

Disclosure belangen spreker

Potentiële belangensverstrengeling	Geen / zie hieronder
Voor bijeenkomst mogelijk relevante relaties met bedrijven	Bedrijfsnamen
• Sponsoring of onderzoeksgeld • Honorarium of andere (financiële) vergoeding • Aandeelhouder • Andere relatie, namelijk....	• Celgene, Frame Therapeutics. Lead Pharma • Servier, Olympus, Wholomics • NVT • NVT

Pancreatic and EsophagoGastric cAncer: improving Survival and qUality of life through perSonalized medicine

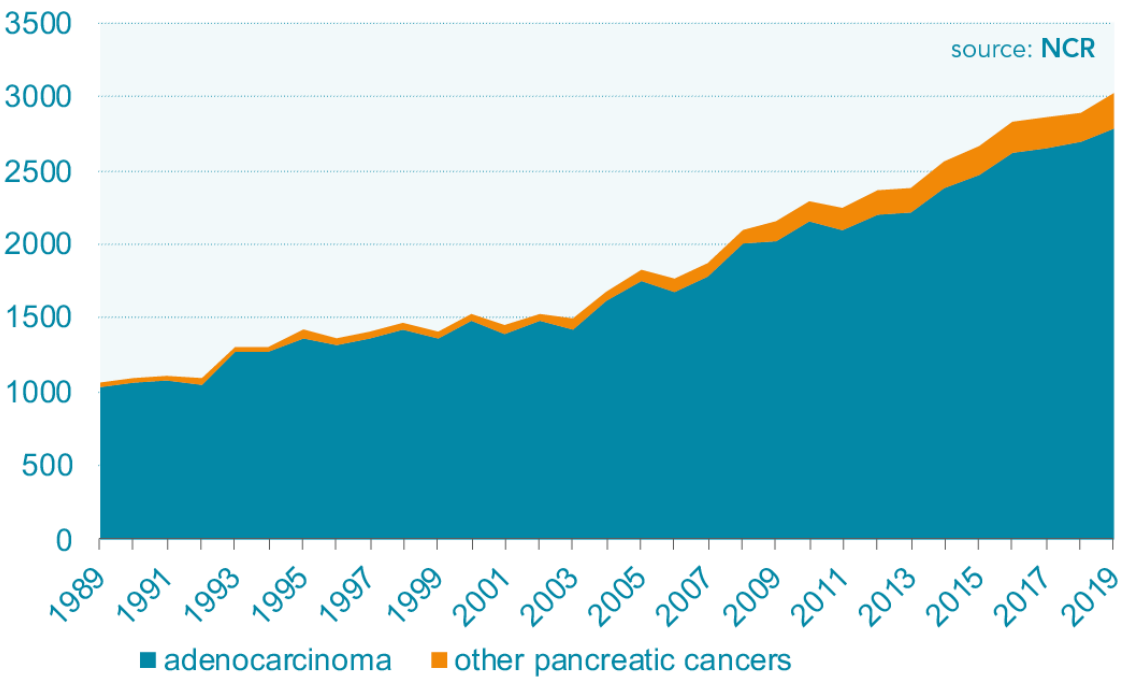
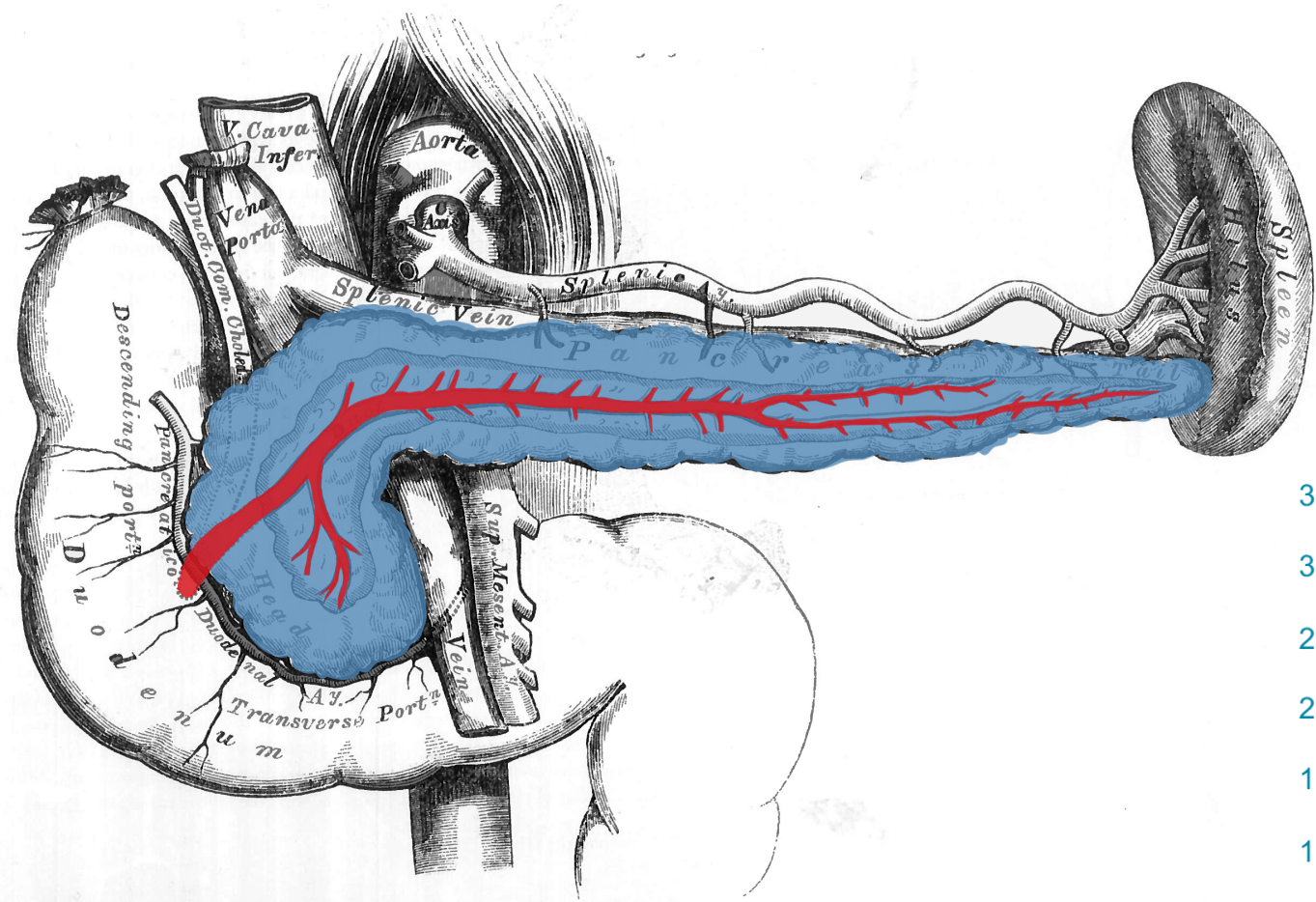


