



**ESMO Preceptorship Program
Gastric Cancer – Berlin 2013**

Is the treatment of esophageal adenocarcinoma similar to gastric adenoacarcinoma?

**Salah-Eddin Al-Batran
Krankenhaus Northwest
UCT- University Cancer Center Frankfurt**

Is the treatment of esophageal adenocarcinoma similar to gastric adenocarcinoma?

- What is esophageal? What is gastric?

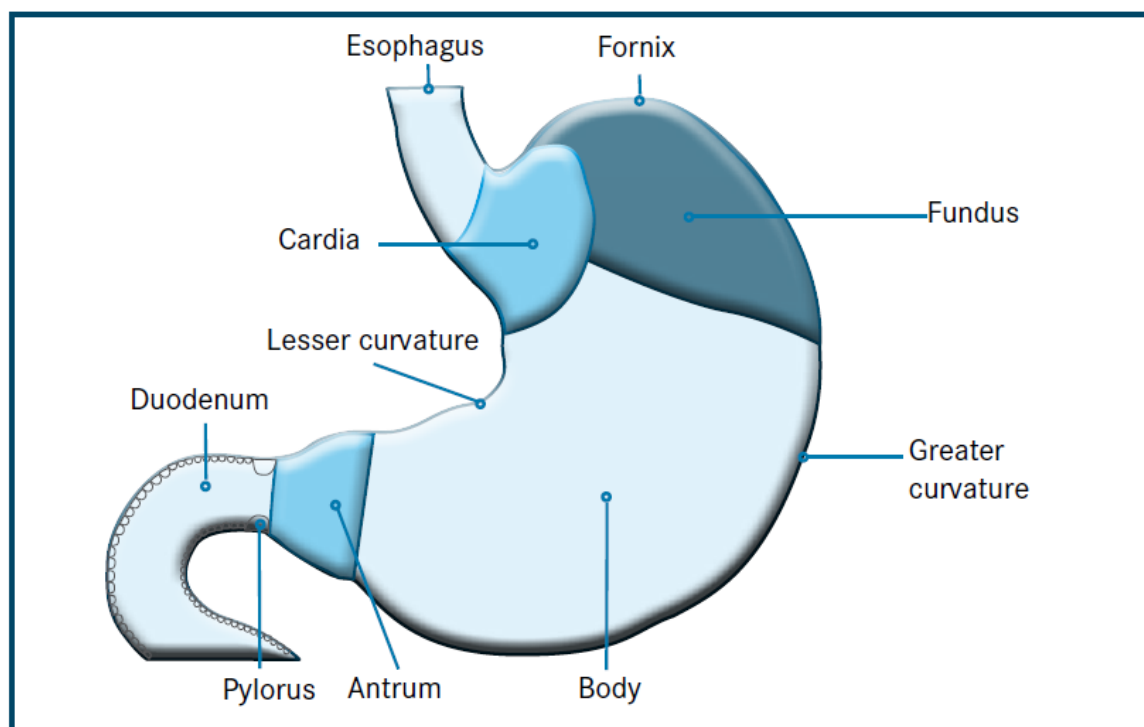


Fig. 5.1: Anatomic regions of the stomach and esophagogastric junction

Is the treatment of esophageal adenocarcinoma similar to gastric adenocarcinoma?

- What is esophageal? What is gastric?

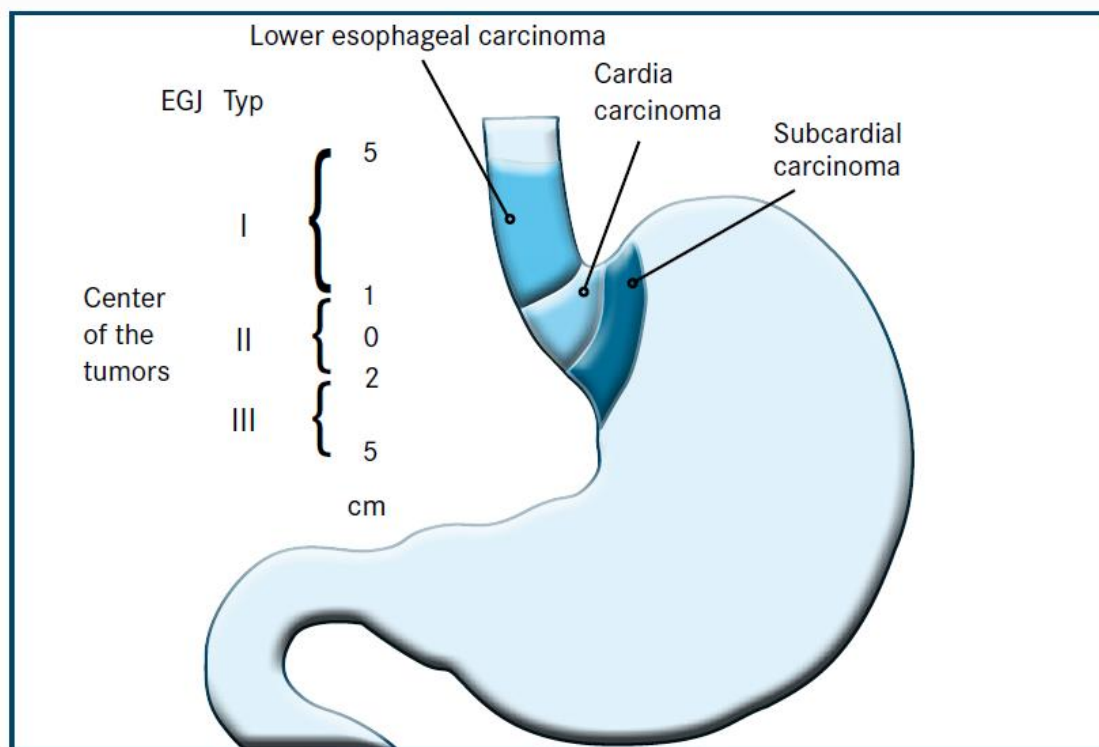
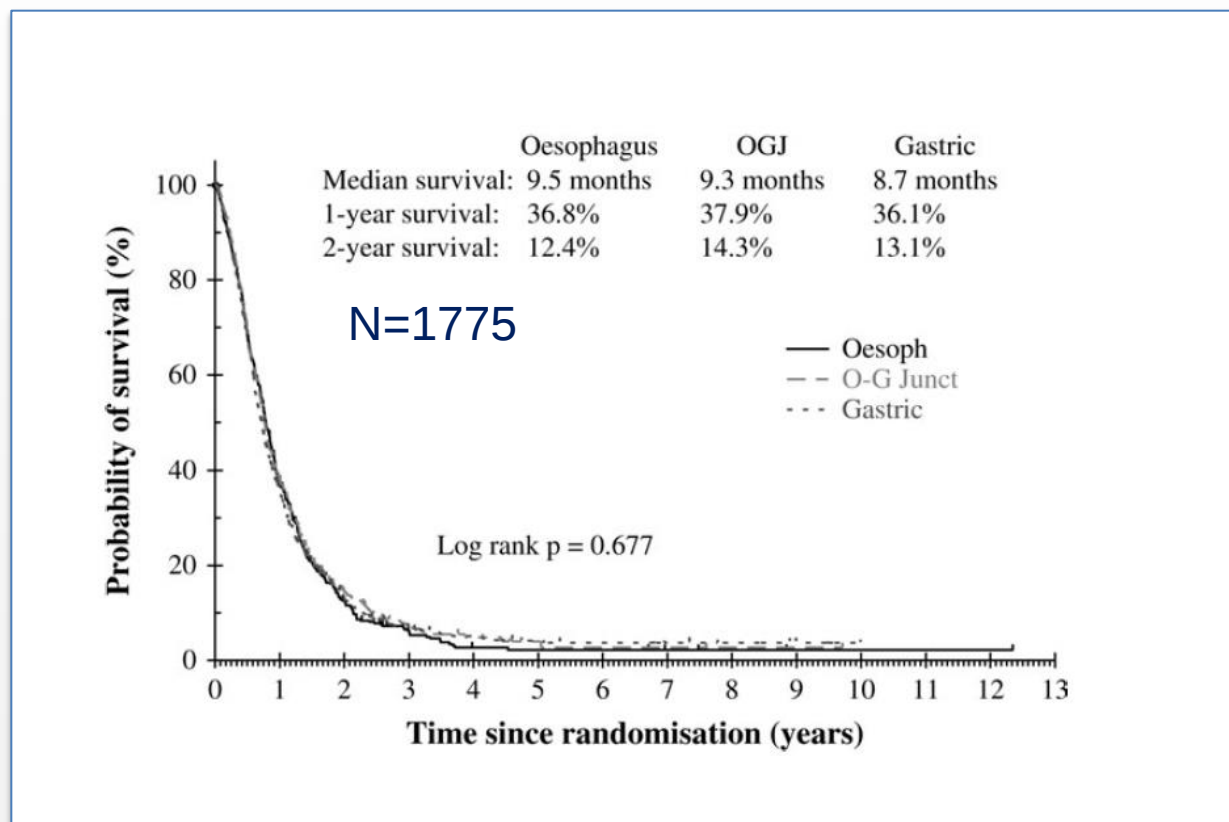


