Grupo Español Multidisciplinar en Cáncer Digestivo

Newsletter

Julio 2023

Grupo Español Multidisciplinar
en Cáncer Digestivo

COLON

ESTUDIOS EN MARCHA

Grupo Español Multidisciplinar en Cáncer Digestivo

GEMCAD 1401 | EPA-SP: ***Estudio observacional para evaluar la eficacia del uso inicial vs diferido de las terapias dirigidas, en cáncer de colon metastásico. Coordinadores: Dres. Maurel, Feliu, García-Albéniz.***

ESTADO DEL ESTUDIO

- Aceptado para poster en Congreso ASCO 2023

GRUPO ESPAÑOL MULTIDISCIPLINAR EN CÁNCER DIGESTIVO

Upfront vs. deferred monoclonal antibodies in metastatic colorectal cancer. A target trial emulation using the GEMCAD 14-01 prospective cohort

Joan Maurel[1], Helena Oliveres[1], Vicente Alonso-Orduna[2], Jaime Feliu[3], Ana Fernandez-Montes[4], Marta Martin-Richard[5], Elisa Galvez-Munoz E[6], Ana Ruiz-Casado A[7], Alfonso Yubero-Esteban[8], Jorge Aparicio[9], Julia Alcaide-Garcia[10], Javier Gallego Plazas[11], Alberto Carmona-Bayonas[12], Carlos Fernandez-Martos[13], Rosa Gallego-Sanchez[14], Hermini Manzano[15], Ruben Leno[16], Miriam Cuatrecasas[17], Xabier Garcia-Albeniz[18,19]

Abstract ID: 3597

1. Background

There are no randomized trials comparing the addition monoclonal antibodies (MAB: bevacizumab, cetuximab, panitumumab) to first line chemotherapy (upfront use) versus deferring their addition to the second-line chemotherapy (deferred use) in patients with metastatic colorectal cancer (mCRC). The potential advantage of the upfront use is to prolong progression free-survival, whereas the advantage of a deferred use would be a decreased exposure to drug toxicity while maintaining their effect on overall survival. We emulated a target trial comparing upfront vs deferred use of MAB using the GEMCAD 14-01 observational registry.

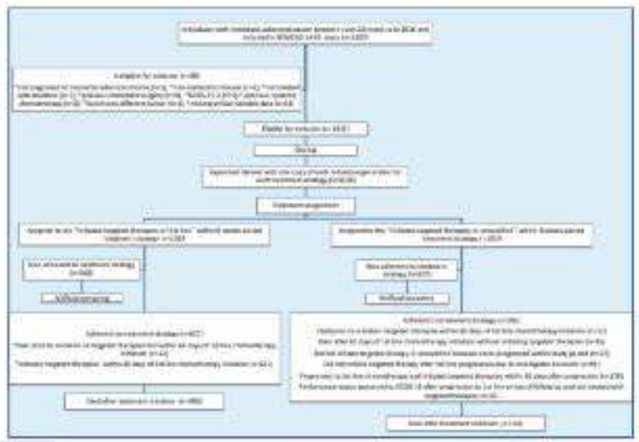
2. Methods

We first specified the (hypothetical) target trial to fully articulate the research question and then emulated it using real-world data. The eligibility criteria of the target trial were a diagnosis of mCRC, being treatment naïve, and a ECOG PS ≤ 2. The target trial would randomize patients to the following strategies: (1) initiation of MAB within 2 months of starting first line chemotherapy ("upfront MAB") and (2) initiation of MAB within 2 months of starting second line chemotherapy ("deferred MAB"). The primary outcome of the target trial would be overall survival and the causal contrast (or estimand) would be the effect under complete adherence. We emulated this target trial using data from the GEMCAD 1401 registry (ClinicalTrials.gov identifier: NCT02254941), which collected data prospectively from 47 Spanish centers from June 2014 to June 2018. The emulation used the same definitions of eligibility criteria and treatment strategies, and classified individuals according to their baseline data using clones. The effect under complete adherence was estimated by censoring patients when they deviated from the assigned treatment strategy and by using time-varying weights to adjust for baseline and post-baseline confounding.

Contact authors: Joan Maurel [illegible], Xavier Garcia de Albéniz: [illegible]
Funded by a grant of Instituto Salud Carlos III (ISCIII PI13/1728) and an unrestrictive support of GEMCAD Group.

