

RADIOTHÉRAPIE DES CANCERS DIGESTIFS :

QUOI DE NEUF EN 2018 ?

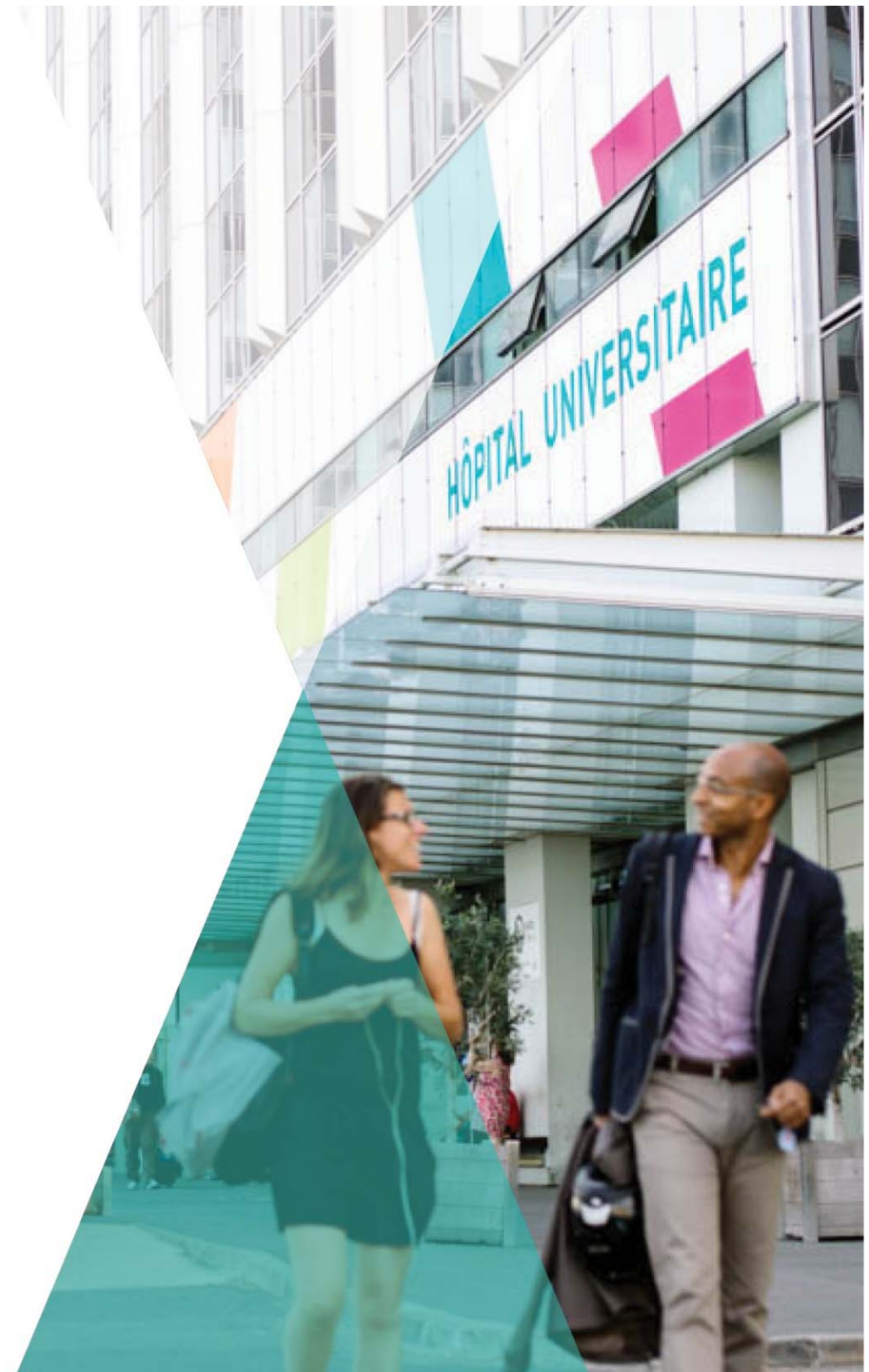
GRDIG 2018

SAMEDI 8 DÉCEMBRE

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ROUSSY**
CANCER CAMPUS
GRAND PARIS



