



# Versorgungssituation beim Magen- und Ösophaguskarzinom

Richard Hummel, Greifswald

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Next generation clinical evidence – klinische Evidenz aus versorgungsnahen Daten der Krebsregister

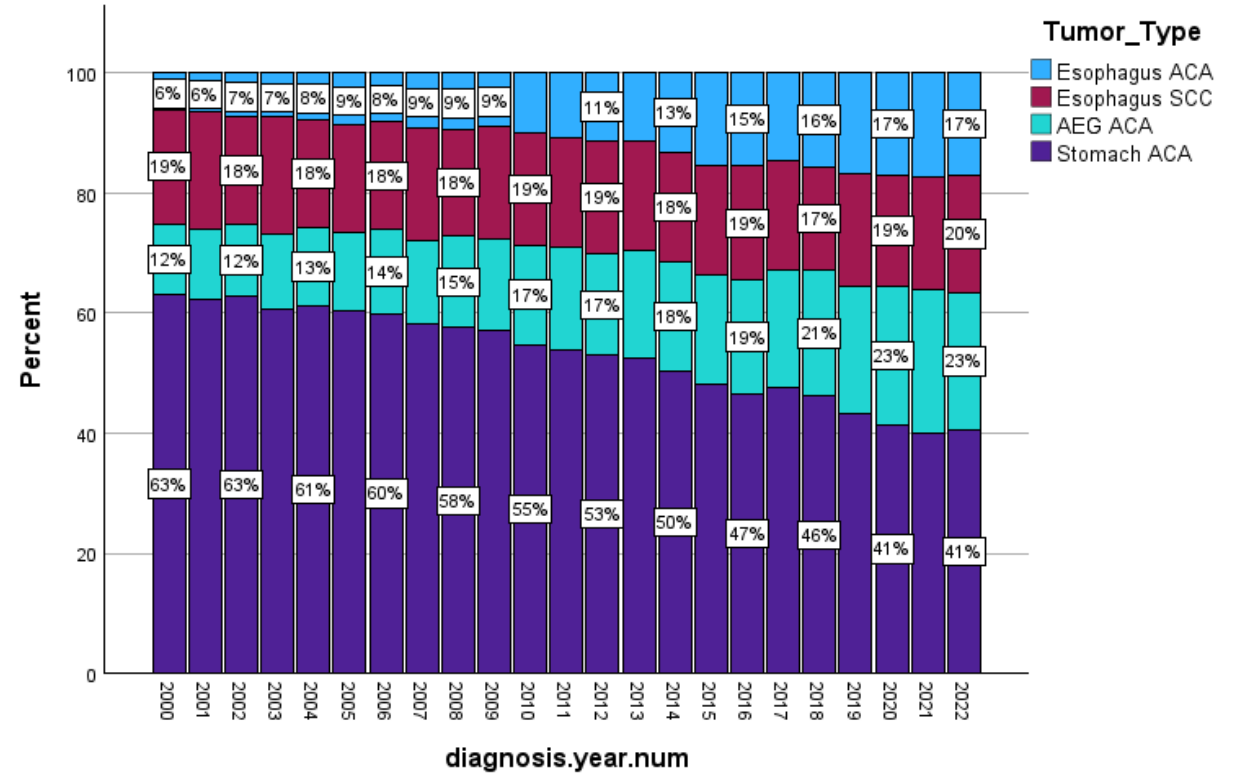
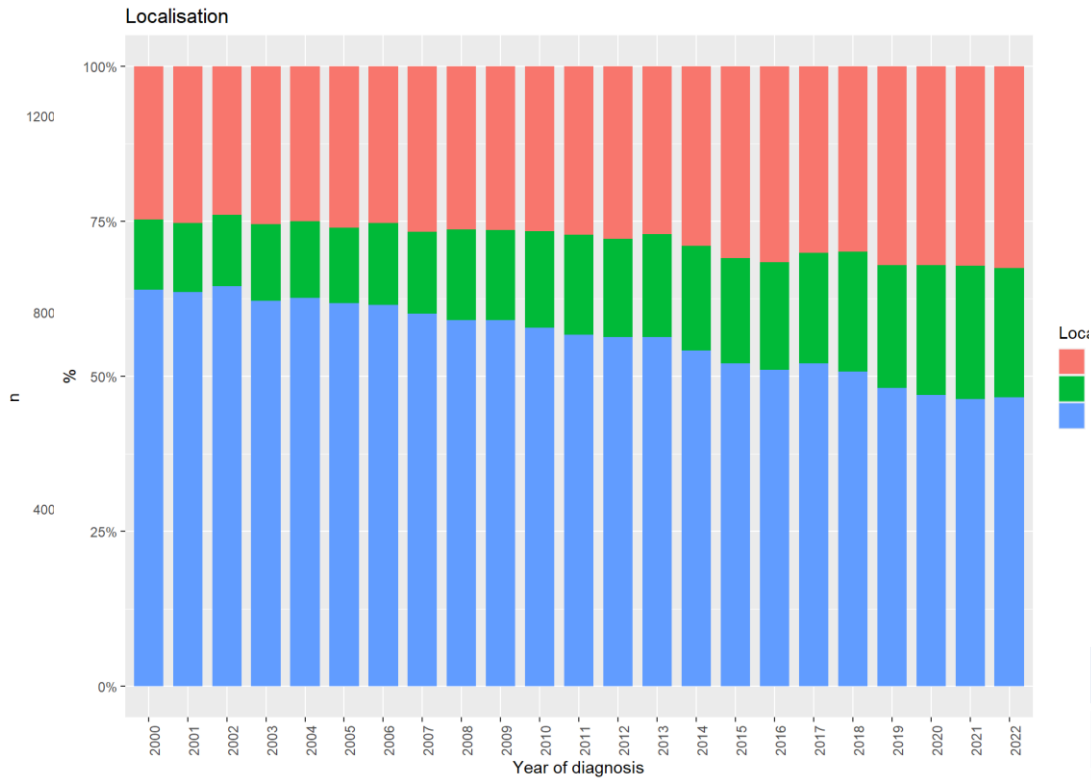
10. Bundesweite Onkologische Qualitätskonferenz 2024

# Überblick – Fallzahlen und Tumoren



Bundesweite Onkologische  
Qualitätskonferenz  
ADT  
Arbeitsgemeinschaft  
Deutscher Tumorzentren

n > 190000

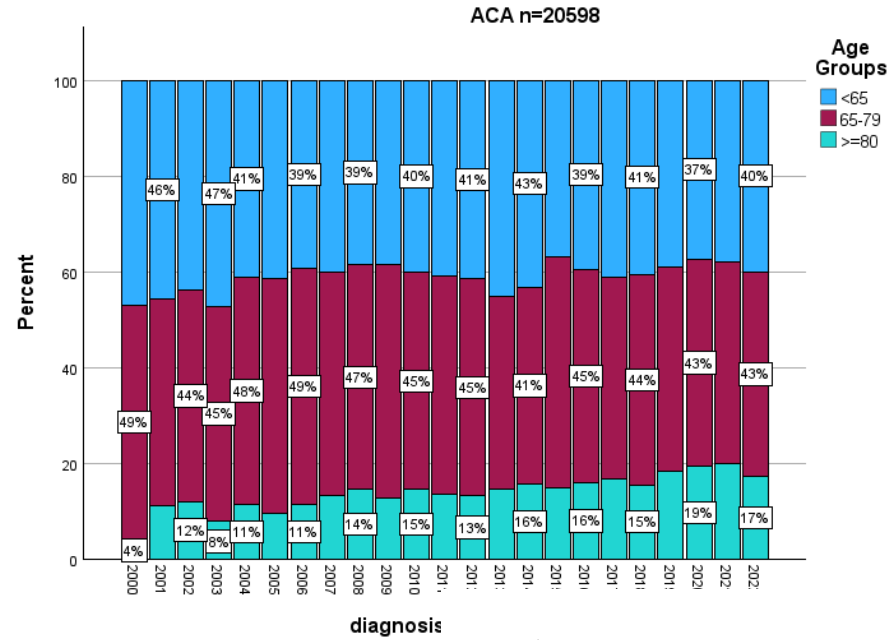
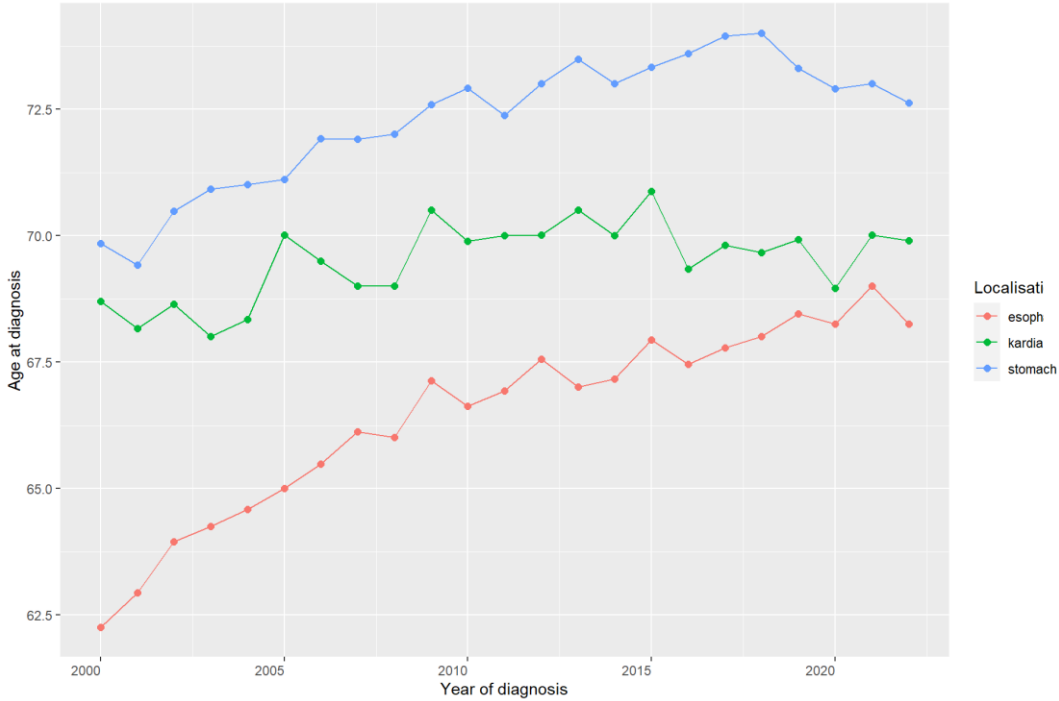


