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MEETING SUMMARY

**AASLD 2016, BOSTON USA
NOVEMBER 11TH TO 15TH 2016**

**DR. MOHAMED BOUATTOR
HÔPITAL UNIVERSITAIRE BEAUJON, PARIS, FRANCE**

NON-HCC HEPATIC MALIGNANCIES

**TRANSLATING THE ABC-02 TRIAL INTO DAILY
PRACTICE: OUTCOME OF PALLIATIVE TREATMENT IN
PATIENTS WITH ADVANCED BILIARY TRACT CANCER
TREATED WITH GEMCITABINE AND CISPLATIN**

MARCIA GASPERSZ ET AL

**Centers: Rotterdam, Amsterdam, Zwolle, Breda,
Hoorn, Den Bosch, Arnhem, Nijmegen, Hilversum,
Alkmaar, Apeldoorn (NETHERLANDS)**

- Gemcitabine and cisplatin is the standard of care in patients with advanced biliary tract cancer based on the ABC-02 trial*
- To evaluate this chemotherapy regimen in clinical practice

METHODS

- 2010-2015
- 208 patients included
- Inclusion criteria ABC-02 trial
 - PS: 0-2
 - Bilirubin \leq 1.5 ULN
 - AST/ALT \leq 5 ULN
 - Creatinin \leq 1.5 ULN and GFR \geq 45 ml/min

Group 1
N = 71

- Patients received chemotherapy
- Met the criteria of the ABC-02 trial

Group 2
N = 61

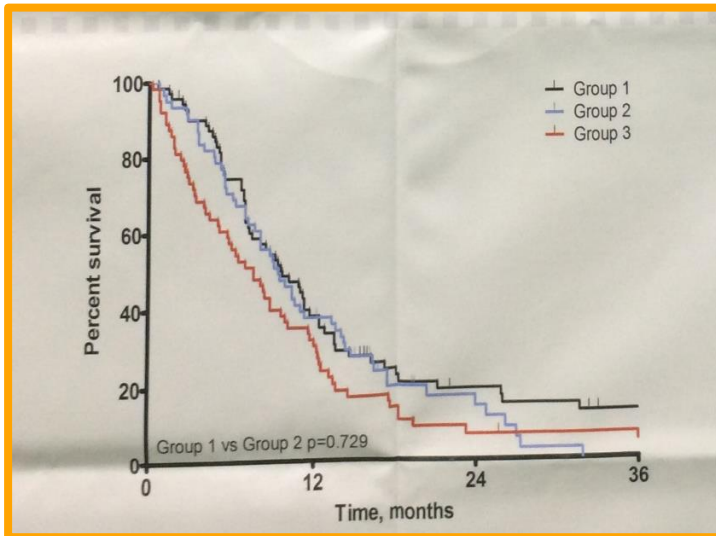
- Patients received chemotherapy
- Did not meet the criteria of ABC-02 trial

Group 3
N = 65

Best supportive care without chemotherapy

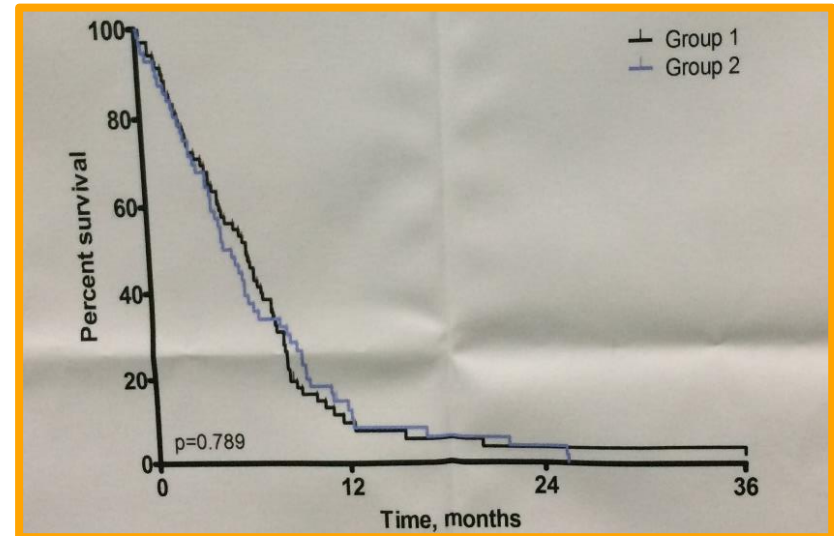
* PS: performance status, GFR: Glomerular filtration rate

