OncologyNurseAdvisor

navigation SUMMIT

Navigating Gastrointestinal/ Pancreatic Cancers: Screening, Treatment, and Post-Treatment Considerations

BROUGHT TO YOU BY:

OncologyNurseAdvisor | ONS Oncology Nursing Society

GI Cancer in the US

	% of All New Cancer Cases	% of All Cancer Deaths	5y Survival (2009-2015)
Esophagus	1.00%	2.60%	19.90%
Stomach	1.60%	1.80%	31.50%
Liver/Intrahepatic Bile Duct	2.40%	5.20%	18.40%
Pancreas	3.20%	7.50%	9.30%
Small Intestine	0.60%	0.30%	68.00%
Colon and Rectum	8.30%	8.40%	64.40%
Anus	0.50%	0.20%	68.30%
Total	**17.60%**	**26.00%**	

https://seer.cancer.gov/statfacts/html/common.html

Prevention

- Most squamous cell anal cancers are caused by the HPV virus (strain 16)
- HPV vaccination is effective at preventing infection from this strain and eventual cancer cases.
- The nurse navigator must educate the general population about benefits of vaccination to reduce future cancer cases.

https://www.ascopost.com/issues/may-25-2015/hpv-related-anal-cancer-on-the-rise/

Screening Guidelines

	General population
Esophagus	None
Stomach	None
Liver/Intrahepatic Bile Duct	None
Pancreas	None

Screening Guidelines

	General population	Special considerations
Esophagus	None	Barret's Esophagus, Tylosis, GERD, Bloom syndrome and Fanconi anemia
Stomach	None	Select East Asian populations
Liver/Intrahepatic Bile Duct	None	Cirrhosis (any cause) or Hepatitis B carrier: U/S and AFP q 6 months
Pancreas	None	Individualized for high risk patients (family history w/wo familial syndrome and IPMNs)

Screening Guidelines (cont.)

	General population
Small Intestine	None
Colon and Rectum	Colonoscopy, stool based testing, flex sig or CTC from age 50 to 75
Anus	None

Screening Guidelines (cont.)

	General population	Special considerations
Small Intestine	None	Certain familial syndrome
Colon and Rectum	Colonoscopy, stool based testing, flex sig or CTC from age 50 to 75	See NCCN Guidelines Advocacy opportunity
Anus	None	Increase awareness

Navigator's Role in Screening

- Educate the general population about screening and explore myths and barriers preventing from undergoing screening.
- Support patient sharing their diagnosis with family members and orient them to accurate resources to determine their own risk.
- Advocate for access to procedures and proper logistics.

Case Study

Mrs. Smith, 74 years old, was diagnosed in 2014 with a T3N1M0 right colon adenocarcinoma, she underwent right colectomy followed by 5 months of FOLFOX. She had dose reductions at the time due to neuropathies for which treatment was eventually discontinued. To this day she continues to have grade 1 neuropathy to her feet. On her most recent surveillance CT she was found to have multiple liver lesions. An FNA was performed and the confirmed adenocarcinoma most consistent with prior colon primary. You spoke to her on the phone in preparation to her upcoming visit to discuss next steps. Her ECOG status is 0 but she's adamant that she's not looking forward to resume chemo "like 5 years ago" and had "a very rough time". Her CBC and CMP are within normal range. Any other information missing for her upcoming visit?

Recent updates in treatments of GI/Pancreas malignancies

The bulk of chemotherapy recommendations for adjuvant or first line metastatic treatments have remained the same over the last few years.

They generally consist of fluoropyrimidine (5FU, capcitabine), platinums (oxaliplatin, cisplatin, carboplatin), taxanes (paclitaxel or nab-paclitaxel) and irinotecan (protein-bound or not).

Paradigm shift

FDA grants accelerated approval to pembrolizumab for first tissue/site agnostic indication

Resources for Information on Approved Drugs

Hematology/Oncology (Cancer) Approvals & Safety

Listen to the FDA D.I.S.C.O. podcast about this approval

On May 23, 2017, the U.S. Food and Drug Administration granted accelerated approval to pembrolizumab (KEYTRUDA, Merck & Co.) for adult and pediatric patients with unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair

Content current as of:
05/30/2017

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-grants-accelerated-approval-pembrolizumab-first-tissuesite-agnostic-indication

Advances tied to molecular testing - Adenocarcinomas

	Esophagus	Stomach	Pancreas	Colorectal
BRAF				x
HER2	x	x		x
KRAS				x
MSI	x	x	x	x
NRAS				x
PDL-1	x	x		

https://www.nccn.org/professionals/physician_gls/pdf/esophageal.pdf
https://www.nccn.org/professionals/physician_gls/pdf/gastric.pdf
https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf
https://www.nccn.org/professionals/physician_gls/pdf/pancreatic.pdf

Advances tied to molecular testing (cont.)

