



University of  
**Southampton**

# Upper GI cancer oncology: PLANETS Upper GI patient support meeting

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# What does an oncologist do?

## Medical Oncologist

- Systemic treatment of cancer (Chemotherapy /Immunotherapy /targeted treatments)
- Clinical trials

## Clinical Oncologist

- Systemic treatments
- Radiotherapy

## Surgical Oncologist

- Surgical removal of cancer
- Cancer diagnosis/biopsies



# The aim of oncological treatment in oesophagus and stomach cancer

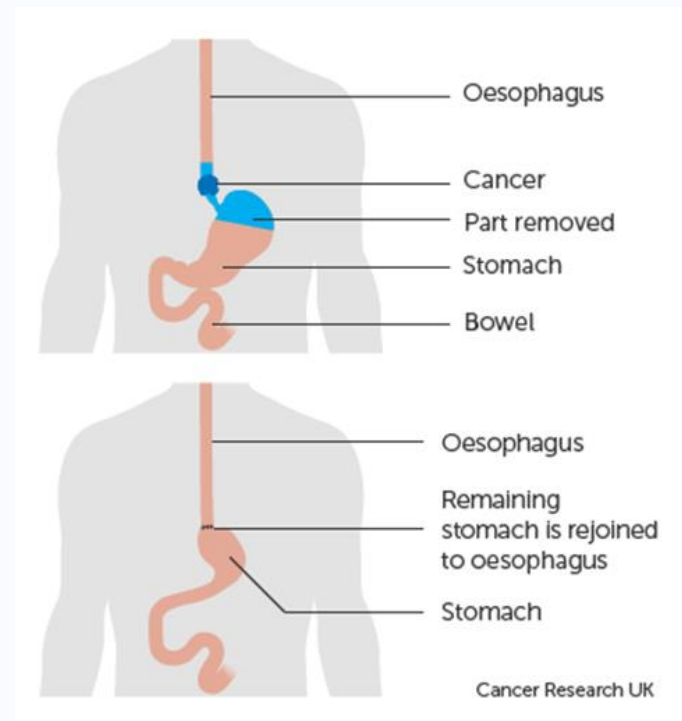
Treatment can be either radical or palliative

Neoadjuvant/Adjuvant

- Before/after surgery

Palliative

- For advanced/spread disease



# Oncological treatment in curative setting

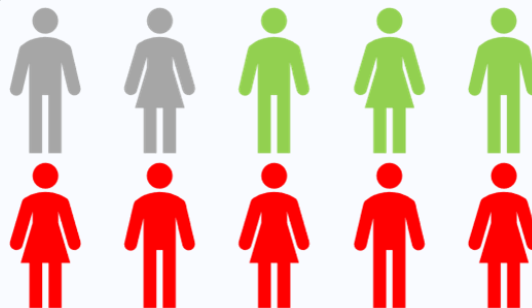
What do oncologists do in this process?

- Assessment for and delivery of neoadjuvant therapy
- Choice between chemotherapy, chemoradiotherapy or no treatment
- Consideration of post operative immunotherapy
- Prescribe treatment and monitor response
- Manage side effects of treatment



# Oncological treatment in curative setting

- Chemotherapy vs Chemoradiotherapy
  - Similar survival outcome
  - Similar number of people who have surgery
  - Radiotherapy challenging for stomach cancers
  - Radiotherapy better for some oesophageal cancers (squamous subtype)
  - Chemoradiotherapy seems to reduce local recurrence
  - Chemotherapy seems to reduce distant recurrence
  - Radiotherapy challenging for stomach cancers
  - (maybe use both....)