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Cancer du canal anal

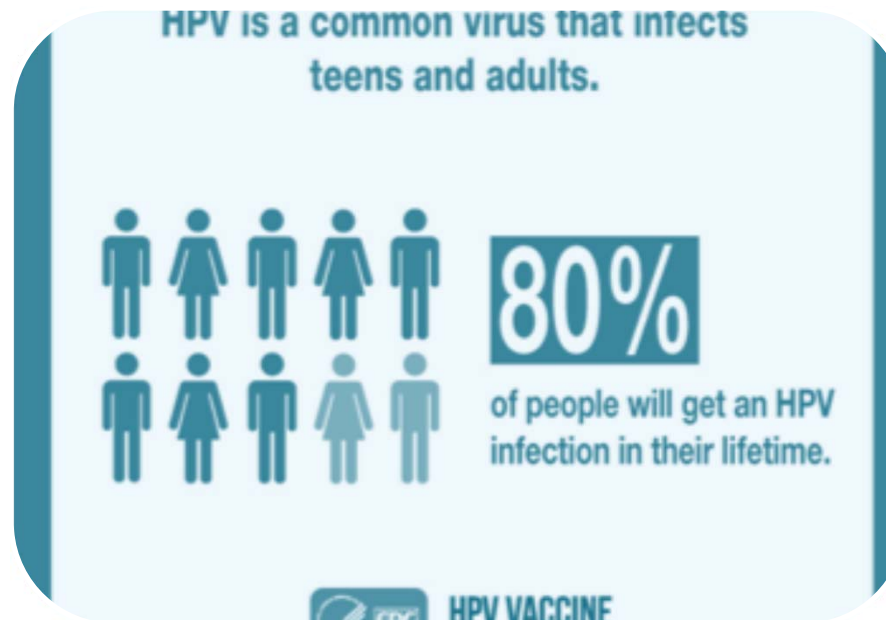
- Infection à Human Papilloma Virus (HPV)
- Vaccination anti-HPV : l'exemple de l'Australie
- Radiothérapie à dose adaptée

Cancer du pancréas

- Stratégie néo adjuvante
- Place de la radiothérapie

Oligo-métastases

- Radiothérapie stéréotaxique : bénéfique en survie ?
- Radiothérapie + immunothérapie

