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Hungarian Pancreatic Study Group

Pancreatic Cancer Registry

12th November 2016
Budapest

Introduction

Pancreatic cancer remains a major health problem

Incidence

-Worldwide (2008)

- new cases: 279 000
- deaths: 266 000

- Hungary (2010):

- new cases: 2373
- deaths: 1837

Prognosis - unfavourable

1-year survival: 19%

5-year survival: 0,4-4%

Pancreatic cancer

Major health problem

5 year survival rate < 5%

Management of PC remains a **big challenge**

Treatment options in metastatic disease:

- Folfirinox
- nab-paclitaxel
- MM398

Neoadjuvant treatment: still controversial

Introduction

Central Europe – limited information

- **Worse prognosis** compared to western countries
- **Increasing incidence and mortality** (1.)

  (Romania, Albania, Croatia, Serbia)

Possible explanation:

Differences:

- the use and access of **diagnostic tools** and **treatment modalities**
- changes in the **incidence** of **risk factors** (for example smoking)

(1.) Hariharan D et al

Registry for Pancreatic Patients (RPP)

Est.: 2012

- **Web-based electronic** data collection method
- 1600 patients, more than 1300 blood samples in the Biobank.
- 34 Hungarian centers, 23 centers from abroad

cohort studies:

- acute pancreatitis
- chronic pancreatitis
- **pancreatic cancer**
- pediatric pancreatitis

Objective (SEER):

Collect **accurate** and **complete cancer data** that can be used for

- cancer control and epidemiological research,
- public health program planning,
- patient care improvement.

Types of registries:

- Hospital-based
- Population-based

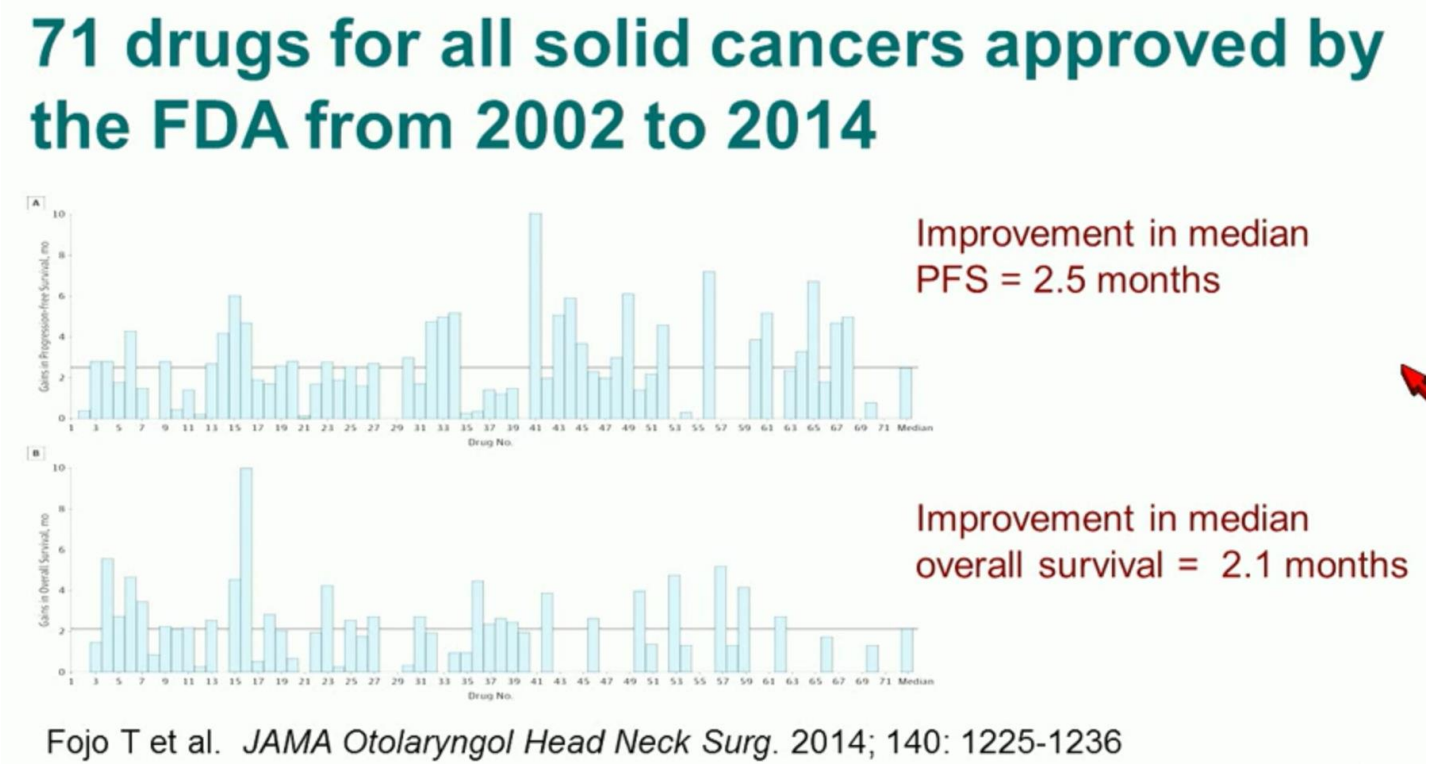
Practical application

- Environmental risk factors **- preventive measures** can be taken
- Identify the **causes** of cancer **-** detect **earlier** – find a **cure**
- Maximize the effectiveness of limited public health funds,

  - implementation of **screening programs**
- **Follow-up** to determine whether the **treatment has worked**

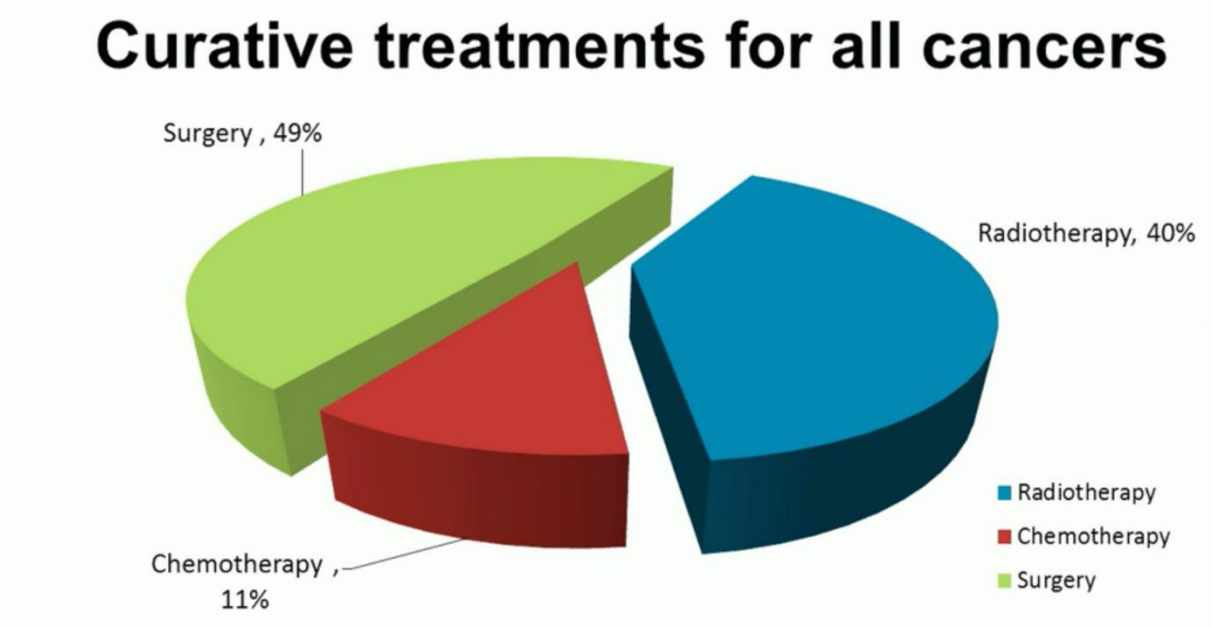
Economic considerations

- The **explosion** of innovation in **oncology**
- **dramatic** increases in **costs –** increase in **survival?**