Maarten Bijlsma, Amsterdam UMC

Congres Goed Gebruik Geneesmiddelen 10 April 2025

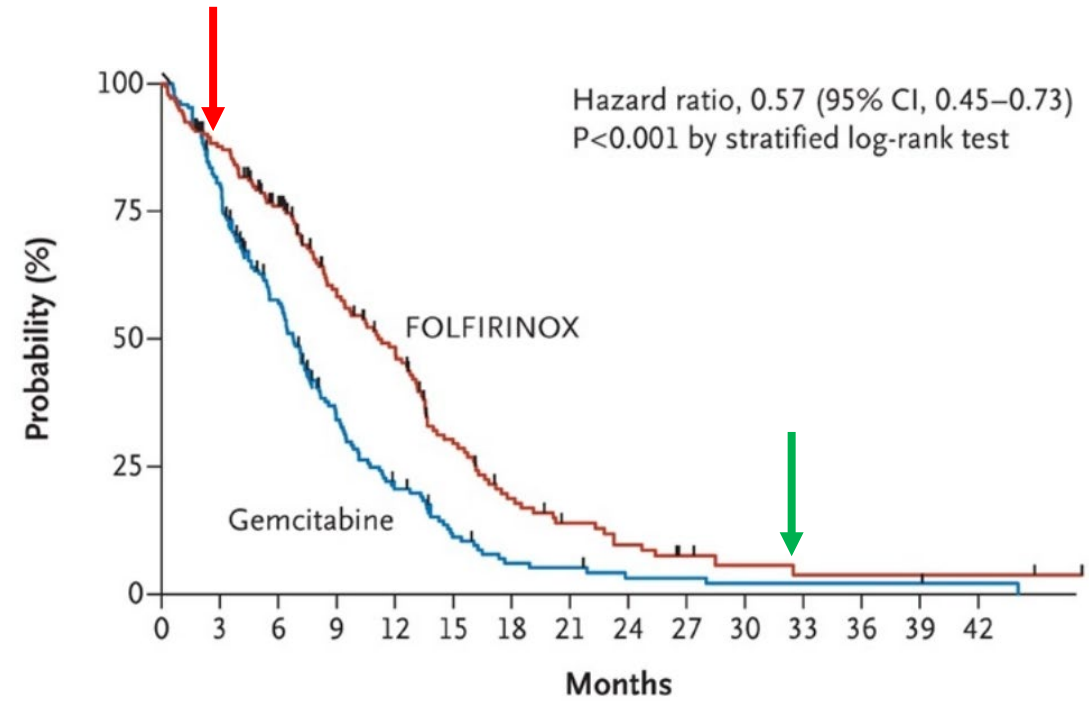
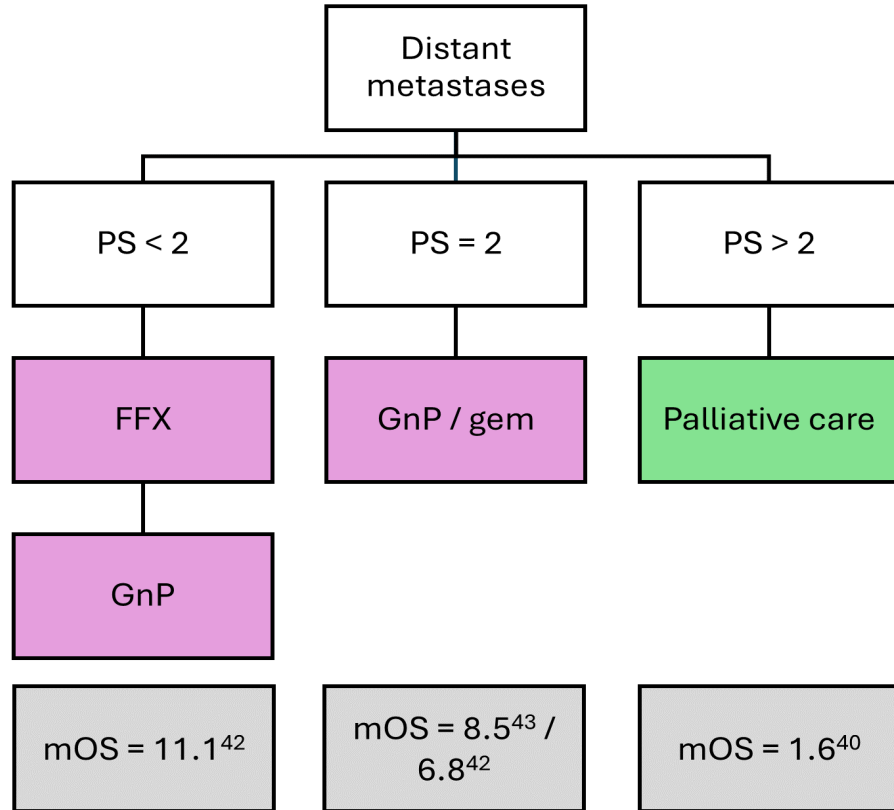
PANCREASKANKER

PDAC



BEHANDELING

mPDAC

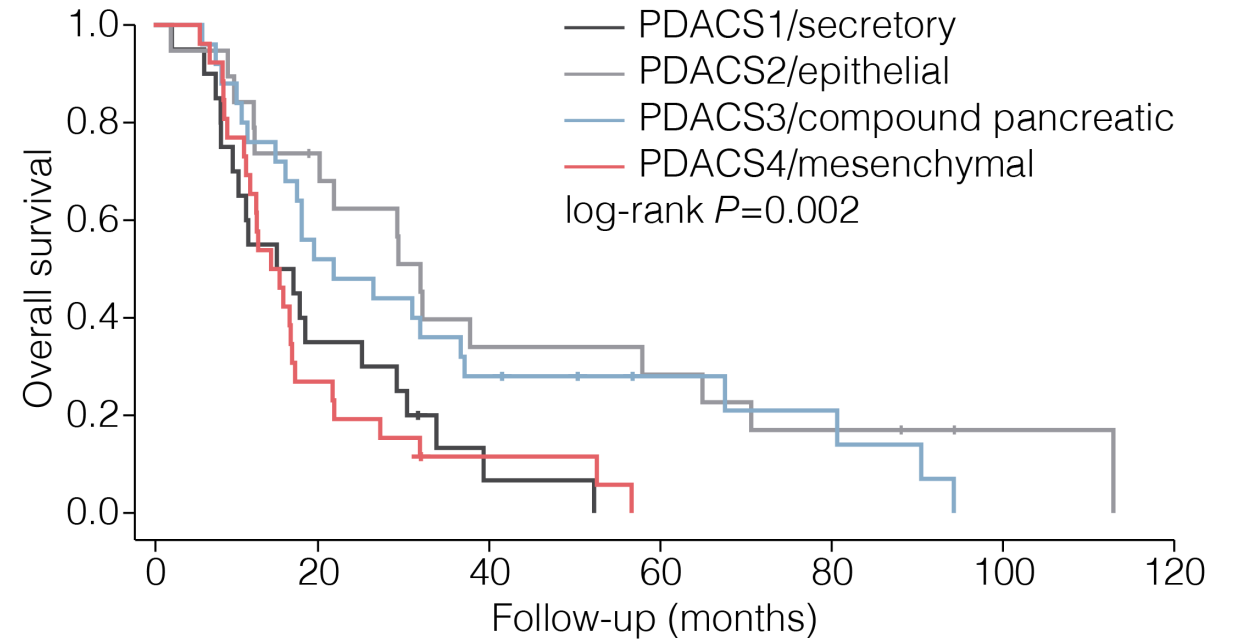
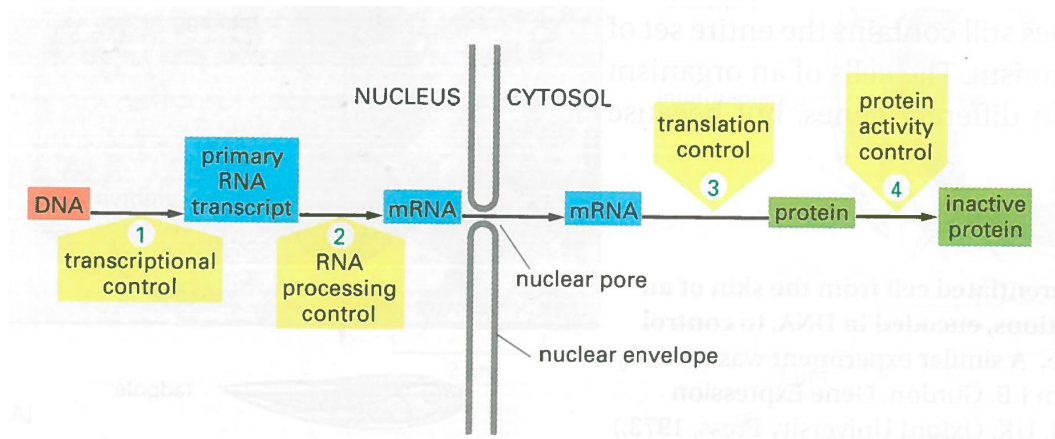


