Getting to the Bottom of Treatment: An Update in the Management of Esophagogastric Cancers

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Disclosures
• None

Learning Objectives
• Describe the current use of chemotherapy and radiation in the treatment of esophagogastric cancers
• Interpret the use of targeted therapies and immunotherapy in the management of esophagogastric cancers
• Evaluate supportive care and survivorship interventions for patients with esophagogastric cancers

Incidence of Esophagogastric Cancers

• Esophageal & Esophagogastric Junction (EGJ) Cancers
  • US estimations for 2018
    • New cases – 17,290
    • Deaths – 15,850
  • More common
    • Men > women
    • Older age, heavy alcohol use, tobacco use
  • Median age of diagnosis
    • 68-years old
  • Median 5-year survival
    • 19.2%

• Gastric Cancer
  • US estimations for 2018
    • New cases – 26,240
    • Deaths – 10,800
  • More common
    • Men > women
    • In other races and ethnicities than non-Hispanic whites
  • Median age of diagnosis
    • 68-years old
  • Median 5-year survival
    • 31%

Anatomy and Pathology

• Esophageal & EGJ Cancers
  • Squamous cell (<30%)
    • Commonly found in the upper and middle part of the esophagus
  • Adenocarcinoma
    • Most often found in the lower third of the esophagus

• Gastric Cancer
  • Adenocarcinoma
    • Diffuse
      • Less differentiated
      • Occurs in proximal stomach
    • Intestinal
      • More differentiated
      • Occurs in distal stomach

Anatomy and Pathology

Page MR and Patel S. AMJC: Evidenced-Based Oncology June 2017.

**Risk Factors**

- Esophageal & EGJ Cancers
  - Squamous cell (<30%)
  - Smoking and alcohol
  - NERD
- Adenocarcinoma
  - Obesity/ BMI
  - GERD
  - Barrett’s esophagus

- Gastric Cancer
  - Adenocarcinoma
  - Diet
    - High salt intake and preserved food
    - High nitrate consumption
    - Smoking
    - H. Pylori infection
  - Genetic syndromes

- Cisplatin + 5FU

**Clinical Presentation**

- Esophageal & EGJ Cancers
  - Dysphagia
  - Weight loss
  - Odynophagia
  - Anemia
  - Hoarseness
  - Aspiration pneumonia

- Gastric Cancer
  - Early stage
    - Stomach discomfort
    - Bloated feeling after eating
    - Nausea
    - Loss of appetite
    - Heartburn
  - Advanced stage
    - Blood in stool
    - Vomiting
    - Weight loss
    - Stomach pain
    - Jaundice
    - Anusles

**Treatment of Early-Stage Cancer**

**Surgical Intervention**

- Esophageal & EGJ Cancers
  - Medically fit for surgery
    - Stage I
      - Endoscopic therapies (preferred)
      - Endoscopic resection + ablation
      - Ablation
      - Esophagectomy
      - Stage II
        - Esophagectomy (low risk drains)
      - Non-surgical candidate
        - Stage II
          - Endoscopic resection + ablation
          - Ablation

- Gastric Cancer
  - Medically fit for surgery
    - Stage I
      - Endoscopic resection + ablation
      - Ablation

**Preoperative Chemoradiation**

- Esophageal & EGJ Cancers
  - Definitive chemoradiation
    - Chemotherapy + radiation therapy

- Gastric Cancer
  - Chemotherapy
    - Cisplatin
    - 5FU

**Other**

- Definitive chemoradiation
  - Chemotherapy + radiation therapy
  - Definitive chemoradiation

**Consensus**

- Esophageal & EGJ Cancers
  - Definitive chemoradiation
  - Chemotherapy + radiation therapy

- Gastric Cancer
  - Chemotherapy
    - Cisplatin
    - 5FU

**Medical Research Council (MRC) Oesophageal and Gastric Cancer Trial (ECX vs. OEO2, 3 cycles pre-operative 5-FU, oxaliplatin, docetaxel (FLOT) vs. surgery)**

