



POWERED BY COR2ED



ESMO 2017 - Madrid, Spain

Dr. Mohamed Bouattour

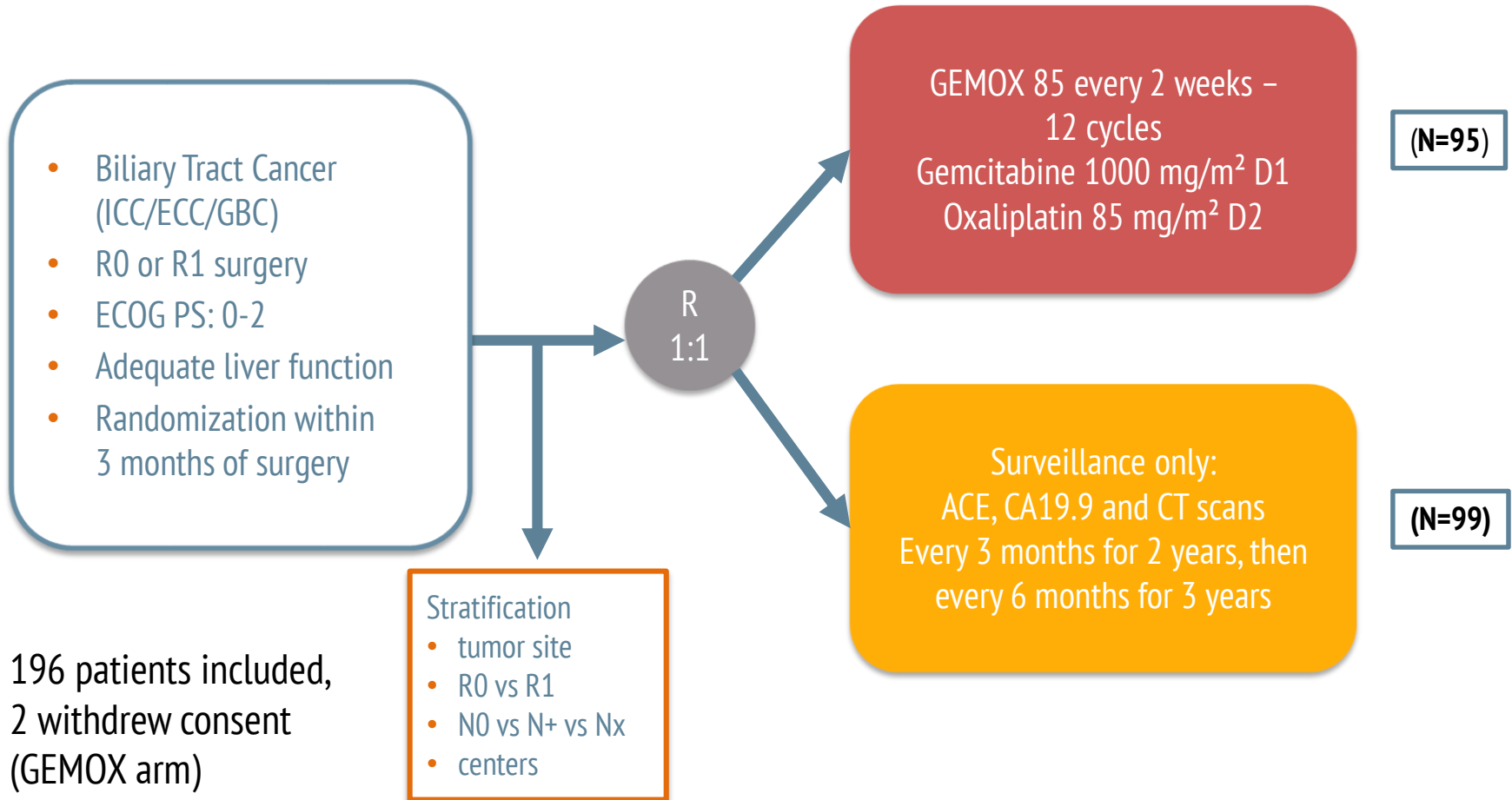
**Service d'Oncologie Digestive, Hôpital Beaujon,
APHP, Clichy, France**