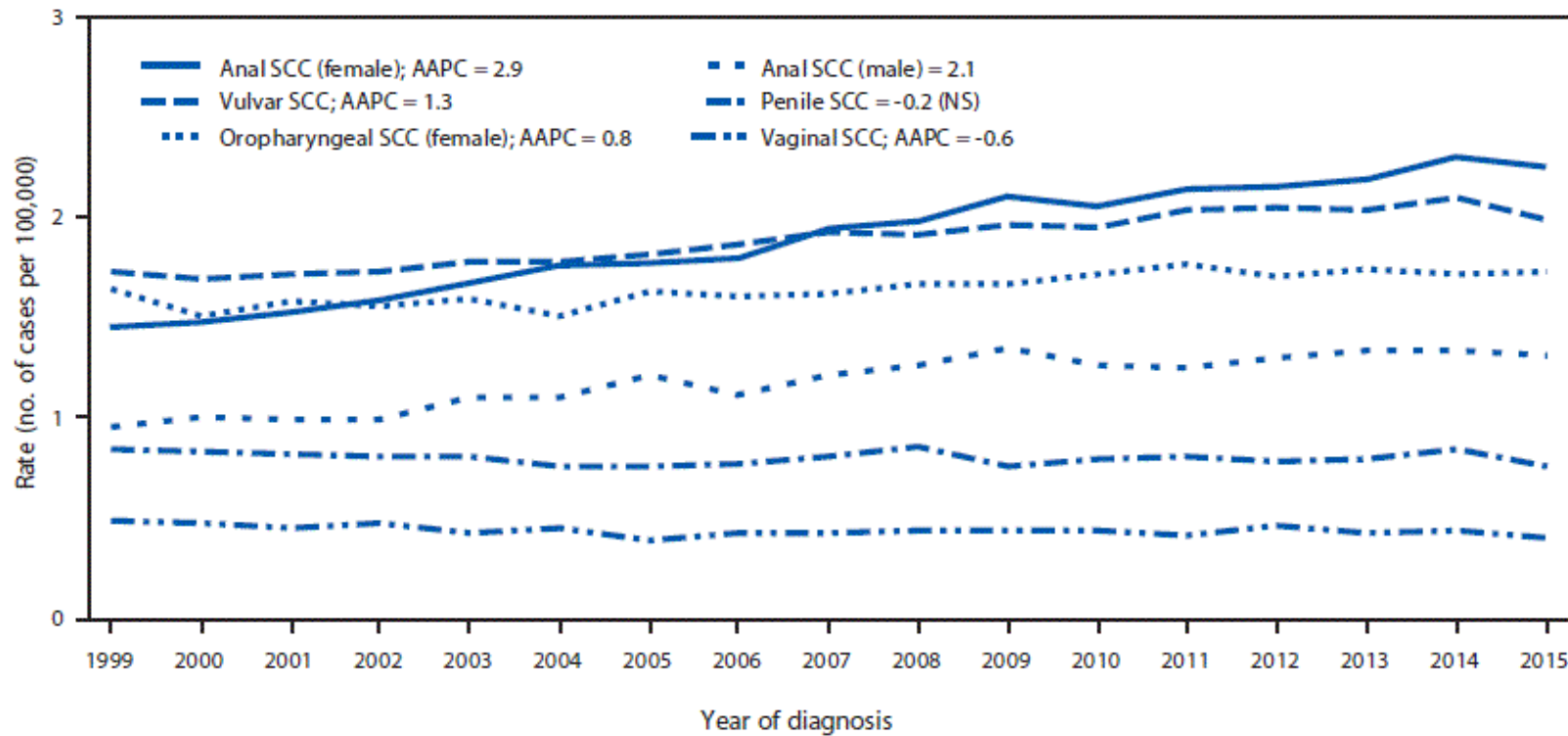


Cancer du canal anal

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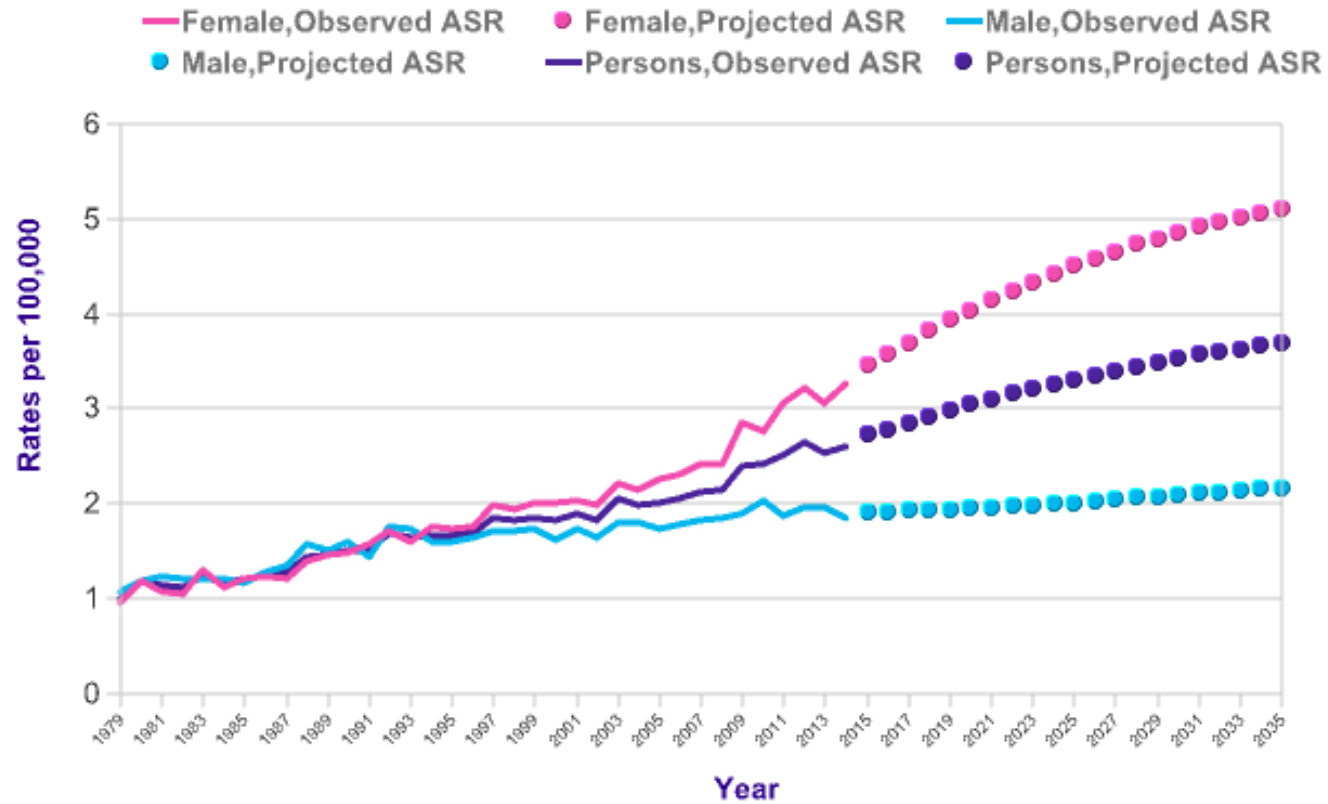
Incidence

Trends* in age-adjusted HPV-associated cancer incidence,[†] by cancer type and sex — United States,[§] 1999–2015



Projection

Observed and Projected Age-Standardised Incidence Rates, by Sex, UK, 1979-2035



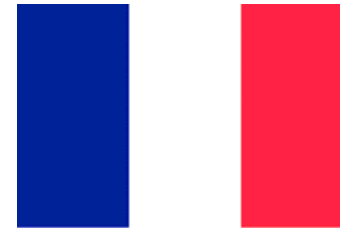
Vaccination



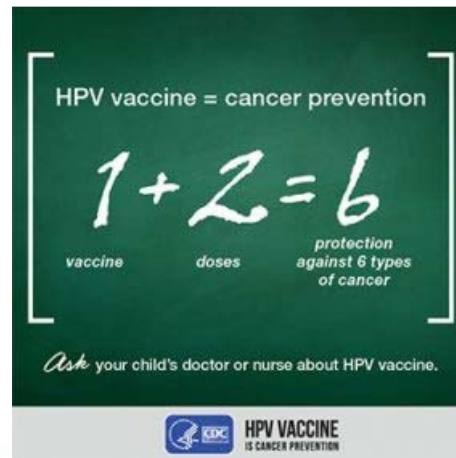
Jeunes filles
et jeunes garçons
de 9 et 26 ans
**Femmes et hommes
de 27 à 45 ans**



