# 2011 Gastrointestinal Cancers Symposium: A Patient Advocate's Perspective, with Pamela McAllister, PhD [1]

*Editor's Note: This is part of a series of Patient Advocate Guest Columns, launched as a forum for patient advocates to address a topic, issue, or trend within the cancer community through Cancer.Net, the patient information website of the American Society of Clinical Oncology (ASCO).*

By Pamela McAllister, PhD

My interest in gastrointestinal (GI) cancers began with my own diagnosis in 1993 but was initially restricted to lower GI cancers, those of the colon and rectum. My activities as an advocate require me to understand all GI cancers and attendance at the 2011 Gastrointestinal Cancers Symposium helped me fully understand all GI cancers so that I may better represent the patient perspective in my various consumer advocacy activities and responsibilities. I am better able to understand and review clinical trial concepts, protocols, and research grant applications. I also use what I learn when interacting with patients and families who want to know how recent research is applicable and I help them understand various options they may want to discuss with their medical team.

The 2011 GI Symposium was attended by over 2,000 oncology professionals. Attendance has increased every year and the quality of the presentations has been excellent. While primarily directed toward medical professionals, research advocates like me also benefit from attending this symposium. The advantage is that it is a multidisciplinary meeting that includes a wide variety of professionals and covers all aspects of GI cancers including prevention, screening, management, and treatment as well as translational research that may lead to the goal of personalized medicine through the identification of cellular targets for therapy and markers of prognosis.

Each morning I took some time to look at the posters on display. Topics throughout each day ranged from prevention, screening, diagnosis, translational research, and treatment of various GI cancers. I attended several sessions each day that were of particular interest to me. Progress towards the goal of personalized treatment was seen in gastroesophageal cancer treatment, with a report of the results of the Trastuzumab for Gastric cancer trial (ToGA trial). Patients who have late stage cancers of the stomach or GE junction and who have high levels of a marker, HER2, have improved survival when treated with Trastuzumab in addition to chemotherapy. It remains to be seen if those with earlier stage disease will also benefit from this treatment. Cetuximab, which binds to epithelial growth factor receptor (EGFR), looks promising but there is less enthusiasm for vascular

endothelial growth factor (VEGF) inhibitors after the AVAGAST study in which benefit of bevacizumab was not seen. Further studies targeting these markers are continuing.

The use of Folfirinox in pancreatic cancer had previously demonstrated extended survival in those with metastatic disease (ACCORD II trial). Use of neoadjuvant Folfirinox in unresectable locally advanced disease was reported in a very small study to convert about a third of patients to resectable, demonstrating again that the regimen is tolerated and demonstrating a potential additional use of this regimen. Larger studies to confirm these results are needed.

A continuing problem in colon cancer that remains is which patients with early stage disease are at high risk for recurrence and need chemotherapy. Two studies were described that address this issue. Independent validation of a genomic profile, ColoPrint, which can identify those at high risk of recurrence, was reported. Seventy three percent of stage 2 patients were identified as having low risk of recurrence, and at five years 95 percent were free of identifiable metastases. Only 80 percent of those identified at high risk were free of disease at five years. The ColoPrint profile seems to predict those who will need chemotherapy and those who have low risk and do not need such treatment. A five gene signature was also described that seemed to best distinguish which stage 1 colon or rectal cancer patients were at high risk of recurrence.

I am pleased with the knowledge and experience I gained as a result of attending the 2011 GI Symposium. Thank you Conquer Cancer Foundation, Foundation employees, and ASCO employees for providing the scholarship that made my attendance possible.

*If you are a patient advocate interested in authoring a future Patient Advocate Guest Column and Podcast, please contact[patientadvocates@asco.org](mailto:patientadvocates@asco.org)[2] or 571-483-1358.*

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**Links:**
[1] http://www.cancer.net/research-and-advocacy/patient-advocates/patient-advocate-guest-columns-and-podcasts/2011-gastrointestinal-cancers-symposium-patient-advocates-perspective-pamela-mcallister-phd
[2] mailto:patientadvocates@asco.org