

# Post-ESMO Oncologie digestive 15/10/2024

Antoine EL KADDISSI

Docteur Junior en oncologie médicale

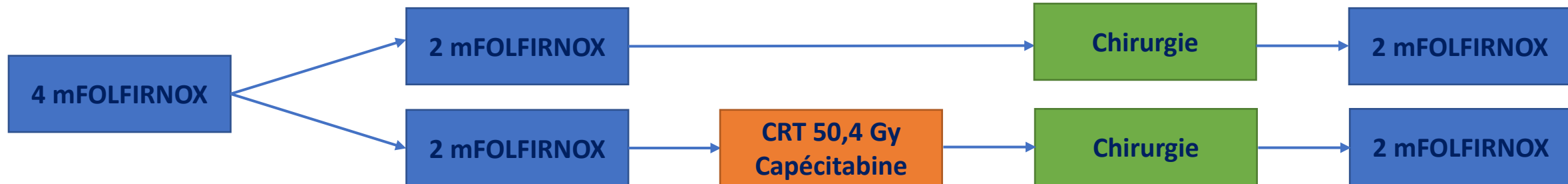
# Plan

- Cancer du pancréas
- Adénocarcinome oeso-gastrique
- Cancer du canal anal

# Cancer du pancréas localisé

- PRODIGE-44 PANDAS  
Preoperative mFOLFIRINOX with or without chemoradiation  
in borderline resectable pancreatic cancer

Objectif : Taux de R0



# Cancer du pancréas localisé

- PRODIGE-44 PANDAS  
Preoperative mFOLFIRINOX with or without chemoradiation  
in borderline resectable pancreatic cancer

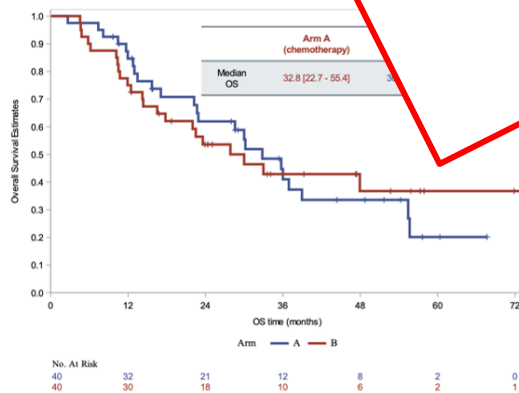
Objectif : Taux de R0

**La radiochimiothérapie n'a pas sa place dans la prise en charge des adénocarcinomes pancréatiques en néo-adjuvant. Le FOLFIRINOXm reste le standard.**

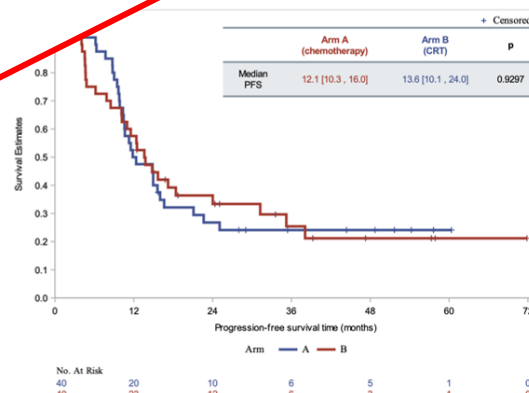
	Arm A (chemotherapy)	Arm B (CRT)	p-value
R0 Resection rate	18 (45)	22 (55)	0.8230
Resection (R0 or R1)	31 (77.5)	9 (22.5)	0.1149
ypCR	37 (100) (3 missing)	31 (100) (9 missing)	