Economic considerations

- Worldwide, **drugs** associated with **cancer care - $40 billion** per year
- **100** new **molecules** are in **phase III** trials



Pancreatic Cancer

The importance of cancer registries

- Cancer is a **major burden**
- Impossible to **finance** all treatments.
- **Registries** can offer:
  - Transparency and control
  - Results from the „real world setting” vs. clinical trials

National Health Insurance Fund

- Application of expensive therapies using **registries**:
  - **Colorectal** cancer: bevacizumab, regorafenib etc.
  - **Breast** cancer: trastuzumab
  - **Lung** cancer: erlotinib
  - **Pancreatic cancer:** nab paclitaxel, MM398 ????

RENEWED REGISTRY FOR PANCREATIC CANCER

2015 – the registry for pancreatic cancer has been **completely renewed**

Main changes:

•The **content** of the questionnaire was fully **updated**

- possibility of **more detailed** data collection

•The registry is available in **two languages -**

- ***Hungarian***
- ***English***

•**International data collection** is now possible.

Data submissions

2012-2015 – old registry: 440

2015 - new registry: 187

Centers from abroad: 72 !!!

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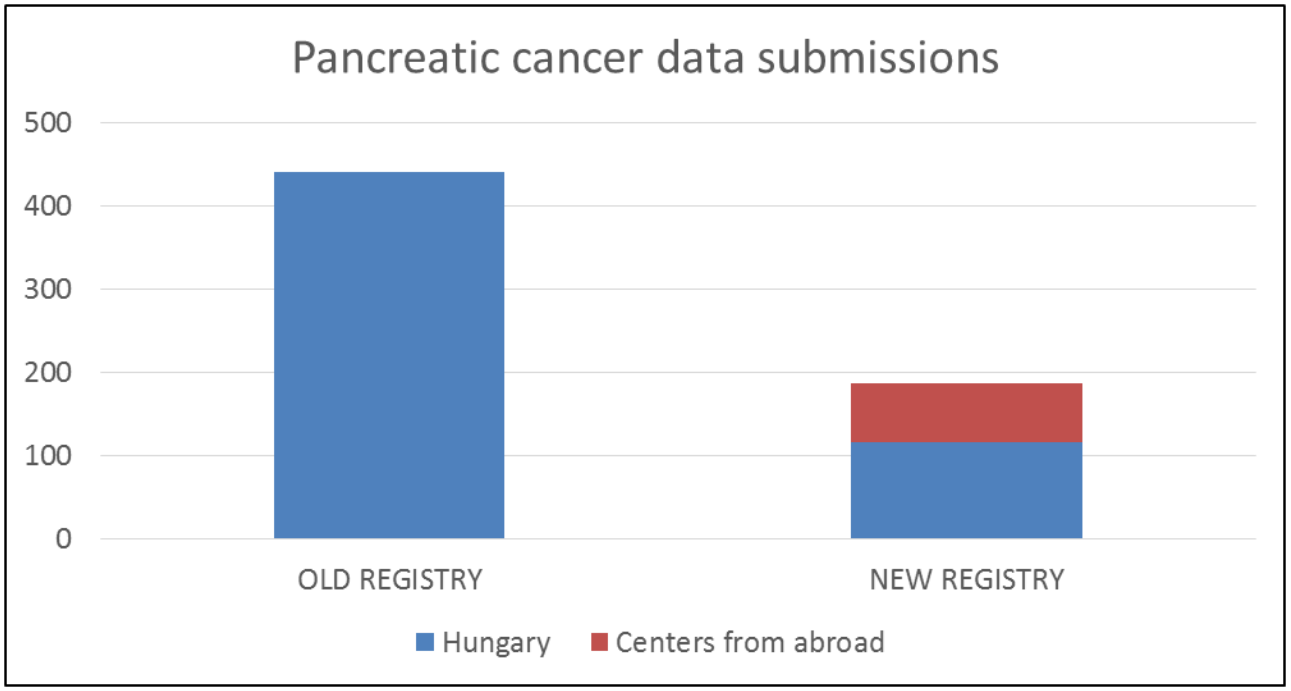
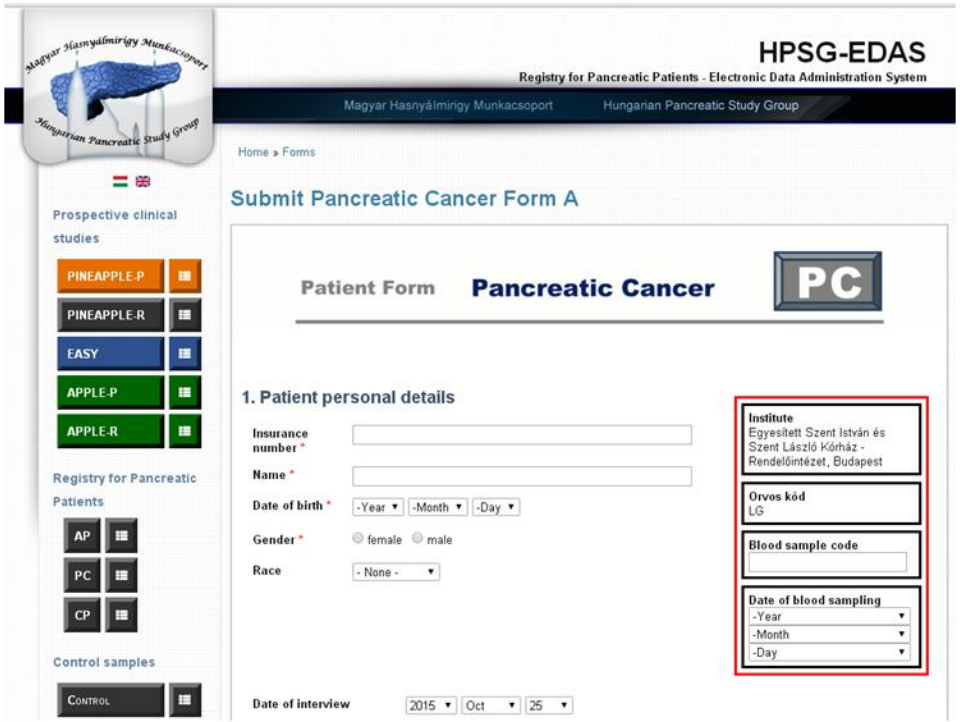


Pancreatic Cancer
RENEWED REGISTRY FOR PANCREATIC CANCER

Pancreatic cancer registry – CONTENT

- Patient personal details
- Details from the medical history
- Symptoms and signs
- Patient related data
- Tumor-related data
- Oncological therapy
- Supportive treatment



Concent form is available on the webpage

- Data recording
- Blood sampling

The management of pancreatic cancer:

- **Multidiscliplinary approach**

1. Pathologist **2. Radiologist**

3. Gastroenterologist **4. Surgeon** **5. Oncologist**

- Data are usually subbmitted by: 3.-4.-5.
- **Heterogenious** data collection
- Too many missing data should be avoided
- Please **follow up** your patients!

