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Research Highlights from the 2014 Gastrointestinal Cancers Symposium [1]

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This weekend, doctors and researchers from around the world will be [gathering in San Francisco, California](#) [2] to discuss the latest advances in the diagnosis, treatment, and management of gastrointestinal (GI) cancers, including cancers of the colon/rectum, stomach, pancreas, esophagus, small intestine, and anus. In this podcast, Smitha S. Krishnamurthi, MD, a GI cancers expert on the ASCO Cancer Communications Committee, provides an overview of five important studies that will be featured at the meeting.

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Highlights from these studies include:

Adding Targeted Therapy to Chemotherapy Improves Survival and Quality of Life for People with Metastatic Stomach or Gastroesophageal Junction Cancer [4]. Results from this large clinical trial suggest that combining paclitaxel (Taxol) with an investigational drug called ramucirumab could become a new treatment option for people with metastatic gastric cancer who have already received one previous treatment.

Combining Two Vaccines Benefits Patients with Metastatic Pancreatic Cancer [5]. This study shows that treatment with the GVAX Pancreas vaccine followed by CRS-207 helped people with pancreatic ductal adenocarcinoma that had spread to other parts of the body live longer. PDAC is the most common type of pancreatic cancer.

New Chemotherapy Combination Shows Promise for Patients with Treatment-Resistant Neuroendocrine Tumors [6]. Nearly all of the patients who received a combination of capecitabine (Xeloda) and temozolomide (Temodar) as part of this small study had their tumor shrink or stop growing. This chemotherapy combination even benefitted patients with carcinoid tumors, which are usually difficult to treat with chemotherapy.

Oral Drug is as Effective as Infusional Drug for Rectal Cancer when Combined with Radiation Therapy Before Surgery [7]. According to this study, patients with stage II or stage III

rectal cancer who received radiation therapy and chemotherapy with either capecitabine, a pill taken by mouth, or 5-fluorouracil (5-FU, Adrucil), a drug given by infusion, before surgery had similar results. The study also showed that adding oxaliplatin (Eloxatin) to either treatment did not provide any additional benefits.

Beyond *KRAS*: Testing Tumors for Other Genetic Mutations Helps Personalize Treatment for Metastatic Colorectal Cancer [8]. Currently doctors routinely test metastatic colorectal cancer tumors for specific genetic mutations in the *KRAS* gene before recommending treatment with panitumumab (Vectibix) or other similar drugs. The results of this study show that other changes in the *RAS* family of genes, which includes *KRAS*, occur in about 18% of patients and also affect how well panitumumab works.

[You can find more complete summaries of these results in Cancer.Net's Research Roundup: News for Patients from the 2014 Gastrointestinal Cancers Symposium \[9\]](#).

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