Jeunes filles
de 11 et 18 ans
HSH jusqu'à 45 ans

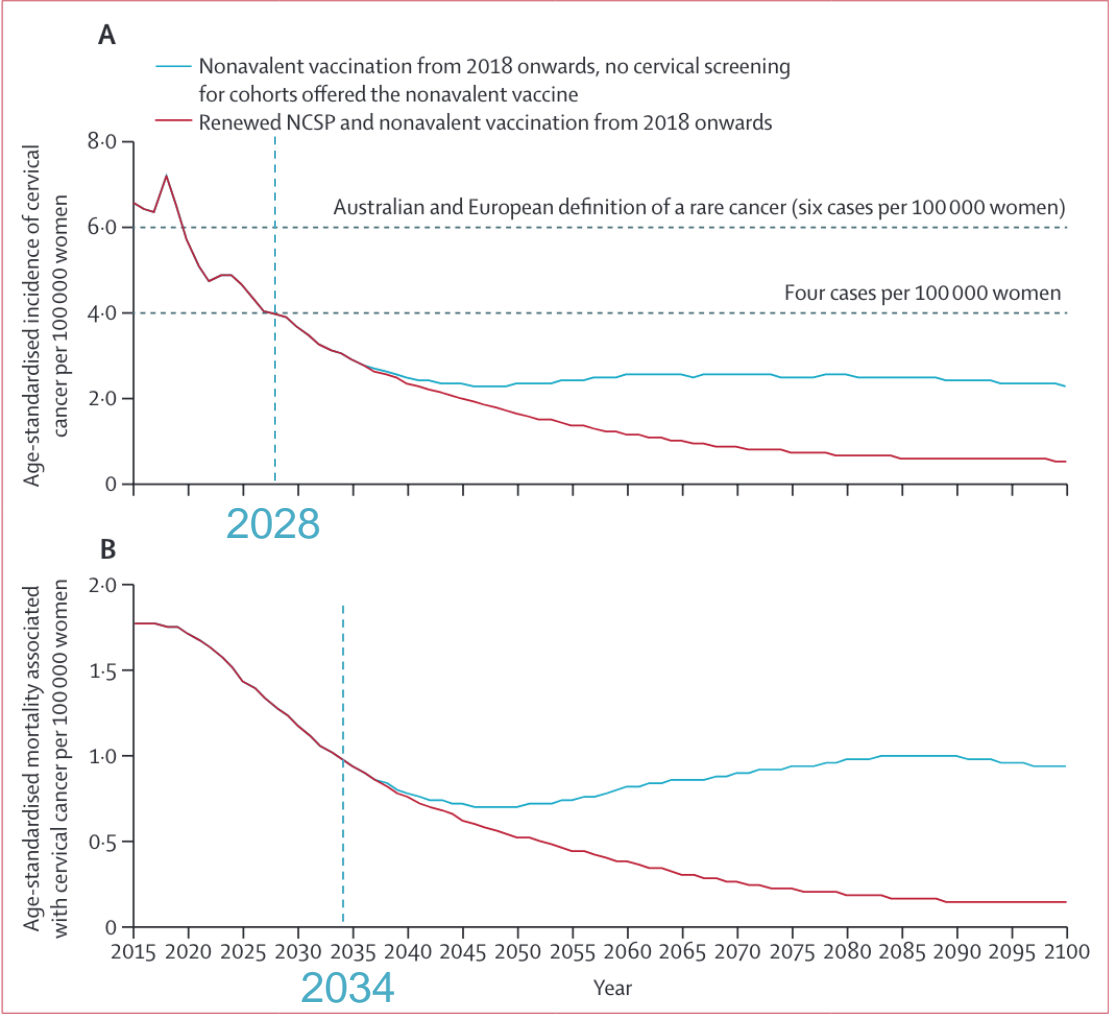


Jeunes filles
de 12 à 18 ans
HSH jusqu'à 26 ans

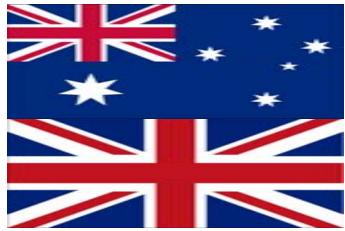


L'exemple australien

The (A) age-standardised annual incidence of invasive cervical cancer and (B) associated mortality