3. Results

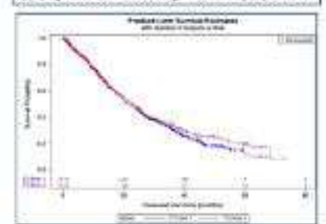
3.1. Flow diagram of individual patients with advanced colorectal cancer included in GEMCAD 1401 trial:



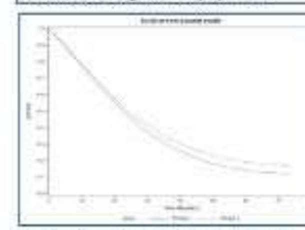
3.2. Baseline Characteristics:

	[illegible]
[illegible]	[illegible]

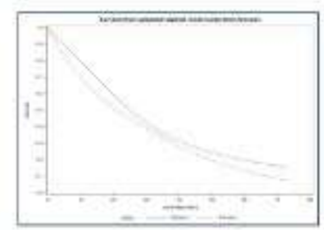
3.4.. Parametric survival curve of overall survival after applying the artificial censoring, without any adjustment:



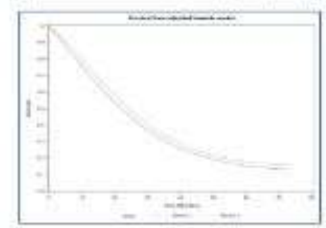
3.3.. Kaplan Meier figure of overall survival after applying the artificial censoring, without any adjustment:



3.5. Parametric survival curve of overall survival after applying the artificial censoring, adjusted for baseline variables:



3.6. Parametric survival curve of overall survival after applying the artificial censoring, adjusted for baseline variables and time-varying variables using set of weights #2 (initiation of MAB uniformly during the grace period):



3.7. Effect estimation with different levels of adjustment – bootstrap:

		[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	Reference	[illegible]
	[illegible]	Reference	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	Reference	[illegible]
	[illegible]	Reference	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	Reference	[illegible]
	[illegible]	Reference	[illegible]

4. Conclusions

Our study suggests little or no survival detrimental effect of deferring the use of MAB to the second line of treatment compared with the use of MAB as part of the first line of treatment among patients with mCRC.

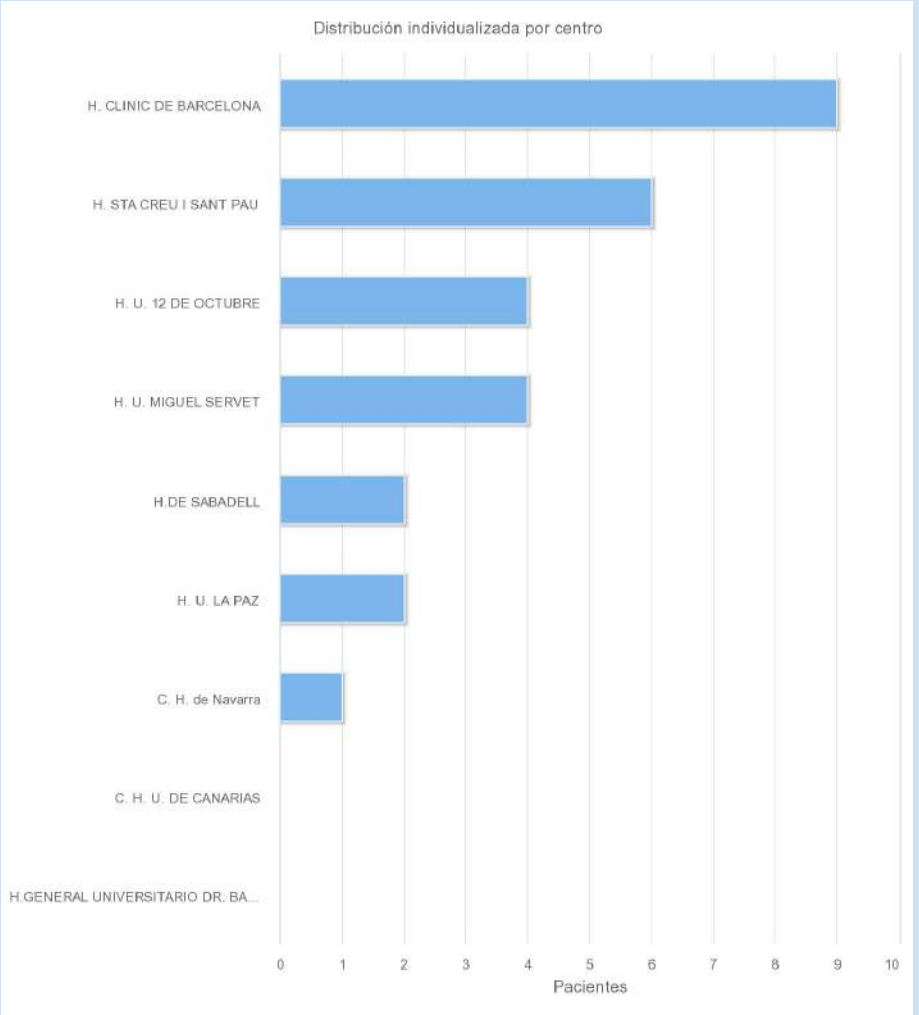
Grupo Español Multidisciplinar en Cáncer Digestivo