## Overall survival

ITT population



## Progression-free survival

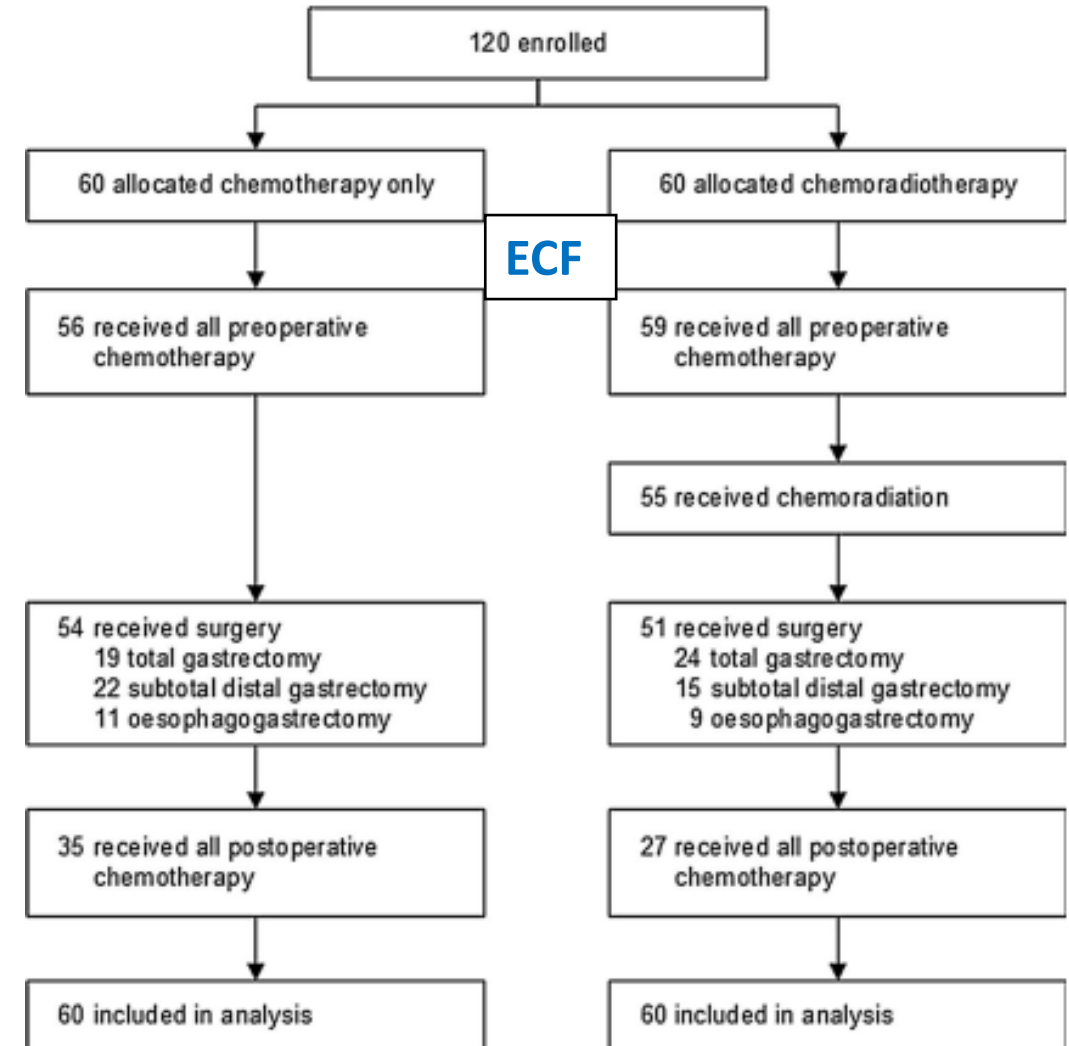


Grade 5 toxicities post-surgery p-value = 0.0952		
	Arm A: chemotherapy N (% of all grades)	Arm B: CRT N (% of all grades)
No	97 (99.0)	78 (94.0)
≤ 30days	1 (1.0)	2 (2.4)
> 30 days	-	3 (3.6)

# Cancer de l'estomac localisé

- TOPGEAR  
Addition of pre-operative chemoradiotherapy to peri-operative chemotherapy in resectable gastric and gastro-oesophageal cancer

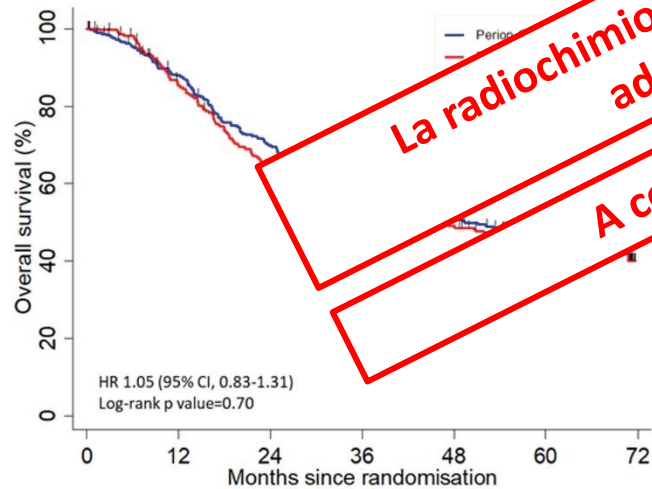
Objectif : OS



# Cancer de l'estomac localisé

- TOPGEAR  
Addition of pre-operative chemoradiotherapy to peri-operative chemotherapy in resectable gastric and gastro-oesophageal cancer