- 26.4 months vs. 16.8 months
- 38% vs. 24%

**Medical Research Council (MRC) Oesophageal and Gastric Cancer Trial (ECX vs. OEO5, 1 cycle pre-operative 5-FU vs. surgery)**

- 36.3% vs. 23%

**National Comprehensive Cancer Network (NCCN) Esophageal and Esophagogastric Cancers v2.2018; NCCN Gastric Cancer v2.2018**

- Recommended regimens
  - Cisplatin + 5FU (Category 1)
  - Cisplatin, capecitabine, oxaliplatin, docetaxel (FLOT) (Category 1)

- Other recommended regimens
  - Cisplatin + 5FU (Category 1)
**Treatment of Early-Stage Cancer**

**Preoperative chemoradiation**
- CROSS trial
  - Randomized, Phase III trial in resectable esophageal or EGI cancer
  - N = 368
  - Surgery alone vs. carboplatin + paclitaxel + concurrent radiation followed by surgery
  - Primary endpoint: Overall survival (OS)
- Results
  - Median OS 4.4 months in the chemoradiation-surgery group vs. 1.6 months in the surgery group (HR 0.55; 95% CI 0.43 to 0.70; P<0.001)
  - Complete resection (R0) achieved in 82% of patients in the chemoradiation-surgery group vs. 48% in the surgery group (HR 0.35; 95% CI 0.23 to 0.53; P<0.001)
  - Most common side effects in the chemoradiation-surgery group were leukopenia, neutropenia, anemia, and fatigue

**Postoperative management**
- Has not received preoperative chemoradiation or chemotherapy

**R0 resection**
- Surveillance
- Chemoradiation (5-FU-based)*

**R1 resection**
- Chemoradiation (5-FU-based)

**R2 resection**
- Chemoradiation (5-FU-based)
- Palliative management

*<sup>Infusional</sup> FU can be replaced with capecitabine

**R0 resection**
- Surveillance
- Chemoradiation (5-FU-based)

**R1 resection**
- Chemoradiation (5-FU-based)
- Palliative management

**R2 resection**
- Chemoradiation (5-FU-based)*
- Palliative management

**Esophageal & EGI Cancers**
- Definitive chemoradiation
  - RTST EG-US (2017)
    - Chemoradiation with cisplatin + 5-FU vs. radiation alone
    - N = 123
    - Primary endpoint: OS
    - Results
      - Median OS 17.6 months in chemoradiation arm vs. 9 months in radiation alone arm
      - 3-year OS 37% in chemoradiation arm vs. 0% in radiation alone arm

- PRODIGE 5/ACCORD 17
  - Chemoradiation + oxaliplatin vs. Cisplatin + 5-FU
  - Primary endpoint: Progression-free survival (PFS)
  - Results
    - Median PFS 23.5 months in the oxaliplatin arm vs. 9.1 months in the 5-FU + cisplatin arm

**Other recommended regimens**
- Irinotecan + cisplatin (category 2B) (esophageal & EGI cancers only)
- 5-FU or capecitabine) (category 2B)

**Postoperative chemoradiation**
- SWOG 9016/INT-0116
  - Randomized, Phase II trial in resectable EGI or stomach cancer
  - N = 566
  - Surgery alone vs. surgery + postoperative chemoradiation with bolus 5-FU and leucovorin before, during, and after radiotherapy
  - Primary endpoint: Overall survival (OS)
  - Results
    - Median OS 36 months in the postoperative chemoradiation arm vs. 27 months in the surgery arm (HR 1.35; 95% CI 1.09 to 1.66; P=0.005)
    - 3-year OS 53% months in the postoperative chemoradiation arm vs. 43% in the surgery arm
  - Dosing associated with increased rates of grade 4 toxicities
  - Infusional 5-FU and leucovorin or capecitabine recommended