Tumor Typ	2000	2022	Change%
ACA	6%	17%	283% ↑
SCC	19%	20%	5% ↑
AEG	12%	23%	192% ↑
Stomach	63%	41%	35% ↓

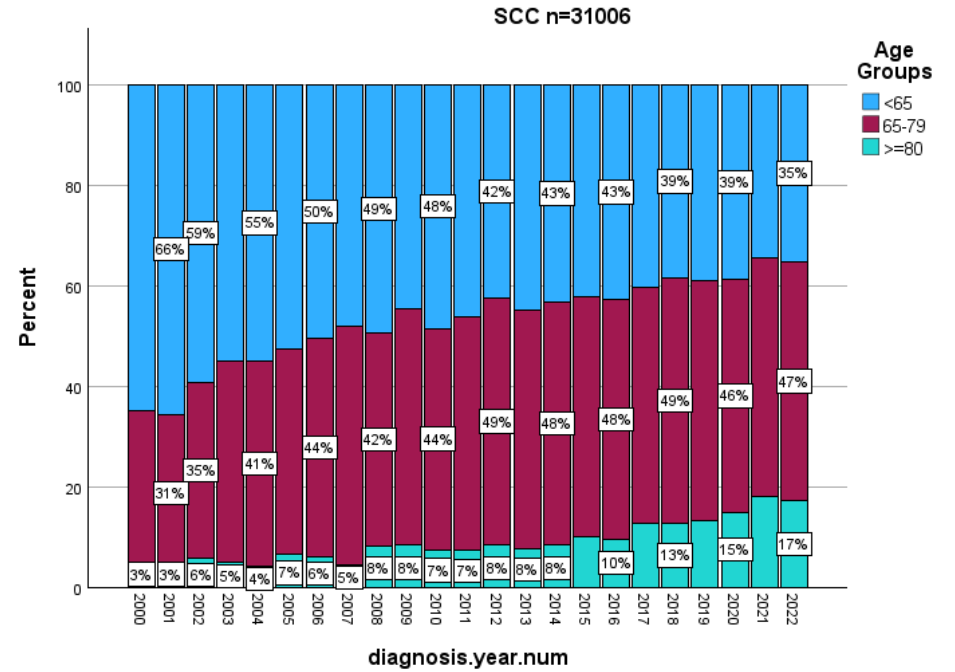
# Veränderungen im Patientenkollektiv – das Alter



Age versus year of diagnosis  
age increasing (p<0.05)



