

Best of UEG Week 2024 with Thomas Seufferlein on "Oncology for Gastroenterologists"

Thomas Seufferlein

Podcast Episode

Digestive Oncology

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The podcast discusses microsatellite instability testing and immune checkpoint inhibitor therapy in gastrointestinal cancers, particularly colorectal cancer, with emerging data on organ-sparing approaches and molecular stratification across multiple GI malignancies.

KEY POINTS

- Microsatellite unstable colorectal cancers, representing 5 to 8% of cases, show dramatic responses to checkpoint inhibitors, with a small rectal cancer trial (18 patients, 14 evaluable) demonstrating complete clinical remission with dostarlimab over three years without surgery, radiotherapy, or chemotherapy.
- The NICHE study in advanced colon cancer (T4 and T2 tumours) showed 60 to 70% complete pathological response after three weeks of neoadjuvant nivolumab plus ipilimumab, and the guest advocates watch-and-wait strategies in rectal cancer with complete clinical response, though this approach is not yet approved.
- The guest recommends requesting immunohistochemistry for mismatch repair proteins at the time of diagnostic endoscopy biopsy to identify microsatellite instability early and avoid unnecessary chemotherapy, to which these tumours respond poorly.
- Checkpoint inhibitor side effects include autoimmune thyroiditis (most common), adrenalitis, hepatitis, and colitis, with the guest noting that autoimmune colitis responds well to anti-TNF alpha antibodies and that gastroenterologists' familiarity with infliximab is advantageous.
- Molecular stratification is advancing across GI cancers, with RAS inhibitors emerging in pancreatic cancer (though G12C represents only 2% of pancreatic and 4% of colorectal cancers), FGFR and HER2 targets in cholangiocarcinoma, and checkpoint inhibitor combinations showing benefit in hepatocellular carcinoma despite low MSI rates.

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