What is the up-to-date situation in treatment of colorectal cancer?

In France, March is devoted to the public health problem of colon cancer and, in particular, screening for it. This is a condition which we are succeeding in diagnosing earlier and earlier, but, unfortunately, we are not managing to cure every patient. Research in immunotherapy and recent advances in surgery are opening up promising prospects, but we still have a great deal of progress to make.

What treatment does the Institute offer?

When it is detected early, colorectal cancer is cured in 9 cases out of 10. The latest screening test is simpler and more effective. With 80% effectiveness compared with a previous value of 50%, it should enable us to detect more cancers. Colonoscopy then provides a reliable diagnosis. According to the severity and the degree of progression of the disease, each patient is prescribed a personalised treatment plan (surgery, radiotherapy, chemotherapy, targeted drugs or a combination of these to maximise efficacy). At advanced stages, patients should receive specialised therapy. As an example, we can cite hyperthermic intraperitoneal chemotherapy. This was initiated at Gustave Roussy. It results in good cure rates and has been saving lives for 20 years.

Why are we appealing to the public for donations?

We are hoping that with the simplified screening method we really will manage to contain colon cancer. But only research can provide new agents and advances in treatment of these patients. Financing of this at a national level is inadequate. That is why we shall be appealing to the public’s generosity throughout the year with the goal of instituting research programmes to yield ever more valuable results.

Immunotherapy for colorectal cancer

Immunotherapy is currently one of the most promising research priorities in oncology. It employs various treatments to stimulate the immune system, so that the latter can attack malignant cells. After first being used with melanoma and lung cancer, this novel therapeutic method is beginning to be developed in gastrointestinal oncology.

Researchers at Gustave Roussy are currently conducting several studies to evaluate the role of immunotherapy in colorectal cancer (40,000 new cases of which are reported annually). One of these is a phase I study (MEDI 4736), initiated late in 2013. This is assessing anti-PD-L1, durvalumab, a novel immunotherapeutic agent, in 500 patients with a variety of cancer types: colon, skin and lung.

«These agents seem to be very promising in some types of colon cancer and also in other gastrointestinal tract malignancies» says Dr Christophe Massard, Head of the Early Trials Committee at Gustave Roussy.

Local stimulation of the immune response to reduce tumour size is the objective of ISILI, the new trial which Gustave Roussy will be launching in the second half of this year. For patients with liver metastases, the main site of tumor relapse, interventional radiology will be employed to inject an immunotherapeutic agent directly into the metastases. This new procedure will facilitate the administration of a small dose without, however, risking loss of efficacy. It is expected that the results of this trial will show an improvement in response to treatment, increased amenability to surgery and better survival rates, at the same time as a reduction in side effects. This international study is coordinated by Dr David Malka, Head of the Gastro-Digestive Committee. Professor Laurence Zitvogel and Drs Aurélien Marabelle and Judith Michels are responsible for a related research project incorporated within the main study, which aims to understand patients’ immune profiles better, in order to decide which of them might benefit from this new treatment.
Gustave Roussy is presently involved in its 4th assessment process, which will lead to certification after an HAS expert visit in June 2017.

The auto-assessment which Gustave Roussy is due to conduct during this period will focus on a number of themes linked to patient treatment in order to study the level of care offered and measures to improve quality and safety.

**Everybody is involved**

The visit by the HAS experts will not take place until June 2017, but preparation of the dossier requires that all staff, and also patients, start work from now.

The Institute will need to show that its management of quality and risks is adequately established and that continuing development of this will enable it to control the risks and maintain, or even improve, current standards.

Auto-assessment consists of a description and analysis of the present organisation of the hospital and internal plans for improvements. The overall assessment will then be incorporated in the Gustave Roussy «Quality Account», which will be used by the HAS experts to prepare for the June 2017 visit.

After studying the Quality Account and investigating on site, the HAS will, in the second half of 2017, issue its decision on certification, which may or may not include recommendations or requirements for improvement.