HIGHLIGHTS ON HEPATOCELLULAR CARCINOMA

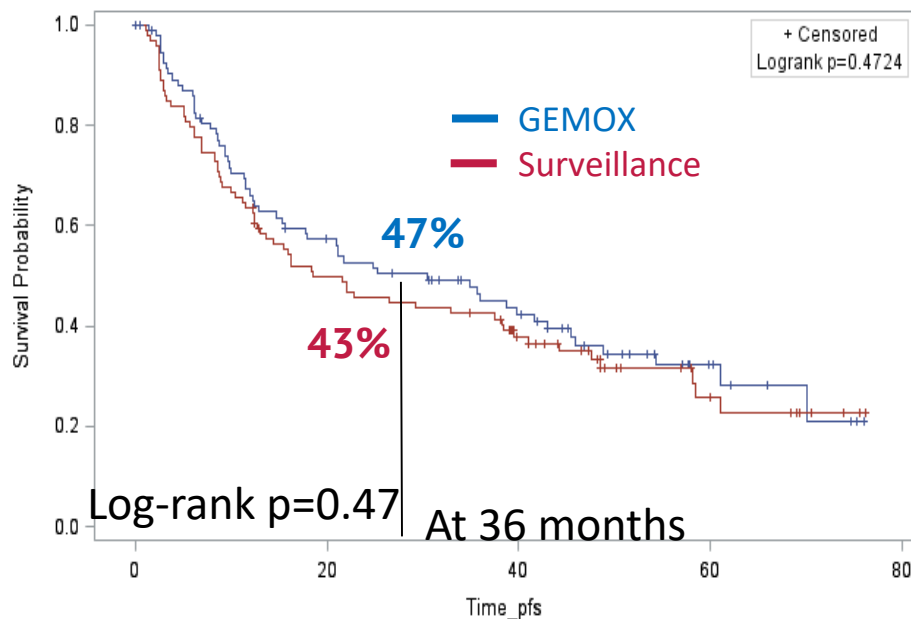
**ADJUVANT GEMOX FOR BILIARY
TRACT CANCER: UPDATED RELAPSE-
FREE SURVIVAL AND FIRST OVERALL
SURVIVAL RESULTS OF THE RANDOMIZED
PRODIGE 12-ACCORD 18 (UNICANCER GI)
PHASE III TRIAL**

Edeline J et al. LBA29. ESMO Madrid 2017

STUDY DESIGN



THE PRIMARY ENDPOINT (RELAPSE-FREE SURVIVAL: RFS) WAS HIGHER IN GEMOX GROUPS, BUT THE DIFFERENCE WAS NOT STATISTICALLY SIGNIFICANT



Median RFS:

GEMOX: 30.4 months [15.4-43.0]

Surveillance: 18.5 months [12.6-38.2]

