

Transcript Details

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Examining Unmet Needs in Gastric and GEJ Cancer Care and the Role of Emerging Personalized Medicine

Announcer:

Welcome to ReachMD. This medical industry feature, titled “Examining Gastric & GEJ Cancer Care & the Role of Emerging Personalized Medicine,” is sponsored by Astellas. This program is intended for US physicians. Now here’s your host, Dr. Nataliya Uboha.

Dr. Uboha:

Hello. I am Dr. Nataliya Uboha, and I’m a Medical Oncologist at the University of Wisconsin School of Medicine and Public Health. Today I’ll be walking you through the unmet needs in gastric and gastroesophageal junction cancers and the role of emerging personalized medicines.

Gastric cancer is a devastating and debilitating disease with an estimated 26,000 new cases a year in the United States. They will account for approximately 1.4 percent of all new cancer cases.

Historically, patients with metastatic gastric cancer had poor prognosis with a five-year overall relative survival rate of approximately 6 percent.

Initial signs leading to a diagnosis are often vague and can mirror common symptoms of minor stomach ailments, such as nausea, fatigue, anemia, abdominal pain or heartburn. And if detected at later stages, gastric cancer can be treated but rarely cured.

Patients with gastroesophageal junction cancer, which starts at the area where the esophagus joins the stomach, frequently present with symptoms of trouble and pain swallowing, and the sensation of food getting stuck.

Common risk factors associated with these cancers include older age, H. pylori, and gastroesophageal reflux disease.

Unfortunately, there are no active screening programs in the US, which could help us with early detection and diagnosis of these cancers.

Systemic therapy remains the mainstay treatment for patients with the advanced disease. And while progress has been made in recent years, and treatments can extend patients lives, the overall survival of patients with these diseases remains limited.

Chemotherapy continues to play a critical role in the management of patients with advanced-stage gastric and gastroesophageal junction cancers, but currently there are more targeted agents that are being added to chemotherapy to further tailor treatments for individual patients. These agents are biomarkers-based, and the addition of these agents to treatments have resulted in better outcomes.

Established biomarkers, such as HER2, microsatellite instability or mismatch repair protein expression, PD-L1, can help inform clinical decisions around care for patients with these diseases.

Additionally, new biomarkers are emerging, including Claudin 18.2 and FGFR2b. These may help identify previously undefined subsets of patients with these malignancies. I’m hopeful that these existing and emerging biomarkers continue to play a role in advancing cancer care to precision medicine.

To learn more about the role biomarkers in precision medicine visit gastriccancerbiomarkers.com.

Announcer:

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