



Les « scoops » en soins oncologiques de support

20-06-2023

Dr Alexandre Leroy

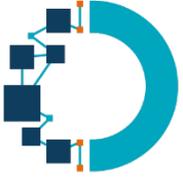
**Médecin coordonnateur HDJ SOS,
CHCB**

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Liens d'intérêts

- Aucun

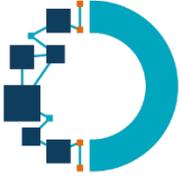


Corticothérapie et fatigue

RADHAKRISHNAN V. et al.-ASCO 2023-Abs.#12112

Phase 3 RCT of dexamethasone versus placebo for chemotherapy induced fatigue in patients with advanced solid malignancies.

- 12 semaines de placebo vs 4mg de dexamethasone, 81 patients
- Cancers en situation palliative spécifique avec chimiothérapie IV (sein, poumon, col, estomac)
- PS < ou = à 2

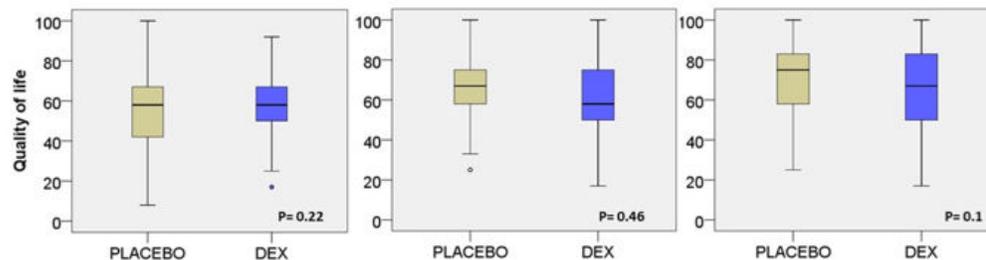


Results

Fatigue Scale	Baseline			Week 6			Week 12		
	Placebo (n=64), Mean (SD)	DEX (n=62), Mean (SD)	P	Placebo (n=52), Mean (SD)	DEX (n=49), Mean (SD)	P	Placebo (n=41), Mean (SD)	DEX (n=40), Mean (SD)	P
SAFE									
Fatigue extent	5.8 (4.3)	5.9 (3.6)	0.88	4.5 (3.2)	5.3 (3.3)	0.21	3.4 (3.3)	3.8 (3.2)	0.62
Fatigue impact	10.7 (9.5)	11.3 (7.8)	0.67	8.04 (6.5)	9.04 (6.8)	0.45	6.1 (7.5)	7 (6.4)	0.56
FA12									
Physical fatigue	31.7 (27.4)	32.2 (24.1)	0.91	24.1 (16.6)	24.5 (17.6)	0.89	18.5 (17.5)	23.2 (19.9)	0.26
Emotional fatigue	28.7 (29.9)	25.5 (25.2)	0.51	17.4 (22.3)	15.3 (18.9)	0.62	14.5 (21.9)	16.5 (19)	0.66
Cognitive fatigue	18.2 (26.1)	18.2 (24.6)	0.98	14.4 (8)	15.9 (24)	0.71	16.6 (21.3)	19.1 (23.7)	0.61
Interference with daily life	28 (36.7)	25.7 (30.4)	0.7	20.3 (22.9)	16.3 (28.1)	0.42	8.8 (16.6)	14.1 (23.7)	0.25
Social sequelae	11.9 (21.6)	20.3 (30.3)	0.07	17.8 (22.3)	16.9 (28.1)	0.85	7.2 (15.7)	16.6 (25)	0.04

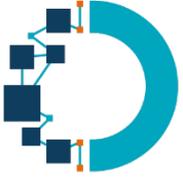
Note: A high score represents a high level of symptomatology or problems.

Global Quality of Life Scores in the Study Groups



- Pas de bénéfice sur la fatigue et sur la qualité de vie avec la dexaméthasone

Radhakrishnan V. et al.-ASCO 2023-Abs.#12112

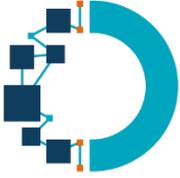


Corticothérapie et fatigue

NORHONA V. et al.-ASCO 2023-Abs.#12098

Dexamethasone and exercise for cancer-related fatigue: A phase III randomized controlled trial.