Fig. 5.2: Classification of adenocarcinomas of the esophagogastric junction (EGJ) according to Siewert

Results in inoperable or metastatic stages



Stomach vs. cardia vs. esophageal cancer in metastatic or inoperable stages after chemotherapy

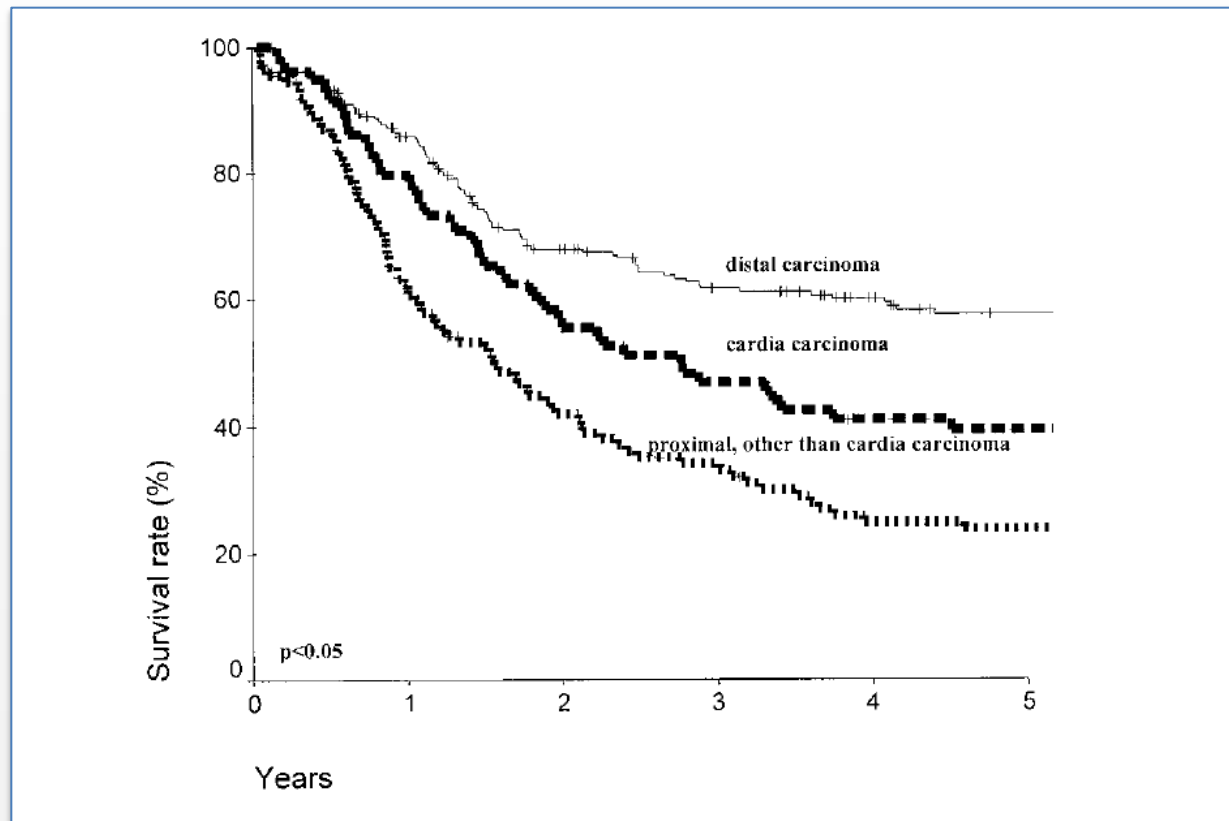


Chau et al. Ann Oncol 2008

Curable stages



Prognosis after primary surgery for distal gastric vs. Cardia vs. proximal adenocarcinoma



