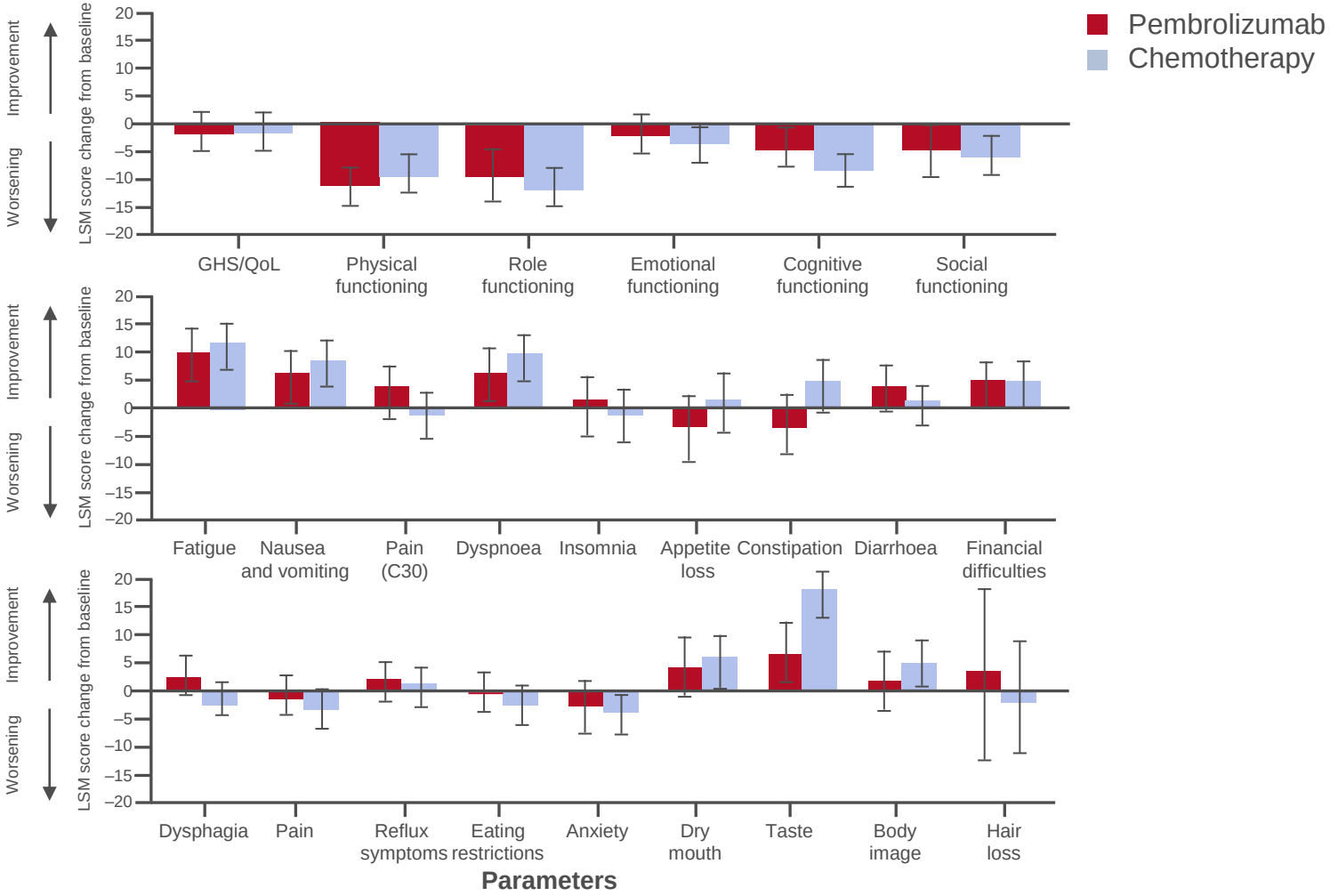


Pembro	239	210	182	144	134	98	63	58	48	43	45
CT	234	214	175	161	174	134	108	80	65	46	42

Van Cutsem E, et al. Ann Oncol 2019;30(suppl):abstr LBA45

LBA45: Health-related quality of life (HRQoL) impact of pembrolizumab (P) versus chemotherapy (C) as first-line (1L) treatment in PD-L1–positive advanced gastric or gastroesophageal junction (G/GEJ) adenocarcinoma – Van Cutsem E, et al

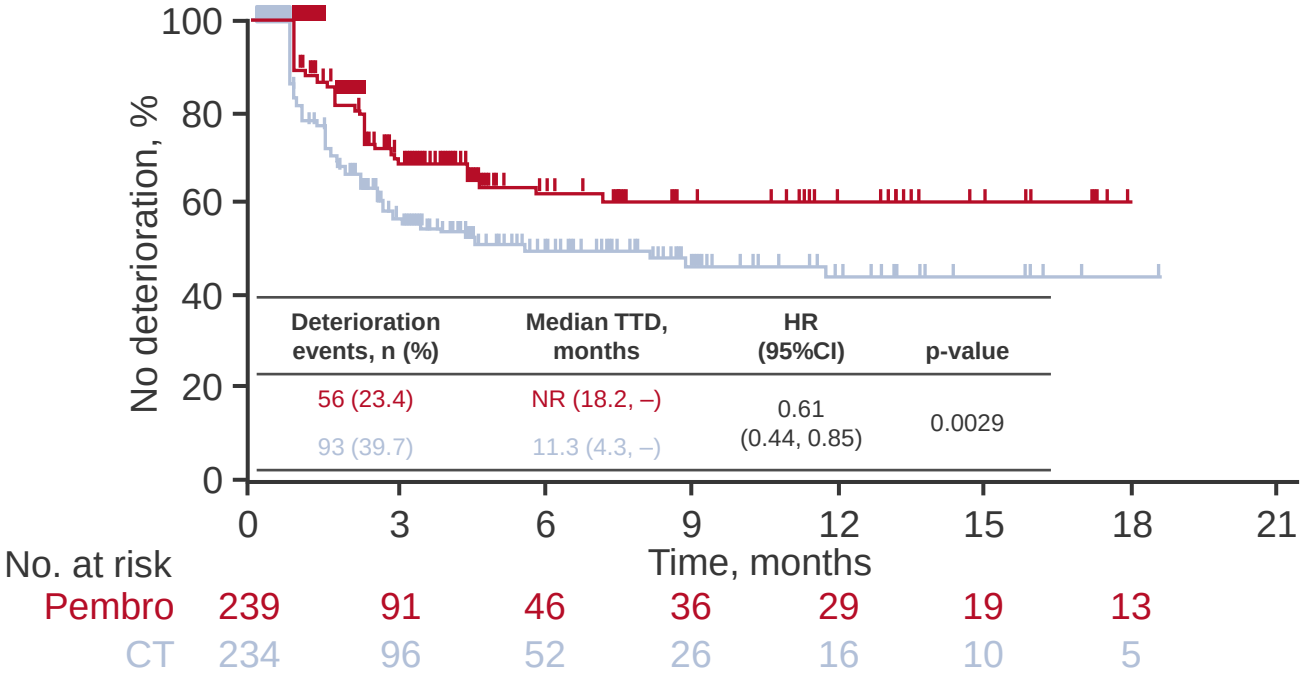
Key results (cont.)



Van Cutsem E, et al. Ann Oncol 2019;30(suppl):abstr LBA45

LBA45: Health-related quality of life (HRQoL) impact of pembrolizumab (P) versus chemotherapy (C) as first-line (1L) treatment in PD-L1–positive advanced gastric or gastroesophageal junction (G/GEJ) adenocarcinoma – Van Cutsem E, et al

Key results (cont.)



Conclusion

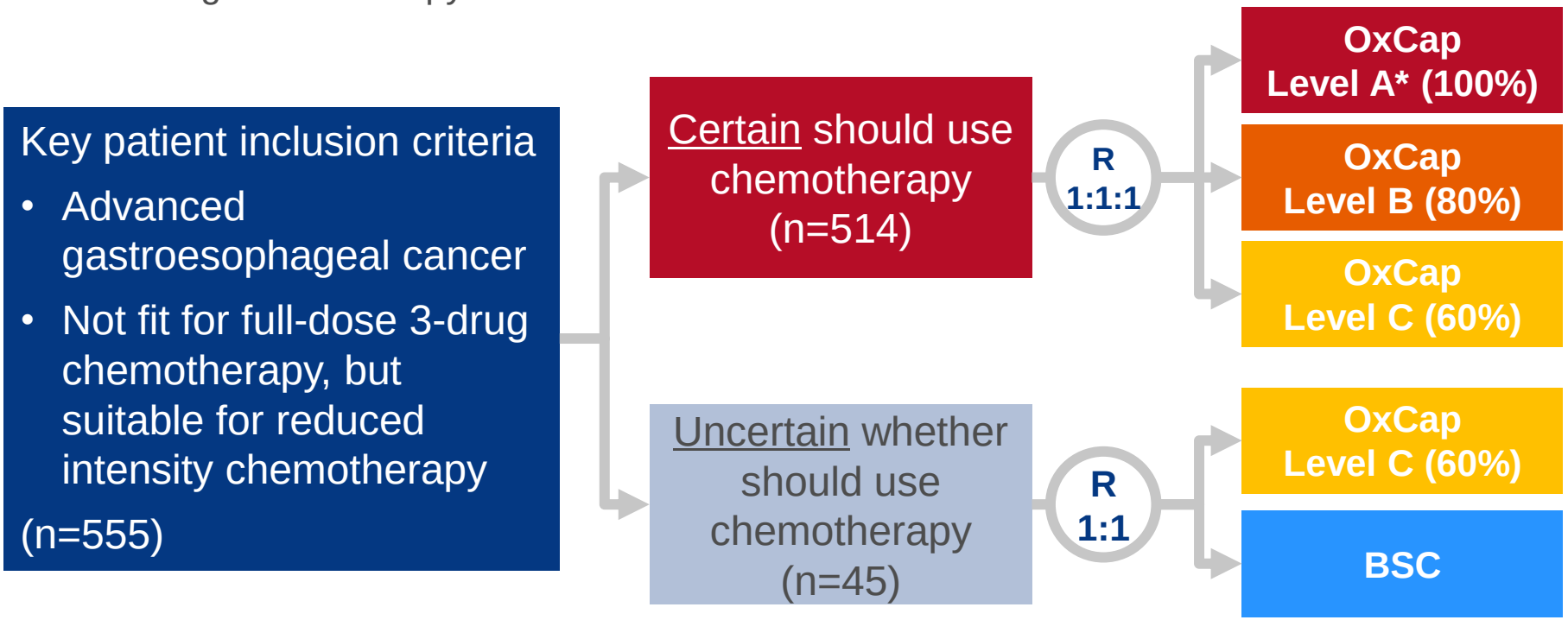
- **In patients with advanced gastric or GEJ cancer, IL pembrolizumab demonstrated similar HRQoL to chemotherapy apart from a significantly longer time to deterioration in the QLQ-C30 nausea/vomiting subscale**

Van Cutsem E, et al. Ann Oncol 2019;30(suppl):abstr LBA45

LBA46: Chemotherapy for frail and elderly patients (pts) with advanced gastroesophageal cancer (aGOAC): Quality of life (QoL) results from the GO2 phase III trial – Hall P, et al

Study objective

- To investigate the QoL in frail and elderly patients with advanced gastroesophageal cancer receiving chemotherapy



PRIMARY ENDPOINT

- 3-year PFS (FAS)

SECONDARY ENDPOINTS

- R0 resection rate, postoperative pathological stage, OS, safety

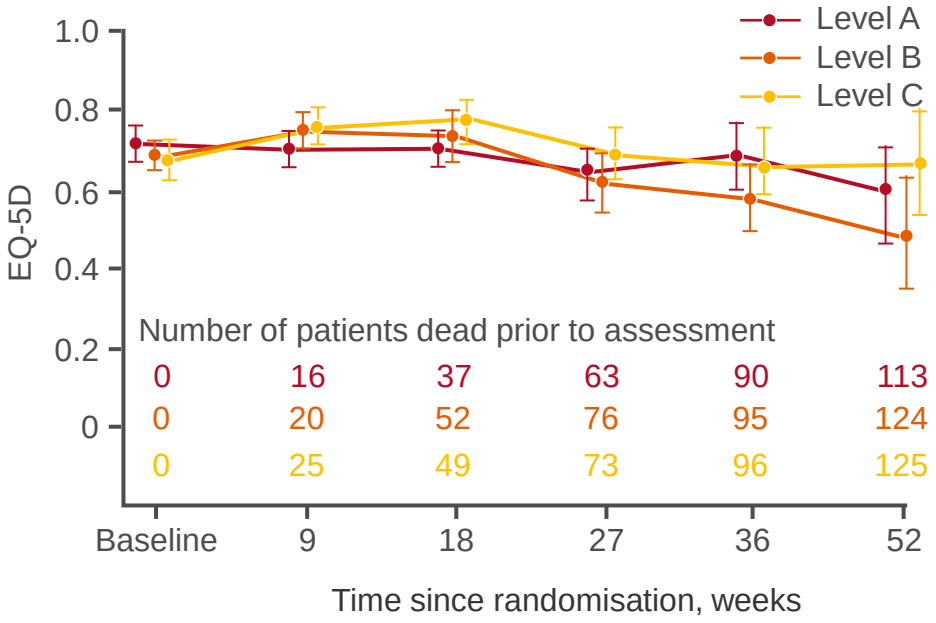
*Oxaliplatin 130 mg/m^2 D1 q3w + capecitabine 625 mg/m^2 bid continuous until progression

Hall P, et al. Ann Oncol 2019;30(suppl):abstr LBA46

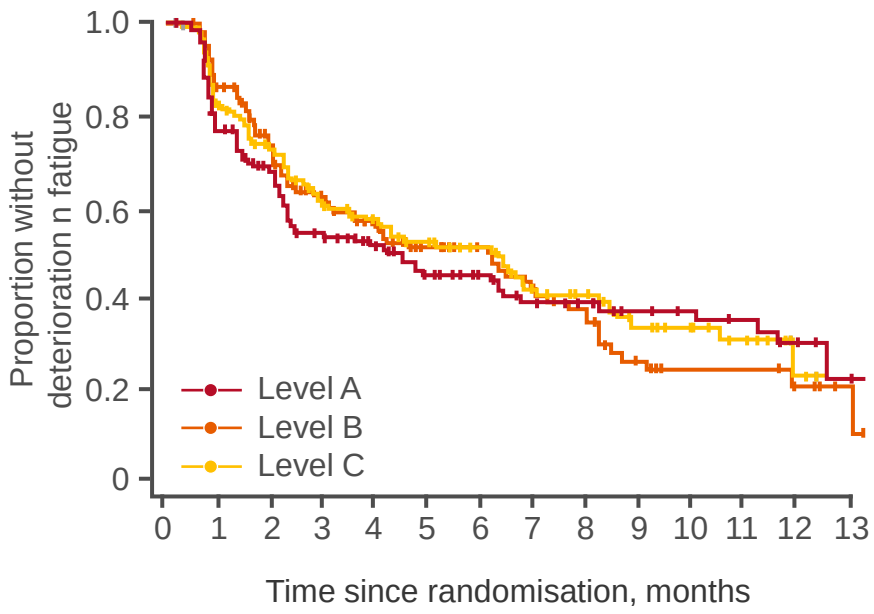
LBA46: Chemotherapy for frail and elderly patients (pts) with advanced gastroesophageal cancer (aGOAC): Quality of life (QoL) results from the GO2 phase III trial – Hall P, et al

Key results

Quality of life (EQ-5D)



Time to deterioration of fatigue

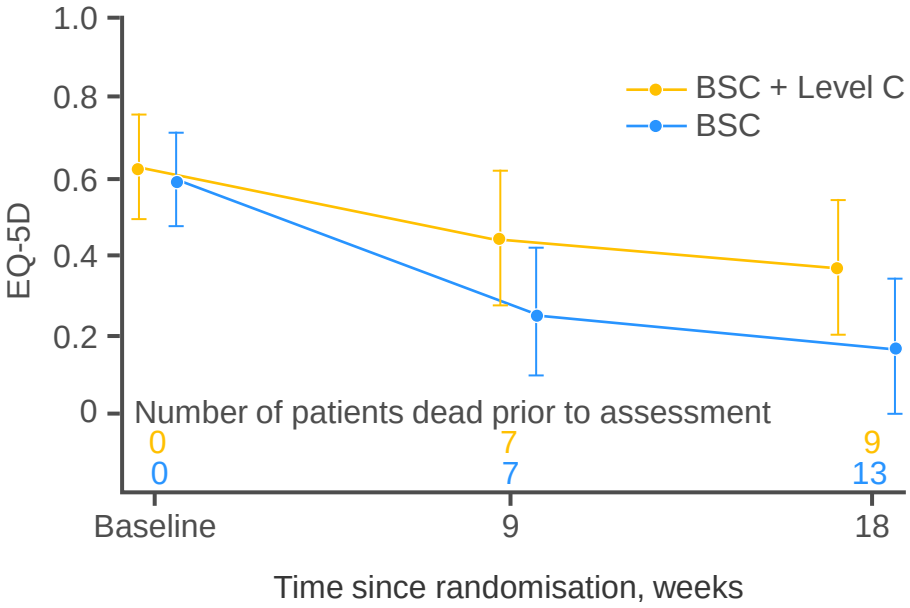


Hall P, et al. Ann Oncol 2019;30(suppl):abstr LBA46

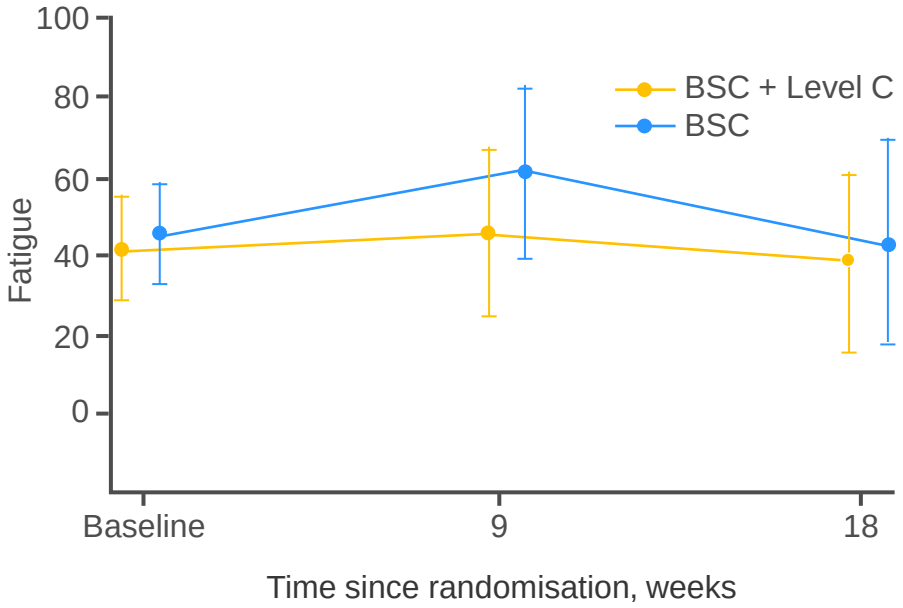
LBA46: Chemotherapy for frail and elderly patients (pts) with advanced gastroesophageal cancer (aGOAC): Quality of life (QoL) results from the GO2 phase III trial – Hall P, et al

Key results (cont.)