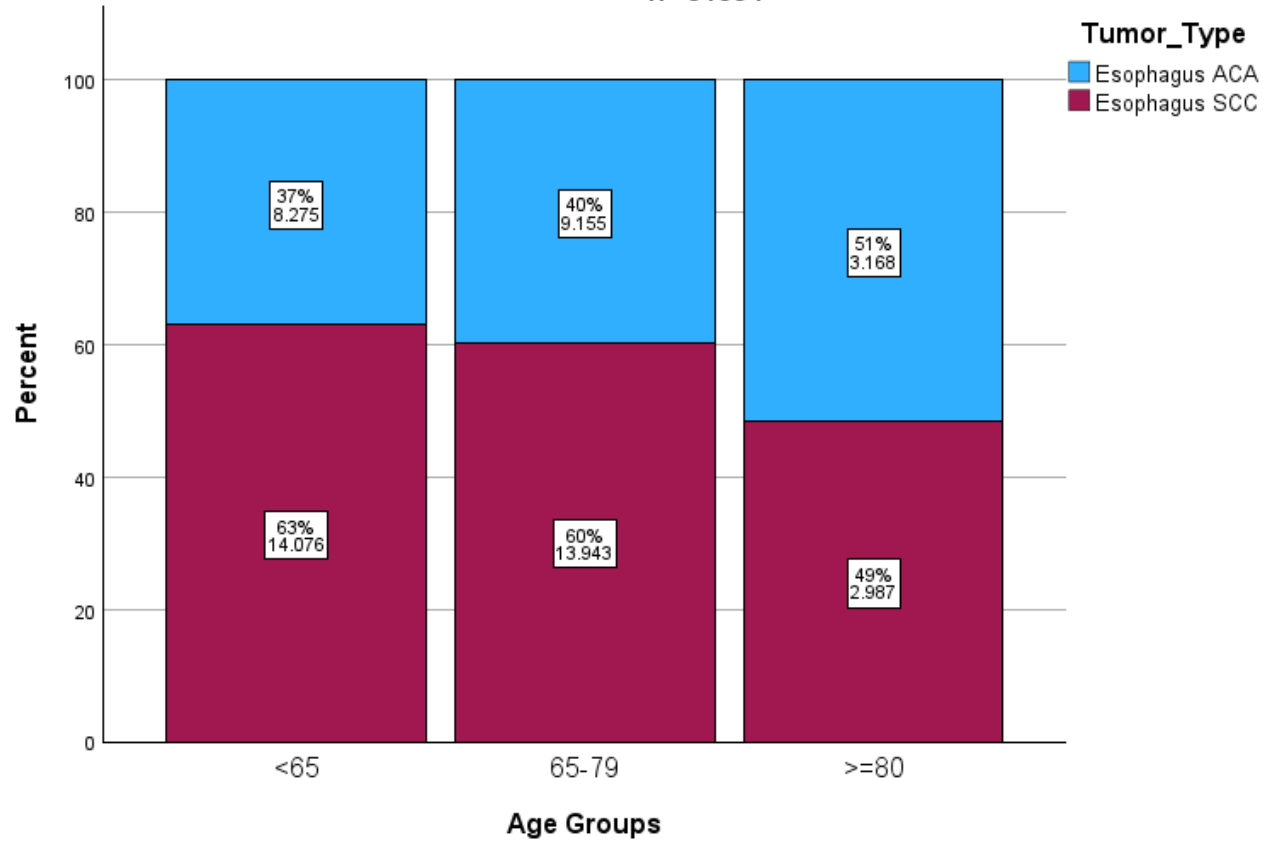
diagnosis



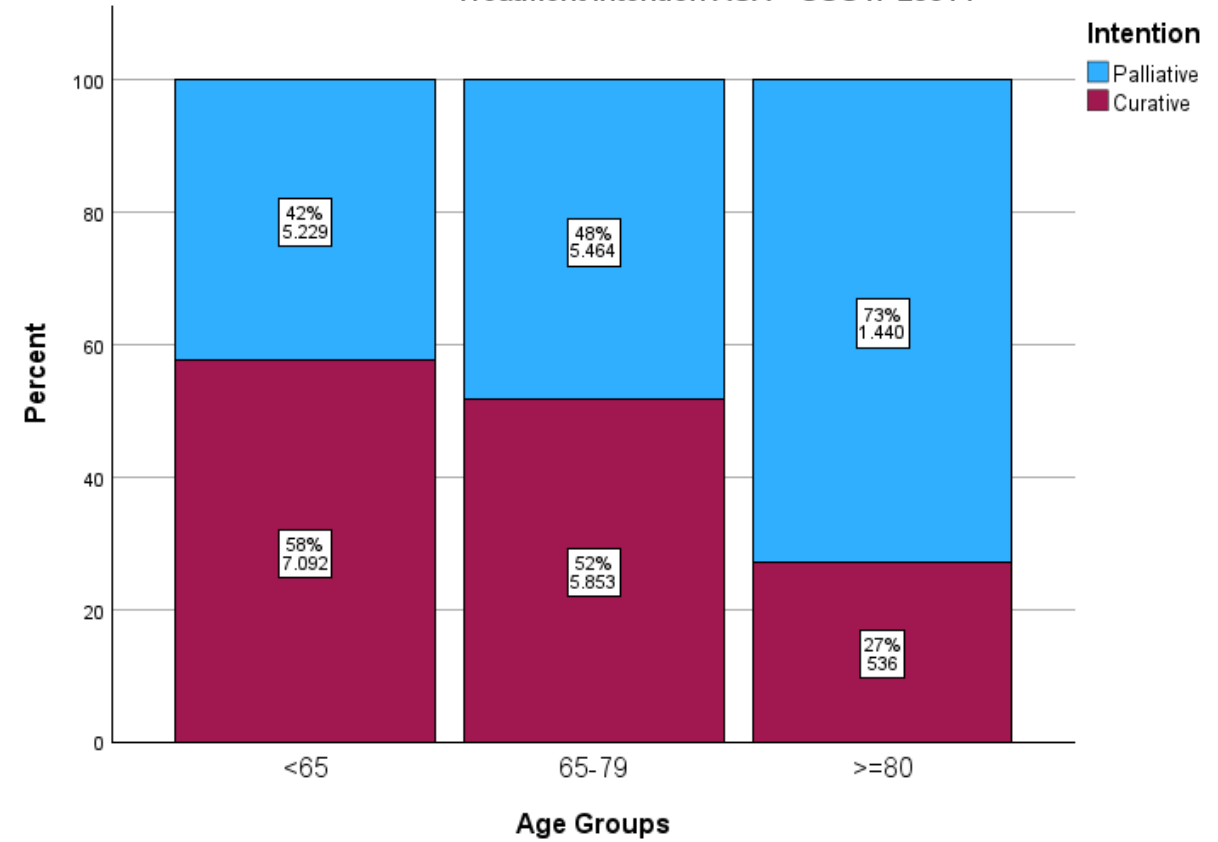
diagnosis.year.num

# Das Alter – Einfluss auf Therapiewahl

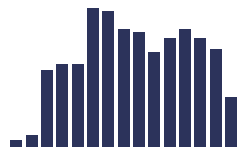
n= 51604



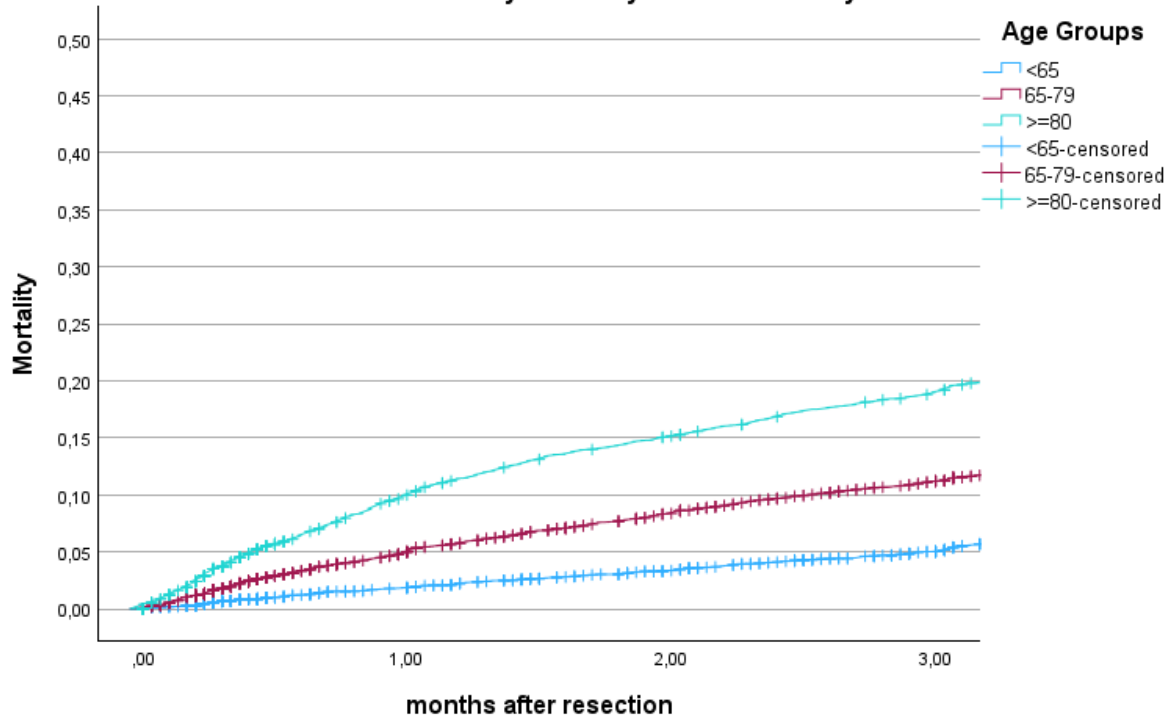
Treatment Intention ACA + SCC n=25614



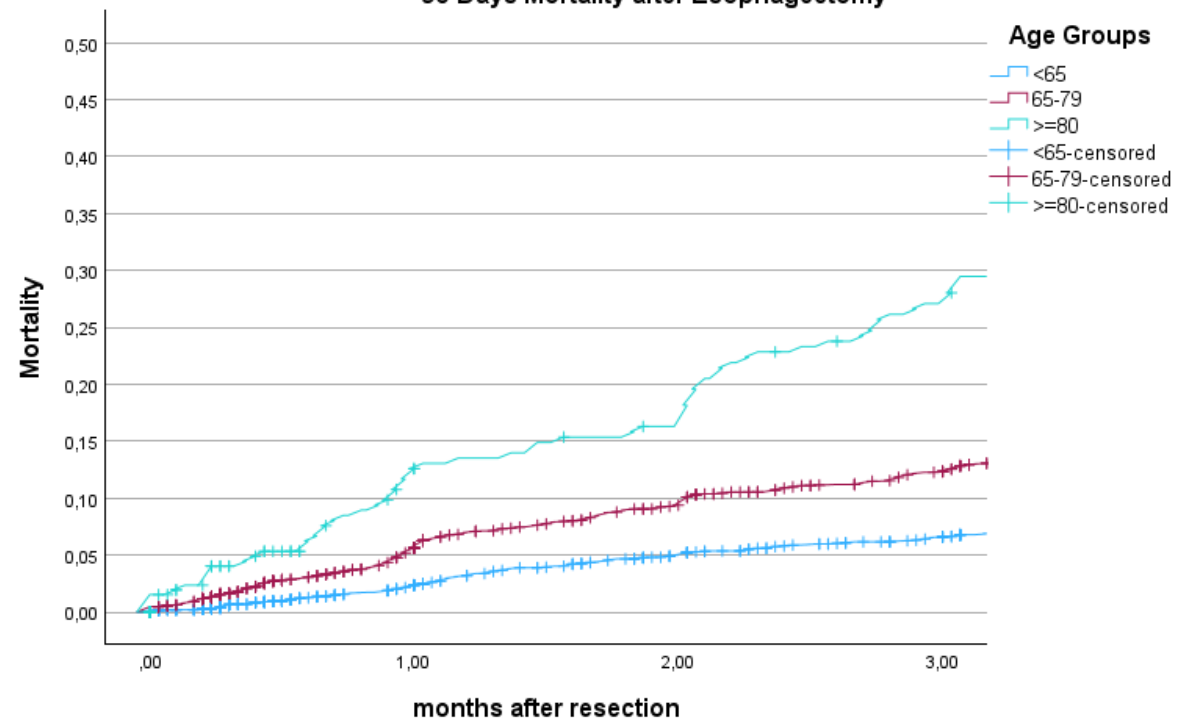
# Das Alter – Einfluss auf Überleben nach chirurgischer Therapie



90 Days Mortality after Gastrectomy



90 Days Mortality after Esophagectomy



Case Processing Summary

Age Groups	Total N	N of Events	Censored	
			N	Percent
<65	5001	3212	1789	35,8%
65-79	8040	6150	1890	23,5%
>=80	3235	2730	505	15,6%
Overall	16276	12092	4184	25,7%

$p < 0.001$

Case Processing Summary

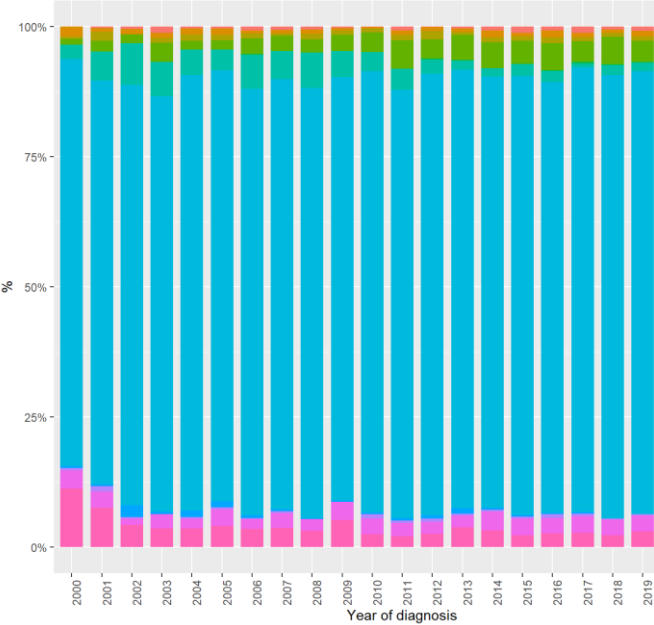
Age Groups	Total N	N of Events	Censored	
			N	Percent
<65	2533	1518	1015	40,1%
65-79	2154	1392	762	35,4%
>=80	262	187	75	28,6%
Overall	4949	3097	1852	37,4%

$p < 0.001$

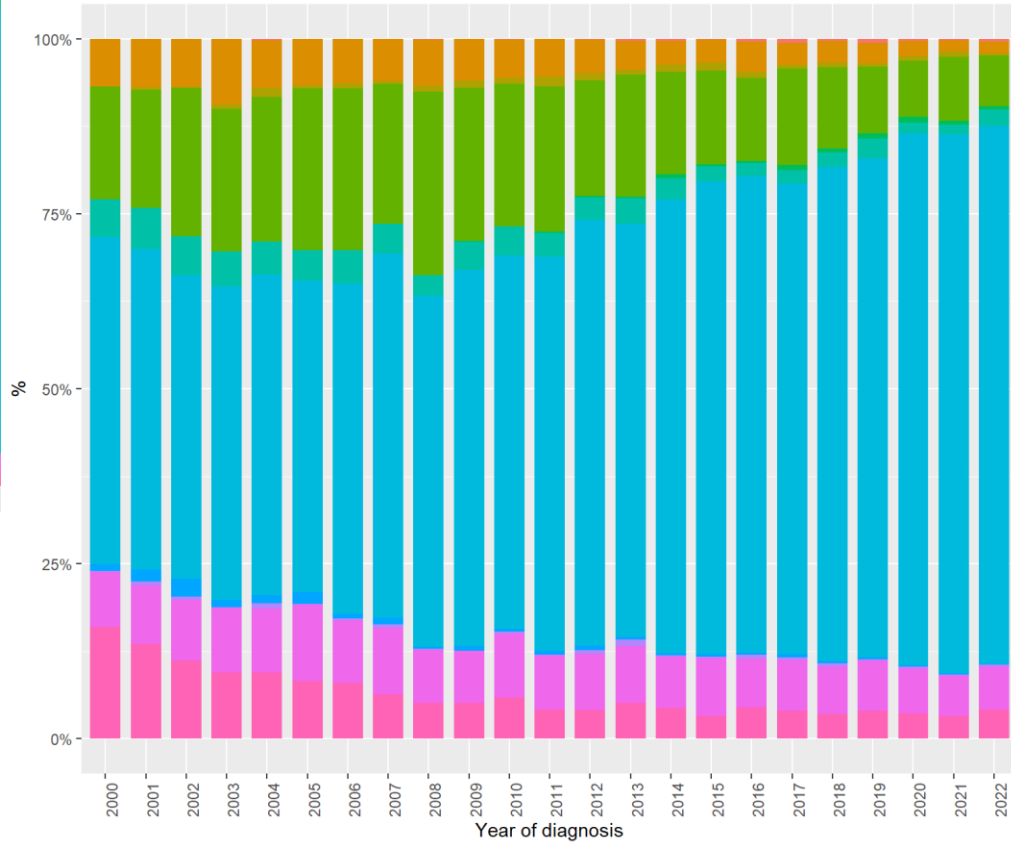
# Histologie – Veränderungen bei Adenokarzinomen