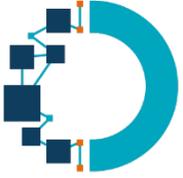
- 114 patients
- Suivi standard vs 8 mg de dexamethasone 2/j pendant 7 jours et activité physique(20-30 min marche+renforcement musculaire)



Results

		Mean change in score from baseline (SD)		P-value
		Intervention arm	Standard arm	
FACIT-Fatigue	Day 8	3.22 (12.69)	1.73 (9.97)	0.495
	Day 29	2.61 (14.64)	2.68 (12.87)	0.978
FACT-F TOI	Day 8	3.13 (21.70)	2.38 (18.18)	0.846
	Day 29	8.94 (18.51)	6.18 (22.43)	0.499
Multidimensional fatigue inventory	Day 8	-0.42 (11.33)	-0.93 (8.64)	0.790
	Day 29	-0.36 (14.17)	-3.16 (12.75)	0.272
Sleep quality (PSQI)	Day 8	-0.02 (3.70)	0.76 (4.09)	0.296
	Day 29	-1.15 (3.79)	0.62 (3.81)	0.018
Fatigue QoL (FA12)	Day 8	-6.26 (22.81)	-0.10 (19.50)	0.131
	Day 29	-11.00 (24.19)	-6.50 (23.30)	0.333
Fatigue (QLQ-C30)	Day 8	-11.11 (27.22)	-1.41 (28.45)	0.071
	Day 29	-20.09 (31.28)	-5.46 (28.04)	0.013

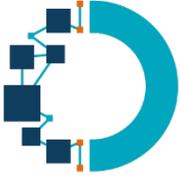
- Pas d'amélioration de la fatigue à 8 ou 29 jours
- Possible amélioration après 4 semaines APA sommeil et qualité de vie