Quality of life (EQ-5D)



Fatigue (EORTC)



Conclusion

- **In frail and elderly patients with advanced gastroesophageal cancer, the use of low-dose treatment may be used for those unable to receive full-dose regimen without impacting cancer control, QoL, survival or fatigue**

Hall P, et al. Ann Oncol 2019;30(suppl):abstr LBA46

CANCERS OF THE PANCREAS, SMALL BOWEL AND HEPATOBILIARY TRACT

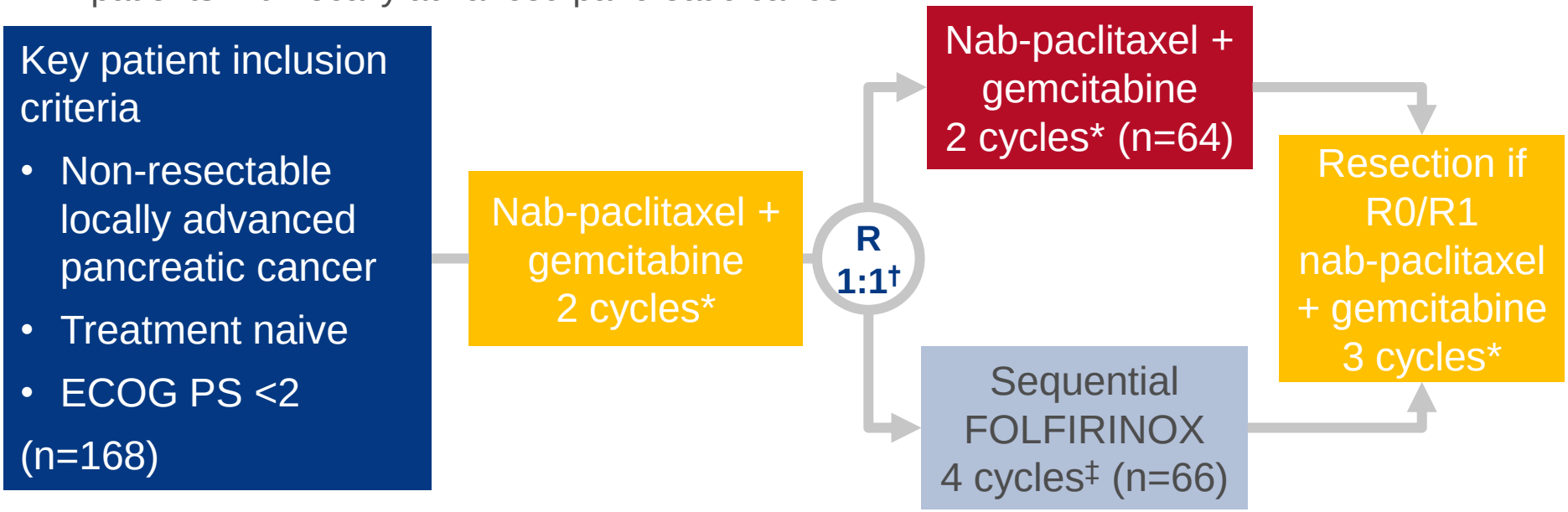
Cancers of the pancreas, small bowel and hepatobiliary tract

PANCREATIC CANCER

671O: Conversion rate in locally advanced pancreatic cancer (LAPC) after nab-paclitaxel/gemcitabine- or FOLFIRINOX-based induction chemotherapy (NEOLAP) - Final results of a multicenter randomised phase 2 AIO trial – Kunzmann V, et al

Study objective

- To investigate the efficacy and safety of preoperative induction chemotherapy with nab-paclitaxel + gemcitabine followed by nab-paclitaxel + gemcitabine or FOLFIRINOX in patients with locally advanced pancreatic cancer



PRIMARY ENDPOINT

- Conversion rate (R0/R1 resection)

SECONDARY ENDPOINTS

- ORR, DCR, RFS, OS, PFS, safety

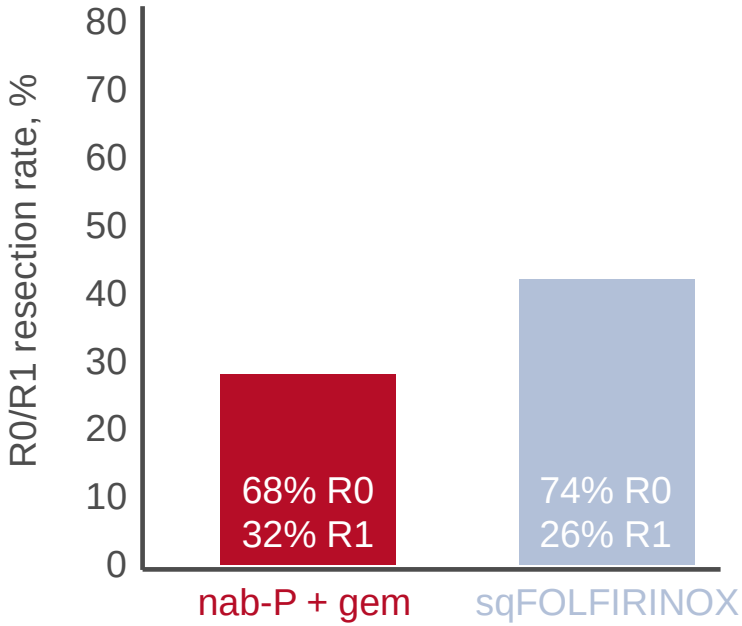
*Nab-paclitaxel 125 mg/m^2 + gemcitabine 1000 mg on D1, 8, 15 q4w;
†randomised if no progressive disease or unacceptable toxicity;
‡oxaliplatin 85 mg/m^2, irinotecan 180 mg/m^2, leucovorin 400 mg/m^2, 5FU 400 mg/m^2 bolus then 2400 mg/m^2 D1 q2w

Kunzmann V, et al. Ann Oncol 2019;30(suppl):abstr 671O

671O: Conversion rate in locally advanced pancreatic cancer (LAPC) after nab-paclitaxel/gemcitabine- or FOLFIRINOX-based induction chemotherapy (NEOLAP) - Final results of a multicenter randomised phase 2 AIO trial – Kunzmann V, et al

Key results

Conversion rate



	Events/ N	Resection rate, %	95%CI
nab-P + gem	19/62	30.6	19.6, 43.7
sqFOLFIRINOX	27/60	45.0	32.1, 58.4
	Odds ratio 0.54 (95%CI 0.26, 1.13) p=0.135		
Overall (ITT)	46/165	27.9	

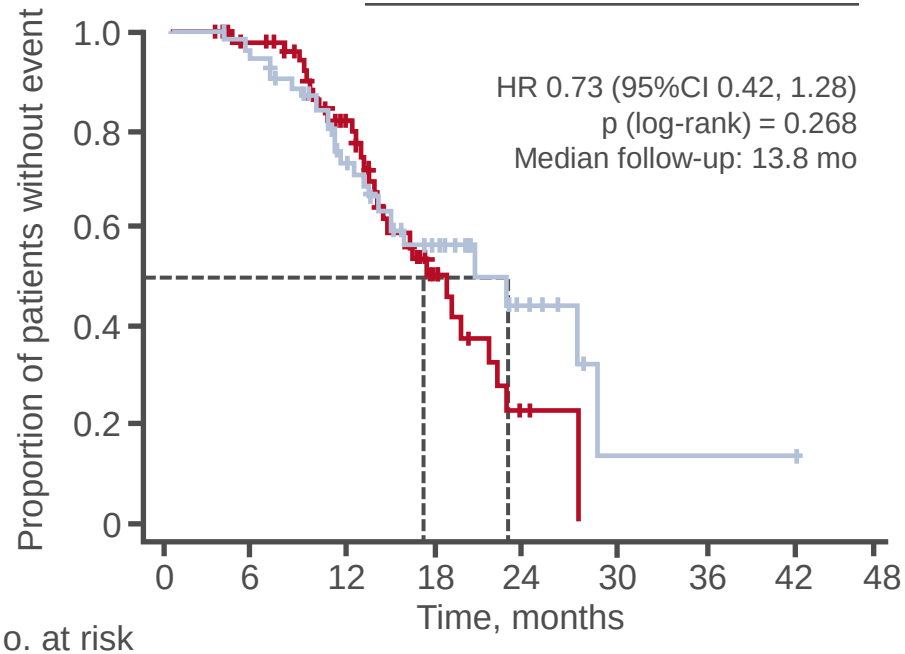
Kunzmann V, et al. Ann Oncol 2019;30(suppl):abstr 671O

671O: Conversion rate in locally advanced pancreatic cancer (LAPC) after nab-paclitaxel/gemcitabine- or FOLFIRINOX-based induction chemotherapy (NEOLAP) - Final results of a multicenter randomised phase 2 AIO trial – Kunzmann V, et al

Key results (cont.)

OS

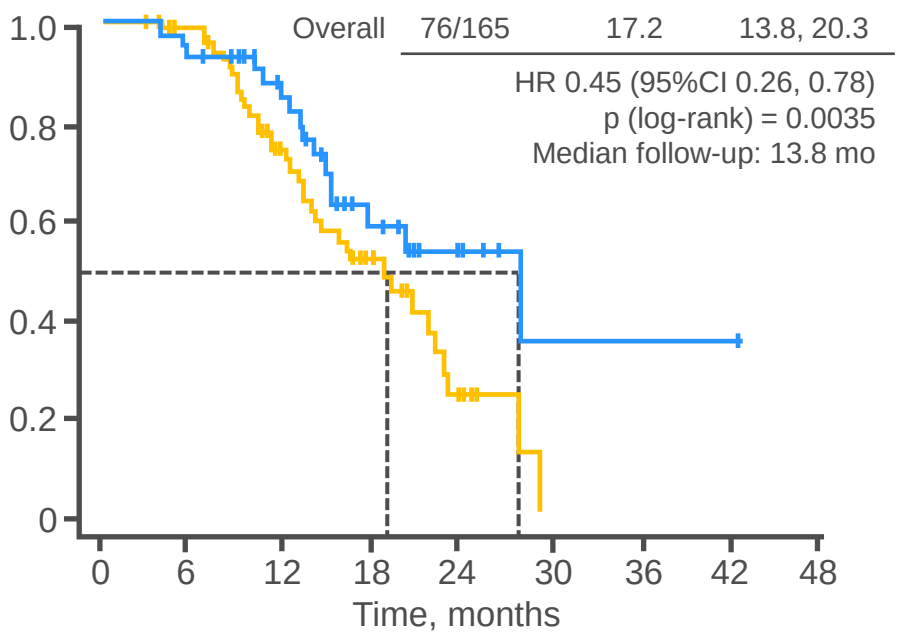
	Events/ N	Median, months	95%CI
FOLFIRINOX	24/60	22.5	14.7, 28.7
nab-P + gem	28/62	17.2	14.2, 21.9



No. at risk

FOLFIRINOX	60	53	33	16	6	1	1	1	0
nab-P + gem	62	56	34	12	2	0			

	Events/ N	Median, months	95%CI
Resected (R0/R1)	16/46	27.4	14.7, NR
Not resected	60/119	14.2	12.2, 18.8
Overall	76/165	17.2	13.8, 20.3



Yes	46	43	30	14	5	1	1	1	0
No	76	66	37	16	3	0			

Kunzmann V, et al. Ann Oncol 2019;30(suppl):abstr 671O

671O: Conversion rate in locally advanced pancreatic cancer (LAPC) after nab-paclitaxel/gemcitabine- or FOLFIRINOX-based induction chemotherapy (NEOLAP) - Final results of a multicenter randomised phase 2 AIO trial – Kunzmann V, et al

Key results (cont.)

Grade ≥3 TEAEs occurring in ≥5%, n (%)	Nab-paclitaxel + gemcitabine (n=64)	Sequential FOLFIRINOX (n=66)
Haematological		
Neutropenia	23 (35.9)	20 (30.3)
Anaemia	4 (6.3)	2 (3.0)
Non-haematological		
Bile duct obstruction without cholangitis	6 (9.4)	7 (10.6)
Nausea/vomiting	2 (3.1)	8 (12.1)
Febrile infections	5 (7.8)	3 (4.5)
Malnutrition (cachexia/inappetence)	-	4 (6.1)
Fatigue/asthenia	2 (3.1)	5 (7.6)

Conclusion

- **In patients with locally advanced pancreatic cancer, nab-paclitaxel + gemcitabine followed by FOLFIRINOX demonstrated a higher secondary resection rate that contributed to a doubling in OS compared with nab-paclitaxel + gemcitabine and both regimens were generally well-tolerated**

Kunzmann V, et al. Ann Oncol 2019;30(suppl):abstr 671O

673PD: Nab-paclitaxel (Nab) plus gemcitabine (G) is more effective than G alone in locally advanced, unresectable pancreatic cancer (LAUPC): the GAP trial, a GISCAD phase II comparative randomized trial – Cascinu S, et al

Study objective

- To investigate the efficacy and safety of nab-paclitaxel + gemcitabine in patients with unresectable locally advanced pancreatic cancer

Key patient inclusion criteria

- Unresectable locally advanced pancreatic cancer
- Treatment naive
- ECOG PS 0–1

(n=124)

R 1:1

Arm A: Nab-paclitaxel 125 mg/day + gemcitabine 1000 mg D1, 8, 15 q4w for 3 cycles (n=63)

Arm B: Gemcitabine 1000 mg D1, 8, 15 q4w for 3 cycles (n=57)

No PD

Capecitabine + radiotherapy for 5 weeks

2L treatment

PRIMARY ENDPOINT

- Disease progression rate (RECIST v1.1) after 3 cycles

SECONDARY ENDPOINTS

- PFS, OS, safety

Cascinu S, et al. Ann Oncol 2019;30(suppl):abstr 673PD

673PD: Nab-paclitaxel (Nab) plus gemcitabine (G) is more effective than G alone in locally advanced, unresectable pancreatic cancer (LAUPC): the GAP trial, a GISCAD phase II comparative randomized trial – Cascinu S, et al

Key results

	Nab-paclitaxel + gemcitabine (n=63)	Gemcitabine (n=57)
Progressive, n (%) [90%CI]	16 (25.4) [16.6, 36.0]*	26 (45.6) [34.3, 57.3]
Distant progression	6 (9.5)	18 (31.6)
Local progression	5 (7.9)	3 (5.3)
Clinical progression/death	5 (7.9)	5 (8.8)
Non-progressive, n (%)	47 (74.6)	31 (54.4)
Responders, n (%) [90%CI]	17 (27.0) [18.0, 37.7]**	3 (5.3) [1.4, 13.0]
PR	17 (27.0)	3 (5.3)
Non-responders, n (%)		
SD	29 (46.0)	27 (47.4)
PD	16 (25.4)	26 (45.6)
NE	1 (1.7)	1 (1.7)

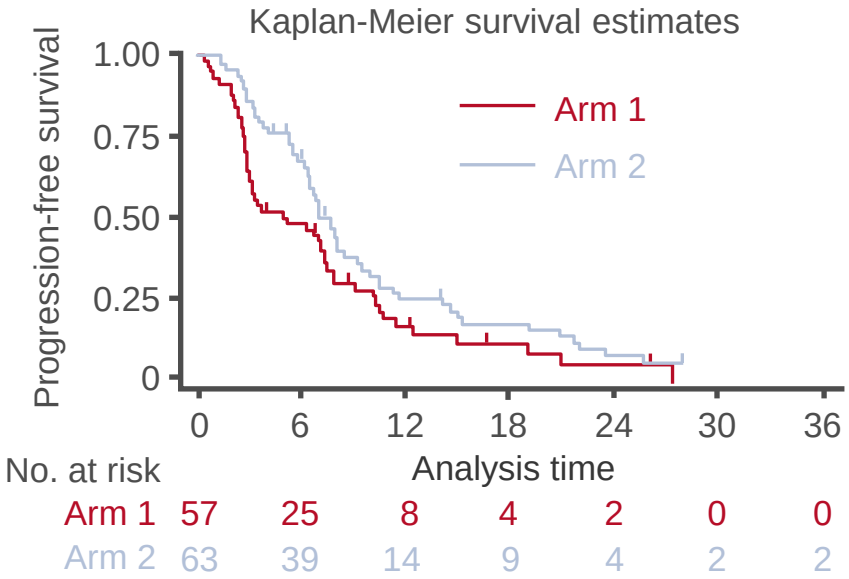
*p=0.01; **p=0.001

Cascinu S, et al. Ann Oncol 2019;30(suppl):abstr 673PD

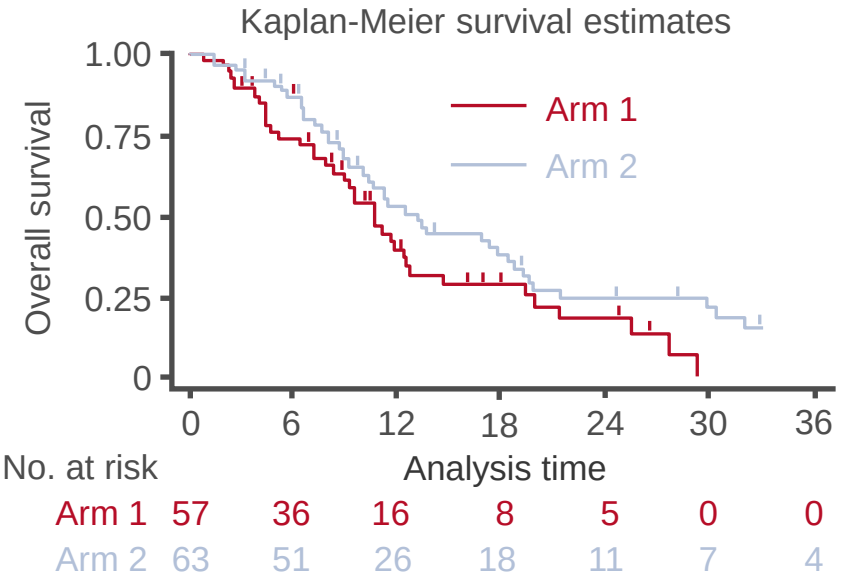
673PD: Nab-paclitaxel (Nab) plus gemcitabine (G) is more effective than G alone in locally advanced, unresectable pancreatic cancer (LAUPC): the GAP trial, a GISCAD phase II comparative randomized trial – Cascinu S, et al

Key results (cont.)

