

Chemotherapy: treatment options

October 5th 2022

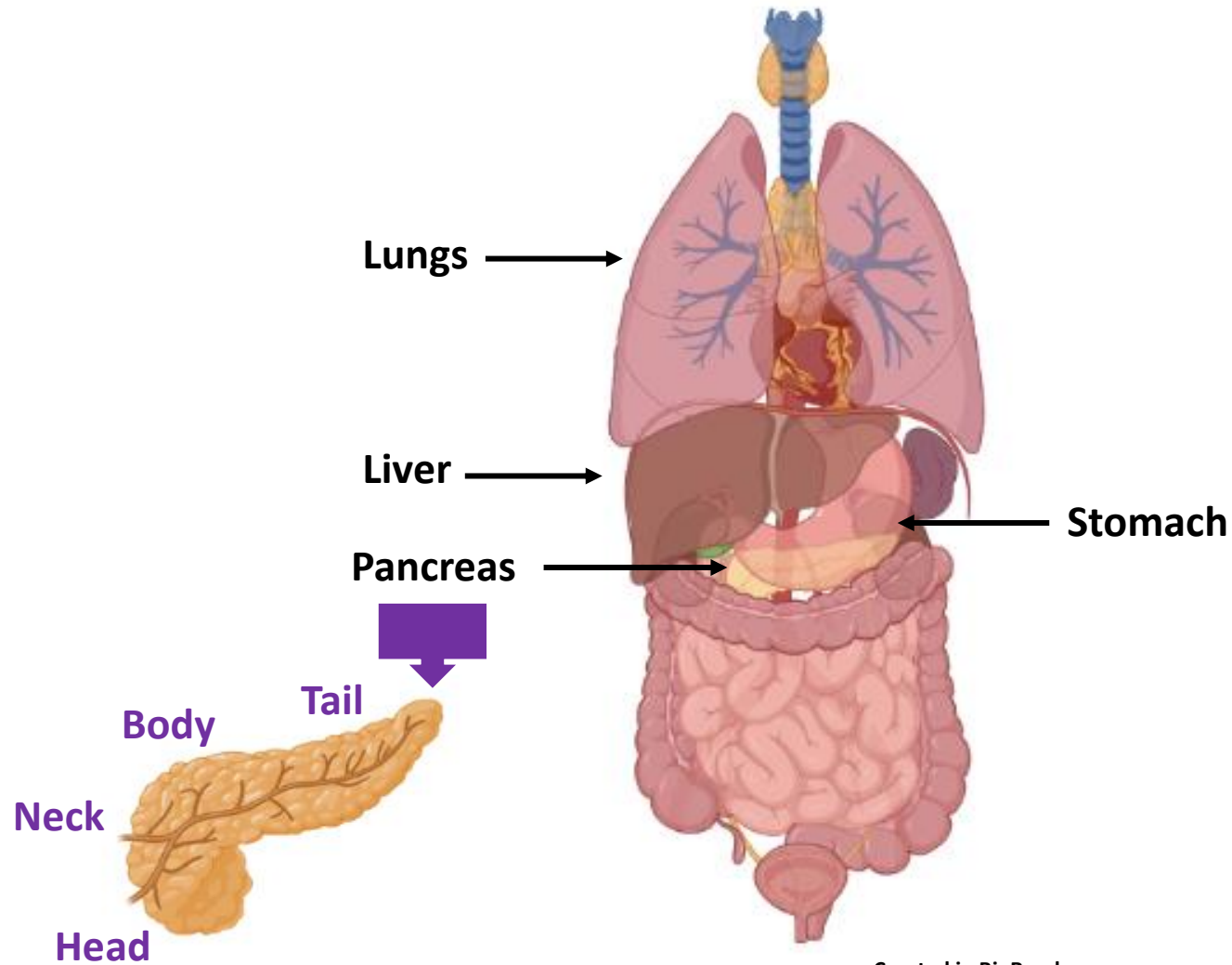
Dr Mairéad McNamara
Senior lecturer, University of Manchester
Honorary Consultant in Medical Oncology
The Christie NHS Foundation Trust

- **Speakers bureau:**
 - Advanced Accelerator Applications (UK & Ireland) Limited
- **Advisory board:**
 - Incyte, Astra Zeneca
- **Investigator-initiated study funding:**
 - Servier (previously Baxalta and SHIRE), Ipsen, NuCana BioMed Limited

- Anatomical location of pancreas and functions
- Cancer deaths
- Stages of pancreas cancer
- Parameters for treatment

- Terminology
- Best supportive care
- Non-metastatic disease
- Advanced disease

Anatomical location of pancreas |



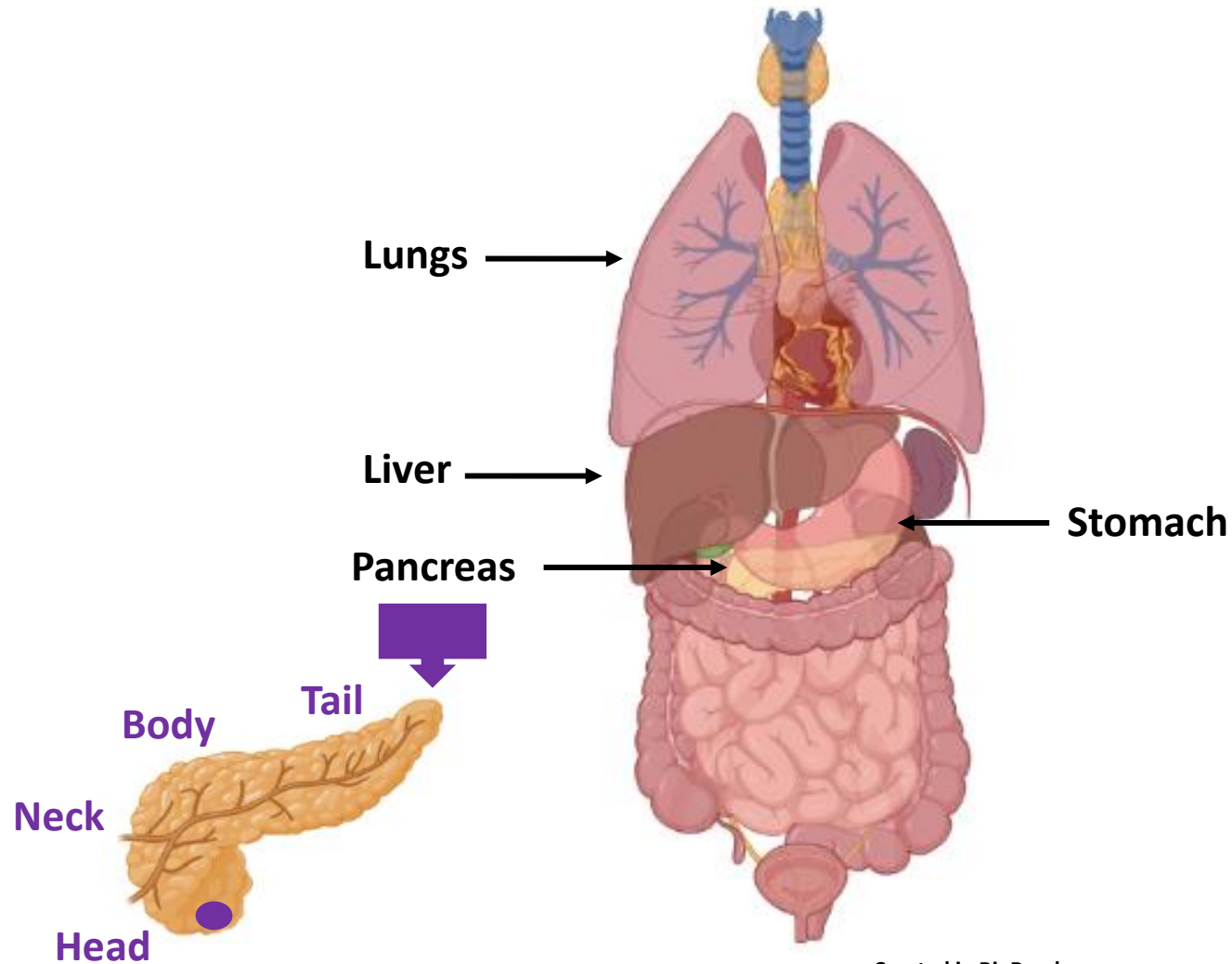
Pancreas functions:

- Produces enzymes: break down proteins, fats, and starches
- Produces insulin and glucagon: Lower blood sugar/increase blood sugar respectively

Potential complications of head of pancreas tumour:

- Jaundice
- Duodenal obstruction
- Pancreatic insufficiency

Anatomical location of pancreas |

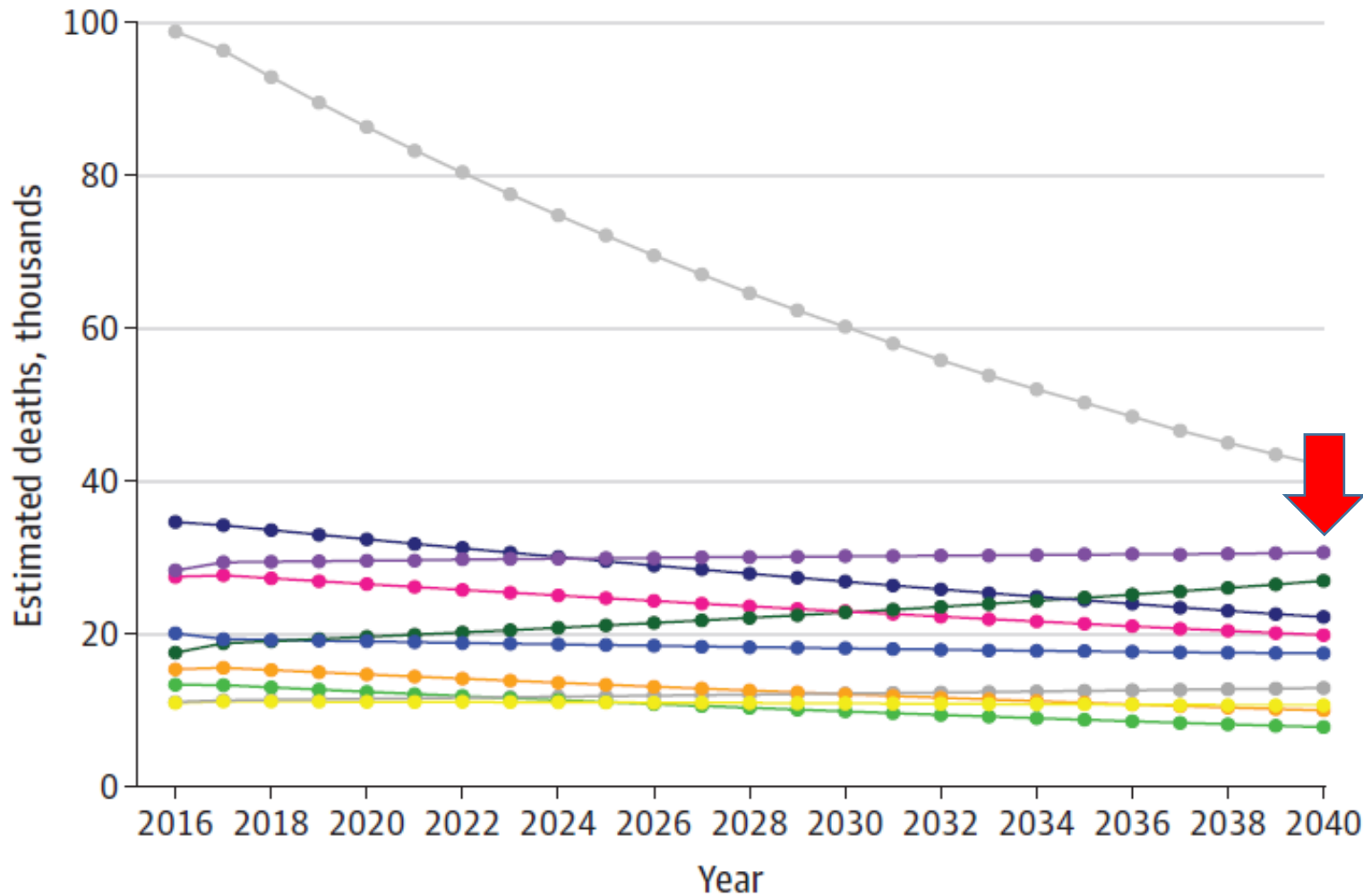


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Pancreatic Cancer UK

Estimated projections of cancer deaths (USA) based on demographic and average annual % change (Male & Female)¹ |

