BRIDGE

Bridging knowledge in GI cancers

BRIDGE is an initiative by SERVIER that connects health care professionals worldwide in order to share knowledge and unite actions for the benefit of GI cancer patients.

For health care professionals only

Management of mPaCa patients in Asia: what are the specific features compared with the rest of the world?

Webinar No 7
HIGHLIGHTS

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Prof Changhoon Yoo is a medical oncologist who specializes in the care of patients with gastrointestinal cancers, particularly pancreatic cancer, cholangiocarcinoma, and hepatocellular carcinoma. He has participated in multiple clinical trials and translational research for the development of novel agents for patients with these cancers, and has authored and coauthored more than 100 research articles. His research initiatives include the integration of novel targeted and immune-based therapy into the treatment of hepatobiliary-pancreas cancers.

SERVIER

WEBINAR HIGHLIGHTS

In 2020, nearly **half of new pancreatic cancer** cases worldwide were **reported in Asia** (233 701 new cases, 47.1%)[1]

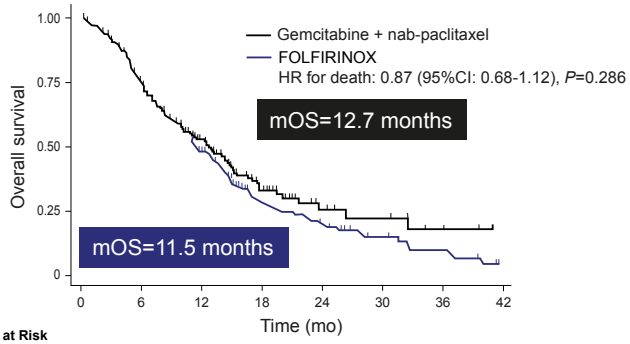
In Korea, standards of care for mPaCa are similar to Europe with some **noticeable differences in 2L treatment options***

Eastern Asia had the **6th highest** age-standardized **worldwide mortality rate of pancreatic cancer** in 2020 (5.6 per 100 000)[1]

1ST-LINE SETTING

Both in Europe and Korea, FOLFIRINOX or GEM-nab-PTX are well-established standard 1L treatments for mPaCa patients[2,3]

- **In Korea:**
  - A meta-analysis from 26 studies showed **GEM-nab-PTX reduced tumors** with an **acceptable toxicity profile**[4]
  - Retrospective analyses showed **no differences in efficacy** and **comparable toxicity** between **FOLFIRINOX and GEM-nab-PTX** though OS was significantly better for GEM-nab-PTX in one retrospective analysis**[,3,5]



No at Risk								
FOLFIRINOX	232	168	92	34	22	10	6	0
Gemcitabine + nab-paclitaxel	181	122	69	27	10	7	3	0

Adapted from Lee JC et al. 2020[5]

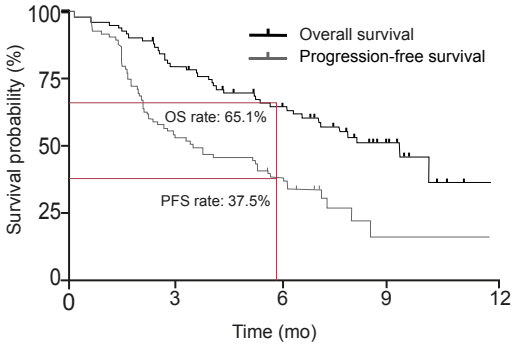
➢ In 1L, GEM-nab-PTX and FOLFIRINOX show comparable efficacy outcomes for mPaCa patients.
➢ Because of its favorable toxicity profile, GEM-nab-PTX is the preferred 1L chemotherapy regimen, particularly in metastatic pancreatic cancer patients in Korea.

2ND-LINE SETTING

Nal-IRI + 5-FU/LV improved survival both in Asian and non-Asian mPaCa patients, as shown in the NAPOLI-1 phase 3 study[6,7]

- **In Korea:**
  - Real-life data indicated that **Nal-IRI + 5-FU/LV** was **effective** and **well-tolerated** in patients with mPaCa who progressed on GEM-based therapy[8]
  - In a small randomized phase 2 trial to choose between mFOLFOX and mFOLFIRI for phase 3 as 2L therapy after GEM-based therapy, both **mFOLFIRI** and **mFOLFOX showed modest efficacy** outcomes[9]
  - **2L Nal-IRI + 5-FU/LV** and **FOLFIRINOX** exhibited **similar efficacy.** However, **FOLFIRINOX** was associated with a **higher incidence** of **grade ≥3 neutropenia** and **peripheral neuropathy**[10]
  - **Asian patients** exhibit **higher neutropenia** and **lower diarrhea** compared with Caucasian patients[11]

Survival outcomes with Nal-IRI + 5-FU/LV



Adapted from Yoo C et al. 2019[9]