PFS



OS



Conclusion

- **In patients with unresectable, locally advanced pancreatic cancer, nab-paclitaxel + gemcitabine demonstrated lower rates of disease progression and improvements in survival compared with gemcitabine alone and was generally well-tolerated**

Cascinu S, et al. Ann Oncol 2019;30(suppl):abstr 673PD

Cancers of the pancreas, small bowel and hepatobiliary tract

HEPATOCELLULAR CARCINOMA

LBA38_PR: CheckMate 459: A randomized, multi-center phase 3 study of nivolumab (NIVO) vs sorafenib (SOR) as first-line (1L) treatment in patients (pts) with advanced hepatocellular carcinoma (aHCC) – Yau T, et al

Study objective

- To investigate the efficacy and safety of nivolumab compared with sorafenib as a 1L treatment for patients with advanced HCC

Key patient inclusion criteria

- Advanced HCC
- Ineligible for surgery and/or for loco-regional therapy or PD after surgery and/or loco-regional therapy
- Child-Pugh class A
- Systemic therapy naïve
- ECOG PS 0–1

(n=743)

R 1:1

Nivolumab 240 mg iv q2w (n=371) → PD/ toxicity

Sorafenib 400 mg po bid (n=372) → PD/ toxicity

Stratification

- Aetiology (HCV vs. non-HCV)
- Vascular invasion and/or extrahepatic spread (present vs. absent)
- Geography (Asia vs. non-Asia)

PRIMARY ENDPOINT

- OS

SECONDARY ENDPOINTS

- ORR, PFS, efficacy by PD-L1 status, safety

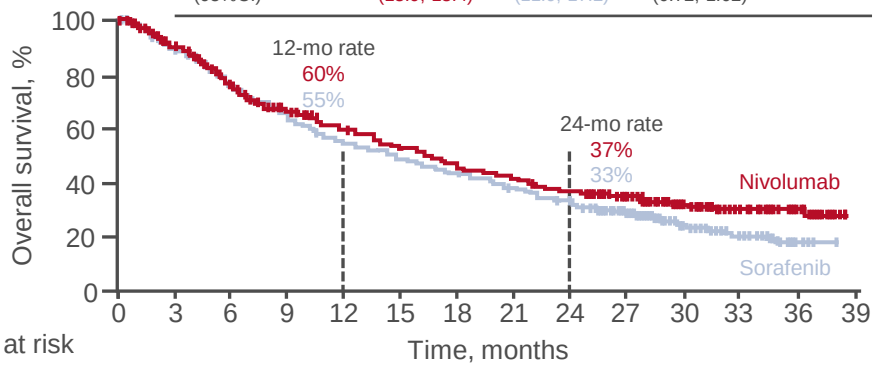
Yau T, et al. Ann Oncol 2019;30(suppl):abstr LBA38_PR

LBA38_PR: CheckMate 459: A randomized, multi-center phase 3 study of nivolumab (NIVO) vs sorafenib (SOR) as first-line (1L) treatment in patients (pts) with advanced hepatocellular carcinoma (aHCC) – Yau T, et al

Key results

OS

	Nivolumab (n=371)	Sorafenib (n=372)	HR (95%CI)	p-value
mOS, months (95%CI)	16.4 (13.9, 18.4)	14.7 (11.9, 17.2)	0.85 (0.72, 1.02)	0.0752

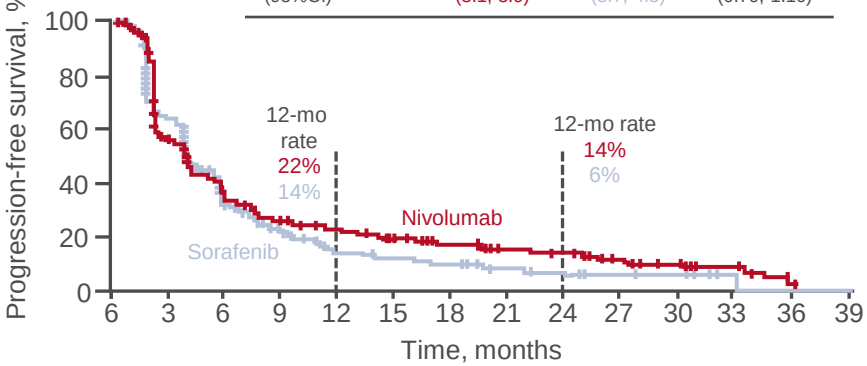


No. at risk

Nivolumab	371	326	271	235	211	187	165	146	129	104	63	39	17	0
Sorafenib	372	328	274	232	196	174	155	133	115	80	47	30	7	0

PFS

	Nivolumab (n=371)	Sorafenib (n=372)	HR (95%CI)
mPFS, months (95%CI)	3.7 (3.1, 3.9)	3.8 (3.7, 4.5)	0.93 (0.79, 1.10)



	371	193	110	84	68	56	46	36	32	19	11	7	1	0
	372	207	87	55	32	26	21	14	10	6	5	0	0	0

Yau T, et al. Ann Oncol 2019;30(suppl):abstr LBA38_PR

LBA38_PR: CheckMate 459: A randomized, multi-center phase 3 study of nivolumab (NIVO) vs sorafenib (SOR) as first-line (1L) treatment in patients (pts) with advanced hepatocellular carcinoma (aHCC) – Yau T, et al

Key results (cont.)

	Nivolumab	Sorafenib	HR (95%CI)
mOS, months			
PD-L1 ≥1%	16.1	8.6	0.80 (0.54, 1.19)
PD-L1 <1%	16.7	15.2	0.84 (0.69, 1.02)
ORR, n (%)			
PD-L1 ≥1%	20 (28)	6 (9)	
PD-L1 <1%	36 (12)	20 (7)	

	Nivolumab (n=371)	Sorafenib (n=372)
ORR, n (%)	57 (15)	26 (7)
CR	14 (4)	5 (1)
PR	43 (12)	21 (6)
SD	130 (35)	180 (48)
Non-CR/non-PD	16 (4)	9 (2)
PD	136 (37)	105 (28)
NE	32 (9)	52 (14)
DCR, n (%)	203 (55)	215 (58)
Median duration of disease control, months (95%CI)	7.5 (6.5, 10.7)	5.7 (5.6, 7.4)
Median TTR, months (range)	3.3 (1.6–19.4)	3.7 (1.5–11.1)
Median DoR, months (range)	23.3 (3.1–35.5+)	23.4 (1.9+–28.7+)

Yau T, et al. Ann Oncol 2019;30(suppl):abstr LBA38_PR

LBA38_PR: CheckMate 459: A randomized, multi-center phase 3 study of nivolumab (NIVO) vs sorafenib (SOR) as first-line (1L) treatment in patients (pts) with advanced hepatocellular carcinoma (aHCC) – Yau T, et al

Key results (cont.)

Select grade 3–4 TRAEs, n (%)	Nivolumab (n=371)	Sorafenib (n=372)
Skin	7 (2)	66 (18)
Hepatic	35 (10)	26 (7)
Endocrine	4 (1)	0 (0)
Gastrointestinal	6 (2)	18 (5)
Hypersensitivity/infusion reaction	1 (0.3)	0 (0)
Pulmonary	5 (1)	0 (0)
Renal	1 (0.3)	2 (1)

Conclusion

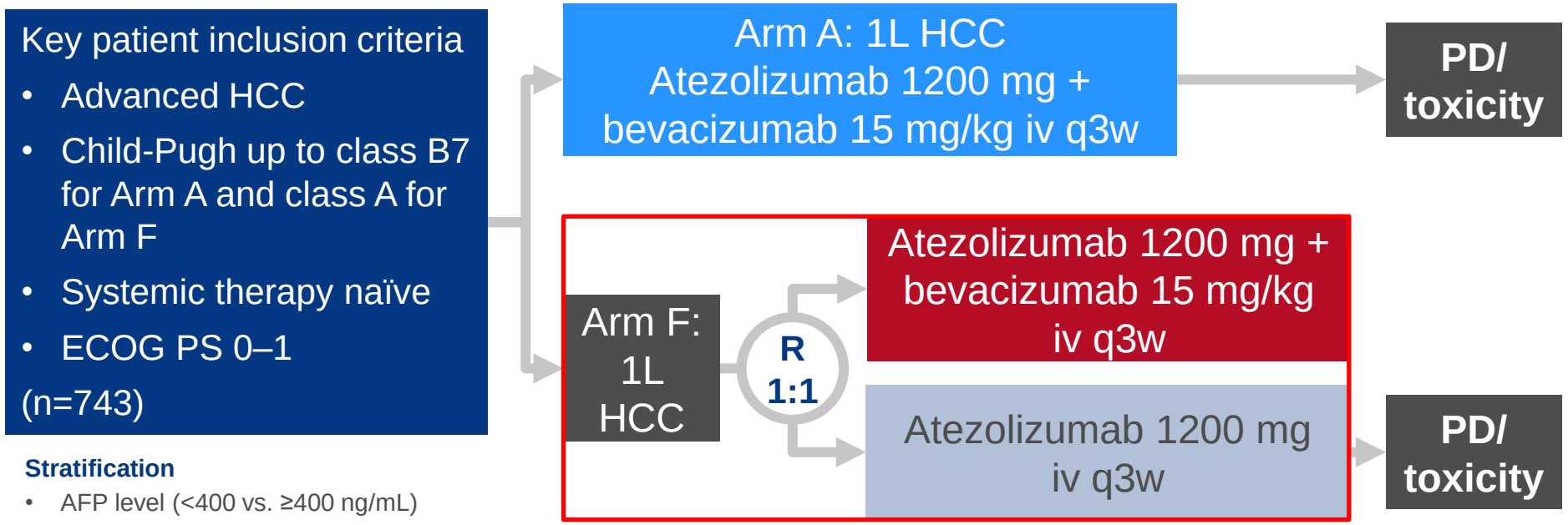
- **In patients with advanced HCC, 1L nivolumab did not provide a significant improvement in OS compared with sorafenib although had a manageable safety profile**

Yau T, et al. Ann Oncol 2019;30(suppl):abstr LBA38_PR

LBA39: Randomised efficacy and safety results for atezolizumab (Atezo) + bevacizumab (Bev) in patients (pts) with previously untreated, unresectable hepatocellular carcinoma (HCC) – Lee M, et al

Study objective

- To investigate the efficacy and safety of atezolizumab + bevacizumab as a 1L treatment in patients with unresectable HCC



Stratification

- AFP level (<400 vs. ≥400 ng/mL)
- Macrovascular invasion and/or extrahepatic spread (present vs. absent)
- Geography (Asia excluding Japan vs. rest of world)

PRIMARY ENDPOINTS

- Arm A: ORR (RECIST v1.1)
- Arm F: PFS (RECIST v1.1)

SECONDARY ENDPOINTS

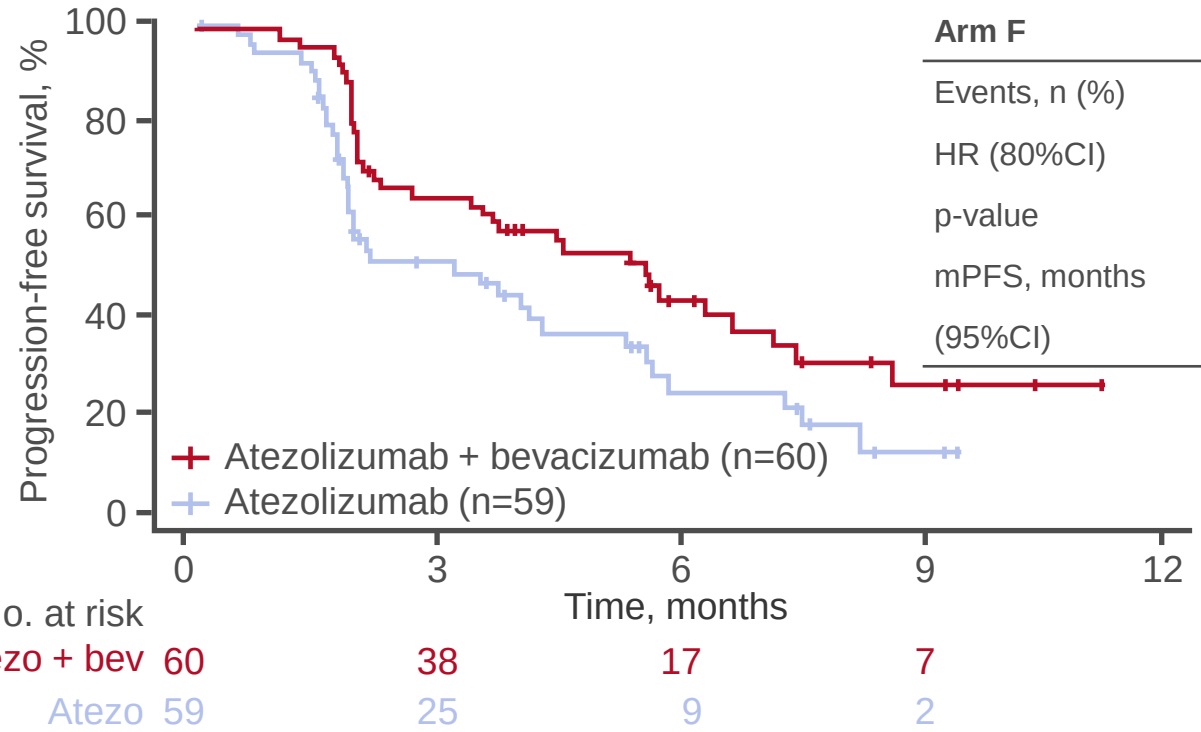
- OS, safety

Lee M, et al. Ann Oncol 2019;30(suppl):abstr LBA39

LBA39: Randomised efficacy and safety results for atezolizumab (Atezo) + bevacizumab (Bev) in patients (pts) with previously untreated, unresectable hepatocellular carcinoma (HCC) – Lee M, et al

Key results

PFS



Arm F	Atezo + Bev (n=60)	Atezo (n=59)
Events, n (%)	35 (58)	39 (66)
HR (80%CI)	**0.55** (0.40, 0.74)	
p-value	0.0108	
mPFS, months	5.6	3.4
(95%CI)	(3.6, 7.4)	(1.9, 5.2)

Lee M, et al. Ann Oncol 2019;30(suppl):abstr LBA39

LBA39: Randomised efficacy and safety results for atezolizumab (Atezo) + bevacizumab (Bev) in patients (pts) with previously untreated, unresectable hepatocellular carcinoma (HCC) – Lee M, et al

Key results (cont.)

	Arm A	Arm F	
	Atezolizumab + bevacizumab (n=104)	Atezolizumab + bevacizumab (n=60)	Atezolizumab (n=59)
Confirmed ORR, n (%)	37 (46)	12 (20)	10 (17)
CR	12 (12)	1 (2)	3 (5)
PR	25 (24)	11 (18)	7 (12)
SD	37 (36)	28 (47)	19 (32)
PD	25 (24)	17 (28)	25 (42)
Non-CR/non-PD	-	0 (0)	1 (2)
DCR, n (%)	74 (71)	40 (67)	29 (49)
Median DoR, months (95%CI)	NE (11.8, NE)	NE (NE, NE)	NE (3.7, NE)
mPFS, months (95%CI)	7.3 (5.4, 9.9)		
6-month rate, %	54		
12-month rate, %	35		
mOS, months (95%CI)	17.1 (13.8, NE)		
6-month rate, %	82		
12-month rate, %	63		

Lee M, et al. Ann Oncol 2019;30(suppl):abstr LBA39

LBA39: Randomised efficacy and safety results for atezolizumab (Atezo) + bevacizumab (Bev) in patients (pts) with previously untreated, unresectable hepatocellular carcinoma (HCC) – Lee M, et al

Key results (cont.)

