ALEXANDRIA, Va. – New research into the treatment and prognosis of gastrointestinal cancers was released today in advance of the tenth annual Gastrointestinal Cancers Symposium held January 24-26, 2013, at The Moscone West Building in San Francisco, CA.

Five important studies were highlighted today in a live presscast:

- **Postoperative Treatment with S-1 Chemotherapy Reduces Relapses and Extends Survival in Patients with Pancreatic Cancer**: Early results from a Phase III clinical trial conducted in Japan show patients who received the chemotherapy drug S-1 after surgery for Stage I-III pancreatic adenocarcinoma had a 44 percent lower risk of dying compared with patients treated with gemcitabine. While S-1 is not yet approved in the United States, it is available in several Asian and European countries.

- **New Molecular Classification System for Colorectal Cancer May Help Guide Treatment Choice for Individual Patients**: Researchers identified three distinct colorectal cancer subtypes based on gene expression patterns in patients’ tumors. The findings may lead to new molecular tests for determining if a patient needs adjuvant treatment and which treatment might be most beneficial.

- **Surgery Following Imatinib Therapy Substantially Improves Survival for Certain Patients with Gastrointestinal Stromal Tumors (GISTs)**: A new retrospective study validated the benefit of performing surgery to remove residual tumor lesions after imatinib therapy. Patients who received surgery after imatinib had a 5.5 fold lower risk of dying and a nearly 4-year longer time to disease worsening compared with those who received imatinib alone.

- **Profiling Gene Expression in Circulating Tumor Cells Shows Promise as a New Prognostic Strategy for Patients with Pancreatic Cancer**: A study profiling gene expression in cells shed from pancreatic tumors into the bloodstream detected genomic changes associated with response and resistance to different treatments. This new profiling strategy may help predict whether or not a patient would respond to a particular chemotherapy regimen.

- **Second-Line Docetaxel Chemotherapy Improves Survival in Patients with Treatment-Resistant Esophageal or Gastric Cancers**: A Phase III study showed that patients with esophageal or stomach cancers whose disease worsened despite first-line chemotherapy live on average 50 percent longer if they received second-line docetaxel than if they receive active symptom control (radiotherapy, steroids, and/or supportive medications). While docetaxel is already being used in this setting, the new study provides definitive evidence of survival benefit with...
second-line docetaxel.

“Research continues to deliver advances that will improve the lives of patients with gastrointestinal cancers, and we are learning to understand how to use molecular characteristics of tumors to choose and customize therapy for individual patients,” said Neal J. Meropol, MD, who moderated the presscast. “At this conference, we will see the results of new studies showing life-extending treatments for some of our deadliest and hardest to treat cancers and new insights on tumor classification and prognosis.”

Gastrointestinal cancers include those of the colon/rectum, stomach, pancreas, esophagus, small intestine, anus and other digestive organs. In 2012, it was estimated that nearly 285,000 people in the U.S. were diagnosed with these cancers and more than 142,000 will died from them.

The 2013 Gastrointestinal Cancers Symposium is co-sponsored by the American Gastroenterological Association (AGA) Institute, the American Society of Clinical Oncology (ASCO), the American Society for Radiation Oncology (ASTRO) and the Society of Surgical Oncology (SSO).

Information for Media: www.asco.org/GIpresskit

Oncologist-Approved Patient Information Resources from Cancer.Net, ASCO’s Cancer Information Website:

- Guide to Colorectal Cancer
- Guide to Esophageal Cancer
- Guide to Neuroendocrine Cancer
- Guide to Pancreatic Cancer

An interactive history of cancer research advances, including those in colorectal, pancreatic and stomach cancer, can be found at ASCO’s Cancer Progress website at www.cancerprogress.net.

2013 Gastrointestinal Cancers Symposium News Planning Team
William M. Grady, MD, American Gastroenterological Association (AGA) Institute; Neal J. Meropol, MD, American Society of Clinical Oncology (ASCO); William F. Regine, MD, American Society for Radiation Oncology (ASTRO); Jennifer F. Tseng, MD, MPH, Society of Surgical Oncology (SSO).

Click here to view the disclosures for the News Planning Team.

ATTRIBUTION TO THE 2013 GASTROINTESTINAL CANCERS SYMPOSIUM IS REQUESTED IN ALL NEWS COVERAGE.
About ASCO:

Founded in 1964, the American Society of Clinical Oncology (ASCO) is the world’s leading professional organization representing physicians who care for people with cancer. With more than 35,000 members, ASCO is committed to improving cancer care through scientific meetings, educational programs and peer-reviewed journals. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation, which funds groundbreaking research and programs that make a tangible difference in the lives of people with cancer. For ASCO information and resources, visit asco.org. Patient-oriented cancer information is available at Cancer.Net.