

Symposium

THE FORTH SCIENTIFIC MEETING ON
TUMORS
OF THE GASTROINTESTINAL TRACT:
*IMMUNOTHERAPY AND TARGETED
THERAPY*
OF COLORECTAL CANCER

Guest Editors

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PREFACE

The 4th scientific meeting entitled “Tumors of the gastrointestinal tract: immunotherapy and targeted therapy of colorectal cancer” was organised on December 21, 2017 by the Croatian Academy of Sciences and Arts, Department of Medical Sciences, and the School of Medicine of the University of Zagreb, Department of Clinical Oncology. The Organizing Committee comprised the following members - clinical oncologists of the Department of Clinical Oncology: professor Lidija Beketić-Orešković, MD, PhD, professor Ante Bolanča, MD, PhD, professor Nikola Đaković, MD, PhD, professor Ana Fröbe, MD, PhD, Marija Gamulin, MD, PhD, professor Antonio Juretić, MD, PhD, academician professor Zvonko Kusić, MD, PhD, Jasmina Marić Brozić, MD, PhD, Jasna Radić, MD, PhD, Zoran Rakušić, MD, PhD, Željko Soldić, MD, and professor Fedor Šantek, MD, PhD.

Colorectal cancer (CRC) is one of the most frequent types of cancer as well as one of the most frequent causes of death among cancer patients worldwide. Clinical experience supported by various patohistological and molecular biology data indicates that CRC is a heterogeneous disease. Active oncological systemic treatment of patients having metastatic CRC nowadays includes fluoropyrimidines alone or in combination with irinotecan and/or oxaliplatin ± monoclonal antibodies (mAbs) such as bevacizuma, cetuximab, panitumumab, multi-kinase inhibitor regorafenib and recombinant fusion protein aflibercept. Recent progress in colorectal cancer genome analysis, also supported by clinical observations, indicates that patients with DNA mismatch repair deficiency or microsatellite instability-high metastatic colorectal cancers are a distinct biomarker-defined population that might benefit from immunotherapy treatment with monoclonal antibodies against checkpoint molecules. These are monoclonal pembrolizumab and nivolumab which are directed against molecule programmed cell death 1 (PD-1) on T-lymphocytes. The above mentioned treatment possibilities for patients having metastatic colorectal cancer have significantly improved their median overall survival (OS). These novel approaches to treatment decisions should be patient personalized, i.e. such decisions should be tailored according

to patient clinical (age, performance status, comorbidities) and molecular (pharmacogenetic) characteristics, tumor disease stage, tumor location and tumor molecular characteristics, and patient preferences. Treatment decisions for patients with metastatic CRC must be evidence based. The role of the multidisciplinary team in recommendation preparation is unavoidable.

The meeting focused on diagnostic molecular characteristics of colorectal cancer (CRC) and treatment options for patients having CRC, more specifically targeted therapy and immunotherapy. Since similar symposia had already been organized in the previous years, the aim of this meeting was to summarize the findings made public in the period between the previous and this symposium.

The topics presented included CRC molecular subtypes, patohistological prognostic and predictive parameters, recommendations and algorithms, an overview of surgical approaches taking into account tumor sidedness, CRC immunotherapy approaches and a brief overview of nutritive support recommendations and preparations available to CRC patients. We hope that the papers presented will provide readers with sufficient information enabling them to better understand the recent findings on colorectal cancer pathogenesis, diagnosis and treatment options in the clinical setting.

On behalf of the Organising Committee
Antonio Juretić, Ana Fröbe, Nikola Đaković