Objectif : OS



Number at Risk:	0	12	24	36	48	60	72
Periop Chemotherapy	288	241	191	154	122	94	8
Preop Chemoradiotherapy	286	235	174	143	117	89	9

**La radiochimiothérapie n'a pas sa place dans la prise en charge des adénocarcinomes gastrique en néo-adjuvant.**

**A comparer avec la chimiothérapie standard, le FLOT**

	Periop CT
Median OS	49.4 mths
3-yr OS	57.7%
3-yr OS	45.7%

Median pCR : 16.8% vs 8.0% (p<0.0001)

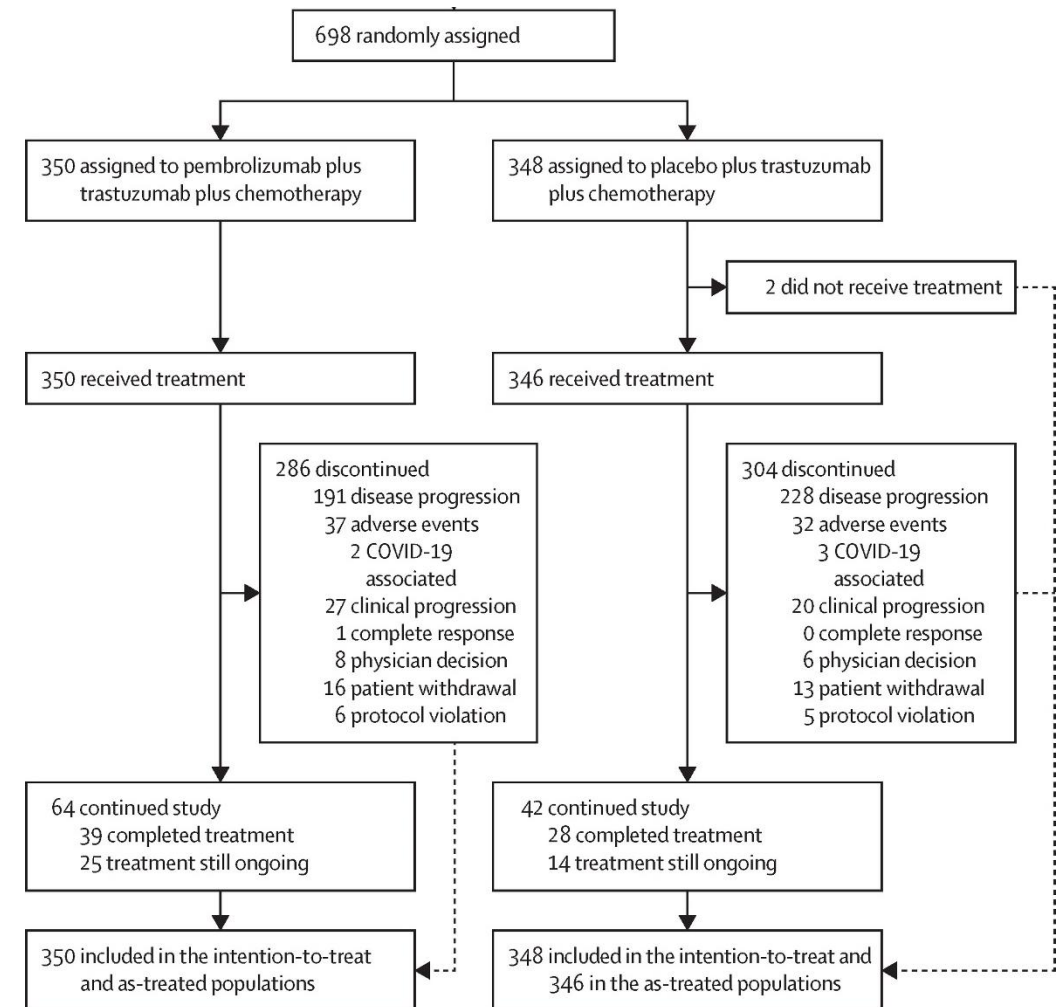
Median TRG2 : 32,7% vs 21,3%

Median PFS : 31,8 vs 31,4 months

# Cancer de l'estomac HER2

- KEYNOTE-811  
Pembrolizumab plus trastuzumab and chemotherapy for HER2+ gastric or gastro-oesophageal junction adenocarcinoma

Objectif : PFS



# Cancer de l'estomac HER2

- KEYNOTE-811  
Pembrolizumab plus trastuzumab and chemotherapy for HER2+ gastric or gastro-oesophageal junction adenocarcinoma