General registry on pancreatic cancer:

- core database,

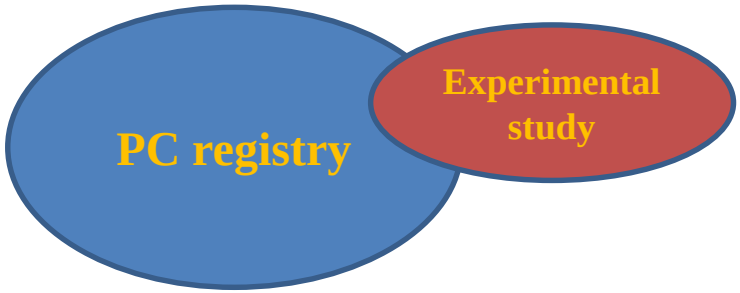
Aim:

To collect all important information basically associated with

- epidemiology
- diagnosis and
- treatment

Experimaental studies

- specific issues on pancreatic cancer diagnosis or management



Details from the medical history

- Alcohol consumption
- **Smoking**
- Drug abuse
- History of infectious disease
- **Diabetes mellitus**
- Lipid metabolism disorder
- Familial pancreatic disease
- **Any disease of the pancreas**
- Medication taken
- Diet
- Weight/height
- **BMI**

Pancreatic Cancer

Biobank and Registry for Pancreatic Patients

Patient related data

- Date of diagnosis

- clinical
- histological

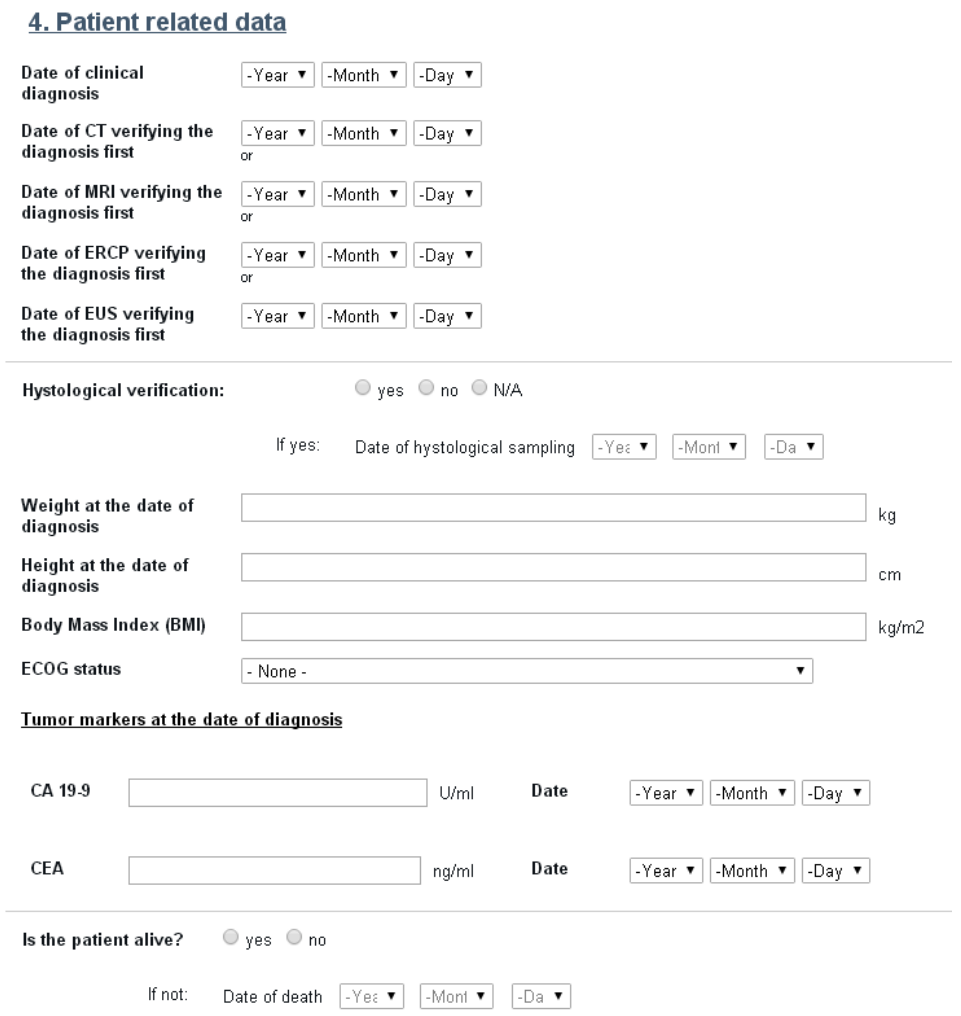
- Survival status

- **Date of death**

-**ECOG** PS status

- Tumor **markers**:

CA 19-9, CEA



4. Patient related data

Date of clinical diagnosis: -Year -Month -Day

Date of CT verifying the diagnosis first: -Year -Month -Day
or

Date of MRI verifying the diagnosis first: -Year -Month -Day
or

Date of ERCP verifying the diagnosis first: -Year -Month -Day
or

Date of EUS verifying the diagnosis first: -Year -Month -Day

Hystological verification: yes no N/A

If yes: Date of hystological sampling -Year -Month -Day

Weight at the date of diagnosis: kg

Height at the date of diagnosis: cm

Body Mass Index (BMI): kg/m2

ECOG status: - None -

Tumor markers at the date of diagnosis

CA 19-9: U/ml Date: -Year -Month -Day

CEA: ng/ml Date: -Year -Month -Day

Is the patient alive? yes no

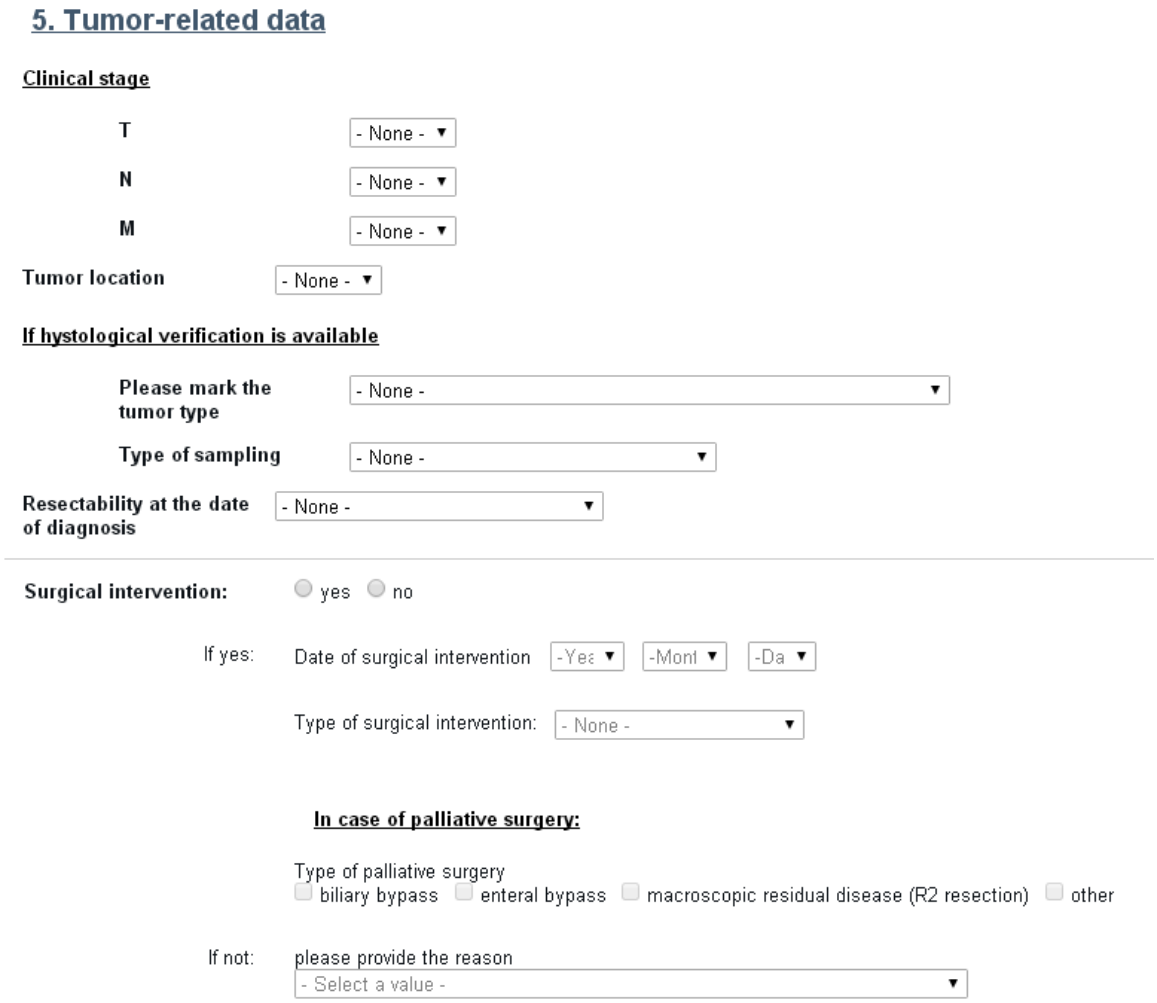
If not: Date of death -Year -Month -Day

Pancreatic Cancer

Biobank and Registry for Pancreatic Patients

Tumor related data

- **Staging**
  - clinical
  - pathological
- **Resectability**
- **Surgical** treatment
  - type of surgical intervention
- **Endoscopic** treatment
- **Radiological** intervention



5. Tumor-related data

Clinical stage

T - None -

N - None -

M - None -

Tumor location - None -

If hystological verification is available

Please mark the tumor type - None -

Type of sampling - None -

Resectability at the date of diagnosis - None -

Surgical intervention: yes no

If yes: Date of surgical intervention -Yea -Mont -Da

Type of surgical intervention: - None -

In case of palliative surgery:

Type of palliative surgery
biliary bypass enteral bypass macroscopic residual disease (R2 resection) other

If not: please provide the reason
- Select a value -

Pancreatic Cancer

Biobank and Registry for Pancreatic Patients

Tumor relat

- **Staging**
  - clinical
  - pathologica
- **Resectabil**
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5. Tumor-related data

T categories

TX: The main tumor cannot be assessed.
T0: No evidence of a primary tumor.
Tis: Carcinoma in situ (the tumor is confined to the top layers of pancreatic duct cells). (Very few pancreatic tumors are found at this stage.)
T1: The cancer is still within the pancreas and is 2 centimeters (cm) (about ¾ inch) or less across.
T2: The cancer is still within the pancreas but is larger than 2 cm across.
T3: The cancer has grown outside the pancreas into nearby surrounding tissues but not into major blood vessels or nerves.
T4: The cancer has grown beyond the pancreas into nearby large blood vessels or nerves.

N categories

NX: Nearby (regional) lymph nodes cannot be assessed.
N0: The cancer has not spread to nearby lymph nodes.
N1: The cancer has spread to nearby lymph nodes.

M categories

M0: The cancer has not spread to distant lymph nodes (other than those near the pancreas) or to distant organs such as the liver, lungs, brain, etc.
M1: The cancer has spread to distant lymph nodes or to distant organs.

ase (R2 resection) other

If not: please provide the reason
- Select a value -

Pancreatic Cancer

Biobank and Registry for Pancreatic Patients

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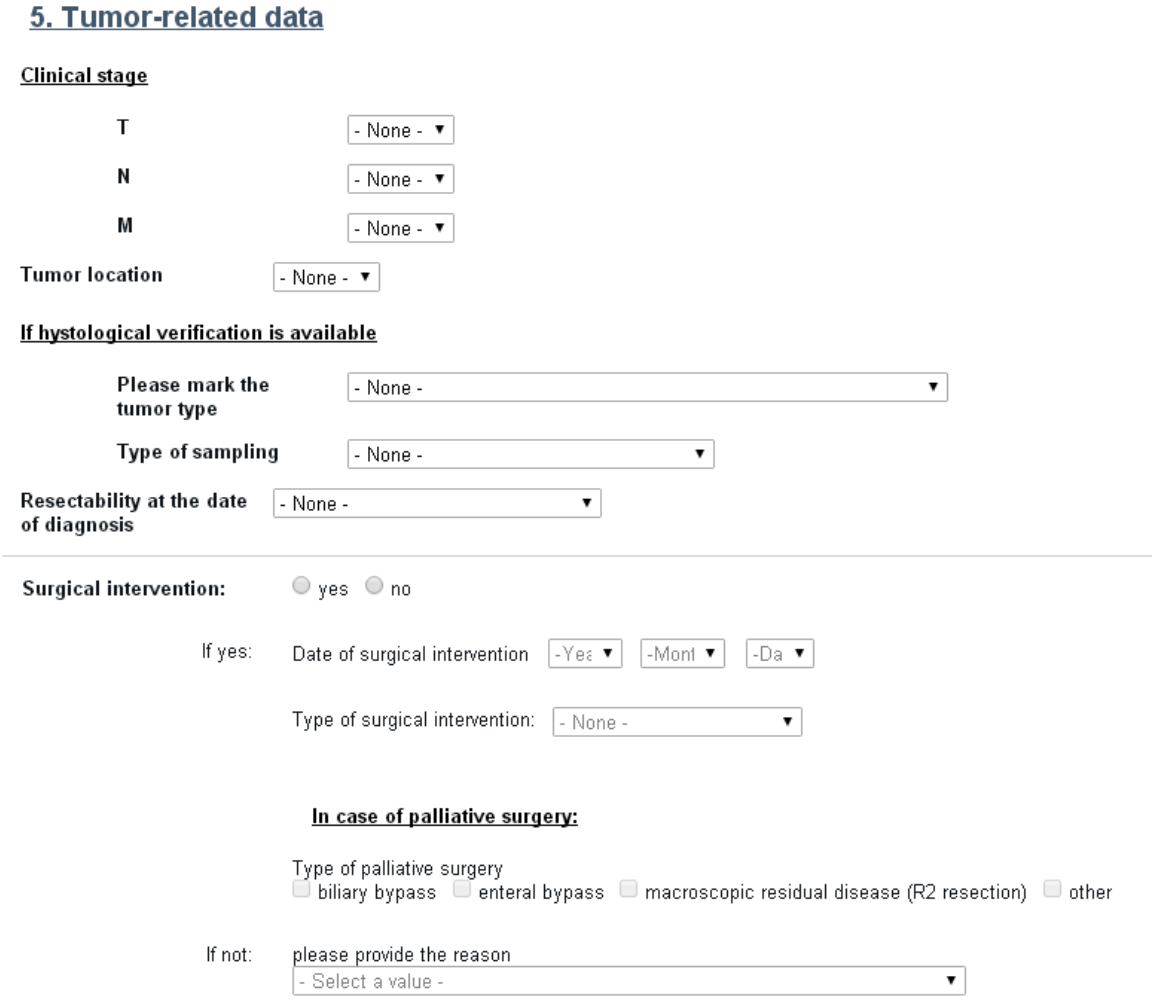