GEMCAD 1802 - Estudio fase II aleatorizado y multicéntrico de FOLFOX6m + Ac monoclonal (anti-EGFR o bevacizumab) sólo o en combinación con quimioembolización hepática (Lifepearls-Irinotecan) en pacientes con cáncer colorrectal y enfermedad metástatica limitada al hígado con criterios de mal pronóstico.

Coordinadores: Dr. Maurel / Dr. Páez

Laboratorio colaborador: TERUMO / CRO: MFAR

Centros participantes:		Pacientes incluidos:
1.	**Hospital Clínic de Barcelona** Dr. Joan Maurel	9
1.	**Hospital de la Santa Creu i Sant Pau** Dr. David Páez López-Bravo	6
1.	**Hospital Universitario La Paz** Dr. Ismael Ghanem Cañete	2
1.	**Hospital de Sabadell** Dr. Ismael Macías Declara	2
1.	**Hospital Universitario 12 de Octubre** Dra. M. Carmen Riesco Martínez	4
1.	**Complejo Hospitalario de Navarra** Dra. Ruth Vera García	1
1.	**Hospital Universitario de Canarias** Dra. R. Hernández San Gil	-
1.	**Hospital U. de Alicante** Dr. Bartomeu Massuti	-
1.	**Hospital Miguel Servet** Dr. Vicente Alonso	5



- Pacientes incluidos: 29
- De los 29 pacientes incluídos hay 12 pacientes asignados al brazo experimental.
- Actualmente se está desarrollando la **ETAPA 1** del ensayo clínico en la que se realizará un análisis de futilidad.
- Se está trabajando en una **modificación del tamaño muestral** del ensayo clínico (reducción), que se presentará a través de una enmienda relevante.

Grupo Español Multidisciplinar en Cáncer Digestivo

GEMCAD 2102 / PEMBROLA - Phase II trial of Pembrolizumab and Olaparib in homologous-recombination deficient (HRD) advanced colorectal cancer (CRC)./ PEMBROLA

Coordinadores: Dra. García Carbonero / Dra. Riesco
Laboratorio colaborador: MSD /CRO: MFAR

	CENTROS PARTICIPANTES
1	**H.U. 12 de Octubre**
2	H. U. Marqués de Valdecilla
3	Hospital de la Santa Creu i Sant Pau
4	Hospital Universitario A Coruña (CHUAC)
5	Hospital Clínic de Barcelona
6	H.U. Virgen del Rocío (Sevilla)
7	H.U. Parc Taulí
8	Hospital Arnau de Vilanova (Lleida)
9	Institut Valencia d'Oncologia (IVO)
10	Hospital Universitario Vall d'Hebron
11	H. U. Miguel Servet
12	Hospital General Universitario de Elche
13	Hospital Clínico Universitario de Valencia
14	H. U. y Politécnico la Fe de Valencia

- Se ha firmado el acuerdo GEMCAD/MSD que garantiza la factibilidad del estudio
- Se ha presentado a AEMPS y CEIm en enero 2022, se espera la aprobación en breve.
- Primera visita de inicio realizada el 07Jul2022.
- Se ha realizado la SIV en todos los centros participantes.
- Ha firmado la HIP-CI el primer paciente en el estudio el 14Sep2022 en el H Sant Pau.
- Primer paciente incluido en el H U Miguel Servet el 22Dic2022.
- Se han incluído dos pacientes en el ensayo clínico.