Grade 3–4 AEs in Arm F, n (%)	Atezolizumab + bevacizumab (n=60)	Atezolizumab (n=58)
Proteinuria	3 (5)	0 (0)
Diarrhoea	1 (2)	0 (0)
Hypertension	5 (5)	1 (2)

Grade 3–4 SAEs in Arm F, n (%)	Atezolizumab + bevacizumab (n=60)	Atezolizumab (n=58)
Pneumonia	1 (2)	0 (0)
Fracture	0 (o)	1 (2)

Conclusion

- **In patients with previously untreated, unresectable HCC, the combination of atezolizumab + bevacizumab had a manageable safety profile and demonstrated significant improvement in PFS compared with atezolizumab alone along with the highest reported mOS to date**

Lee M, et al. Ann Oncol 2019;30(suppl):abstr LBA39

Cancers of the pancreas, small bowel and hepatobiliary tract

BILIARY TRACT CANCER

LBA10_PR: ClarIDHy: A global, phase III, randomized, double-blind study of ivosidenib (IVO) vs placebo in patients with advanced cholangiocarcinoma (CC) with an isocitrate dehydrogenase 1 (IDH1) mutation – Abou-Alfa GK, et al

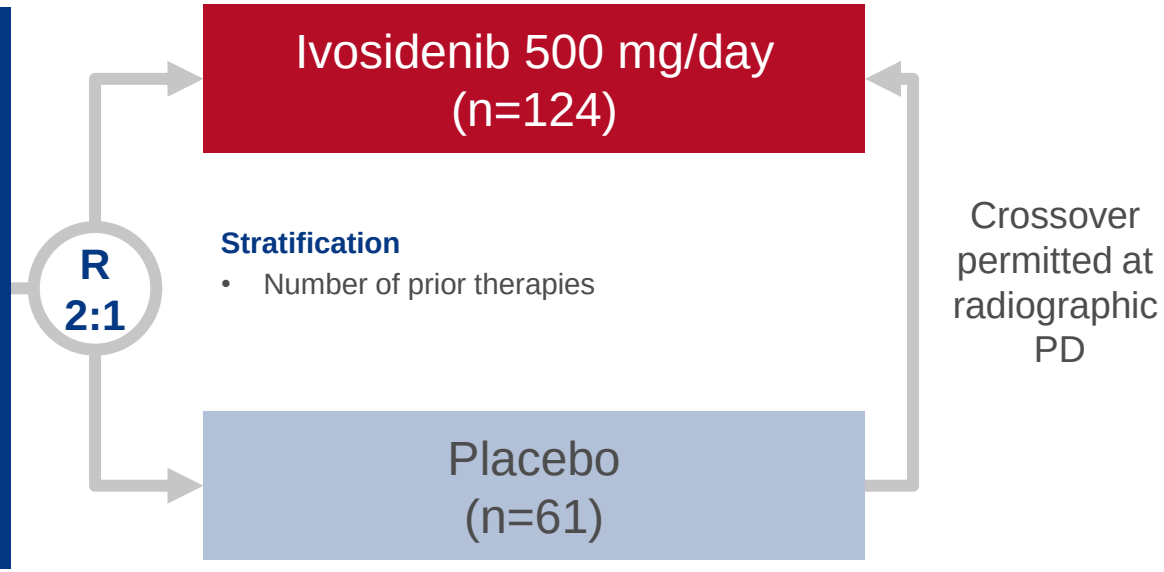
Study objective

- To investigate the efficacy and safety of ivosidenib in patients with advanced cholangiocarcinoma and IDH1 mutation

Key patient inclusion criteria

- Advanced cholangiocarcinoma
- IDH1 mutation status by NGS
- 1–2 prior therapies (at least 1 gemcitabine or 5FU-containing regimen)
- ECOG PS 0–1

(n=185)



PRIMARY ENDPOINT

- PFS

SECONDARY ENDPOINTS

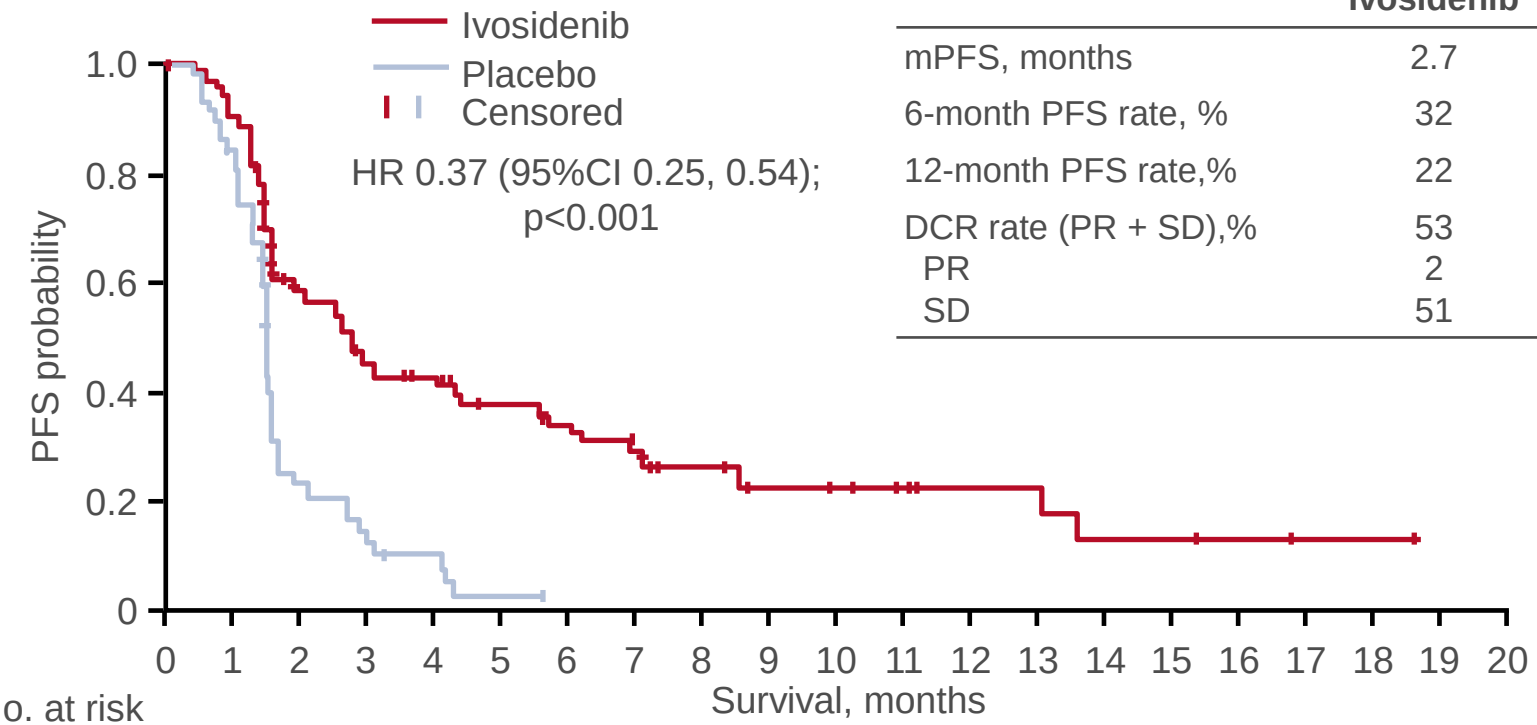
- OS, ORR, QoL, safety

Abou-Alfa GK, et al. Ann Oncol 2019;30(suppl):abstr LBA10_PR

LBA10_PR: ClarIDHy: A global, phase III, randomized, double-blind study of ivosidenib (IVO) vs placebo in patients with advanced cholangiocarcinoma (CC) with an isocitrate dehydrogenase 1 (IDH1) mutation – Abou-Alfa GK, et al

Key results

PFS



	Ivosidenib	Placebo
mPFS, months	2.7	1.4
6-month PFS rate, %	32	NE
12-month PFS rate,%	22	NE
DCR rate (PR + SD),%	53	28
PR	2	0
SD	51	28

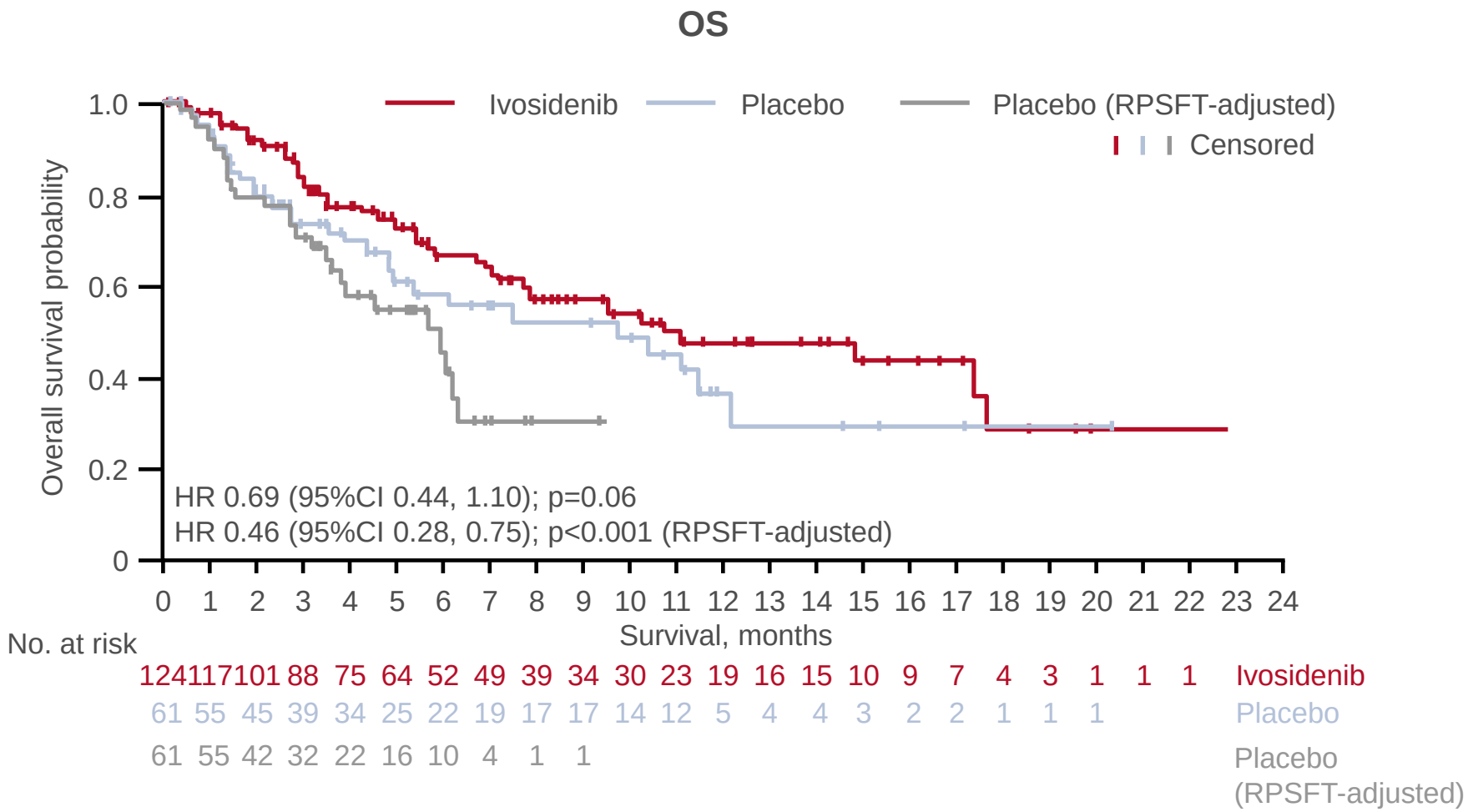
No. at risk

Ivosidenib	124	105	54	40	36	28	22	16	14	10	9	6	5	4	3	3	2	1	1
Placebo	61	46	11	6	4	1													

Abou-Alfa GK, et al. Ann Oncol 2019;30(suppl):abstr LBA10_PR

LBA10_PR: ClarIDHy: A global, phase III, randomized, double-blind study of ivosidenib (IVO) vs placebo in patients with advanced cholangiocarcinoma (CC) with an isocitrate dehydrogenase 1 (IDH1) mutation – Abou-Alfa GK, et al

Key results (cont.)



Abou-Alfa GK, et al. Ann Oncol 2019;30(suppl):abstr LBA10_PR

LBA10_PR: ClarIDHy: A global, phase III, randomized, double-blind study of ivosidenib (IVO) vs placebo in patients with advanced cholangiocarcinoma (CC) with an isocitrate dehydrogenase 1 (IDH1) mutation – Abou-Alfa GK, et al

Key results (cont.)

Most common TEAEs, n (%)	Ivosidenib (n=121)	Placebo (n=59)
Nausea	43 (35.5)	15 (25.4)
Diarrhoea	37 (30.6)	9 (15.3)
Fatigue	32 (26.4)	10 (16.9)
Cough	25 (20.7)	5 (8.5)
Abdominal pain	26 (21.5)	8 (13.6)
Ascites	25 (20.7)	9 (15.3)
Decreased appetite	23 (19.0)	11 (18.6)
Anaemia	18 (14.9)	3 (5.1)
Vomiting	23 (19.0)	10 (16.9)

Conclusion

- **In patients with advanced cholangiocarcinoma and IDH1 mutation, ivosidenib demonstrated a significant improvement in PFS as well as in OS after adjustment for crossover and had a manageable safety profile**

Abou-Alfa GK, et al. Ann Oncol 2019;30(suppl):abstr LBA10_PR

LBA40: FIGHT-202: A phase II study of pemigatinib in patients (pts) with previously treated locally advanced or metastatic cholangiocarcinoma (CCA) – Vogel A, et al

Study objective

- To investigate the efficacy and safety of pemigatinib in patients with locally advanced or metastatic cholangiocarcinoma

Key patient inclusion criteria

- Locally advanced or metastatic cholangiocarcinoma
- Known FGF/FGFR status
- ECOG PS ≤2

(n=146)

- Cohort A: FGFR2 fusions/rearrangements (n=107)
- Cohort B: Other FGF/FGFR genetic alterations (n=20)
- Cohort C: No FGF/FGFR genetic alterations (n=18)

Pemigatinib 13.5 mg/day (2-weeks on/ 1-week off)

PRIMARY ENDPOINT

- ORR

SECONDARY ENDPOINTS

- DoR, DCR, PFS, OS, safety

Vogel A, et al. Ann Oncol 2019;30(suppl):abstr LBA40

LBA40: FIGHT-202: A phase II study of pemigatinib in patients (pts) with previously treated locally advanced or metastatic cholangiocarcinoma (CCA) – Vogel A, et al

Key results

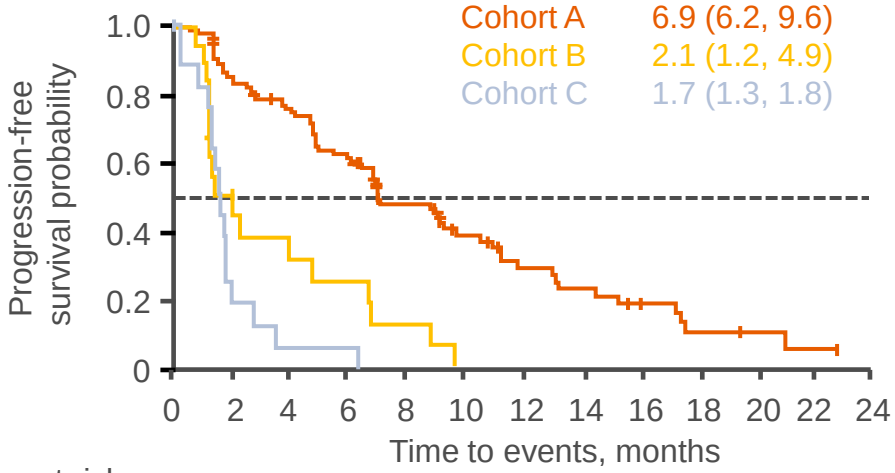
	Cohort A (n=107)	Cohort B (n=20)	Cohort C (n=18)
ORR, % (95%CI)	35.5 (26.50, 45.35)	0	0
Response, n (%)			
CR	3 (2.8)	0	0
PR	35 (32,7)	0	0
SD	50 (46.7)	8 (40.0)	4 (22.2)
PD	16 (15.0)	7 (35.0)	11 (61.1)
NE	3 (2.8)	5 (25.0)	3 (16.7)
Median DoR, months (95%CI)	7.5 (5.7, 14.5)	-	-
DCR, % (95%CI)	82 (74, 89)	40 (19, 64)	22 (6, 48)

Vogel A, et al. Ann Oncol 2019;30(suppl):abstr LBA40

LBA40: FIGHT-202: A phase II study of pemigatinib in patients (pts) with previously treated locally advanced or metastatic cholangiocarcinoma (CCA) – Vogel A, et al

Key results (cont.)

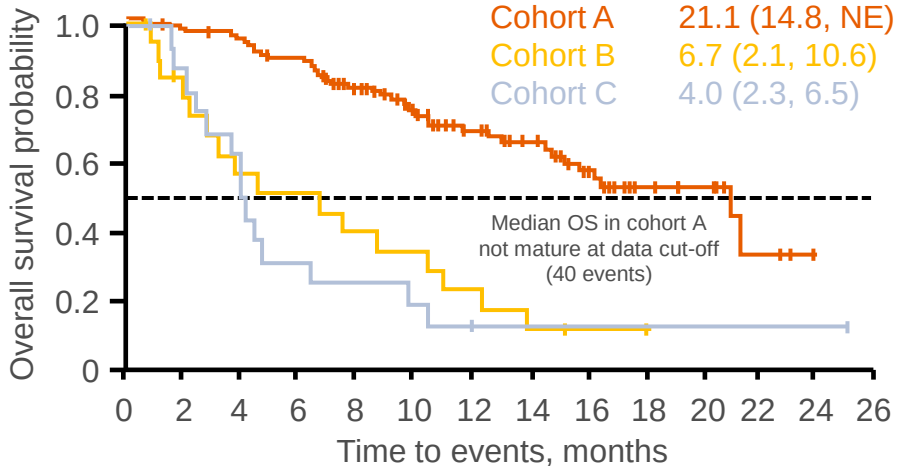
PFS



No. at risk

A	107	88	76	61	37	22	14	11	7	4	2	1	0
B	20	9	6	4	2	0	0	0	0	0	0	0	0
C	18	3	1	1	0	0	0	0	0	0	0	0	0

OS



A	107	102	99	92	73	52	41	34	24	12	9	3	0	0
B	20	14	10	9	7	6	4	2	1	1	0	0	0	0
C	18	13	8	5	4	3	1	1	1	1	1	1	1	0

	Cohort A	Cohort B	Cohort C
Median duration of follow-up, months (range)	15.4 (7.0–24.7)	19.9 (16.2–23.5)	24.2 (22.0–26.1)
Median duration of treatment, months (range)	7.2 (0.2–24.0)	1.4 (0.2–12.9)	1.3 (0.2–4.7)

Vogel A, et al. Ann Oncol 2019;30(suppl):abstr LBA40

LBA40: FIGHT-202: A phase II study of pemigatinib in patients (pts) with previously treated locally advanced or metastatic cholangiocarcinoma (CCA) – Vogel A, et al

Key results (cont.)