MOLECULAIRE SUBTYPES

met thr glu tyr lys leu val val val gly ala
 ATG ACG GAA TAT AAG CTG GTG GTG GTG GGC GCC

gly
 GGC gly val gly lys
 GTC GGT GTG GGC AAG
 val

proto-oncogene
 oncogene



PEGASUS DOELEN

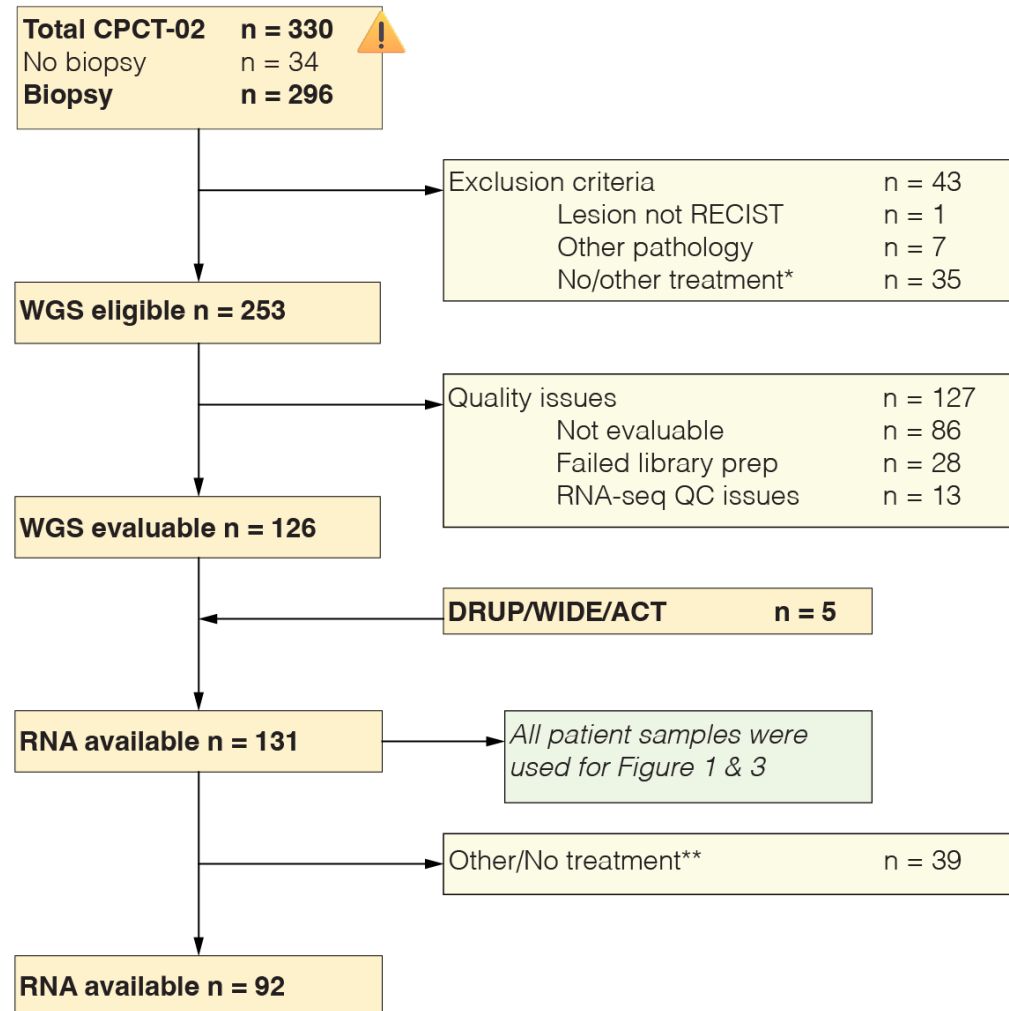
mPDAC

De overleving en kwaliteit van leven van patiënten met alvleesklierkanker verbeteren.

- 1 Bepalen of **moleculaire subgroepen** de respons op FOLFIRINOX in uitgezaaide alvleesklierkanker kunnen voorspellen
- 2 Het predictieve profiel **versimpelen** tot een eenvoudigere en goedkopere test
- 3 Het profiel verbeteren met op **DNA gebaseerde biomarkers**, en mogelijkheden voor targeted interventies identificeren