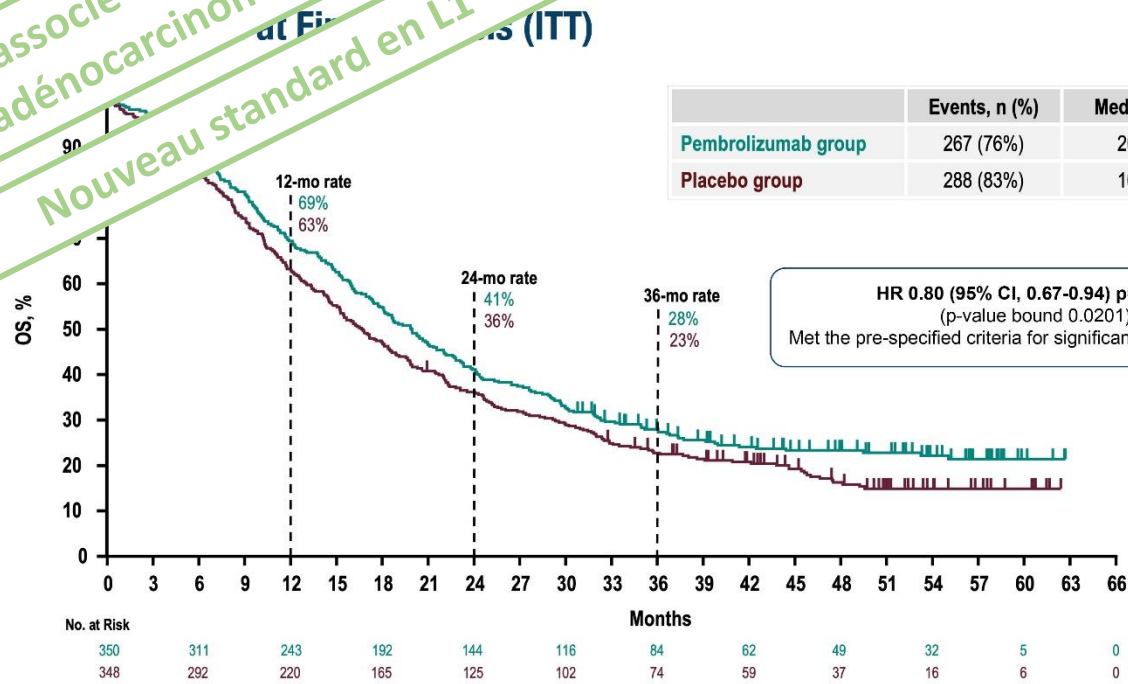
Objectif : PFS

Median PFS : 10.0 vs 8.1 months

Median PFS (PD-L1) : 10.9 vs 7.3 months

*L'immunothérapie doit être associée à la chimiothérapie + anti-HER2 dans la L1 des adénocarcinomes gastriques*