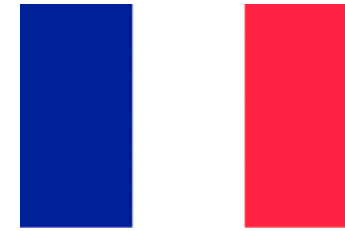
Couverture vaccinale



High level of
coverage > 80 %

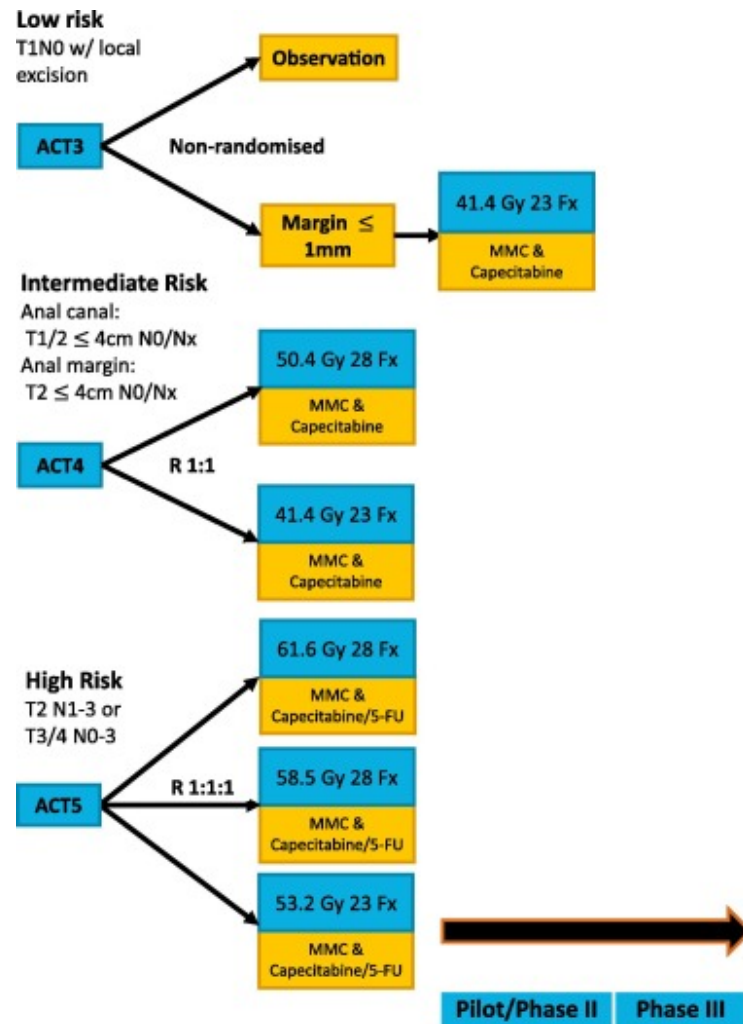


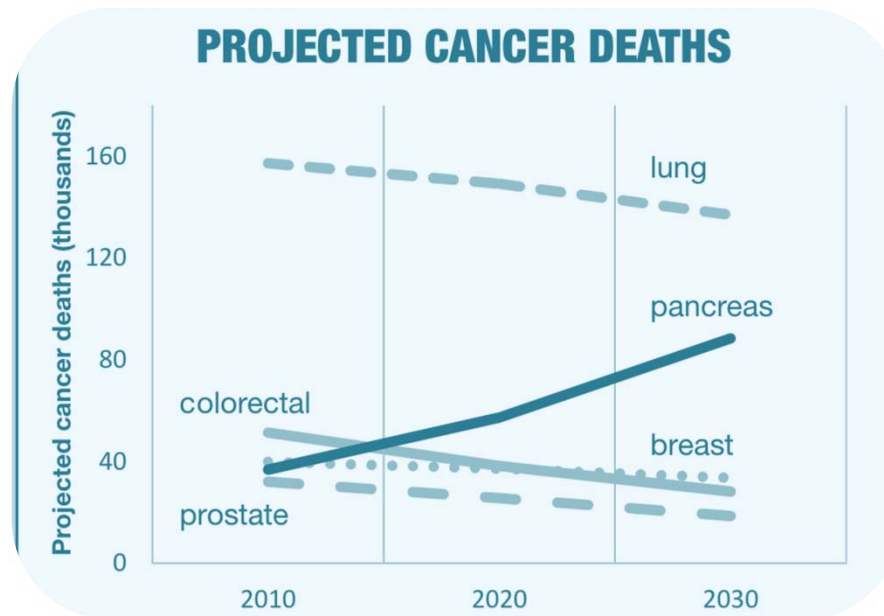
Intermediate levels
40-50%



Low level
<20%

Personalising Anal cancer radioTherapy dOse







Cancer du pancréas

- Stratégie néo adjuvante
- Place de la radiothérapie

Traitement néo-adjuvant ?