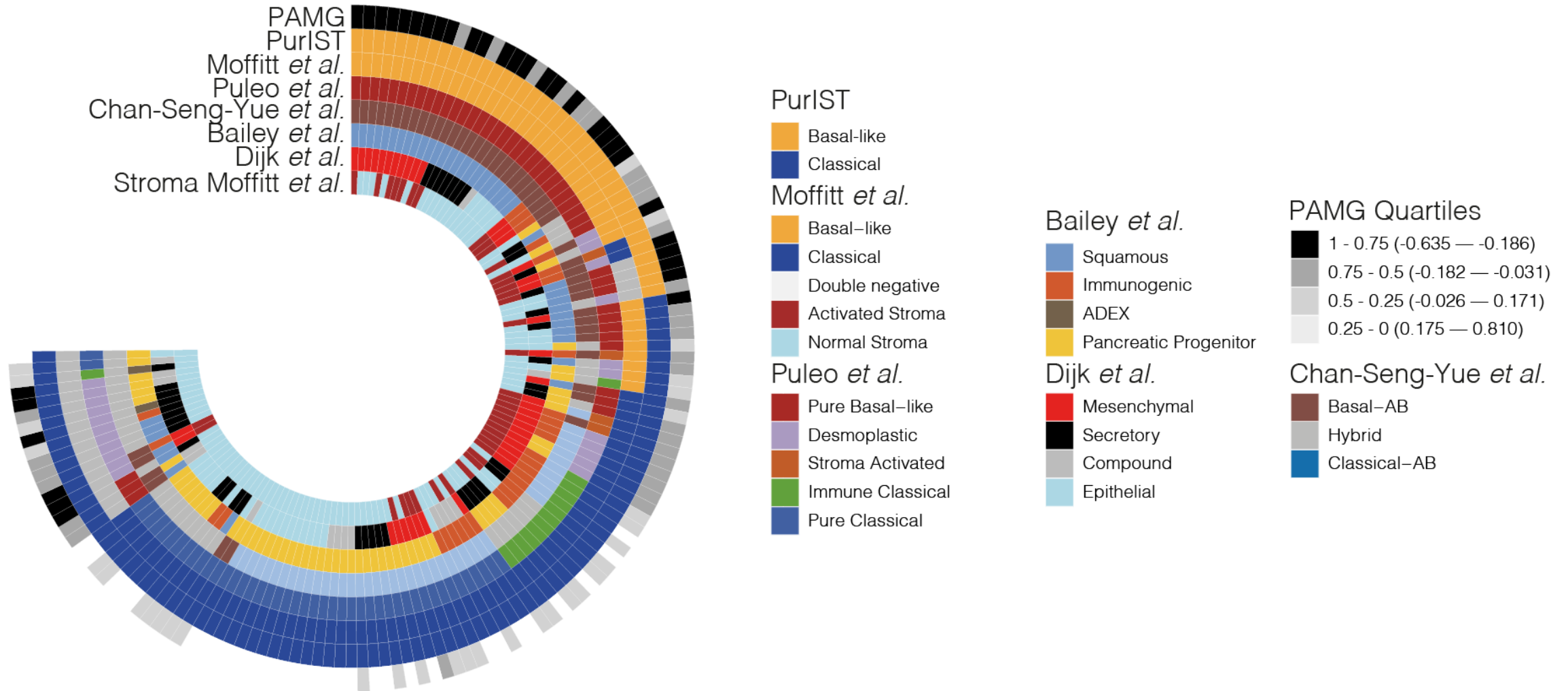
1 PEGASUS COHORT

mPDAC



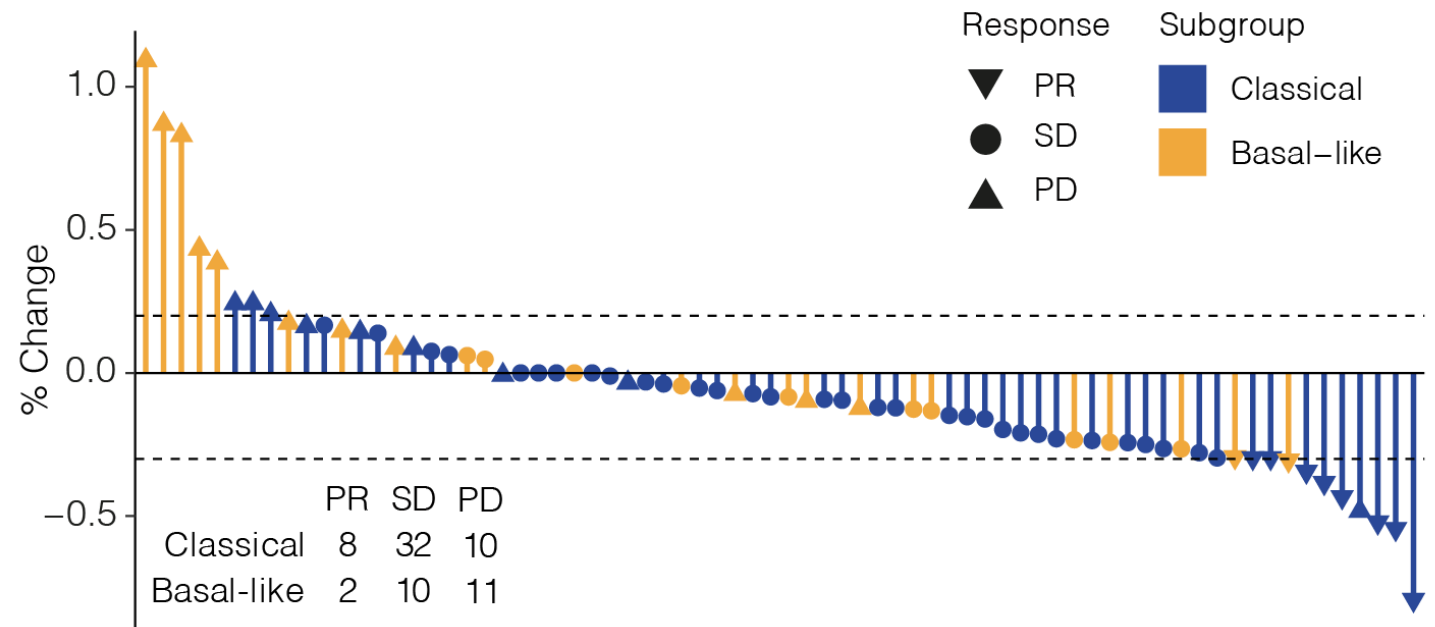
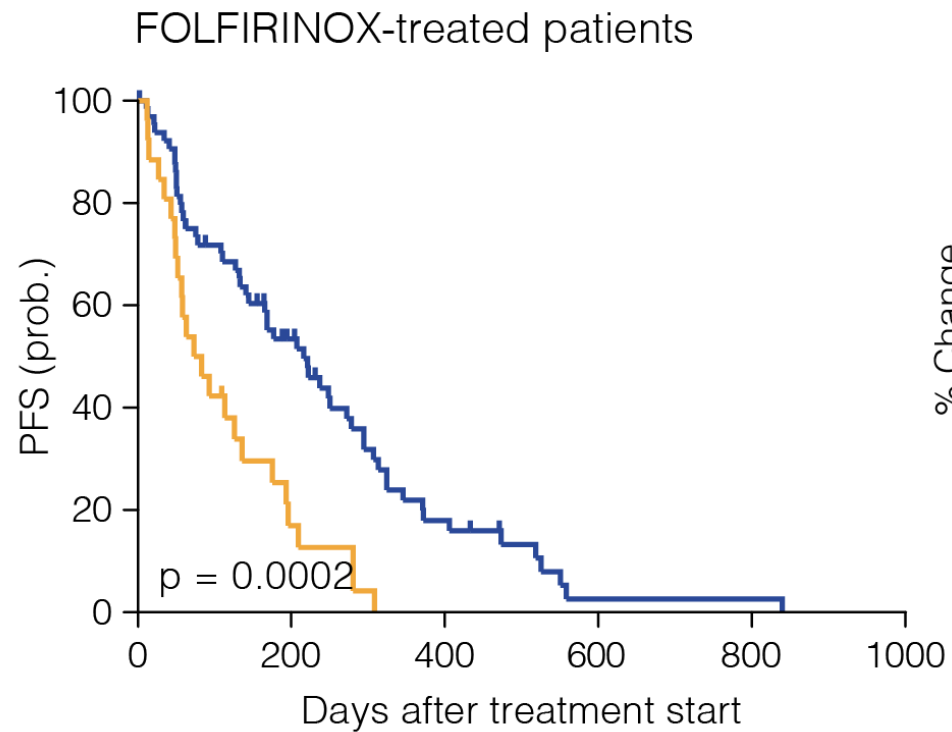
1 SUBTYPES IN PEGASUS

