GI SLIDE DECK 2015

Selected abstracts from:

17th WORLD CONGRESS ON GASTROINTESTINAL CANCER 2015

1–4 July 2015

Barcelona, Spain

esdo european society of digestive oncology

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Eli Lilly and Company has not influenced the content of this publication

Lilly

Letter from ESDO

DEAR COLLEAGUES

It is my 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 2015. This slide set specifically focuses on the 17th World Congress on Gastrointestinal Cancer 2015.

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. I 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.

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

Yours sincerely,

Eric Van Cutsem
Wolff Schmiegel
Phillippe Rougier
Thomas Seufferlein

(ESDO Governing Board)

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european society of digestive oncology

ESDO Medical Oncology Slide Deck
Editors 2015

COLORECTAL CANCERS



Prof Eric Van Cutsem	Digestive Oncology, University Hospitals, Leuven, Belgium
Prof Wolff Schmiegel	Department of Medicine, Ruhr University, Bochum, Germany
Prof Thomas Gruenberger	Department of Surgery I, Rudolf Foundation Clinic, Vienna, Austria

PANCREATIC CANCER AND HEPATOBILIARY TUMOURS


Prof Jean-Luc Van Laetham	Digestive Oncology, Erasme University Hospital, Brussels, Belgium
Prof Thomas Seufferlein	Clinic of Internal Medicine I, University of Ulm, Ulm, Germany

GASTRO-OESOPHAGEAL AND NEUROENDOCRINE TUMOURS


Prof Philippe Rougier	Digestive Oncology, Hospital Georges Pompidou, Paris, France
Prof Côme Lepage	University Hospital & INSERM, Dijon, France

BIOMARKERS


Prof Eric Van Cutsem	Digestive Oncology, University Hospitals, Leuven, Belgium
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esdo

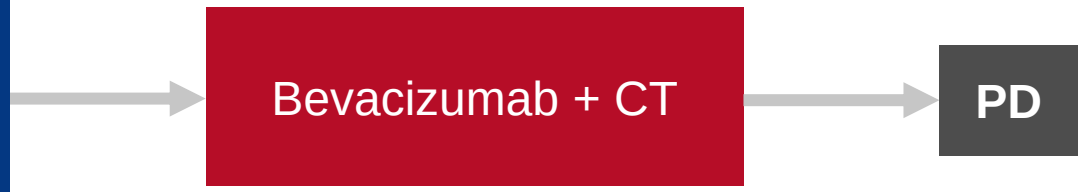
LBA-01: Survival outcomes according to body mass index (BMI): results from a pooled analysis of 5 observational or phase IV studies of bevacizumab in metastatic colorectal cancer (mCRC) – Zafar Y, et al

Study objective

- To assess the impact of BMI on survival outcomes in patients with mCRC treated with bevacizumab + CT

Key patient inclusion criteria
- Previously untreated mCRC
- Available BMI data

(n=6128)



- Data were pooled from five prospective, observational or phase 4 studies*
- OS and PFS were assessed using the following BMI categories:

BMI (kg/m^2)	N
<25	2,860
<20	532
20–24	2,328
25–29	2,119
30–35	821
≥35	328

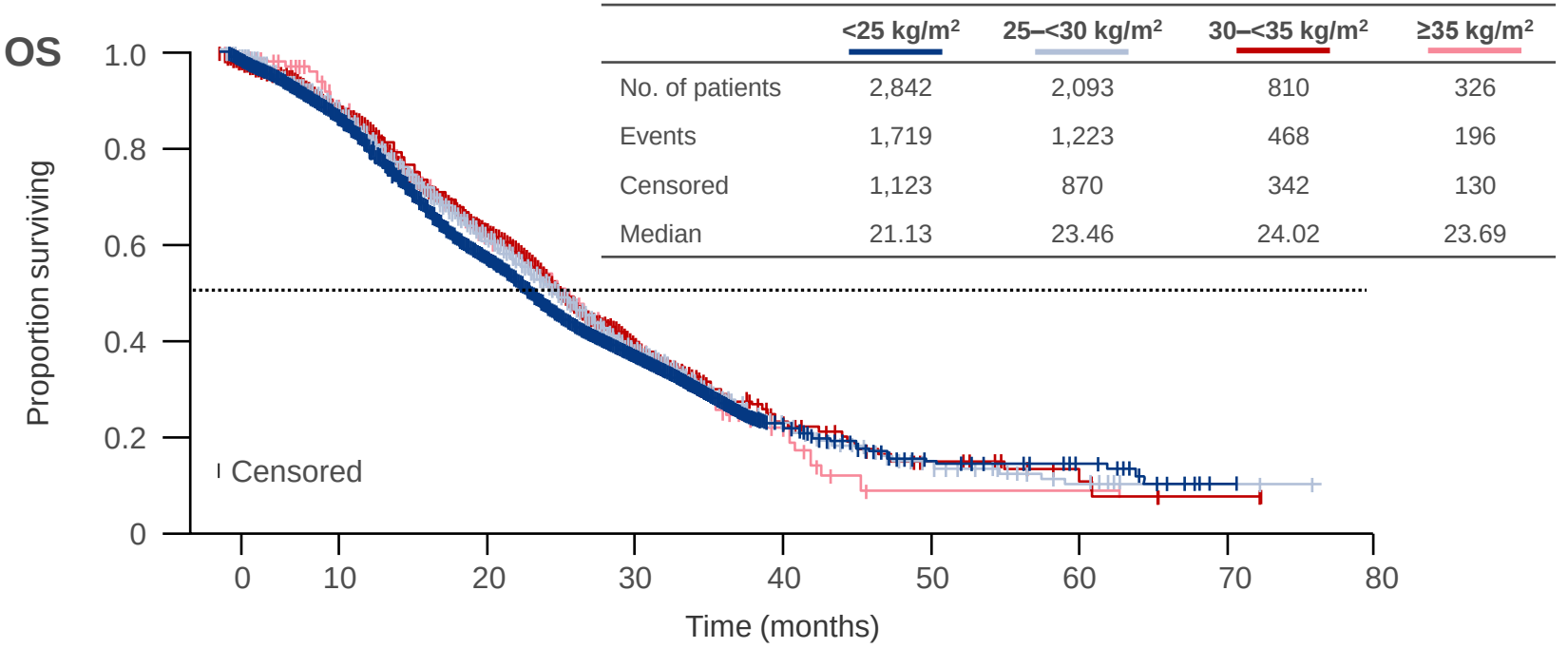
*BEAT, BRiTE, AWB, CONCERT and ARIES studies (data from the ARIES study did not include BMI and were excluded)

Zafar et al. *Ann Oncol* 2015; 26 (suppl 4): abstr LBA-01

LBA-01: Survival outcomes according to body mass index (BMI): results from a pooled analysis of 5 observational or phase IV studies of bevacizumab in metastatic colorectal cancer (mCRC) – Zafar Y, et al

- **Key results**

	BMI (kg/m²)			
	<25	25–29	30–35	≥35
mPFS, months (95%CI)	10.0 (9.7, 10.4)	10.6 (10.2, 11.0)	10.5 (9.9, 11.4)	10.9 (9.5, 12.3)



	<25 kg/m²	25–<30 kg/m²	30–<35 kg/m²	≥35 kg/m²
No. of patients	2,842	2,093	810	326
Events	1,719	1,223	468	196
Censored	1,123	870	342	130
Median	21.13	23.46	24.02	23.69

Zafar et al. *Ann Oncol* 2015; 26 (suppl 4): abstr LBA-01

LBA-01: Survival outcomes according to body mass index (BMI): results from a pooled analysis of 5 observational or phase IV studies of bevacizumab in metastatic colorectal cancer (mCRC) – Zafar Y, et al

Key results (cont.)

