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# MEETING SUMMARY

ASCO GI, JANUARY 19-21 2017, SAN FRANCISCO, USA

DR SHUBHAM PANT  
MD ANDERSON CANCER CENTER, USA

CANCERS OF THE LIVER, SMALL  
INTESTINE AND PANCREATIC TRACT

**NIVOLUMAB DOSE ESCALATION AND  
EXPANSION IN PATIENTS WITH ADVANCED  
HEPATOCELLULAR CARCINOMA (HCC): THE  
CHECKMATE 040 STUDY**

**IGNACIO MELERO ET AL**

# SUMMARY

- Patients had advanced HCC
- Prior sorafenib was allowed
- Phase 1 dose-escalation consisted of nivolumab (0.1–10 mg/kg) Q2W
- Phase 2 dose-expansion received nivolumab 3 mg/kg Q2W

# RESULTS

- 262 patients were treated
- No maximum tolerated dose was reached during dose escalation (n = 48)
- The overall response rate (investigator-assessed) was 20% (95% CI 15–26)
- Disease Control Rate was 64% (95% CI 58–71)
- The 9-month overall survival rate in the expansion phase was 74% (95% CI 67–79)

**GEMOX VERSUS SURVEILLANCE FOLLOWING  
SURGERY OF LOCALIZED BILIARY TRACT  
CANCER: RESULTS OF THE PRODIGE 12-ACCORD  
18 (UNICANCER GI) PHASE III TRIAL**

**JULIEN EDELINE ET AL**

# SUMMARY

- Post R0 or R1 resection of a localized biliary tract cancer (intra-hepatic, perihilar, extra-hepatic cholangiocarcinoma or gallbladder cancer)
- Patients received either GEMOX 85 for 12 cycles or surveillance
- 4 years Recurrence Free Survival was 39.3% [95%CI: 28.4%-50.0%] vs 23.2% [95%CI: 23.1-43.7%]

**TWO RANDOMIZED, PLACEBO-CONTROLLED  
PHASE 3 STUDIES OF RUXOLITINIB (RUX) +  
CAPECITABINE (C) IN PATIENTS WITH  
ADVANCED/METASTATIC PANCREATIC CANCER  
(MPC) AFTER FAILURE/INTOLERANCE OF FIRST-  
LINE CHEMOTHERAPY: JANUS 1 (J1) AND  
JANUS 2 (J2)**

**HERBERT HURWITZ ET AL**

# SUMMARY

- In two phase 3 studies patients with metastatic pancreatic cancer with only 1 prior chemotherapy regimen and C-reactive protein > 10 mg/L were randomized to 21-day cycles of ruxolitinib 15 mg BID and capecitabine 2000 mg/m<sup>2</sup>/d (day 1-14) vs. placebo BID + capecitabine 2000 mg/m<sup>2</sup>/d (day 1-14)
- When added to capecitabine, ruxolitinib was well tolerated but did not improve clinical outcomes in the second-line treatment of metastatic pancreatic cancer patients



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