HR=0.88 [0.62-1.25], p=0.47

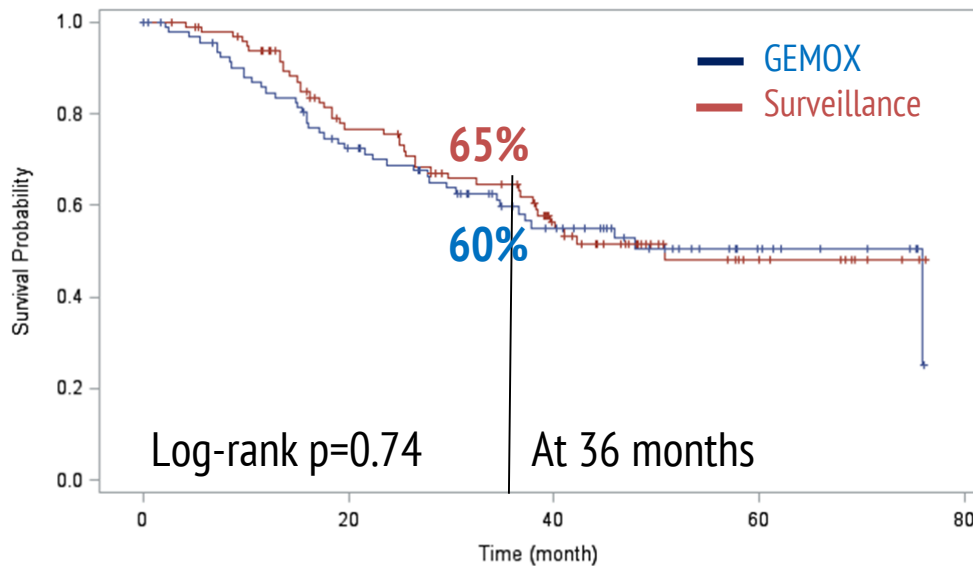
Bras de traitement — BRAS A — BRAS B

BRAS A	95	79	60	51	46	43	34	28	21	16	10	4	3
BRAS B	99	79	63	49	43	41	39	26	20	13	8	7	3

NO BENEFIT IN TERMS OF RFS ACCORDING TO SUB-GROUP ANALYSIS

	HR	P
N+	0.81	0.41
R1	0.83	0.68
ECC	0.60	0.09
ICC	0.71	0.20
GBC	2.56	0.042

ADJUVANT GEMOX DID NOT IMPACT OVERALL SURVIVAL



Median OS:

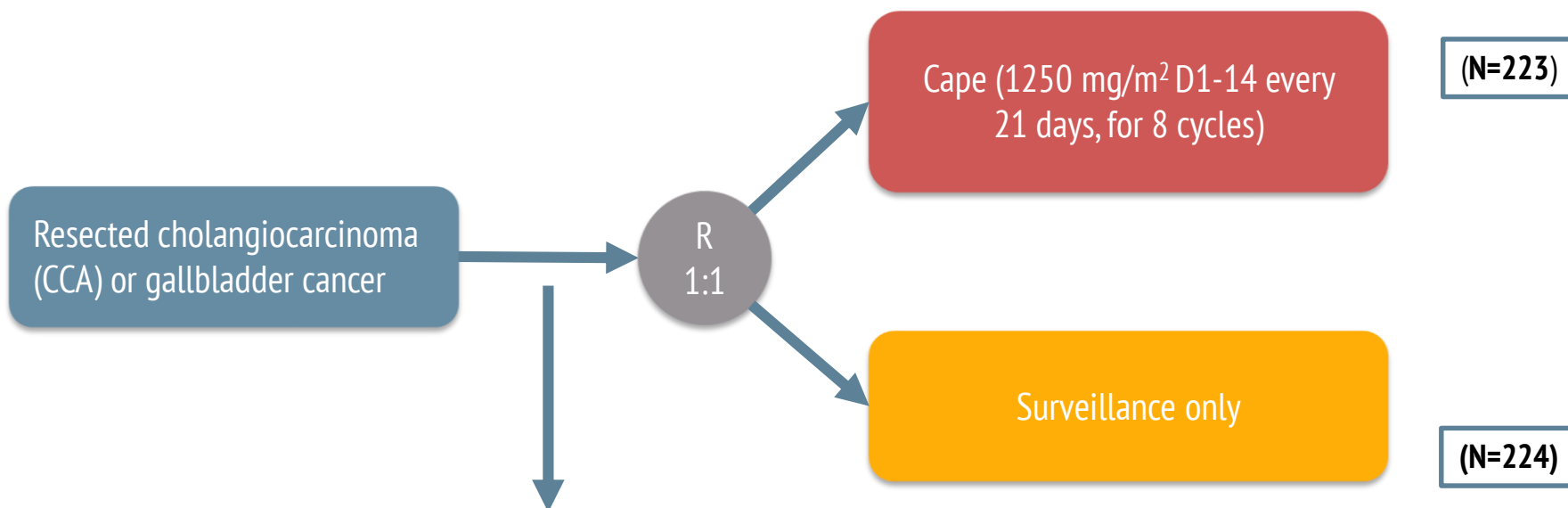
GEMOX: 75.8 months [34.4-NR]