- Proportional hazard models
  - A BMI increase of 5 kg/m^2 reduced the risk of death: HR 0.911 (95%CI 0.879, 0.944)

Proportional hazard models	BMI		
	<20 vs. <25 kg/m^2	<20 vs. >25 kg/m^2	<25 vs. >25 kg/m^2
OS, HR (95%CI)	1.18 (1.05, 1.34)	1.32 (1.17, 1.49)	1.12 (1.04, 1.20)

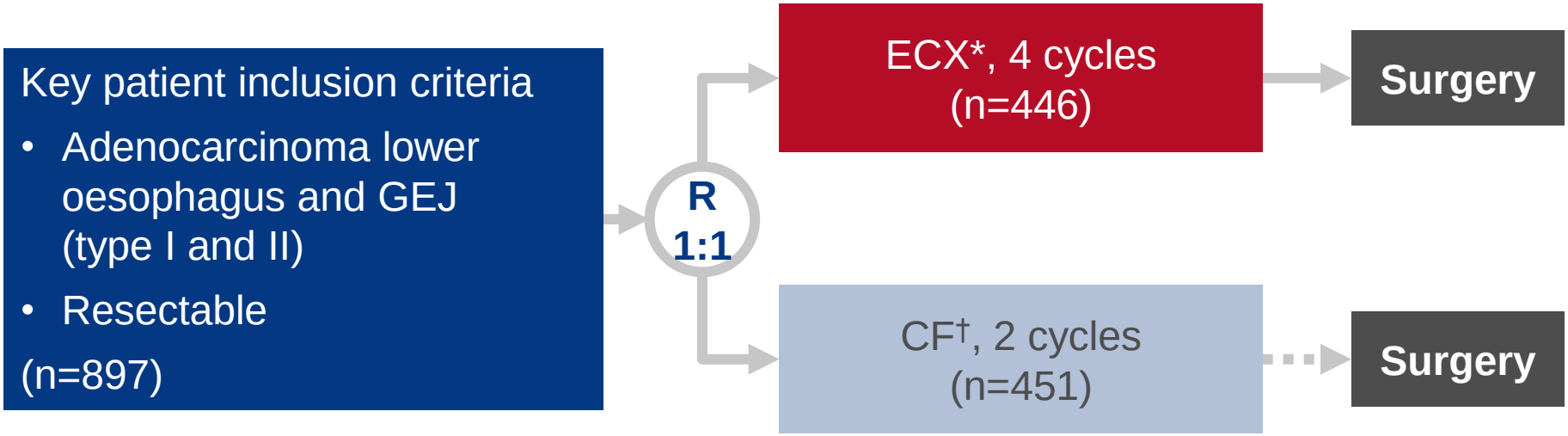
Conclusions

- **A lower BMI was associated with shorter mOS in patients with mCRC treated with bevacizumab + CT**
  - **mPFS was similar between BMI categories**
- **Adjusted proportional hazard models confirmed that low BMI was associated with shorter OS**
- **Low BMI may be a poor prognostic factor in mCRC**

Zafar et al. *Ann Oncol* 2015; 26 (suppl 4): abstr LBA-01

LBA-03: Neoadjuvant chemotherapy for resectable oesophageal and junctional adenocarcinoma: results from the UK Medical Research Council randomised OEO5 trial (ISRCTN 01852072) – Cunningham D, et al

- **Objective**
  - To evaluate the efficacy and safety of 4 cycles of neoadjuvant ECX followed by surgery vs. 2 cycles of neoadjuvant CF followed by surgery in patients with resectable oesophageal and junctional adenocarcinoma