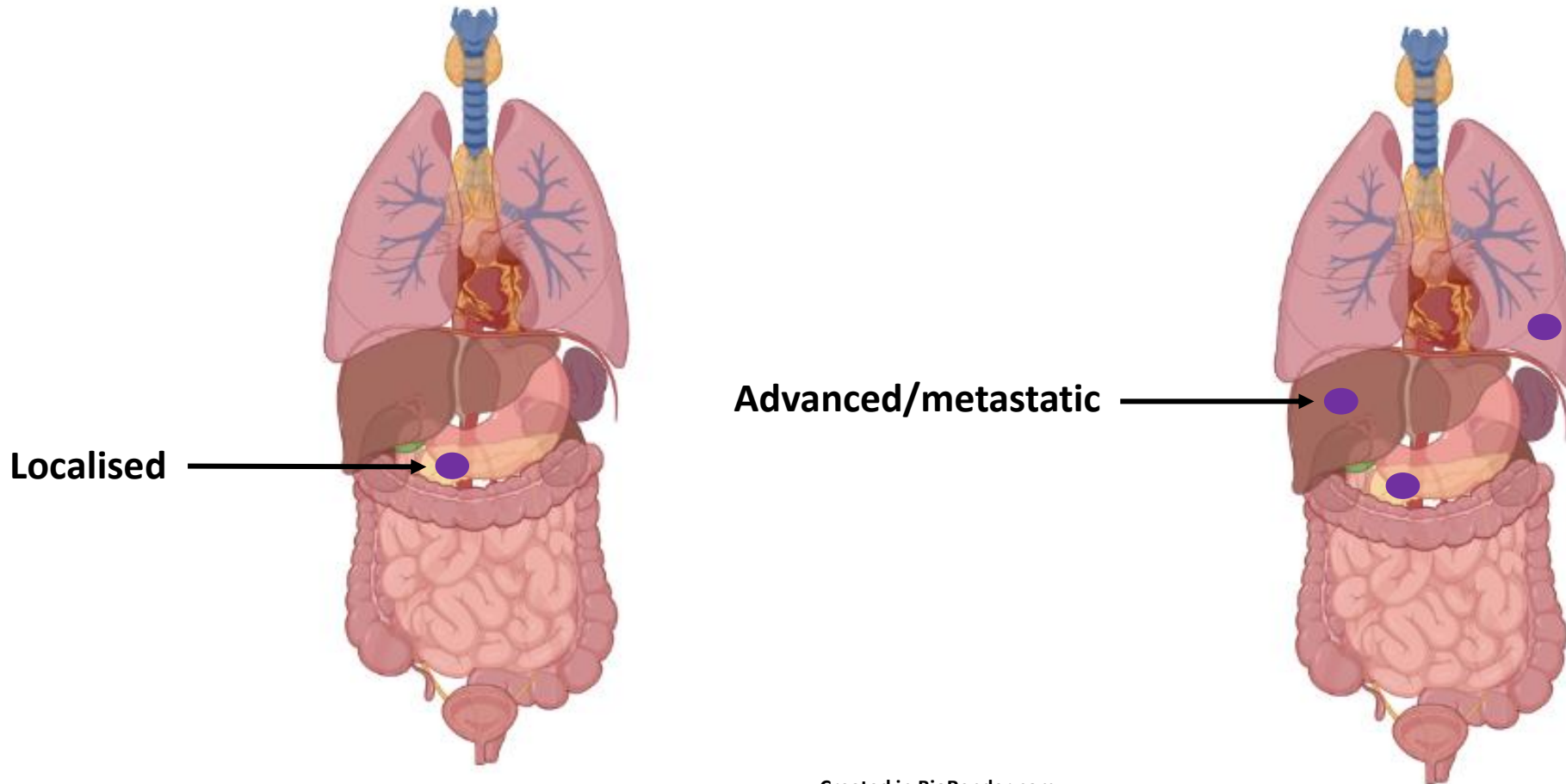


- Lung
- Pancreas
- Colorectal
- Breast
- Liver and intrahepatic bile duct
- Prostate
- Brain and central nervous system
- Bladder
- Leukemia
- Non-Hodgkin lymphoma

Lung cancer estimated leading cause of cancer-related death in 2040, with pancreatic cancer 2nd most common.

¹ Rahib et al 2021, JAMA Network Open 4: e214708.

Stages of pancreas cancer |

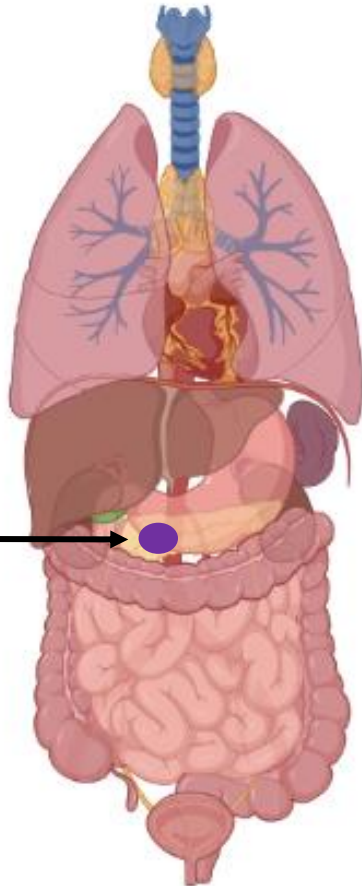


Stages of pancreas cancer |

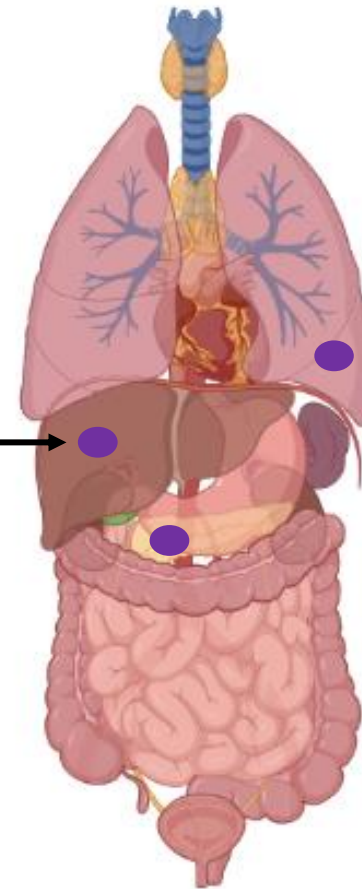
Locally advanced pancreas
cancer:

- Not metastatic
- Extensive blood vessel (vascular) involvement, and high chance of non-curative resection