Grade ≥3 AEs occurring in ≥2%, n (%)	n=146
Diarrhoea	4 (3)
Fatigue	7 (5)
Nail toxicities	3 (2)
Nausea	3 (2)
Stomatitis	8 (5)
Arthralgia	9 (6)

Conclusion

- **In patients with previously treated locally advanced or metastatic cholangiocarcinoma and FGFR2 fusions or rearrangements, pemigatinib demonstrated durable responses with a manageable safety profile**

Vogel A, et al. Ann Oncol 2019;30(suppl):abstr LBA40

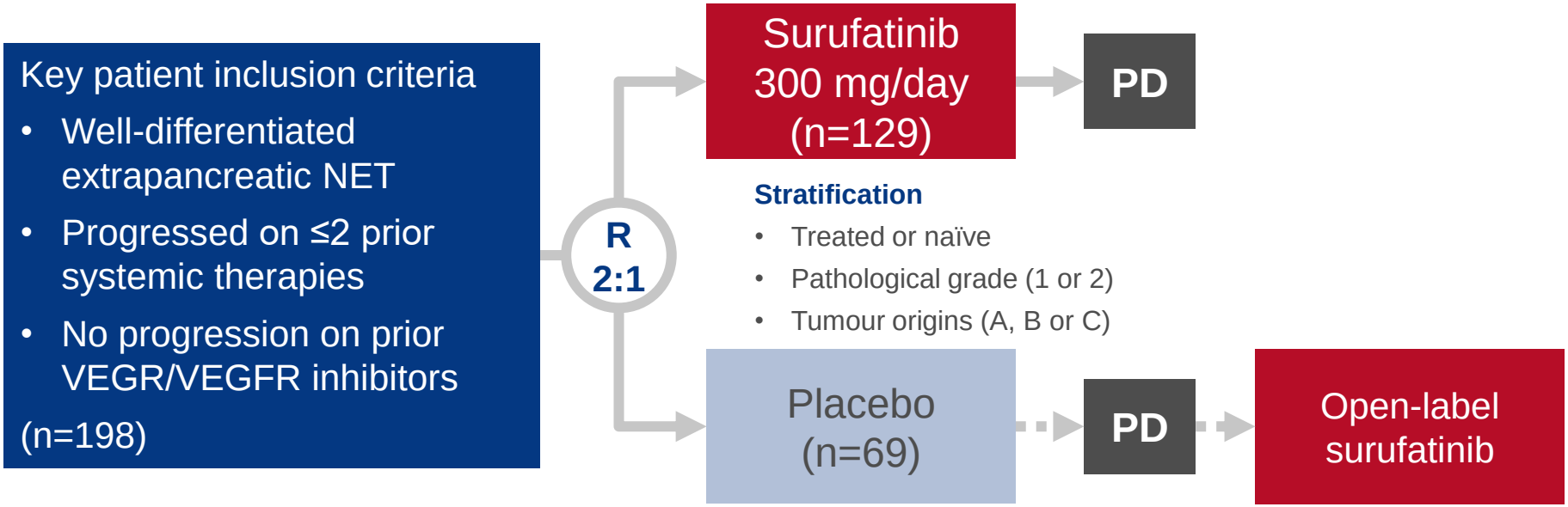
Cancers of the pancreas, small bowel and hepatobiliary tract

NEUROENDOCRINE TUMOUR

LBA76: Efficacy and safety of surufatinib in patients with well-differentiated advanced extrapancreatic neuroendocrine tumors (NETs): results from the randomized phase III study (SANET-ep) – Xu J, et al

Study objective

- To investigate the efficacy and safety of surufatinib in patients with well-differentiated advanced extrapancreatic NETs



PRIMARY ENDPOINT

- Investigator-assessed PFS

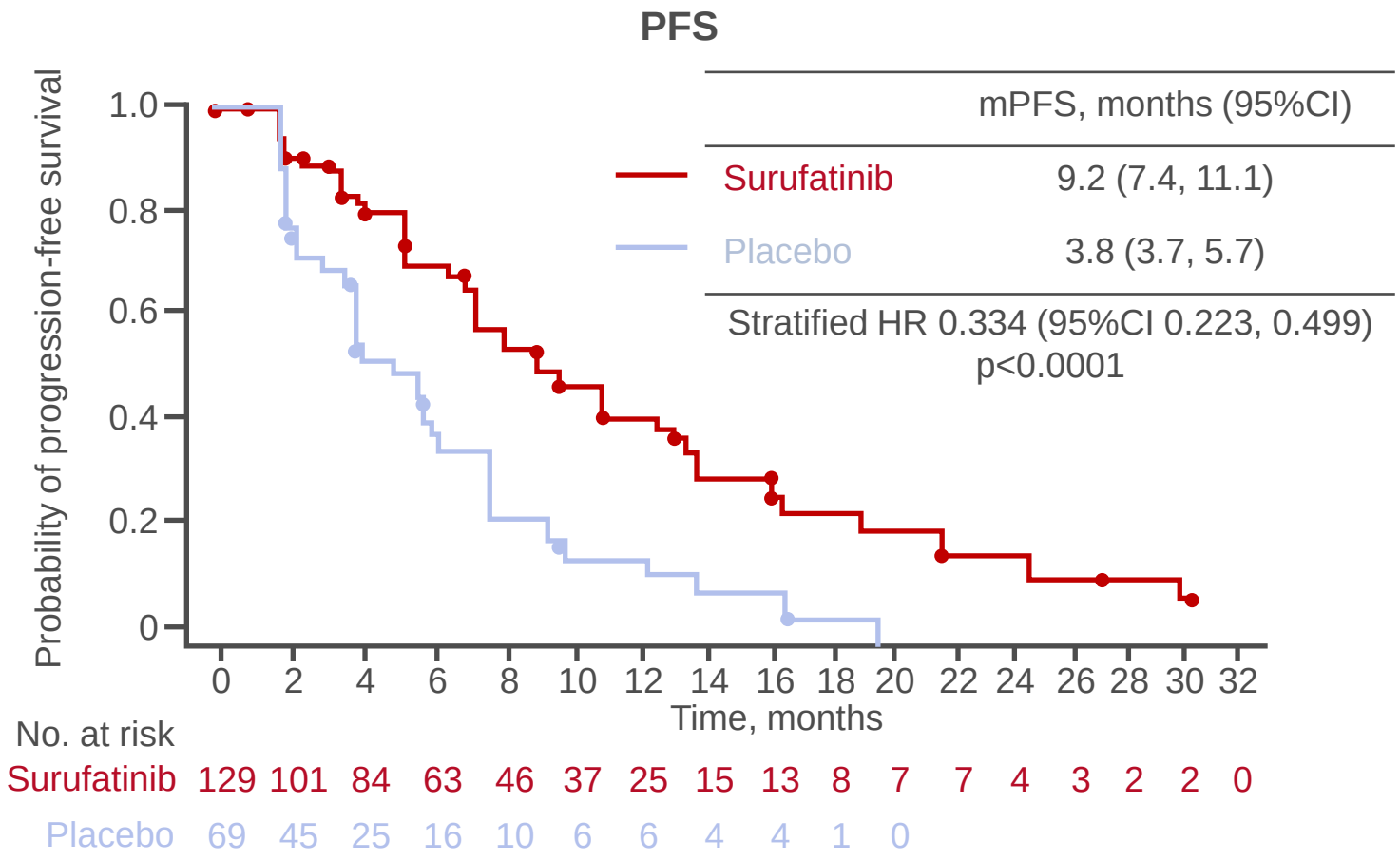
SECONDARY ENDPOINTS

- ORR, DCR, DoR, TTR, OS, safety

Xu J, et al. Ann Oncol 2019;30(suppl):abstr LBA76

LBA76: Efficacy and safety of surufatinib in patients with well-differentiated advanced extrapancreatic neuroendocrine tumors (NETs): results from the randomized phase III study (SANET-ep) – Xu J, et al

Key results



Xu J, et al. Ann Oncol 2019;30(suppl):abstr LBA76

LBA76: Efficacy and safety of surufatinib in patients with well-differentiated advanced extrapancreatic neuroendocrine tumors (NETs): results from the randomized phase III study (SANET-ep) – Xu J, et al

Key results (cont.)

Response	Surufatinib (n=126)	Placebo (n=64)	OR	p-value
PR, n (%)	13 (10.3)	0 (0)	-	-
SD, n (%)	96 (76.2)	42 (65.6)	-	-
PD, n (%)	13 (10.3)	18 (28.1)	-	-
NE, n (%)	4 (3.2)	4 (6.3)	-	-
ORR, % (95CI)	10.3 (5.6, 17.0)	0	-	0.0051
DCR, 5 (95%CI)	86.5 (79.3, 91.9)	65.6 (52.7, 77.1)	3.3 (1.5, 7.3)	0.0022
TTR, months (95%CI)	3.7 (1.8, 5.5)	-	-	-
DoR, months (95%CI)	5.6 (2.0, 17.5)	-	-	-

Xu J, et al. Ann Oncol 2019;30(suppl):abstr LBA76

LBA76: Efficacy and safety of surufatinib in patients with well-differentiated advanced extrapancreatic neuroendocrine tumors (NETs): results from the randomized phase III study (SANET-ep) – Xu J, et al

Key results (cont.)

Grade ≥3 TEAEs, n (%)	Surufatinib (n=129)	Placebo (n=68)
Proteinuria	25 (19.4)	0 (0)
Hypertension	47 (36.4)	9 (13.2)
Diarrhoea	2 (1.6)	0 (0)
Blood bilirubin increased	3 (2.3)	0 (0)
AST increased	5 (3.9)	2 (2.9)
Hypertriglyceridemia	3 (2.3)	0 (0)
ALT increased	4 (3.1)	0 (0)
Upper abdominal pain	1 (0.8)	0 (0)
Anaemia	9 (7.0)	2 (2.9)

Conclusion

- **In patients with previously treated well-differentiated advanced extrapancreatic NETs, surufatinib demonstrated significant improvement in PFS and was generally well-tolerated**

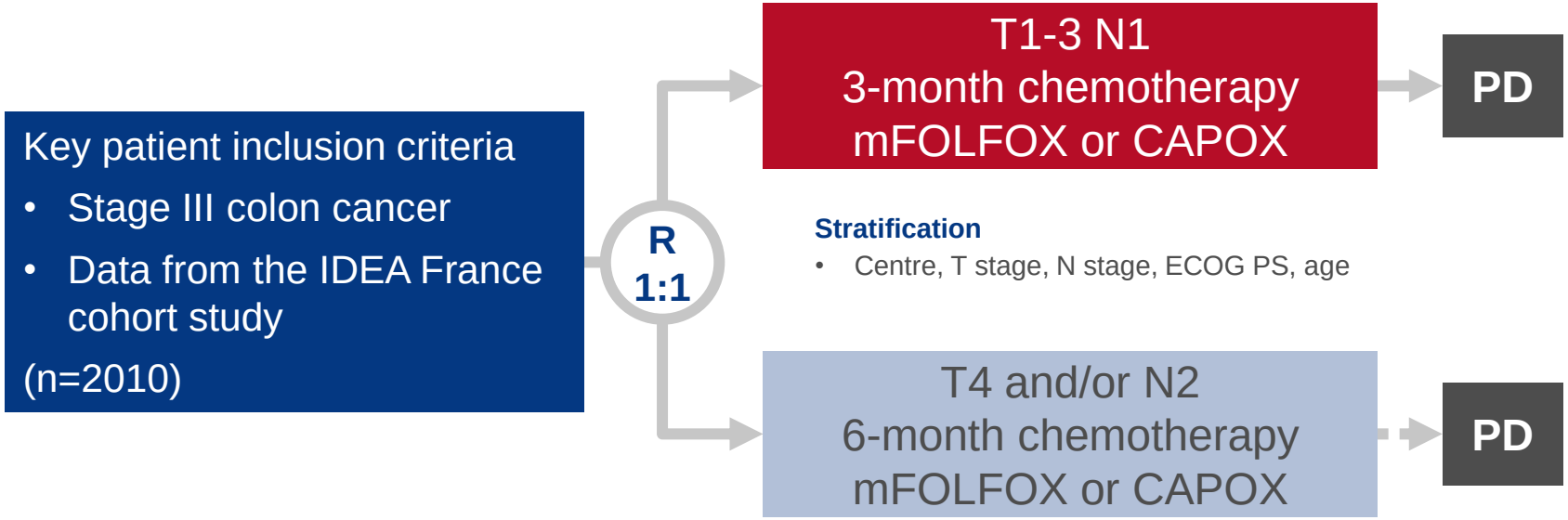
Xu J, et al. Ann Oncol 2019;30(suppl):abstr LBA76

CANCERS OF THE COLON, RECTUM AND ANUS

LBA30_PR: Analysis of circulating tumor DNA (ctDNA) from patients enrolled in the IDEA-FRANCE phase III trial: prognostic and predictive value for adjuvant treatment duration – Taieb J, et al

Study objective

- To investigate whether ctDNA can be used as a prognostic or predictive marker for determining intensity and duration of adjuvant treatment



PRIMARY ENDPOINT

- DFS

SECONDARY ENDPOINT

- Safety

*Digital pathology is used to quantify the densities of CD3+ and cytotoxic CD8+ T cells in core tumour and invasive margin and converted to predefined cut-offs and grouped as either low, intermediate or high or as low or intermediate + high or as a continuous score

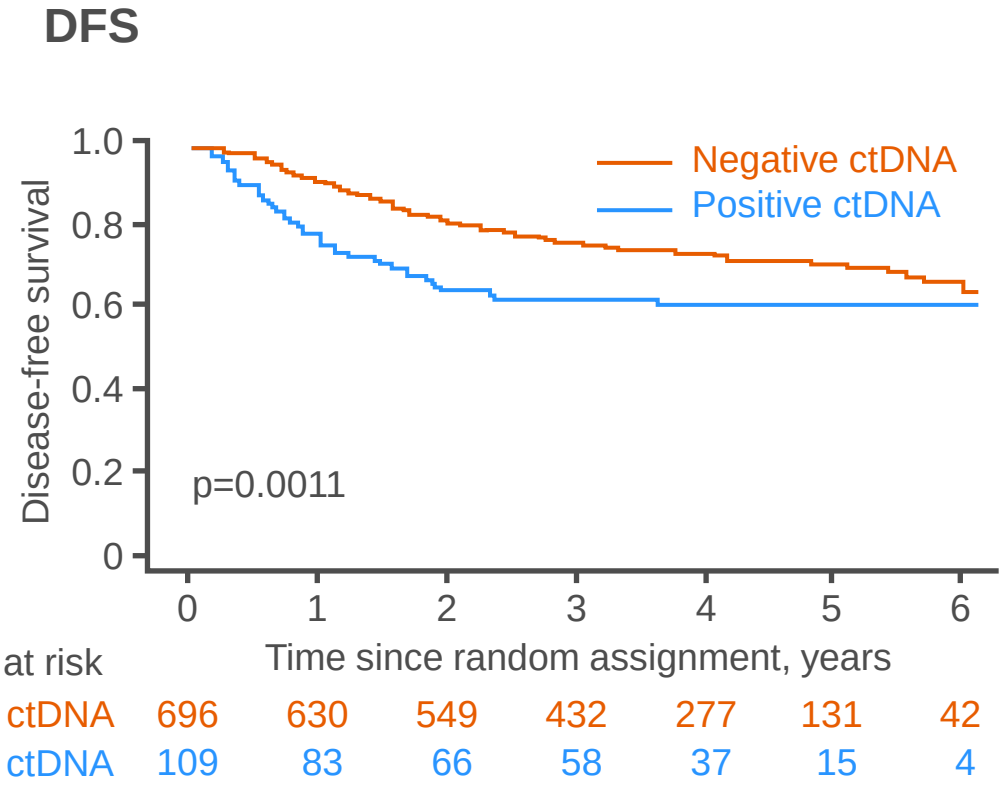
Taieb J, et al. Ann Oncol 2019;30(suppl):abstr LBA30_PR

LBA30_PR: Analysis of circulating tumor DNA (ctDNA) from patients enrolled in the IDEA-FRANCE phase III trial: prognostic and predictive value for adjuvant treatment duration – Taieb J, et al

Key results

	DFS rate, %	95%CI
Negative ctDNA	82.39	79.32, 85.05
Positive ctDNA	64.12	54.19, 72.44

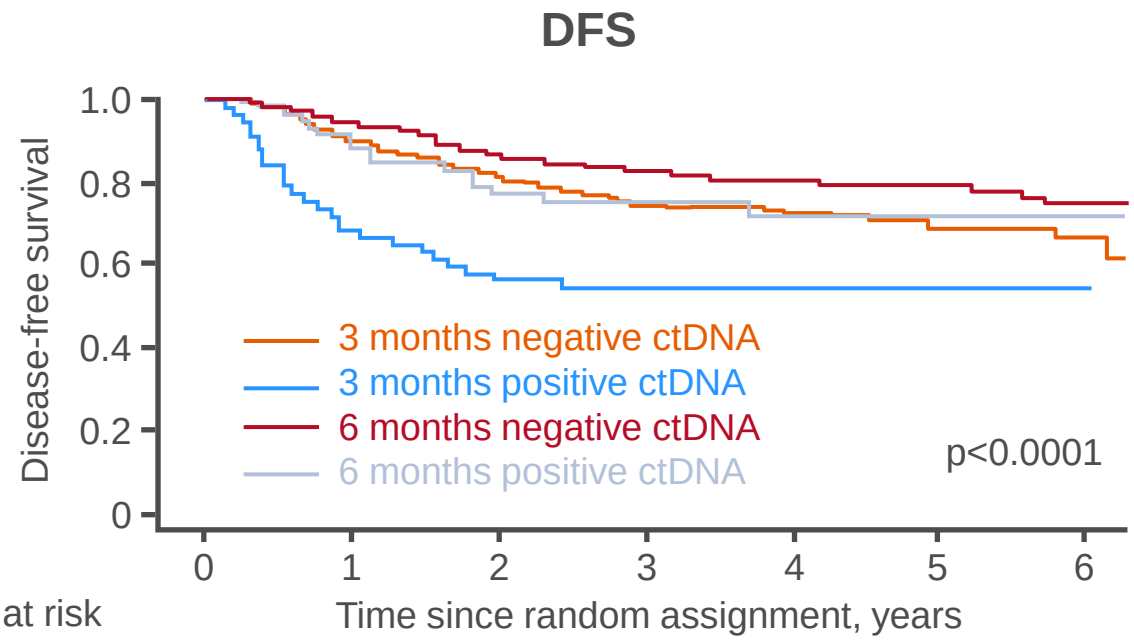
Positive vs. negative
HR 1.85 (95%CI 1.31, 2.61); p<0.001



Taieb J, et al. Ann Oncol 2019;30(suppl):abstr LBA30_PR

LBA30_PR: Analysis of circulating tumor DNA (ctDNA) from patients enrolled in the IDEA-FRANCE phase III trial: prognostic and predictive value for adjuvant treatment duration – Taieb J, et al

Key results (cont.)



No. at risk							
3-mo negative ctDNA	346	309	269	204	134	60	19
3-mo positive ctDNA	56	37	30	27	18	4	1
6-mo negative ctDNA	350	321	280	228	143	71	23
6-mo positive ctDNA	53	46	36	31	19	11	3

Taieb J, et al. Ann Oncol 2019;30(suppl):abstr LBA30_PR

LBA30_PR: Analysis of circulating tumor DNA (ctDNA) from patients enrolled in the IDEA-FRANCE phase III trial: prognostic and predictive value for adjuvant treatment duration – Taieb J, et al

Key results (cont.)