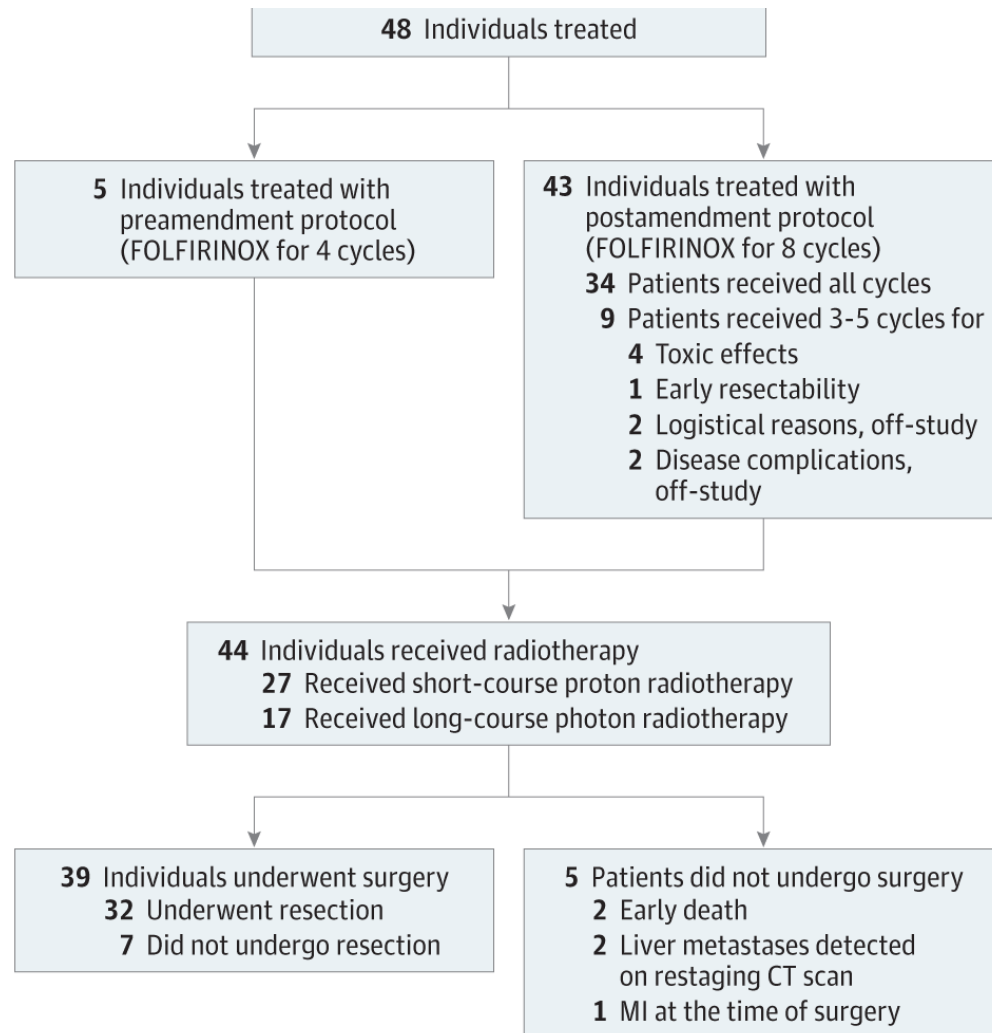
Systematic review

Meta-analysis comparing upfront surgery with neoadjuvant treatment in patients with resectable or borderline resectable pancreatic cancer

E. Versteijne¹ , J. A. Vogel², M. G. Besselink², O. R. C. Busch², J. W. Wilmink³, J. G. Daams⁴, C. H. J. van Eijck⁵, B. Groot Koerkamp⁵ , C. R. N. Rasch¹ and G. van Tienhoven¹, on behalf of the Dutch Pancreatic Cancer Group

| N=3484 | Neoadjuvant Treatment | Upfront Surgery |
|------------------------|-----------------------|-----------------|
| OS (ITT) | 18.8 months | 14,8 months |
| OS (Resected patients) | 26.1 months | 15 months |
| R0 | 86.8% | 66.9% |
| N+ | 43.8% | 64.8% |

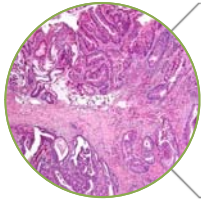
Neoadjuvant Treatment Borderline



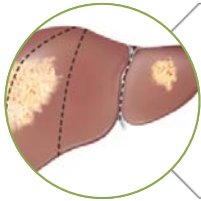
Patients Resected 32 (67%)
Positive Margins 1 (3%)

OS 2y
All 56% (37,7 months)
Resected 72%

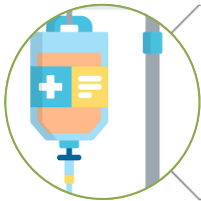
Neoadjuvant Therapy



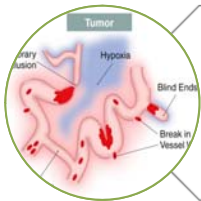
Increases the likelihood of achieving R0 margins



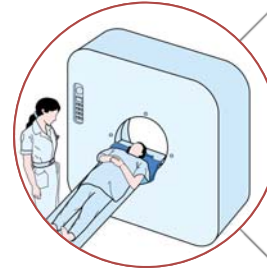
Identification of patients with rapidly progressive disease