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Clinical stage

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Tumor location - None -

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Please mark the tumor type - None -

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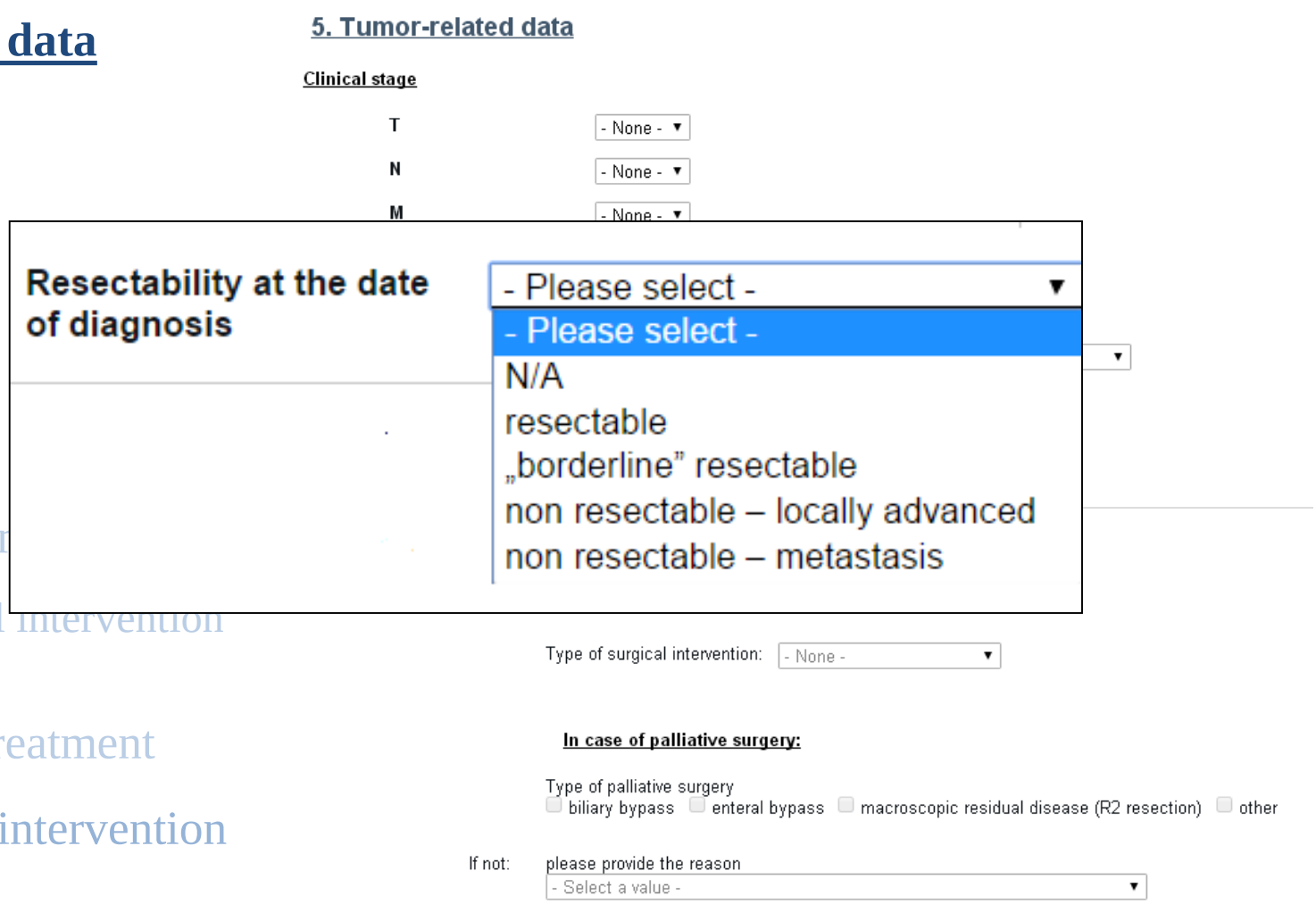

Definition of resectability according to NCCN guidelines

Borderline resectable disease:

Pancreatic head/uncinate process

- Solid tumour with CHA without extension to coeliac axis or hepatic artery bifurcation allowing for safe and complete resection and reconstruction
- Solid tumour contact with the SMA ≤180°
- Presence of variant arterial anatomy (e.g. accessory right hepatic artery) and the presence and degree of tumour contact should be noted if present as it may affect surgical planning

Pancreatic body/tail

- Solid tumour contact with the CA of ≤180°
- Solid tumour contact with the CA of >180° without involvement of the aorta and with intact and uninvolved gastroduodenal artery (some members prefer these criteria to be in the unresectable category)

- Solid tumour contact with the SMV or PV of >180°, contact of ≤180° with contour irregularity of the vein or thrombosis of the vein but with suitable vessels proximal and distal to the site of involvement allowing for safe and complete resection and vein reconstruction
- Solid tumour contact with the inferior vena cava (IVC)

Pancreatic Cancer

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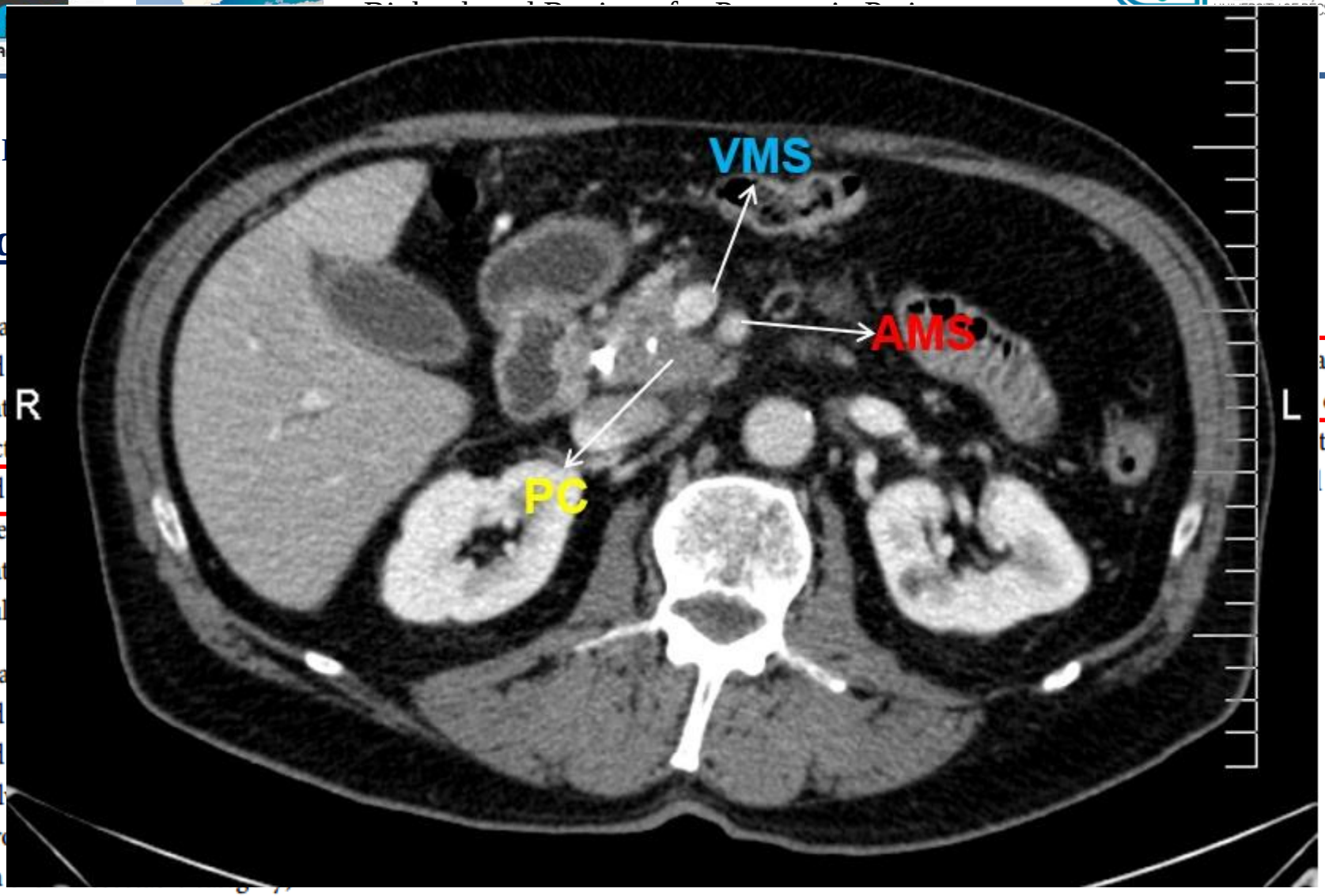