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ESTUDIOS TRASLACIONALES

Traslacional en muestras GEMCAD 1401. Colaboración con Ajay Goel y Louis Vermoulen

Traslacional en muestras PULSE/POSIBA

Traslacional Beyond

Grupo Español Multidisciplinar en Cáncer Digestivo

RECTO/CANAL ANAL

ESTUDIOS EN MARCHA

Grupo Español Multidisciplinar en Cáncer Digestivo

GEMCAD 1601 | PIER Preoperative Induction Therapy with 12 weeks of panitumumab in combination with mFOLFOX-6 in an enriched population (Quadruple Wild-Type) of patients with mrT3 rectal cancer of the middle third with clear mesorectal fascia PIER Trial.

Coordinador: Dr. Fernández Martos

CENTROS PARTICIPANTES

Todos cerrados a fecha 07.03.2022

1. IVO
2. C.S. Parc Taulí
3. H. Clinic i Provincial
4. C. H. de Navarra
5. H. Gral. Univ. Elche
6. H. Univ. La Paz
7. H. Sta. Creu i Sant Pau
8. H. Univ. Vall d'Hebrón
9. H. Politécnico Univ. La Fe
10. H. Gral. Univ. Valencia
11. H. Univ. Virgen del Rocío
12. H. Sant Joan Despí-Moisés Broggi

STATUS DEL ESTUDIO

- Manuscrito escrito y finalizado, en revisión por revista

Grupo Español Multidisciplinar en Cáncer Digestivo

GEMCAD 1703 / DUREC Phase II study of Durvalumab plus Total Neoadjuvant Therapy (TNT) in locally advanced rectal cancer.

Coordinador: Dr. Jaume Capdevila

Estudio aprobado.

Protocolo finalizado y Presentado a la AEMPS y al CEIm en fecha 23May2020.

Enmienda 1 al protocolo aprobada el 02Jun2020.

Enmienda 2 al protocolo aprobada el 27Jul2021.

Enmienda 3 al protocolo aprobada el 02Feb2022

Están abiertos 10 centros para la fase II. Se cerró el reclutamiento con la inclusión del sexto sujeto de la run-in phase el 14Jul2020. Se reabrió el reclutamiento para incluir a 3 pacientes más a la run-in phase, y se cerró nuevamente el 10Sep2020. Se reabrió el reclutamiento el 14May2021 para la fase II.

Inclusión 1r paciente: 18Dec2019.

N:60 (run-in phase: 6) Total pacientes incluidos: 61.

Reclutamiento cerrado.

Centros participantes: 10 (**pacientes activos: 0**)

- H. Vall d'Hebron: 6 pacientes
- IVO: 6 pacientes
- Hospital Universitario A Coruña: 2 pacientes
- Corporació Sanitària Parc Taulí: 7 pacientes
- H. Clínic Barcelona: 3 pacientes
- H. de Elche : 4 paciente
- H. Moises Broggi: 14 pacientes
- H. 12 Octubre: 4 pacientes
- H. Navarra: 4 pacientes
- Hospital Miguel Servet: 11 pacientes

Inclusión primer paciente: 18Dec2019

25Jan2023

Grupo Español Multidisciplinar en Cáncer Digestivo

GEMCAD 2103 - TIRANUS Phase II study of Atezolizumab plus Tiraglolumab in combination with chemoradiotherapy in localized squamous cell carcinoma of the anal canal

Coordinador Dr. Capdevila. Laboratorio colaborador Roche.

CRO: MFAR

Estudio Aprobado por el CEIm y la AEMPS!!!

Negociación de contratos GEMCAD/Hospital, en curso.