# Oncological treatment in curative setting

- FLOT chemotherapy
- 4 cycles before and (maybe) 4 cycles after surgery
- Each cycle 2 weeks - Chemo on day 1 + 24-hour infusion via pump
- 4 drugs (3 chemotherapy + 1 vitamin supplement)
- F - 5 Fluorouracil
- L - Leucovorin (Folinic Acid)
- O - Oxaliplatin
- T - Docetaxel (Taxotere)
- Need a PICC line
- Alternatives - FOLFOX, Oxaliplatin/Capecitabine



# Oncological treatment in curative setting

- CROSS style chemoradiotherapy
- 5 cycles of chemotherapy
- Each cycle 1 week
- 2 drugs – Carboplatin and Paclitaxel
- Concurrent radiotherapy
- 5 days per week – total of 24 sessions





# Chemotherapy side effects

## FLOT side effects

- Fatigue
- Infection risk / Neutropaenic infection
- Nausea / vomiting
- Diarrhoea
- Neuropathy / pins and needles
- Muscle and joint aches
- Hair loss
- PICC line is needed

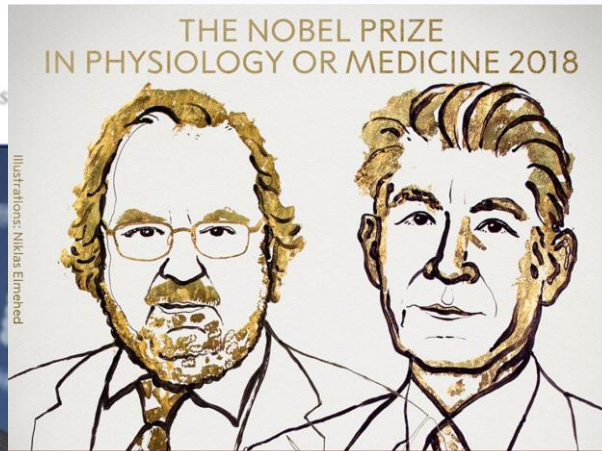
# Radiotherapy (with chemo) side effects

- Fatigue
- Difficulty / painful swallowing
- Nausea / vomiting
- Sore / reddened skin
- Voice changes

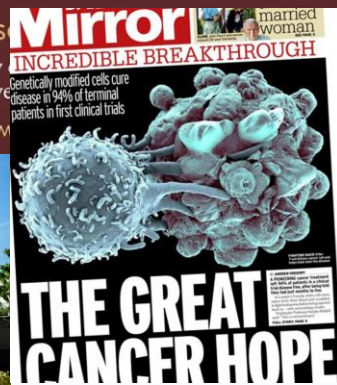
# The promise of immunotherapy is great...

## New immunotherapy drug behind Jimmy Carter's cancer cure

Former president given pembrolizumab, one of the most promising in the treatment of cancer



James P. Allison  
"for their discovery of negative  
of negative  
THE NOBEL ASSEM



...but is yet to be fully realised in OAC.

# Immunotherapy in oesophagogastric cancer

Response to immunotherapies is mixed

Current licensed for use in;