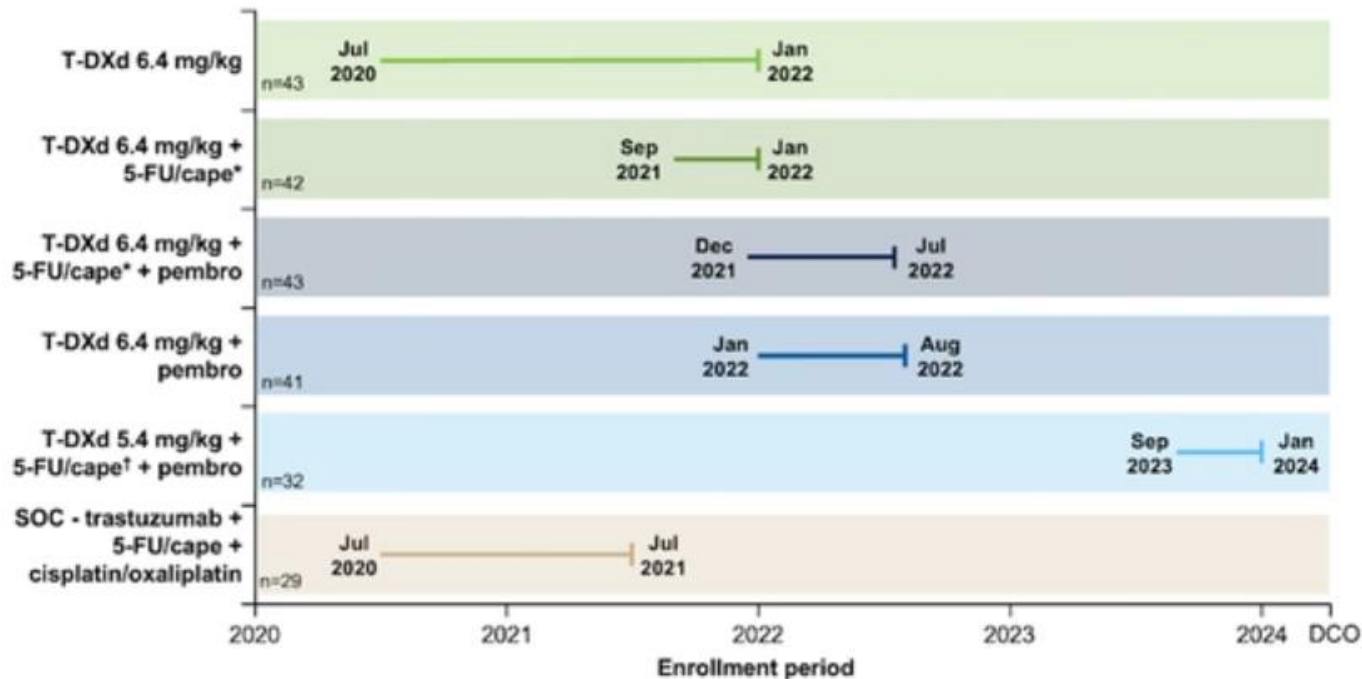
*Nouveau standard en L1*





# Cancer de l'estomac HER2

- DESTINY-Gastric03  
Trastuzumab-Deruxtecan monotherapy and combinations in patients with advanced/mestastic HER2+ gastric or gastro-oesophageal junction adenocarcinoma



## Patient population

- Adults ≥18 years
- Unresectable, locally advanced or metastatic esophageal adenocarcinoma/GC/GEJA
- HER2+ (IHC 3+ or IHC 2+/ISH+ per local assessment)
- Treatment naïve for metastatic disease
- ECOG PS of 0 or 1

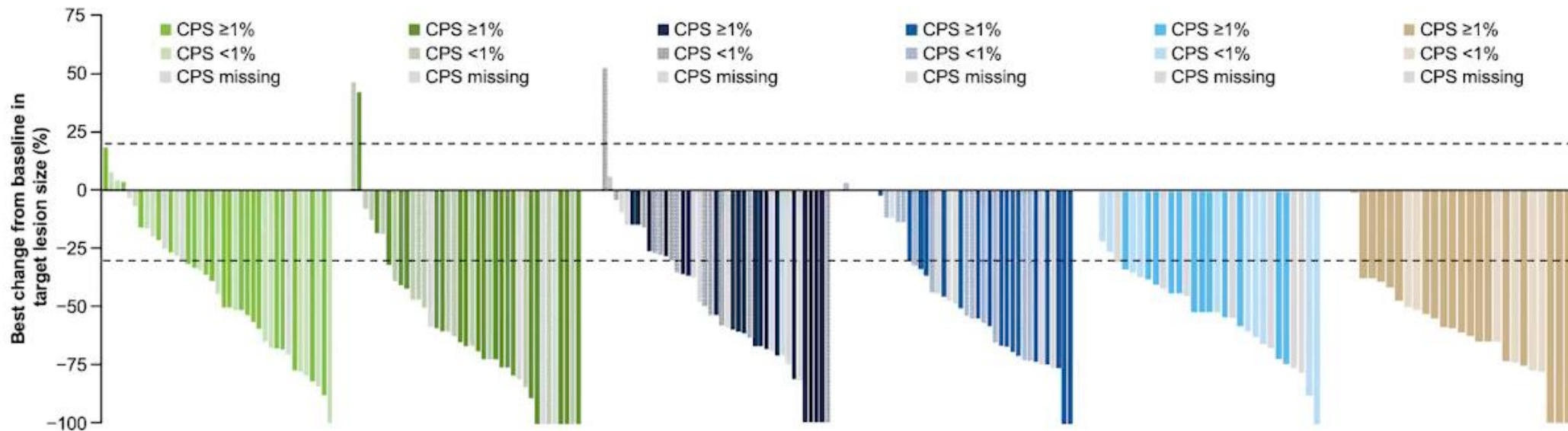
## Part 2 endpoints

Primary	Secondary	Exploratory
<b>Confirmed ORR by investigator assessment</b>	• ORR, DOR, and PFS by investigator assessment, and OS	Antitumor activity by PD-L1 status
	• Safety and tolerability	

