Reports from ESMO 17th World Congress on Gastrointestinal Cancer

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PV-10 shows potential in hepatocellular carcinoma and metastatic liver disease

Two patients – one with hepatocellular carcinoma (HCC) and one with colorectal cancer (CRC) metastatic to the liver – had non-existent liver cancer at more than 40 months follow-up after a single liver injection of PV-10.

Treatment of HCC with chemotherapy, surgical resection, transplantation and other approaches (such as cryoablation, radiofrequency ablation, and chemo ablation) have increased overall survival, but remain suboptimal.


Eric Wachter

PV-10, a 10% solution of rose bengal originally used as a textile dye and later as an agent to stain necrotic tissue in the cornea, has demonstrated high rates of complete response and durable response in metastatic melanoma. In phase 2 data, presented at ESMO last October, 50% of a subgroup of 28 patients with stage III melanoma who had all their cutaneous lesions injected with PV-10 achieved a compete response and 71% achieved an overall response.

For the current study two cohorts of patients, one with non-resectable HCC (n=6 patients) and the second with other forms of cancer metastatic to the liver (n=7, 3 CRC tumours, 2 non-small cell lung, 2 melanoma and 1 ovarian) underwent a single percutaneous injection of PV-10 (dose 0.25 to 0.50 mL per cm^3 lesion volume) guided by CT to one liver target lesion. For the first analysis of five patients, two patients showed no evidence of disease at more than 40 months follow-up according to RECIST and EASL criteria. The first patient was a 68 year old male with HCC (hepatitis B + cirrhosis) alive at 54 months follow-up with no evidence of disease; while the second was a 61 year old male with metastatic CRC alive at 42 months follow-up with no evidence of disease.

Furthermore at up to 54 months follow-up, 10 out of the initial 13 patients were alive. Adverse events were generally limited to injection site reactions and photosensitivity and resolved without sequelae.

"Having liver cancer patients alive at up to 54 months of follow-up with no evidence of disease is remarkable. The study suggests that PV-10 has moved beyond just melanoma and may be agnostic to tumour type," says Eric Wachter (pictured), who co-developed PV-10, adding that the study represents the first report of a chemoablative effect for PV-10 outside melanoma

As with melanoma, the mechanism of PV-10 is believed to be due to local chemoablative effects where the agent enters lysosomes causing tumour necrosis that can stimulate immunological effects. In melanoma, patients injected with PV-10 have shown increased T cells in peripheral blood following injection including CD8+, CD4+, CD3+ and NKT.

Janet Fricker, Medical Journalist.

Reference

Poster Number: P-116. P Goldfarb, MD Russell Low, J Lyon, et al. Phase 1 Study of PV-10 for Chemoablation of Hepatocellular Cancer and Cancer Metastatic to the Liver.

Elderly HCC patients do better on sorafenib

Elderly hepatocellular carcinoma (HCC) patients treated with sorafenib demonstrate longer overall survivals than younger patients, reported the Italian cohort of the observational phase IV Gideon study.

Sorafenib is a multikinase inhibitor used for the treatment of unresectable HCC (uHCC). Two Phase III studies (SHARP and Asia-Pacific) demonstrated significant improvements in overall survival in uHCC patients, the majority of whom had Child-Pugh A with the result sorafenib is now suggested as first-line therapy in HCC patients with advanced-stage disease. The GIDEON study set out to evaluate the safety of sorafenib in uHCC patients under 'real-life' conditions and to gather more comprehensive data on use of sorafenib in patients with Child-Pugh B liver function who had been excluded from clinical trials. Since elderly patients are often underrepresented in clinical trials, the current analysis of the GIDEON study set out to evaluate the tolerability and efficacy of sorafenib in patients older than 70 years.

While the GIDEON study enrolled over 3200 patients to evaluate the safety and efficacy of sorafenib in real life clinical practice, the current analysis explored 278 patients in the Italian cohort, of whom 141 were older than 70 years and 133 younger than 70 years.

Results showed that the median overall survival was 10 months (8-18) months in the younger age subgroup versus 20 (12-23) months in older patients. Furthermore, elderly patients had a PFS of 6 months versus 4.1 months in younger patients; and elderly patients had a time to progression of 7.6 months versus 5 months for younger patients.

The type and incidence of adverse events (AE) serious and non-serious were similar in the younger and elderly subgroups and in line with the known safety profile of sorafenib. The most serious adverse events were gastrointestinal (diarrhea), dermatologic (hand-foot skin reaction/rash) and fatigue.

Elderly patients had longer overall survival, the authors suggest, due to more advanced disease in the younger subgroup.

Janet Fricker, Medical Journalist.

Reference

P-182 T Zolfino, V Lorusso, S D'Angelo, et al. Hepatocellular carcinoma in elderly patients: Final results of the Italian cohort of GIDEON study.

SIRFLOX: Longer PFS with First-Line SIRT in Patients with Liver-Only Metastases

BARCELONA—"First-line radioembolization in combination with bevacizumab and chemotherapy is able to retard progression in the liver, and it does seem to be safe," said Professor Chris Verslype, MD, a specialist in oncology and hepatology at University Hospital, Leuven, Belgium. Professor Verslype was commenting on results of the phase 3 SIRFLOX trial that valuated FOLFOX-based chemotherapy and bevacizumab with or without selective internal radiation therapy (SIRT) in metastatic colorectal cancer patients with liver-dominant metastases.


Guy van Hazel

SIRT is a minimally invasive technology approved for inoperable liver cancer in the European Union, the United States, Argentina, Brazil, Australia, and several countries in Asia. It delivers doses of radiation directly to the site of tumours through a hepatic artery catheter infusion of millions of radioactive (yttrium -90) resin microspheres (SIR-Spheres®). While sparing healthy tissue, the microsphere radiation selectively targets liver tumours with a dose of internal radiation up to 40 times higher than conventional radiotherapy.

At this meeting, Professor Guy van Hazel, University of Western Australia, Perth, updated and extended findings recently announced at the ASCO (American Society of Clinical Oncology) annual meeting, showing the addition of SIRT to have reduced disease progression in the liver by 31%. In the overall population receiving SIRT, the primary endpoint of progression-free survival (PFS) was not significantly longer in the SIRT plus bevacizumab and chemotherapy group (p=0.43).

The SIRT benefit in Professor van Hazel's new SIRFLOX data presentation was highly significant. The analysis pertained to 318 patients (159 FOLFOX + bevacizumab; 159 FOLFOX + bevacizumab + SIRT) who had metastases only in the liver. For them, PFS with SIRT added was 8.7 months longer (FOLFOX + bevacizumab 12.4 months; FOLFOX + bevacizumab + SIRT 21.1 months, hazard ratio 0.64, 95% confidence interval: 0.48-0.86, p=0.003). A further analysis of the impact of bevacizumab found that the cumulative incidence of disease progression in the liver was lower for patients receiving SIRT regardless of whether they had or had not received bevacizumab (p=0.018/p=0.028, respectively).

"Locoregional therapies like this," noted Professor Verslype, "are gaining interest due to the fact that the liver is the predominant site of disease for most of these [metastatic colorectal cancer] tumours."

Walter Alexander, Medical Journalist.

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