mPDAC COHORT



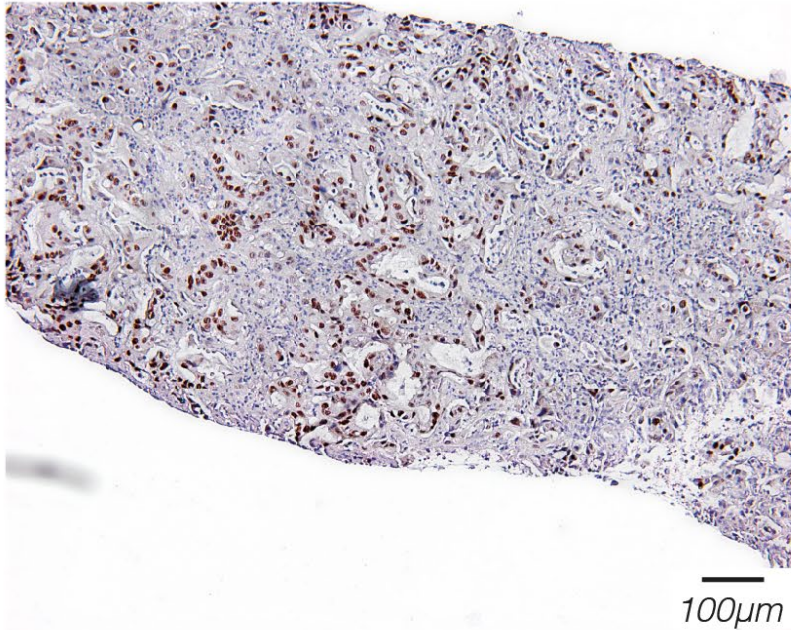
1 SUBTYPES

FOLFIRINOX RESPONSES



② VERSIMPELEN PROFIEL *SURROGAAT IHC MARKER*

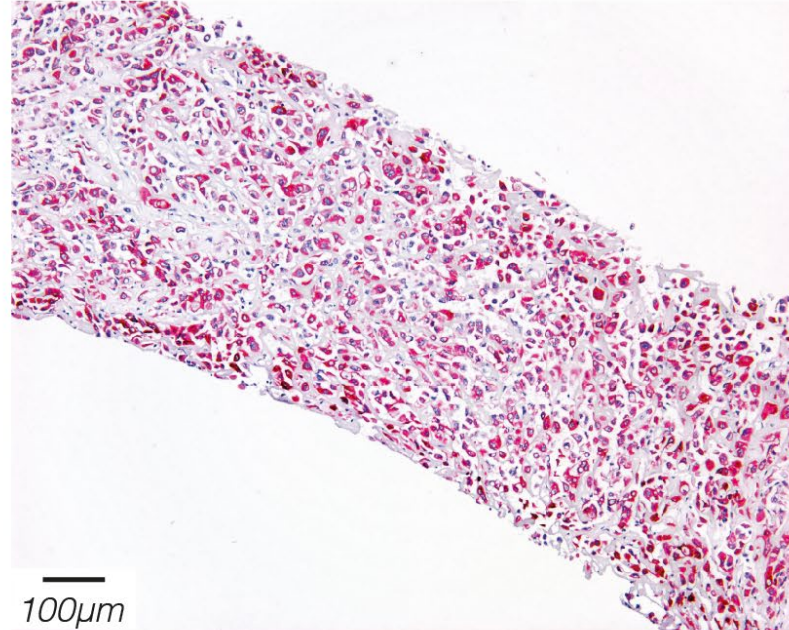
AMC3



IHC: Classical
RNA: Classical

95% GATA6⁺
0% KRT17⁺

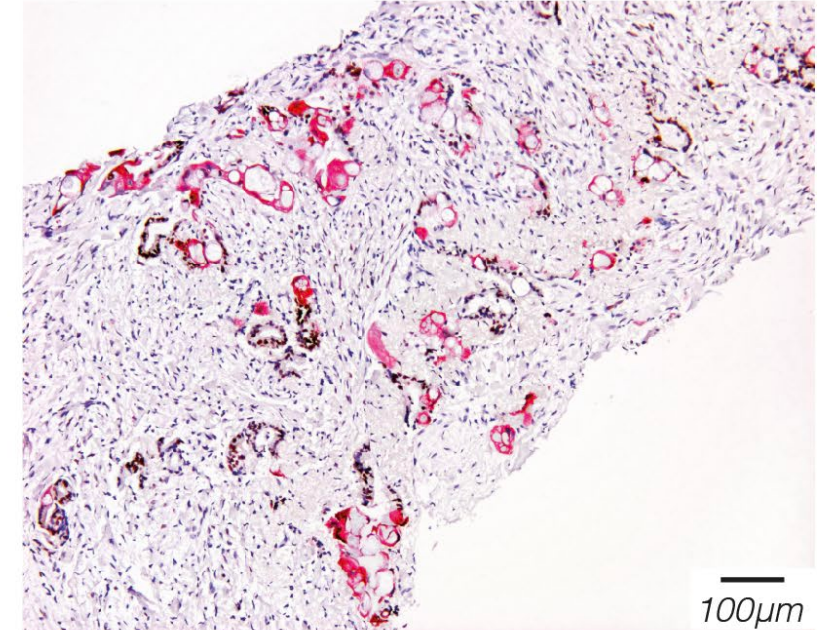
AMC5



IHC: Basal-like
RNA: Basal-like

1% GATA6⁺
80% KRT17⁺

AMC2

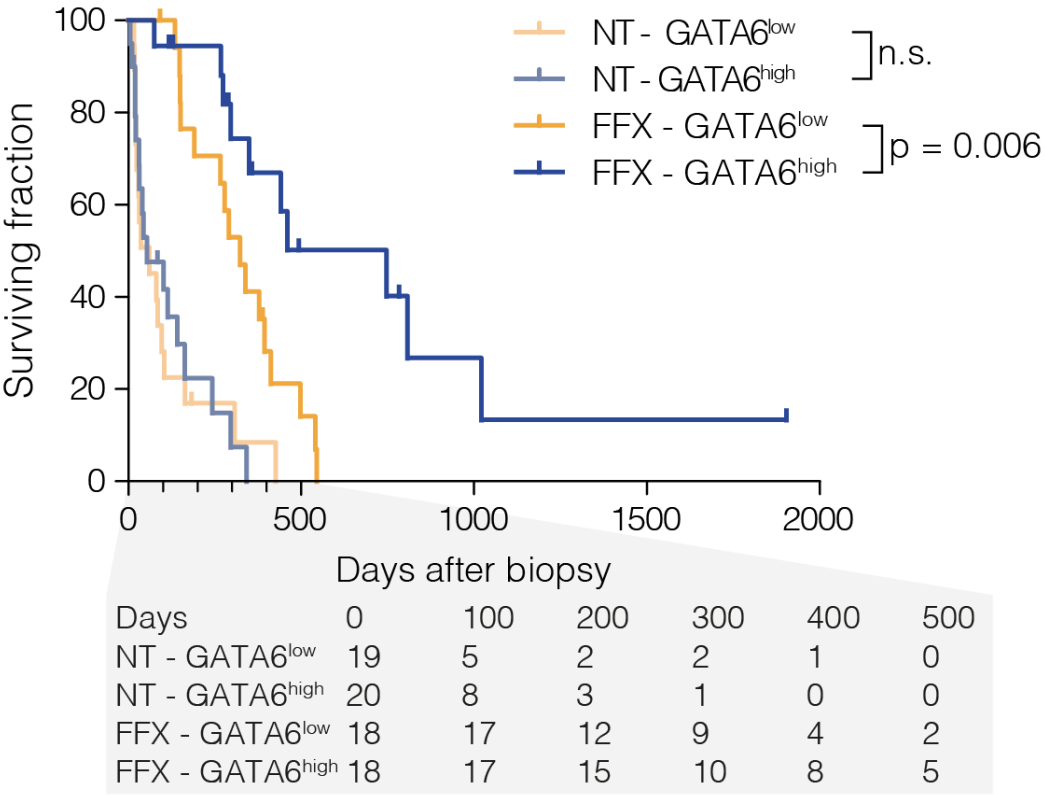
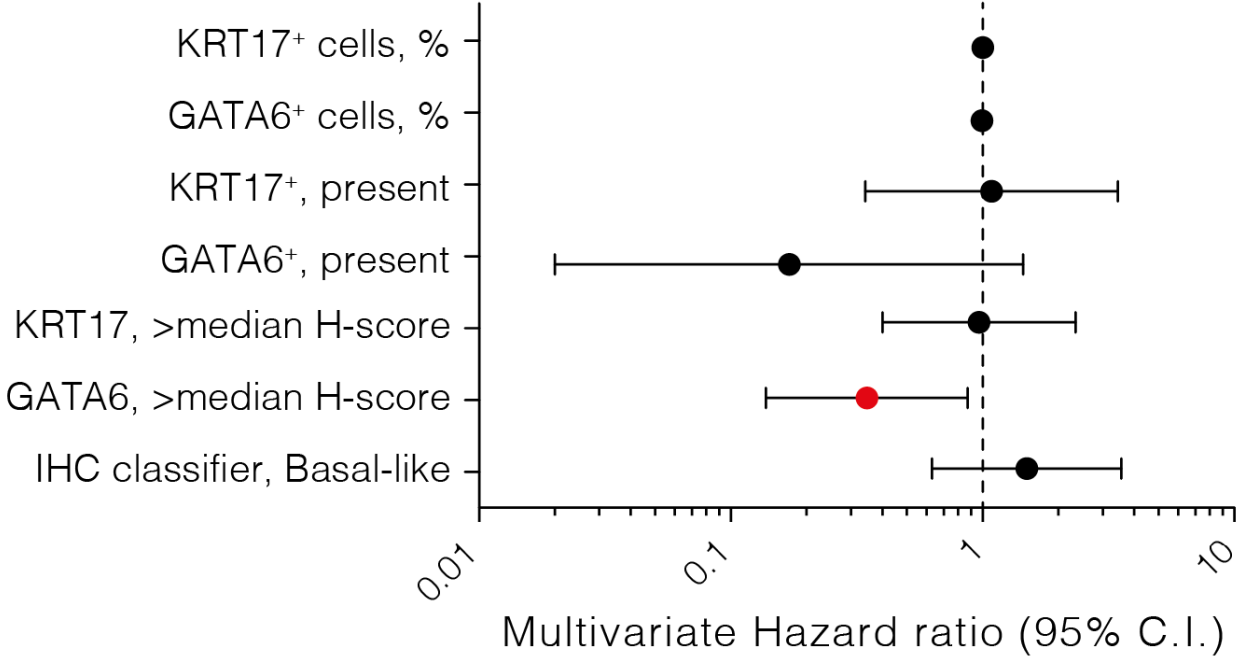