Neoadjuvant treatment:

Reduce tumor **size**

Improve R0 resection rate and **survival**

Treatment option mainly in **borderline resectable** cases

ESMO guideline 2015:

Treatment recommendation for borderline resectable disease:

should be included in **clinical trials** wherever possible

In routine practice: period of **chemotherapy** (gemcitabine or FOLFIRINOX) **followed by chemoradiation** and then **surgery** appears to be the best option [IV, B]

Tumor related data

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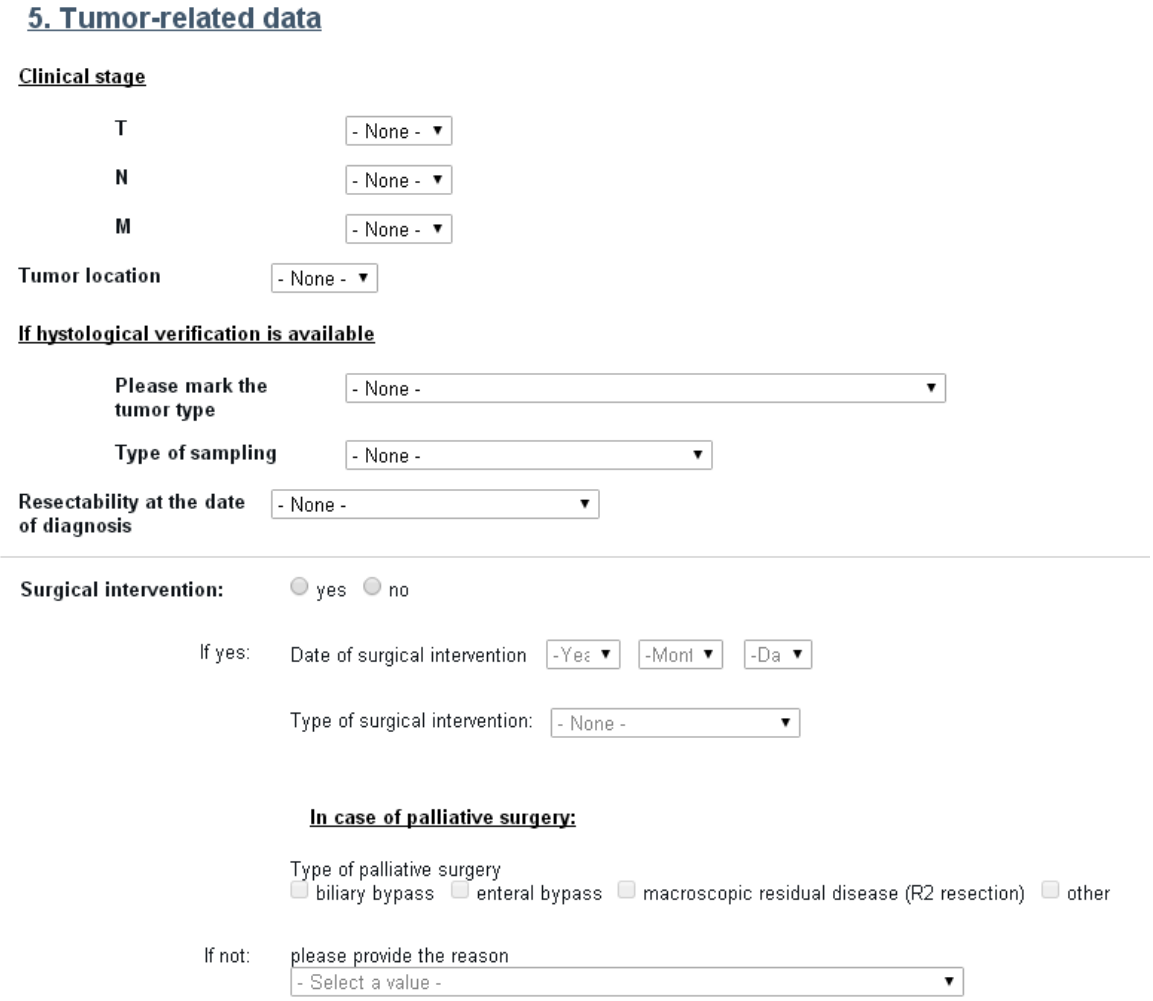

