Oesophago-Gastric Cancer Service
Operational Structure

The Oesophago-gastric group has a core membership of Medical Oncologists, Clinical Oncologists and Nursing professionals. It works with surgical teams based at three surgical centres in the Greater Manchester area and with the palliative care services at the Christie Hospital and with those associated with the surgical centres and their peripheral 'feeder' hospitals. This alliance allows the Oesophago-gastric group to develop and deliver a comprehensive service for all upper gastro-intestinal cancers and allows us to accept complex referrals from outside the Network.

Surgical centres: Serving a population of 3.2 million people, there are 3 surgical centres (UHSM, SRFT and MRI).

MDT: one specialist MDT is done at each surgical centre with attendance of both medical oncologist and clinical oncologist. The SMDT at SRFT cover 1.6 x 10^6 population, MRI and UHSM both cover 0.8x10^6 population each. Local MDT at Pennine (Rochdale) is also attended by medical oncologist and has core membership sufficient to discuss palliative patients without further discussion at specialist MDT.

Treatments: All the surgery is done at the surgical centres and all chemotherapy and radiotherapy administered at the Christie Hospital. The opportunity to deliver chemotherapy/radiotherapy locally for patients is limited due to the complexity of the disease and treatments. A small proportion of palliative chemotherapy is delivered at the existing mobile chemotherapy units.

Personnel

| Consultants (Medical Oncology) | Dr Was Mansoor  
| Dr Fiona Thistlethwaite  
| Dr Richard Hubner |
| Consultants (Clinical Oncology) | Dr Hamid Sheikh  
| Dr Lubna Bhatt |
| Nurse Clinician | Christina Rigby |
| Nurse Specialist | Vikki Owen-Holt  
| Andrew Spencer-Shaw |

Activity

The unit is regarded as being one the busiest in Europe. The total number of new patient seen per year is 800:

- 200 gastric, 300 Oesophagus, 300 G-O junction
300 for curative intent, 500 for palliative intent

**Activity per division**

**Clinical Oncology:** 200 per year

- Approx. 100 receiving radical therapy which includes either chemo-xrt or radical xrt. Approximately 100 patients receive palliative xrt as part of best supportive care. There are small but increasing numbers of pre-operative chemo-xrt treatments.

- **Medical Oncology:** 600 per year

- Approx. 200 resectable patients: 180 receiving radical peri-operative chemotherapy prior to surgery

- Approx. 400 stage 4 or non-operable patients: 250 receive 1st line palliative chemotherapy. Approx. 150 receive BSC only.

- Approx. 100 patients relapsing post 1st line treatment receive 2nd line treatment

- 30 patients relapsing post 2nd line receive 3rd line treatment

- **Trial Entry (all patients):** 10-15% per year

**Service Development 2013/14**

Nurse led chemotherapy phone clinics currently being developed

Use of mobile chemotherapy units to provide chemotherapy closer to home.

Service improvement project as part of the MAHSC IS4AC programme: To develop and implement a sustainable, live information system that will inform future oesophagogastric cancer service and trial developments. Phase I of the project has been completed and FT graduated from the IS4AC programme cohort 1 in June 2014. The project is on-going with the clinical outcomes data being used to support audits within the team and a Christie Clinical Outcomes Upper GI report has been produced.

Availability of a high dose-rate intra-luminal brachytherapy service for oesophageal cancer patients with dysphagia.

Nurse led XRT TBS as part of ambulatory care model for XRT toxicity management currently in development.

**Outcomes – Click Here**
Peer Reviewed Publications 2013/14

Abstracts/posters

23 Abstracts, 16 posters, 5 oral presentations - 1st prize awarded

Completed Research 2013/2014

Publications:

13 publications. Total impact factor: 92

Pre-clinical publication 2013/2014

Differential Role of Th1 and Th2 Cytokines in Autotoxicity Driven by CD19-Specific Second Generation Chimeric Receptor T cells in a Mouse Model


Clinical Publications 2013/2014

Epirubicin, oxaliplatin, and capecitabine with or without panitumumab for patients with previously untreated advanced oesophagogastric cancer (REAL3): a randomised, open-label phase 3 trial.