PRIMARY ENDPOINT

- OS

SECONDARY ENDPOINTS

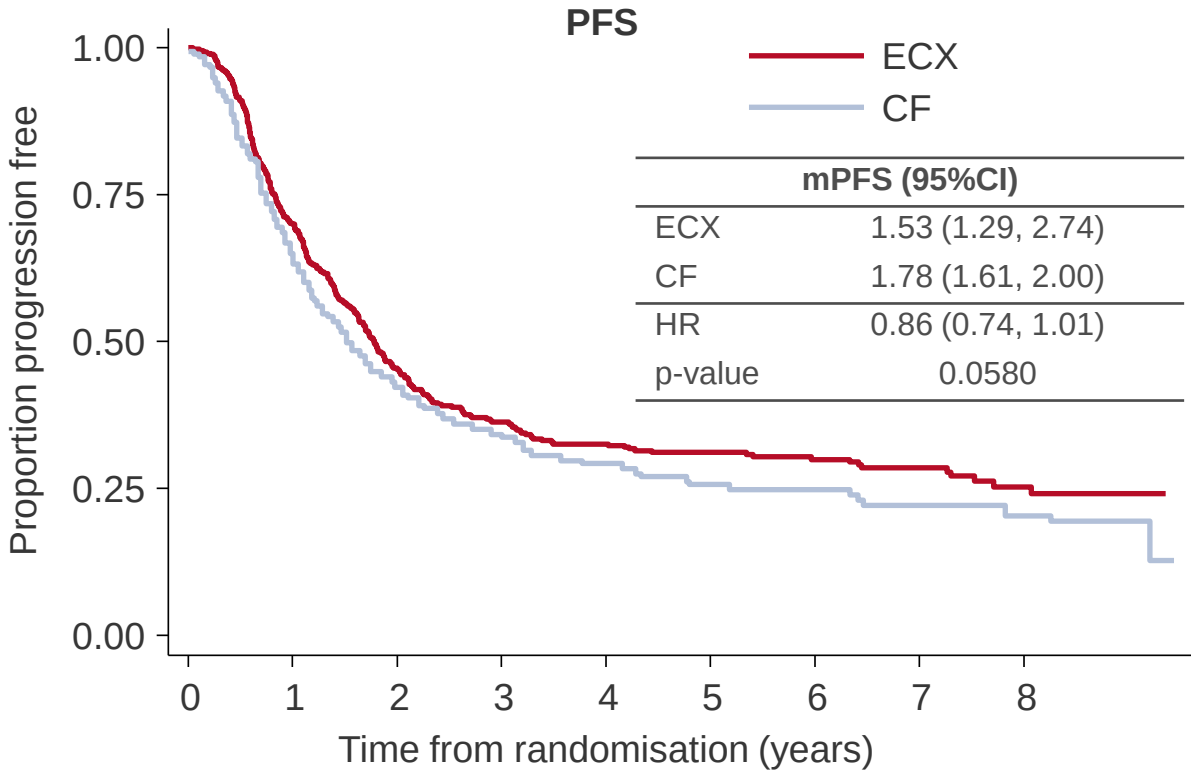
- PFS
- Toxicity, pathological R0 resection rate
- Mandard tumour regression grade

*Epirubicin 50 mg/m^2 d1, cisplatin 60 mg/m^2 d1, capecitabine 1250 mg/m^2 daily; †Cisplatin 80 mg/m^2 d1, 5-FU 1 g/m^2 d1–4.

Cunningham et al. *Ann Oncol* 2015; 26 (suppl 4): abstr LBA-03

LBA-03: Neoadjuvant chemotherapy for resectable oesophageal and junctional adenocarcinoma: results from the UK Medical Research Council randomised OEO5 trial (ISRCTN 01852072) – Cunningham D, et al

- **Key results**
  - Mandard tumour regression grade 1–3:
    - 32% with ECX vs. 15% with CF (p<0.001)
  - OS: 2.15 vs. 2.02 years for ECX vs. CF (HR 0.92 [0.79, 1.08]; p=0.8582)