Piso et al. Annals of Surgical Oncology 2000

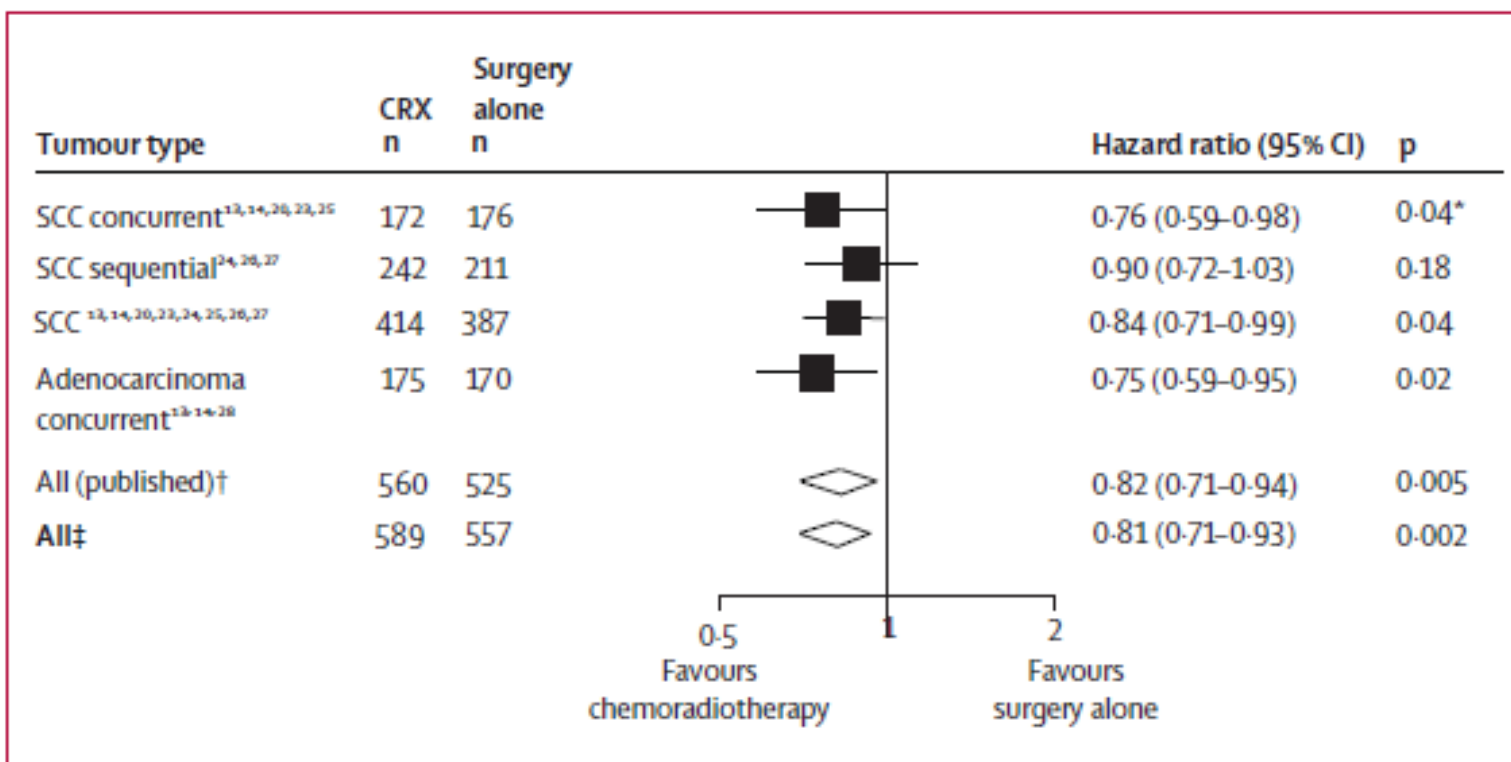
Results of multimodality treatment



➤ W Survival benefits from neoadjuvant chemoradiotherapy or chemotherapy in oesophageal carcinoma: a meta-analysis

Val Gebski, Bryan Burmeister, B Mark Smithers, Kerwyn Foo, John Zalcberg, John Simes, for the Australasian Gastro-Intestinal Trials Group