**Palliative management**
- ORL0301
  - Carboplatin + paclitaxel (category 1)
  - Definitive chemoradiation
  - Primary endpoint: Overall survival (OS)
  - Median OS 36 months in the postoperative chemoradiation arm vs. 27 months in the surgery arm (HR 1.35; 95% CI 1.09 to 1.66; P=0.005)
  - Complete resection (R0) achieved in 92% of patients in the surgery arm vs. 48% in the chemoradiation arm (HR 0.35; 95% CI 0.23 to 0.53; P<0.001)
  - Most common side effects in the chemoradiation-surgery group were leukopenia, neutropenia, anemia, and fatigue

**Esophageal & EGI Cancers**
- Definitive chemoradiation
  - RTST EG-US (2017)
    - Chemoradiation with cisplatin + 5-FU vs. radiation alone
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  - Primary endpoint: Progression-free survival (PFS)
  - Results
    - Median PFS 23.5 months in the oxaliplatin arm vs. 9.1 months in the 5-FU + cisplatin arm

- 5-FU vs. radiation alone (category 2B)
- Infusional 5-FU and leucovorin or capecitabine recommended
Treatment of Early-Stage Cancer

**Definitive Chemoradiation**

**Preferred regimens**
- Cisplatin + 5-FU (category 1)
- 5-FU + docetaxel (category 1)
- Paclitaxel + carboplatin (category 2A)

**Other recommended regimens**
- Cisplatin + docetaxel or paclitaxel (category 2A)
- Irinotecan + cisplatin (category 2B)
- Paclitaxel + fluoropyrimidine (5-FU or capecitabine) (category 2B)

*Infusional 5-FU can be replaced with capecitabine

Supportive Care Issues in Early Stage Cancer

- Smoking cessation
- Nutritional support
- Adequate hydration and caloric intake
- Physical activity
- Healthy diet
- Limit alcohol consumption
- Smoking cessation

Survivorship Care

- General
  - Routine surveillance
  - Annual history and physical
  - Maintain healthy lifestyle
  - Healthy body weight
  - Physical activity
  - Healthy diet
  - Limit alcohol consumption
  - Smoking cessation
  - Cancer screening

Survivorship Care

- Management of long-term sequelae
  - Malnutrition/Malabsorption
  - Weight loss
  - Vitamin deficiencies
  - Vit B12, Vit D, Calcium, Iron
  - Delayed gastric emptying
  - Dumping syndrome
  - Diarrhea
  - Nausea
  - Indigestion
  - pH altering medications
  - Blood pressure and blood glucose issues (esophageal cancers)
  - Chemotherapy-induced neuropathy
  - Radiation-induced cardiotoxicity (esophageal cancers)
  - Fatigue
  - Bone health

Treatment of Metastatic Cancer

**First-line Chemotherapy**

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Regimen Rate</th>
<th>TTP/PFS</th>
<th>OS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5'-Fluorouracil + cisplatin (category 1)</td>
<td>10%</td>
<td>n/a</td>
<td>8.5 months</td>
</tr>
<tr>
<td>FOLFIRI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-FU + leucovorin (category 1)</td>
<td>43%</td>
<td>5.6 months</td>
<td>10.9 months</td>
</tr>
<tr>
<td>CapeOx</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxaliplatin + 5-FU (category 1)</td>
<td>43%</td>
<td>5.6 months</td>
<td>10.7 months</td>
</tr>
<tr>
<td>Regimen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5'-Fluorouracil + cisplatin (category 2A)</td>
<td>38%</td>
<td>12.4 months</td>
<td>13.3 months</td>
</tr>
</tbody>
</table>

*NCCN Esophageal and Esophagogastric Cancer v2.2018.

Supportive Care

- Palliative/Best supportive care
- Pain management

Treatment of Metastatic Cancer

**Unresectable locally advanced, locally recurrent or Metastatic disease**

- Karnofsky PS ≥ 60% or ECOG PS ≤ 2
- Systemic therapy
- Palliative/Best supportive care

Survivorship Care

- Management of long-term sequelae
  - Malnutrition/Malabsorption
  - Weight loss
  - Vitamin deficiencies
  - Vit B12, Vit D, Calcium, Iron
  - Delayed gastric emptying
  - Dumping syndrome
  - Diarrhea
  - Nausea
  - Indigestion
  - pH altering medications
  - Blood pressure and blood glucose issues (esophageal cancers)
  - Chemotherapy-induced neuropathy
  - Radiation-induced cardiotoxicity (esophageal cancers)
  - Fatigue
  - Bone health