➢ Nal-IRI+5-FU/LV has proven to be an effective treatment alternative with a well-characterized safety profile in patients with mPaCa who progressed on GEM-based therapy.#
➢ With NAPOLI-1, nal-IRI+5-FU/LV is recognized as a standard option in mPaCa patients who progressed on GEM-based therapy.[12]

3RD-LINE SETTING

➢ There is no standard of care. Nal-IRI + 5-FU/LV can be a 3rd-line therapy option after progression on both FOLFIRINOX and GEM-based therapy.##,[11] However, a numerically greater survival was observed in patients receiving Nal-IRI + 5-FU/LV in earlier lines.[9]

In conclusion:

- **In 1L, GEM-nab-PTX and FOLFIRINOX have shown comparable real-world efficacy outcomes in patients with mPaCa, in Europe and Asia. Because of its favorable safety profile, GEM-nab-PTX's popularity is increasing in Korea.**[**,3-5]**
- **In 2L, Nal-IRI + 5-FU/LV was effective in Asian patients after progression on GEM-based therapy, and its outcomes were consistent with those of the NAPOLI-1 trial.[6,7,10]**
- **Safety profiles differ between Asian and Caucasian patients, with the former comparatively presenting a higher incidence neutropenia and a lower incidence of diarrhea.[8]**

*Based on presenter's knowledge of Korean clinical practice; **OS outcome should be cautiously interpreted since multiple potential reasons might impact the post-progression survival after both regimens have failed; #Please refer to the ONIVYDE summary of products characteristics for the detailed information on the product's safety profile; ##Nal-IRI + 5-FU/LV is approved for metastatic adenocarcinoma of the pancreas in combination with 5-fluorouracil (5-FU) and leucovorin (LV), in adult patients who have progressed following gemcitabine-based therapy.

CLICK HERE for more details and watch the replay of the 18/05/2021 session

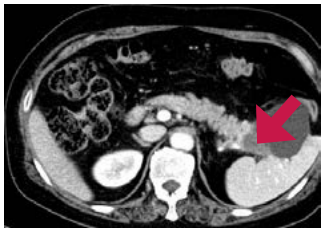
CLICK HERE for more details and to watch the replay of the 20/05/2021 session

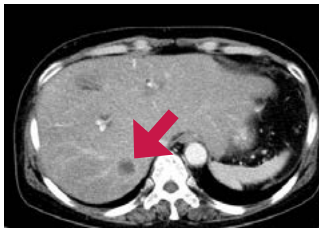
BRIDGE GI cancers

SUMMARY OF THE INTERACTIVE CLINICAL CASE

Provided by Prof Yoo

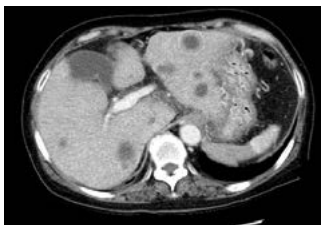
Age: 65 years old
Gender: Female
Pancreatic tail
Liver masses
EUS-guided Bx: Adenocarcinoma mod diff
ECOG PS 0





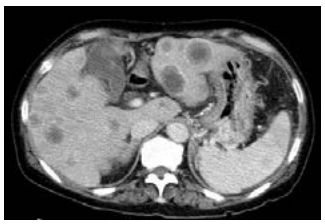
1L: GEMCITABINE + NAB-PACLITAXEL

Best response: SD
TTP: 12 months
Grade 2 peripheral neuropathy remaining
ECOG PS 1, medically fit



2L: LIPOSOMAL IRINOTECAN + 5-FU/LV

PD after 6 months
Best response SD



Based on one of the presenter's clinical cases

RESULTS FROM POLLS

What would you give in 1st line?

GEM-nab-PTX	80%
Gemcitabine	10%
(m)FOLFIRINOX	10%
mFOLFOX	0%

What would you give in 2nd line?

Nal-IRI + 5-FU/LV	88%
mFOLFOX	8%
(m)FOLFIRINOX	4%
S-1 or capecitabine	0%

These results reflect the votes of the audience that attended the live webinar sessions. The audience was a total of 40 physicians from 8 countries and do not reflect Servier's view or the PIs.

INSIGHTS FROM THE EXPERT'S CLINICAL PRACTICE

"In the 2L post-gemcitabine setting, Nal-IRI + 5-FU/LV may have a better efficacy than fluoropyrimidine monotherapy including TS-1 or capecitabine since it has shown improved OS and PFS in clinical trials. Also, Nal-IRI + 5-FU/LV showed a similar efficacy combined with less toxicity when compared with FOLFIRINOX in 2L post-gemcitabine setting."

"I believe that nutrition is very important in the management of mPaCa patients. Indeed, I emphasize to my patients and caregivers that the first month is very important in terms of nutrition during active chemotherapy. I do recommend IV nutrition for patients whose oral intake can be difficult."

"The management of neutropenia revealed to be easier as what I expected first. Indeed, neutropenia is a quite common adverse effect, but we can just manage the patient with appropriate dose reduction or a dose delay if the patients are very fit. I sometimes give prophylactic long-acting GCSF for patients who started Nal-IRI + 5-FU-LV."