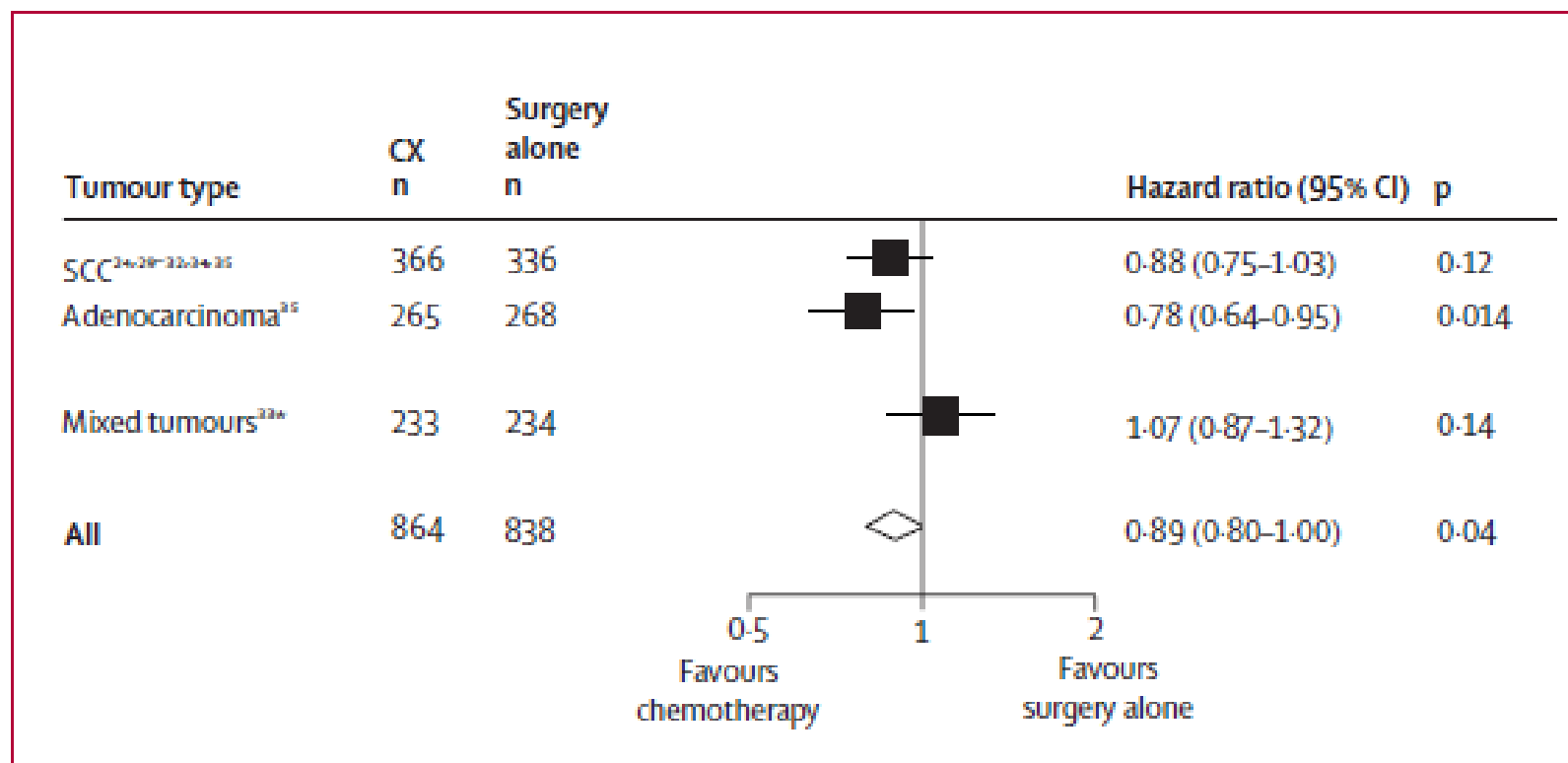
Chemoradiotherapy



➤ Survival benefits from neoadjuvant chemoradiotherapy or chemotherapy in oesophageal carcinoma: a meta-analysis

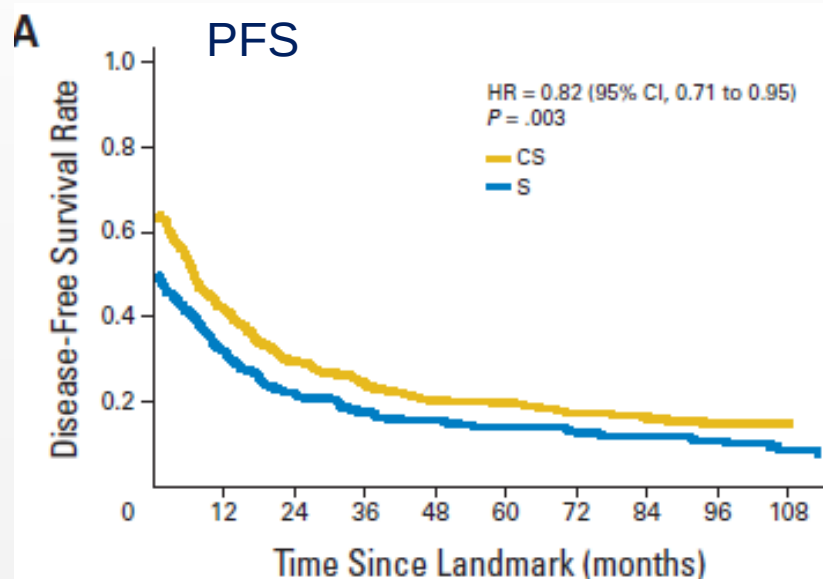
Val Gebski, Bryan Burmeister, B Mark Smithers, Kerwyn Foo, John Zalberg, John Simes, for the Australasian Gastro-Intestinal Trials Group

Chemotherapy

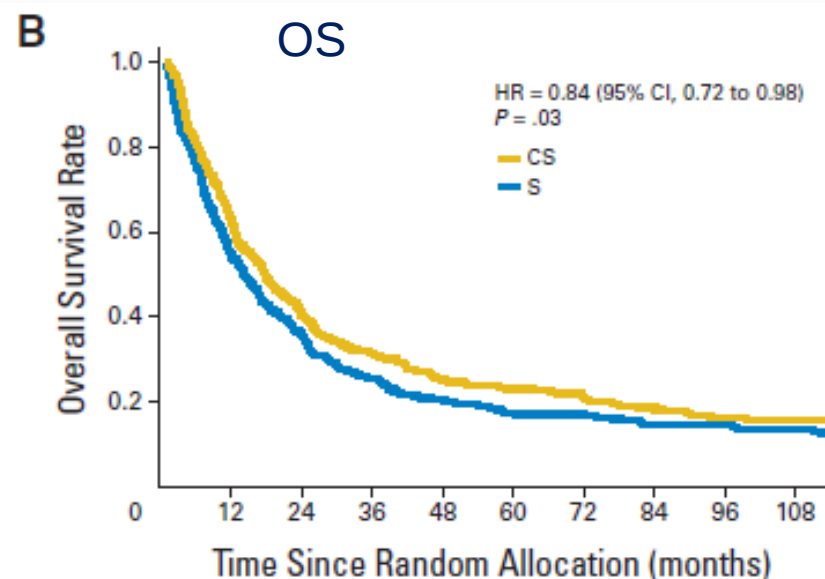


Long-Term Results of a Randomized Trial of Surgery With or Without Preoperative Chemotherapy in Esophageal Cancer

William H. Allum, Sally P. Stenning, John Bancewicz, Peter I. Clark, and Ruth E. Langley



No. at risk										
S	402	121	83	65	50	41	32	26	17	8
CS	400	162	115	85	67	54	41	33	21	14



No. at risk										
S	402	213	132	93	69	49	44	32	29	20
CS	400	232	254	119	85	70	50	38	27	18

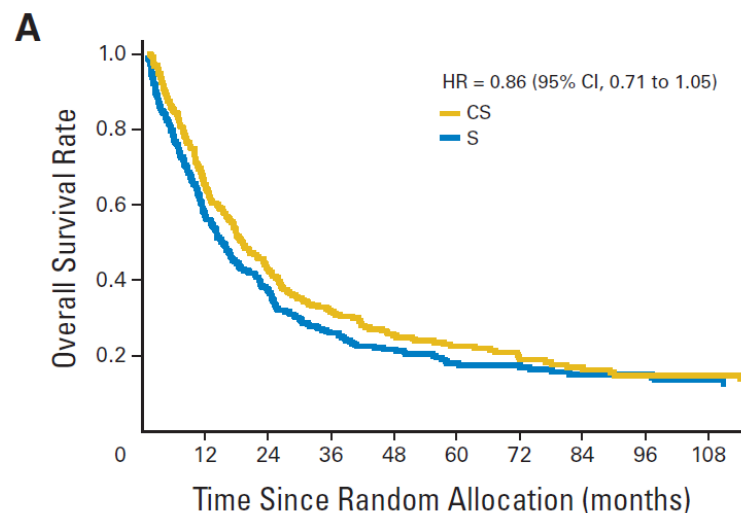
66.5% AC, 5% diff. In OS at 5y

Long-Term Results of a Randomized Trial of Surgery With or Without Preoperative Chemotherapy in Esophageal Cancer