Survivorship Care

- Palliative/Best supportive care
Treatment of Metastatic Cancer
First-line Chemotherapy

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Response Rate</th>
<th>TTP/PFS</th>
<th>OS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Recommended</td>
<td>Docetaxel 75 mg/m² D1</td>
<td>37%</td>
<td>5.6 months</td>
</tr>
<tr>
<td></td>
<td>Docetaxel 75 mg/m² D1, 5FU 750 mg/m² CIV D1-5 every 21 days</td>
<td>37%</td>
<td>5.6 months</td>
</tr>
<tr>
<td>DCF</td>
<td>Docetaxel 75 mg/m² D1, 5FU 750 mg/m² CIV D1-5 every 21 days</td>
<td>5%</td>
<td>5.5 months</td>
</tr>
<tr>
<td>ECF</td>
<td>Epirubicin 50 mg/m² D1, Cisplatin 60 mg/m² D1, 5FU 200 mg/m² CIV D1-21 every 21 days</td>
<td>42%</td>
<td>7.0 months</td>
</tr>
<tr>
<td>Carbo/paclitaxel</td>
<td>Carboplatin AUC 5 IV D1, Paclitaxel 200 mg/m² IV D1 every 21 days</td>
<td>33%</td>
<td>4.9 months</td>
</tr>
<tr>
<td>FOLFIRI</td>
<td>Irinotecan 180 mg/m² D1, Lecovorin 400 mg/m² D1, 5FU 400 mg/m² bolus followed by 2400 mg/m² CIV every 2 weeks</td>
<td>39%</td>
<td>5.3 months</td>
</tr>
</tbody>
</table>

* TTP = time to progression

Biomarkers

- Human epidermal growth factor receptor (HER2)
  - Esophagogastric cancers
    - Positivity varies from 2-45%
    - Adenocarcinoma > Squamous
    - Gastric cancer
    - Positivity varies from 2-23%
  - Prognostic significance unclear
  - Testing recommended in metastatic disease

ToGA Trial

- Phase III, randomized, open-label, international, multi-center study
- 3807 screened (810 [22.1%] HER2-positive)
- Primary endpoint: OS

ToGA Primary Endpoint: Overall Survival

- Benefit limited to patients with IHC 3+ or IHC 2+ and FISH positivity
- OS 16 months FC + T vs. 11.8 months FC

Treatment of Metastatic Cancer
First-line Treatment

Targeted Therapy

- HER2-positive disease
  - Trastuzumab should be added to first-line chemotherapy for HER2 overexpressing metastatic adenocarcinomas
  - It is not recommended for use with anthracyclines

Biomarkers

- Deficient mismatch repair/microsatellite instability-high (dMMR/MSI-H)
  - Site-agnostic indication
  - Testing recommended in metastatic disease
- Programmed death-ligand 1 (PD-L1)
  - Testing recommended in metastatic disease
  - Pembrolizumab
    - Recurrent, locally advanced, metastatic
    - PD-L1 positive
    - 3rd or subsequent line of treatment
- Epstein-Bar Virus (EBV)
  - Gastric cancer
  - Testing not recommended at this time
REGARD Trial

• Multicenter, randomized, double-blind, placebo-controlled, phase III trial
• Primary endpoint: OS

REGARD Trial

<table>
<thead>
<tr>
<th>Patients/events</th>
<th>Ramucirumab + Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>238 / 179</td>
<td>137 / 99</td>
</tr>
</tbody>
</table>

6-month OS
5.2 (4.4–5.7) vs 3.8 (2.8–4.7)