IHC: Classical
RNA: Classical

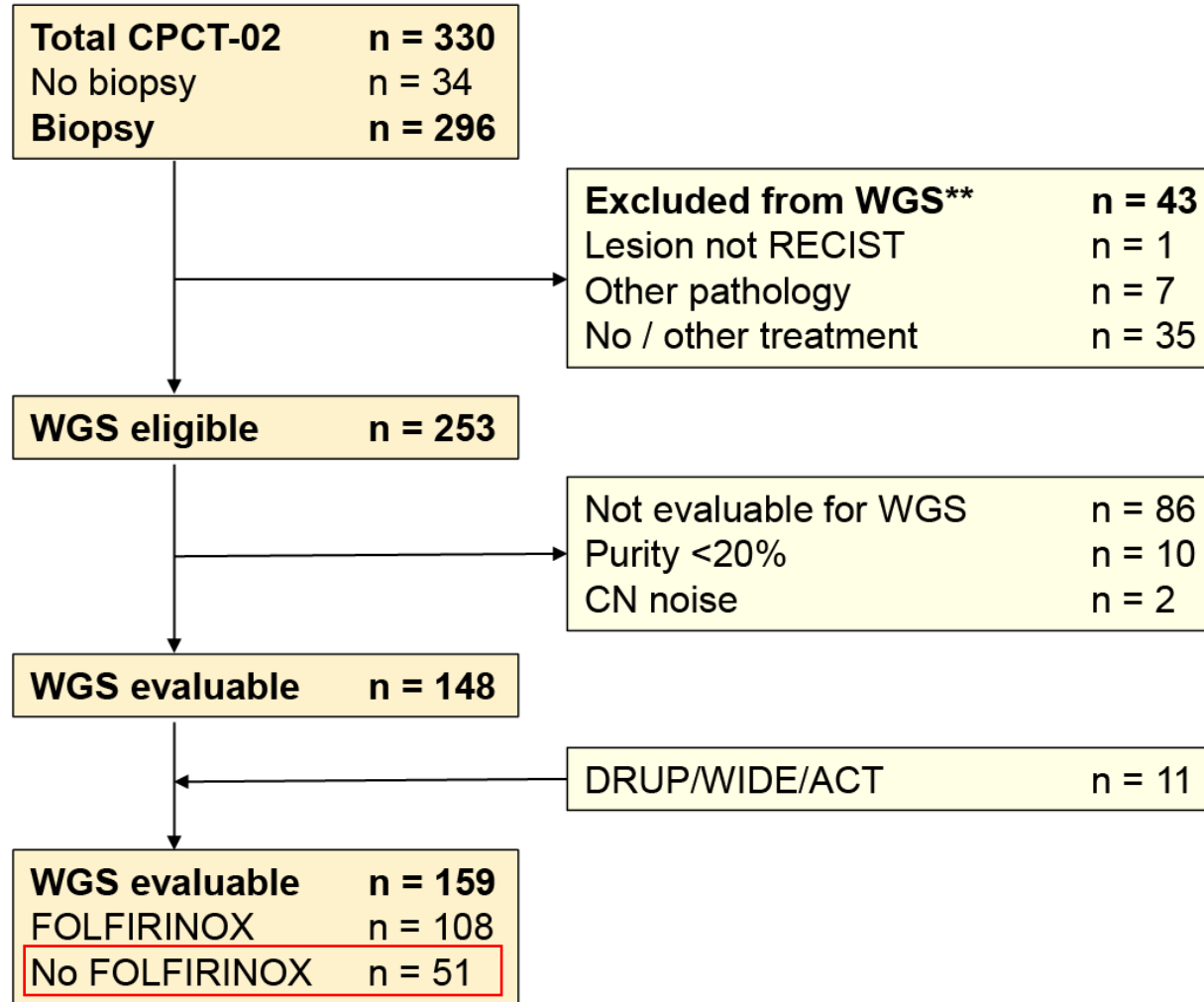
90% GATA6⁺
40% KRT17⁺

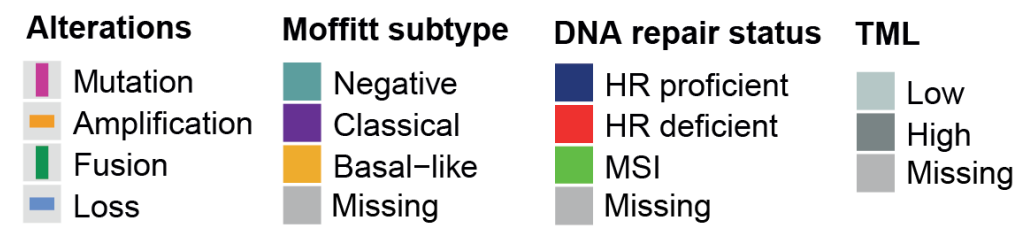
