Conclusion: As cancer of the pancreas becomes symptomatic, the diagnosis is made at a late stage, which testifies to the gravity of this cancer. To improve this situation, prevention by acting on risk factors, such as smoking and obesity, is important.

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Is CA 19.9 a prognostic predictor in advanced or metastatic pancreatic cancer (AMPC)

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Background: CA 19.9 is considered the most specific and sensitive serological marker of pancreatic adenocarcinoma. CA 19.9 elevated levels are associated with a poor prognosis. Serum carbohydrate antigen basal levels are widely used to predict prognosis and response to treatment in patients with advanced or metastatic pancreatic cancer.

Methods: Our study was conducted in patients who had histologically proven advanced or metastatic pancreatic cancer. These patients were treated with systemic chemotherapy (gemcitabine/cisplatin), and CA 19.9 was assessed before and after treatment in order to determine effectiveness. The therapy was also assessed in consultation control to detect a recurrence of the disease. The primary objective is to demonstrate the expression of CA 19.9 among patients with pancreatic cancer.

Results: Between 2010 and 2017, 147 patients were admitted in the Department of Medical Oncology. The median age was 57.8 years (range, 25-80 years), stage III representing 43.9% of cases, and stage IV representing 28.7% of cases. The marker was elevated at disease diagnosis in 57.4% of cases, at normal levels in 16% of cases, and decreased in 29.8% of cases with good clinical and radiological response. CA 19.9 increased in 11.5% of cases with radiological progression.

Conclusion: Serum carbohydrate antigen (CA 19.9) in advanced or metastatic pancreatic cancer may be used to evaluate treatment effectiveness. When levels are high at disease diagnosis, it can be used to help in the diagnosis but cannot be used to confirm a diagnosis without histological evidence.

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Adjuvant chemotherapy for stage II colon cancer following complete resection: Experience of the Mohammed VI University Hospital Centre oncology center in Marrakech

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Background: The goal of this study was to report the experience of our center regarding stage II colon cancer and the use of adjuvant systemic chemotherapy following curative-intent surgery.

Methods: This is a retrospective, descriptive study conducted within the Medical Oncology Department of the Mohammed VI University Hospital Centre in Marrakesh. The study was spread over a period of 8 years from January 1, 2012, to December 31, 2019.

Results: We identified 60 patients followed for stage II colon cancer. The average age of our patients was 58.5 years with extremes of age between 36 and 80 years. The sex ratio was 1.22 (33 women/27 men). The disease was revealed by occlusion in thirty-five percent of cases. The most common tumor site was left colon in 43 cases (71.6%) and right colon in 17 cases (28.3%). All patients underwent surgical treatment; the surgery was complete. The histological factors of poor prognosis were: tumor poorly differentiated in 2 cases (3.4%), stage T4 in 16 cases (26.6%), presence of vascular emboli in 32 cases (53.4%), insufficient lymph node dissection 15 cases (25%), MSI was observed in 20.8% of patients. Adjuvant chemotherapy was indicated in 40 cases (66.6%). Only 35 patients received adjuvant chemotherapy with 8 cycles of XELOX or 12 cycles of FOLFIRI. The average follow-up was 3 years, and was marked by relapses in patients who already benefited from chemotherapy in 3 cases (8.5%) and in patients who did not receive adjuvant treatment in 2 cases (8%).

Conclusion: The adjuvant chemotherapy of patients with stage II colon cancer is an area of controversy in medical oncology.

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Real-world data study of BRAF mutant metastatic colorectal cancer patients across the Greater Manchester region prior to BEACON trial results

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Background: BRAF mutations are known to impact both prognosis and anti-EGFR response in metastatic colorectal cancer (mCRC).

Methods: All consecutive pts (n=80) with BRAF mutation from 2016 to 2018 were included in this real-world data (RWD) study. Data were obtained from electronic patient records. Survival univariate analysis (UVA) was performed using Kaplan-Meier curves and log-rank test. Multivariable survival analysis (MVA) was performed by Cox regression.

Results: Median age for the 80 pts was 68y (range 32 to 82). Median follow up was 10.2 months (ms). Females 36 pts (45%) and males 44 (55%). Anatomically, 42.5% were ascending colon, 13.7% transverse, 21.9% sigmoid and 17.8% rectum; in summary, right colon tumours accounted for 51.5%. Seventy (87.2%) pts had BRAF V600E mutation. ERAS mutation was present in 7 cases (8.8%), 4 (5%) were co-expressed with BRAF V600E mutations. Sixteen (20%) had a PIK3CA mutation. The most common first-line chemotherapy backbone was FOLFOX (41.5%), followed by FOLFIRI (40%). Only 12 pts (15%) received anti-EGFR antibodies, 9 of them with BRAF V600E mutations. The median variant allele frequency for BRAF variants was 22%, ranging from 2 to 56%. Responses by RECISt criteria to first line were, complete response (CR) in 4 (6.5%) out of 61 evaluable patients, partial response (PR) in 12 (19.7%), stable disease (SD) in 16 (26.2%) and progressive disease (PD) in 29 (47.6%). Overall survival (OS) for the full cohort was 11.4 ms (95%CI 9.2-13.7). First-line progression-free survival (PFS) for the full cohort was 5.3 ms (95%CI 3.7-6.9). In the UVA for OS, sidedness was statistically significant (p=0.048) with right-sided tumours having a median OS of 9.7 ms (95%CI 5.6-13.7) vs left-sided 11.6 ms (95%CI 5.4-21.8). However, when the analysis was stratified by BRAF mutation, the difference was not statistically significant (p=0.204); a trend was observed for the non-V600E (p=0.058). No differences in OS were found regarding the chemotherapy backbone or anti-EGFR antibodies. In the first line, responders had a better OS of 14.8 ms (95% CI 0.0-30.2) vs the OS of non-responders which was 9.2 ms (95%CI 6.9-11.4), p=0.005. There were no differences regarding baseline EOCG. In the UVA for PFS, responders had a better PFS 7.9 ms (95%CI 5.0-14.3) vs non-responders PFS 3.2 (95%CI 2.5-3.9, p=0.001) and it was the only significant variable. In the MVA analyses for OS, response by RECIST remained as an independent prognostic factor when adjusted for BRAF variant, gender, EGOG and sidedness (HR: 0.6 95%CI 0.4-0.8 with p=0.003). In the MVA analyses for PFS, response by RECIST remained significant when corrected for BRAF variant, gender EGOG and sidedness (HR: 0.6 95%CI 0.4-0.7, p<0.001).

Conclusion: In our RWD study, response to treatment was the main independent factor associated with PFS and OS for the first line of treatment. This is in keeping with the utility of chemotherapy triplets in this subgroup.

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Clinical and epidemiological characteristics of gastric cancer in young Algerian patients (aged 45 and under): Experience of the Department of Medical Oncology in Blida, Algeria

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Background: Gastric cancer is the second leading cause of cancer-related mortality and the fourth most common cancer globally; the average age at diagnosis is generally >50. In our Department of Medical Oncology in Blida (north of Africa), we have observed an increased number of young patients with gastric cancer.

Conclusion: The aim of this study is to determine the epidemiologic and clinical characteristics of this cancer in young patients aged <45 years.