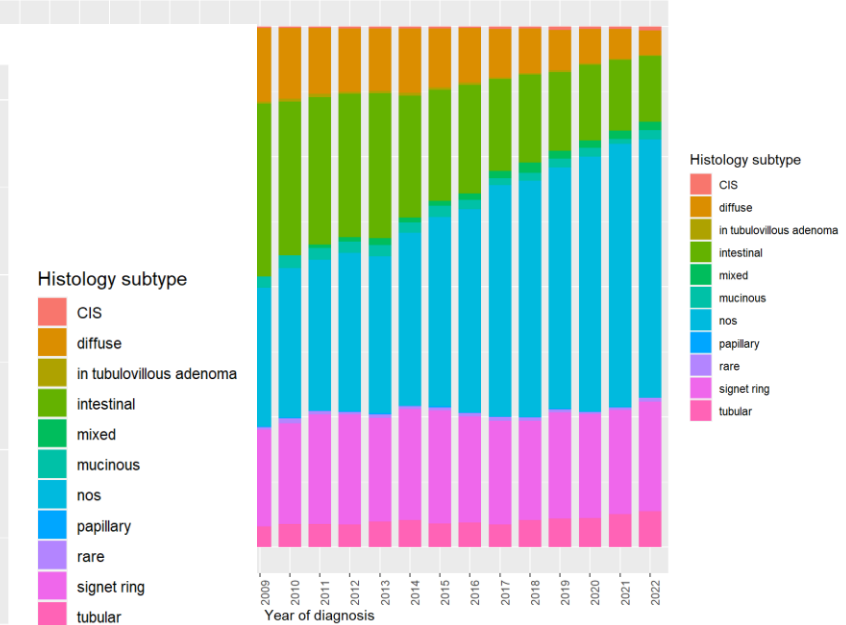
Histology subtypes in esophageal ACA



Histology subtypes in kardia ACA



Histology subtypes in gastric ACA



Histology subtype

- CIS
- diffuse
- in tubulovillous adenoma
- intestinal
- mixed
- mucinous
- nos
- papillary
- rare
- signet ring
- tubular

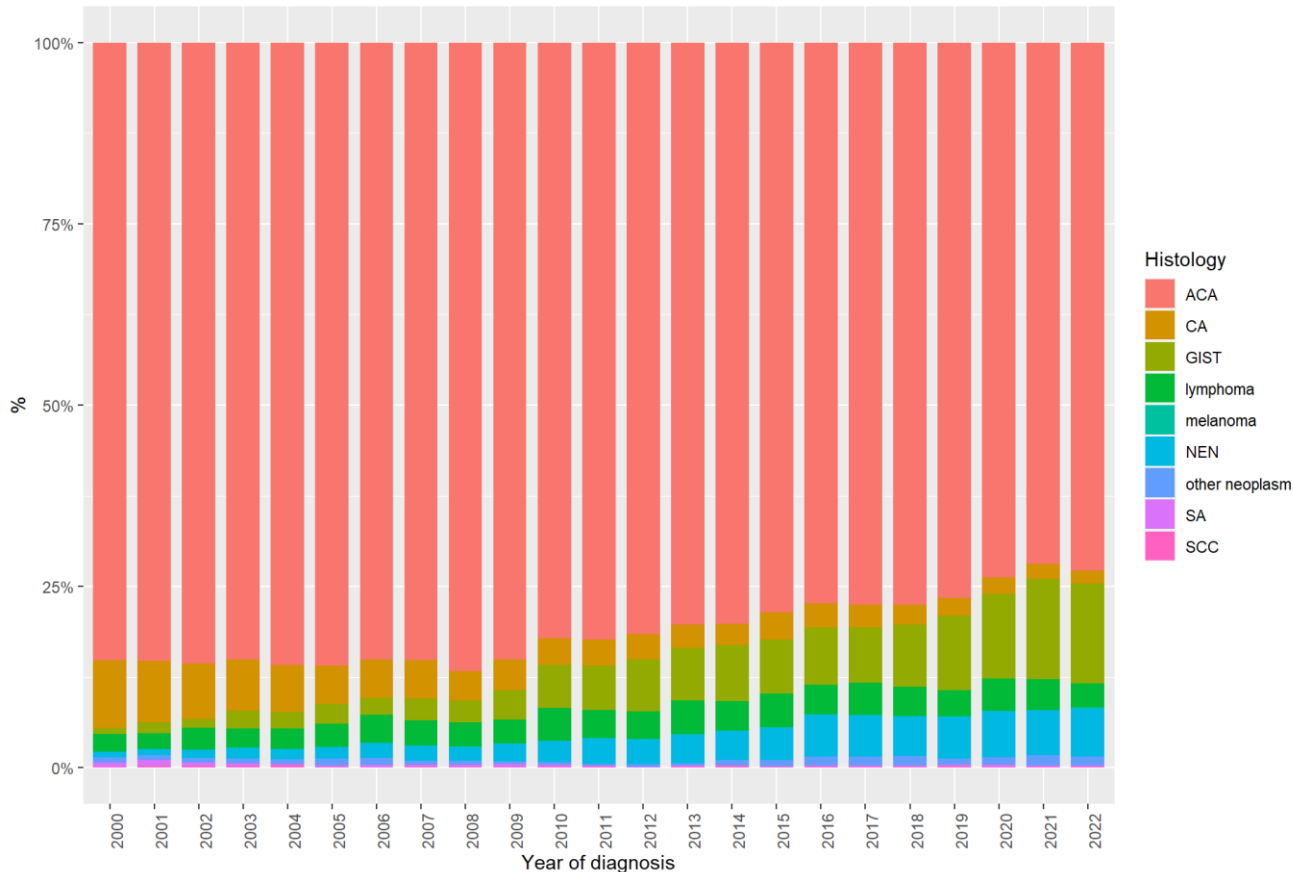
Histology subtype

- CIS
- diffuse
- in tubulovillous adenoma
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- papillary
- rare
- signet ring
- tubular

# Histologie – Veränderungen der allgemeinen Histologie

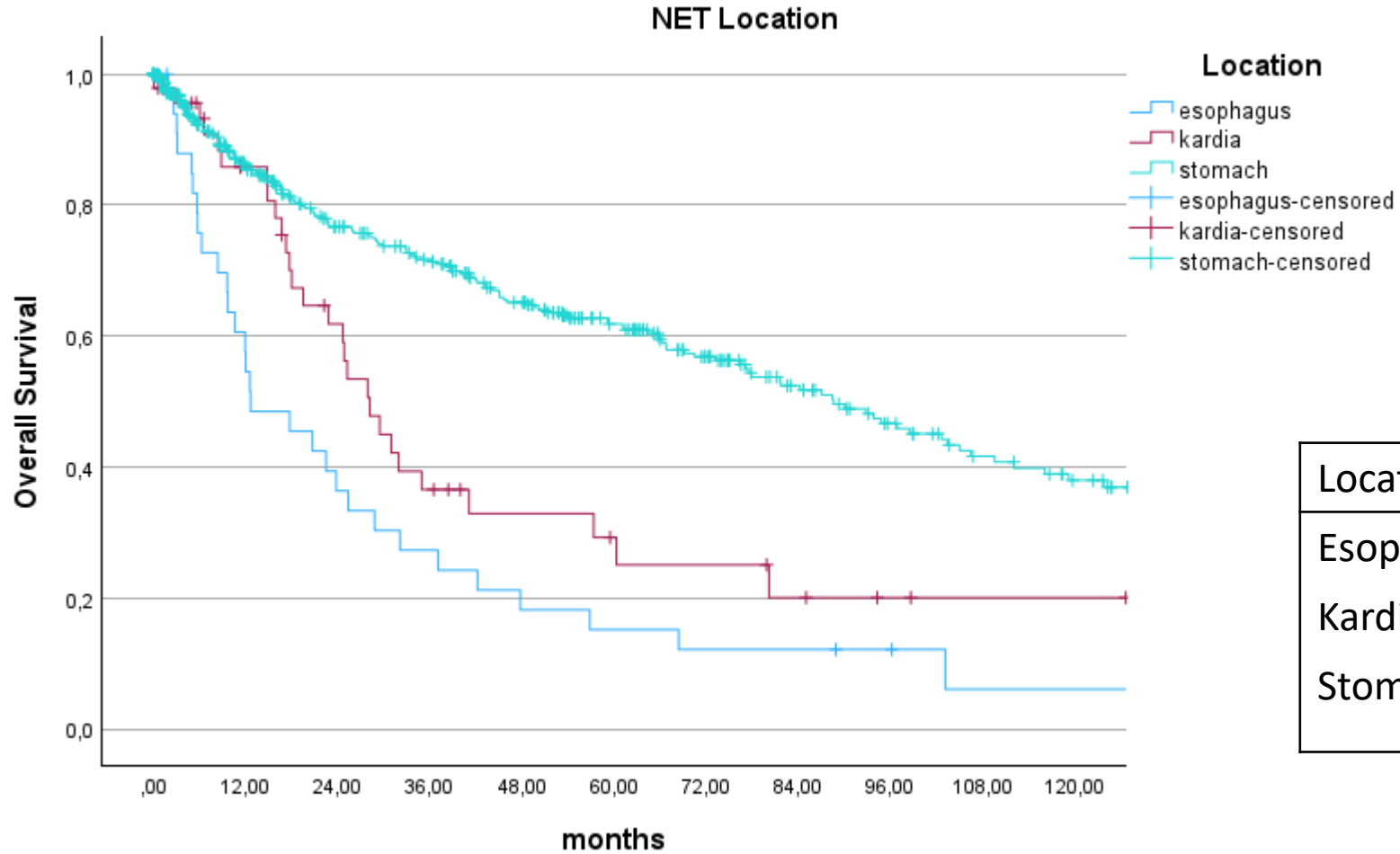


Histology in stomach



Variables	esophagus	kardia	stomach	P
<b>T-status</b>				<b>p&lt;0.001</b>
pT0	2 (6%)	2 (4%)	2 (1%)	
pT1	10 (29%)	7 (15%)	272 (59%)	
pT2	6 (17%)	13 (28%)	123 (26%)	
pT3	15 (42%)	21 (45%)	54 (11%)	
pT4	2 (6%)	4 (8%)	14 (3%)	
<b>N-status</b>				<b>p&lt;0.001</b>
pN0	15 (43%)	25 (53%)	373 (80%)	
pN1	13 (37%)	10 (21%)	70 (15%)	
pN2	4 (11%)	5 (11%)	13 (3%)	
pN3	3 (9%)	7 (15%)	9 (2%)	
<b>M-status</b>				<b>p&lt;0.004</b>
pM0	32 (91%)	41 (87%)	450 (97%)	
pM1	3 (9%)	6 (13%)	15 (3%)	
<b>G-status</b>				<b>p&lt;0.001</b>
G1	2 (6%)	8 (17%)	275 (59%)	
G2	4 (11%)	6 (13%)	103 (22%)	
G3	29 (83%)	33 (70%)	87 (19%)	
<b>Op-category</b>				<b>p&lt;0.001</b>
OE	28 (80%)	12 (25%)	2 (1%)	
GE	4 (11%)	29 (62%)	220 (47%)	
EX	3 (9%)	6 (13%)	243 (52%)	