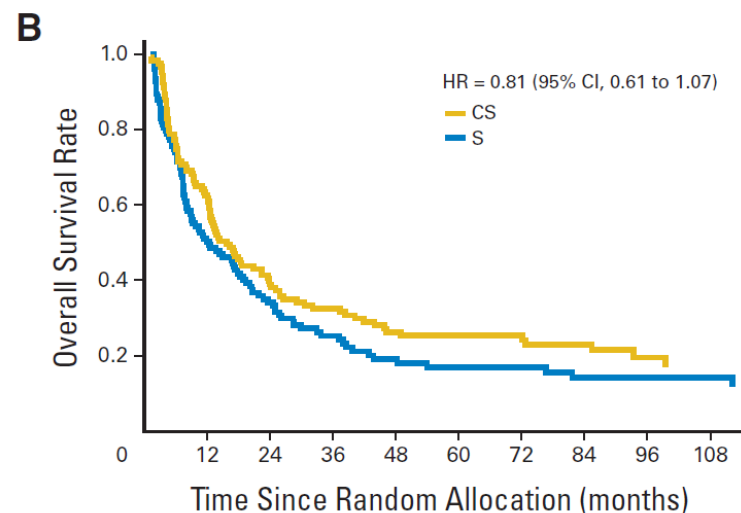
William H. Allum, Sally P. Stenning, John Bancewicz, Peter I. Clark, and Ruth E. Langley

Adenocarcinoma

SCC



No. at risk					
S	268	92	52	29	19
CS	265	106	56	31	19

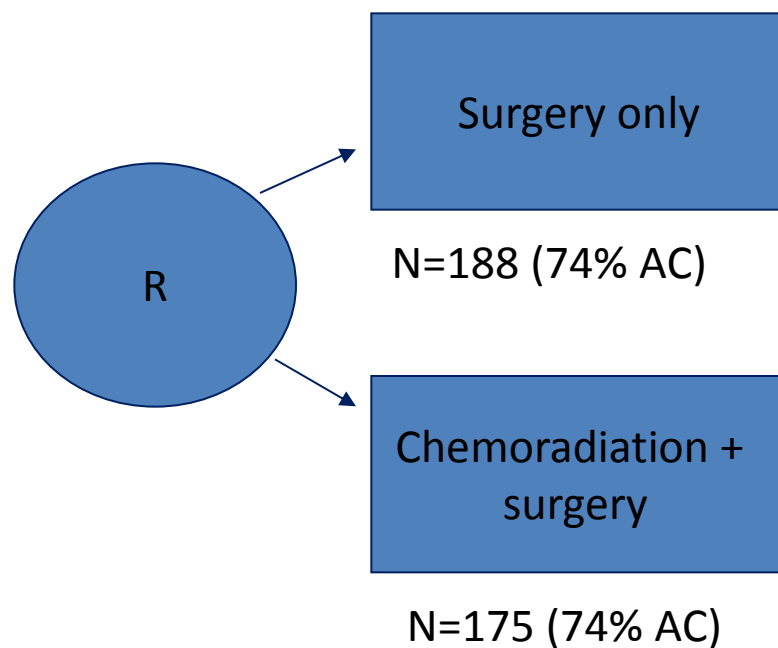


No. at risk					
S	124	39	17	15	10
CS	123	47	29	19	8

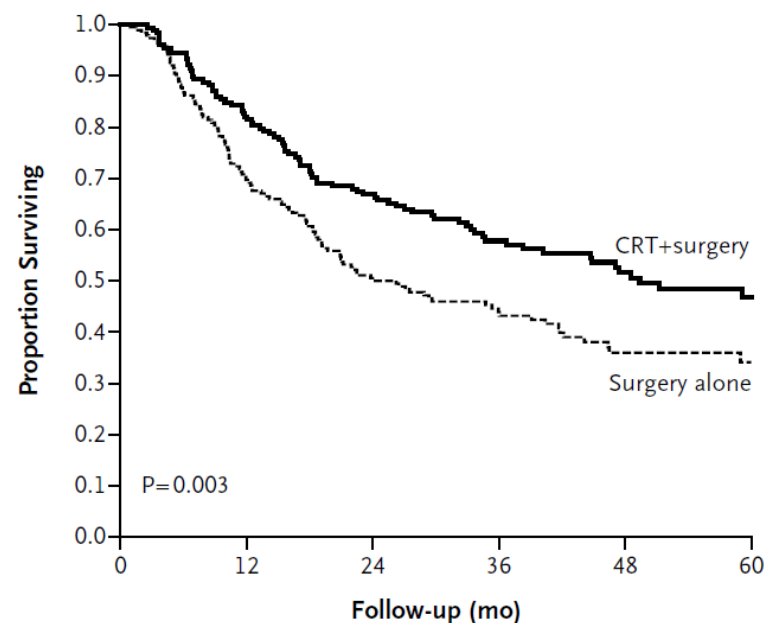
ORIGINAL ARTICLE

Preoperative Chemoradiotherapy for Esophageal or Junctional Cancer

P. van Hagen, M.C.C.M. Hulshof, J.J.B. van Lanschot, E.W. Steyerberg,

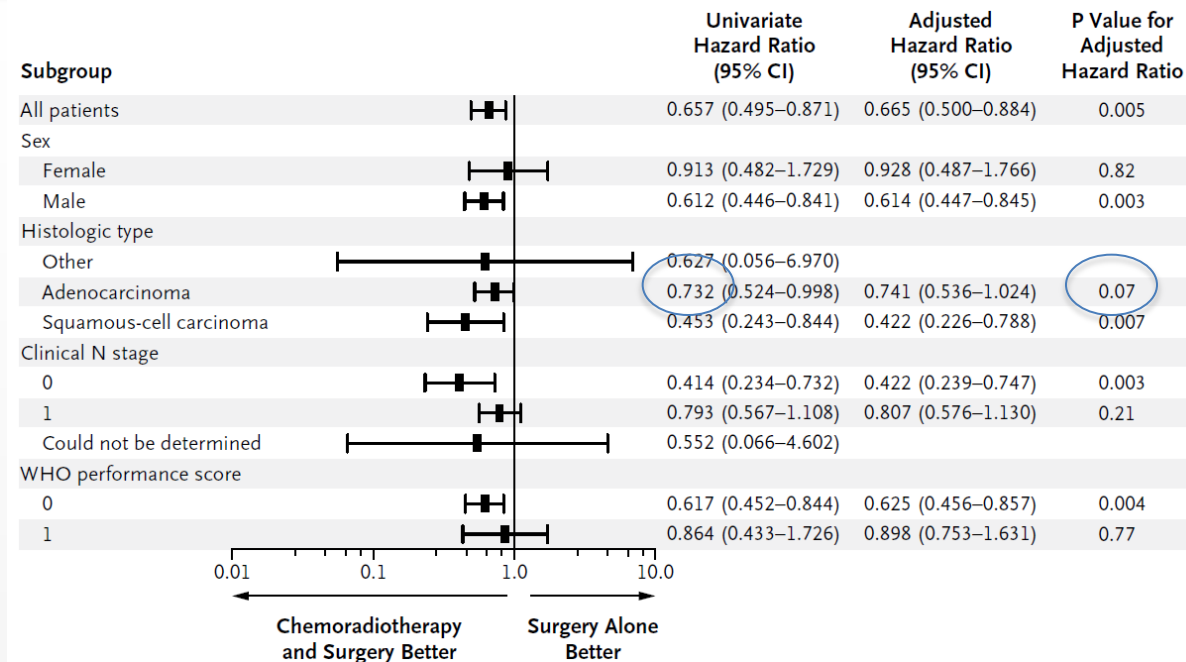


According to Treatment Group



- Paclitaxel 50mg/m² + Carboplatin AUC2 d1,8,15,22,29
- Radiotherapie 23x1.8 Gy (41 Gy)

