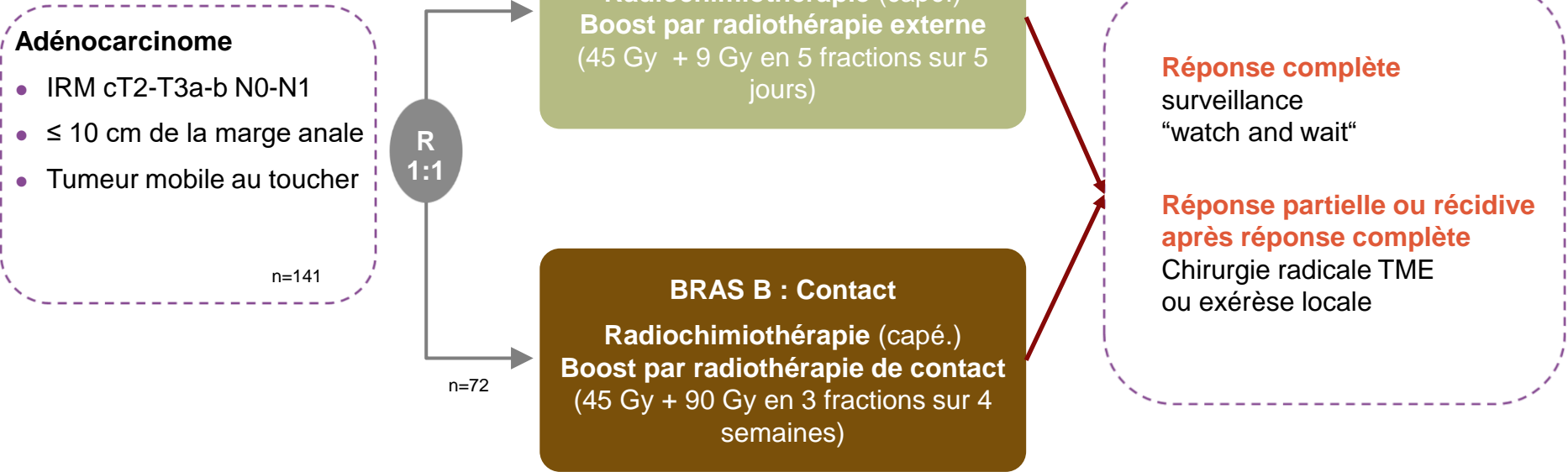


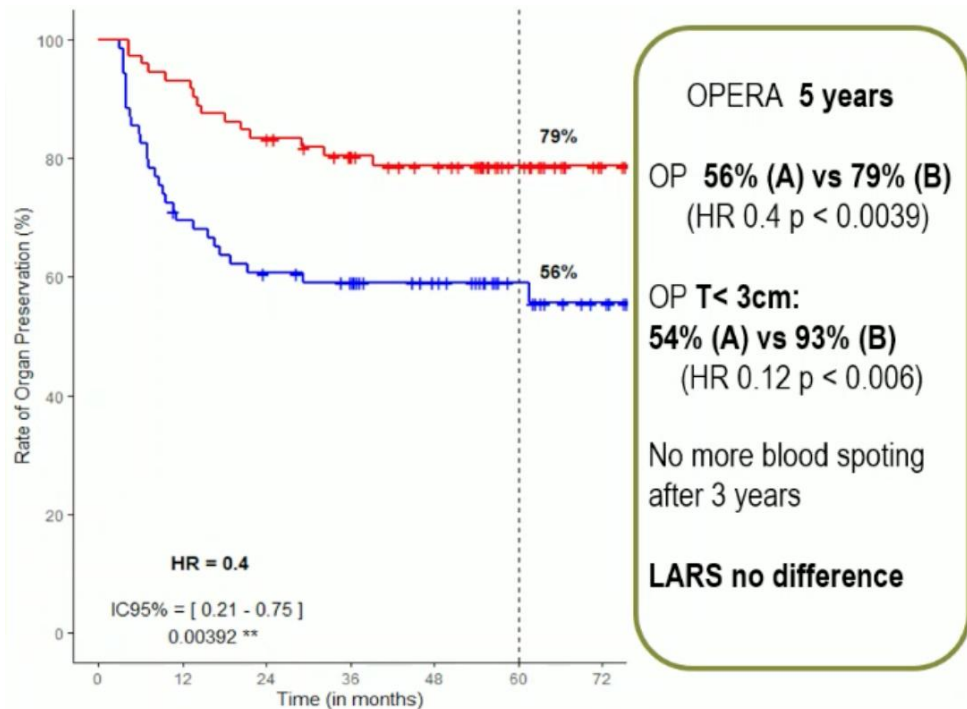
# **Oncologie Digestive**

**Pr Côme LEPAGE**  
CHU Dijon Bourgogne

# 508MO - Organ preservation in early rectal adenocarcinoma: 5-year results of the randomized Opera trial



# 508MO –Opera : Taux de préservation d'organe (OP) à 5 ans



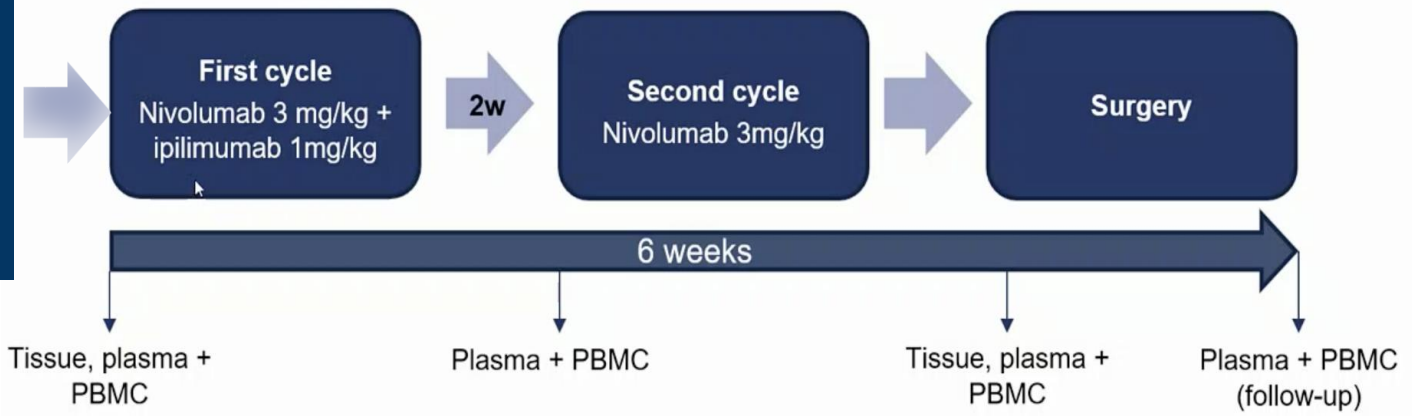
## Résultats : contact vs. contrôle

- Récidives locales : 16% vs 33% p=0,02
- Métastases : 13% vs 14%
- PFS : 46% vs 73% p = 0,003
- Pas de différence de survie globale

# LBA24 - Neoadjuvant immunotherapy in locally advanced MMR-deficient colon cancer: 3-year disease-free survival from NICHE-2