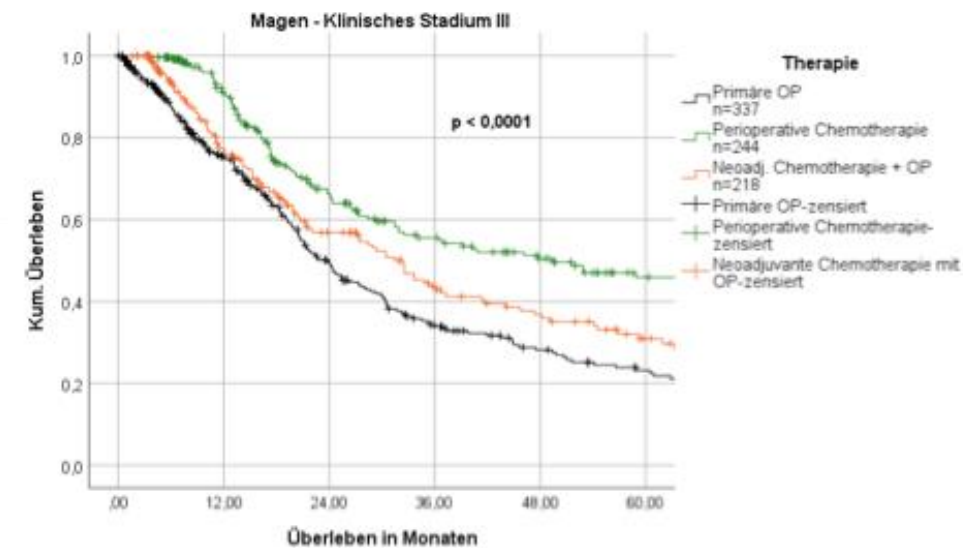
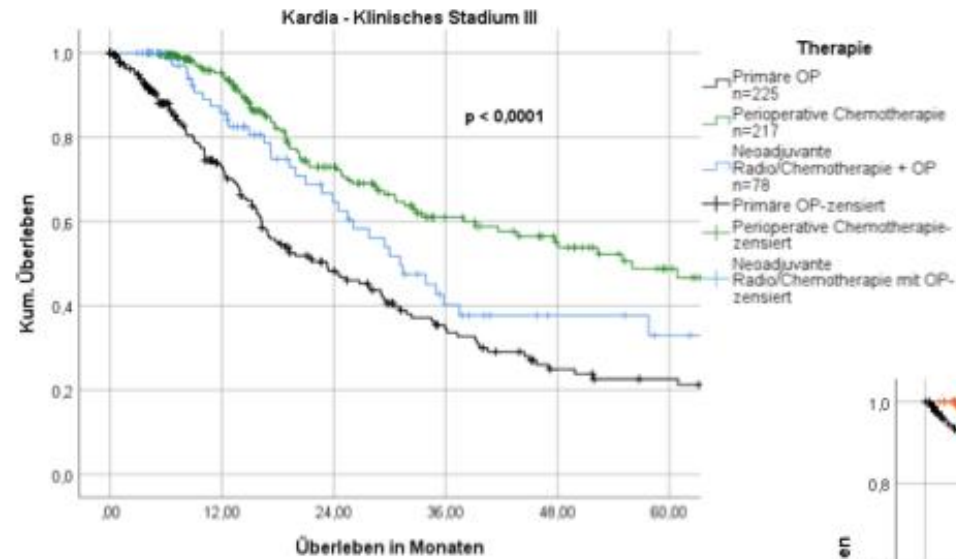
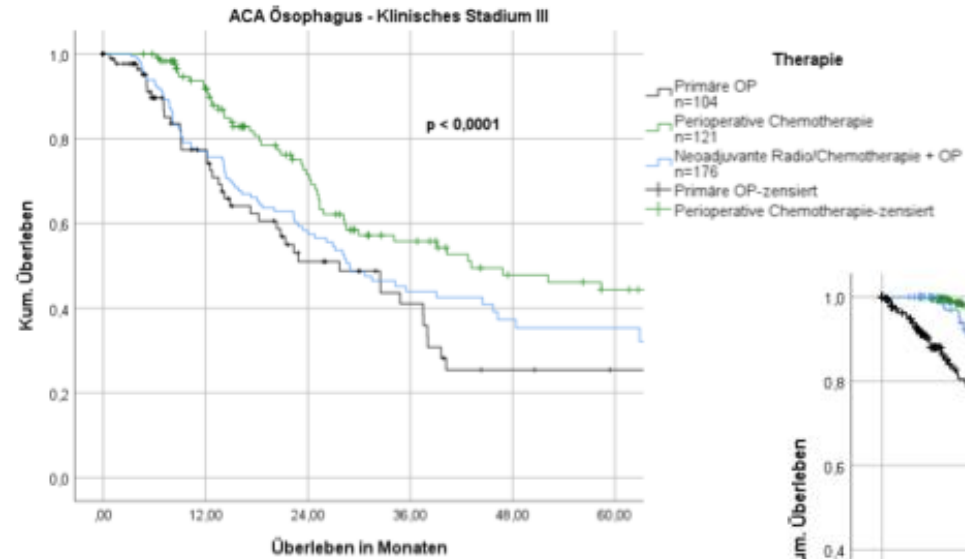
# NET im OGI Trakt – Prognose nach Lokalisation



Location	N=	P-value
Esophagus	35	<0.001
Kardia	47	
Stomach	465	

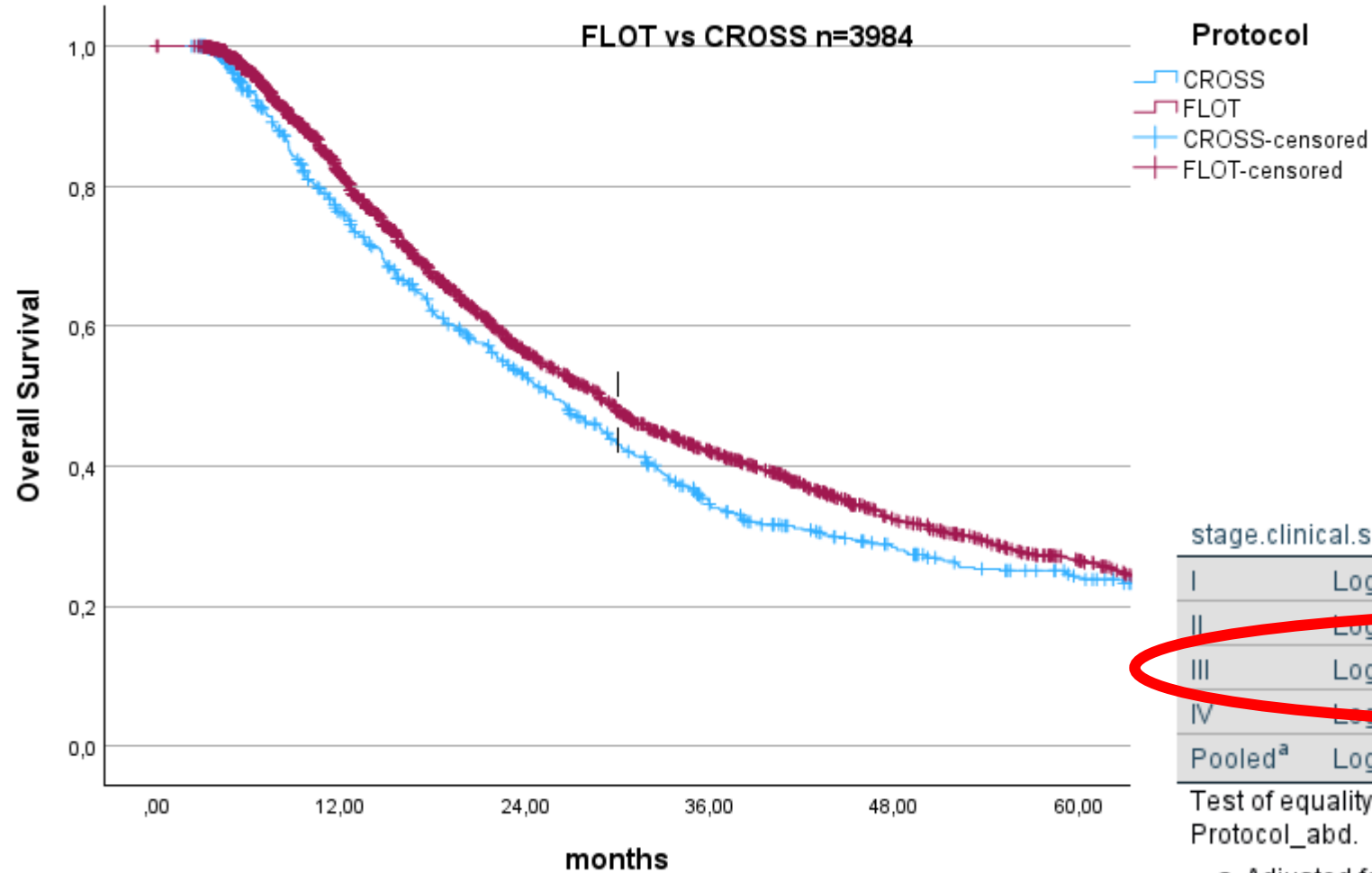
# Adenokarzinome des OGI

## Welche multimodale Therapie ist die Beste?



# Adenokarzinome des OGI

## FLOT versus CROSS



### Overall Comparisons

stage.clinical.simple		Chi-Square	df	Sig.
I	Log Rank (Mantel-Cox)	,243	1	,622
II	Log Rank (Mantel-Cox)	,405	1	,524
III	Log Rank (Mantel-Cox)	5,894	1	,015
IV	Log Rank (Mantel-Cox)	,164	1	,686
Pooled <sup>a</sup>	Log Rank (Mantel-Cox)	4,453	1	,035