CROSS Study



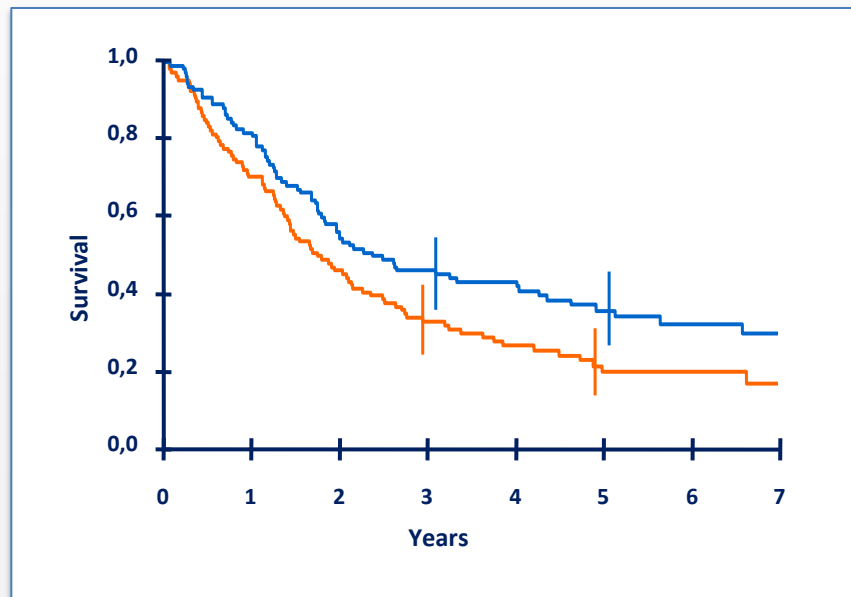
22-26% der Patienten
had junctional cancer

Characteristic	Chemoradiotherapy and Surgery (N=178)	Surgery Alone (N=188)
Tumor location — no. (%)†		
Esophagus		
Proximal third	4 (2)	4 (2)
Middle third	25 (14)	24 (13)
Distal third	104 (58)	107 (57)
Esophagogastric junction	39 (22)	49 (26)

Gastric Cancer

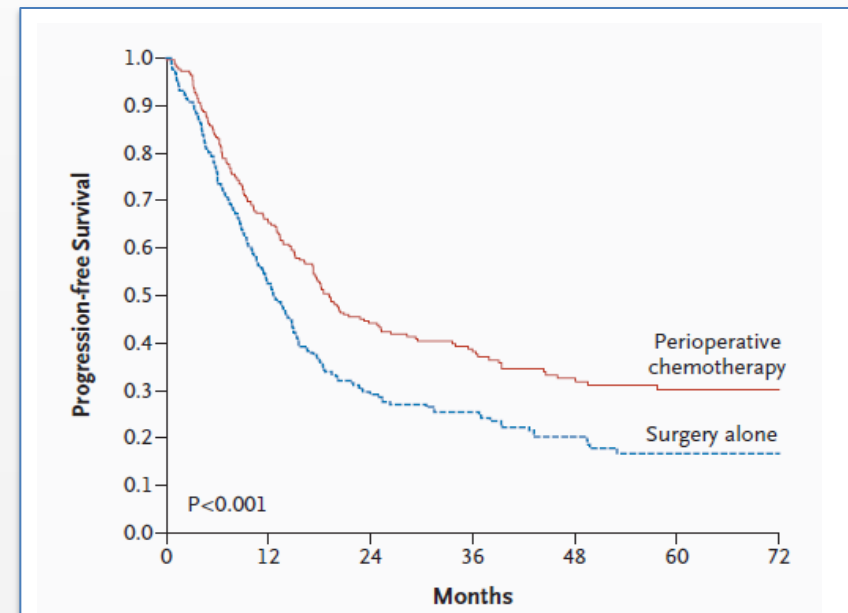
- (HR ca. 0.69 – 0.75)

Overall survival



ACCORD: CF – OP – CF (JCO 2011)

Overall survival



MAGIC: ECF – OP – ECF (NEJM 2006)

MAGIC – FFCD

Studie	N	Lokalisation	Schema	Setting	HR OS	Δ OS*
MAGIC 2006	503	Magen 74 % Kardia 12 % Ösoph. 14%	ECF	9w vor + 9w nach OP	0,75 (0,60 - 0,93)	13 %
ACCORD 9703 2007	224	Magen 25% Kardia 65% Ösoph.10%	CF	8w vor + ggf. 8w nach OP	0,69 (0,50 - 0,96)	14 %