12-month OS
42% vs 32%

HR: 0.776 (95% CI, 0.603–0.998)
Log rank (stratified): P=0.0473

REGARD Trial

<table>
<thead>
<tr>
<th>Adverse events</th>
<th>Ramucirumab = 336</th>
<th>Placebo = 115</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Grade (%)</td>
<td>Placebo (%)</td>
<td></td>
</tr>
<tr>
<td>Grade ≥3 (%)</td>
<td>Placebo (%)</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Bleeding/Hemorrhage</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Arteriothromboembolism</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Venous thromboembolism</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Proteinuria</td>
<td>3</td>
<td>&lt;1</td>
</tr>
<tr>
<td>GI perforation</td>
<td>&lt;1</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Fistula (GI and non-GI)</td>
<td>&lt;1</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Infusion-related reaction</td>
<td>&lt;1</td>
<td>0</td>
</tr>
<tr>
<td>Cardiac failure</td>
<td>&lt;1</td>
<td>0</td>
</tr>
</tbody>
</table>

RAINBOW Trial

• Randomized, placebo-controlled, double-blind phase III trial
• Stratification factors
  - Geographic region
  - Measurable vs non-measurable disease
  - Time to progression on first-line therapy (<6 mos vs ≥6 mos)
• Primary endpoint: OS

RAINBOW Trial

Overall Survival
RAINFALL Trial

- Randomized, Phase III, first-line study in patients with metastatic gastric or gastroesophageal junction adenocarcinoma
- N=21
- HER2
- Cisplatin + capecitabine or 5-FU + ramucirumab
- Primary endpoint: PFS
- Secondary endpoint: OS
- Median PFS: 5.7 months vs. 5.4 months (HR 0.75, 95% CI 0.63–0.91, p=0.0024)
- Median OS: 11.17 months vs. 10.74 months
- Increase in ramucirumab-related adverse events


Treatment of Metastatic Cancer
Second-line or Subsequent Therapy

- Based on prior therapy and performance status
- Preferred regimens
  - Ramucirumab + paclitaxel (category 1)
  - Docetaxel (category 1)
  - Paclitaxel (category 1)
  - Infotocan (category 1)
  - 5-FU + infotocan
  - Pembrolizumab
- Other recommended regimens
  - Ramucirumab (category 1)
  - Infotocan + cisplatin
  - Pembrolizumab
  - Third-line or subsequent for PD-L1 positive adenocarcinoma
  - Docetaxel + infotocan


Checkpoint Immunotherapy

- Pembrolizumab
  - Approved for second line or subsequent use in MSI-H or dMMR tumors
- KEYNOTE-016
  - Phase II with dMMR non-colorectal arm (at least two prior therapies)
  - N=21

Pembrolizumab 10mg/kg IV Q 2 weeks

VTEAEs

<table>
<thead>
<tr>
<th>Treatment Arm</th>
<th>Grade 1–2 (all)</th>
<th>Grade 3–4</th>
<th>Adverse events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pembrolizumab 10mg/kg IV Q 2 weeks</td>
<td>73%</td>
<td>5.4%</td>
<td>NR</td>
</tr>
</tbody>
</table>

- Pruritus, hypothyroidism, asymptomatic pancreatitis, anemia

KEYNOTE-016

**Response with Pembrolizumab**

<table>
<thead>
<tr>
<th>ORR, % (95% CI)</th>
<th>Central Review</th>
<th>Investigator Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best overall response, n (%)</td>
<td>22 (10.1–39.2)</td>
<td>38.3 (16.3–50.2)</td>
</tr>
<tr>
<td>Complete response</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Partial response</td>
<td>0 (0.0)</td>
<td>13 (0.8)</td>
</tr>
<tr>
<td>Stable response</td>
<td>5 (33.3)</td>
<td>5 (0.8)</td>
</tr>
<tr>
<td>Progressive disease</td>
<td>19 (52.8)</td>
<td>21 (0.8)</td>
</tr>
<tr>
<td>Not assessed</td>
<td>1 (2.8)</td>
<td></td>
</tr>
<tr>
<td>Not determined</td>
<td>3 (2.8)</td>
<td></td>
</tr>
</tbody>
</table>