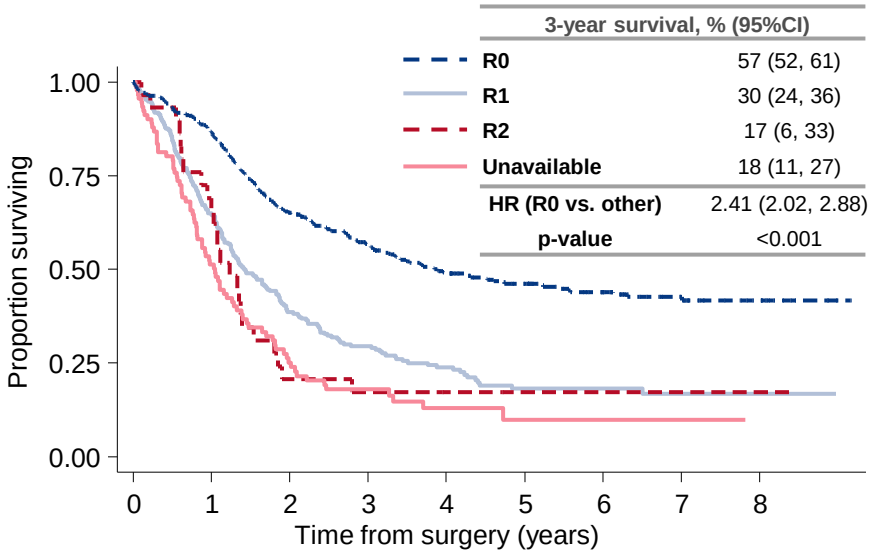


Cunningham et al. *Ann Oncol* 2015; 26 (suppl 4): abstr LBA-03

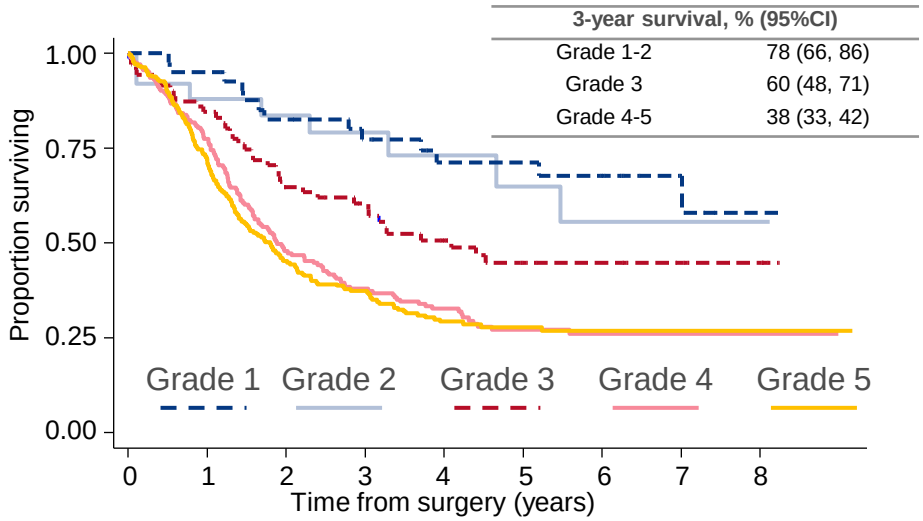
LBA-03: Neoadjuvant chemotherapy for resectable oesophageal and junctional adenocarcinoma: results from the UK Medical Research Council randomised OEO5 trial (ISRCTN 01852072) – Cunningham D, et al

- **Key results (cont.)**

Post-operative survival by R0 status



Post-operative survival by Mandard grade



Cunningham et al. *Ann Oncol* 2015; 26 (suppl 4): abstr LBA-03

LBA-03: Neoadjuvant chemotherapy for resectable oesophageal and junctional adenocarcinoma: results from the UK Medical Research Council randomised OEO5 trial (ISRCTN 01852072) – Cunningham D, et al

- **Key results (cont.)**

Grade 3–4 AEs, %	ECX (n=440)	CF (n=446)	p-value
Any	47	30	<0.001
Diarrhoea	8	1	<0.001
Stomatitis	2	6	0.002
Neutropenia	23	17	0.023
Infection/febrile neutropenia	3	1	0.007
PPE	9	0	<0.001
Thrombotic events	9	10	0.495

