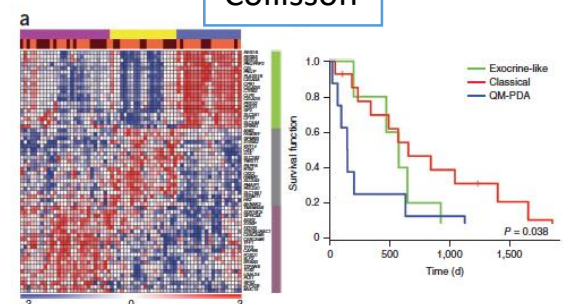


NEW THERAPEUTIC STRATEGIES

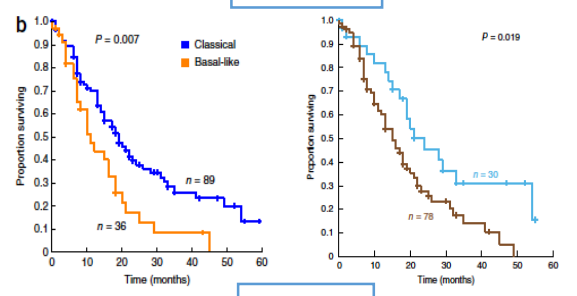
Cindy NEUZILLET, M.D., Ph.D., H.D.R.
Institut Curie, Saint-Cloud

PDAC classifications: RNA

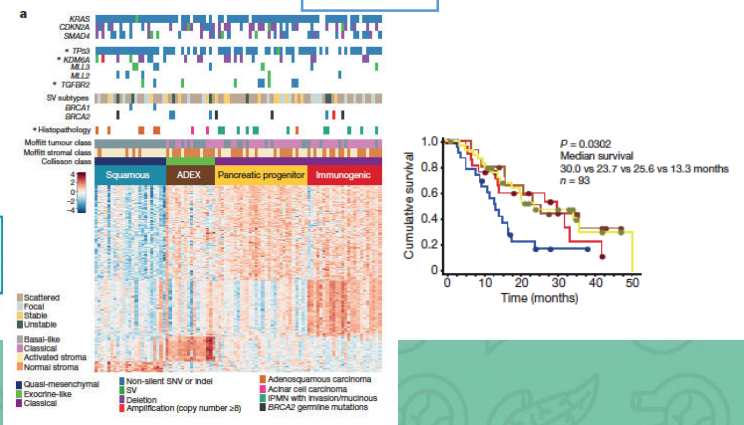
Collisson



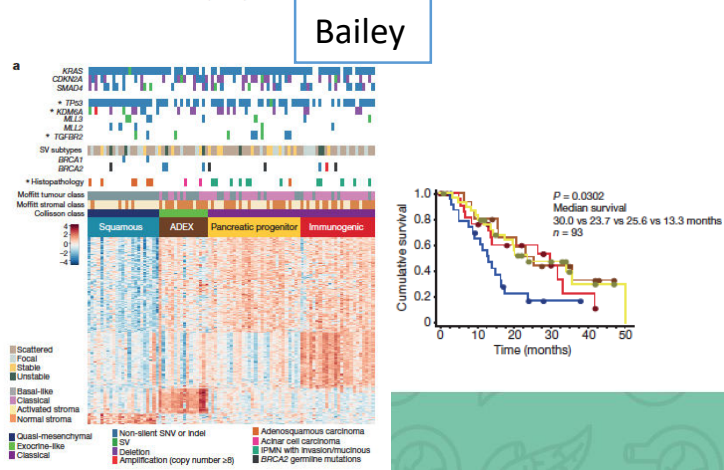
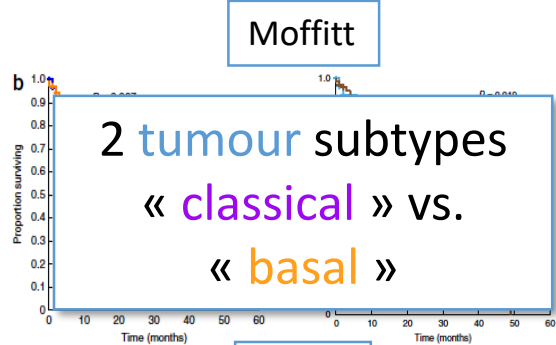
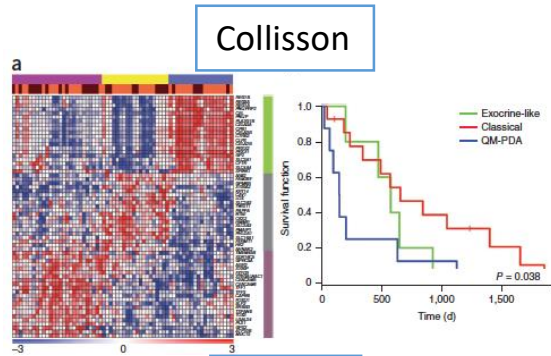
Moffitt