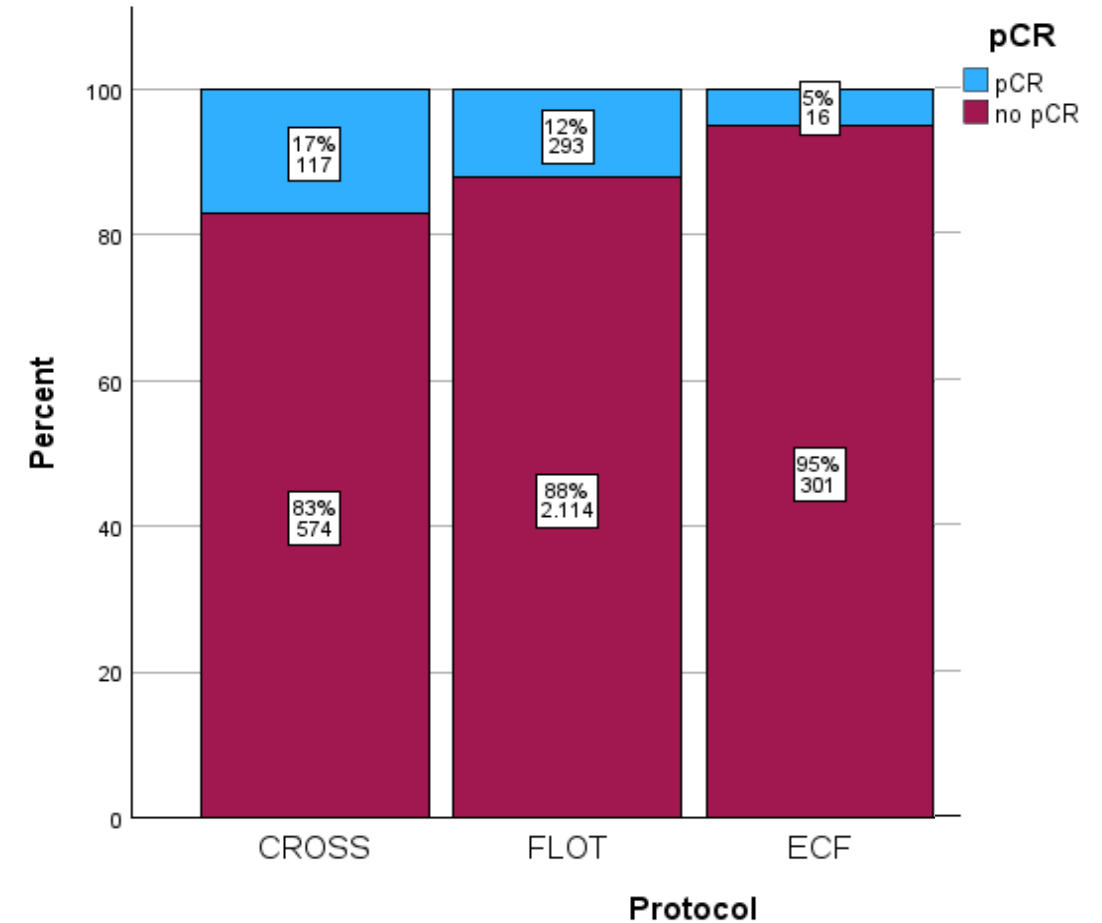
Test of equality of survival distributions for the different levels of Protocol\_abd.

a. Adjusted for stage.clinical.simple.

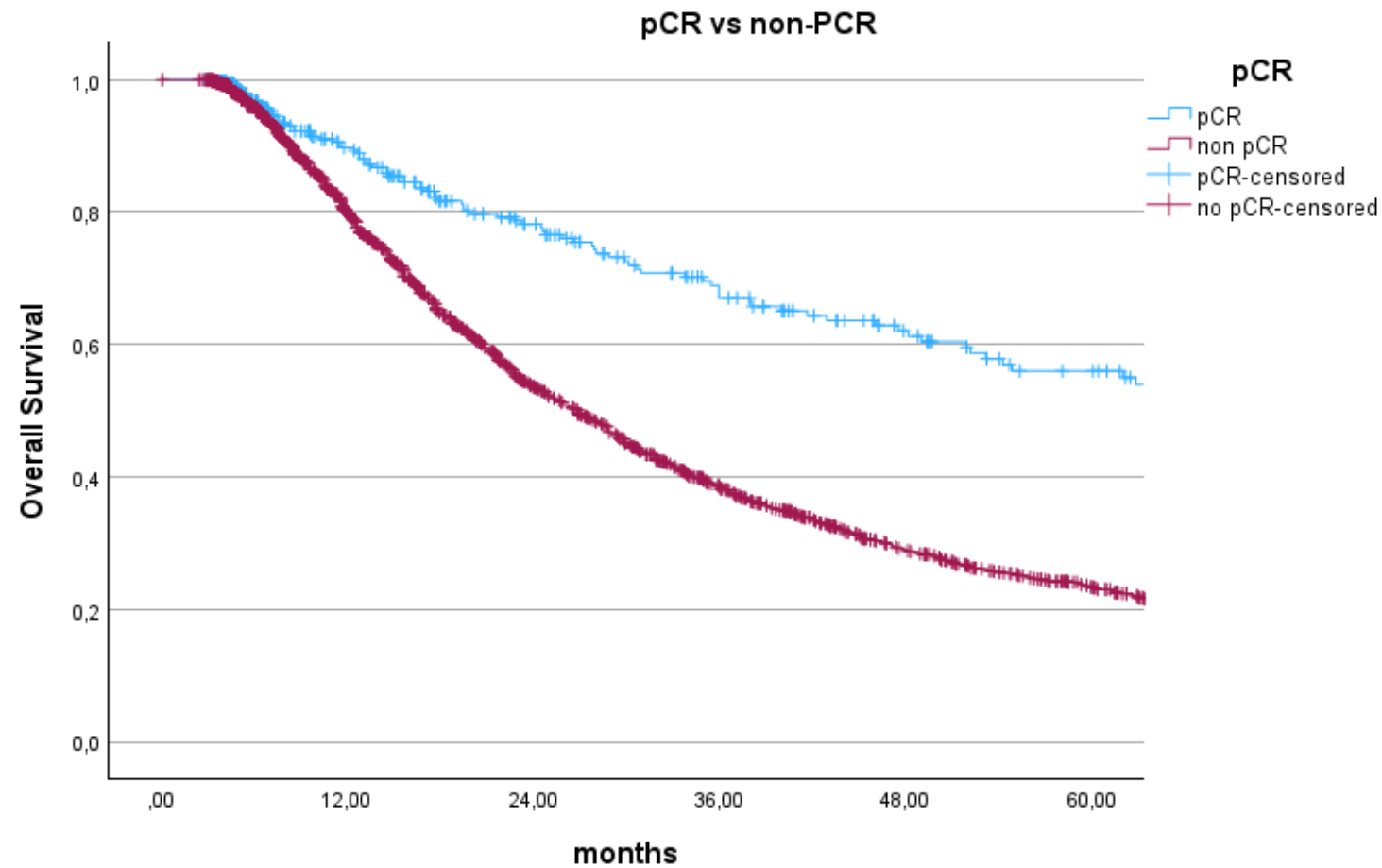
# Adenokarzinome des OGI – pCR versus non-pCR



Variables	pCR	Non- pCR	<i>P</i>
<b>Age</b>			<b>0.670</b>
<65	163 (14%)	1011 (86%)	
>=65	127 (15%)	746 (85%)	
<b>Sex</b>			
Male	254 (15%)	1494 (85%)	
Female	36 (12%)	200 (88%)	
<b>TJCC</b>			<b>&lt;0.001</b>
Stage I	7 (22%)	25 (78%)	
Stage II	50 (18%)	235 (22%)	
Stage III	206 (15%)	1178 (85%)	
Stage IV	27 (8%)	319 (92%)	
<b>Location</b>			<b>0.002</b>
Esophagus	156 (22%)	772 (78%)	
Kardia	134 (12%)	985 (88%)	
<b>Histology</b>			<b>0.457</b>
Diffuse	4 (8%)	44 (92%)	
Intestinal	21 (14%)	125 (86%)	
NOS	242 (15%)	1401 (85%)	
Signet ring	13 (10%)	112 (90%)	
Tubular	10 (9%)	75 (81%)	



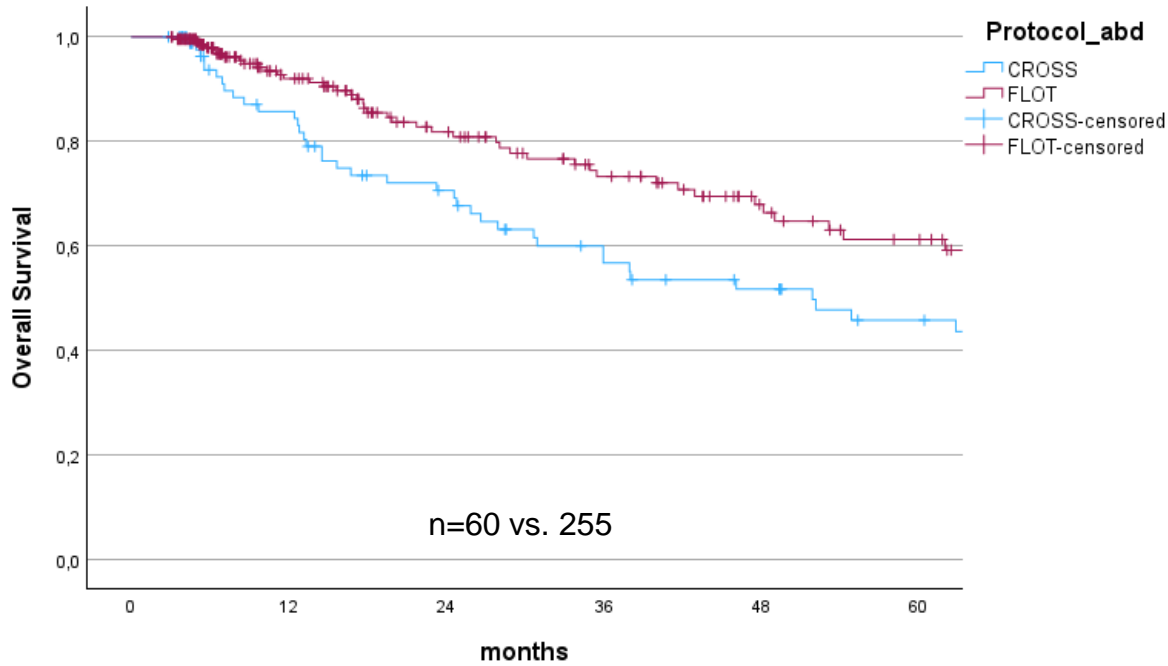
# Adenokarzinome des OGI – Response und Effekt auf Prognose