# Cancer de l'estomac HER2

## Objective response rate and best percentage change from baseline in target lesion size

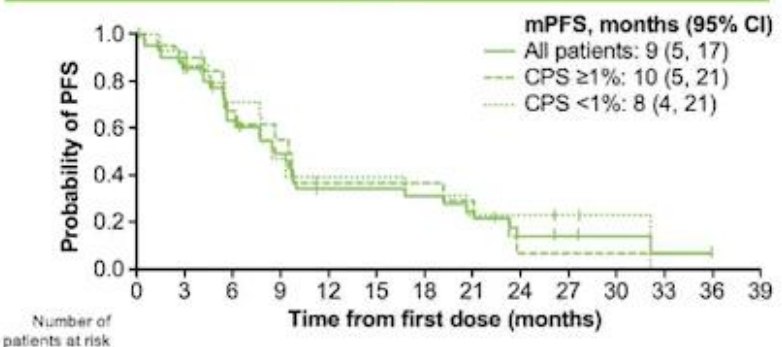
	T-DXd 6.4 mg/kg n=43	T-DXd 6.4 mg/kg + 5-FU/cape 1000 mg/m <sup>2</sup> n=41	T-DXd 6.4 mg/kg + 5-FU/cape 1000 mg/m <sup>2</sup> + pembro n=43	T-DXd 6.4 mg/kg + pembro n=41	T-DXd 5.4 mg/kg + 5-FU/cape 750 mg/m <sup>2</sup> + pembro n=32	SOC - trastuzumab + 5-FU/cape + cisplatin/oxaliplatin n=29
mFollow up, months	17	21	17	15	5	18
mDOR, months (95% CI)	18 (6, 30)	20 (12, 28)	17 (8, NE)	18 (5, 21)	NE (2, NE)	14 (5, 20)
Confirmed ORR, % (95% CI)	49 (33, 65)	78 (62, 90)	58 (42, 73)	63 (46, 78)	59 (40, 77)	76 (56, 90)
CPS ≥1%	57	77	70	78	62	85
CPS <1%	53	73	39	44	46	71



# Cancer de l'estomac HER2

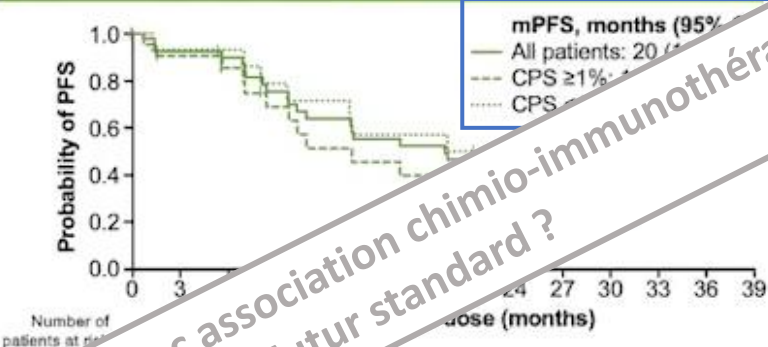
Projet de phase 3 avec association chimio-immunothérapie et ADC.  
Futur standard ?

**T-DXd 6.4 mg/kg  
n=43**



	0	3	6	9	12	15	18	21	24	27	30	33	36	39
All patients	43	34	23	17	11	11	10	7	4	3	2	1	0	0
CPS ≥1%	21	18	12	9	5	5	5	3	1	1	1	1	0	0
CPS <1%	15	12	9	6	5	5	4	3	3	2	1	0	0	0

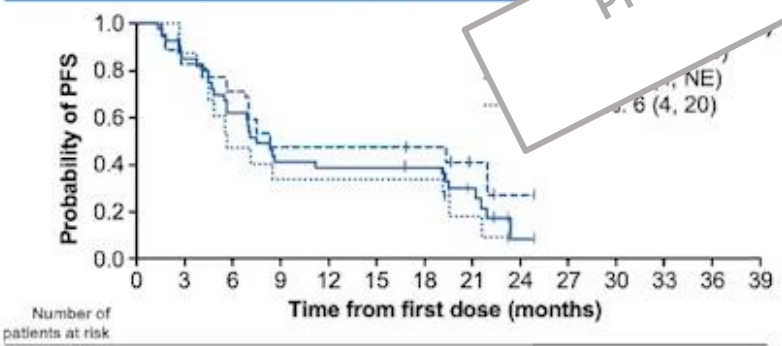
**T-DXd 6.4 mg/kg + 5-FU/cape 1000 mg/m<sup>2</sup>  
n=41**



	0	3	6	9	12	15	18	21	24	27	30	33	36	39
All patients	41	36	27	22	17	14	11	2	0	0	0	0	0	0
CPS ≥1%	20	17	14	12	9	7	5	2	0	0	0	0	0	0
CPS <1%	13	10	6	3	2	2	1	0	0	0	0	0	0	0