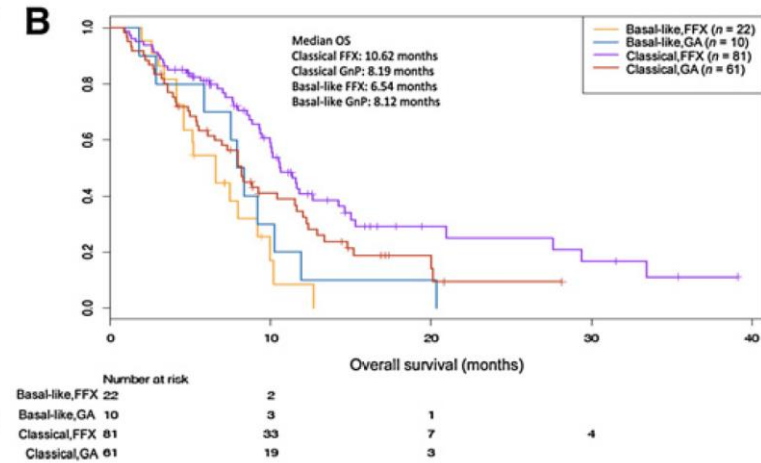
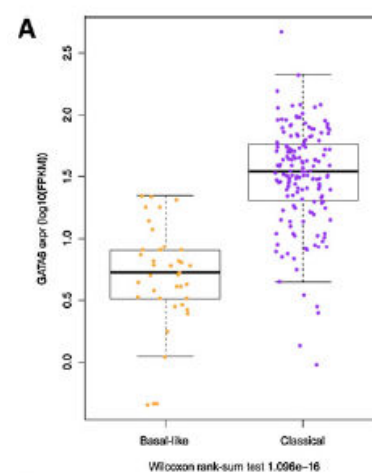
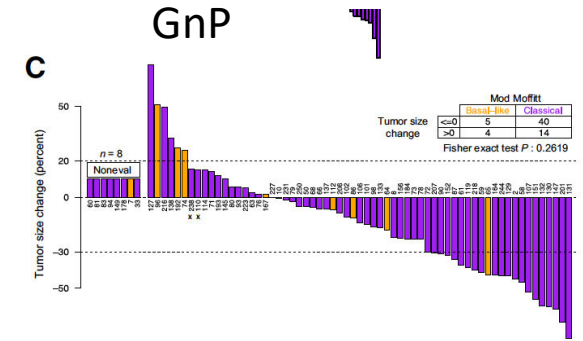
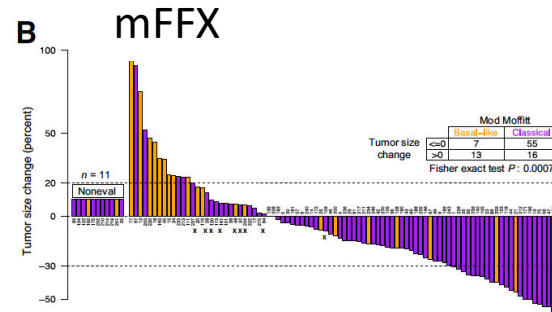
Bailey



PDAC classifications: RNA



COMPASS study (N=195 RNAseq)