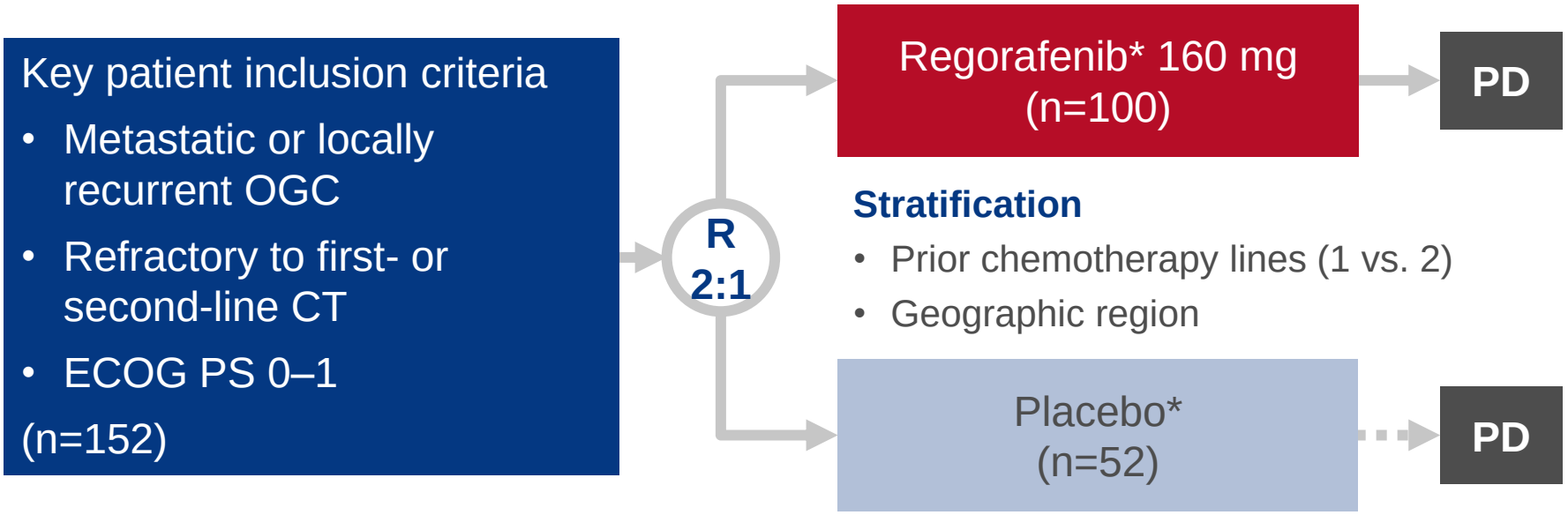
- **Conclusions**
  - **Survival in both treatment arms was better than anticipated**
  - **A trend towards improved PFS and pathological tumour regression grade was seen with ECX but this did not provide any survival advantage**
  - **R0 resection status was significantly correlated with improved long-term survival**
  - **Studies are ongoing to identify potential subsets of patients who may benefit from additional CT**

Cunningham et al. *Ann Oncol* 2015; 26 (suppl 4): abstr LBA-03

LBA-06: INTEGRATE: A randomized phase II double-blind placebo-controlled study of regorafenib (REG) in refractory advanced oesophagogastric cancer (AOGC) - A study by the Australasian Gastrointestinal Trials Group (AGITG): Final overall and subgroup results – Pavlakis N, et al

Objective

- To assess the efficacy and safety of regorafenib in patients with refractory advanced OGC



PRIMARY ENDPOINT

- PFS

SECONDARY ENDPOINTS

- ORR, clinical benefit, OS
- Safety, QoL

*d1–21 q4w cycle + BSC

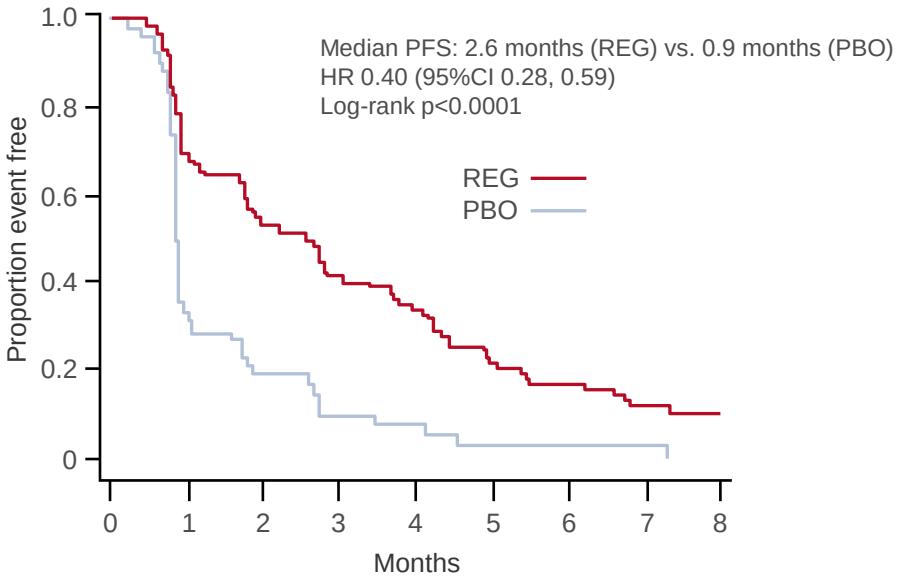
Pavlakis et al. *Ann Oncol* 2015; 26 (suppl 4): abstr LBA-06

