

CURRENT CRC RESEARCH (#13)
CCRAN
July 15, 2007

1. **ASCO CONFERENCE SUMMARY** (June 2007 – Chicago)

(i) **Stage IV Patients**

- **Curable** = Resectable disease
1 to 2 liver mets which are readily resectable, solitary lung met removable with thorascopic wedge resection.
- **Potentially Curable**, ie. Resectable disease
Oligometastatic (ie limited metastatic) disease which is treated with aggressive chemo and approach mets surgically.
- **Palliative**, ie unlikely to be curable due to extensive disease.

(ii) **Avastin**

- Avastin was associated with longer lifespan when administered as part of a second line therapy. This is not a labeled indication for avastin. Hence there is another study underway to test this finding (iBET). The labeled indication for avastin is that it be administered in combo with chemo in first line setting.
- Several nonrandomized studies and one randomized study confirm the activity of avastin in combo with chemo's ie. Oxali, irinotecan based regimens, or fluoropyrimidine based regimens (xeloda).
- An Avastin + folfiri study was reported to have the longest median to progression free survival.

(iii) **Erbitux**

- Skin toxicity is confirmed as a response indicator. The same goes for vectibix (panitumumab).
- Erbitux clearly increases the efficacy of Folfiri by approximately 10% and helped patients become surgical candidates for liver resectioning.
- Erbitux is active not only in chemorefractory patients but also in the **first line setting** as well! Traditionally, it has been used as second or third line therapy, not as the first option.
- Two ligands (small molecules that bind to other big molecules) have been identified (*amphiregulin* and *epiregulin*) as biological markers that belong to the EGFR family. If present, they would help to predict which patients would have a

long PFS because those patients would be the ones that would respond well to erbitux.

(iv) **Other**

- **Xeloda** + oxali just as effective as 5FU + oxali.
- **Stop & Go Therapy**: Maintenance therapy is still important during those drug holidays. (ie. 5FU + oxali: break from oxali but continue 5FU) OPTIMOX 1 study.
- **Panitumumab**: Chemo + 2 biologics demonstrated greater toxicity than did chemo + avastin. This accounted for the negative reports regarding panitumumab when administered in conjunction with another biologic and chemo.
- **New Drugs**: **Sunitinib** is a tyrosine kinase inhibitor which targets multiple receptors. It is one of the more promising drugs in development.
- **Folfox or Folfiri?**
Folfox:
 - no previous exposure, long interval since previous exposure and no neuropathyFolfiri:
Recent exposure to folfox in adjuvant setting and option for longer term administration
- **Folfox**: According to Dr. Howard Hochster, MD, from NYU, folfox is the more compelling choice as first line drug and folfiri is to be used only if folfox has already been used. Dr. Hochster adds that the piling up of drugs as in the vectibix study does not cure cancer. Instead, it only complicates matters. Rather, chemo and biologics are to be combined on an individual basis. The only exception is 5FU + oxali + biologic.

2. **DCA UPDATE**

Medicor Cancer Centre is a private clinic in Toronto (Yonge/401) who is prescribing DCA to cancer patients under the supervision of a medical team and are abiding under Health Canada's relevant guidelines and policies. They are administering it as an off-label drug and are currently accepting patients for DCA therapy. Phone: 416 227 0037, / www.medicorcancer.com

3. **LIVER METS**

- Repeat surgery

Repeat surgery to remove cancer that has spread to the liver provides significantly improved survival among patients with crc. Researchers evaluated data including treatments with repeat hepatectomies among patients with crc and liver mets and found that those who underwent subsequent hepatectomies followed by chemo had the best overall survival rate. *Archives of Surgery, 2007; 142: 526-532.*

- **Aimpila**

Aimpila was reported on at the ASCO conference in June. It is an oral capsule consisting of two natural compounds: one targets a specific to cancer cells delivery system (**oncoshuttle**) and the other a powerful **apoptosis** inducer that destroys mitochondria (the cell's powerhouse). Preclinical results were promising so **Constab** (Toronto based pharmaceutical) is looking for funding for clinical trials. *ASCO Conference June 2007*

4. **CONTD MAINTENANCE THERAPY IMPROVES SURVIVAL IN CRC**

Maintenance therapy refers to therapy that is used following initial therapy, when a patient's cancer is stable and not exhibiting signs of progression. Researchers concluded that maintenance therapy may improve survival for patients with mcr as compared with reintroduction of chemo at disease progression. *ASCO conference-2007 June*

5. **VITAMIN D PREVENTS CANCER**

Vitamin D and calcium supplementation may significantly reduce cancer risk according to the results of a rather large American and Canadian study published in May 2007. The supplements target cancers such as lung, colon, breast, gastric, pancreatic, brain, bone and many more. The Canadian Cancer Society advocated on behalf of the supplement by going national. *Amer J. of Clinical Nutrition. 2007; 85: 1586-91.*

6. **CRC MARKER**

An Ontario led team of international scientists has helped find the first genetic predictor for crc, a discovery that heralds a new era of screening for the disease. A specific site on Chromosome 8 increases a person's risk of getting crc by about 20%. The finding will help scientists devise a test to tell people their lifetime risk of crc, as well as practical tools to advise them at what age and how often they should get screened. *The Star. July 9/07*

7. **M.D. ANDERSON**

M.D. Anderson was ranked #1 nationwide in cancer care by U.S. News & World Report's "America's Best Hospitals" Survey.