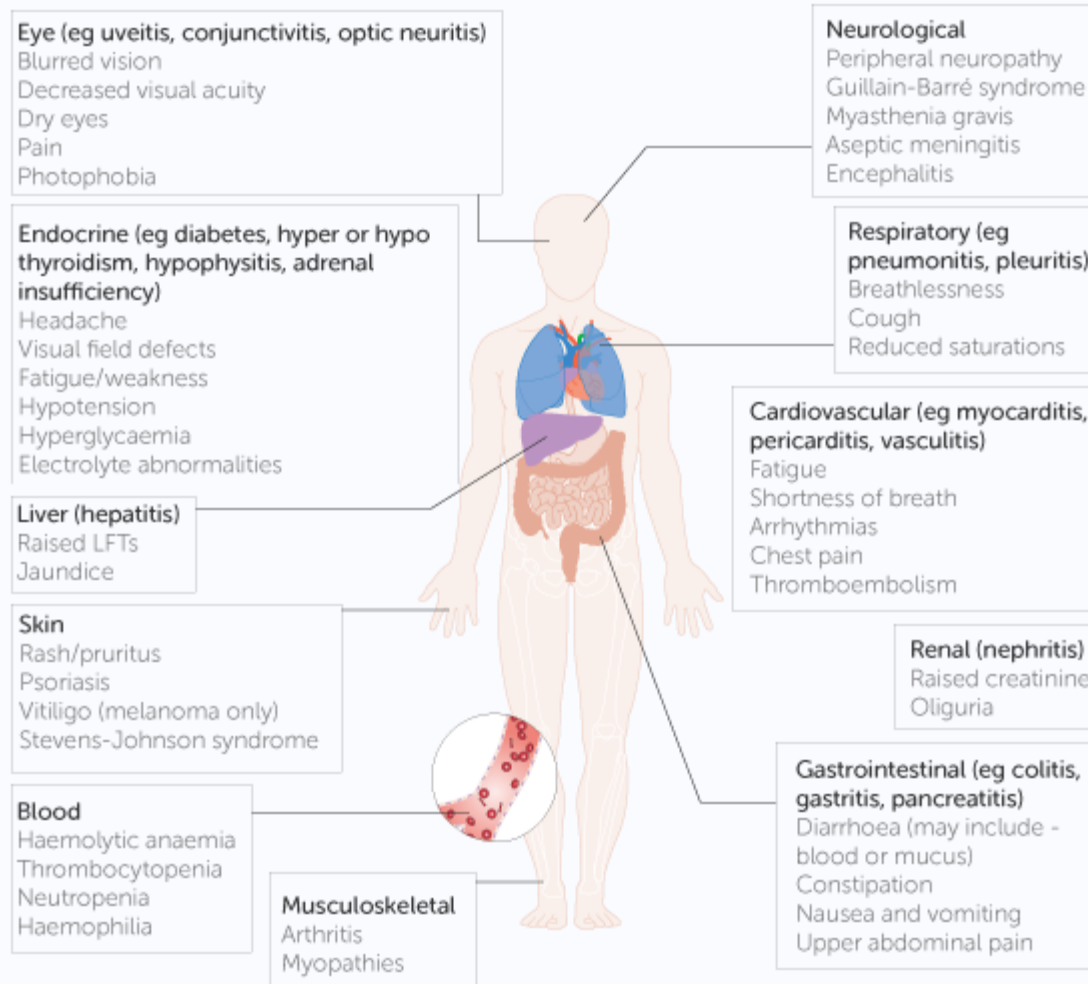
Curative setting

- For some patients after surgery and chemoradiotherapy

Palliative setting

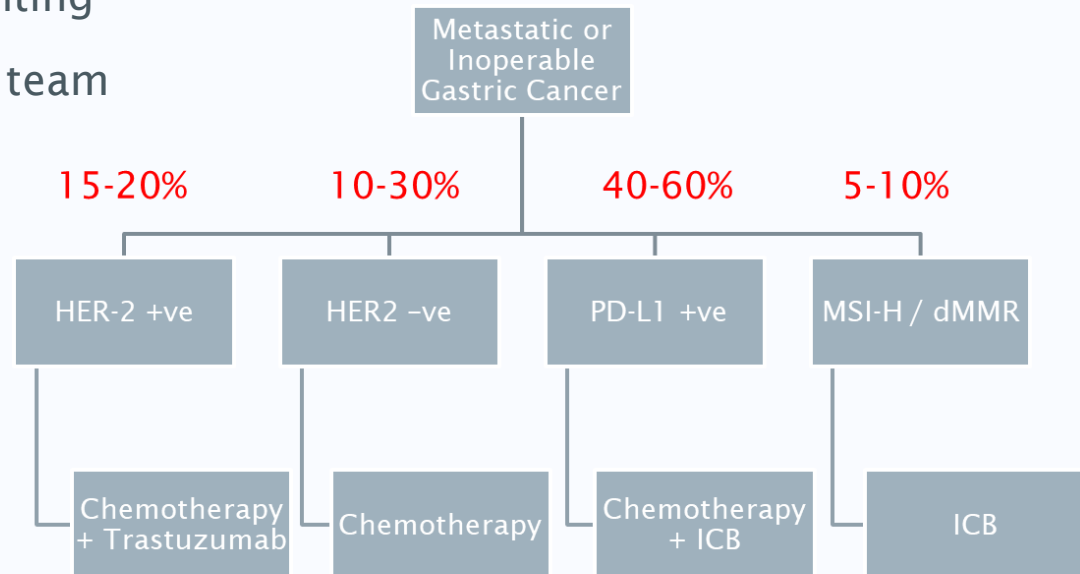
- Some patients alongside chemotherapy if PD-L1 marker high