- In a multivariate analysis, positive vs. negative ctDNA (p=0.0005), N2 vs. N1 (p<0.0001) and 6- vs. 3-months of treatment (p=0.0002) were the only factors that were significantly different

Conclusion

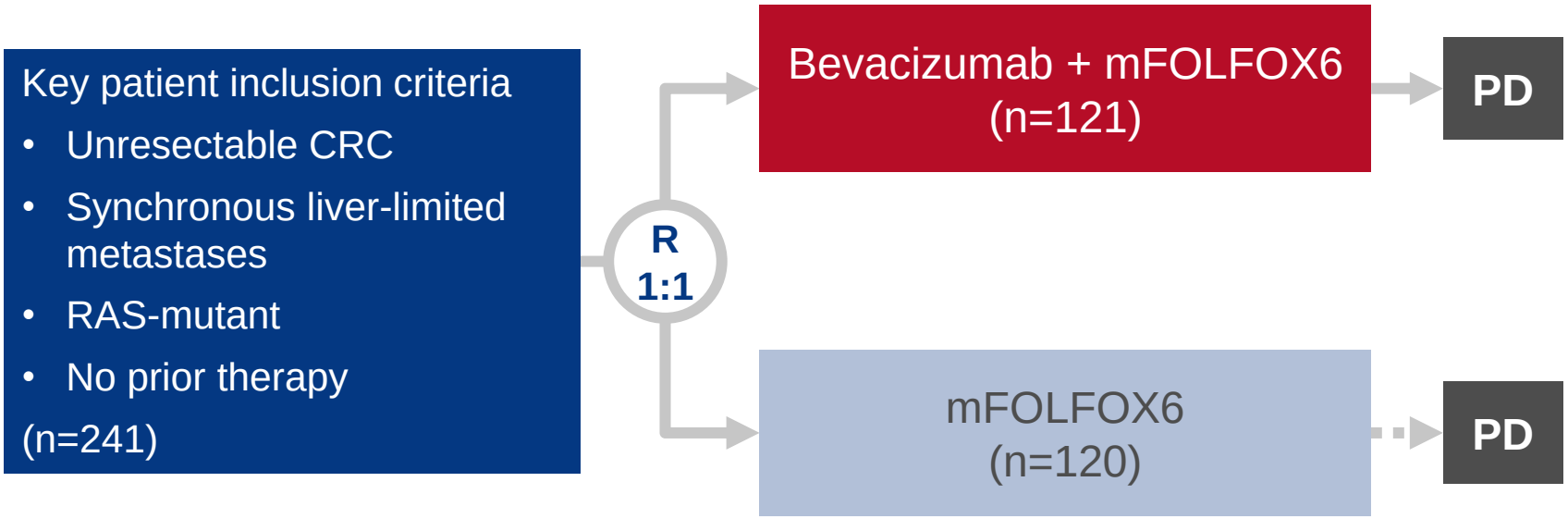
- **In patients with stage III colon cancer, ctDNA can be used as an independent prognostic marker and those patients who were ctDNA-positive had poorer outcomes with 3 months of treatment**

Taieb J, et al. Ann Oncol 2019;30(suppl):abstr LBA30_PR

LBA31: Bevacizumab plus chemotherapy versus chemotherapy alone as first-line treatment for patients with RAS mutant unresectable colorectal liver-limited metastases - A single center randomized control trial – Xu J, et al

Study objective

- To investigate the efficacy and safety of bevacizumab + chemotherapy as a 1L treatment for patients with RAS-mutant unresectable CRC with liver-limited metastases



PRIMARY ENDPOINT

- Conversion rate for liver metastases

SECONDARY ENDPOINTS

- ORR, PFS, OS, safety

Xu J, et al. Ann Oncol 2019;30(suppl):abstr LBA31

LBA31: Bevacizumab plus chemotherapy versus chemotherapy alone as first-line treatment for patients with RAS mutant unresectable colorectal liver-limited metastases - A single center randomized control trial – Xu J, et al

Key results (cont.)

	Bevacizumab + mFOLFOX6 (n=121)	mFOLFOX6 (n=120)	p-value
Conversion resection rate, n (%)			
Theoretical R0 resection	28 (23.1)	8 (6.7)	<0.001
Actual R0 resection	27 (22.3)	7 (5.8)	<0.001
Response, n (%)			
CR	1 (0.8)	1 (0.8)	
PR	65 (53.7)	43 (35.8)	
SD	38 (31.4)	34 (28.3)	
PD	16 (13.2)	41 (34.2)	
NE	1 (0.8)	1 (0.8)	
ORR (CR + PR)	66 (54.4)	44 (36.7)	<0.001

Xu J, et al. Ann Oncol 2019;30(suppl):abstr LBA31

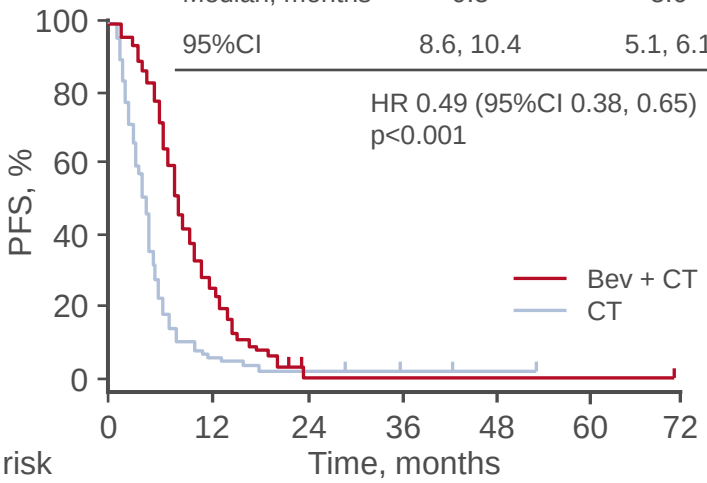
LBA31: Bevacizumab plus chemotherapy versus chemotherapy alone as first-line treatment for patients with RAS mutant unresectable colorectal liver-limited metastases - A single center randomized control trial – Xu J, et al

Key results

PFS

	Bev + CT	CT
No. of events	109	112
Median, months	9.5	5.6
95%CI	8.6, 10.4	5.1, 6.1

HR 0.49 (95%CI 0.38, 0.65)
p<0.001

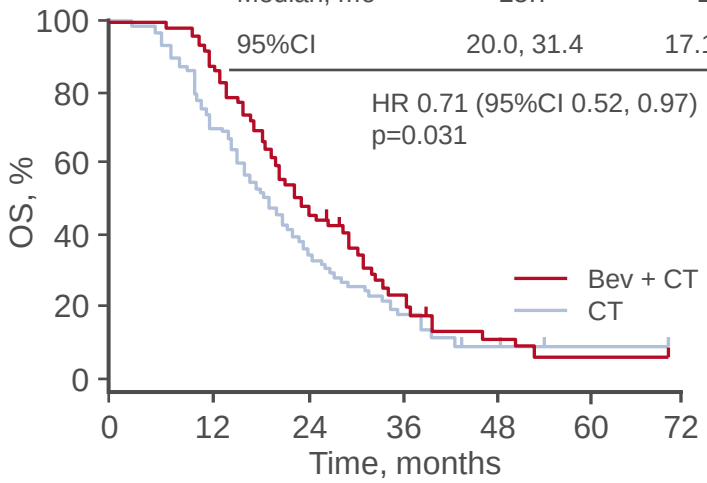


No. at risk							
Bev + CT	121	44	4	2	2	1	0
CT	120	15	4	3	1	0	0

OS

	Bev + CT	CT
No. of events	74	88
Median, mo	25.7	20.5
95%CI	20.0, 31.4	17.1, 23.9

HR 0.71 (95%CI 0.52, 0.97)
p=0.031



	121	111	47	13	6	3	0
	120	92	41	15	4	1	0

Xu J, et al. Ann Oncol 2019;30(suppl):abstr LBA31

LBA31: Bevacizumab plus chemotherapy versus chemotherapy alone as first-line treatment for patients with RAS mutant unresectable colorectal liver-limited metastases - A single center randomized control trial – Xu J, et al

Key results (cont.)

Grade ≥3 AEs, occurring in ≥5%, n (%)	Bevacizumab + mFOLFOX6 (n=121)	mFOLFOX6 (n=120)	p-value
Leukopenia/neutropenia	17 (14.1)	15 (12.5)	
Thrombocytopenia	8 (6.6)	6 (5.0)	
Nausea/vomiting	5 (4.1)	7 (5.8)	
Peripheral neuropathy	6 (5.0)	7 (5.8)	
Hypertension	10 (8.3)	3 (2.5)	0.048
Proteinuria	12 (9.9)	4 (3.3)	0.040

Conclusion

- **In patients with unresectable CRC with liver-limited metastases, bevacizumab + mFOLFOX6 demonstrated significant improvements in conversional resection rate for liver metastases as well as survival outcomes compared with mFOLFOX6 alone although there were higher rates of hypertension and proteinuria in the combination arm**

Xu J, et al. Ann Oncol 2019;30(suppl):abstr LBA31

LBA32: Encorafenib plus cetuximab with or without binimetinib for BRAF V600E–mutant metastatic colorectal cancer: Expanded results from a randomized, 3-arm, phase III study vs. the choice of either irinotecan or FOLFIRI plus cetuximab (BEACON CRC) – Tabernero J, et al

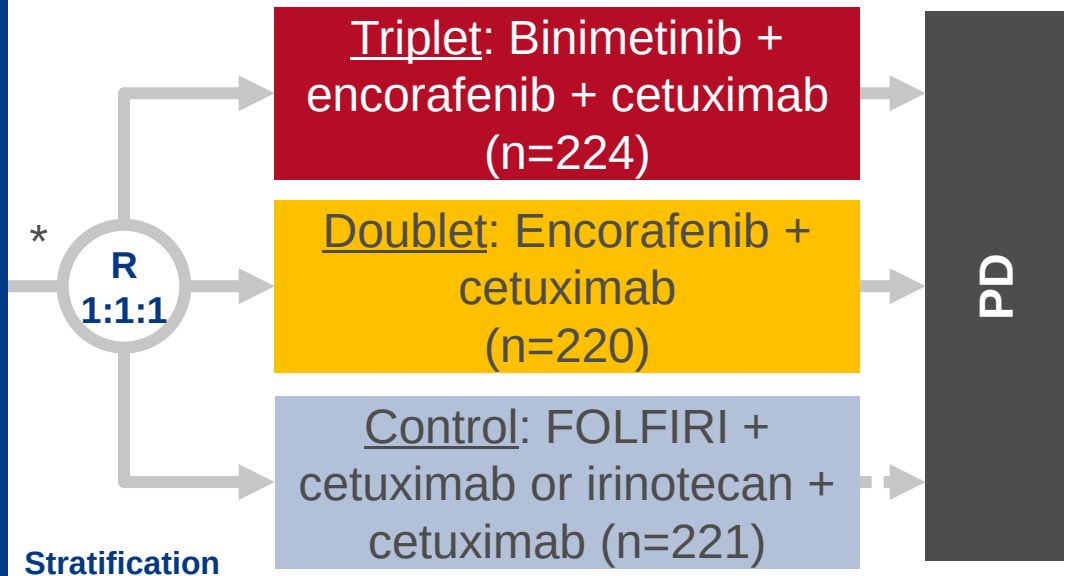
Study objective

- To investigate the long-term efficacy and safety of encorafenib + cetuximab ± binimetinib in patients with BRAF V600E-mutant mCRC

Key patient inclusion criteria

- BRAF V600E mutant mCRC
- Progressed after 1 or 2 previous regimens
- No prior treatment with RAF, MEK, EGFR inhibitors or irinotecan
- Eligible for cetuximab
- ECOG PS 0–1

(n=665)



Stratification

- BRAF V600E mutation status, ECOG PS, no. of prior regimens (1/2)

PRIMARY ENDPOINT

- ORR

SECONDARY ENDPOINTS

- OS, PFS, safety

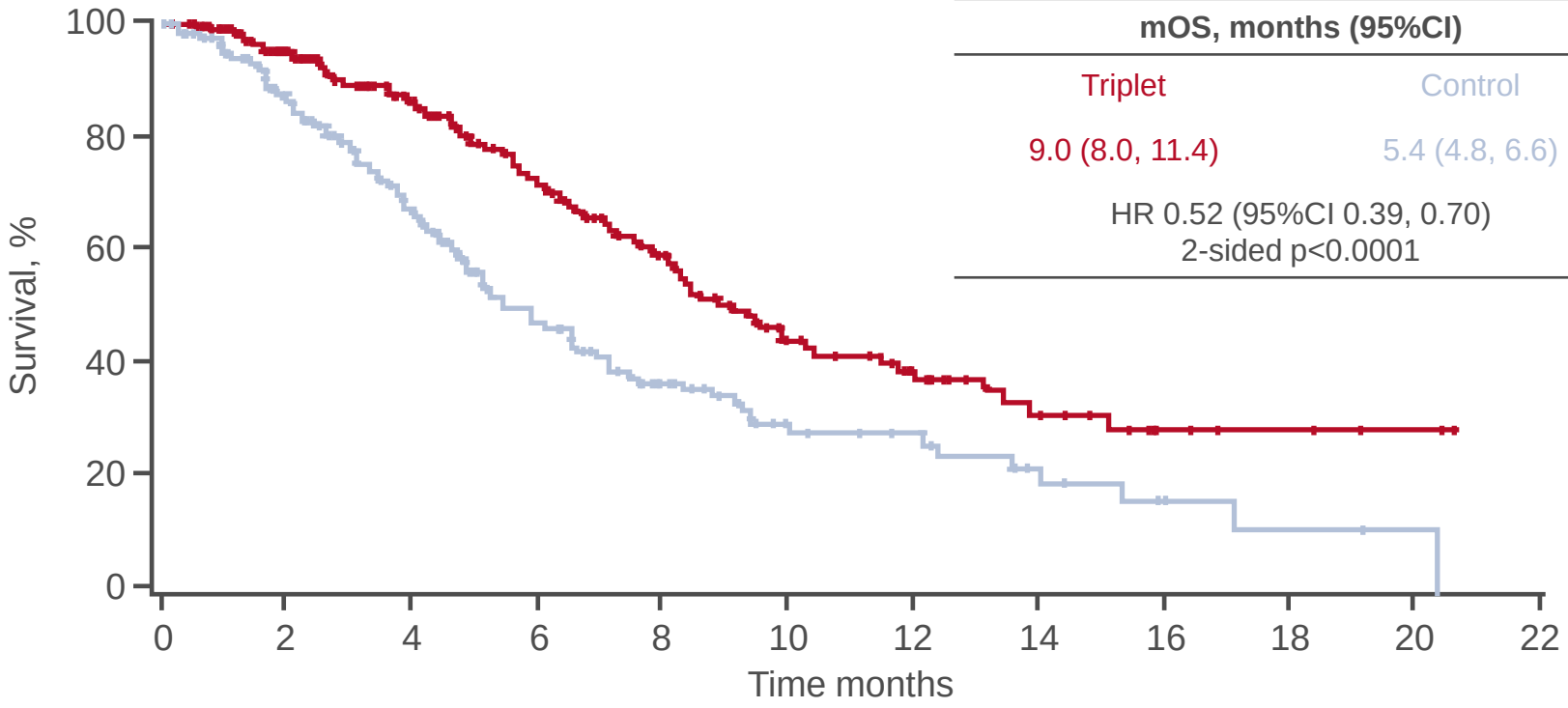
*Safety lead-in (n=30): binimetinib 45 mg bid; encorafenib 300 mg/day; cetuximab 400 mg/m^2 (initial) then 250 mg/m^2 qw

Tabernero J, et al. Ann Oncol 2019;30(suppl):abstr LBA32

LBA32: Encorafenib plus cetuximab with or without binimetinib for BRAF V600E–mutant metastatic colorectal cancer: Expanded results from a randomized, 3-arm, phase III study vs. the choice of either irinotecan or FOLFIRI plus cetuximab (BEACON CRC) – Tabernero J, et al

Key results

OS for triplet vs. control



mOS, months (95%CI)	
Triplet	Control
9.0 (8.0, 11.4)	5.4 (4.8, 6.6)

HR 0.52 (95%CI 0.39, 0.70)
2-sided p<0.0001

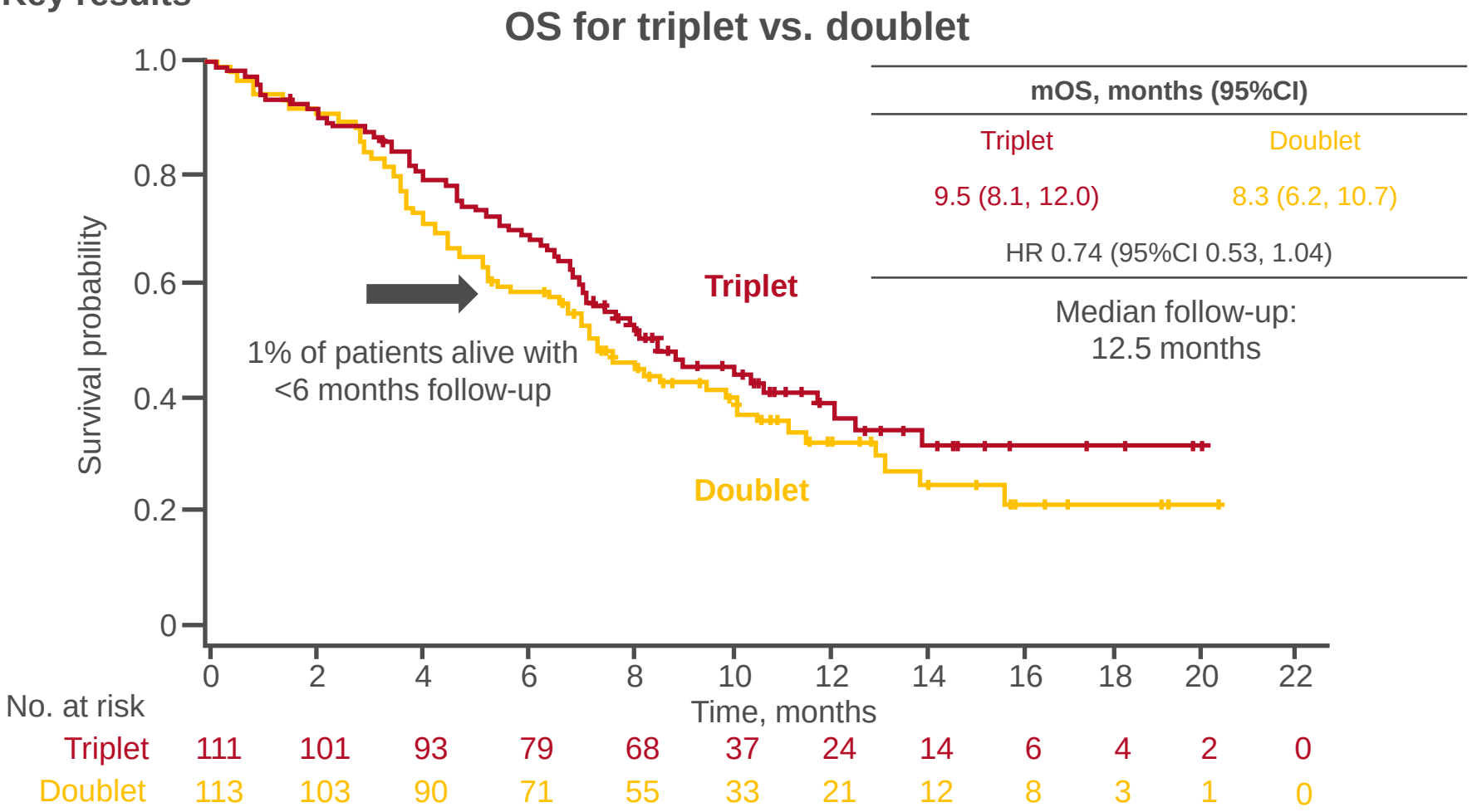
No. at risk

Triplet	224	186	141	103	69	37	24	14	6	4	2	0
Control	221	158	102	60	34	18	15	7	4	2	1	1

Tabernero J, et al. Ann Oncol 2019;30(suppl):abstr LBA32

LBA32: Encorafenib plus cetuximab with or without binimetinib for BRAF V600E–mutant metastatic colorectal cancer: Expanded results from a randomized, 3-arm, phase III study vs. the choice of either irinotecan or FOLFIRI plus cetuximab (BEACON CRC) – Tabernero J, et al

Key results



Tabernero J, et al. Ann Oncol 2019;30(suppl):abstr LBA32

LBA32: Encorafenib plus cetuximab with or without binimetinib for BRAF V600E–mutant metastatic colorectal cancer: Expanded results from a randomized, 3-arm, phase III study vs. the choice of either irinotecan or FOLFIRI plus cetuximab (BEACON CRC) – Tabernero J, et al

Key results (cont.)