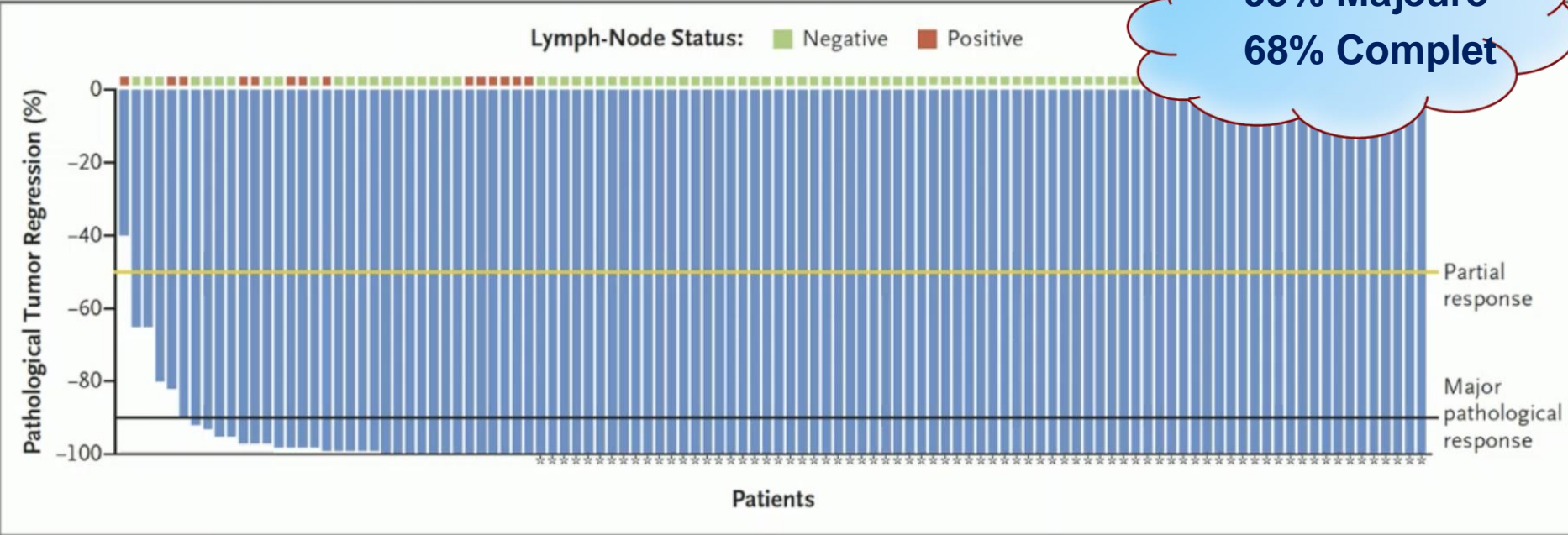
**ADK coliques MSI  
Non métastatiques  
≥ T3 &/ou N+  
Sans occlusion/perforation  
Sans ATCD auto immun**