# Immunotherapy side effects



# Management of advanced disease

- Is challenging
- Combination approach but chemotherapy +/- immunotherapy is mainstay
- Can include radiotherapy
- Can include oesophageal stenting
- Should involve palliative care team



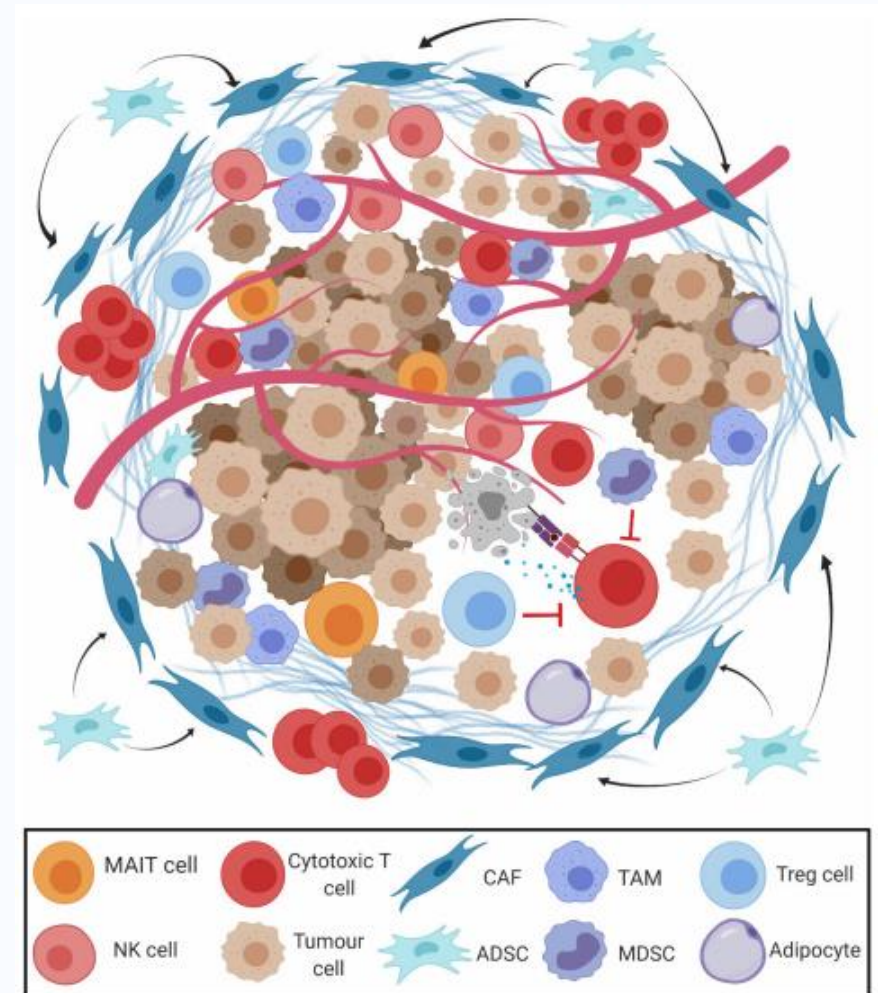
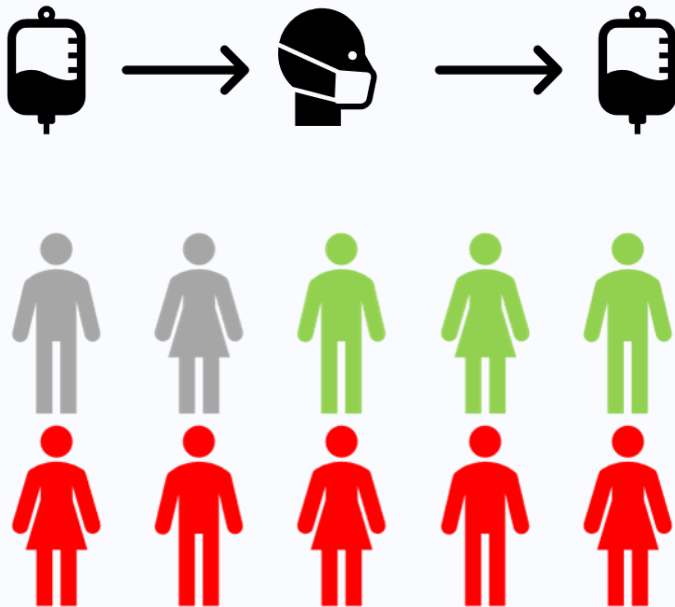
# The future