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Clinical stage

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M - None -

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Type of sampling - None -

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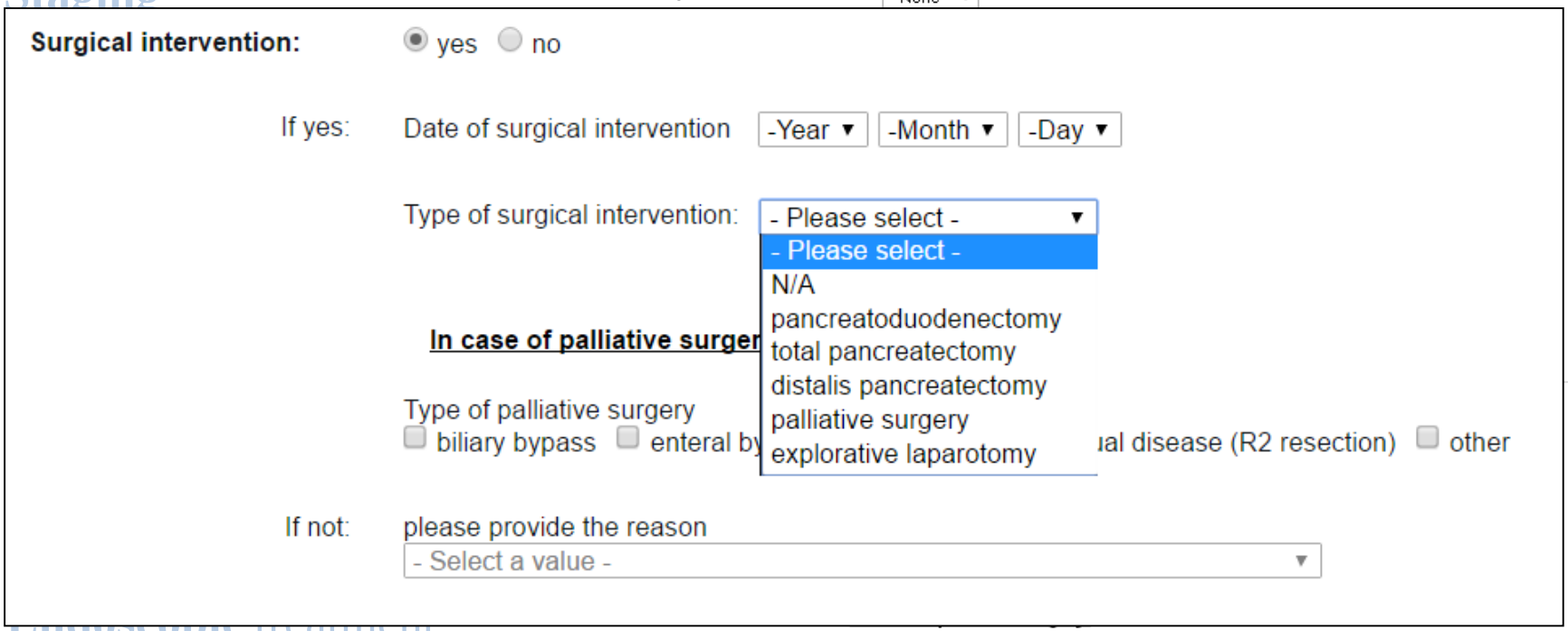
Pancreatic Cancer

Biobank and Registry for Pancreatic Patients

Tumor related data

- Staging
-
-
-
-
-
-
- Endoscopic treatment
- Radiological intervention



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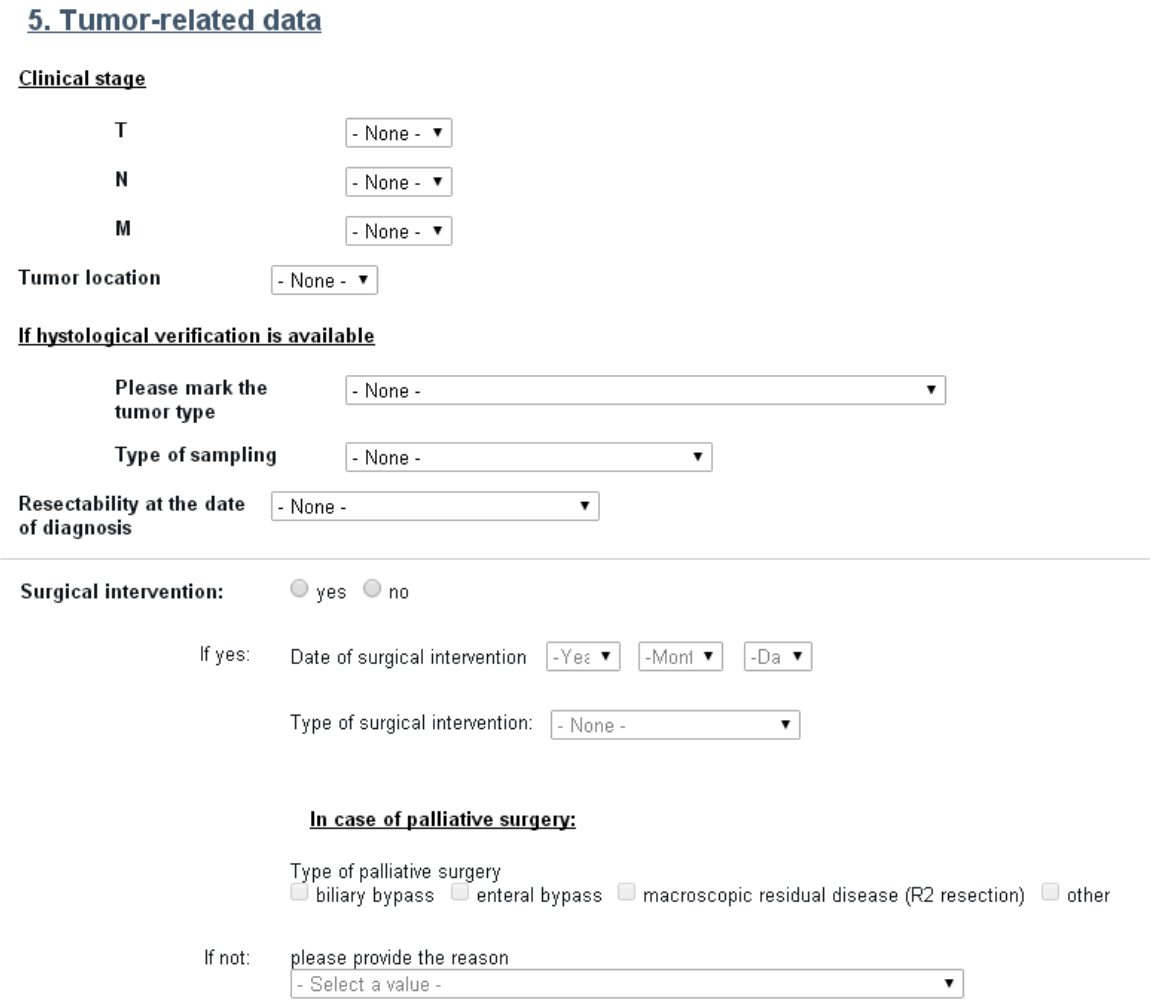