MAIN RESULTS



Overall survival

Group 1 = 9.7 months (95%CI: 7.1 -12.3)
Group 2 = 9.4 months (95%CI: 7.2 - 11.6)
Group 3 = 7.6 months (95%CI: 5.0 -10.2)
 $p = 0.729$ (group 1 versus 2)
 $p = 0.011$ (group 1 and 2 versus 3)



Progression free survival

Group 1 = 6.0 months (95%CI: 4.6- 7.4)
Group 2 = 4.6 months (95%CI: 3.3- 5.9)
($p=0.789$)

Toxicities were similar between Groups 1 and 2

CONCLUSION

- First line treatment with gemcitabin and cisplatin appears safe and efficient in routine use for patients with advanced biliary tract cancer

SURVEILLANCE FOR HEPATOBILIARY CANCER IN PRIMARY SCLEROSING CHOLANGITIS

NAVINE NASSER-GHODSI ET AL

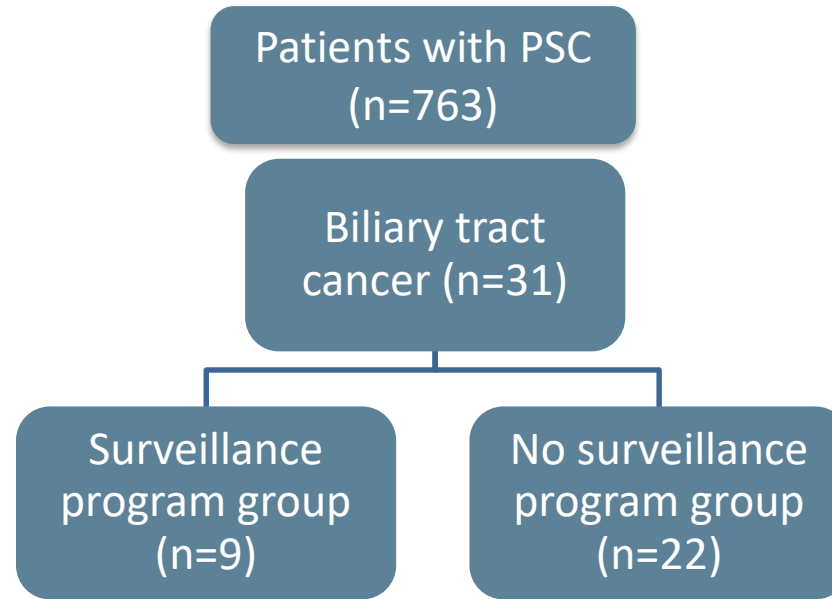
**Centers: Phoenix Amarillo, Rochester,
Sacramento, Philadelphia, UNITED STATES**

- The utility of surveillance program by imaging in patients with Primary Sclerosing Cholangitis (PSC) to detect biliary tract cancer and its impact on the outcome

METHODS

- 1992-2012
- Surveillance program:
 - annual imaging (US, CT, or MR)
 - serum CA 19-9
 - Diagnosis of biliary tract cancer histopathologically confirmed

MAIN RESULTS



	Surveillance group	No surveillance group	p
5-year survival rate	65%	51%	0.5
Cancer-related deaths	33%	41%	0.5
Liver transplantation	67%	55%	0.42

CONCLUSION

- Surveillance program in PSC patients seems to have a positive impact on outcome of patients
- Larger studies are needed to confirm these results