Many challenges ahead – both in curative and advanced setting

- Choose treatment for patients better
- Utilise new drugs
- Exploit immunotherapy
- Understand the biology/cause
- Improve early diagnosis
- Reduce risk factors

# Not all people respond to treatment

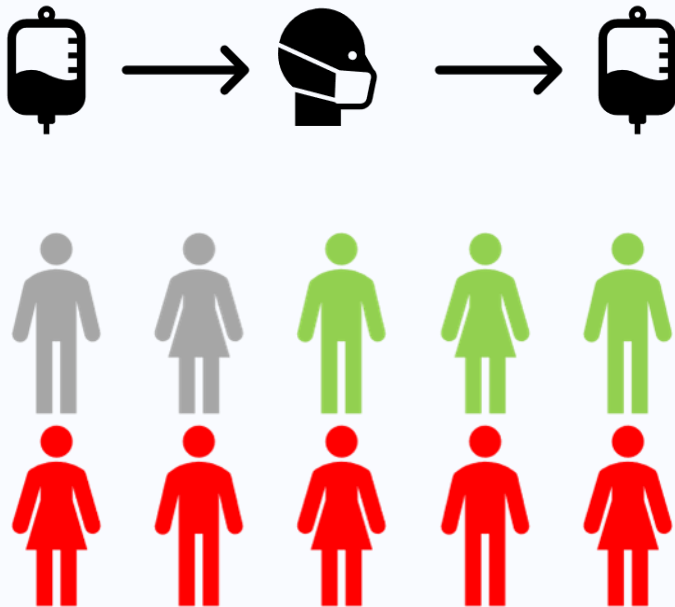
Currently all patients with curable are treated the same