Apertura primer centro: Hospital Vall d'Hebron 18/03/2023

Fecha inicio de ensayo: 28/03/2023

Inclusión primer paciente (firma CI): 29/03/2023

Listado de centros participantes:

Hospital	Investigador	Status Contrato GEMCAD-Centro
Hospital Vall d`Hebron	Jaume Capdevila	**Firmado**
Hospital Universitario Son Espases	Mónica Guillot	**Firmado**
Hospital Arnau de Vilanova (Lleida)	Montse Pampols	En proceso de firmas.
ICO Hospitalet	Mercedes Martínez Villacampa	En trámite
Hospital Parc Tauli	Ismael Macías	**Firmado**
Hospital Universitario de Toledo	Ignacio García Escobar	**Firmado**
Hospital de la Santa Creu i Sant Pau	David Páez	**Firmado**
Hospital Universitario Miguel Servet	Eduardo Polo	**Firmado**
Hospital Universitario y Politécnico la Fe de Valencia	Jorge Aparicio Urtasun	En trámite
HU Puerta de Hierro Majadahonda	Ana Ruiz Casado	En trámite
Hospital Sant Joan Despi	Gemma Soler	**Firmado**
Complejo Asistencial Universitario de León	Carmen Castañon	**Firmado**
Hospital General Universitario de Valencia	Maria José Safont	**Firmado**
Hospital General de Ciudad Real	Juana Maria Cano Cano	En trámite
Hospital 12 de Octubre	**María del Carmen Riesco**	En trámite

*** Roche posicionará la medicación en los centros a partir del 20.MAR.2023**

- Aceptado para poster en Congreso ASCO 2023

Grupo Español Multidisciplinar en Cáncer Digestivo

Poster: 324a

Atezolizumab plus Tiragolumab in combination with chemoradiotherapy in localized squamous cell carcinoma of the anal canal: **TIRANUS (GEMCAD-2103) trial**

Jaume Capdevila [1*], Mónica Guillot [2], Montse Pampols [3], Mercedes Martínez Villacampa [4], Ismael Macías [5], Ignacio García Escobar [6], David Paez [7], Eduardo Polo [8], Jorge Aparicio [9], Ana Ruiz Casado [10], Gemma Soler [11], Carmen Castañón [12], Alejandro Garcia-Alvarez [1], María José Safont [13], Jorge Hernando [], Juana María Cano [14], Begoña Navalpotro [15], David Armario [16], Guillermo Villacampa [17]

1 Medical Oncology Department, Vall Hebron University Hospital, Vall Hebron Institute of Oncology (VHIO), Barcelona, Spain. 2 Medical Oncology Department, Hospital Universitario Son Espases, Palma de Mallorca, Spain. 3 Medical Oncology Department, Hospital Arnau de Vilanova, Lleida, Spain. 4 Medical Oncology Department, Institut Català d'Oncologia (ICO) L'hospitalet, L'hospitalet de Llobregat, Spain. 5 Medical Oncology department, Hospital Universitario Parc Taulí, Sabadell, Spain. 6 Medical Oncology Department, Hospital General Universitario de Toledo, Toledo, Spain. 7 Medical Oncology Department, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain. 8 Medical Oncology Department, Hospital Universitario Miguel Servet, Zaragoza, Spain. 9 Medical Oncology Department, Hospital Universitario y Politécnico la Fe de Valencia, Valencia, Spain. 10 Medical Oncology Department, HU Puerta de Hierro Majadahonda, Madrid, Spain. 11 Medical Oncology Department, Institut Català d'Oncologia (ICO) L'hospitalet, Hospital Sant Joan Despí, Barcelona, Spain 12 Medical Oncology Department, Complejo Asistencial Universitario de León, León, Spain. 13 Medical Oncology Department, Consorcio Hospital General Universitario de Valencia, Valencia University. CIBERONC, Spain. 14 Medical Oncology Department,Hospital General de Ciudad Real, Ciudad Real, Spain. 15 Radiation Oncology Department. Vall Hebron University Hospital, Vall Hebron Institute of Oncology (VHIO), Barcelona, Spain. 16 Radiology Department. Vall Hebron University Hospital, Barcelona, Spain. 17 Oncology Data Science group (OdysSey). Vall Hebron Institute of Oncology (VHIO), Barcelona, Spain.

Background

Radical chemoradiotherapy (CRT) is the standard of care in patients with localized anal squamous cell carcinoma; however, around 30% of patients do not achieve a complete clinical response (CCR) and require savage surgery [1,2].

Approximately 84% of anal carcinoma is associated with high risk types of human papilloma virus (HPV), primarily HPV 16 that generates high frequencies of tumor-infiltrating lymphocytes and inflammatory responses that have been linked with upregulation of PD-L1 (up to 74% of patients with squamous cell anal cancer) [3-5].