Not for routine clinical practice

PACSign

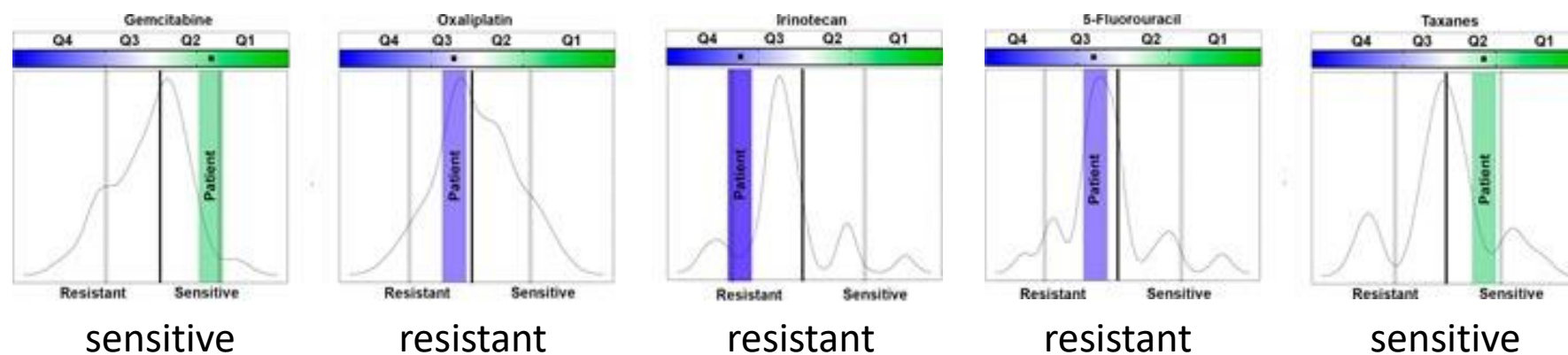
Chemotherapy guided by RNA-based chimigram

Sponsor: Curie Institute; PI: C. Neuzillet/J. Iovanna

Chemo-Pred test

(transcriptomic signature of sensitivity to each single drug)

Presentation of results for Patient X



PACSign

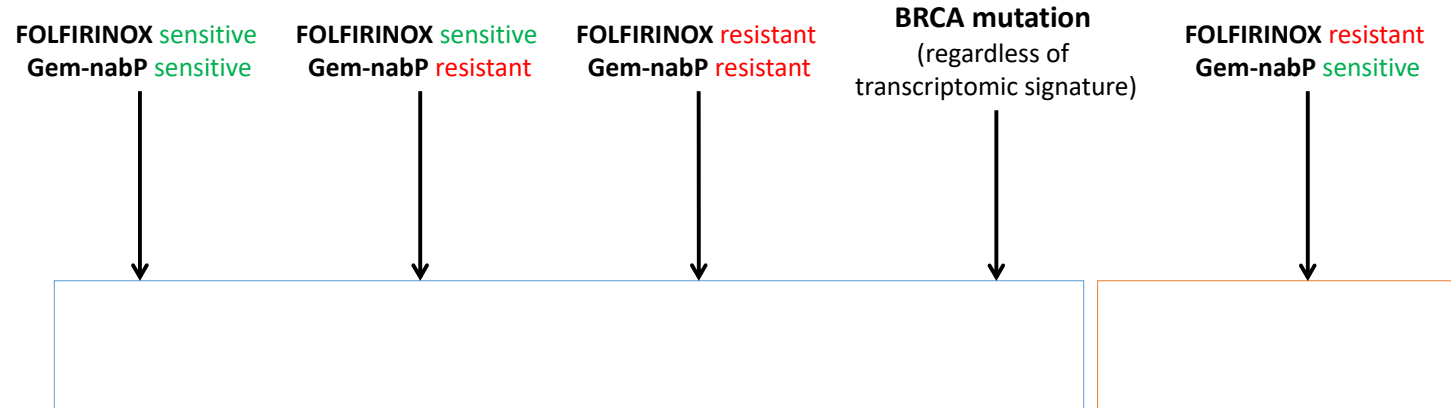
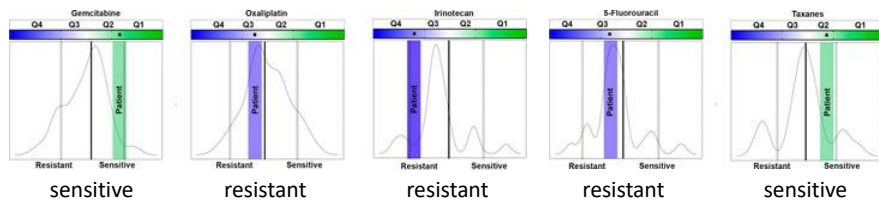
Chemotherapy guided by RNA-based chimigram

Sponsor: Curie Institute; PI: C. Neuzillet/J. Iovanna

Chimigram prediction (transcriptomic signature)