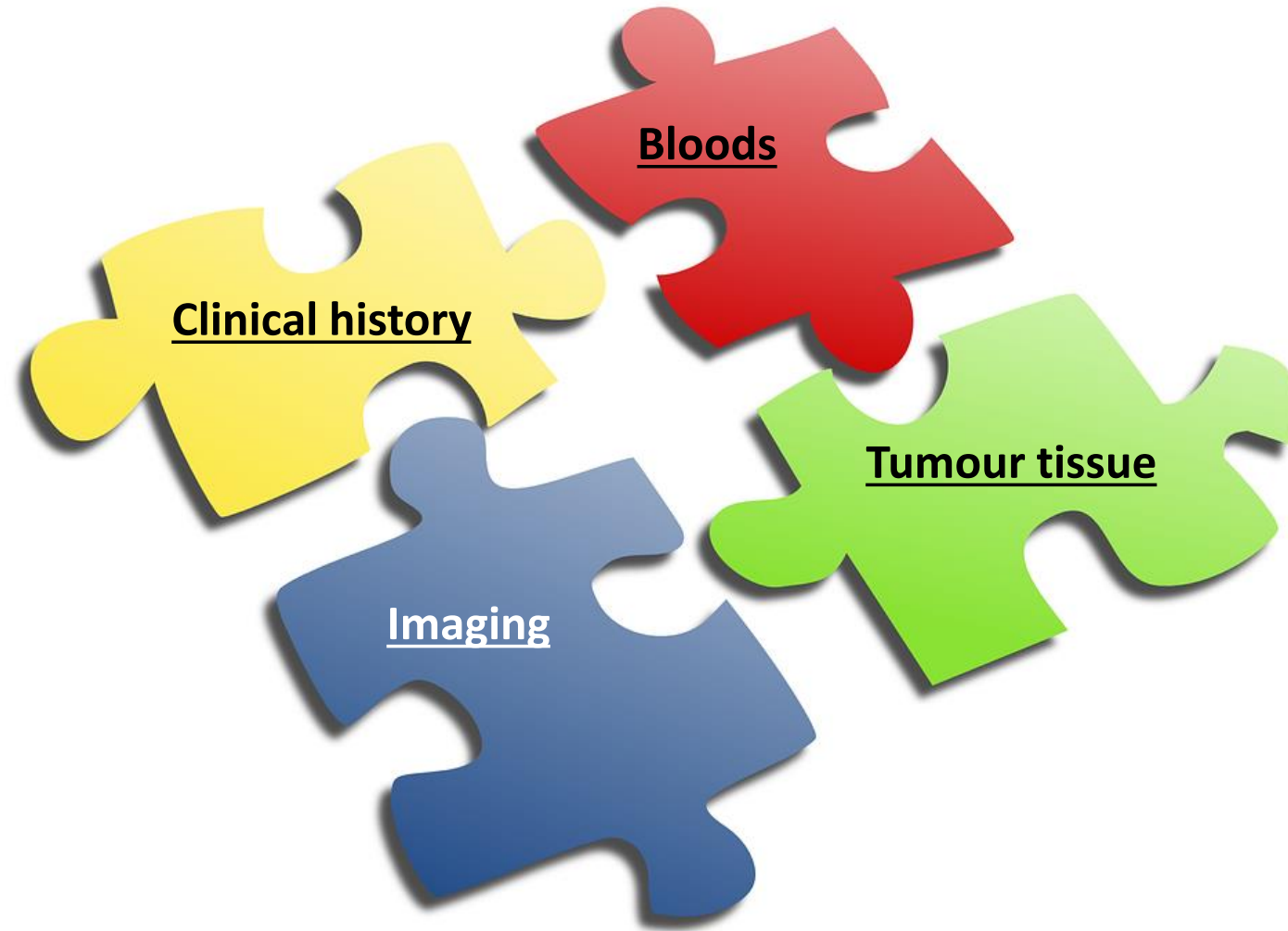
Localised



Advanced/metastatic



Parameters for treatment |





Referral Forms

[Home](#) [North West Genomic Laboratory Hub](#) [Test Information](#) [Cancer](#) [Solid Tumour](#) [Sample Requirements](#) [Referral Forms](#)

Need sufficient tissue for analysis – biopsy or fine needle biopsy (>20% tumour cellularity required for molecular analysis)

Please refer to our [Sample Requirements](#) section before sending any samples to us for testing. The relevant forms can also be found below:

- [Tumour Request Form -Gastrointestinal](#)
- [Tumour Request Form – Genitourinary/Renal/Pancreatic](#)
- [Tumour Request Form -Gynaecological/Breast](#)
- [Tumour Request Form -Head & Neck/Endocrine](#)
- [Tumour Request Form -Lung](#)
- [Tumour Request Form -Melanoma](#)
- [Tumour Request Form -Paediatric/Sarcoma/Other](#)

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In this section

- > [About Us](#)
- > [Test Information](#)
 - [Bioinformatics](#)
 - [Cancer](#)

Patient Details		Payment Status: <input type="checkbox"/> NHS <input type="checkbox"/> Private		Referring Clinician	
Surname:				Consultant (in full):	
Forename:				Hospital (in full):	
DoB:	NHS No:	Department:	Tel:		
Sex:	Hospital No:	Email:			
Address/Postcode:		Copy report to (if applicable):			

CLINICAL DETAILS

PLEASE INCLUDE A COPY OF THE PATHOLOGY REPORT

Pathology Laboratory Hospital/Trust:

Pathology block/sample no.:

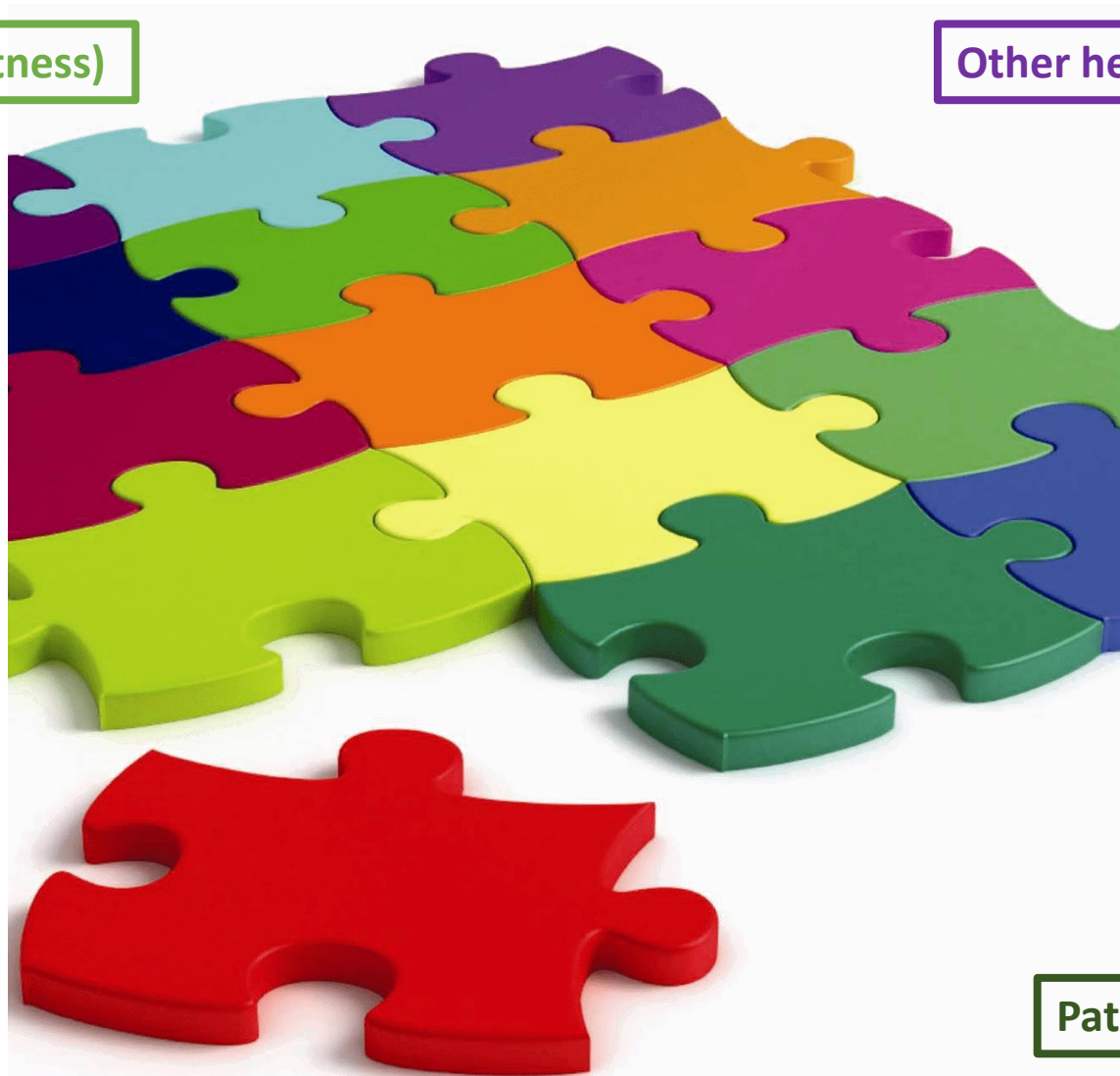
PLEASE COMPLETE AND EITHER FORWARD TO THE PATHOLOGY LABORATORY HOLDING THE SAMPLE, OR IF YOU REQUIRE THE GENOMIC DIAGNOSTICS LABORATORY TO OBTAIN THE SPECIMEN PLEASE FORWARD TO mft.Pharmaco.GeneticsRequests@nhs.net.