Additionally, poliovirus receptor (PVR) expression has been described in several squamous cell carcinomas, and has been correlated with PD-L1 expression and poorer prognosis, suggesting dual inhibition of PVR and PD-L1 as a potential mechanism of overcome the resistance to immune checkpoint monotherapy (Fig.1) [4,5]. Moreover, CRT induces the generation of tumor-neoantigens and could act in synergy with immunotherapy in this setting.

The trial hypothesizes that the addition of atezolizumab (anti-PD-L1) and tiragolumab (anti-TIGIT) to chemoradiotherapy may lead to enhanced and more durable responses.

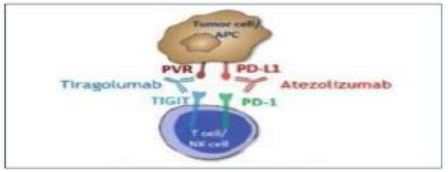

Figure 1. Atezolizumab and tiragolumab mechanism of action. Extracted from *Rodriguez-Abreu et al ASCO 2020*

Key eligibility criteria

Inclusion

1. Histologically confirmed locoregional quamous cell carcinoma of the anal canal (stages I, II, IIIA, IIIB and IIIC).
1. Eligible for chemoradiotherapy.
2. At least one evaluable lesion.
3. Subjects ≥ 18 years old and ECOG 0-1 who sign informed consent.

Exclusion

1. Prior treatment for squamous cell carcinoma of the anal canal. Prior radiotherapy, chemotherapy or treatment with CD137 agonists or immune checkpoint blockade therapies, anti-CTLA-4, anti-TIGIT, anti-PD-1, and anti-PD-L1 are not allowed.
2. Allogenic transplant, autoimmune disease or immunodefficiency.
3. Systemic steroid therapy or any other form of immunosuppressive therapy within 14 days prior to the first dose of study treatment.
4. History of idiopathic pulmonary fibrosis, organizing pneumonia or pneumonitis.
5. Infections or vaccination within 4 weeks of first study dose.
6. Presence of uncontrolled intercurrent diseases.

Sample size calculations

Using a precision analysis by Clopper-Pearson method (asymptotic 95% confidence interval) and an expected CCR rate of 85%, a total of 45 evaluable patients are needed to obtain a precision estimation of ±10.4%.

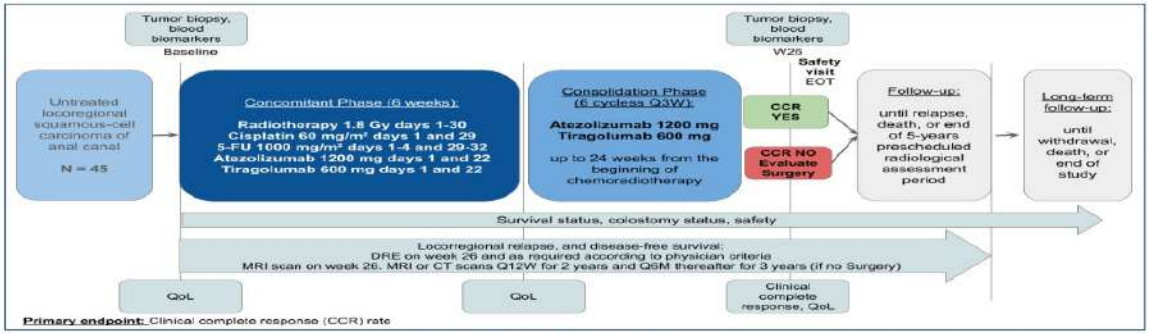

Figure 2. Study scheme

Methods

TIRANUS is a Phase II, single-arm, open-label, non-randomized, multicenter clinical trial of atezolizumab and tiragolumab in concomitance with standard CRT as definitive therapy in treatment-naïve, localized squamous cell carcinoma of the anal canal (Fig.2).

Patients receive atezolizumab (1200mg) plus tiragolumab (600 mg) for 2 cycles (Q3W) in concomitance with the 6 weeks of CRT (cisplatin: 60 mg/m² on days 1 and 29; 5-FU: 1000 mg/m² per day on days 1-4 and 29-32; radiotherapy: 1.8 Gy per day / total dose 54 Gy). After the concomitant phase, patients receive atezolizumab (1200mg) and tiragolumab (600 mg) Q3W for 6 additional cycles (consolidation phase)(Fig.3).