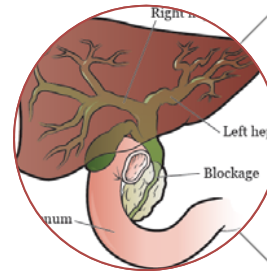
Improved access to chemotherapy



Avoid postsurgical hypoxia



Difficulty in treatment response evaluation



Absence of bile duct drainage delay chemotherapy



No histologic documentation

Résultats préliminaire (phase III)

PREOPANC-1 TRIAL

N= 246
Resectable/Borderline

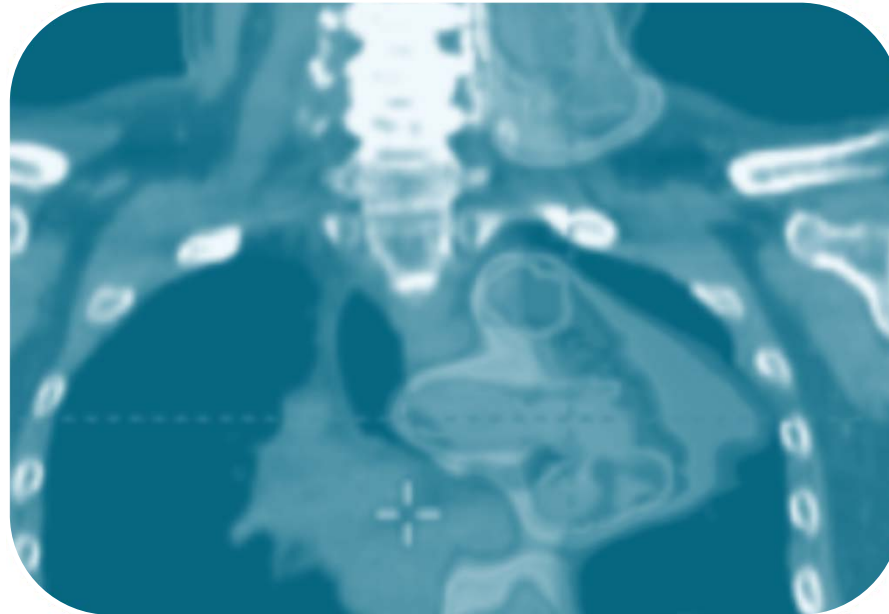
Intention to treat population

Median OS 17.1 vs 13.7 months
[HR] = 0.74; $P = .074$

R0 63% vs 31%

Resected patients

Median OS 42.2 vs 16.8 months
 $P < .001$

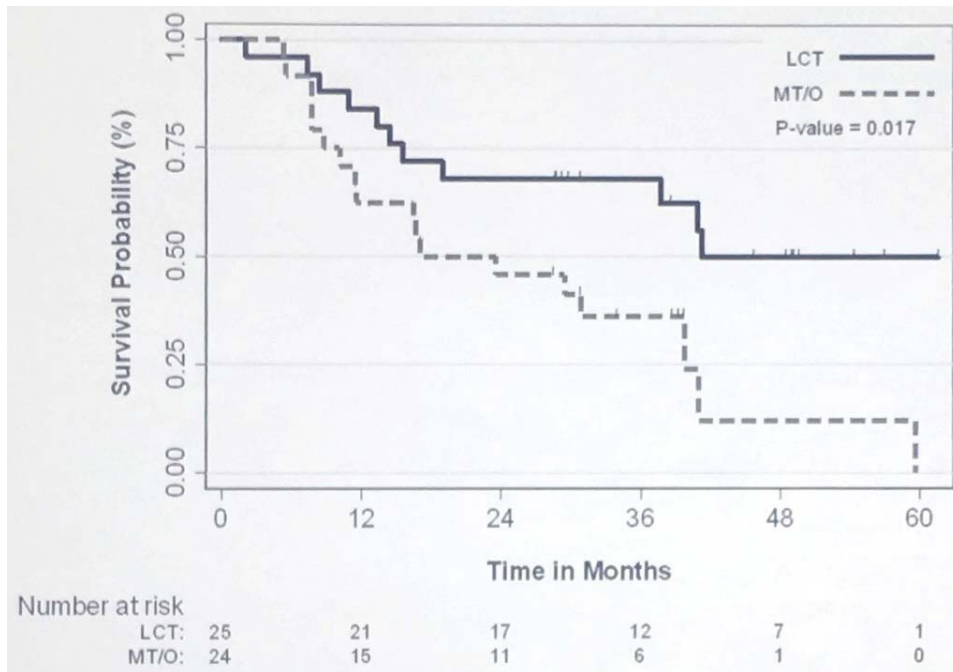


Oligo-métastases

- Radiothérapie stéréotaxique :
bénéfice en survie ?
- Radiothérapie + immunothérapie