CI Code*	Clinical Indication Name	Test Name	Test Code	Please tick
M18	Renal Cell Carcinoma - Adult	FH, SDHA, SDHB, SDHC, SDHD, VHL, ELOC (TCEB-1), TSC1/2, MET, BRAF	M18.2	
		TFE3, NTRK fusions	M18.6	
M217	Bladder Cancer	FGFR2, FGFR3	M217.1	
		FGFR2, FGFR3, NTRK fusions	M217.3	
M218	Prostate Cancer	BRCA1, BRCA2, ATM, CDK12	M218.1	
		NTRK fusions	M218.2	
M219	Pancreatic Cancer	BRCA1, BRCA2	M219.1	
		NTRK fusions	M219.2	
		MSI Testing	M219.5	

Parameters for treatment |

Performance status (fitness)

Other health issues/medications

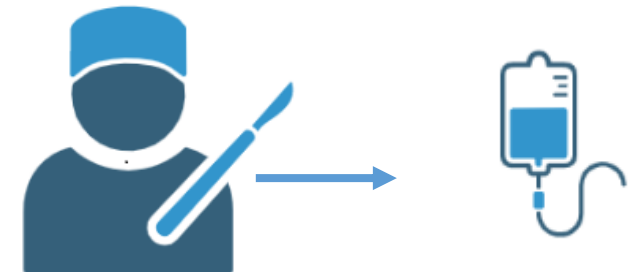
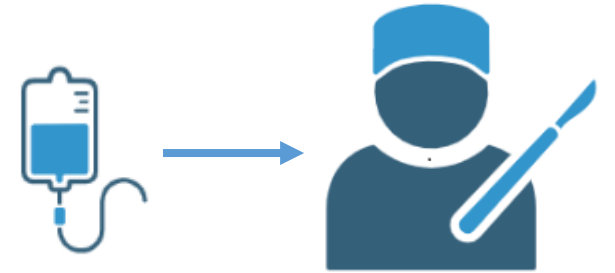


Patient wishes

Patient/family expectations

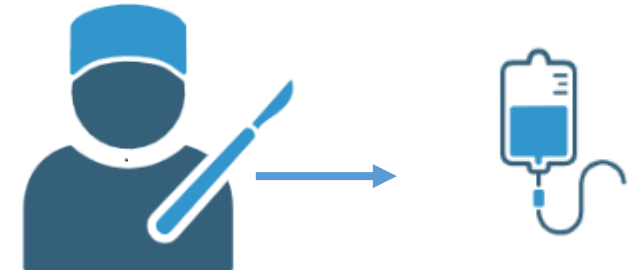
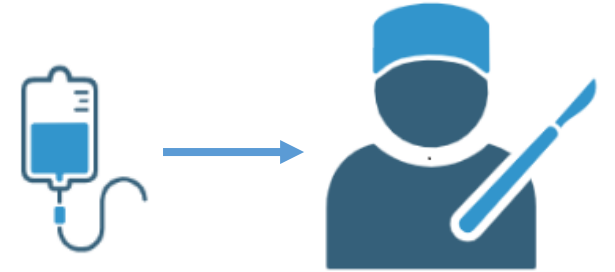
Terminology I

- Neo-adjuvant:
 - Treatment given as a first step to try to shrink a tumour before surgery.
- Adjuvant:
 - Treatment given after surgery, to lessen the chance of the cancer coming back.
- Palliative:
 - Aim is to control disease and not cure and to try to relieve symptoms and improve quality of life.