FOLFIRINOX sensitive if sensitive to $\geq 2/3$ drugs (5FU, oxaliplatin, irinotecan)
 Gem-nabP sensitive if sensitive to $\geq 1/2$ drugs (gemcitabine, nab-paclitaxel)

Chemo-Pred test
 (transcriptomic signature of sensitivity to each single drug)
 Presentation of results for Patient X

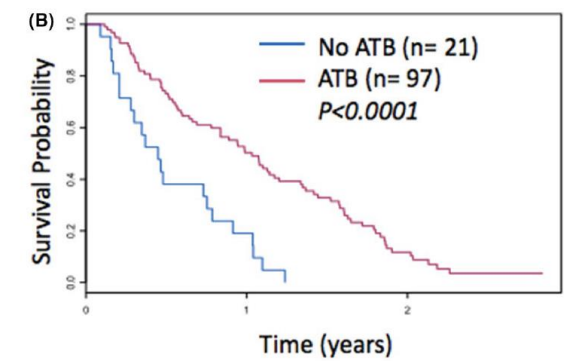
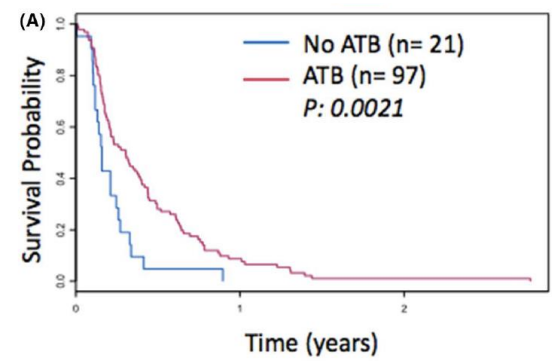
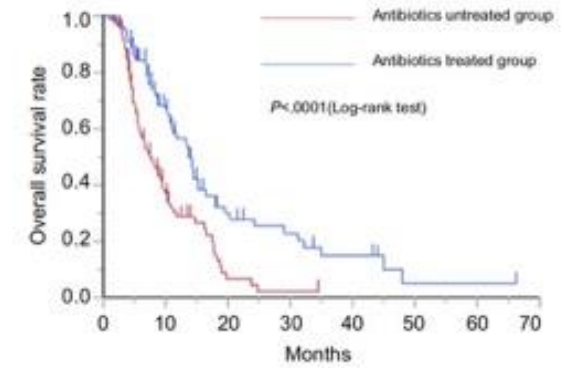
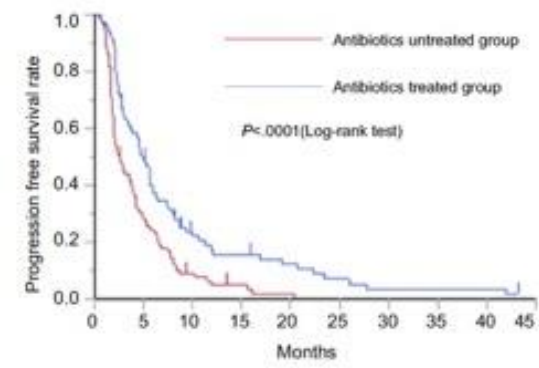
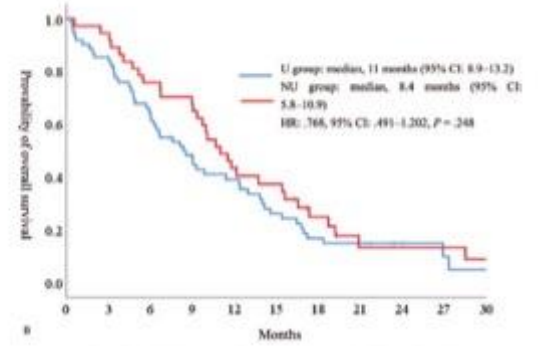
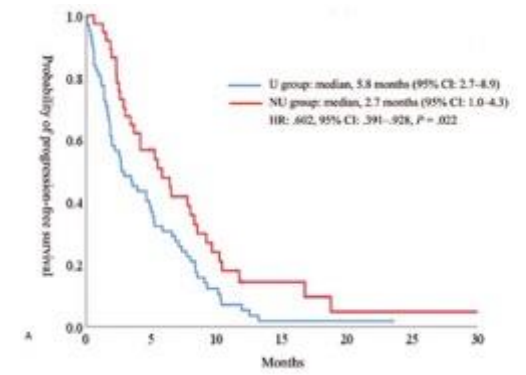
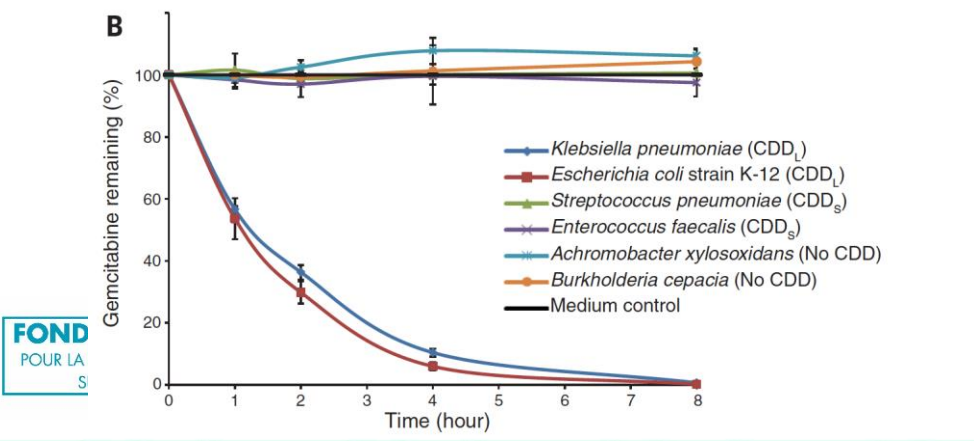
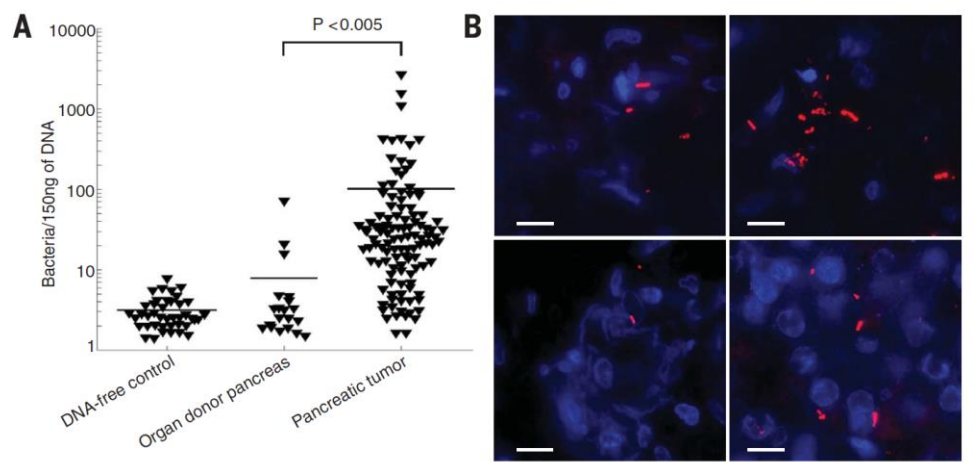