**n=95**



**Objectif principal : Tolérance & survie sans progression à 3 ans**

# LBA24 - NICHE-2 : Taux de réponse pathologique

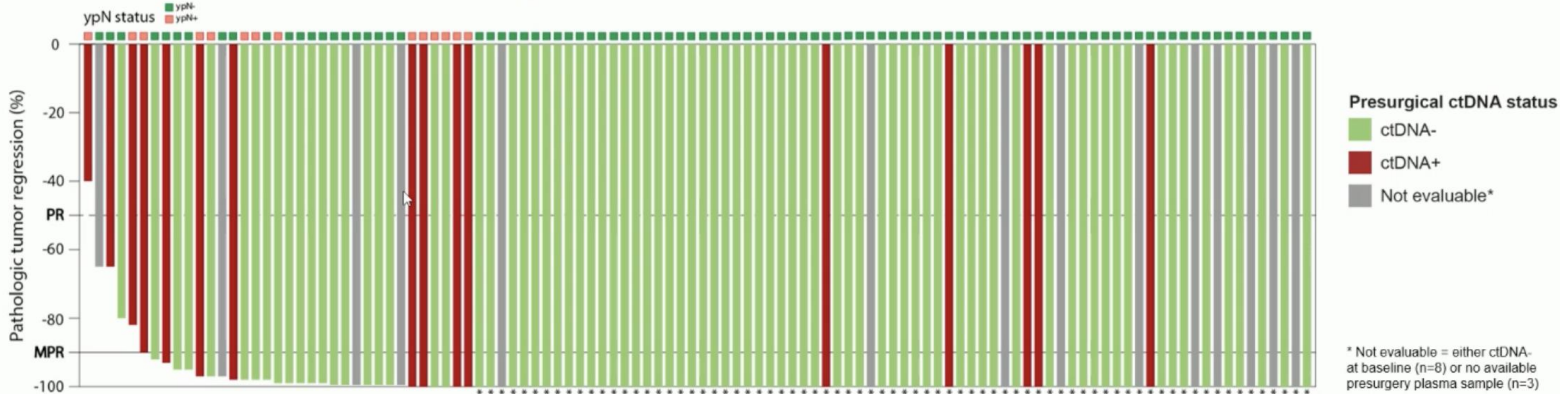


- Tolérance de l'immunothérapie ESI ≥ G3 : 4%
- Resection R0 : 100%, 98% des patients opérés à la date prévue

# LBA24 - NICHE-2 : ADNct préopératoire & réponse pathologique

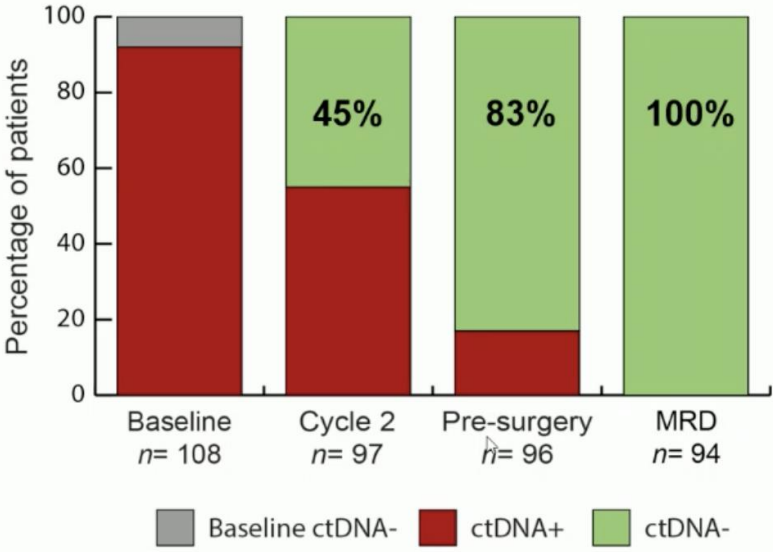
ctDNA pre-surgery		
Response group	ctDNA-	ctDNA+
pCR (n = 65)	60 (92%)	5 (8%)
MPR (n = 27)	19 (70%)	8 (30%)
PR (n = 3)	1 (33%)	2 (67%)
NR (n = 1)	0	1 (100%)