* Δ OS nach 5 Jahren

Cunningham D et al. *N Engl J Med* 2006;355:11-20

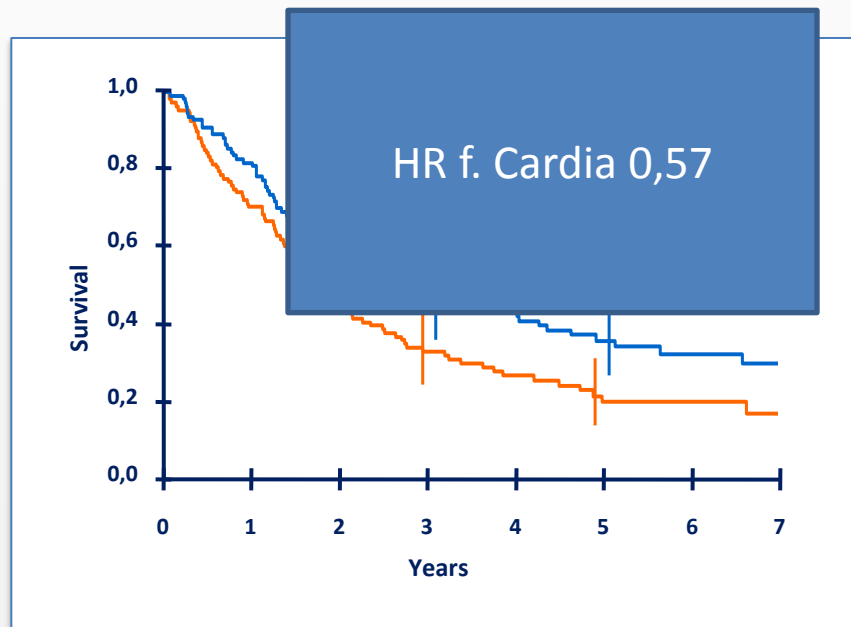
Boige V. et al. *ASCO* 2007 #4510

Schuhmacher C. et al. *ASCO* 2009 #4510

Gastric Cancer

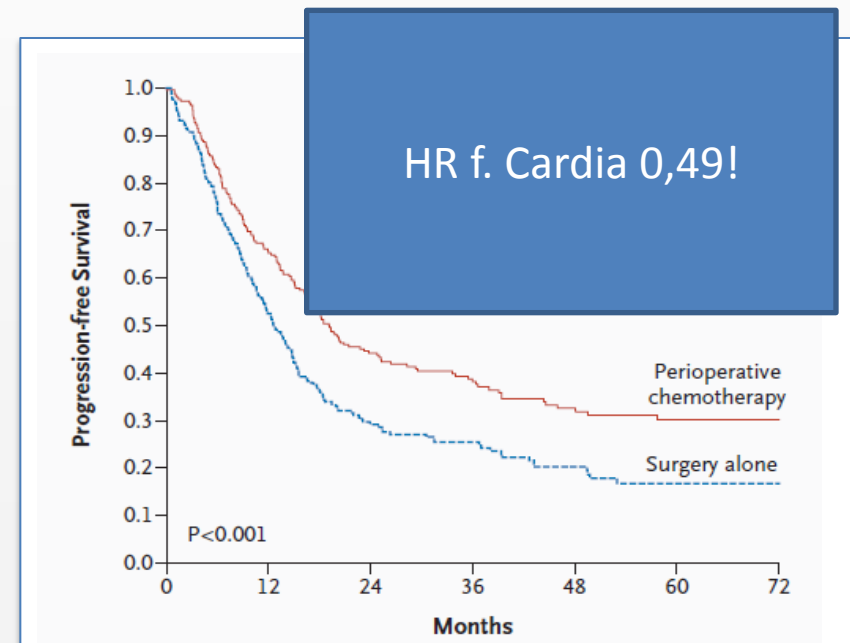
- (HR ca. 0.69 – 0.75)

Overall survival



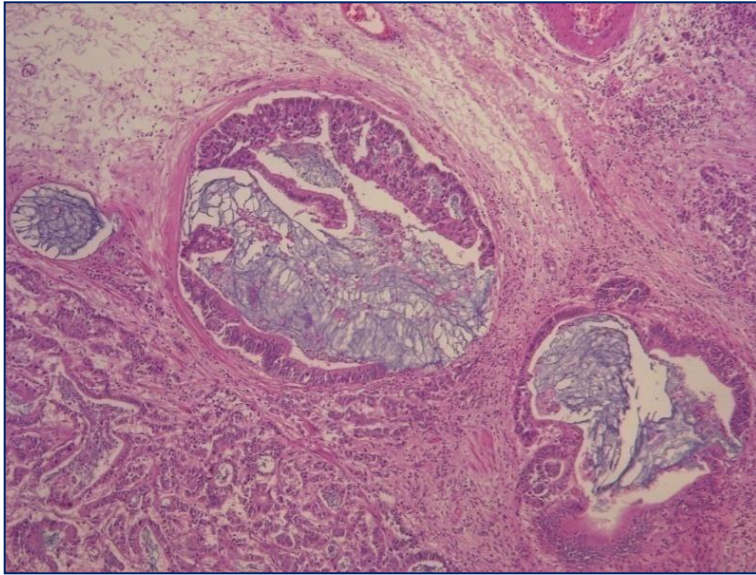
ACCORD: CF – OP – CF (JCO 2011)

Overall survival

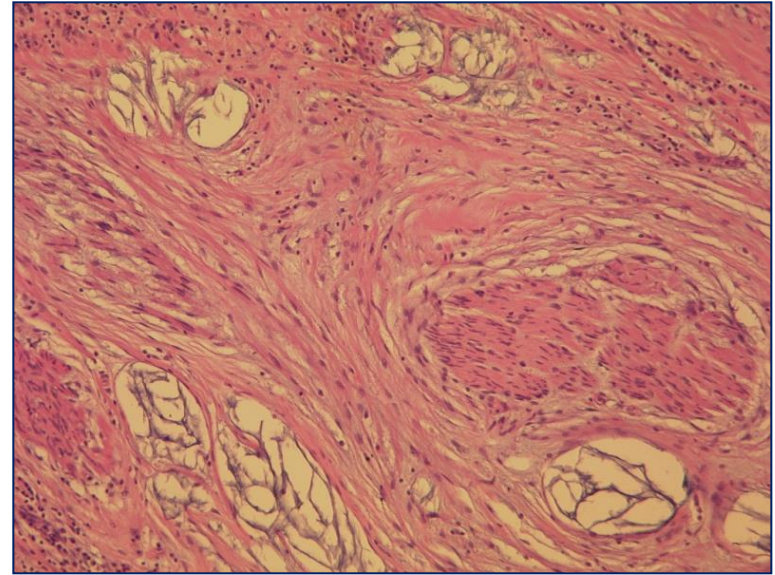


MAGIC: ECF – OP – ECF (NEJM 2006)

Histopathologic Remission



No neoadjuvante Cx



pCR after 4 cycles of FLOT

Pathological remission predicts survival in gastric cancer

Becker et al: 480 patients who received platinum based chemotherapy 1991 - 2007
Becker 1a (pCR) 3.3%; Becker 1a+b 21%