A COMPARISON OF PROGNOSTIC SCHEMES FOR PERIHILAR CHOLANGIOCARCINOMA

STEFAN BUETTNER ET AL

**Centers: Rotterdam, NETHERLANDS – Baltimore,
Atlanta, Stanford, Nashville, Missouri, Madison,
Louisville Winston-Salem, Columbus, New York,
UNITED STATES - Verona, ITALY**

- Limitation of the AJCC* staging system for perihilar cholangiocarcinoma (PHC)
- Validation of a proposed nomogram

* American Joint Committee on Cancer: AJCC

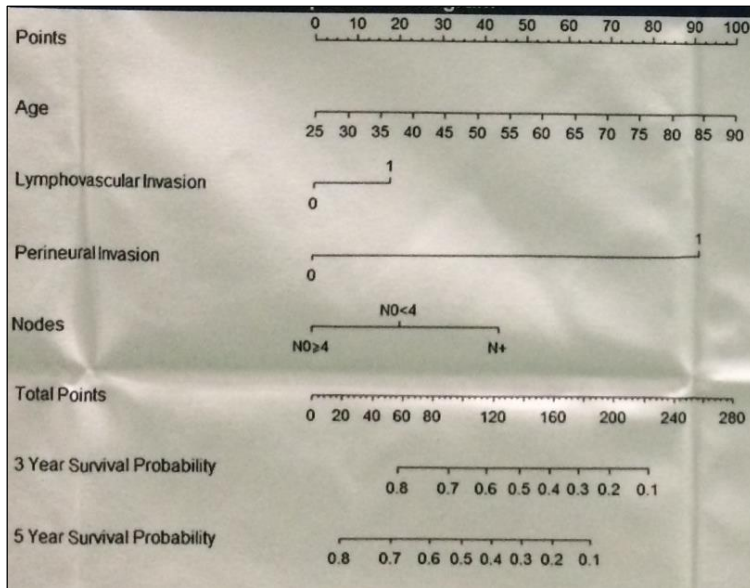
METHODS

- 1998-2014
- 407 patients resected for PHC

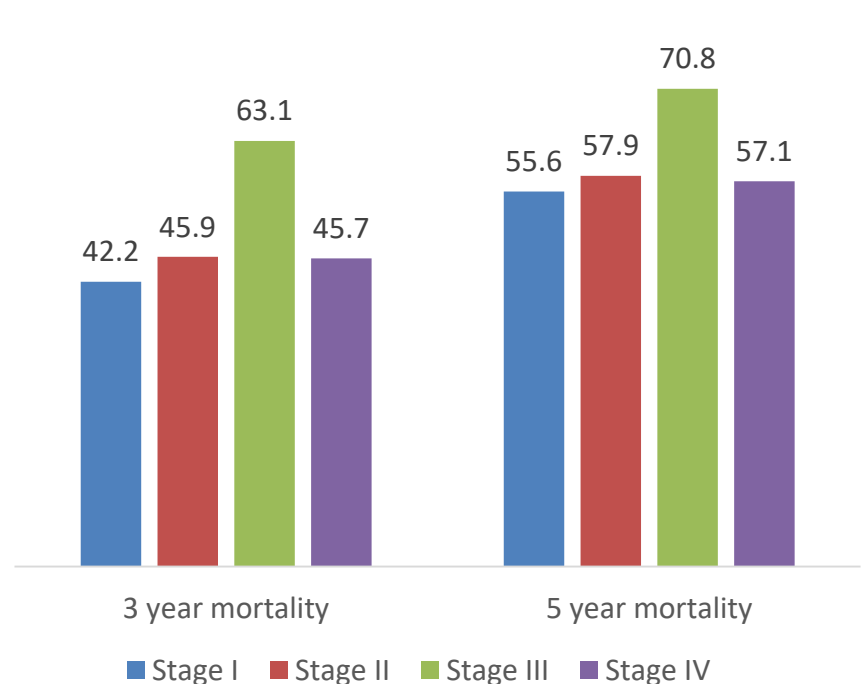
MAIN RESULTS (1)

