

UPPER DIGESTIVE SYSTEM CANCERS





Upper Digestive System Cancers

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In this chapter, we discuss three different types of upper digestive system cancers affecting the pancreas, stomach, and biliary tract.

Every year in the United States, approximately 42,000 people are diagnosed with pancreatic cancer. More than 95 percent of these cases are a type of pancreatic cancer known as ductal adenocarcinoma. In this chapter, we discuss early-stage pancreatic cancer, in which the tumor is confined to the pancreas, as well as metastatic pancreatic cancer, in which cancer has spread to other parts of the body.

Although there has been a significant decrease in the number of people diagnosed with stomach cancer in the past six decades, it affects more than 21,000 people in the United States every year. Stomach cancer, also called gastric cancer, is a tumor that starts in the lining of the stomach. In this chapter, we talk about metastatic stomach cancer, which has spread to other parts of the body.

Nearly 10,000 people in the United States are diagnosed yearly with biliary tract cancer, which is located in the gallbladder and bile duct. The duct is a long tube that carries bile, a substance needed to digest food. Biliary tract cancer is relatively uncommon in North America but is seen more often in Asia and certain parts of South America. In this chapter, we discuss metastatic biliary tract cancer.

Pancreatic Cancer

CHEMOTHERAPY AFTER SURGERY FOR EARLY-STAGE PANCREATIC CANCER

The combination of gemcitabine (Gemzar) and surgery helps people with pancreatic cancer live longer.

People who have early-stage pancreatic cancer are usually treated with surgery to completely remove the tumor. However, these tumors often return.

In the past, pancreatic cancer patients received no additional treatment after surgery. Now there are two equally effective chemotherapy treatments given after surgery, both of which appear to lower the risk of the cancer returning. The treatments may help people with pancreatic cancer live longer.

One treatment is the combination of two older cancer drugs—5-FU and folinic acid. The other treatment is the use of a newer drug called gemcitabine (Gemzar). Gemcitabine has been the standard treatment for pancreatic cancer that has spread from the pancreas to other parts of the body and cannot be surgically removed.

Doctors have known for some time that medications used as adjuvants are effective.

Adjuvants are drugs given after surgery to lower the risk that the



cancer will come back. To compare two adjuvant treatments for people with pancreatic cancer, researchers conducted a clinical trial in which more than 1,000 patients took part. This clinical trial is said to be the largest one ever conducted for pancreatic ductal adenocarcinoma.

Although researchers found no difference in survival between the two adjuvant treatments studied, gemcitabine caused fewer severe side effects. With this in mind, it is likely that gemcitabine may become the preferred adjuvant chemotherapy treatment for people with early-stage pancreatic cancer.

BLOOD CLOT MEDICATION IN ADVANCED PANCREATIC CANCER

Enoxaparin (Lovenox) may prevent blood clots caused by chemotherapy.

Venous thromboembolism (VTE) is a blood clot arising in the arms or legs that can travel through the bloodstream. Such clots can be life-threatening if they block the flow of blood to the lungs. VTE is commonly seen in people with pancreatic cancer and those receiving chemotherapy.



In a recent clinical trial, more than 300 people were being treated with chemotherapy for the first time for metastatic pancreatic cancer. Those who also received enoxaparin (Lovenox), a substance that slows the formation of blood clots, had fewer VTEs than those who did not. These benefits of enoxaparin were seen early, within the first three months of treatment, as well as later, more than 30 weeks after treatment with enoxaparin.

Researchers concluded that enoxaparin is a safe and effective way to prevent VTEs in people with advanced pancreatic cancer who are receiving chemotherapy. Once the final results of this clinical trial are available, we should know whether the use of enoxaparin can also help stop the cancer from growing and help these people live longer.

Stomach Cancer

TRASTUZUMAB WITH COMBINATION CHEMOTHERAPY FOR STOMACH CANCER

A breast cancer drug may help people with aggressive stomach cancer live longer.

The targeted treatment trastuzumab (Herceptin) has been a major advance in the treatment of breast cancer, helping women with what's called HER2-positive breast cancer live longer. Now researchers report that trastuzumab may also benefit people with stomach cancer that is HER2-positive.

Trastuzumab is very effective against HER2-positive tumors. It blocks the activity of this protein and prevents the cancer cell from growing. If a cancer cell has too much HER2—that is, if it is HER2 positive—it tends to grow more rapidly. Approximately 25 percent of people with stomach cancer have HER2-positive tumors.

Nearly 4,000 people with metastatic stomach cancer took part in a recent clinical trial. In those with HER2-positive stomach cancer, trastuzumab plus standard chemotherapy helped them live longer than did chemotherapy alone. It also did a better job of shrinking their tumors and extending the time it took before the cancer continued to grow.

The standard chemotherapy included either capecitabine (Xeloda) or 5-FU plus cisplatin (Platinol and others).

Researchers are calling trastuzumab an important advance in treating people with aggressive stomach cancer, saying that



this drug may become a new standard of care for people with HER2-positive stomach cancer. It represents a new approach to treatment: individualizing medications based on the features of the tumor.

Biliary Tract Cancer

CHEMOTHERAPY COMBINATION FOR ADVANCED BILIARY TRACT CANCER

Cisplatin plus gemcitabine is the clear first choice for treatment of biliary tumors.

More than 400 people with metastatic biliary tract cancer that could not be removed with surgery took part in a clinical trial, the largest ever conducted for this type of cancer. The trial compared treatment with a combination of gemcitabine and cisplatin to treatment with just gemcitabine.

Researchers found that the combination treatment did a better job of slowing the growth of cancer and extending the lives of these patients than gemcitabine alone. The most common side effect that people in the study experienced with this treatment was a low white blood cell count. Patients who took cisplatin with gemcitabine had about the same frequency of side effects as those who received only gemcitabine.

The benefits of this combination treatment were so



impressive, researchers say they consider it to be the new standard of care for people with advanced biliary tract cancer.

Please note: *Although the treatments discussed in this chapter are showing promise, most are still in clinical trials—some in earlier phases of research—and may not be available yet to the general public. Your doctor can help guide you as to which new medications could be right for you and whether you are eligible to take part in the clinical trials of these new treatments.*