LBA-06: INTEGRATE: A randomized phase II double-blind placebo-controlled study of regorafenib (REG) in refractory advanced oesophagogastric cancer (AOGC) - A study by the Australasian Gastrointestinal Trials Group (AGITG): Final overall and subgroup results – Pavlakis N, et al

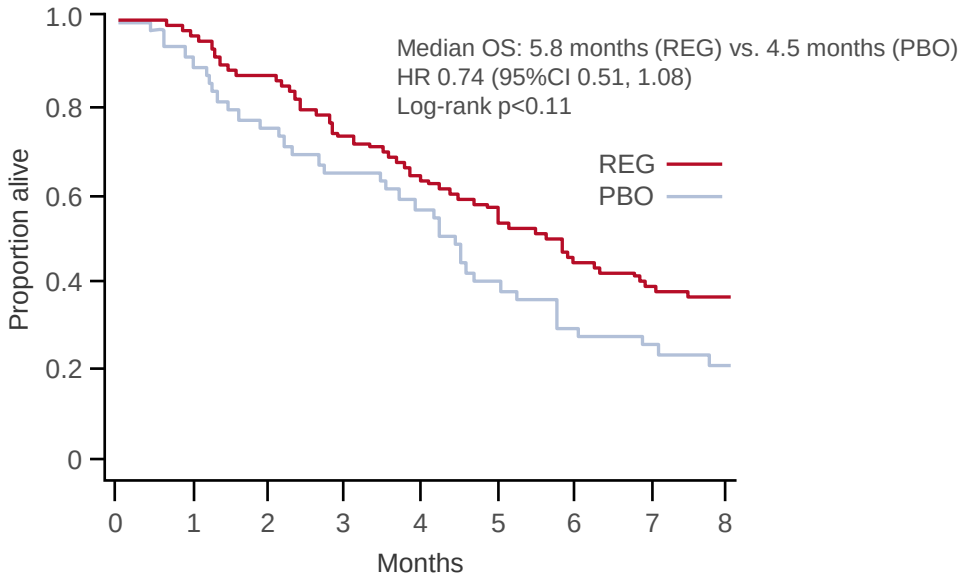
Key results

	Regorafenib (n=97)	Placebo (n=50)
CR, n (%)	0 (0)	0 (0)
PR, n (%)	3 (3)	1 (2)
SD, n (%)	39 (40)	7 (14)
Clinical benefit at 2 months, n (% [95%CI])	44 (45 [35, 56])	9 (18 [9, 31])

PFS



OS



PBO, placebo; REG, regorafenib.

Pavlakis et al. *Ann Oncol* 2015; 26 (suppl 4): abstr LBA-06

LBA-06: INTEGRATE: A randomized phase II double-blind placebo-controlled study of regorafenib (REG) in refractory advanced oesophagogastric cancer (AOGC) - A study by the Australasian Gastrointestinal Trials Group (AGITG): Final overall and subgroup results – Pavlakis N, et al

Key results (cont.)

PFS by region	ANZ/Canada	Korea
HR (95%CI); p-value	0.61 (0.39, 0.97); 0.0324	0.12 (0.06, 0.27); <0.0001
p-value for heterogeneity	0.0009	

Grade 3–5 AEs occurring in ≥5%, n (%)	Regorafenib (n=100)	Placebo (n=52)
Fatigue	3 (3)	4 (8)
Anorexia	6 (6)	3 (6)
AST increased	9 (9)	0 (0)
Hypertension	10 (10)	1 (2)
Abdominal pain	5 (5)	1 (2)
ALT increased	8 (8)	3 (6)
Vomiting	1 (1)	3 (6)

Conclusions

- **Regorafenib prolonged PFS versus placebo in patients with advanced OGC**
  - **There was a non-significant trend in OS**
- **Regional differences were found but the PFS effect was positive for all subgroups**
- **Regorafenib was generally well tolerated, with similar toxicity to previous studies**
- **Phase 3 evaluation of regorafenib is warranted**

ANZ, Australia and New Zealand

Pavlakis et al. *Ann Oncol* 2015; 26 (suppl 4): abstr LBA-06