Variable	N=	P-value
pCR	353	<0.001
Non-pCR	2491	

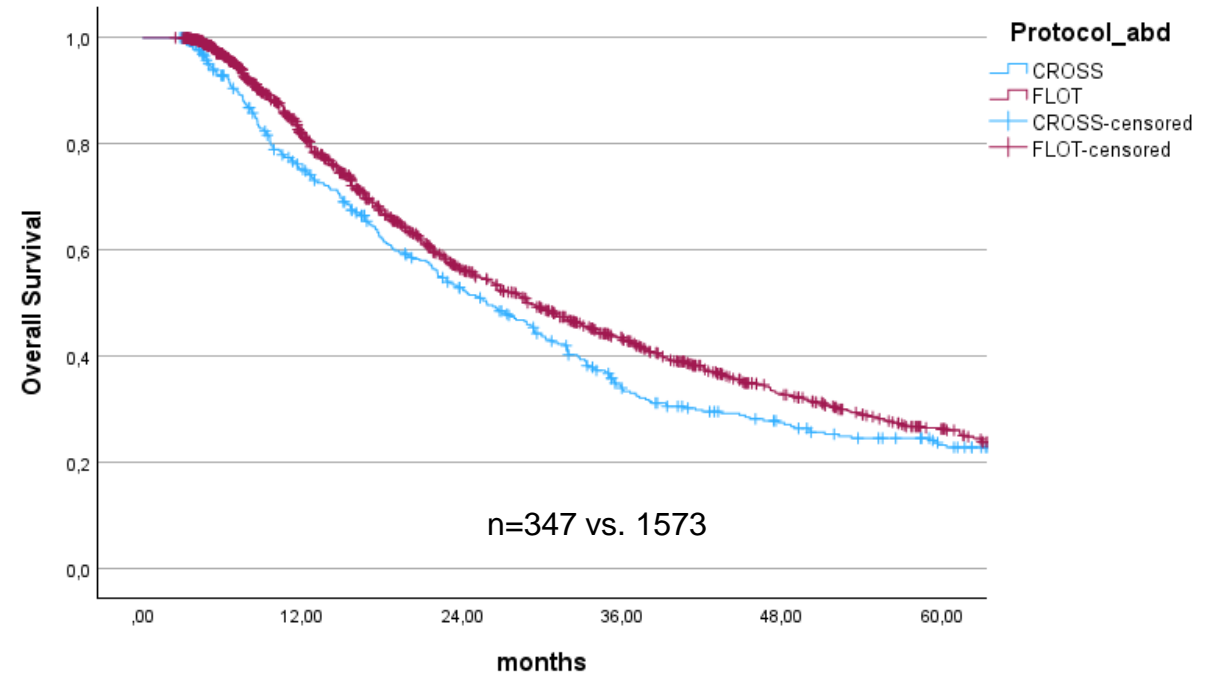
# Adenokarzinome des OGI – FLOT versus CROSS

pCR Stage II/III



Stage	P-value
II	0.927
III	0.004
Overall	0.008

Non pCR Stage II/III

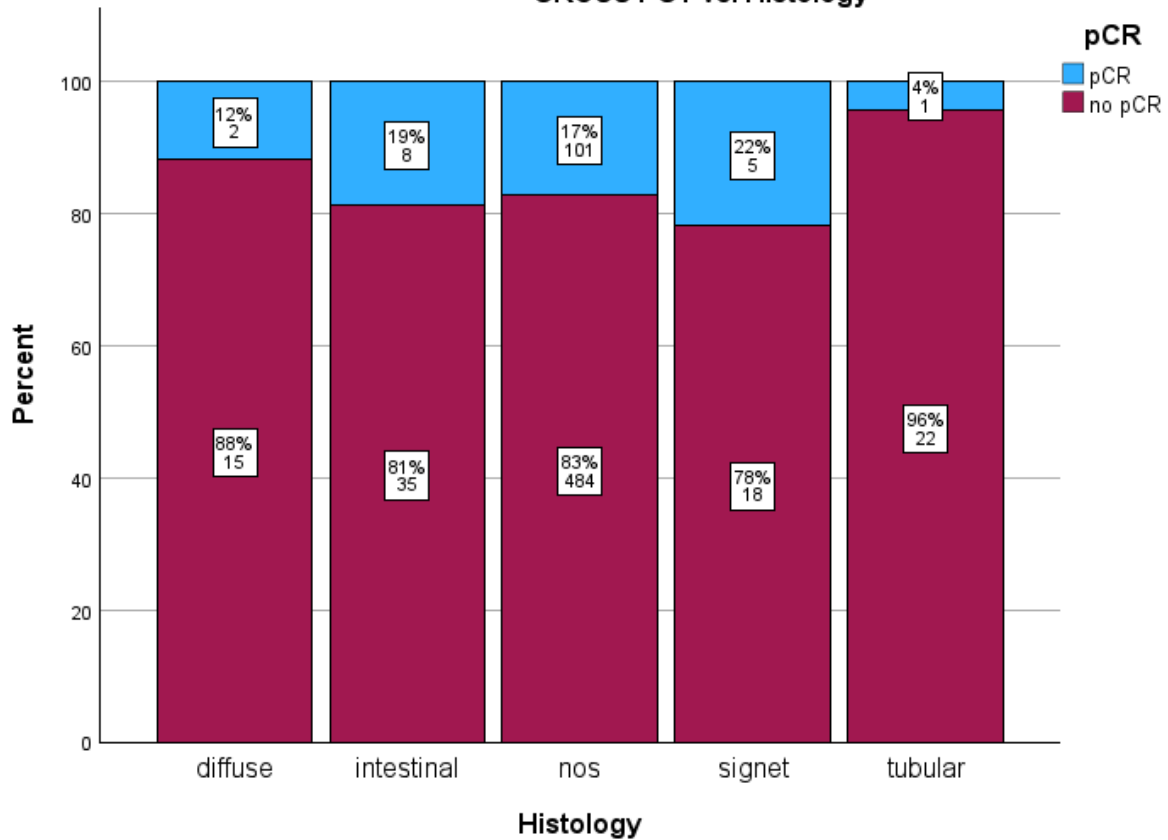


Stage	P-value
II	0.549
III	0.021
Overall	0.019

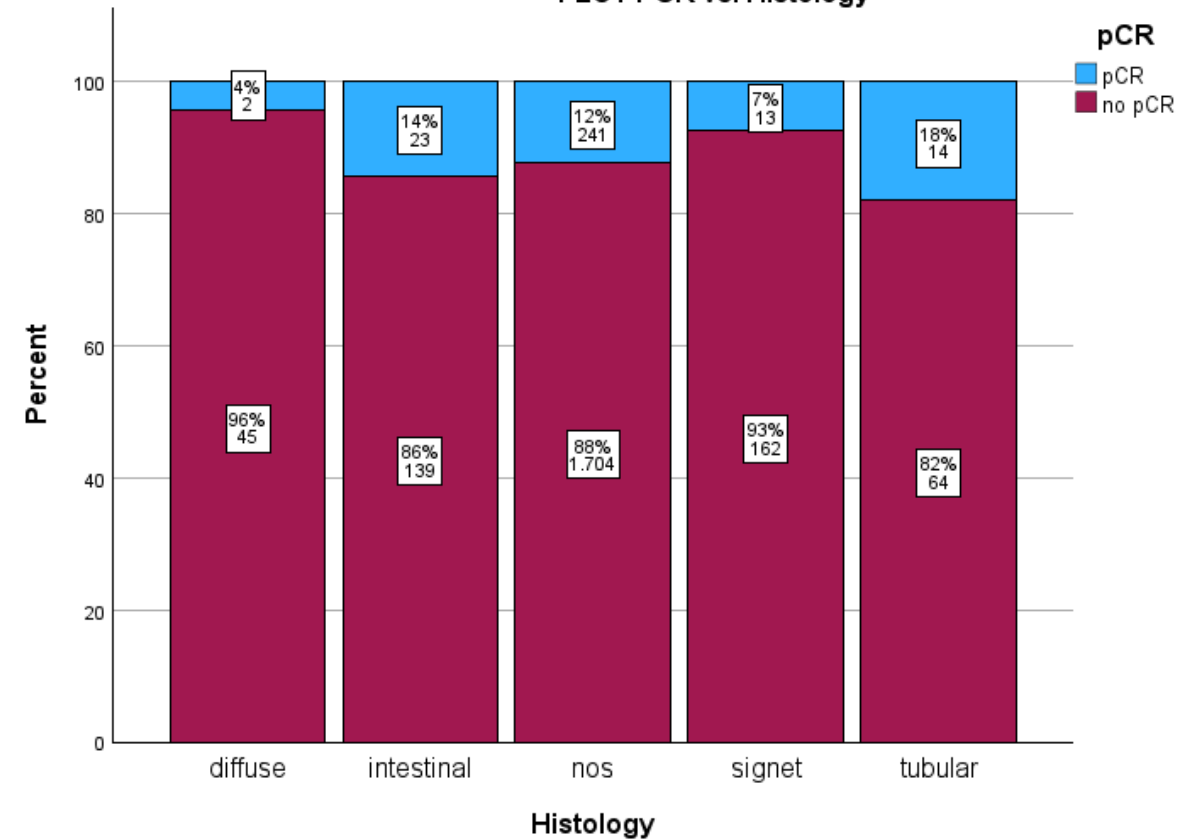
# Histologie – Unterschiede bei pCR?