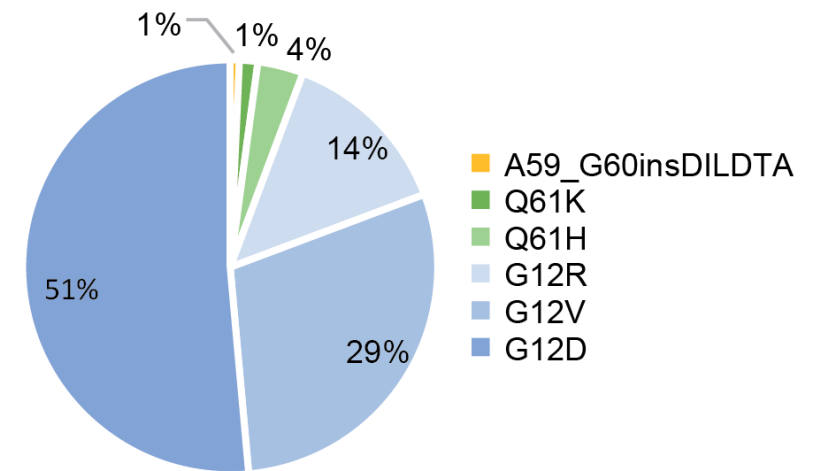
2 VERSIMPELEN PROFIEL

SURROGAAT IHC MARKER

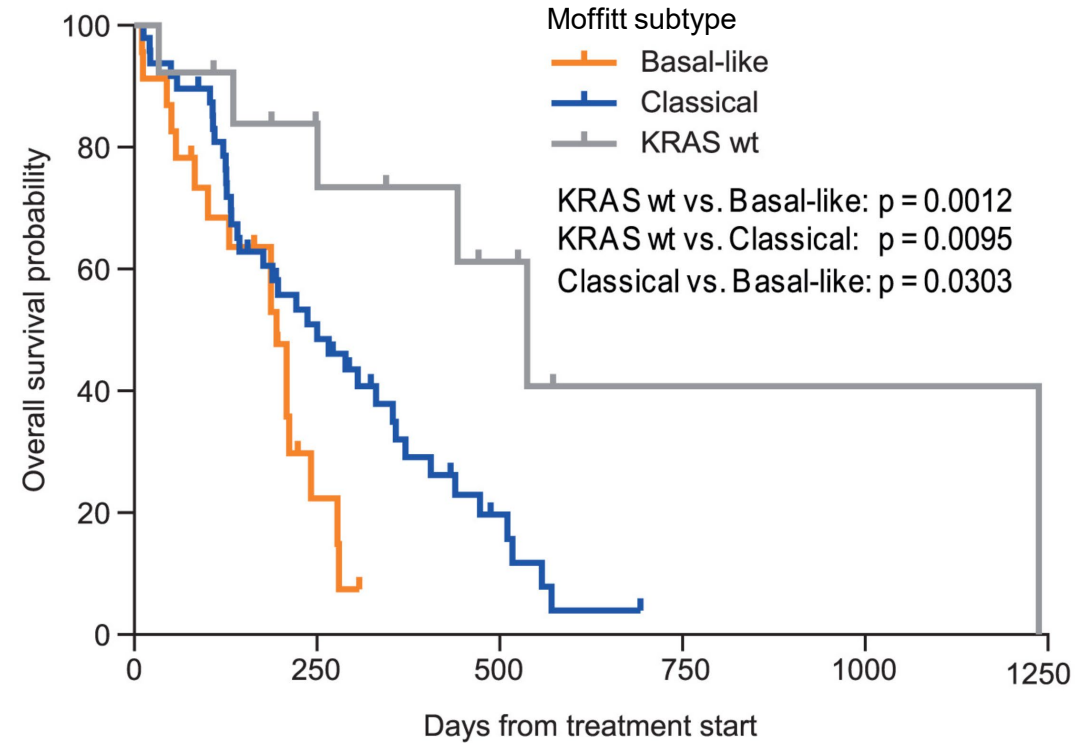
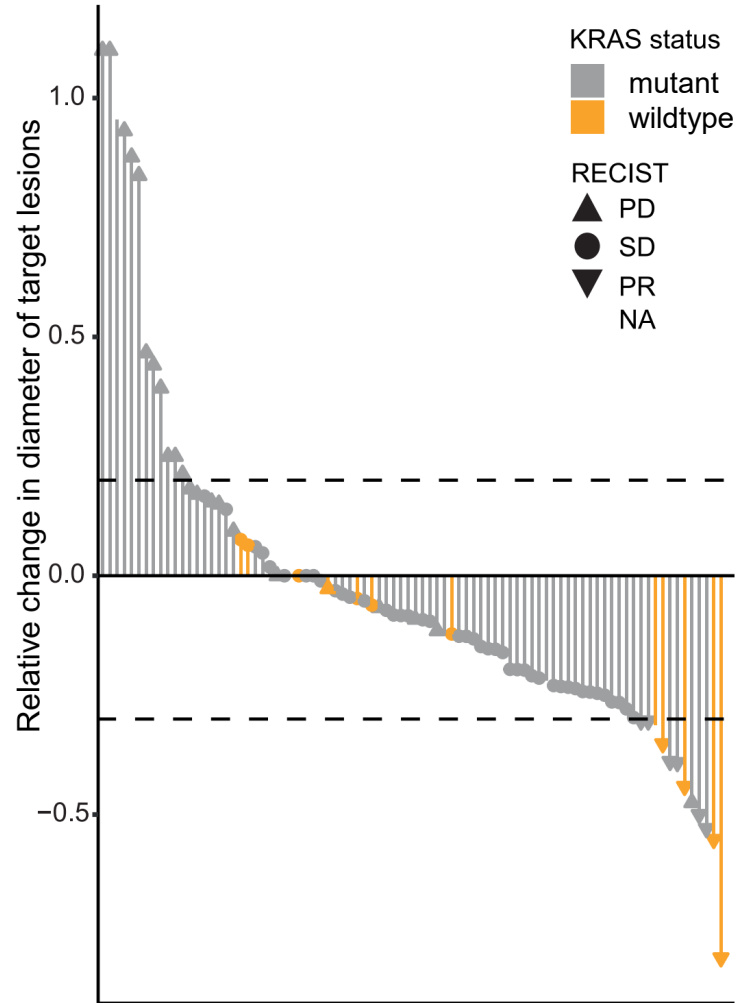


