Oxford Gastro-Oesophageal Symposium (OGOS)

This is a brief summary, sharing highlights from the recent **Oxford Gastro-Oesophageal Symposium (OGOS),** held at St Catherine's College, Oxford on Thursday 20th April **- if you're interested, please read on!**

DISCLAIMER: Not being from a clinical background and finding the presentations technically challenging, I can't promise to do the faculty justice, but have endeavoured to cherry pick highlights from a patient's perspective, and describe them in the plainest English I can!

All presentations and live recordings are soon to be posted on the OGOS dedicated website OGOS (tinysparks.co.uk) **- we'll let you know when and where in due course - the following summaries might encourage you to look them up.**

Diagnosis

"Blood based cancer detection and monitoring using epigenetics" by Benjamin Schuster-Böckler

Recently there's been a lot of talk and perhaps some media 'hype' around how simple blood tests will revolutionise early detection of cancer, even predisposition, leading to less invasive treatments and higher survival rates. It's hard for us, the general public, to really know how this is progressing - news reports are brief and sometimes rather vague.

What stood out for me in Benjamin's presentation, is that there's indeed a real prospect for blood tests being developed to help early diagnosis, but the science and research still has a long way to go. In current studies involving small numbers of patients, precision levels are at best around 70%, so whilst encouraging, tests aren't overly conclusive. But positively, many research centres around the world are racing to make this a firm reality, undoubtedly driven by 'the golden carrot' and other commercial spin-offs, but if it means beating cancer, it's got to be a good thing. And we can happily report that Benjamin and his team, based here in Oxford, are leading the pack! Watch that space.

Therapies

"Intraperitoneal chemo" by Delia Cortes-Guiral

Delia gave us a fascinating insight to trials across mainland Europe comparing different techniques delivering chemotherapy to patients, including the usual IV drip approach that most of us here in the UK are used to, secondly a direct wash technique whereby the drug is injected close to or directly into the tumor site, and thirdly a technique called PIPAC (pressurized intraperitoneal aerosol chemotherapy), which effectively is an injection pump, literally filling the body cavity under pressure with the chemo drug in aerosol form. Sounds painful but apparently, it's not.

These trials focus on survival times and quality of life for non-operable palliative patients, but clearly positive outcomes will influence how all patients are treated. In a nutshell, PIPAC shows the most encouraging results with notably longer survival times and better quality of life following treatment. PIPAC is currently not available

here through the NHS but is firmly on the radar of our most senior clinicians and hopefully it won't be long before it becomes a widely available technique. Seems a no-brainer to me but undoubtedly there are hurdles yet to clear.

"CROSS vs. FLOT for lower 1/3 oesophageal adenocarcinoma" with Marc van Berge Henegouwen vs. Sheraz R Markar

I was particularly interested in this presentation, because eight years ago my pre-operative treatment consisted of CROSS Chemo regimen combined with radiotherapy, whereas in recent years FLOT has become the more standard treatment package, so I was keen to hear how one performs against the other (just to note, radiotherapy is given when it's thought feasible and beneficial, ie not always part of a package).

Exchanges between Marc and Sheraz were good humoured, detailed and very much to the point, running through pros and cons of CROSS v's FLOT Chemo and combined CROSS and FLOT Chemoradiotherapy treatments. (CROSS protocol: 41.4Gy plus carboplatin/paclitaxel) (FLOT protocol: 5-FU/leucovorin/oxaliplatin/docetaxel).

Headlines were that FLOT chemotherapy only slightly out-performs CROSS, with small benefits to survival times and improved quality of life. Both CROSS and FLOT combined Chemoradiotherapy further, albeit marginally, increase survival times compared with CROSS and FLOT on their own. Chemoradiotherapy seems a more aggressive form of treatment, better suited to fitter individuals with fewer or no complications. So, it all boils back to deciding the best treatment plan for individual patients in personalised circumstances. The beauty of these trials and findings are that ***'one size does not fit all'*** - so therefore we each receive the best possible bespoke care plan available to us at the time. Maybe one day these treatments won't be needed at all, but it's reassuring to know that for now, these treatments give us a good chance to live longer.

"Update immuno-oncology - oncologist perspective" by Elizabeth Smyth

I had the pleasure to chat with Lizzy Smyth ahead of the Symposium, a truly impressive person, a world leader within oncology, now joining our Oxford team after several years working in Cambridge. Working here with Professor Mark Middleton and his colleagues, the future of oncological research and developments towards a suite of cures look exceptionally bright!

I have to be honest, Lizzy's presentation went rather (stratospherically!) over my head, but the gist of current developments includes various really exciting opportunities around the core notion of triggering aggressive immune responses within our own bodies, that in theory kill off cancer cells and eradicate tumours. These include a variety of novel 'cell level' approaches currently being tested in active trials, whereby cancerous cells are given nowhere to hide, exposed to our own defences evolved over millions of years to combat viruses and nasty bacteria. Early indications are that combinations of techniques are needed to achieve the best results, meaning bespoke treatments remain likely in the near term. The silver bullet has yet to be cast but it's not far away. Encouragingly Lizzy stressed the need to shorten clinical trials, to speed up the assessment process and

get immune treatments into the mainstream as soon as possible. Her closing words left us, me at least! feeling the battle is being won. Again, watch that space.