Surveillance: 50.8 months [38.0-NR]

HR=1.08 [0.70-1.66], $p=0.74$

95	88	78	67	57	51	40	31	22	17	12	6	5
99	94	87	70	64	52	50	32	24	14	9	8	3

BILCAP: ADJUVANT CAPECITABINE FOR BILIARY TRACT CANCER



Median OS:

- Capecitabine groups: 51 months (95%CI 35, 59) for Cape
- Observance: 36 months (95%CI 30, 45)

HR 0.80 (95% CI 0.63, 1.04; p=0.097)

- Unlike advanced stage, GEMOX should be not recommended currently in the adjuvant setting for cholangiocarcinoma
 - Awaiting the final results of the trial ACTICCA-1: Adjuvant chemotherapy with gemcitabine and cisplatin
- **Capecitabine regimen** has become the standard of care in this setting based on the BILCAP positive results

**COMPARISON OF PROGNOSTIC MODELS
FOR HEPATOCELLULAR CARCINOMA (HCC)
IN PATIENTS TREATED WITH SORAFENIB:
RESULTS FROM A CANADIAN MULTICENTER
HCC DATABASE**

Samawi HH et al. 700P. ESMO Madrid 2017

PROGNOSTIC SCORE OF SURVIVAL IN PATIENTS TREATED WITH SORAFENIB ?

- Tumor-Lymph Nodes-Metastasis (TNM) staging system
- Barcelona clinic liver cancer (BCLC) staging system
- Okuda staging system
- Cancer of the Liver Italian Program (CLIP) score
- The albumin-bilirubin (ALBI) score

The purpose of this study was to compare the prognostic and discriminatory power of these models in predicting survival for HCC patients treated with sorafenib

PATIENT CHARACTERISTICS

	n=681
Median age (years)	64
Sex (males) (%)	80
ECOG 0 / 1 (%)	30 / 60
Liver disease	
• Hepatitis B (%)	33
• Hepatitis C (%)	29
BCLC stage C %	92
TNM Stage IV %	61

Median overall survival for the entire cohort was 9.2 months (95% CI 8-10.4)

FOR HCC PATIENTS TREATED WITH SORAFENIB, THE **CLIP SCORE** SEEMS TO BE THE MOST APPROPRIATE SCORE TO PREDICT SURVIVAL

Prognostic model	AIC	t-AUC (95% CI)
CLIP	5725.76	0.659 (0.601-0.718)
Okuda	5730.38	0.645 (0.597-0.694)
ALBI	5756.73	0.558 (0.510-0.599)
BCLC	5729.25	0.558 (0.518-0.599)
TNM	5771.51	0.561 (0.499-0.623)

The **CLIP Score** integrates: Child-Pugh Stage, Tumor Morphology, AFP (ng/dL), Portal Vein Thrombosis

- Prospective studies and validation are warranted

CLIP ≤ 2

Good
candidate
for sorafenib

Patients who are more likely to benefit from sorafenib with good overall survival. Patients may be selected for further clinical trials

CLIP = 3-4

?

The magnitude of the benefit should be integrated into the treatment-decision for each individual case

CLIP ≥ 5

'Poor'
candidate for
sorafenib

Probably 'poor' candidate for clinical trials. The benefit of sorafenib may be limited and options should be discussed with the patient



HCC CONNECT
Bodenackerstrasse 17
4103 Bottmingen
SWITZERLAND

Dr. Antoine Lacombe
Pharm D, MBA
Phone: +41 79 529 42 79
antoine.lacombe@cor2ed.co

Dr. Froukje Sosef
MD
Phone: +31 6 2324 3636
froukje.sosef@cor2ed.com