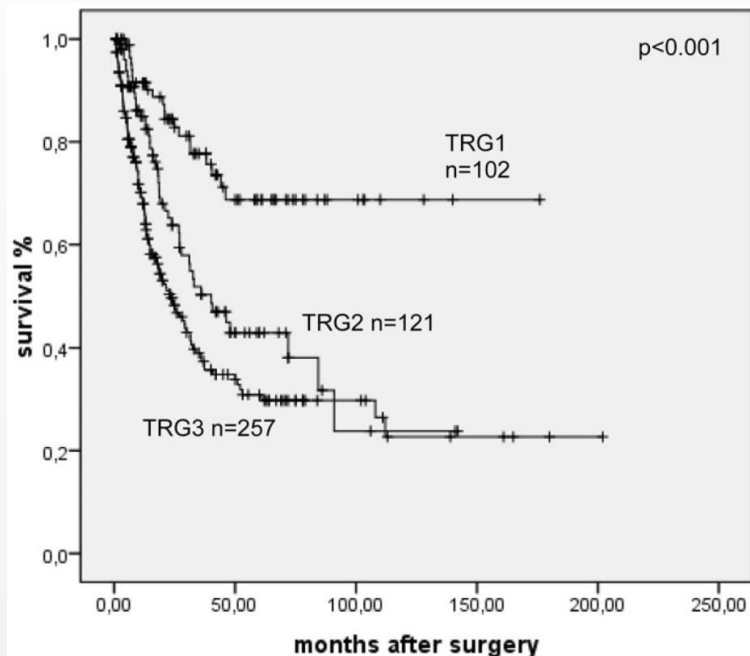


TABLE 2. Multivariate Analysis for Survival, Including UICC 2002 ypT-category (ypT0–4), ypN-category (ypN0–3), ypL-category (lymphatic vessel invasion, ypL0–1), tumor resection status (R0 vs. R1/2), Tumor regression grading (TRG 1 vs. 2/3), Tumor differentiation (G1–4) and Lauren´s Classification (intestinal vs. diffuse vs. mixed/unclassifiable)

Factor	EXP (B)	95% CI	P
UICC ypT classification	1.14	0.9–1.44	0.23
UICC ypN classification	1.65	1.37–2.0	<0.001
UICC ypL classification	0.92	0.64–1.3	0.61
Tumor regression grade	1.03	1.0–1.06	0.009
Tumor resection status	1.23	0.95–1.6	0.12
Tumor differentiation grade	1.22	0.93–1.58	0.14
Lauren´s classification	0.92	0.76–1.11	0.43

CI, confidential interval.

Pathologische Remission mit docetxelhaltigen Dreifachkombinationen

Autor	N	Therapieschema	pCR%
Thuss-Patience 2010	44	Cisplatin/Cape/Docetaxel (DCX)	15.9%
Biffi 2010	32	Cisplatin/5-FU/Docetaxel (TCF)	11.7%
Homann 2011	46	Oxaliplatin/5-FU/Docetaxel (FLOT)	17.4%
Starling 2009	26	Epirubicin/Cisplatin/Capecitabine (ECX)	5.9%
Becker 2003	36	Etoposid/Doxorubicin/Cisplatin (EPA)	0%
Geh 2000	23	Epirubicin/Cisplatin/5-FU (ECF)	4.3%

pCR= pathologische Komplettremission

Pathological complete remission in patients with oesophagogastric cancer receiving preoperative 5-fluorouracil, oxaliplatin and docetaxel

Nils Homann^{1,3}, Claudia Pauligk², Kim Luley³, Thomas Werner Kraus⁴, Hans-Peter Bruch⁵, Akin Atmaca², Frank Noack⁶, Hans-Michael Altmannsberger⁷, Elke Jäger² and Salah-Eddin Al-Batran²

IJC

International Journal of Cancer

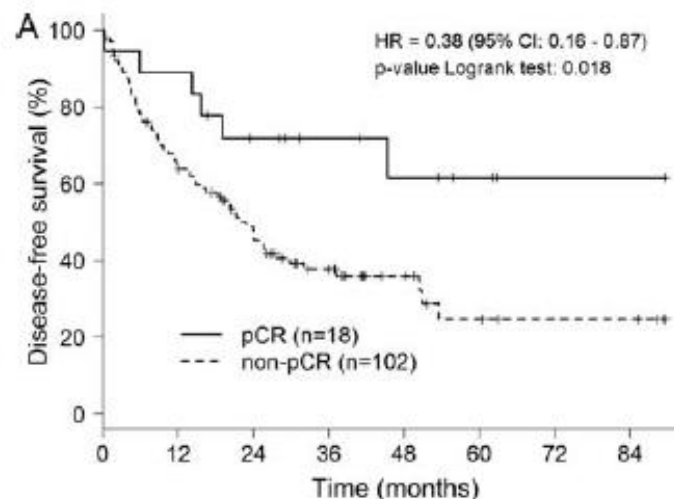
Table 3. Description of patients who achieved a pCR

Patient number	Gender	ECOG PS	Location of primary	TNM initial	Location of distant metastases	Histology according to Lauren	Number pre/postoperative cycles
1	Male	1	Cardia	T3N + M0	–	Intestinal	3/0
2	Female	1	Cardia	T3N + M0	–	Intestinal	2/0
3	Male	1	Cardia	T3N + M1	Para-aortal LN	Intestinal	4/4
4	Male	1	Lower oesophagus ¹	T3N + M0	–	Intestinal	3/3
5	Male	1	Cardia	T3N + M0	–	Intestinal	3/3
6	Female	1	Antrum	T3N + M0	–	Intestinal	3/3
7	Male	0	Lower oesophagus ¹	TxNxM1	Para-aortal LN and liver	Intestinal	4/4
8	Male	2	Cardia	T3N + M0	Suspected adrenal	Intestinal	4/4

Impact of pathologic complete response on disease-free survival in patients with esophagogastric adenocarcinoma receiving preoperative docetaxel-based chemotherapy

S. Lorenzen^{1,†}, P. Thuss-Patience^{2,†}, S. E. Al-Batran³, F. Lordick⁴, B. Haller⁵, T. Schuster⁵, C. Pauligk³, K. Luley⁶, D. Bichev², G. Schumacher⁷ & N. Homann⁸

Factor		pCR	Non-pCR
All patients, n (%)	120	18 (15)	102 (85)
Site of tumor			
EGJ	68 (57)	15 (22)	53 (78)
Stomach	52 (43)	3 (6)	49 (94)
Clinical stage ^a			
cT2	15 (13)	3 (20)	12 (80)
cT3/4	103 (86)	14 (14)	89 (86)
Not performed	2	1 (50)	1 (50)
cN0	7	1 (14)	6 (86)
cN+	111	16 (14)	95 (86)
Not performed	2 (2)	1 (50)	1 (50)
Metastatic status			
M0	105 (88)	16 (15)	89 (85)
M1	15 (13)	2 (13)	13 (87)
Lauren classification			
Intestinal	60 (50)	14 (23)	46 (77)
Diffuse	42 (35)	3 (7)	39 (93)
Mixed	5 (4)	1 (20)	4 (80)
Not stated/specified ^a	13 (11)	0 (0)	13 (100)



Is the treatment of esophageal adenocarcinoma similar to gastric adenocarcinoma?

- Differences exist:
 - distal esophageal (non-cardia) carcinoma
 - Neoadjuvant chemoradiation
 - Perioperative chemotherapy is an option
 - Cardia adenocarcinoma is more sensitive to chemotherapy
 - Perioperative chemotherapy (new regimen?!)
 - Gastric (non-cardia) cancer
 - Perioperative chemotherapy



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