CIOCC PANCREATIC CANCER FORUM
MADRID, SPAIN, 29–30 NOVEMBER 2013

Direct referral to one-stop clinics reduces time to treatment

Direct referral by GPs of patients and a one-stop clinic for diagnosing pancreatic cancer greatly reduces the time to diagnosis and treatment planning, shows a new procedure introduced at a Canadian clinic.

Pancreatic cancer has the poorest survival of any solid tumour type, with 5-year survival of only 2%, warned Professor Malcolm Moore, Director of the Bras Family Drug Development Program, Princess Margaret Hospital, Toronto, Canada, adding that pancreatic cancer is the fourth major cancer in terms of mortality by cancer site. A major challenge is that most patients are diagnosed with advanced disease but he reported encouraging results with a new procedure at the CIOCC Pancreatic Cancer Forum.

Professor Moore explained how his centre, which sees around 350 new cases each year, introduced a new procedure to streamline diagnostic testing and reduce time to diagnosis. Before the programme, the average time from the onset of symptoms to having an appointment at the centre was 70 days (range 7–210 days), including an average time to initial diagnostic tests of 31 days before referral and 12 days from referral to appointment.

Professor Malcolm Moore, Director, Bras Family Drug Development Program, Princess Margaret Hospital, Toronto, Canada

'This means 3 months from symptoms to treatment plan, meaning anxiety for the patient as well as increasing symptoms and poorer prognosis. We felt we needed to do better and set a new target of 7 days,' he said.

All referrals are now centralized and triaged so that family doctors refer patients with symptoms suggestive of pancreatic cancer directly to the centre, which calls the patient and referring doctor within 24 hours. A nurse assesses the patient over the phone before pre-booking diagnostic tests, which are carried out at a one-stop new patient clinic. Every patient is seen by one research nurse, who discusses relevant studies based on results from genetic and molecular profiling. 'We need to focus on getting things done quickly to give patients the best chance,' Professor Moore told the meeting.

One-year survival in metastatic pancreatic cancer has increased from 2% to 40% over the past 15 years, mainly as a result of improved chemotherapy.

'FOLFIRINOX and nab-paclitaxel plus gemcitabine achieve similar efficacy. But about 20% of patients don't get through more than 4–6 weeks of treatment with FOLFIRINOX while we don't see that with nab-paclitaxel/gemcitabine,' he reported.

Professor Moore suggested that improved awareness of pancreatic cancer among health professionals and the general public is essential to achieving earlier diagnosis and treatment.

Critical questions for improving detection and management in the future include identifying appropriate biomarkers to facilitate screening for pancreatic cancer, improving the prediction of patients who will benefit from surgery and understanding how best to use chemotherapy, he concluded.

Susan Mayor

Combination therapy improves survival in patients with poor performance status

There is growing evidence that poor performance status patients, as well as good performance status patients, can benefit from some of the newer combination first-line treatments for metastatic pancreatic cancer, suggested Professor Volker Heinemann, Ludwig-Maximilians University of Munich, Germany.

The National Comprehensive Cancer Network guidelines recommend that patients with good performance status are enrolled into a clinical trial or treated with FOLFIRINOX or gemcitabine plus nab-paclitaxel while those with poor performance status receive gemcitabine or best supportive care.

'But subgroup analysis of a recent study showed improved overall survival with gemcitabine/nab-paclitaxel compared to gemcitabine alone in patients with poor performance status (Karnofsky perfomance status 70–80), with a hazard ratio of 0.61,' Professor Heinemann reported.

The phase III MPACT study randomized 861 patients with stage IV pancreatic cancer and no prior treatment for metastatic disease to treatment with the combination of gemcitabine plus nab-paclitaxel or to gemcitabine alone until progression. All patients were assessed with computed tomography scans every 8 weeks.

Results for the whole group of patients showed a significant improvement in overall survival with combination therapy, from a median of 6.7 months with gemcitabine alone to 8.5 months with gemcitabine/nab-paclitaxel (hazard ratio 0.72, P=0.000015).