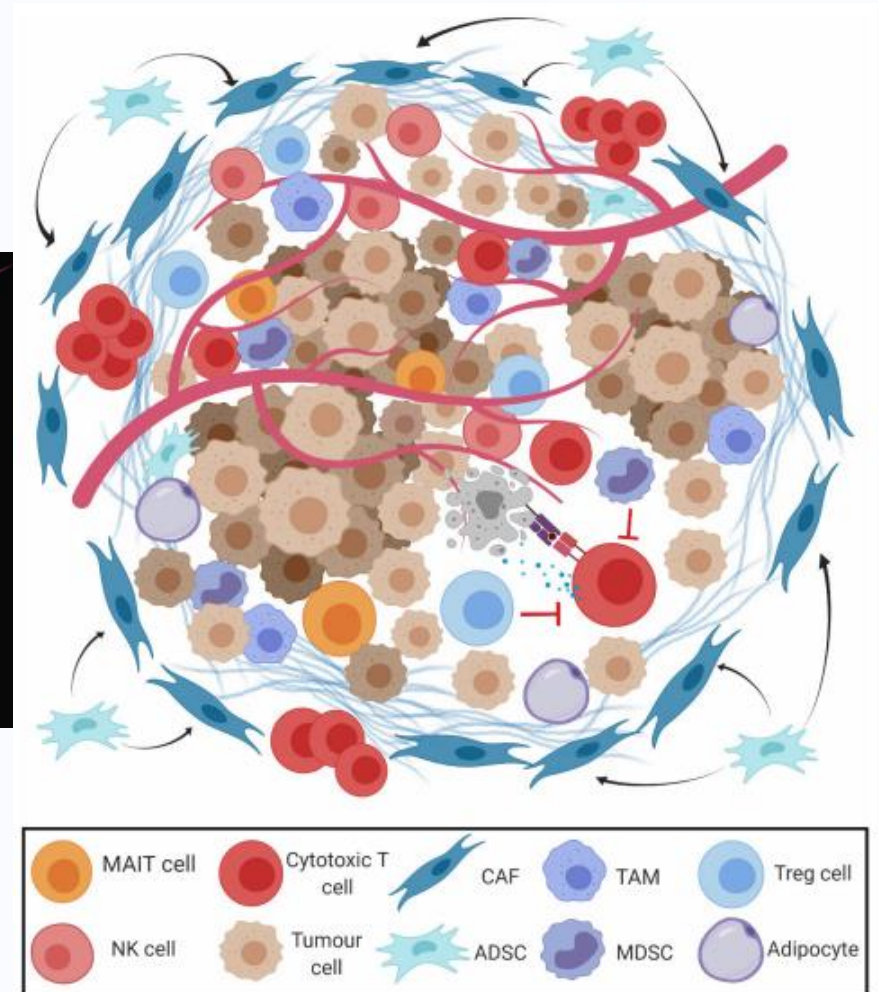
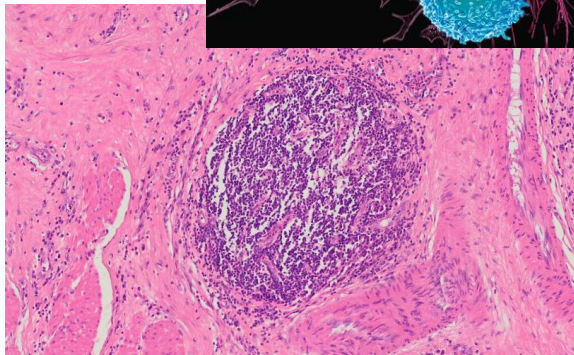
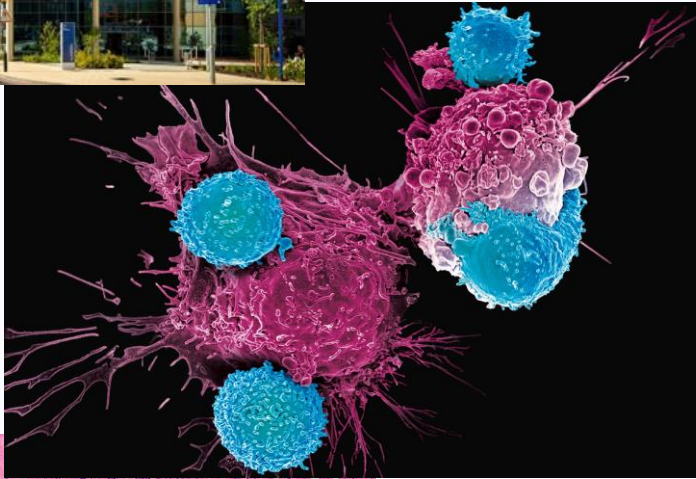


# Not all people respond to treatment

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# Not all people respond to treatment



# YOUR QUESTIONS