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Tumor related data

- **Staging**
  - cli
  - pa
- **Re**
- **Su**
  - typ
- **Endoscopic** treatment
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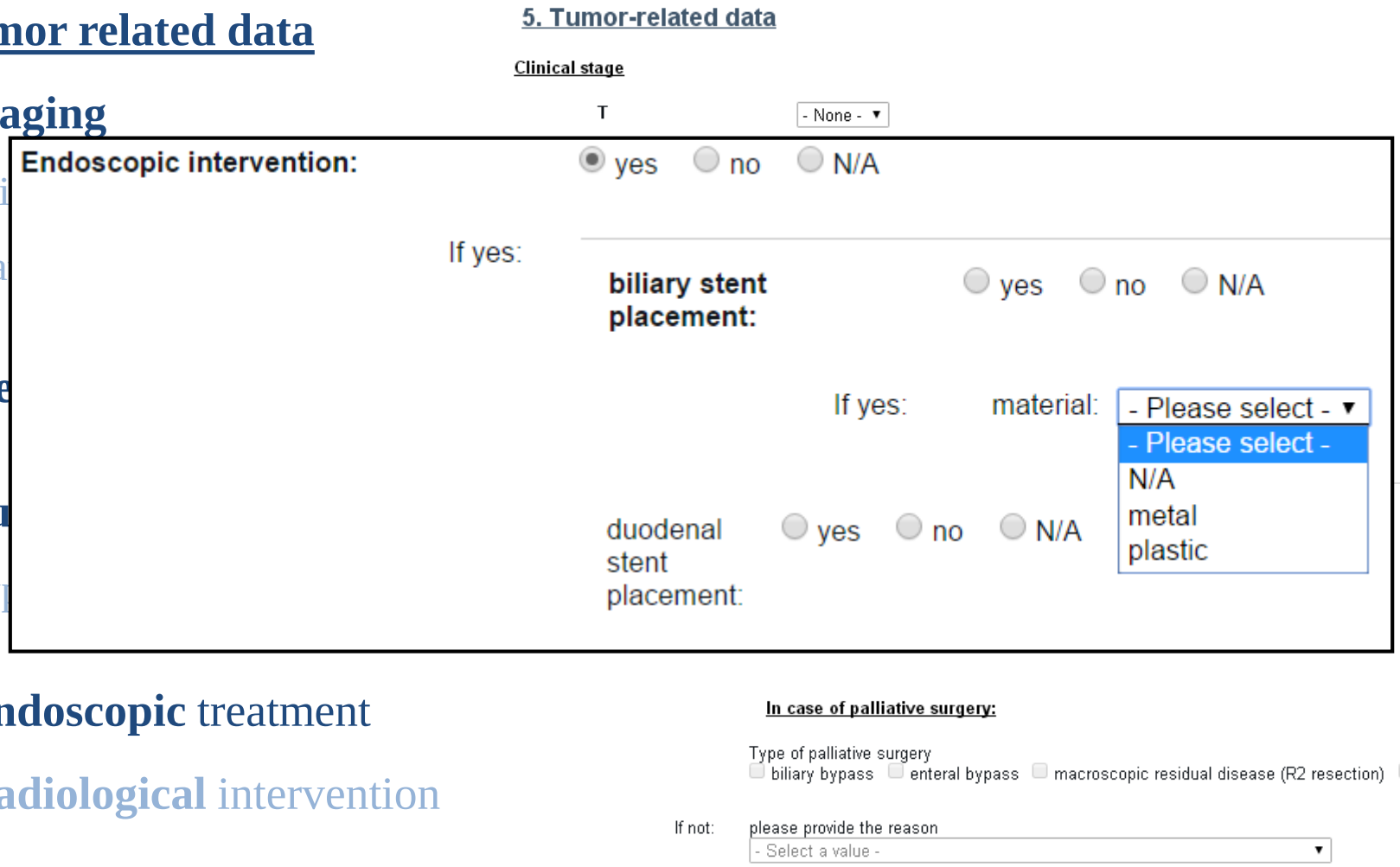
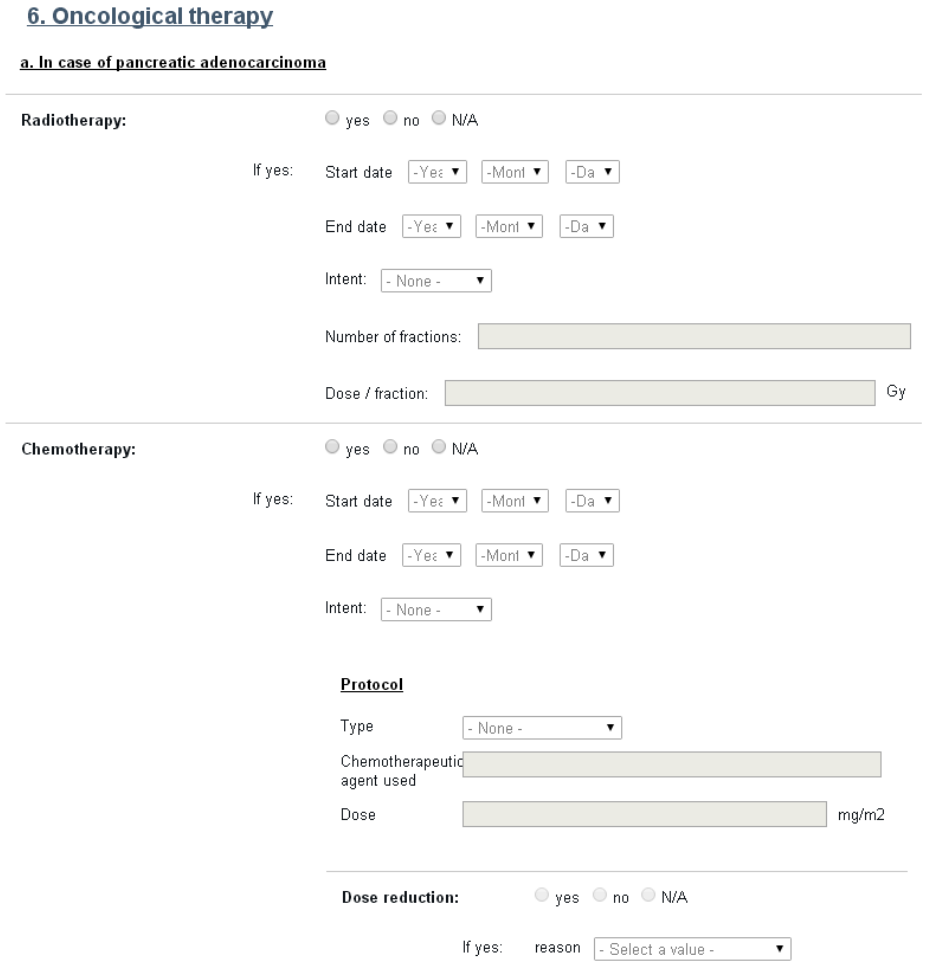


Oncological therapy

- **Chemotherapy**
- **Radiotherapy**
- Molecular targeted agents
- Somatostatin analogue
- Peptid receptor radionuclide Tx.

- **Progression free survival**
- **Best response**



Pancreatic neuroendocrine tumor (PNET):

- **different type of cancer**

- originates from the **endocrine cells** of the pancreas.

- **uncommon** tumors with increasing incidence.

- **better prognosis** vs. PDAC

- **different clinical course** and molecular patterns

- **different diagnostic** procedures and **treatment** strategies.

Pancreatic Cancer

Biobank and Registry for Pancreatic Patients

- Increasing **incidence** and **mortality** of PC in Central Europe

- **Registries** are getting increasingly **important:**

  - research
  - prevention
  - clinical practice
  - financing

- **2015** – the registry for pancreatic cancer has been **completely renewed**

- **International** data collection

Centers contributing to the registry:

Dr. Bugyi István Kórház
PTE KK I. sz. Belgyógyászati Klinika
DEOEC Sebészeti Intézet
SZTE I. sz. Belgyógyászati Klinika
SZTE Sebészeti Klinika
SZTE II.sz. Belgyógyászati Klinika
CSMEK Makói Kórház
Fejér Megyei Szent György Kórház
Fejér Megyei Szent György Kórház
PTE KK Sebészeti Klinika
DEKK Belgyógyászati Intézet B. ép. Gasztroenterológia
SZTE II-es Kórház
Petz Aladár Megyei Oktató Kórház
SZTE Onkoterápiás Intézet
Egyesített Szent István és Szent László Kórház
Békés Megyei Pándy Kálmán Kórház
Markusovszky Egyetemi Oktatókórház
HM Honvédkórház
SE I. sz. Sebészeti Klinika
BAZ Megyei Kórház és Egy. Oktató Kórház
Országos Onkológiai Intézet
Bács-Kiskun Megyei Kórház
Szent Imre Kórház
Réthy Pál Kórház-Rendelőintézet

Moscow Clinical Scientific Center
Fundeni Clinical Institute, Bucharest

Thank you for your attention!

The hungarian pancreatic study group is committed to improving the lives of patients suffering from pancreatic diseases.

www.pancreas.hu

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