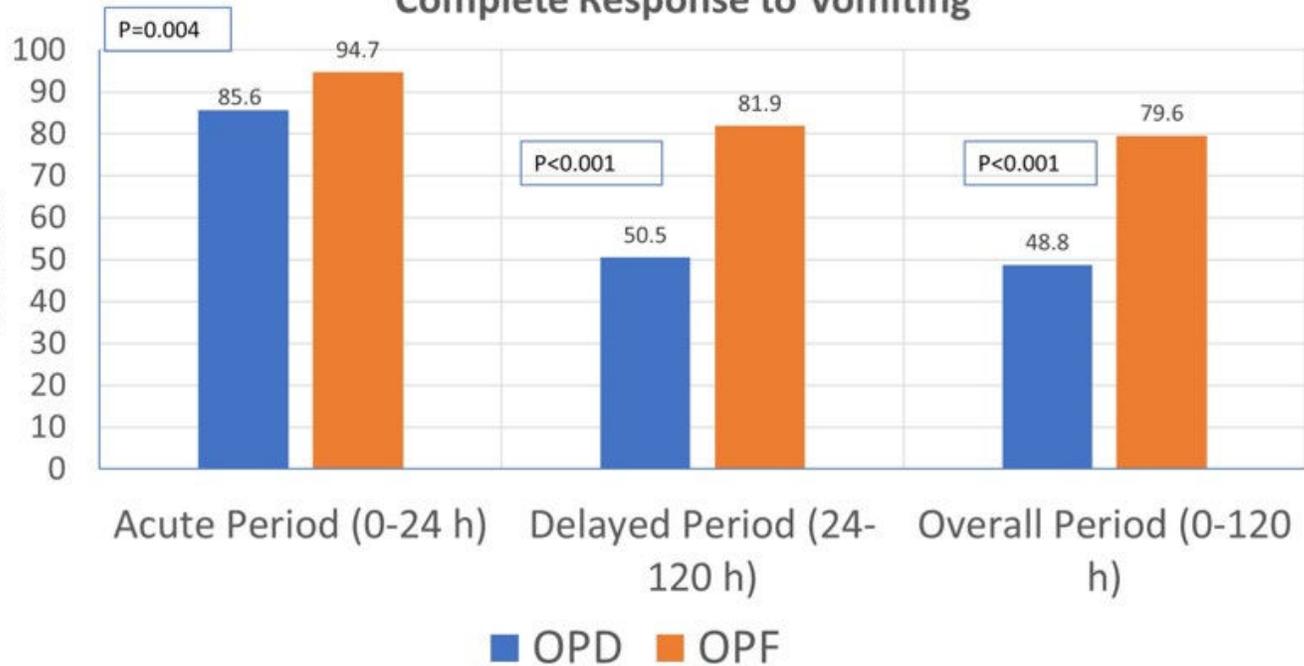
Corticothérapie et NVCI

RADHAKRISHNAN V. et al.-ASCO 2023-Abs.#12127

- A phase III, double-blind, non-inferiority, randomized controlled trial of antiemetic prophylaxis for highly emetogenic chemotherapy without dexamethasone: CINV POD study
 - 350 patients
 - J1: Olanzapine 5mg+palonosetron 0,25mg Iv+ 12 mg dexamethasone IV vs Olanzapine 5mg+palonosetron 0,25mg Iv+ fosaprepitant 150mg
 - J2-3-4: Olanzapine 5mg

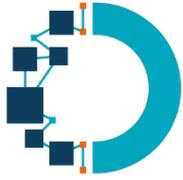


Complete Response to Vomiting



- Diminution des vomissements dans le groupe fosaprepitant vs dexaméthasone

RADHAKRISHNAN V. et al.-ASCO 2023-Abs.#12127

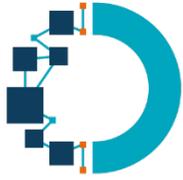


Neuropathie périphérique chimio-induite

Prévention

KUMAR PA. Et al.-ASCO 2023-Abs.#12025

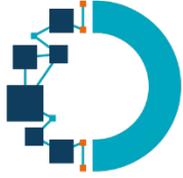
- A meta-analysis studying the utility of cryotherapy in the prevention of peripheral neuropathy in breast cancer patients receiving paclitaxel and nab-paclitaxel.
- Diminution du risque de 55% de survenue d'une neuropathie avec grade supérieur ou égal à 2
- Sur l'atteinte sensitive et motrice
- 5% arrêt du traitement



Neuropathie périphérique chimio-induite CBD?

WEISS M. et al.-ASCO 2023- Abs.#12020

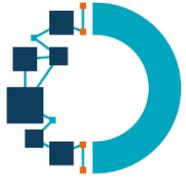
- Safety and efficacy of cannabidiol in the management of chemotherapy-induced peripheral neuropathy.
- Phase III, double-aveugle 135mg CBD vs placebo
- Après chimiothérapie chez des patients non métastatique(sein, colorectal, endomètre, ovaire)
- Neuropathie grade 2 et 3
- 4 mois



	Placebo		CBD		P*	Cohen's D
	Baseline	Change	Baseline	Change		
Sensory	42.9 (18.1)	9.3 (10.3)	40.2 (20.3)	13.5 (12.5)	0.235	-0.37
Motor	32.2 (24)	6.7 (16.0)	31.3 (24.1)	10.8 (10.0)	0.311	-0.31

	Adjusted Main Effects	
	β (95% CI)*	p
Sensory		
CBD	-10.2 (-20.3, -0.1)	0.048
Motor		
CBD	-8.4 (-20.0, 3.3)	0.158
Tingling and Numbness		
CBD	-10.4 (-20.9, 0.02)	0.05
Pain in Hands/Feet		
CBD	-7.6 (-21.6, 6.3)	0.282

- Diminution de l'engourdissement, troubles sensitifs et picotements



Neuropathie périphérique chimio-induite APA

SAINT K. et al.-ASCO 2023-Abs.#12077

- Impact of exercise on chemotherapy-induced peripheral neuropathy (CIPN) in survivors with post-treatment primary breast cancer.

Figure 1. Incidence of Taxane-Induced CIPN

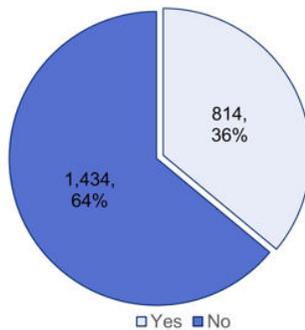
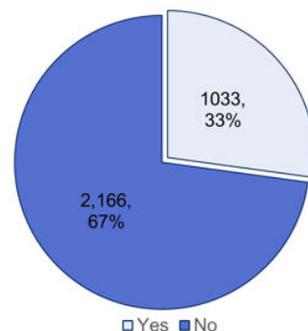
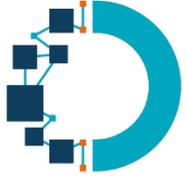