Docetaxel versus Active Symptom Control for Refractory Oesophagogastric Adenocarcinoma

Phase III multi-centre, randomised, double-blind, placebo-controlled trial of gefitinib versus placebo in esophageal cancer progressing after chemotherapy, COG (Cancer Oesophagus Gefitinib)


Phase III Study of Pasireotide LAR in Patients With Metastatic Neuroendocrine Tumors and Carcinoid Symptoms Refractory to Available Somatostatin Analogues


Corneal confocal microscopy detects small fibre neuropathy (SFN) in patients with upper GI cancer and nerve regeneration in CIPN

M Ferdousi MSC1, S Azmi MD1, I N Petropoulos PhD1,3, H Fadavi MD, G Ponirakis MPhil1,3, A Marshall MBChB,1,2, M Tavakoli PhD1,1, I Malik4, W Mansoor MBChB, PhD4 and R A Malik MBChB, PhD1,3: PAIN (submitted 2014)

Somatostatin receptor expression in HCC: prognostic and therapeutic considerations.


Practical management of sunitinib in the treatment of pancreatic neuroendocrine tumors.


Gemcitabine plus capecitabine in unselected patients with advanced pancreatic cancer.

Intraluminal high-dose-rate brachytherapy for palliation of dysphagia in cancer of the esophagus: initial experience at a single
Bhatt L, Tirmazy S, Sothi S.

Immunohistochemical assessment of NY-ESO-1 expression in esophageal adenocarcinoma resection specimens
S Hayes, K Ngee, P Clark, F Thistlethwaite, R Hawkins, Y Ang

Definition and application of good manufacturing process-compliant production of CEA-specific chimeric antigen receptor expressing T-cells for phase I/II clinical trial.
Cancer Immunology Immunotherapy 63(2) p133-45 (2013)

Cellular therapy of cancer: Development of gene therapy based approaches (Editor RE Hawkins)
Chapter 6: Clinical Trial Design
Robert E Hawkins, John Haanen, Fiona Thistlethwaite
World scientific publishing company (2014) ISBN 978 981 4295 13 0

Research Collaborations:
PICR, UCL, Wellcome Trust, Weil Cornell Doha
Research

Due to the poor outcome associated with the current standard of care therapies for oesophago-gastric cancers, trials are regarded by the group as being an integral part of the treatment pathway. The availability of trials is emphasised to all appropriate patients. As a consequence of this strategy the Oesophago-gastric disease group has been ranked first for recruitment to NCRI trials for 3 successive years. Mainly through clinical trial activity, the disease group is also regarded as a supra-regional centre with many hospitals from other networks referring patients for access to trials that are not available for them locally. Referrals from outside this Network account for approximately 15% of new patient activity currently. The group has a balanced portfolio of phase I, II and III trials and there is a balanced mix of NCRI/commercial/investigator led trials. Historically, the Oesophago-gastric group has had a specialist interest in developing and working with immune agents. It currently leads on immune projects nationally and internationally.

Research Staff

Consultant: Total Research PAs:

Medical Oncology: 0
Clinical Oncology: 0

Nursing/Data Management

Nurses: 2 WTE (various funding)
Data Management: 2 WTE (various funding)

Trial Activity

Active Trials 2014/2015: 20 (14 commercial, 6 NCRI)
Trials to become active in 1st quarter 2015: 5
Percentage trials achieving target recruitment: 100%
Number of national (NCRI) trials where national top recruitment achieved: 4
Number of Global studies where listed in top global 5 recruiters: 3
Number of investigator lead trials: 4
Number of trials with Christie UK/Global Chief Investigator: 4

**Grants Awarded 2010 to 2015:**

**April 2014:** Unrestricted Educational grant (£5000) received from Pfizer to support an independent commissioned review of the Upper GI Cancer North Sector MDT meeting

**Nov 2014:** SCORPION trial (Systemic Chemotherapy with Temozolomide and Capecitabine following Resection of Pancreatic Neuroendocrine tumours). Phase III trial full application submitted to CRUK Clinical Trials Awards Advisory Committee (CTAAC). Outcome; trial endorsed by CTAAC as suitable for funding but insufficient funding available from CRUK, hence further funding applications to other bodies will be made.

2013 Co-applicant on ATTACK2 EU FP7 (co-operation) grant. This grant is for 6M Euros. The Europe wide consortium is Lead by Professor Hawkins (University of Manchester) and FT is Chief Investigator for one of the two trials funded by the grant ‘A Phase II trial to assess the activity of NY-ES01 targeted T cells in advanced OG cancer’. This trial is open to recruitment.