3 PROFIEL VERBETEREN MET WGS





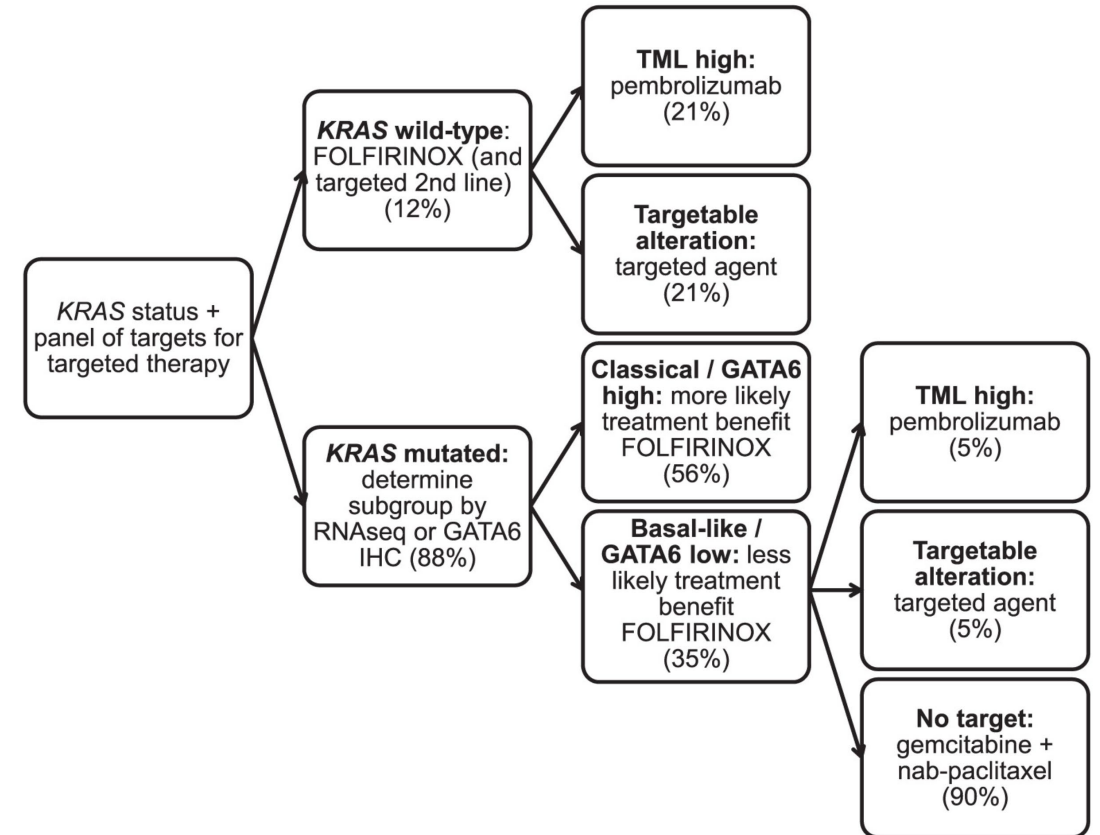
③ PROFIEL VERBETEREN MET WGS



Actionable alterations in
42% [8/19] of *KRAS* wild-type vs.
17% [24/140] of *KRAS* mutant tumors

CONCLUSIES

- 1 Moleculaire subgroepen voorspellen respons op FOLFIRINOX in mPDAC (predictief? haalbaar?)
- 2 Subtypes kunnen nauwkeurig worden bepaald met behulp van IHC
- 3 *KRAS* mutatie status is sterk bepalend voor de uitkomst en evt. stratificatie



HORDES EN UITDAGINGEN VOOR IMPLEMENTATIE

- Moleculaire analyse niet praktisch

Ondanks goedkope, eenvoudig te implementeren IHC:

- Niet duidelijk predictief
- Verschuivend mechanistisch inzicht
- *Use case?*

DANKWOORD



A: OncoKB level 1, 2 and 3 targetable alterations for pancreatic cancer.

Level OncoKB	Gene	Alteration	Drug	Prevalence
1	NTRK1	fusion	entrectinib	1
1	NTRK3	fusion	larotrectinib	1
1	other	MSI-H	pembrolizumab	1
1	other	TMB-H	pembrolizumab	10
2	BRCA1	oncogenic mutation	rucaparib	1
2	BRCA2	oncogenic mutation	rucaparib	2
3	NRG1	fusion	zenocutuzumab	2
3	NTRK1	fusion	repotrectinib	1
3	NTRK3	fusion	repotrectinib	1
3	TP53	Y220C	PC14586	2

B: OncoKB level 1 and CIVIC level A alterations for other tumor types than pancreatic cancer.

Level OncoKB	Gene	Alteration	Drug	Prevalence	Cancer type
1	MET	D1010, 963_1010del, 963_1010splice, exon 14 deletion	capmatinib	1	NSCLC
1	ATM	oncogenic mutation	talazoparib + enzalutamide	4	prostate cancer
1	PIK3CA	C420R and other alterations	alpelisib	4	breast cancer
1	SMARCB1	deletion	tazemetostat	1	epithelioid sarcoma
1	ALK	amplification	crizotinib and other drugs	1	NSCLC
1	ERBB2	amplification	trastuzumab (+ chemotherapy)	6	breast cancer