Figure 2. Incidence of non-Taxane-Induced CIPN



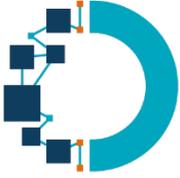
- Etude rétrospective
- 5444 patients avec cancer du sein, séparés en groupe post-taxanes et taxanes
- 28% CIPN chez patients faisant activité physique vs 38%



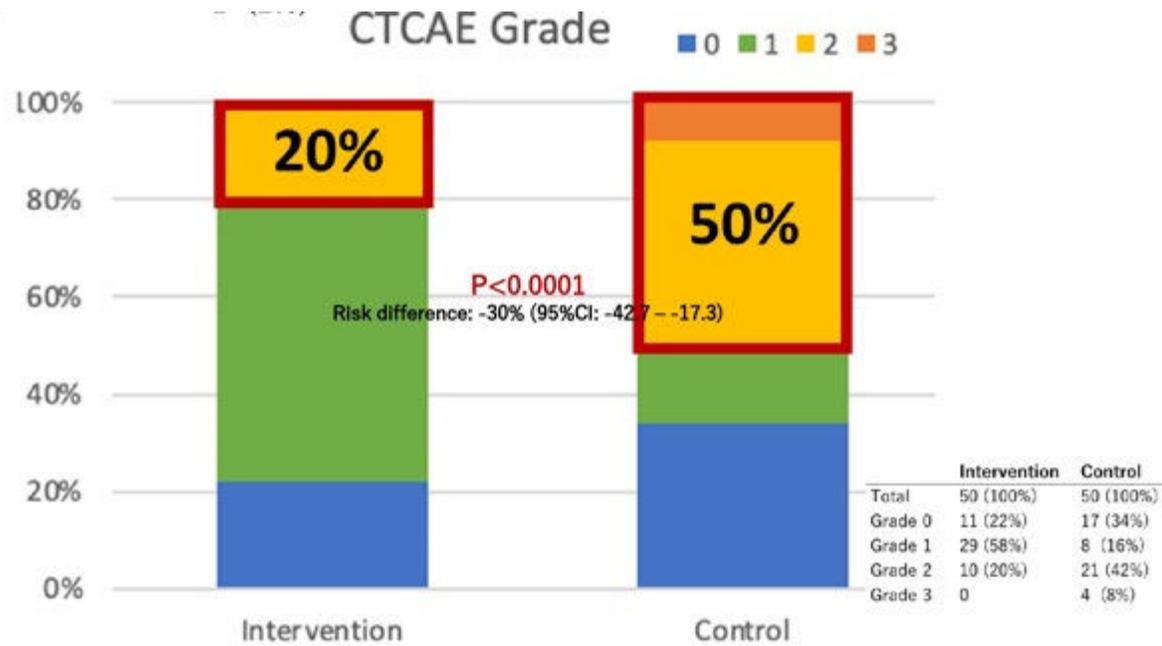
Syndrome mains-pieds

TAKASHIMA A. et al.-ASCO 2023- Abs.#12107

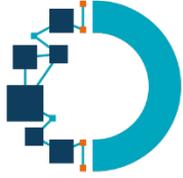
- The efficacy of hydrocolloid dressing as a prophylactic use for hand-foot skin reaction induced by multitargeted kinase inhibitors: A phase 3 randomized self-controlled study, J-SUPPORT 1701 APRON trial.
- 50 patients, regorafenib ou sorafenib
- Traitement sur 1 pied hydratant seul vs sur l'autre pied hydratant+pansement hydrocolloïde



HFSR



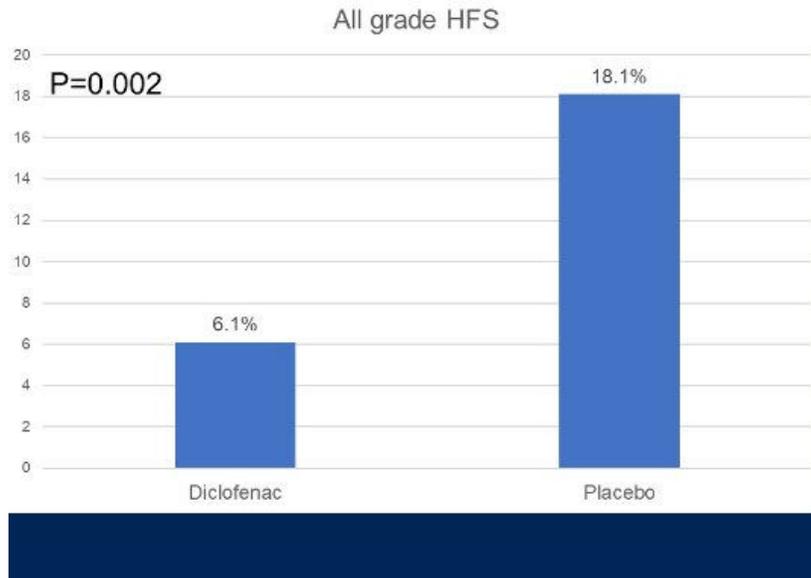
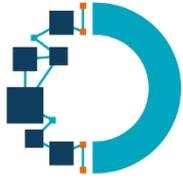
- Diminution du syndrome main-pieds avec l'hydrocolloïde