**Clinical Audit Activity**

**Single Centre ‘Real World’ Experience of EOX Chemotherapy**

M Evans, R Lee, WMansoor

Presented at ESMO. Audit to be extended to multiple UK centres.

**Survival outcomes in potentially resectable T3 node positive gastroesophageal carcinomas treated with perioperative chemotherapy**

Sharma S¹, Khoja L¹, Chan K¹, Holt V¹, Mansoor W¹

Audit presented in network, national and international meetings. Currently, in draft for publication
Lymph Node Involvement to Predict Survival in Pulmonary Neuroendocrine Tumours – A Single Centre Experience.

V Clay, R Stein, B Sanderson, Z Salih, K Chan, W Mansoor

Presented at UKINETs- 1st prize. Currently in draft for publication.

Relapse patterns and outcomes following radiotherapy alone for oesophageal cancer: A single UK centre experience


Presented at ESTRO 2015.

Educational, Teaching and Training Activity

Pre- medical school

Mentorship to approx. 20 students at Parrs Wood Secondary School

Undergraduate teaching

SSC students within the group: 6-8 per year
Research project students within the group: 6-8 per year
OSCE examiners for medical school
Medical School Academic Advisors
Medical Student lectures on the Role of Radiotherapy in UGI cancers
Clinical Attachments: 5th year medical students September to December
3rd year medical students January to May
MRes lecturers
Medical student lectures on the Biological Basis of Cancer Course
The Christie International Student Conference: Organising committee and lecturers
Postgraduate teaching/Seminars

Specific Consultant Educational Roles

Medical oncology Specialist Accreditation Committee (SAC) Member

Training Program Director (up to 2014)

Chairing of national ad boards: Introduction of Ramacirumab as second line therapy for Gastric Cancer

Leading on a commercially sponsored initiative to set up an annual national oesophago-gastric education day

Organiser of Specialist trainee breast cancer teaching sessions

Specialist trainee lecture on Radiotherapy for breast cancer

Christie FRCR part 2b course lecturers

Organiser /lecturers on Biological Basis Cancer course

Chair of Christie/Roche Update Classes

Supervisor Roles

Education supervisors to specialist trainees/ nurse clinicians/ pharmacists

Supervisors to 3 MD students

Lectures Delivered 2013/2014

April 2014: invited ESMO lecture

June 2014: invited Lecture to the British Society of Gastroenterology


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Sept 2014. Internal Christie Oesophagogastric Study Day. Chair of MDT case discussion session and invited presentation on 'standard systemic therapies for oesophagogastric cancers'.

June 2014. Invited lecture at Amsterdam Medical Centre. 'Developing a trial of adjuvant chemotherapy following resection of pancreatic neuroendocrine tumours'

May 2014. Regional Meeting. Invited lecture at Stepping Hill Hospital Gastroenterology Educational Meeting. 'Pancreatic cancer'.

October 2013. North West Specialist Registrar Training day in Gastroenterology; 'The Oncological Management of Oesophageal Cancer'


Sept 2013. Internal Christie Personalized Medicine Study Day. Invited speaker in debate; 'Ethical debate; all patients recruited to clinical trials should agree to mandatory biopsy; AGAINST'

Sept 2013. Regional Meeting on HCC; Chair for Bayer sponsored meeting; 'Optimizing treatment selection for HCC'.

July 2013. Manchester NET patient support weekend meeting (Salford rugby club). Invited speaker; 'NETS – research and the future'

June 2013. Internal Christie Teaching to Clinical Oncology SpRs. ‘Systemic therapies for upper GI malignancies

May 2013. Internal Christie Grand Round Meeeting presentation. ‘Same drugs – different diseases; sunitinib and everolimus for pancreatic neuroendocrine tumours’

May 2013. Internal Christie Medical Oncology SpR Training Day. Facilitated discussion; ‘Chemotherapy for advanced pancreatic cancer’

Jan 2013. Internal Christie HPB study Day. Presentation; ‘Systemic therapies for HCC – is there life after sorafenib?’

Invited speaker at British Society Genetic Medicine 2014

Invited speaker at ACAS meeting ‘Cancer in the Workplace’ 2014