

Study group – CUP – Carcinoma of Unknown Primary

The study group installs a prospective CUP registry based on a clear-cut definition and subclassification of CUP. This enables the development of novel diagnostic, prognostic and therapeutic options for patients with CUP.

Speaker: Prof. Dr. Kubuschok, Augsburg

Concept & Achievements

Background

- CUP: dismal prognosis and high medical need for new+better therapy
- lack of clear-cut definition and subclassification, therefore it is:
- difficult to compare data between 6 bavarian university hospitals (UHs) with different diagnostic standards
- diff. to compare therapeutic efficiency

Concept

- prospective CUP registry (Fig.1)
- clear-cut CUP definition for all UHs
- standardize clinical diagnostics
- harmonize molecular diagnostics

- fix CUP diagnosis in molecular tumor board (MTB)
- digital documentation e.g. Onkostar
- screening platform for experimental and clinical studies

Work Packages (WP)

- WP1 Study Protocol
- WP2 Installation of CUP Registry Datasheet and Database
- WP3 Collection of Prospective Data
- WP4 Collection of Biomaterial
- WP5 Collection and Analysis of Retrospective Data for Generation of Scientific Hypothesis/Questions

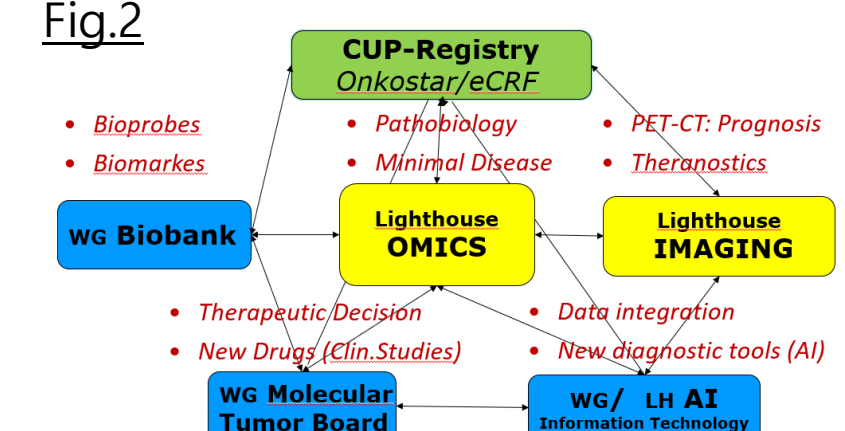
Achievements

- WP1-2 CUP Registry Database standardized and installed
- WP3 Collection of prospective data will start shortly
- WP4 Collection of biomaterial started
- WP5 Analysis of retrospective data:
 1. Preliminary analysis of CUP therapy over the last 3 decades did not show significant improvement in overall survival in Bavarian UHs.
 2. Adenocarcinoma of Unknown Primary: Leukocytes and Bilirubin are Prognostic Factors in addition to ECOG and LDH.

Integration in the BZKF network

- all 6 sites involved, multidisciplinary team: Pathology, Oncology, Radiotherapy, ENT, Tumor Datamangement, IT
- cooperation with BZKF lighthouse and work groups in multiple research topics e.g. prognostic parameters, pathobiology, new diagnostic and therapeutic tools, therapy monitoring.

Fig.2



Benefits for Patients

- Standardized CUP MTB improves diagnostic accuracy
- CUP registry survival data may help in therapy decisions by data about the efficacy of standard and new therapies
- CUP expert contact persons at the respective UH with knowledge about new diagnostic/therap. tools in BZKF

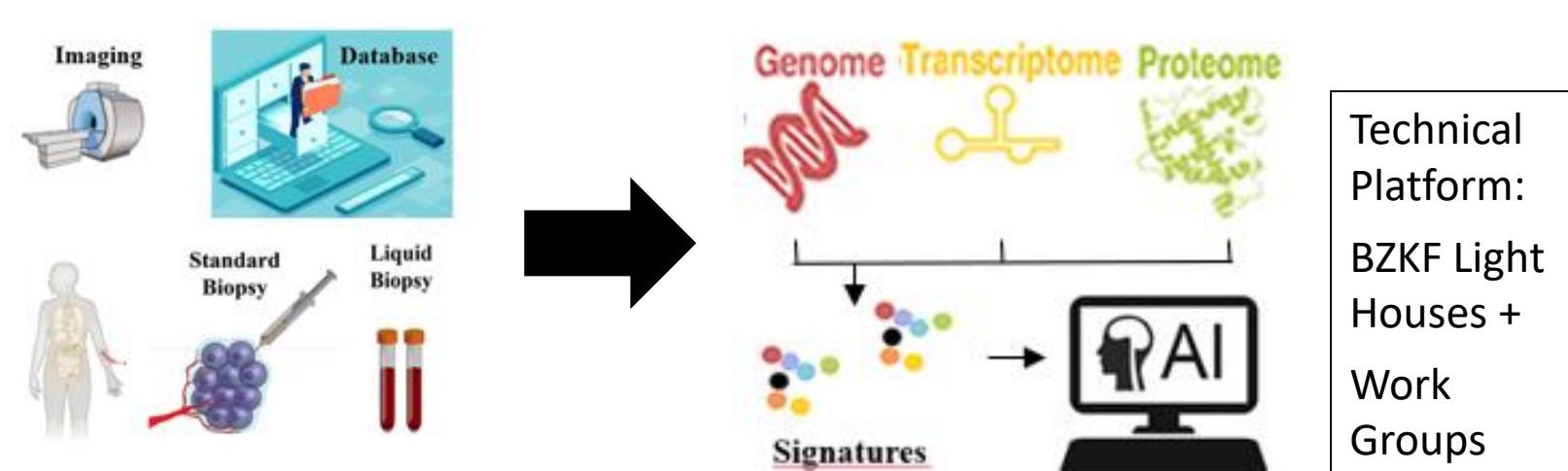


Fig.1 Prospective Clinical and Molecular Data Registry

Adenocarcinoma of Unknown Primary N = 140	Hazard Ratio	Lower 95% CI	Upper 95% CI	Significance
Bilirubin total > 1.2 mg/dl	2.44	1.27	4.70	0.007
Leukozyten >10/10e9/l	1.64	1.12	2.36	0.01
LDH > 250 U/ml	1.59	1.05	2.40	0.025
ECOG >= 2	2.36	1.55	3.57	<0.001

Publication

Meyer M., Schenkirsch G., et al., submitted to ESMO Congress 2022 Paris

Future Milestones

- » Collect patients for CUP registry
- » Characterization of CUP cases by integrated analysis of OMICS data for better prognostic and therapeutic classification – BZKF-MTB discussion
- » Studies to understand CUP pathobiology
- » Establish therapy monitoring for detection of tumor progress and resistance
- » Participate in/initiate clinical phase I/II trials e.g. in the area of theragnostics/molecular/immunotherapy
- » Analyse retrospective data for CUP subgroups

Authors: UKA: B. Kubuschok, B. Märkl, G. Schenkirsch, UKW: V. Kunzmann, A. Kerscher, UKE: A. Hartmann, V. Brückl, A. Gostian, M. Hecht, R. Fietkau, LMU: B. Westphalen, R. Baumeister, L. Weiss, TUM: S. Pigorsch, F. Schneller, W. Weichert, UKR: M. Grube, M. Vogelhuber, J. Künzel, UR: Ch. Klein. In cooperation with Working Group CUP of the Medical Oncology Association of German Cancer Society