16 patients ADNct + en préopératoire  
8/14 ypN+ patients

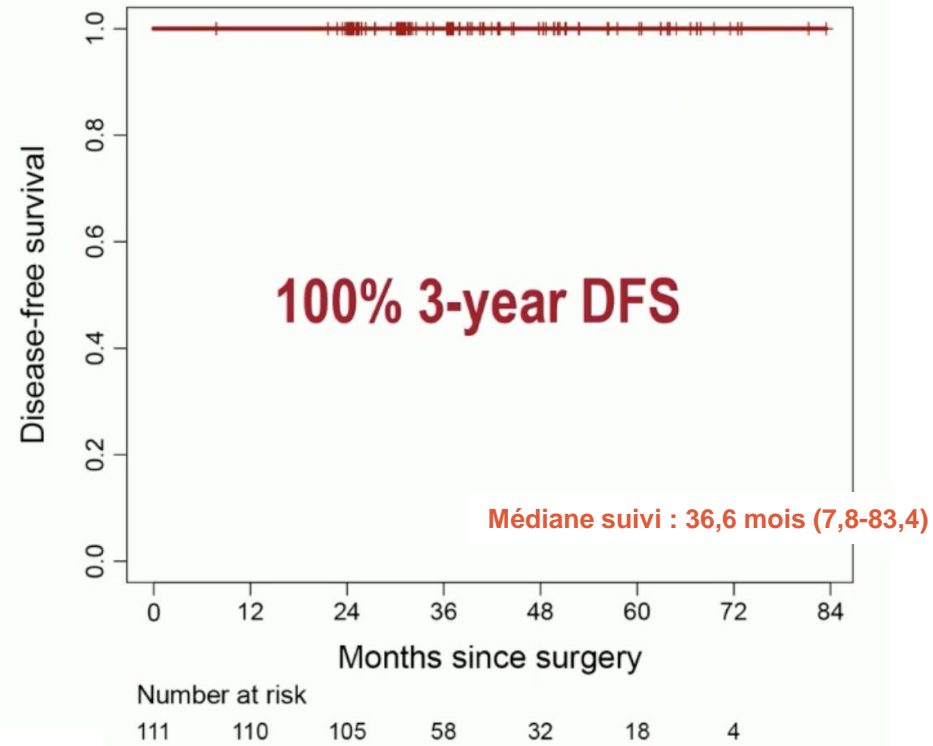


# LBA24 - NICHE-2 : Maladie résiduelle

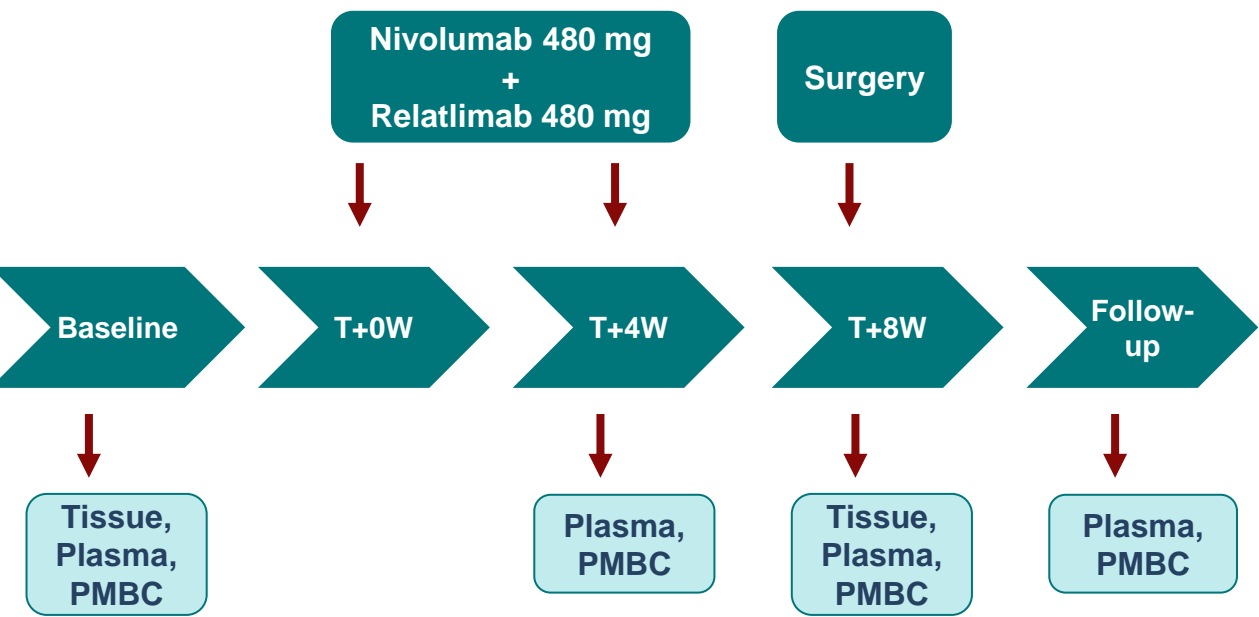
Tous les patients étaient ADNct – à 3 sem post opératoire