**Adverse events of interest**

<table>
<thead>
<tr>
<th>Event, n (%)</th>
<th>Grade 1–2</th>
<th>Grade 3–4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any</td>
<td>21 (17.8)</td>
<td>3 (2.4)</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>4 (10.0)</td>
<td>1 (2.4)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>3 (7.7)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Infotocin</td>
<td>1 (2.4)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Colitis</td>
<td>1 (2.4)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>1 (2.4)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Thyrotoxicosis</td>
<td>1 (2.4)</td>
<td>0 (0.0)</td>
</tr>
</tbody>
</table>


Phase II trial
- Cohort 1 - advanced gastric or GEJ adenocarcinoma progressed on two or more lines of therapy
- A specimen is considered to have positive PD-L1 expression if combined positive score (CPS) ≥1%
- Primary endpoint: ORR
- Cohorts 2 and 3 enrollment is ongoing

Pembrolizumab 200 mg + cisplatin + 5-FU, all Q3W
Pembrolizumab 200 mg Q3W
Pembrolizumab 200 mg Q3W

COHORT 1
- PD-L1+ or PD-L1-
- Prior systemic therapy
N=380

COHORT 2
- PD-L1+ or PD-L1-
- No prior systemic therapy
N=90

COHORT 3
- PD-L1+ only
- No prior systemic therapy
N=50

Response

<table>
<thead>
<tr>
<th>PD-L1 Positive (n=148)</th>
<th>PD-L1 Negative (n=109)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORR (CR + PR)</td>
<td>15.5% (95% CI 10.1-22.4)</td>
</tr>
<tr>
<td>CR</td>
<td>2.0% (95% CI 0.4-5.8)</td>
</tr>
<tr>
<td>PR</td>
<td>13.5% (95% CI 8.5-20.1)</td>
</tr>
<tr>
<td>DCRO</td>
<td>33.1% (95% CI 25.6-41.3)</td>
</tr>
</tbody>
</table>

DCR = CR + PR + SD ≥2 months

CheckMate-032
• Open-label, two-stage multicohort, phase III trial
• PD-L1 status assessed
• Primary endpoint: ORR

Metastatic or locally advanced/refractory gastric, esophageal or GEJ cancer
ECOG 0 or 1
No prior systemic therapy

Nivolumab 3 mg/kg IV every 2 weeks
Nivolumab 1 mg/kg IV every 3 weeks
Ipilimumab 3 mg/kg IV every 3 weeks

Nivolumab 3 mg/kg
Nivolumab 1 mg/kg
Ipilimumab 3 mg/kg

ORR
12% (95% CI 5-23%)
24% (95% CI 13-39%)
8% (95% CI 2-19%)

12-month PFS
3% 17%
1%

12-month OS
36%
35%
24%

Grade 3-4 adverse events
17% 47%
27%

Response observed regardless of PD-L1 status
• Adverse events
  - Most common
    - Fatigue, rash, pruritus, diarrhea, decrease appetite, increased AST/ALT

CheckMate-032
• The treatment of esophagogastric cancer requires a multidisciplinary approach and pharmacists play an important part
• Preoperative chemoradiation has been shown to improve survival in locoregional esophagogastric cancer
• Increased molecular understanding of esophagogastric cancers has lead to the development of targeted and immunotherapy treatment options
• Appropriate monitoring and management of drug- and treatment-related toxicities are key for optimal patient outcomes
• Continued research in these cancers is necessary to provide better understanding of current and future therapeutic options


Summary
• The treatment of esophagogastric cancer requires a multi-disciplinary approach and pharmacists play an important part
• Preoperative chemoradiation has been shown to improve survival in locoregional esophagogastric cancer
• Increased molecular understanding of esophagogastric cancers has lead to the development of targeted and immunotherapy treatment options
• Appropriate monitoring and management of drug- and treatment-related toxicities are key for optimal patient outcomes
• Continued research in these cancers is necessary to provide better understanding of current and future therapeutic options

Treatment of Metastatic Cancer
Best Supportive Care
• Goal
  - To prevent, reduce and relieve suffering
  - Improve quality of life
• Common symptoms
  - Dysphagia
  - Obstruction
  - Bleeding
  - Xerostomia
  - pH altering medications
  - Pain
  - Nausea/vomiting