Surgery

"ROBOT 2" by Peter Grimminger

Peter gave an excellent summary of the kinds of procedures currently most often used in Germany, tackling oesophageal and gastric cancers. He praised the benefits of minimally invasive techniques, especially in combination with robotics. He told us, incredibly, that around 90% of all upper GI surgical procedures are now carried out through keyhole incisions guided by robotic equipment, explaining that overall outcomes have improved, especially around quality of life of patients in recovery phases post-surgery. He conceded that open or full resections are still very important in certain cases. The consensus seems to support the gradual shift away from full-open resection towards minimally invasive robotic surgery, and as techniques become further refined and more proven will become the norm - perhaps until a cure is found that might make surgery almost redundant!

"Lap gastrectomy" by Bruno Sgromo /Suzanne Gisbertz

A fascinating double-act, in fact a master class of robotic surgical techniques, illustrated with lengthy movie clips showing surgery at work, in the 'hands' of a robot, guided by the best of the very best surgeons - it's hard to describe the technical brilliance and expertise of our surgeons in this modern progressive era. As Bruno pointed out, the recordings were speeded up x4, and still there were no 'shakes or movement' with either scalpel or stitches, just pure precision and accuracy. Bruno's and Suzanne's confidence is infectious, but Bruno explained these techniques require considerable training which are slow to achieve, and the equipment is very expensive and not widely available in the UK. Training and cost seem to be factors holding things back, but the future is positive, and aren't we lucky to have Bruno, and now Sheraz, both trained and using Robotics here in Oxford.

"Fluorescence" by Suzanne Gisbertz

Not much to say here other than Suzanne's mind boggling, almost extra-terrestrial-like movie clips of surgery, guided by targeted fluorescent dyes, illuminating organs, in particular tissues and cancer masses as different colours and shades, giving the surgeon a different perspective or 'road map' helping to achieve difficult surgical manoeuvres more effectively. Whilst fascinating, and way over my head, these advances clearly add up to increasingly better outcomes for us patients.

Post Surgery

"Management of symptoms" by Andrew Davies

I have to say Andrew's presentation was a deep breath of cold, well oxygenated fresh air. For around fifteen years Andrew and his colleagues at St Thomas's in London, have been concerned about and collecting data on the recovery phases of oesophageal and stomach cancer patients after chemo/radiotherapy and surgery. Andrew described a list of post treatment symptoms and after effects, short and long lasting, that rang all the bells with me! After several years with OOSO, chatting with many fellow patients, Andrew's list looked not only comprehensive, but accurate in terms of how side effects relate to treatment types and what could reasonably be expected. So where is all that work heading, and why hasn't it already been taken up nationally and acted upon? I don't have the answers to that, but all I

know is that within OOSO, we have developed our own booklet and advice, based on our own experience, that mirrors Andrew's findings at St Thomas' Hospital. Andrew explained this work with post treatment and long-term side effects is vitally important towards refining treatments, to lessen or eliminate these side effects. So long as those findings are shared and benefits realised it's a great piece of ongoing work. Brilliant! thank you Andrew and your team.

"RESTORE trial" by Professor Juliette Hussey

Juliette's work with her team in Dublin have focussed for many years on enhancing recovery after treatments and surgery, through detailed and carefully planned bespoke packages of exercise, activity and engagement. It felt common sense, and it is! Juliette presented examples of these simple diagrammatic plans that at a glance tell us what is being prescribed, for when and for how long.

As an example, for 8 weeks post-surgery, a specialist nurse and dietician would call the patient weekly, briefly checking that they were well and not suffering complications. It's simple, but actually very effective in picking up on problems and dealing with them quickly and appropriately. In addition, plans set out short daily walks for 4-8 weeks post-surgery, aiming to lengthen the walk weekly, to build up fitness and stamina. After several weeks, cycling and or swimming/pool exercises can be added in. And so it goes on, for the first few months, to ensure a patient is coping well and recovering as they should be.

Juliette's team monitored progress amongst patients, demonstrating distinct benefits, such as fewer readmissions, fewer complications and overall, a better quality of life.

Patient Perspectives

"Patient perspective" by OOSO Matt Carter / Anne-Margrethe Phillips

Anne and I presented together, describing how OOSO became established and what our main role and purpose is, which in summary is:

To improve the patient and family experience and quality of life for anyone with a diagnosis of oesophageal or stomach cancer.

We went on to talk about our telephone hotline, website, newsletters, zoom sessions, café lunches, summer events, our small band of volunteers called 'friends', and our modest efforts to fundraise in support of the Upper GI ward and Chemo suite. We also mentioned how important it is for us to provide feedback to practitioners, the NHS and others who hold the purse strings and make decisions about our treatment and care, and actively participate in patient forums and lead discussions around patient care. Feedback from our presentation suggested it was well received.

Matt Carter, Trustee of OOSO

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