### CROSS PCT vs. Histology



### FLOT PCR vs. Histology



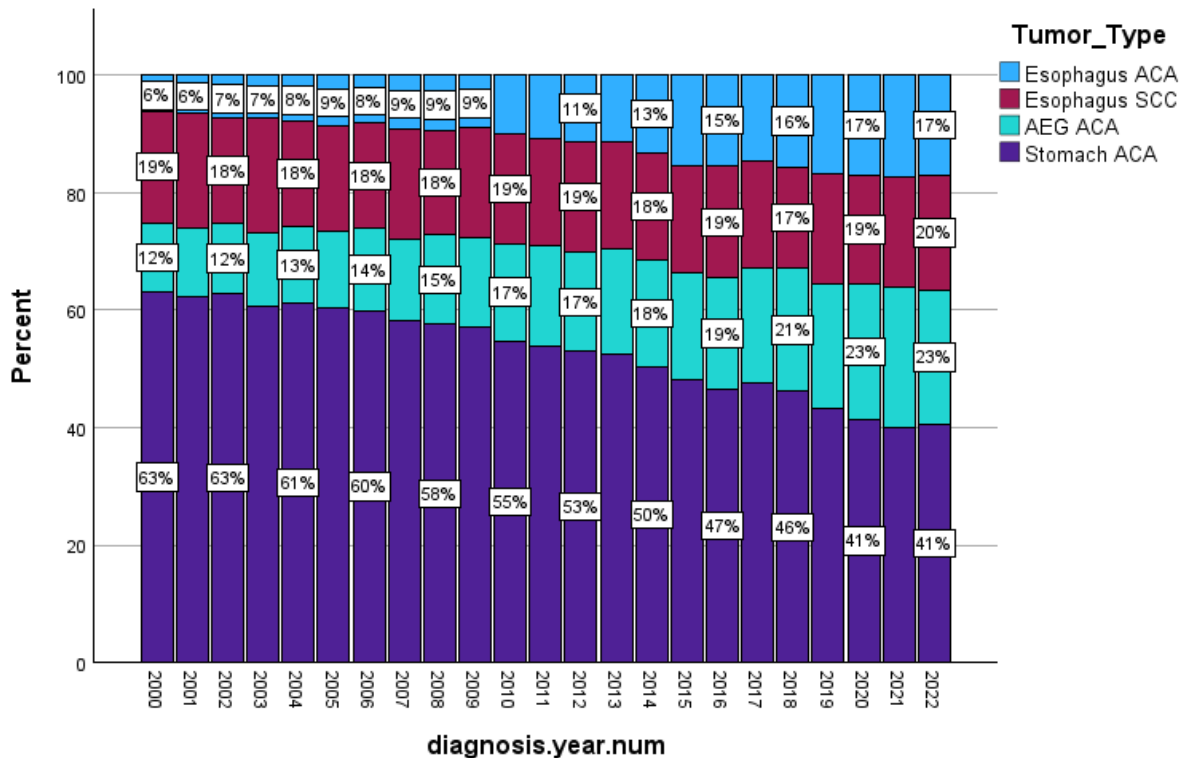
# Versorgungsnahe Forschung mit Registerdaten – WOFÜR? Information über aktuelle Krankheitslage



## Versorgungssituation beim Magen- und Ösophaguskarzinom

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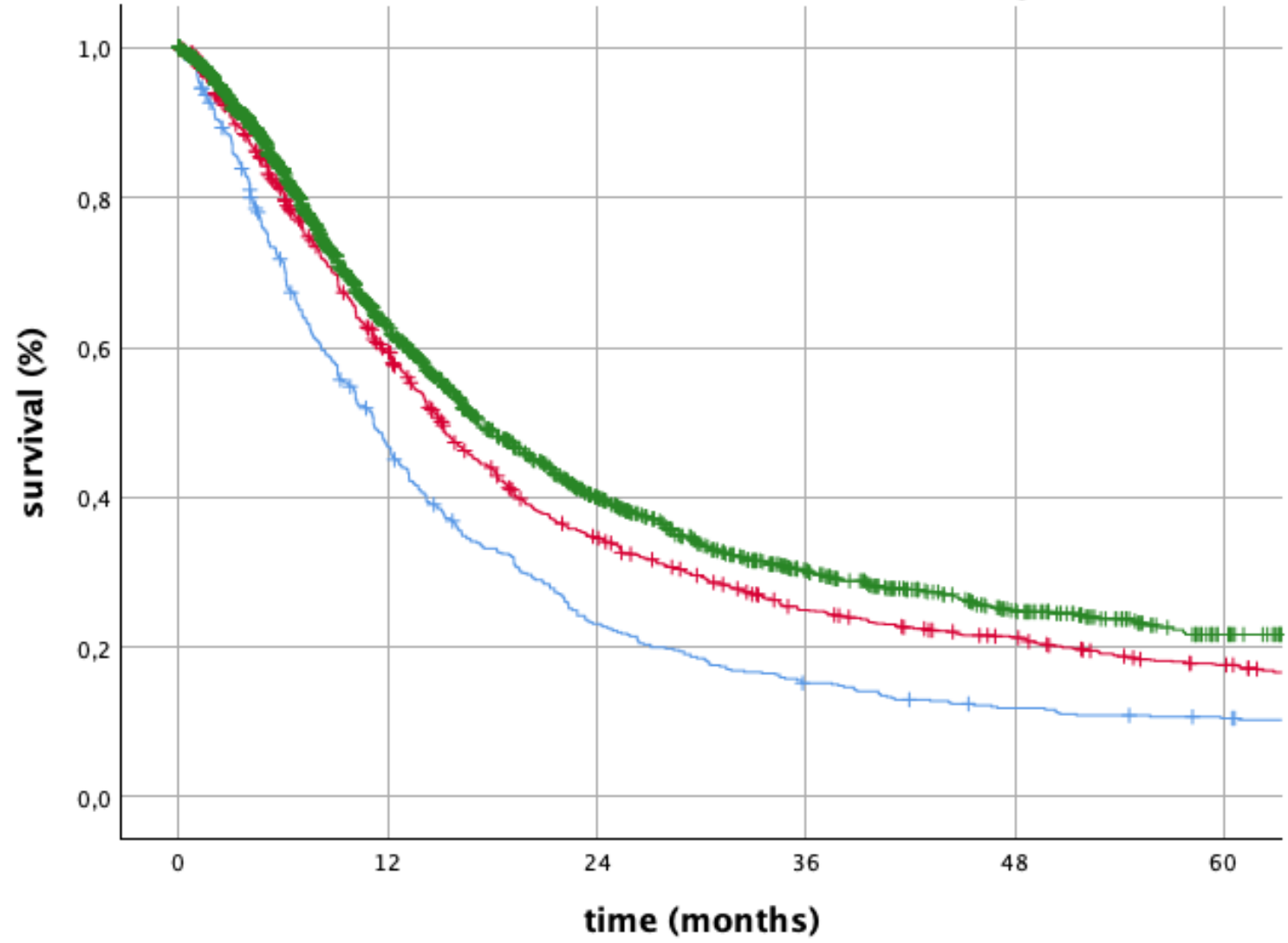
n > 190000



# Klare Fragestellungen:

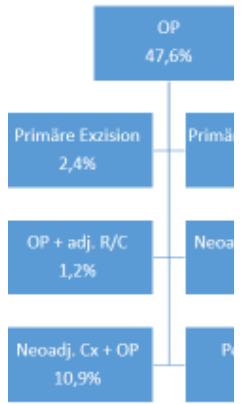
- Aktuelle Versorgungslage?
- Veränderungen in der Versorgung und deren Auswirkungen

Overall survival for GEJ



time  
 — PRENEO  
 — NEO  
 — POSTNEO

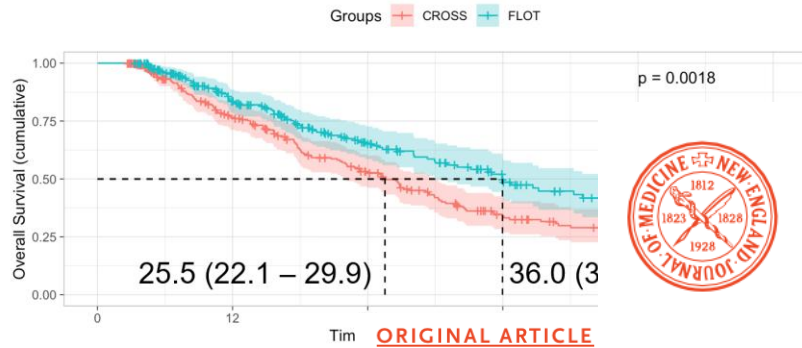
Therapy  
 — Surgery only  
 — Perioperative Chemotherapy  
 — Neoadjuvant  
 — Radiochemotherapy + OP  
 — Definitive Radiochemotherapy  
 ...



60

# Klare Fragestellungen:







- Registerstudien: Lassen sich RCTs in Real World Settings bestätigen?



The NEW ENGLAND  
JOURNAL of MEDICINE

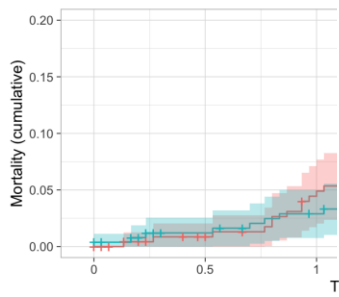


## Perioperative Chemotherapy or Preoperative Chemoradiotherapy in Esophageal Cancer

**Authors:** Jens Hoepfner, M.D. , Thomas Brunner, M.D. , Claudia Schmoor, Ph.D. , Peter Bronsert, M.D. , Birte Kulemann, M.D., Rainer Claus, M.D. , Stefan Utzolino, M.D.,  +24, and Florian Lordick, M.D. [Author Info & Affiliations](#)

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# Fazit – Magen- und Ösophaguskarzinom

- Epidemiologie
  - AEG +280% // ACA +190%
  - Magen -35%
- Das Alter
  - Beeinflusst Therapieintention
  - >80 => erhöhte Mortalität nach Resektion
- Histologie
  - Veränderungen über die Zeit
  - zB Zunahme NET => schlechte Prognose je proximaler
- Multimodale Therapie
  - pCR unterschiedlich je nach Therapieschema
  - FLOT überlegen gegenüber CROSS bei pCR und non-pCR
  - Teaser: pCR wird von Histologie beeinflusst => individualisierte Therapie?

# Herzlichen Dank



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*Danke an  
die....*



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