# Survie sans récurrence (DFS)



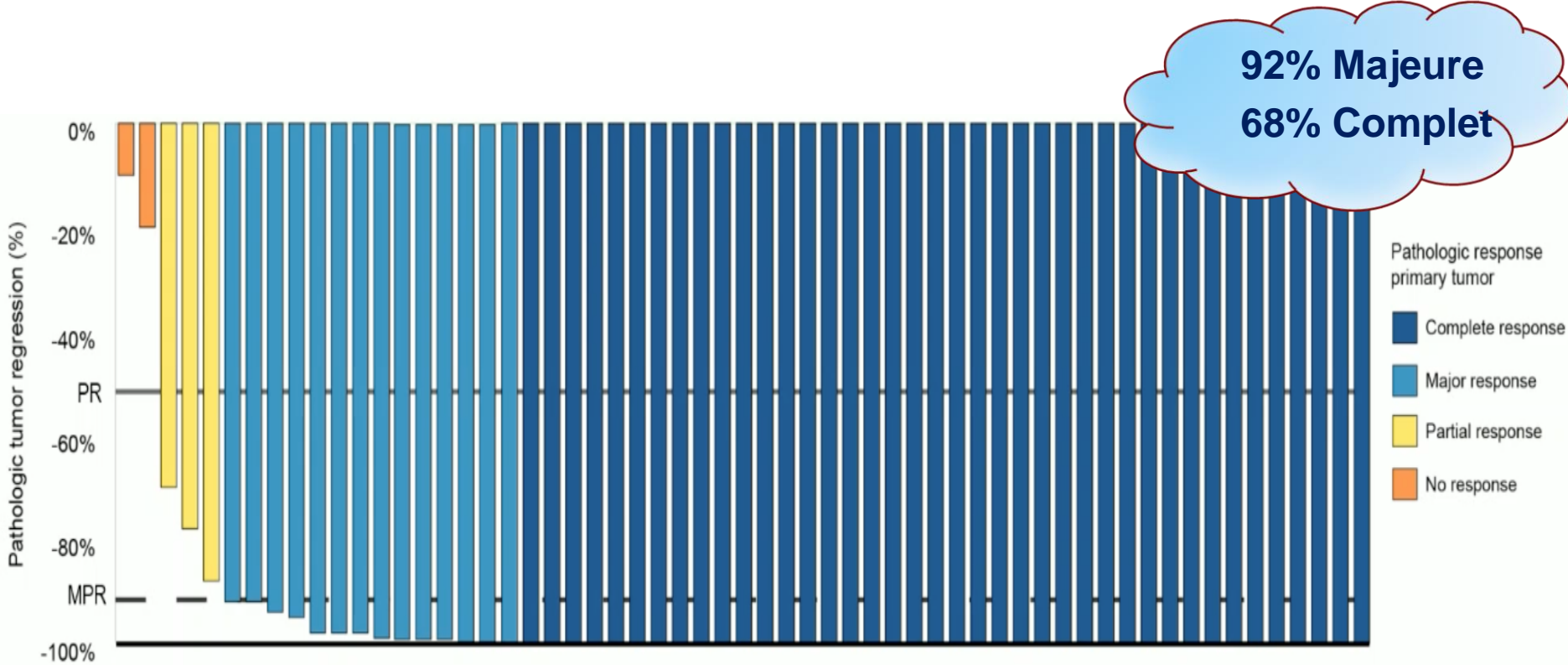
# 503O - Neoadjuvant nivolumab (nivo) plus relatlimab (rela) in MMR-deficient colon cancer: Results of the NICHE-3 study



Caracteristiques	N=19
Age, médian (range)	56 (36-85)
Sexe féminin	10
OMS 0 1	14 5
Stade T radiologique T2 T3 T4	1 11 7
Stade N radiologique N- N+	5 14
Localisation côlon Droit Gauche	16 3
Syndrome Lynch	5