- Nomogram based on: age, lymphovascular invasion, perineural invasion and lymph node metastases

Proposed nomogram



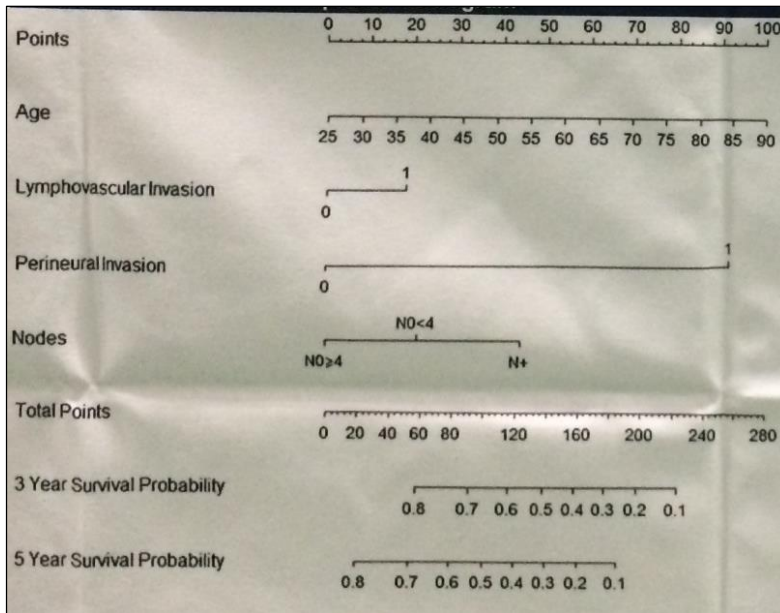
Overall survival by AJCC stage



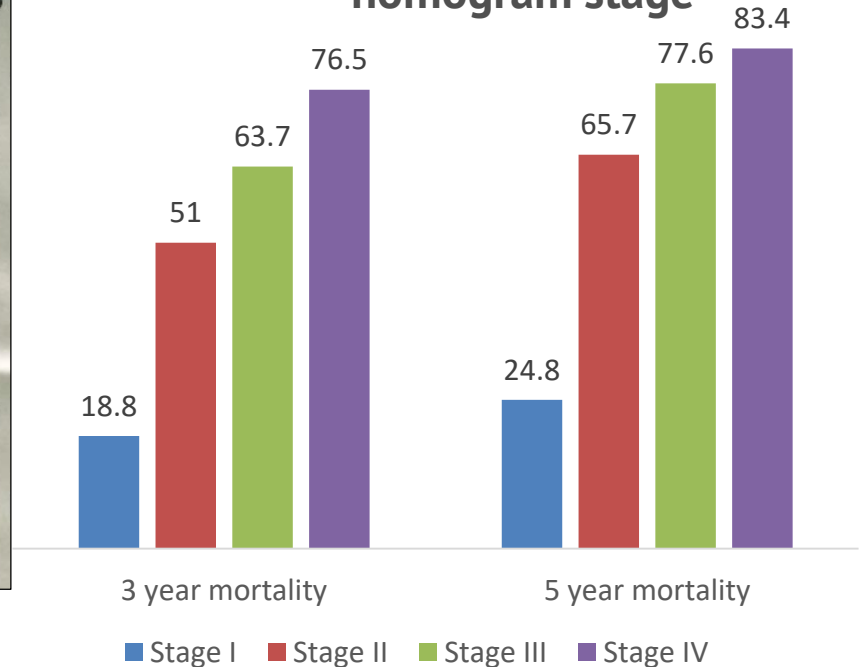
MAIN RESULTS (2)

- Nomogram based on: age, lymphovascular invasion, perineural invasion and lymph node metastases

Proposed nomogram



Overall survival by proposed nomogram stage



C-Index
AJCC 0.570
Proposed nomogram 0.682

CONCLUSION

- This nomogram seems to better predict survival than the AJCC staging system in patients with PHC
- It might be a more useful tool for clinical decision-making and prognostic stratification



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