Syndrome mains-pieds capecitabine

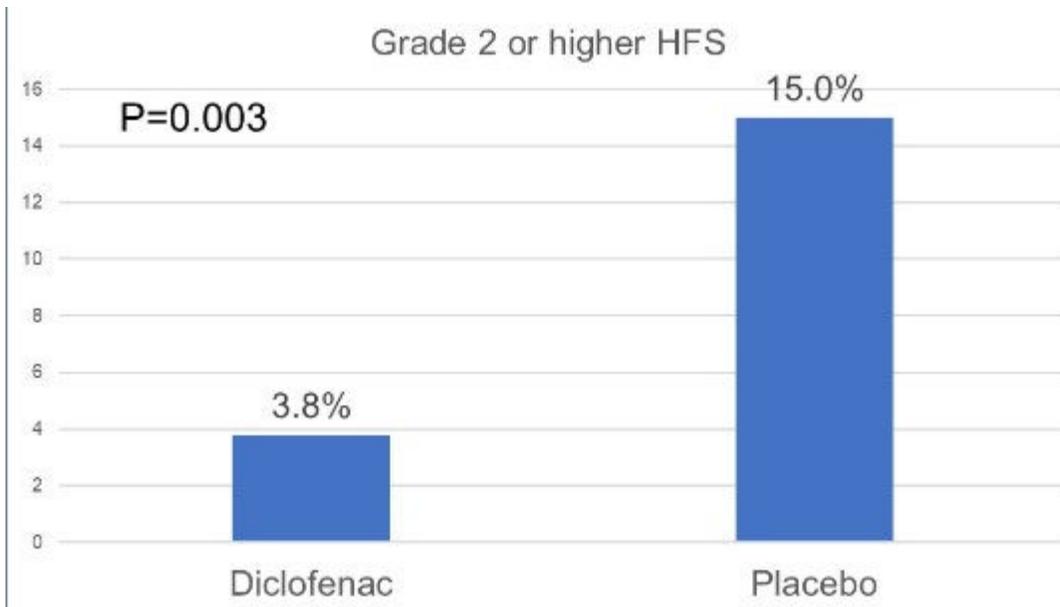
SANTOSH et al.-ASCO 2023-Abs.#12005

- Randomized double-blind, placebo-controlled study of topical diclofenac in prevention of hand-foot syndrome in patients receiving capecitabine.
- Application 2 fois par jour gel placebo vs gel DICLOFENAC 1% pendant 4 mois
- 263 patients(130 diclofenac, 133 placebo)

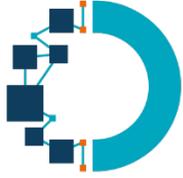


- 8 patients (6.1%) vs 24 patients (18.1%)
- Absolute risk difference, 11.9% (95% CI, 4.1% to 19.6%)

HFS— no (%)	Diclofenac arm (n=130)	Placebo arm (n=133)
Grade 1	3 (2.3%)	4 (3.0%)
Grade 2	2 (1.5%)	13 (9.8%)
Grade 3	3 (2.3%)	7 (5.3%)



- Diminution de la sévérité du syndrome mains-pieds...