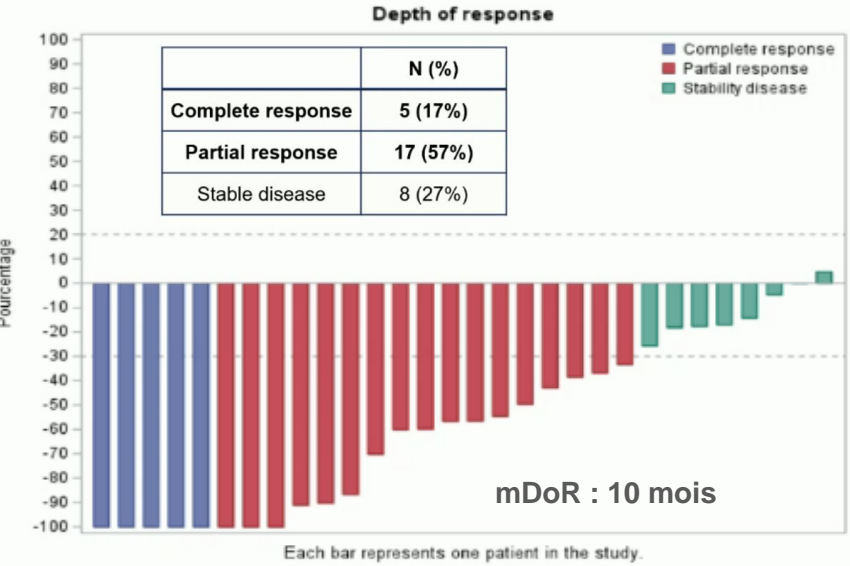


# 5030 - NICHE-3 : Réponse pathologique chez les patients opérés

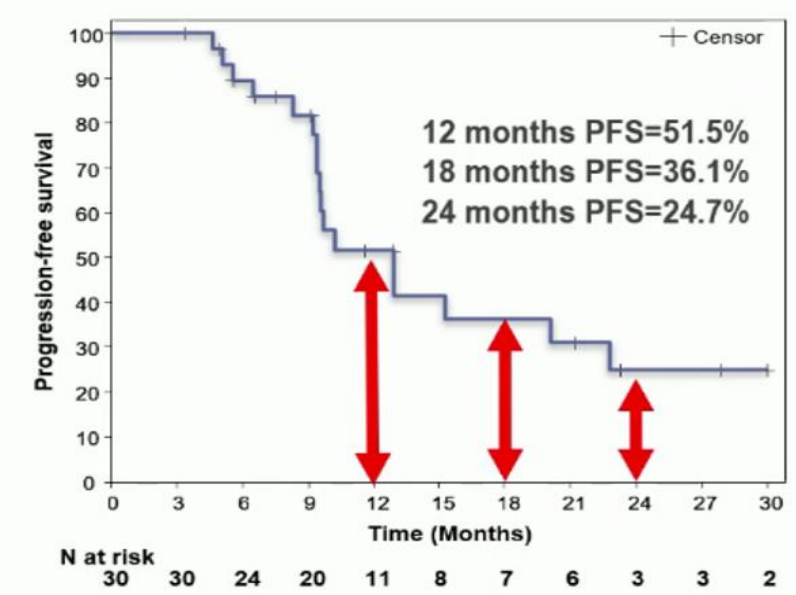


# Pembrolizumab in combination with CAPOX and Bevacizumab in patients with microsatellite stable metastatic colorectal cancer and a high immune infiltrate: preliminary results of FFCD 1703 POCHI trial

- Réponses :