Statistical considerations (X. Paoletti):

ORR FOLFIRINOX=35%, ORR gemcitabine plus nab-paclitaxel=23%
 p0=27%; p1=45%; alpha=beta=0.1 -> 49 evaluable patients + non-evaluable
 -> total of **62 patients**

Potential role of intratumor bacteria in mediating tumor resistance to the chemotherapeutic drug gemcitabine

Geller et al., *Science* 2017



AntibioPAC

Antibiotherapy with gemcitabine-based chemotherapy

Sponsor: Curie Institute; PI: C. Neuzillet

Double blinded

R
1:1

Phase II
N=107

Control arm, ARM A

Gemcitabine (1000 mg/m²) + Nab-Paclitaxel (125 mg/m²)
D1-D8-D15
+
Placebo (max 6 months)
D0-D1 D7-D8 D14-D15

Experimental, ARM B

Gemcitabine (1000 mg/m²) + Nab-Paclitaxel (125 mg/m²)
D1-D8-D15
+
Ciprofloxacin 500 mg x 2/D (max 6 months)
D0-D1 D7-D8 D14-D15

Na-IRI 70 mg/m²
+
Folinic acid 400 mg /m²
+
5FU continuous 2400 mg/m²/46h

1 cycle= 28 days, tumoral evaluation every 2 months

PD

1 cycle= 14 days, tumoral evaluation every 2 months

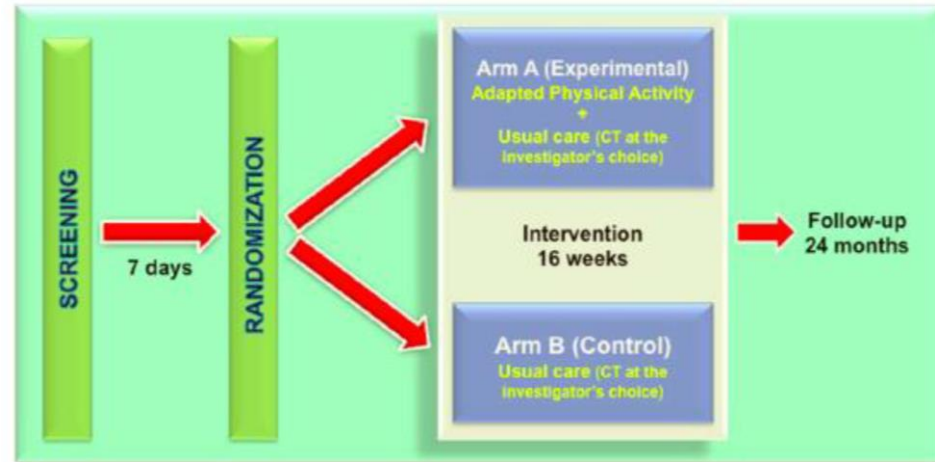
Supportive care Malnutrition/sarcopenia

LOSS OF OPPORTUNITY!

- Impact on QoL
- Impact on survival
- Increased risk of post-operative complications
- Increased risk of toxicities of chemo / radiotherapy
- Increased risk of infections
- Increased care costs / length of stay
- Decrease in the efficacy of treatments

Hilmi et al., *Pharmacol Ther* 2018

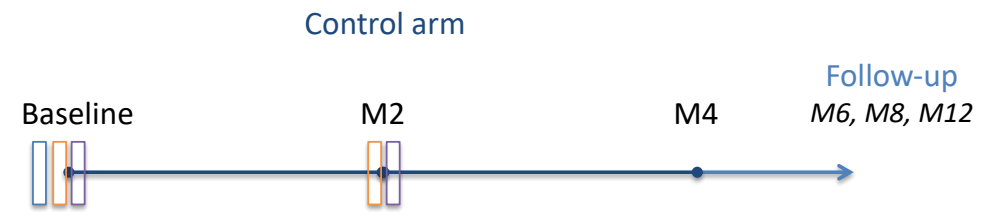
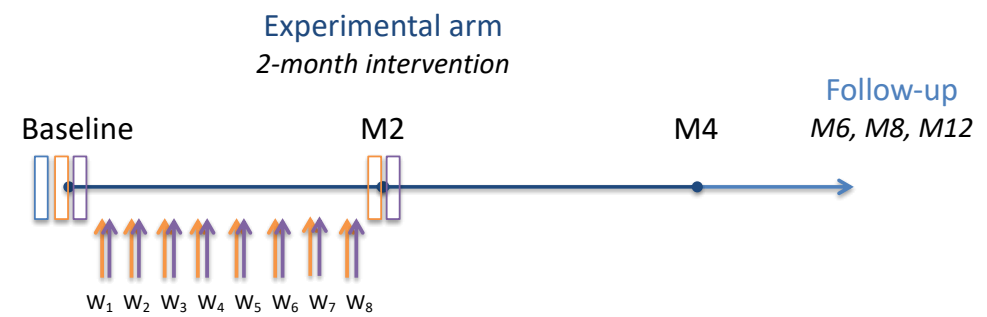
Clinical trials APACaP (advanced setting) - NCT02184663



APACaPOp PRODIGE 56 (adjuvant setting) - NCT03400072

ProActIF-01 study (PHRC-K 2020)

Randomized phase II study of evaluation of an individualized program of nutrition and adapted physical activity in frail patients with advanced lung or digestive cancer (ECOG PS 2 and/or malnourished)



Key:

- Educational group session
- Nutritional evaluation (dietitian, at hospital)
- Physical activity (PA) evaluation (PA professional, at hospital)
- Dietitian visit (at home), week number
- PA professional visit (at home), week number