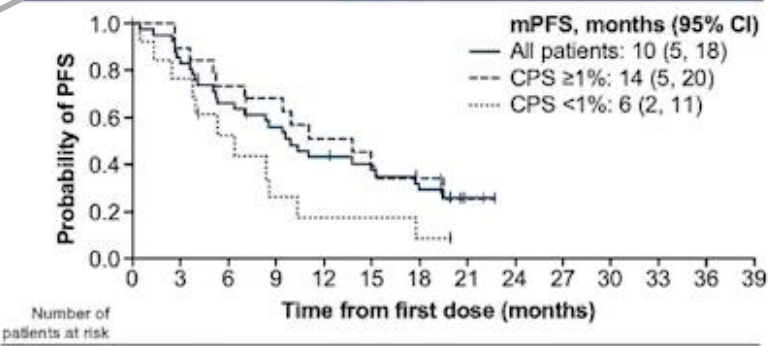
Data for arm T-DXd 5.4 mg/kg + 5-FU/cape 750 mg/m<sup>2</sup> + pembro are immature

**T-DXd 6.4 mg/kg + pembro  
n=41**



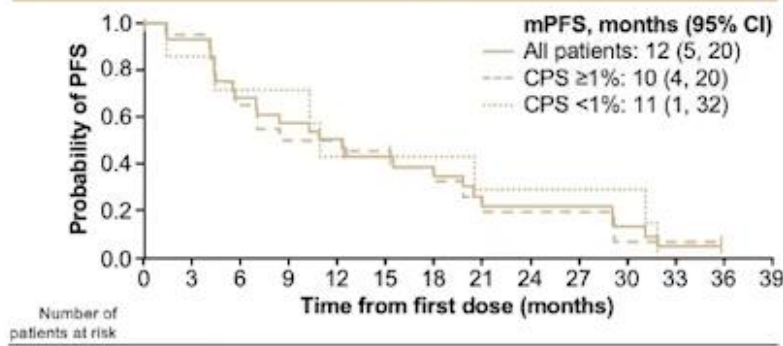
	0	3	6	9	12	15	18	21	24	27	30	33	36	39
All patients	41	33	24	16	15	14	7	1	0	0	0	0	0	0
CPS ≥1%	18	14	12	8	8	7	3	1	0	0	0	0	0	0
CPS <1%	16	13	7	5	5	5	2	0	0	0	0	0	0	0

**T-DXd 6.4 mg/kg + 5-FU/cape 1000 mg/m<sup>2</sup> + pembro  
n=43**



	0	3	6	9	12	15	18	21	24	27	30	33	36	39
All patients	43	36	27	22	17	14	11	2	0	0	0	0	0	0
CPS ≥1%	20	17	14	12	9	7	5	2	0	0	0	0	0	0
CPS <1%	13	10	6	3	2	2	1	0	0	0	0	0	0	0

**SOC - trastuzumab + 5-FU/cape + cisplatin/oxaliplatin  
n=29**



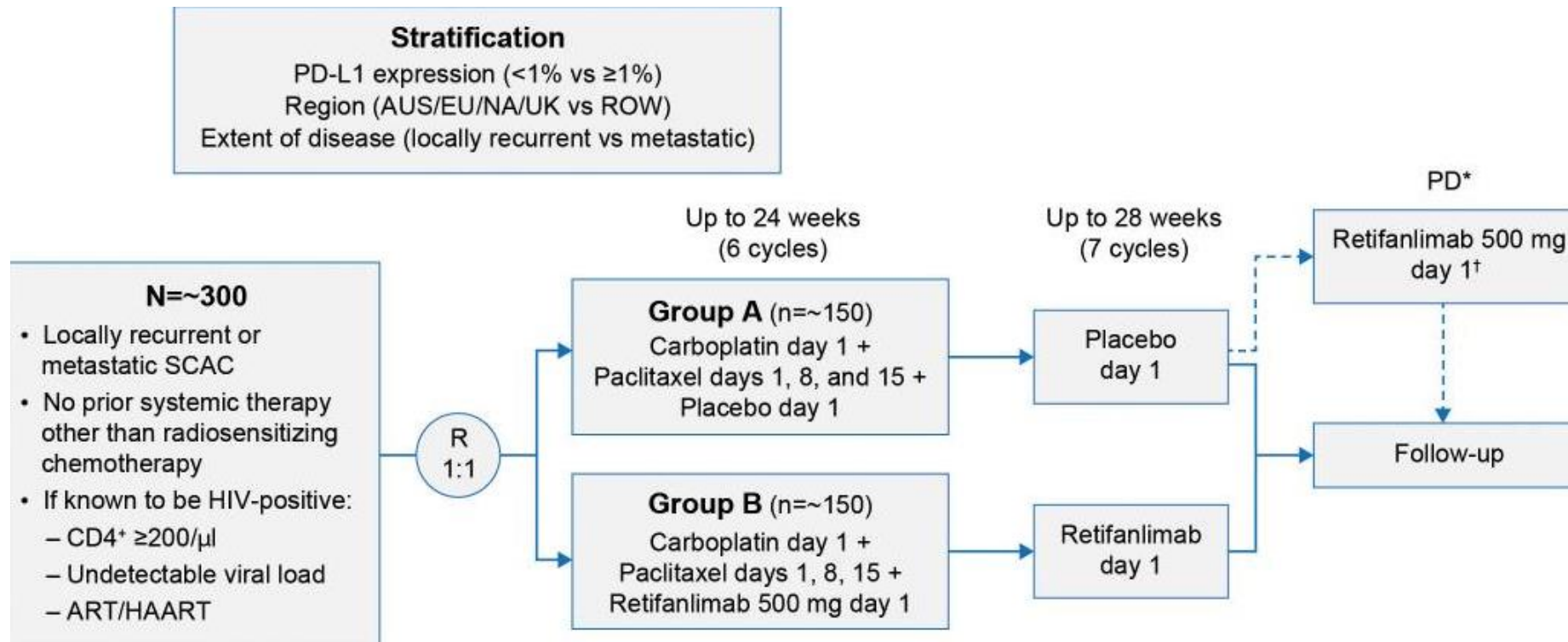
	0	3	6	9	12	15	18	21	24	27	30	33	36	39
All patients	29	26	19	16	14	11	8	5	5	5	3	1	0	0
CPS ≥1%	20	19	13	10	10	8	5	3	3	3	1	1	0	0
CPS <1%	7	6	5	5	3	3	3	2	2	2	2	0	0	0