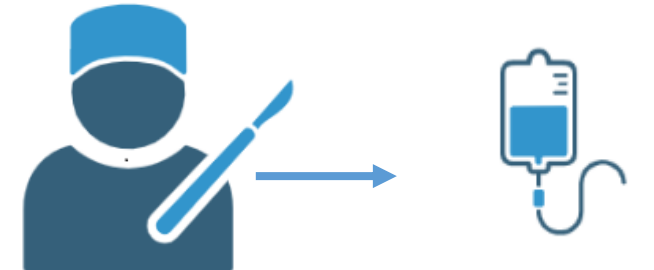
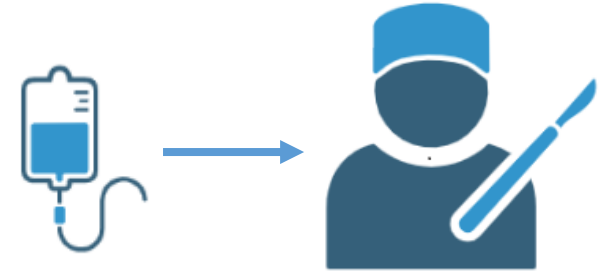
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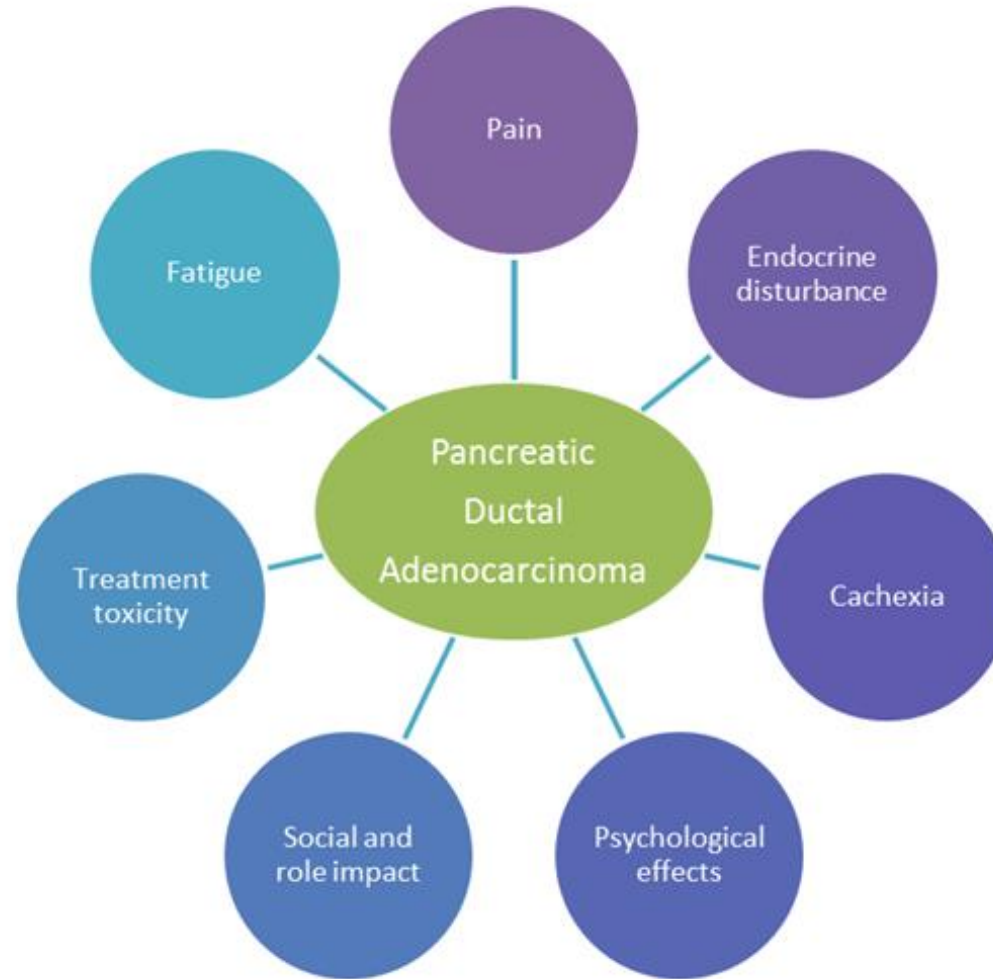
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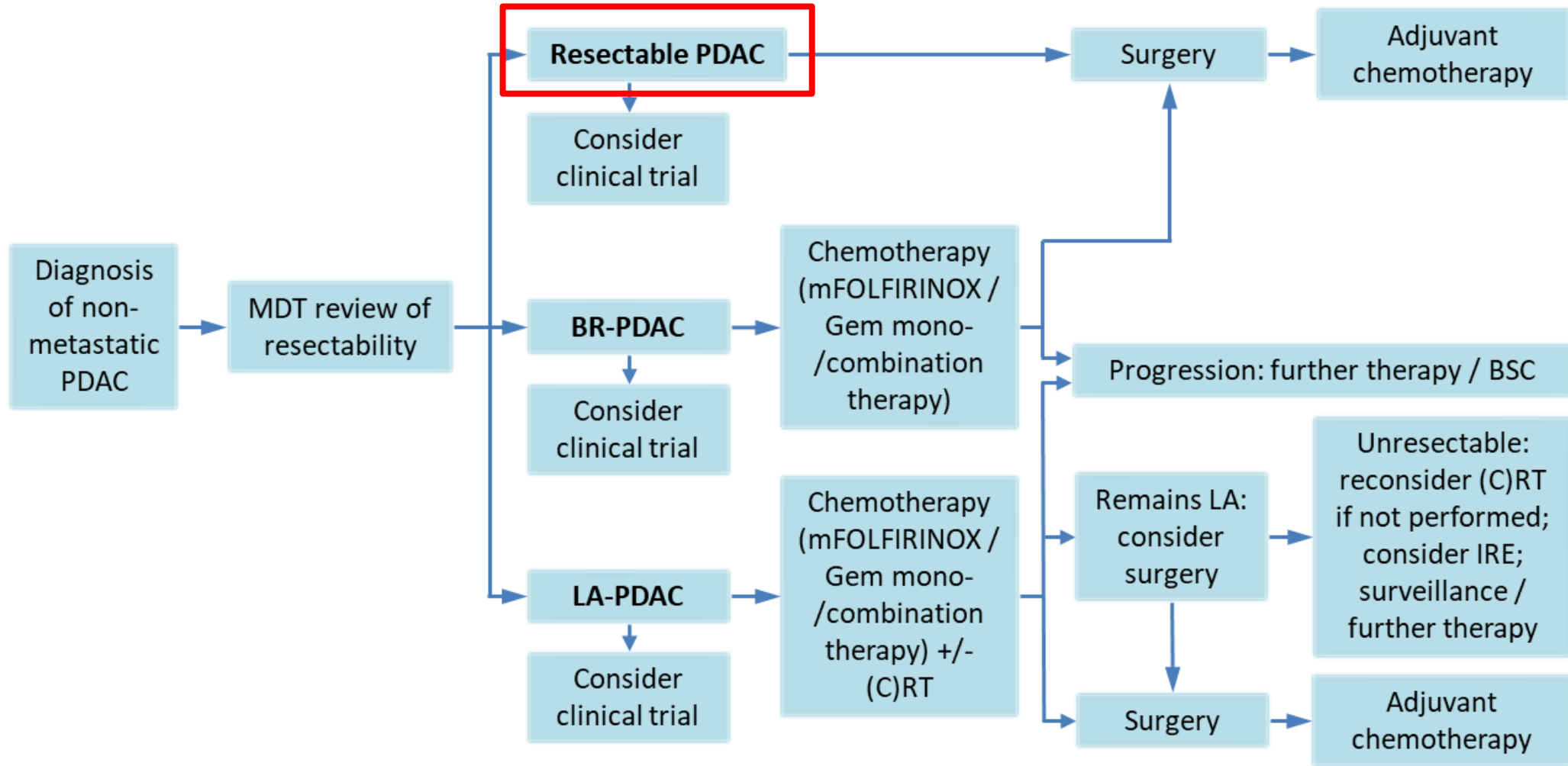


Best supportive care¹ |

- A randomised, prospective study² compared standard oncology care alone with standard oncology care plus early supportive care in patients with metastatic non-small cell lung cancer.
- Median OS in the early supportive care arm was **11.6 months** versus **8.9 months** in the standard of care arm (P=0.02)².