"For monitoring during 1L or 2L therapy, we run CT scans and CA19-9 levels every 6 to 8 weeks. The monitoring of clinical symptoms depends on the therapy used: for FOLFIRINOX, we check every 2-3 weeks and for Gemcitabine + nab-Paclitaxel, we check every week or once a month."

"Although it seems that there's no predictive clinical factor for the long responders with Nal-IRI + 5-FU/LV, I recommend using this therapy in earlier lines rather than in later lines. Indeed, in most cases, the long responders with Nal-IRI + 5-FU/LV received it in 2L rather than 3L or 4L therapy."

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1L: 1st line; 2L: 2nd line; 3L: 3rd line; 4L: 4th line 5-FU/LV: 5-fluorouracil/leucovorin; AEs: adverse events; Bx: biopsy; CA: carbohydrate antigen; CI: confidence interval; CT: computerized tomography; ECOG: Eastern Cooperative Oncology Group; EUS: endoscopic ultrasound; FFX: FOLFIRINOX; FOLFIRINOX: folinic acid, fluorouracil, irinotecan, and oxaliplatin; GCSF: granulocyte colony stimulating factor; GEM: gemcitabine; GEM-nab-PTX: gemcitabine-nanoparticle albumin-bound-paclitaxel; GNP: GEM-nab-PTX; HR: Hazard ratio; mFOLFOX: modified folinic acid, fluorouracil, and oxaliplatin; (m)FOLFIRINOX: modified folinic acid, fluorouracil, irinotecan, and oxaliplatin; Mod diff: moderately differentiated; mPaCa: metastatic pancreatic cancer; Nal-IRI: nanoliposomal irinotecan; OS: overall survival; PD: progressive disease; PS: performance status; S-1: titanium silicate-1 chemotherapy; QoL: Quality of Life; SD: stable disease; TTP: time to progression

References:

1. Globocan 2020, Available at: gco.iarc.fr/today/data/factsheets/cancers/13-Pancreas-fact-sheet.pdf. [Last accessed May 2021]. 2. Ducreux M et al. *Ann Oncol.* 2015; 26(suppl 5):v56 v68. 3. Kang J et al. *Invest New Drugs.* 2018; 36:732–741. 4. Zhang Y et al. *Journal of Cancer.* 2019;10(18):4420–4429. 5. Lee JC et al. *Am J Clin Oncol.* 2020; 43(9):654–659. 6. Wang-Gillam A et al. *Lancet.* 2016;387(10018):545-557. 7. Bang YJ et al. *Cancer Science.* 2020;111:513-527. 8. Yoo C et al. *Ther Adv Med Oncol.* 2019;11:1758835919871126. 9. Yoo C et al. *Br J Cancer.* 2009;101(10):1658–1663. 10. Park HS et al. *ESMO Open.* 2021; 6(2):100049. 11. ONIVYDE, EU Summary of Product Characteristics. 12. ESMO eUPDATE – Cancer of the pancreas treatment recommendations. www.esmo.org/guidelines/gastrointestinal-cancers/pancreatic-cancer/eupdate-cancer-of-the-pancreas-treatment-recommendations2. [Last accessed May 2021].

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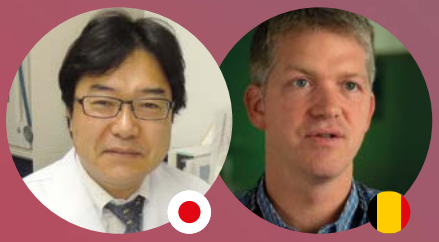
Third-line therapy in mCRC live conference
Prof Julien Taieb

Continuum of care in mPaCa live conference
Prof Gerard Prager

Treating mPaCa patients: from scientific evidence to real clinical practice
Prof Teresa Macarulla

Addressing the unmet needs in 3L mGC: a clinical perspective
Prof Sylvie Lorenzen
& Dr Elizabeth Smyth



mPaCa clinical cases: experience sharing from Asia and Europe
Prof Junji Furuse
& Prof Ivan Vilmos Borbath

Maximizing benefit for patients in 3L mCRC, clinical case discussion
Prof Timothy Price

Management of mPaCa patients in Asia: what are the specific features compared with the rest of the world?
Prof Changhoon Yoo

Challenges in the management of aggressive GI cancer, a clinical perspective on 3L mCRC & mGC
Prof Florian Lordick
& Prof Pia Österlund

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Upcoming webinars

Where do we stand in mPaCa?
Prof Thomas Seufferlein
Medical Director at the Clinic for Internal Medicine I,
University Hospital Ulm, Germany

Wednesday July 7, 2021
7 PM CEST
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Thursday July 8, 2021
12 PM CEST
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*For more information, please consult the abridged Summary of Product Characteristics available here.
Prepared by headquarters in accordance with the International Reference Product Information approved on 14/01/2019.
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