# Cancer du canal anal

- **PODIUM-303**

Addition of immunotherapy to chemotherapy in unresectable squamous cell carcinoma of the anal canal

Objectif : PFS

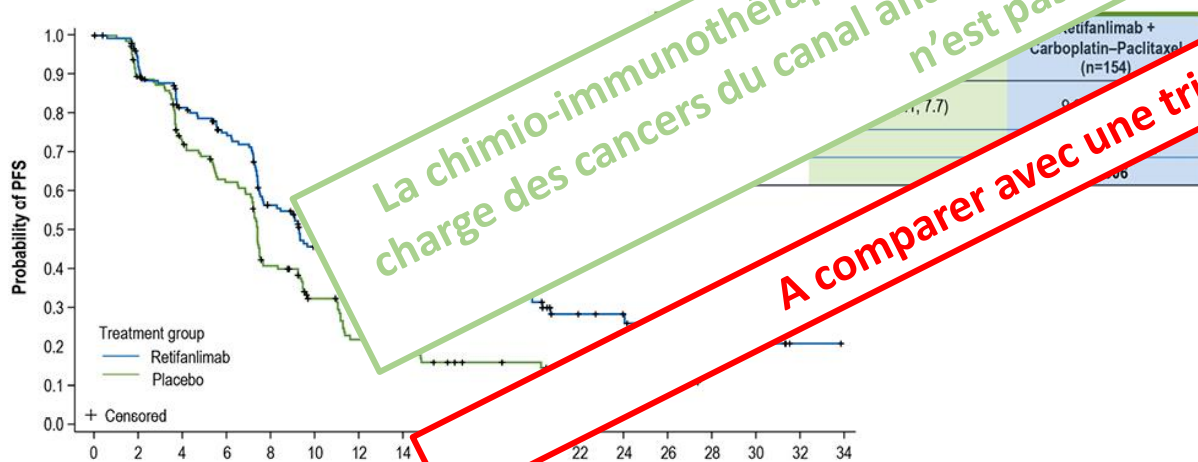


# Cancer du canal anal

- **PODIUM-303**  
Addition of immunotherapy to chemotherapy in unresectable squamous cell carcinoma of the anal canal

Objectif : PFS

**PFS by BICR (Primary Endpoint)**



Number of participants at risk

Time (months)	0	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34
Placebo	154	126	98	82	52	35	23	18	15	12	11	7	2	2	0	0	0	0
Retifanlimab	154	137	115	101	73	53	44	38	31	27	23	15	12	9	6	4	1	0

La chimio-immunothérapie est un traitement à proposer dans la prise en charge des cancers du canal anal métastatique lorsqu'une trichimiothérapie n'est pas possible.

A comparer avec une trichimiothérapie ?

Median OS (immature) :  
29.2 vs 23.0 months

HR 0.70; 95% CI 0.49–  
1.01; p=0.0273).