Management of non-metastatic pancreas cancer¹ |



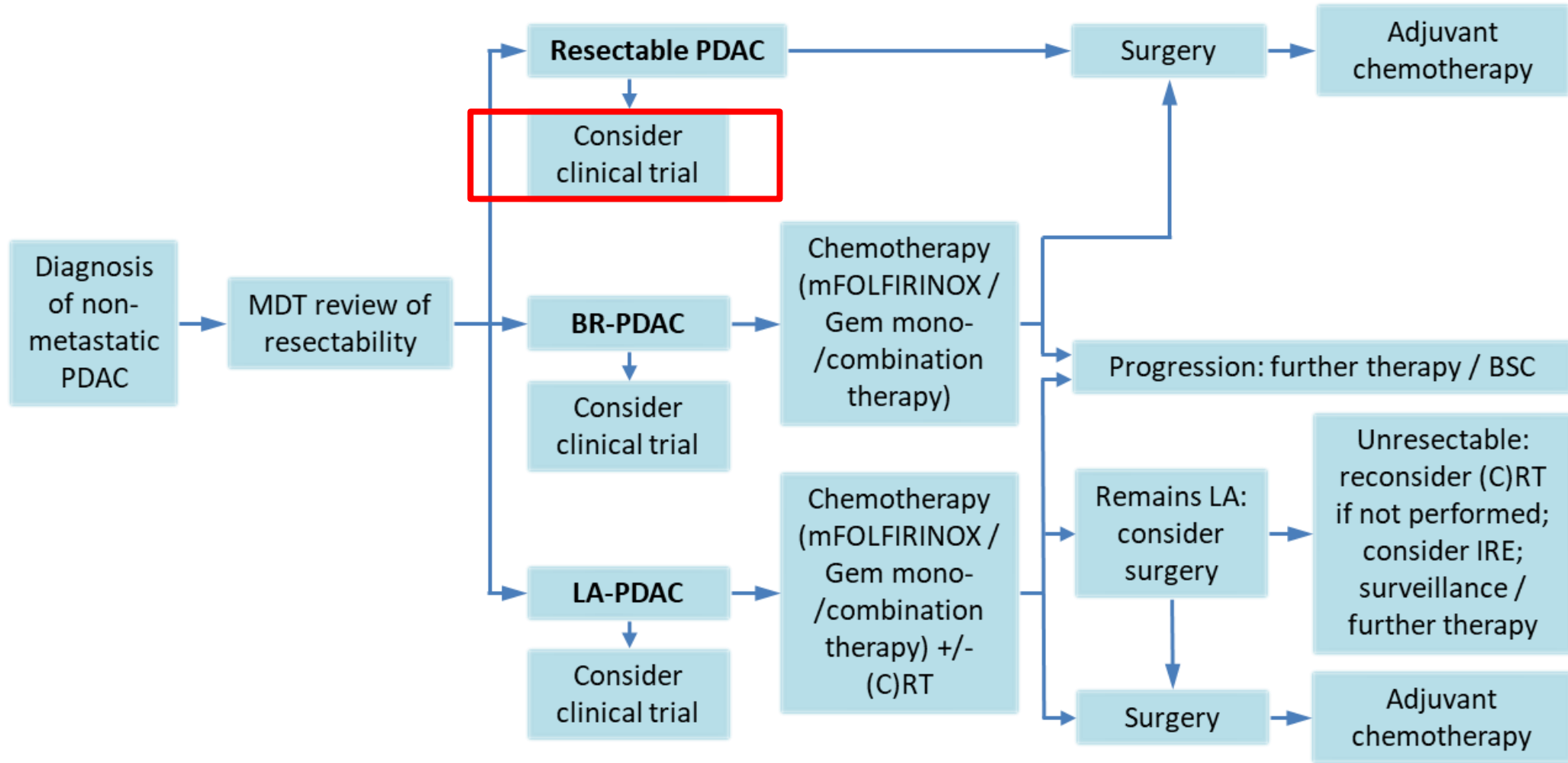
¹Gray et al 2022, Eur J Surg Oncol 48: 1198-1208, **PDAC**: pancreatic ductal adenocarcinoma, **MDT**: multidisciplinary team, **mFOLFIRINOX**: modified 5-fluorouracil/irinotecan/oxaliplatin, **BR**: borderline resectable, **Gem**: gemcitabine, **(C)RT**: (chemo)radiotherapy, **BSC**: best supportive care, **LA**: locally advanced, **IRE**: irreversible electroporation.

Optimal Duration and Timing of Adjuvant Chemotherapy After Definitive Surgery for Ductal Adenocarcinoma of the Pancreas: Ongoing Lessons From the ESPAC-3 Study

Juan W. Valle, Daniel Palmer, Richard Jackson, Trevor Cox, John P. Neoptolemos, Paula Ghaneh, Charlotte L. Rawcliffe, Claudio Bassi, Deborah D. Stocken, David Cunningham, Derek O'Reilly, David Goldstein, Bridget A. Robinson, Christos Karapetis, Andrew Scarfe, Francois Lacaine, Juhani Sand, Jakob R. Izbicki, Julia Mayerle, Christos Dervenis, Attila Oláh, Giovanni Butturini, Pehr A. Lind, Mark R. Middleton, Alan Anthoney, Kate Sumpter, Ross Carter, and Markus W. Büchler