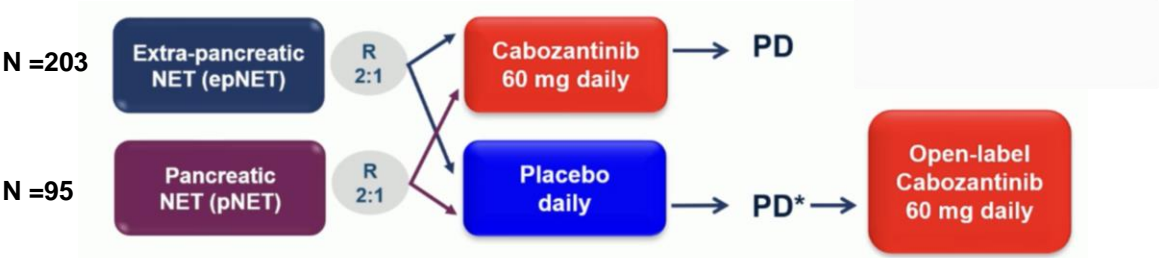


- Survie Sans Progression :



# 1141O – Cabozantinib Versus Placebo for Advanced Neuroendocrine Tumors (NET) after Progression on Prior Therapy (CABINET Trial/Alliance A021602): Updated Results Including Progression Free-Survival (PFS) by Blinded Independent Central Review (BICR) and Subgroup Analyses

- TNE extra-pancréatique (epNET)
- TNEpancréatique (pNET)
- localement avancée/métastatique
- Progression selon RECIST dans les 12 mois
- ≥ L2

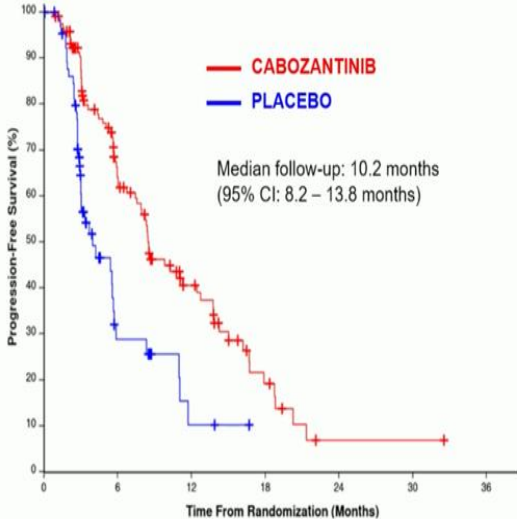


**Stratification :**  
 epNET : traitement/SSA & localisation  
 pNET : traitement/SSA & ATCD  
 Sunitinib

**Objectif principal :** survie sans progression (PFS; revue centralisée)  
**Objectifs secondaires :** survie globale (OS), taux de réponse (ORR), tolérance

# 1141O –CABINET : Survie sans progression en fonction du bras de randomisation

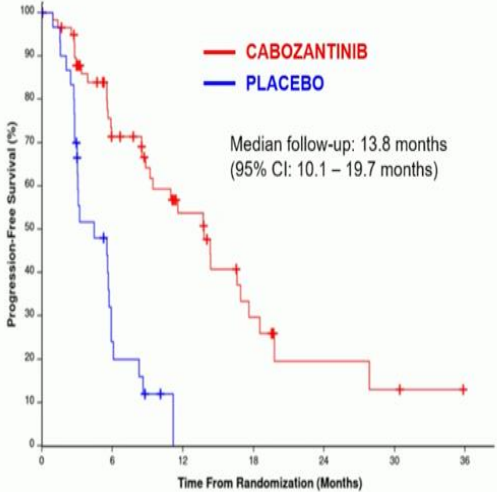
## Cohorte epNET



**Stratified HR = 0.38**  
(95% CI: 0.25 – 0.59)  
log-rank  $p < 0.0001$

**Median PFS**  
**Cabozantinib = 8.4 months**  
(95% CI: 7.6 – 12.7 months)  
**Placebo = 3.9 months**  
(95% CI: 3.0 – 5.7 months)

## Cohorte pNET



**Stratified HR = 0.23**  
(95% CI: 0.12 – 0.42)  
log-rank  $p < 0.0001$

**Median PFS**  
**Cabozantinib = 13.8 months**  
(95% CI: 9.2 – 18.5 months)  
**Placebo = 4.4 months**  
(95% CI: 3.0 – 5.9 months)