Response	Triplet (n=111)	Doublet (n=113)	Control (n=107)
ORR, % (95%CI)	26 (18, 35)	20 (13, 29)	2 (<1, 7)
p-value vs. control	<0.0001	<0.0001	
1 prior line of therapy, %	34	22	2
>1 prior line of therapy, %	14	16	2
BOR, %			
CR	4	5	0
PR	23	15	2
SD	42	54	29
PD	10	7	34
NE	22	19	36
Clinical progression or AE	14	17	16
Insufficient information to assess response	8	2	20

Tabernero J, et al. Ann Oncol 2019;30(suppl):abstr LBA32

LBA32: Encorafenib plus cetuximab with or without binimetinib for BRAF V600E–mutant metastatic colorectal cancer: Expanded results from a randomized, 3-arm, phase III study vs. the choice of either irinotecan or FOLFIRI plus cetuximab (BEACON CRC) – Tabernero J, et al

Key results (cont.)

Grade ≥3 AEs occurring in ≥5%, %	Triplet (n=222)	Doublet (n=216)	Control (n=193)
Diarrhoea	10	2	10
Abdominal pain	6	2	5
Nausea	5	<1	1
Asthenia	3	3	5
Haemoglobin, hypo	11	4	4
Creatinine, hyper	5	2	1

Conclusion

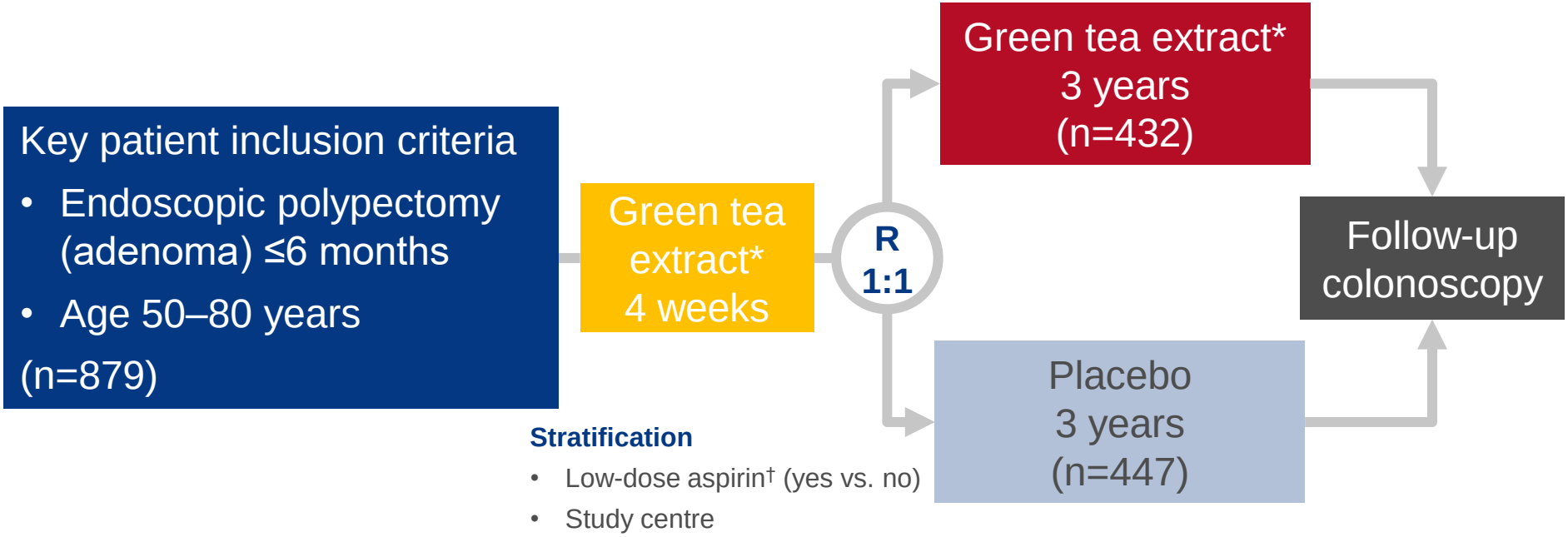
- **In patients with BRAF V600E-mutant mCRC, encorafenib + cetuximab + binimetinib demonstrated significant improvements in OS and ORR compared with standard of care and may provide more benefit over doublet although with some greater, but manageable, toxicity**

Tabernero J, et al. Ann Oncol 2019;30(suppl):abstr LBA32

LBA34: MIRACLE: Green tea extract versus placebo for the prevention of colorectal adenomas: a randomized, controlled trial – Seufferlein T, et al

Study objective

- To investigate the efficacy and safety of green tea extract for preventing colorectal adenomas



PRIMARY ENDPOINT

- Incidence of metachronous colorectal adenomas

SECONDARY ENDPOINTS

- Adenoma characteristics, frequency of severe dysplasia/carcinomas, safety

*Contains EGCG 150 mg bid; †≤100 mg/day

Seufferlein T, et al. Ann Oncol 2019;30(suppl):abstr LBA34

LBA34: MIRACLE: Green tea extract versus placebo for the prevention of colorectal adenomas: a randomized, controlled trial – Seufferlein T, et al

Key results

No. with adenoma	Green tea extract, n/N (%)	Placebo, n/N (%)	Crude RR (one-sided 95%CI)	p-value	Adjusted RR (one-sided 95%CI)	p-value
mITT	158/309 (51.1)	180/323 (55.7)	0.918 (-1.037)	0.124	0.905 (-1.018)	0.081
Per protocol	129/267 (48.3)	151/278 (54.3)	0.890 (-1.021)	0.081	0.883 (-1.006)	0.058

Low-dose aspirin subgroup

No. with adenoma	Green tea extract, n/N (%)	Placebo, n/N (%)	Crude RR (two-sided 95%CI)	p-value
mITT	25/48 (52.1)	35/58 (60.3)	0.863 (0.613, 1.215)	0.393
Per protocol	20/42 (47.6)	28/47 (59.6)	0.799 (0.539, 1.187)	0.259

Seufferlein T, et al. Ann Oncol 2019;30(suppl):abstr LBA34

LBA34: MIRACLE: Green tea extract versus placebo for the prevention of colorectal adenomas: a randomized, controlled trial – Seufferlein T, et al

Key results (cont.)

AEs, n (%)	Run-in phase (n=960)	Green tea extract (n=411)	Placebo (n=426)
Any	175 (18.2)	244 (59.4)	227 (53.3)
Blood/lymphatic system disorders	1 (0.1)	1 (0.2)	0 (0)
Cardiac disorders	5 (0.5)	16 (3.9)	19 (4.5)
Eye disorders	3 (0.3)	6 (1.5)	6 (1.4)
Gastrointestinal disorders	96 (10.0)	94 (22.9)	95 (22.3)
Diarrhoea	18 (1.9)	26 (6.3)	30 (7.0)
Abdominal discomfort	9 (0.9)	16 (3.9)	8 (1.9)
Abdominal pain	8 (0.8)	11 (2.7)	12 (2.8)
Nausea	21 (2.2)	11 (2.7)	15 (3.5)
Abdominal distension	19 (2.0)	6 (1.5)	12 (2.8)
Constipation	14 (1.5)	5 (1.2)	11 (2.6)
Hepatobiliary disorders	1 (0.1)	4 (1.0)	5 (1.2)
Hepatitis	0 (0)	0 (0)	1 (0.2)
Hepatitis, alcoholic	0 (0)	0 (0)	1 (0.2)
Liver disorder	0 (0)	0 (0)	1 (0.2)
Immune system disorder	0 (0)	4 (1.0)	3 (0.7)
Infections/infestations	21 (2.2)	96 (23.4)	107 (25.1)
Nasopharyngitis	10 (1.0)	36 (8.8)	55 (12.9)
Bronchitis	3 (0.3)	7 (1.7)	15 (3.5)

Seufferlein T, et al. Ann Oncol 2019;30(suppl):abstr LBA34

LBA34: MIRACLE: Green tea extract versus placebo for the prevention of colorectal adenomas: a randomized, controlled trial – Seufferlein T, et al

Key results (cont.)

Grade 3–4 AEs, n	Run-in phase (n=960)	Green tea extract (n=411)	Placebo (n=426)
ALT	1	1	1
AST	1	0	1
Bilirubin	0	0	0

Conclusion

- **Green tea extract demonstrated a trend towards preventing large bowel adenomas and was generally well-tolerated**

Seufferlein T, et al. Ann Oncol 2019;30(suppl):abstr LBA34

522O: Mutation tracking in circulating tumor DNA (ctDNA) detects minimal residual disease (MRD) in patients with localized colorectal cancer (CRC) and identifies those at high risk of recurrence regardless of stage, lack of CDX2 expression and CMS subtype – Tarazona N, et al

Study objective

- To investigate a comprehensive molecular multi-omic approach using integrated genomics, transcriptomics and proteomics data as a prognostic model for patients with localised colon cancer

Methods

- Blood and tumour samples were taken from 150 patients with stage I–III colon cancer at time of surgery for NGS (FFPE tissue for a custom panel of 29 genes) and ctDNA and CEA analysis (blood) between October 2015 and October 2017; blood samples were also taken 6–8 weeks after surgery and then every 4 months for ctDNA and CEA analysis up to 5 years
- Patients could receive adjuvant chemotherapy at the clinician's discretion (55 of the 150 patients received chemotherapy)
- Analysis of cytokines, gene expression and CDX2 was performed on 132, 117 and 150 samples, respectively

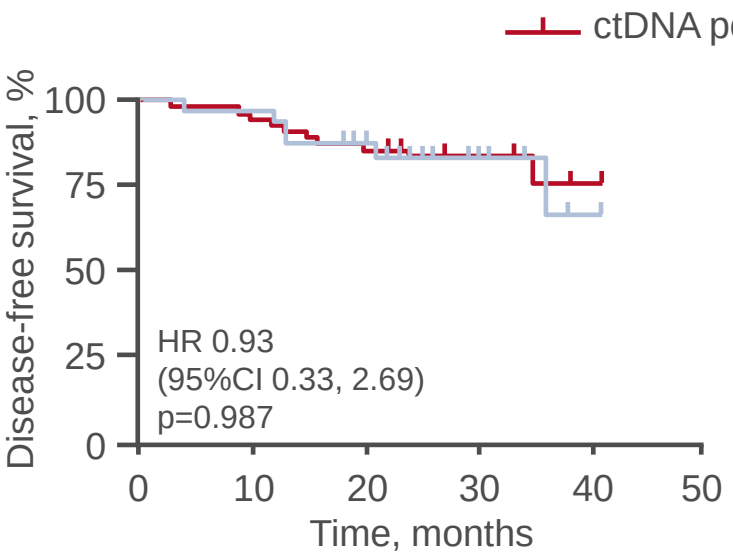
Tarazona N, et al. Ann Oncol 2019;30(suppl):abstr 522O

522O: Mutation tracking in circulating tumor DNA (ctDNA) detects minimal residual disease (MRD) in patients with localized colorectal cancer (CRC) and identifies those at high risk of recurrence regardless of stage, lack of CDX2 expression and CMS subtype – Tarazona N, et al

Key results

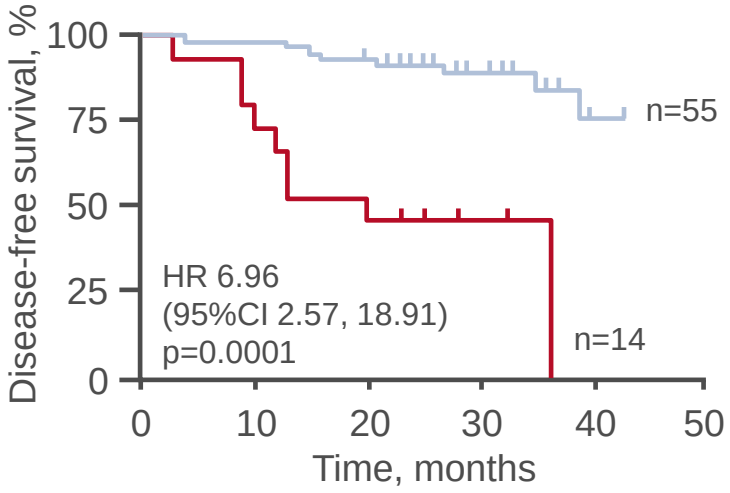
- Baseline ctDNA was not predictive while postoperative ctDNA was predictive for DFS

Baseline ctDNA



60 of 94 (63.8%) ctDNA detection in baseline plasma DNA

Postoperative (6–8 weeks) ctDNA

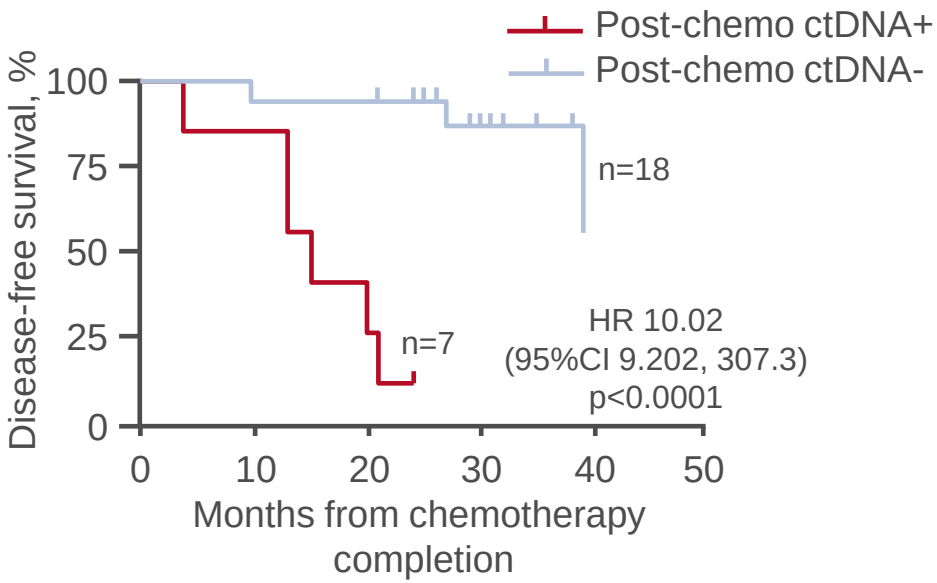


Tarazona N, et al. Ann Oncol 2019;30(suppl):abstr 522O

522O: Mutation tracking in circulating tumor DNA (ctDNA) detects minimal residual disease (MRD) in patients with localized colorectal cancer (CRC) and identifies those at high risk of recurrence regardless of stage, lack of CDX2 expression and CMS subtype – Tarazona N, et al

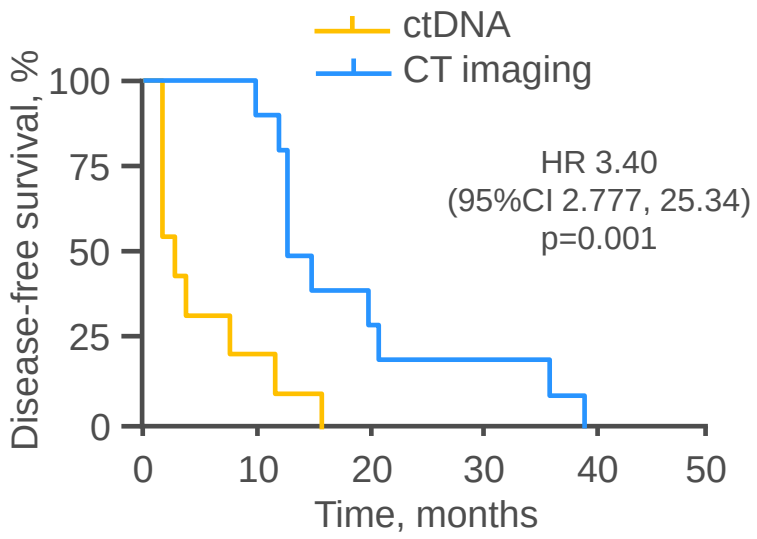
Key results (cont.)

Predicting early relapse post-chemotherapy



28% ctDNA detection in post-chemo plasma DNA. The recurrence rate among patients with positive post-chemo ctDNA was 85.7% (6 of 7 patients)

Plasma ctDNA for detecting recurrence



Median lead time over clinical relapse for all relapses was 11.5 months

Tarazona N, et al. Ann Oncol 2019;30(suppl):abstr 522O

522O: Mutation tracking in circulating tumor DNA (ctDNA) detects minimal residual disease (MRD) in patients with localized colorectal cancer (CRC) and identifies those at high risk of recurrence regardless of stage, lack of CDX2 expression and CMS subtype – Tarazona N, et al

Key results (cont.)