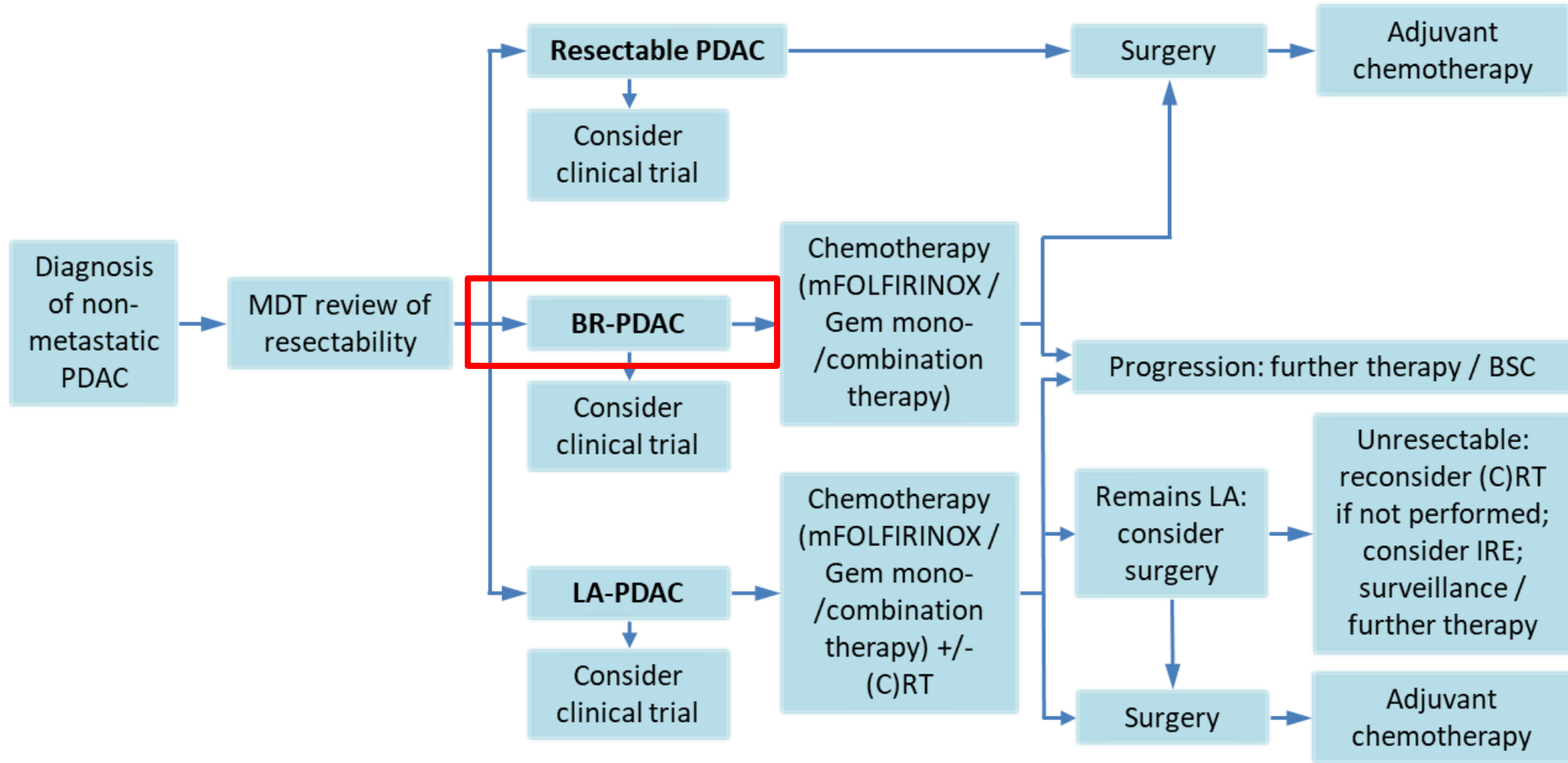
- Completion of all six cycles of planned adjuvant chemotherapy rather than early initiation was an independent prognostic factor after resection for pancreatic adenocarcinoma.
- No difference in outcome if chemotherapy is delayed up to 12 weeks, thus allowing adequate time for postoperative recovery.

Management of non-metastatic pancreas cancer¹ |



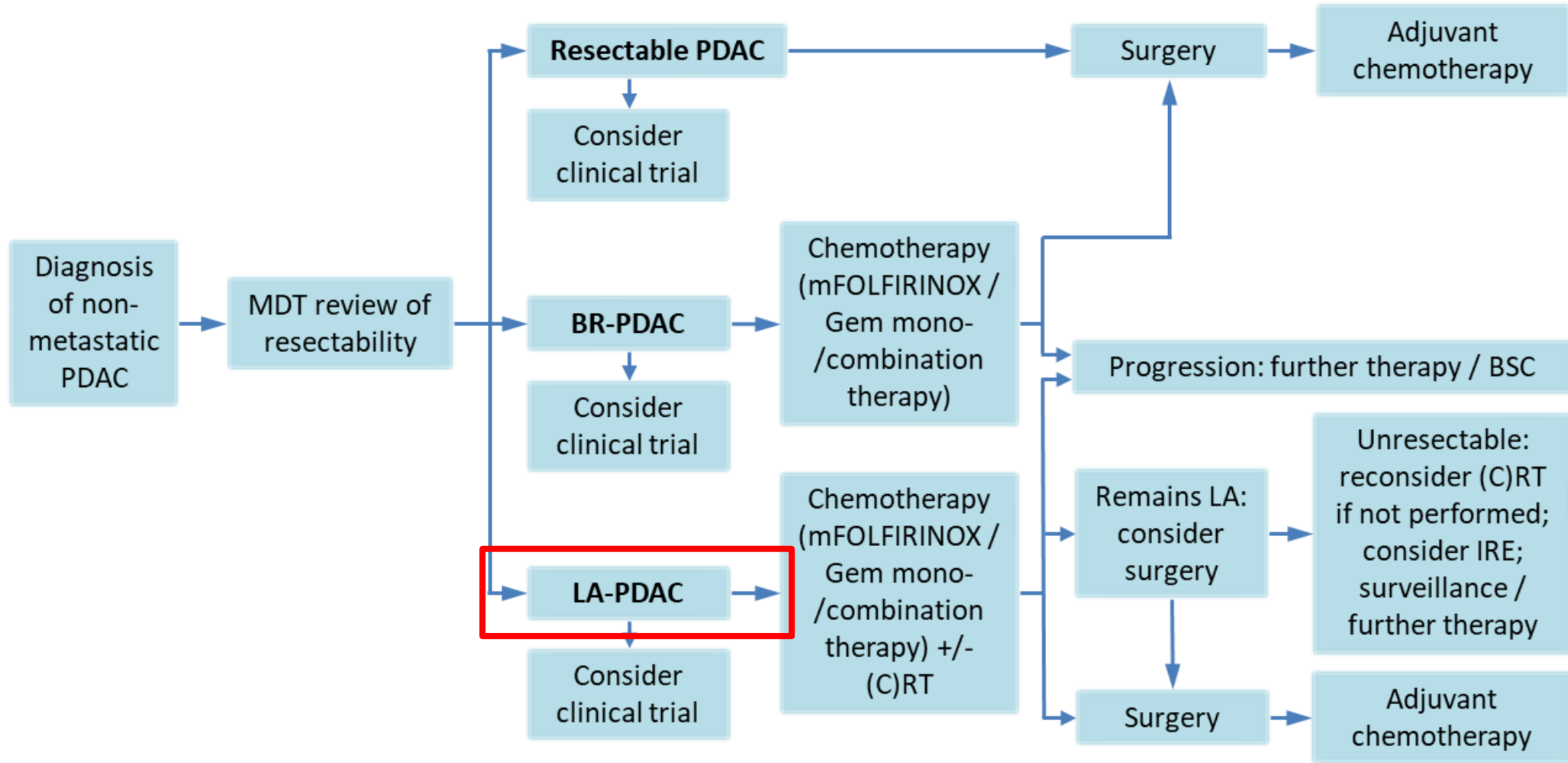
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Treatment for advanced disease |

Consider Clinical Trial

Gemcitabine/Capecitabine²

Median OS: 7.1 months

Gemcitabine/Nab-paclitaxel³

Median OS: 8.5 months

FOLFIRINOX⁴

Median OS: 11.1 months

Gemcitabine¹

Median OS: 5.65 months

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Second-line treatment?