Next Generation Sequencing (in-house or commercial): indicated when standard of care options exhausted or for clinical trial eligibility such as basket trials (MATCH, TAPUR)

Tumor circulating DNA assays are available but have minimal explicit guidelines in GI cancers.

Advances tied to molecular testing (cont.)

The nurse navigator should:

- Understand minimal requirement of testing and advocate for standardized algorithme.
- Have a minimal understanding of the basic principles of tissue allocation.
- Know their institution tissue retention policy
- Understand payor coverage for testing outside of guidelines.

Innovation and Pipelines

- APX005M (anti CD40) combo with gemcitabine, nab-paclitaxel and nivolumab first line Stage IV Pancreas
- PARP inhibitors in Stage IV pancreatic cancer
- Hu5F9-G4 (anti-CD47) in solid tumors including colon
- Off-label use in NCCN Guidelines for BRAF/MEK inhibitors and HER2 agents in colon cancer.

Recruiting interventional trials by tumor sites (6/8/19) ClinicalTrials.gov	
Upper GI	163
Hepatobiliary	75
Pancreas	258
Colorectal	309

https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf
https://ascopubs.org/doi/abs/10.1200/JCO.2018.36.15_suppl.2525
https://www.businessinsider.com/parker-institutes-promising-pancreatic-cancer-results-2019-4
https://pdfs.semanticscholar.org/26cb/5cc6c36896f9c20eb2bb914bdc27722e734f.pdf

Emerging strategies

- Chemo with immunotherapy
- CAR-T
- Vaccines
- Radiation

https://clinicaltrials.gov/

Survivorship - General

- Provide patient with a complete treatment summary including late side effects and signs of recurrence.
- Provide patient with a precise timeline of follow up including imaging and labs.
- Encourage patients to live healthy lifestyle with 30 minutes of daily exercise, varied diet (plant source), limit alcohol and tobacco-free.
- Platinum induced toxicity
- Consider Aspirin 325mg daily for secondary prevention

https://www.nccn.org/professionals/physician_gls/pdf/survivorship.pdf
https://www.ons.org/pep/peripheral-neuropathy

Survivorship - Upper GI

- Malnutrition/malabsorption: monitor weight and consider monitoring Vitamin B, folic acid, Vitamin D,calcium, iron
- Delayed gastric emptying vs Dumping Syndrome
- Reflux
- Dysphagia
- Monitor blood pressure and glucose levels change with weight loss
- Radiation-induced cardiotoxicity

https://www.nccn.org/professionals/physician_gls/pdf/esophageal.pdf
https://www.nccn.org/professionals/physician_gls/pdf/gastric.pdf

Survivorship - Lower GI

- Management of chronic diarrhea: anti-diarrheal agents, bulk-forming agents, diet modifications, pelvic floor rehab and protective undergarments
- Establish ostomy support system
- Eat some nuts, fibers and probiotics!

https://www.nccn.org/professionals/physician_gls/pdf/survivorship.pdf
https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf
https://europepmc.org/articles/pmc5891130
https://academic.oup.com/ajcn/article/97/5/1044/4577044

Supportive Care

Anorexia and cachexia: early interventions from nutritionist and pharmacology interventions.

Interventional radiology: Stents, dilation, radioablation, embolization, celiac block.

Palliative care: pain and symptom management, goals of care.

https://www.nccn.org/professionals/physician_gls/pdf/pancreatic.pdf

Take home points

- GI cancers have a very heterogeneous behavior and evolving screening principles.
- There are multiple molecular targets to be used for systemic therapy requiring coordination with pathology
- Tangible interventions improve quality of life and outcome of survivors
- Multidisciplinary approach is necessary to maintain quality of life through disease progression.

Addendum - Screening Sources

Esophageal Cancer Screening

https://www.nccn.org/professionals/physician_gls/pdf/esophageal.pdf

https://www.cancer.gov/types/esophageal/patient/esophageal-screening-pdq

Gastric Cancer Screening

https://www.nccn.org/professionals/physician_gls/pdf/gastric.pdf

https://www.ncbi.nlm.nih.gov/pubmed/29889263

Hepatobiliary Cancers Screening

https://www.nccn.org/professionals/physician_gls/pdf/hepatobiliary.pdf

Colorectal Cancer Screening

https://www.nccn.org/professionals/physician_gls/pdf/colorectal_screening.pdf

Anal Cancer Screening

https://www.nccn.org/professionals/physician_gls/pdf/anal.pdf