HR (95%CI); p-value	Univariate analysis (n=149, 18 events)	Multivariate analysis (n=61, 15 events)
Tumour site (right vs. left)	0.30 (0.11, 0.85); 0.023	
T stage (T1-T2-T3 vs. T4)	3.36 (1.27, 8.88); 0.015	
Stage (II vs. III)	3.24 (1.04, 10.09); 0.043	
Nodal involvement (N0 vs. N1 + N2)	4.65 (1.50, 14.45); 0.008	
Vascular invasion (yes vs. no)	0.14 (0.05, 0.38); <0.001	
Perineural invasion (yes vs. no)	0.38 (0.15, 0.98); 0.045	
Postoperative ctDNA status (- vs. +)	**6.96 (2.57, 18.91); <0.001**	**13.64 (2.64, 70.49); 0.002**
CDX2 (present vs. loss)	**12.68 (4.63, 34.69); <0.001**	**23.12 (3.59, 149.05); 0.001**
IL6 (≤3.45 vs. >3.45)	3.55 (1.16, 10.90); 0.027	
CMS (CMS1 vs. CMS2 + CMS3)	0.12 (0.03, 0.59); 0.009	

Conclusion

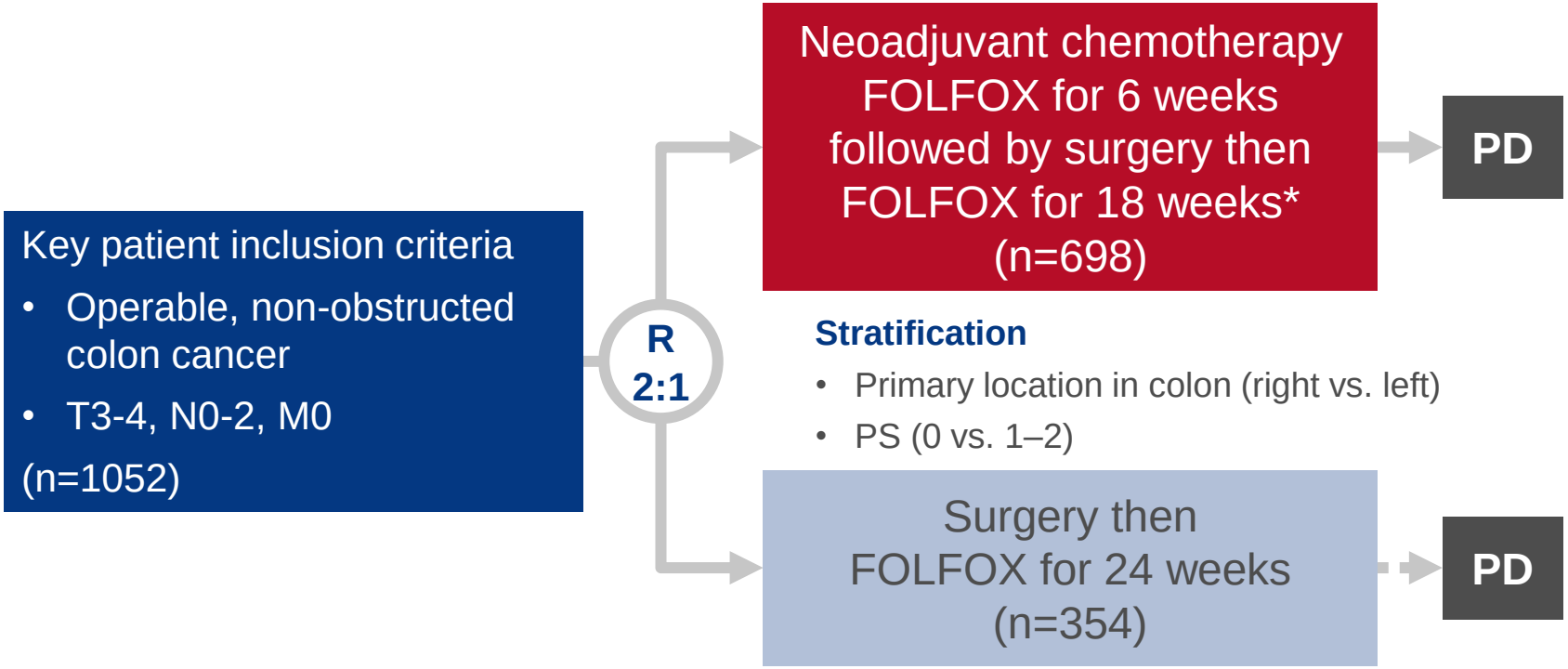
- **In patients with stage I–III colon cancer, the only variables found to be predictive of a higher risk of recurrence were postoperative plasma ctDNA and lack of CDX2 expression which was independent of stage, inflammatory cytokines and CMS group**

Tarazona N, et al. Ann Oncol 2019;30(suppl):abstr 522O

523O: FOxTROT: an international randomised controlled trial in 1053 patients evaluating neoadjuvant chemotherapy (NAC) for colon cancer – Morton D, et al

Study objective

- To investigate the efficacy and safety of neoadjuvant chemotherapy in patients with colon cancer



PRIMARY ENDPOINT

- 2-year DFS

SECONDARY ENDPOINTS

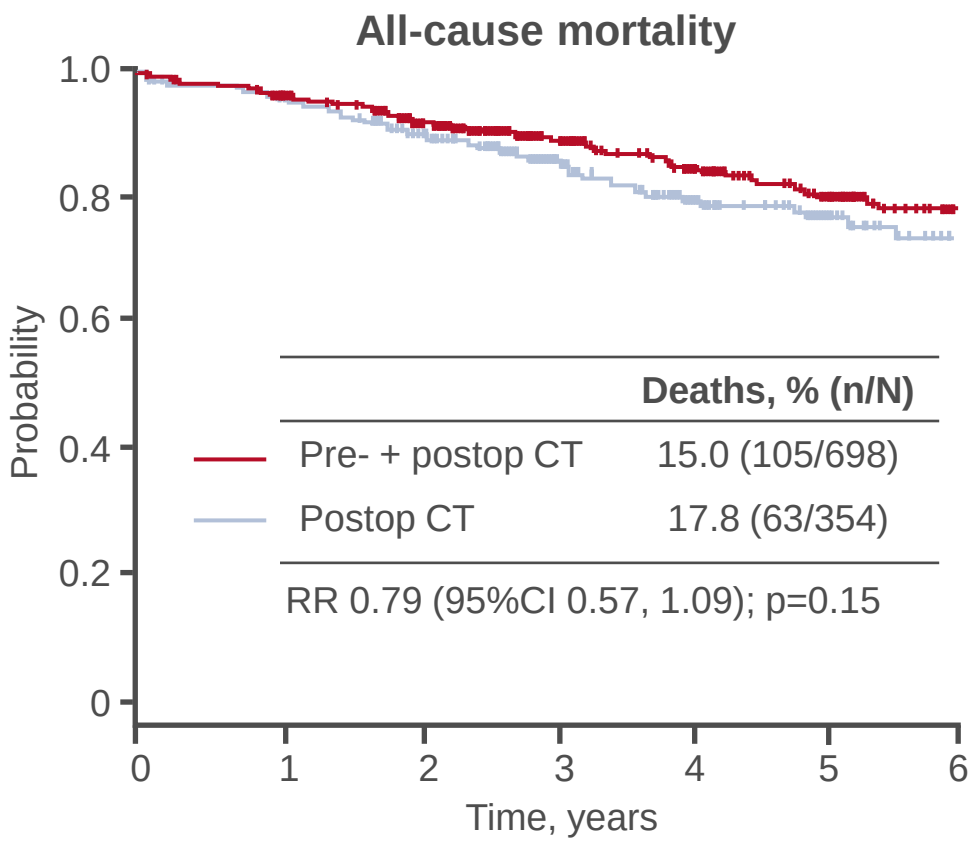
- Resection rate, downstaging, survival, safety

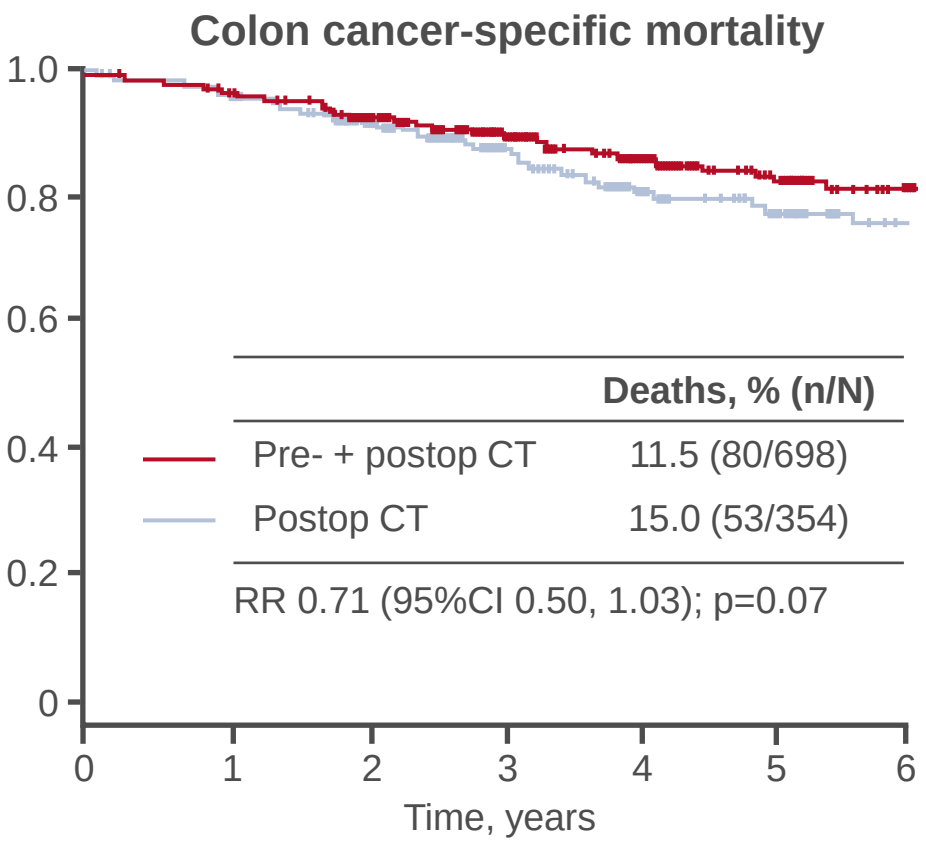
*Optional substudy of 6 weeks of FOLFOX + panitumumab if KRAS wt

Morton D, et al. Ann Oncol 2019;30(suppl):abstr 523O

523O: FOxTROT: an international randomised controlled trial in 1053 patients evaluating neoadjuvant chemotherapy (NAC) for colon cancer – Morton D, et al

Key results (cont.)





Morton D, et al. Ann Oncol 2019;30(suppl):abstr 523O

523O: FOxTROT: an international randomised controlled trial in 1053 patients evaluating neoadjuvant chemotherapy (NAC) for colon cancer – Morton D, et al

Key results (cont.)

	Pre- and postoperative chemotherapy (n=684)	Postoperative chemotherapy (n=351)	p-value
Procedure involved a stoma	11.7	9.0	0.18
Wound infection	8.5	8.9	0.85
Bronchopneumonia	1.8	3.1	0.16
PE ± DVT	1.6	0.6	0.18
Anastomotic leak or intra-abdominal abscess	4.7	7.4	0.07
Complication requiring further surgery	4.3	7.1	0.05
Complication prolonging hospital stay	11.6	14.3	0.21
Death within 30 days	0.6	0.6	0.98

Conclusion

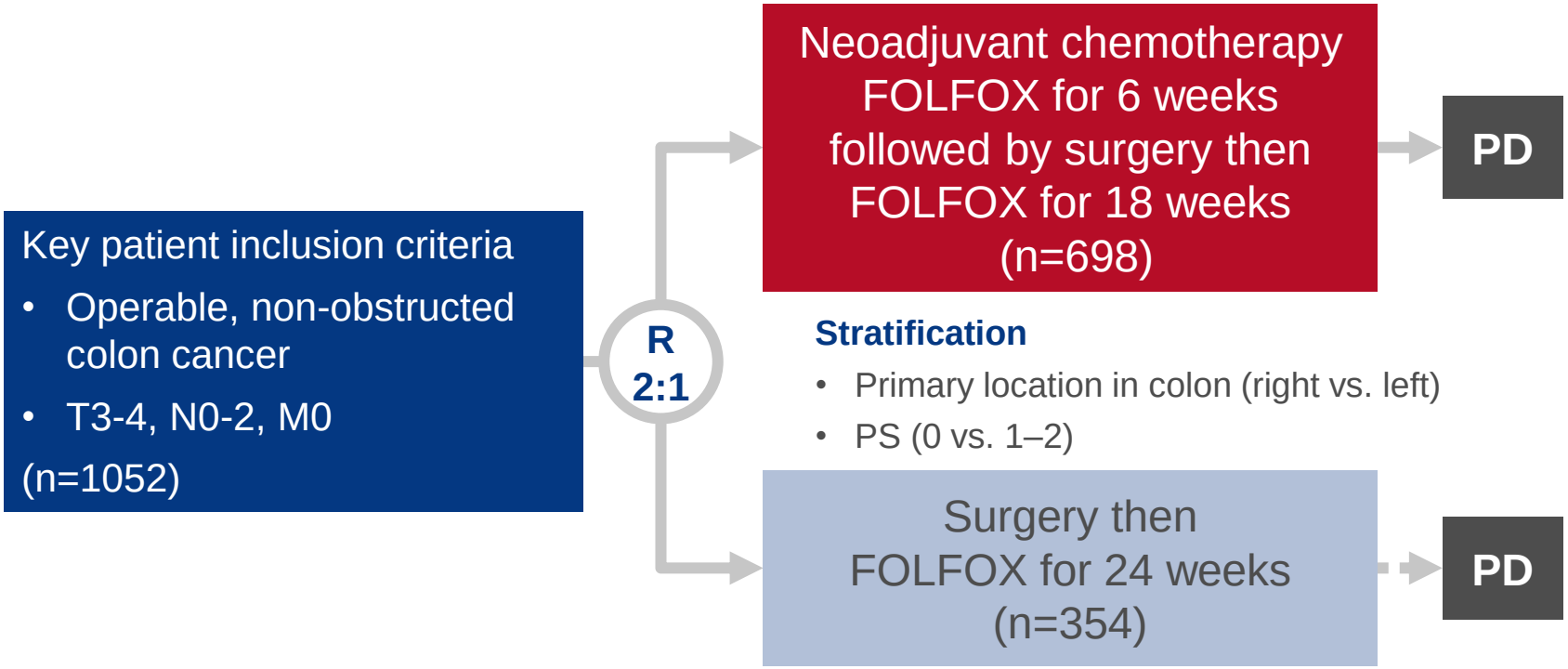
- **In patients with colon cancer, the use of neoadjuvant chemotherapy did not significantly improve all-cause or colon cancer-specific mortality although the rate of major surgical complications was reduced**

Morton D, et al. Ann Oncol 2019;30(suppl):abstr 523O

532PD: Pre-operative FOLFOX chemotherapy in advanced colon cancer: pathology analysis of the FOxTROT trial – West N, et al

Study objective

- To investigate the efficacy and safety of neoadjuvant chemotherapy in patients with colon cancer



ENDPOINTS

- RFS, staging, response

West N, et al. Ann Oncol 2019;30(suppl):abstr 532PD

532PD: Pre-operative FOLFOX chemotherapy in advanced colon cancer: pathology analysis of the FOxTROT trial – West N, et al

Key results

		Preoperative chemotherapy	Straight to surgery	p-value
pT stage	0 1 2 ≥3	17 (3.7) 9 (1.9) 59 (12.6) 382 (81.8)	0 (0) 1 (0.4) 17 (7.8) 201 (91.8)	0.0001
pN stage	0 1 2	296 (63.9) 115 (24.9) 52 (11.2)	114 (52.0) 58 (26.5) 47 (21.5)	0.0002
Apical node metastases	No Yes	562 (96.7) 19 (3.2)	283 (91.9) 25 (8.1)	0.002
Extranodal spread	No Yes	533 (91.6) 49 (8.4)	250 (81.2) 58 (18.9)	<0.0001
R status	0 1	459 (98.7) 6 (1.3)	210 (95.9) 9 (4.1)	0.02
Extramural venous invasion	No Yes	382 (65.5) 201 (34.5)	172 (55.7) 137 (44.3)	0.004
Intramural venous invasion	No Yes	468 (80.3) 115 (19.7)	208 (67.3) 101 (32.7)	<0.0001
Lymphatic invasion	No Yes	314 (53.6) 272 (46.4)	139 (44.7) 172 (55.3)	0.002
Perineural invasion	No Yes	516 (88.4) 68 (11.6)	267 (85.8) 44 (14.2)	0.69
Stromal lymphocytes	Mean (SD) Median (IQR)	24 (14.0) 20 (15–35)	16.4 (8.7) 15 (10–20)	<0.0001
Tumour lymphocytes	Mean (SD) Median (IQR)	4.3 (5.0) 3 (1–6)	4.1 (5.4) 2 (1–5)	0.63

West N, et al. Ann Oncol 2019;30(suppl):abstr 532PD

532PD: Pre-operative FOLFOX chemotherapy in advanced colon cancer: pathology analysis of the FOxTROT trial – West N, et al

Key results (cont.)

		Preoperative chemotherapy	Straight to surgery	p-value
Budding grade	G1 (<5 per x20 field) G2 (5–10 per x20 field) G3 (>10 per x20 field)	406 (71.2) 133 (23.3) 31 (5.5)	169 (54.4) 99 (31.8) 43 (13.8)	<0.0001
Poorly differentiated clusters	G1 (<5 per x20 field) G2 (5–10 per x20 field) G3 (>10 per x20 field)	384 (67.5) 100 (17.6) 85 (14.9)	190 (61.1) 67 (21.5) 54 (17.5)	0.10
Neutrophils	≥60 per high power field 30–60 per high power field <30 per high power field	28 (4.8) 42 (7.2) 558 (88.0)	30 (9.7) 39 (12.5) 242 (77.8)	<0.0001
Eosinophils	≥60 per high power field 30–60 per high power field <30 per high power field	35 (6.0) 145 (24.8) 404 (69.2)	9 (2.9) 37 (11.9) 265 (85.2)	<0.0001
Abscess formation	Yes	66 (11.3)	65 (20.9)	0.0001
Tertiary lymphoid structures	Yes	472 (80.5)	261 (84.2)	0.18
Number of lymph nodes	Mean (SD) Median (IQR)	23.2 (10.7) 22 (16–29)	25.7 (11.5) 24 (18–32)	0.002
Average tumour area in metastatic lymph nodes (mm^2)	Mean (SD) Median (IQR)	4.6 (3.1) 3.9 (2.5–6.4)	5.9 (4.8) 5.4 (3.9–7.1)	0.003

West N, et al. Ann Oncol 2019;30(suppl):abstr 532PD

532PD: Pre-operative FOLFOX chemotherapy in advanced colon cancer: pathology analysis of the FOxTROT trial – West N, et al

Conclusion

- **In patients with advanced colon cancer, the use of preoperative chemotherapy demonstrated a significant impact on the primary tumour including reducing high-risk pathological characteristics as well as possible mechanisms of metastatic spread**

West N, et al. Ann Oncol 2019;30(suppl):abstr 532PD