GI Cancer Roundup

A third of patients taking neoadjuvant Opdivo for inoperable advanced liver cancer had complete responses in an early analysis.

March 18, 2019 By Liz Highleyman

The 2019 Gastrointestinal Cancers Symposium in February featured the latest research on cancers of the digestive tract.

Immunotherapy was a common theme across cancers. The KEYNOTE-181 trial showed that esophageal cancer patients with PD-L1 levels of at least 10 percent who used the checkpoint inhibitor Keytruda (pembrolizumab) had a 31 percent lower risk of death than those who used chemotherapy.

Earlier treatment was another theme. Opdivo (nivolumab), a checkpoint blocker that delays disease progression in people with inoperable advanced liver cancer, may also shrink tumors before surgery. In a pilot study, three of eight people who used neoadjuvant, or preoperative, Opdivo alone or with another drug had complete remission. Another study showed that people who received neoadjuvant chemotherapy before pancreatic cancer surgery had better outcomes than those who had surgery right away.

Another checkpoint inhibitor, Imfinzi (durvalumab), looks promising for colorectal cancer with a genetic characteristic known as high microsatellite instability. About a quarter of people with this mutation experienced tumor shrinkage in two small studies, and one-year survival reached 80 percent.

As these studies show, genetic testing to determine which treatments are likely to work is an increasingly important aspect of cancer care. Genetic sequencing is recommended for metastatic colon cancer, but many people are not getting it, according to Scott Kopetz, MD, PhD, of MD Anderson Cancer Center. Citing the awareness work of advocates, he says, “Educated patients can drive optimal biomarker testing.”

© 2026 Smart + Strong All Rights Reserved.