

PODCAST

## Controversies in upper GI oncology: early-onset gastric cancer

A. Petrillo<sup>1\*</sup>, M. Alsina<sup>2,3</sup> & I. Ben-Aharon<sup>4</sup>

<sup>1</sup>Medical Oncology Unit, Ospedale del mare, Naples, Italy; <sup>2</sup>Department of Medical Oncology, Hospital Universitario de Navarra, Navarrabiomed, Navarra, Spain; <sup>3</sup>Instituto de Investigación Sanitaria de Navarra (IdiSNA), Pamplona, Spain; <sup>4</sup>Fishman Oncology Center, Rambam Health Care Campus and Rappaport Faculty of Medicine, Technion, Haifa, Israel

Available online xxx

[Click here to listen to the Podcast](#)

In this podcast, Dr Angelica Petrillo, GI Oncologist of Ospedale del Mare, Naples (Italy), presents a debate between Prof. Irit Ben-Aharon, Medical Oncologist of Fishman Oncology Center, Haifa (Israel) and Dr Maria Alsina, Medical Oncologist of Hospital Universitario de Navarra, Pamplona (Spain) regarding early-onset gastric cancer (GC).

In the past decades, an increasing number of gastrointestinal (GI) tumours in the young adult population has been recorded, including early-onset GC, which has gained interest and awareness in society and the scientific community. Early-onset GC is an aggressive disease, often with a late diagnosis and social implications due to patients' age. Additionally, specific prospective data regarding its management and treatment are lacking, since the trials have included middle-aged patients with gastroesophageal cancer due to the prevalence in that population. For those reasons, treating young adult patients with early-onset GC could be considered a 'challenge in the challenge' for upper GI oncologists.

In the podcast, the experts provide an overview of the topic, from epidemiology to treatment, with insight into molecular characteristics. The importance of lifestyle and prevention was underlined during the discussion since the majority of the cases are sporadic and only a few cases show a genetic predisposition. From a molecular point of view, little differences have been detected in the genomic

landscape up to date compared with GC in an older population. Additionally, there are no specific treatments for young patients, due to the fact there is no differential genomic landscape, even if more aggressive therapies are widely used both in the curative and metastatic setting since the younger patients have usually less comorbidities and better tolerability.

Then, they discuss the importance of simultaneous care in the global management of patients with early-onset GC, with a special emphasis on long-term quality of life and survivorship. Finally, the experts provide some practical suggestions for upper GI oncologists and an overview of future perspectives in the field, in which international collaborative efforts are fundamental to explore the biology and late-term outcomes of those tumours.

### FUNDING

None declared.

### DISCLOSURE

AP: personal fees: Servier, Merck, Amgen, Bristol Myers Squibb (BMS) and MSD; research funding: Roche; advisory board: Bayer. MA: speaking and advisory fees from AZ, BMS, MSD, Lilly; grant support from Merck Serono. IBA: advisory board: Bristol Myers Squibb (BMS), MSD, Astra-Zeneca.

\*Correspondence to: Dr Angelica Petrillo, MD, Medical Oncology Unit, Ospedale del mare, via E. Russo, Naples, Italy. Tel: +39 08118775339  
E-mail: [angeli.petrillo@gmail.com](mailto:angeli.petrillo@gmail.com) (A. Petrillo).

2059-7029/© 2024 Published by Elsevier Ltd on behalf of European Society for Medical Oncology. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).