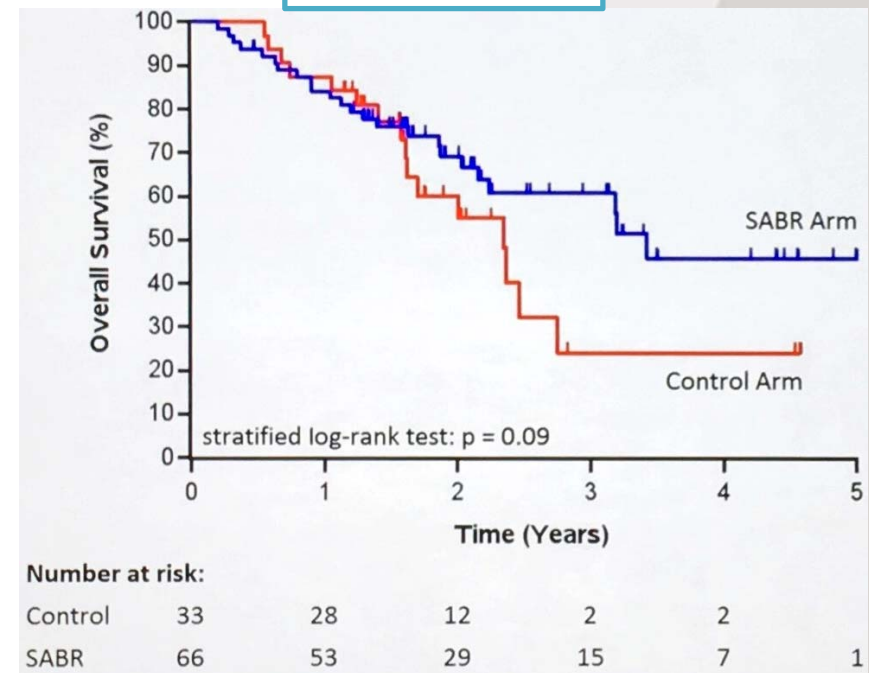
Oligo-métastases et traitement local

NRG-LU002



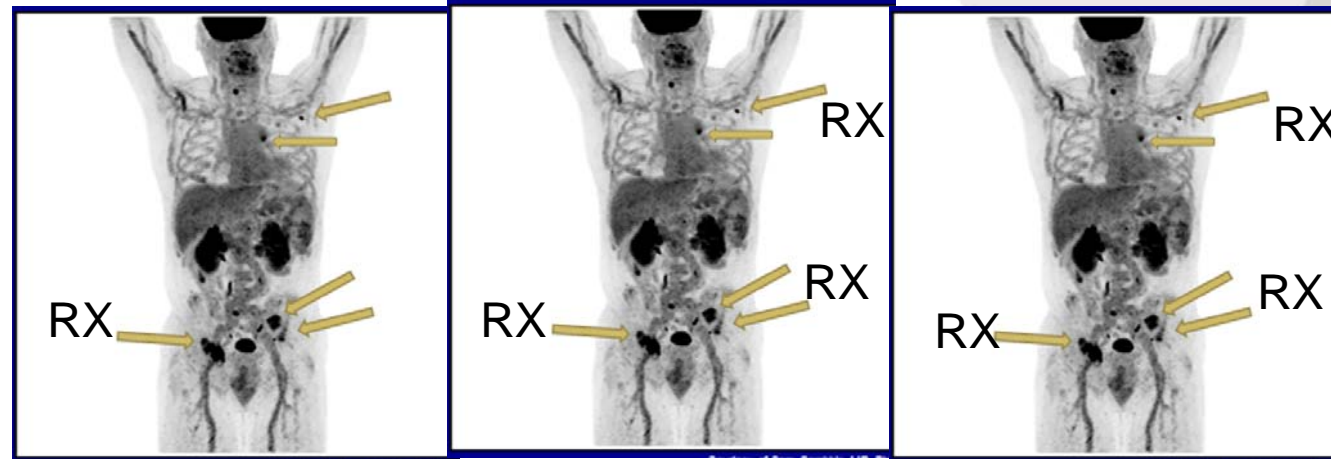
41 mois vs 17 mois

COMET Trial



41 mois vs 28 mois

Immunothérapie + RT stéréotaxique



| Strategy | Abscopal Immunotherapy + radiotherapy | Debulking gross disease Radiotherapy alone | Combinatorial Radiotherapy alone |
|------------------------|--|---|---|
| Immunotherapy | Yes | No | Yes |
| Radiotherapy | 1 site High doses/small volumes | All sites Ablative doses / extended volumes | All sites Immuno stimulating doses/ extended volumes |
| Clinical demonstration | Formenti S, Nat Med 2018 Luke, JCO 2018 | Palma, ASTRO 2018 Gomez, ASTRO 2018 Parker, Lancet 2018 | - |
| Therapeutic ratio | +++ | ++ | ++ |

Conclusion

- **Canal anal**
 - > Vaccination
 - > Adaptation de la dose (ACT 3-5)
- **Pancréas**
 - > Stratégie néoadjuvante
- **Oligo-métastases**
 - > Radiothérapie stéréotaxique
 - > + immunothérapie