Secondary outcome: capecitabine dose reduction

Cause of dose reduction	Diclofenac arm (n=130)	Placebo arm (n=133)
Hand foot syndrome	5 (3.8%)	18 (13.5%)
Mucositis	5 (3.8%)	10 (7.5%)
Diarrhoea	8 (6.1%)	8 (6.0%)
Myelosuppression	3 (2.3%)	5 (3.8%)
Total	21 (16.1%)	41 (30.8%)

P=0.005

- ... d'où une moindre diminution de dose avec absence de majoration d'effets secondaires

Secondary outcome: safety (CTCAEv5.0)

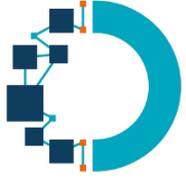
	Diclofenac (n=130)				Placebo (n=133)			
	Any grade	Grade 1	Grade 2	Grade 3	Any grade	Grade 1	Grade 2	Grade 3
Any event	64 (49.2%)	6 (4.6%)	43 (33.1%)	15 (11.5%)	68 (51.1%)	6 (4.5%)	44 (33.1%)	18 (13.5%)
Diarrhea	33 (25.3%)	2 (1.5%)	21 (16.1%)	10 (7.7%)	37 (27.8%)	0	27 (20.3%)	10 (7.5%)
Mucositis	42 (32.3%)	5 (3.8%)	33 (25.4%)	4 (3.1%)	44 (33.1%)	6 (4.5%)	30 (22.6%)	8 (6.0%)
Myelosuppression	3 (2.3%)	0	1 (0.8%)	2 (1.5%)	6 (4.5%)	1 (0.7%)	5 (3.8%)	0

Deaths

Diclofenac: 1
Placebo: 4

Unrelated

SANTOSH et al.-ASCO 2023-Abs.#12005



« Chemobrain »?

ELANTABLY D. et al.-ASCO 2023- Abs.#5086

- **Androgen-deprivation therapy and risk of dementia in patients with prostate cancer: Clinical outcomes from real-world data.**
- 627 025 hommes
- 73 933 traitement antiandrogénique vs 57 005 non

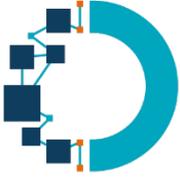


Table 1a: Risk of dementia with different ADT regimens

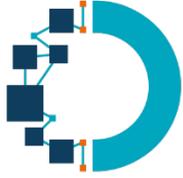
	ADT group (reference), n pts with dementia (%)	Non-ADT group, n pts with dementia (%)	Adjusted HR (95% CI), p-value
All ADT categories	1571 (3.12%)	1102 (2.19%)	1.60, (1.49, 1.73), S
GnRH analogues	1612 (3.33%)	1055 (2.12%)	1.69, (1.56, 1.83), S
GnRH antagonists	130 (2.75%)	100 (2.11%)	1.92, (1.47, 2.52), S
Antiandrogens	1216 (3.27%)	859 (2.30%)	1.63, (1.49, 1.78), S

Table 1b: Subgroup analysis by subtype of dementia

Alzheimer's disease	470 (0.93%)	343 (0.68%)	1.54, (1.34, 1.77), S
Vascular dementia	250 (0.50%)	209 (0.42%)	1.37, (1.14, 1.64), 0.0008
Unspecified dementia	1295 (2.58%)	904 (1.80%)	1.61, (1.48, 1.76), S

P-value of < 0.0001 is noted as S

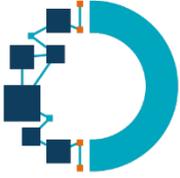
- Majoration du risque de démence chez les patients avec un traitement antiandrogénique



YOGA

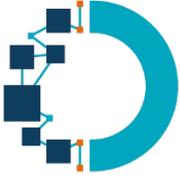
ARANA et al.-ASCO 2023-Abs.#12023

- Yoga vs. behavioral placebo for fatigue and quality of life among older cancer survivors.
- 83 patients avec yoga 75minx2/semaine pendant 4 semaines vs 90 patients avec information sur les recommandations post-cancer, 75minx2/semaine pendant 4 semaines

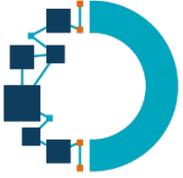


- Amélioration fatigue et qualité de vie





- Corticothérapie à réévaluer, pas de bénéfices sur la fatigue seule, à réévaluer pour la prévention des NVCI sur chimiothérapie hautement émétisante
- Prévention et traitement de la neuropathie périphérique chimio-induite (multimodale avec cryothérapie, vitamine D, APA, CBD? -> expérimentation en cours)
- Traitement du syndrome mains-pieds -> multimodale avec traitement topique ou pansements hydrocolloïdes



- Réflexion sur suivi des patients avec le traitement anti-androgénique avec notamment contrôle des facteurs de risque cardiovasculaires
- Ateliers de remédiation cognitive
- Yoga même dans l'après-cancer