In addition to improving overall survival with combination therapy in patients with poor performance status, prespecified subgroup analysis showed increased overall survival in those with liver metastases (hazard ratio 0.69) and in those with more than three metastatic sites (hazard ratio 0.5).

Susan Mayor

Susan Mayor's attendance at the CIOCC Pancreatic Forum was supported financially by Celgene.

CIOCC Pancreatic Cancer Forum
Madrid, Spain, 29–30 November 2013

Improving outcomes in locally advanced pancreatic cancer

Improved stratification and use of more effective therapies will optimize outcomes in locally advanced or borderline pancreatic cancer, reported Dr Stefano Cascinu, Universita Politecnica della Marche, Ancona, Italy, in a review of recent developments.

Around 30% of patients with pancreatic ductal adenocarcinoma present with locally advanced disease. He considered that resectability should be assessed based on biological criteria, with unfavourable biology defined by CA19.9 levels over 200 U/ml, symptoms (pain) and poorly differentiated tumours, as well as technical factors based on involvement of the mesenteric vessels.

Outcomes in technically challenging borderline patients can be improved by extended surgery, including multivisceral and vascular resection, and ensuring surgery is carried out by high volume centres, as well as optimizing neoadjuvant treatment with gemcitabine plus nab-paclitaxel or FOLFIRINOX and considering new radiotherapy techniques such as intensity-modulated radiation therapy.

'For biologically challenging borderline patients, neoadjuvant treatment can treat occult metastatic disease and provide time during which to gauge the aggressiveness of the cancer before deciding whether or not to operate,' Dr Cascinu suggested.

He added that early studies are showing promising results with immunotherapeutic approaches, including immunostimulatory antibody drugs and genetically engineered autologous T cells.

Dr Manuel Hidalgo from the Centro Nacional de Investigaciones Oncologicas, Madrid, Spain, warned of the need for urgent action to improve the treatment of pancreatic cancer: 'In a few years, there will be more deaths from pancreatic cancer than with breast cancer, which makes this disease a really significant burden.'

Genetic analyses show that it is a genetically complex, heterogenous and unstable disease and there are, as yet, no biomarkers for personalizing treatment, but Dr Hidalgo reported encouraging results emerging with personalized approaches currently at pilot stage.

Susan Mayor

Dr Manuel Hidalgo, Centro Nacional de Investigaciones Oncologicas, Madrid, Spain

Promising strategies for resectable pancreatic cancer

Regimens involving immunotherapeutic strategies offer new opportunities for treatment of patients with primary resectable and locally advanced pancreatic cancer, reported Professor Rienk Offringa, from the University of Heidelberg, Germany.

He explained how his group is taking a pragmatic approach towards improving the management of this disease by testing conceptually distinct treatment options that are currently being used in clinical studies, including chemotherapy, gamma and heavy ion radiation, and immunostimulatory antibody drugs, and using available diagnostic markers to stratify patients.

'While many "fishing expeditions" concerning the identification of diagnostic markers are still ongoing, we focus on the clinical validation of a select set of promising diagnostic markers that have been identified already,' said Professor Offringa.

Work is underway developing diagnostic biomarker-guided selection of patients with primary resectable disease who are likely to benefit from neoadjuvant treatment. Preoperative CA19-9 serum levels are associated with post-resection survival, with a retrospective study showing that patients with levels over 500 U/ml have poor outcomes in the first year compared to those with lower levels, Professor Offringa told the meeting.

'The results suggest that high CA19-9 is a suitable marker for selecting patients to enrol in neoadjuvant trials,' he said, adding that the group is also working on circulating tumour DNA markers.

Professor Rienk Offringa, University of Heidelberg, Germany

Promising pre-clinical data are emerging regarding the use of tumour-infiltrating lymphocyte (TIL) therapy for recurrent pancreatic cancer. In this procedure, autologous lymphocytes that have infiltrated tumour tissue are harvested from tumour biopsies. They are then cultured in vitro with lymphokines such as interleukin-2 before the therapeutic TILs are infused into the patient, where they induce tumour regression.

This treatment has shown striking results in patients with advanced metastatic melanoma, and the Heidelberg group hopes to start trials of TIL therapy in patients with pancreatic cancer over the next 2 years.

Susan Mayor