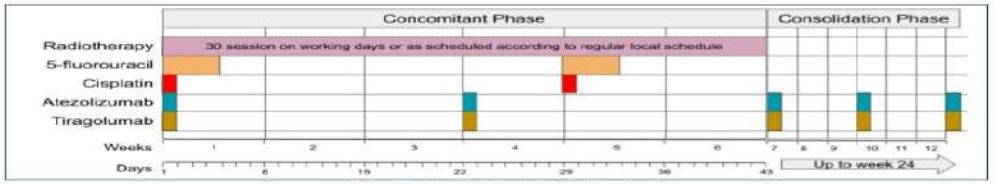

Figure 3. Treatment schedule

The primary endpoint is CCR rate, defined as the percentage of patients who achieve:

a) radiological complete response (CR), disappearance of all lesions according to RECIST 1.1 criteria (locally assessed) and,
b) no presence of residual disease assessed by biopsy at the end of consolidation phase (week 26).

Tumors response will be additionally scored by the Mandard tumour regression grading system. Secondary endpoints include Locoregional failure rate (LFR), Disease-free survival (DFS), Colostomy-free survival (CFS), Overall survival (OS), quality of life, safety and the determination of immune biomarkers potentially predictors of response in blood and tumor samples.

Accrual started in February 2023 and the first patient has already received the study treatment.

References

1. Glynne-Jones R, Nilsson PJ, Aschele C, et al. Anal cancer: ESMO-ESSO-ESTRO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Annals of Oncology 2014.
2. James RD, Glynne-Jones R, Meadows HM, et al. Mitomycin or cisplatin chemoradiation with or without maintenance chemotherapy for treatment of squamous-cell carcinoma of the anus (ACT II): a randomised, phase 3, open-label, 2 × 2 factorial trial. Lancet Oncol. 2013.
3. Palefsky JM, Giuliano AR, Goldstone S, et al. HPV vaccine against anal HPV infection and anal intraepithelial neoplasia. N Engl J Med 2011; 365:1576–1585.
4. Lee JB, Hong MH, Yong Park S, et al. Overexpression of PVR and PD-L1 and its association with prognosis in surgically resected squamous cell lung carcinoma. Sci Rep. 202
5. Lim SM, Hong MH, Ha S-J, et al. Overexpression of poliovirus receptor is associated with poor prognosis in head and neck squamous cell carcinoma patients. J Cancer Res Clin Oncol. 2021 Sep;147(9):2741-2750.

* Corresponding author: **Dr. Jaume Capdevila** e-mail: jcapdevila@vhio.net // The presenting author declares no conflict of interest regarding this trial.
Funding source: **GEMCAD** though industry partner Roche // We acknowledge MFAR Clinical Research staff for their assistance in the development of this communication.
EudraCT: 2021-005887-24 // Clinicaltrials.gov: NCT05661188

Grupo Español Multidisciplinar en Cáncer Digestivo

GEMCAD 2201 - GUARDANT REVEAL Circulating tumor DNA as complementary tool to assess response to neoadjuvant therapy in locally advanced rectal cancer
Coordinadores Dres. Yoelimar Guzmán, Borja de Lacy, José Ríos, Juan Ramón Ayuso, Joan Maurel
Pendiente abrir Centros
Laboratorio colaborador Guardant. CRO Mfar.

Centros seleccionados:

M. Rosa Gallego	ICO-Hospitalet
David Paez	H. de la Santa Creu i Sant Pau
Ismael Ghanem	H. La Paz
Jorge Aparicio	H.U. La Fe
Ferràn Losa	Hospital Sant Joan Despí – Moises Broggi.
Julen Fernández	Hospital Universitari Mutua de Terrassa
Vicente Alonso	H. Miguel Servet
Alfonso Yubero	H.C.U. Lozano Blesa
Carlos Fernández Martos	Quirón Salud Valencia
Joana Vidal	Hospital Del Mar, Barcelona
Dr. Joan Maurel / Dra. Guzman	Hospital Clinic
Alejandro García	H.U. Vall d'Hebron
José Luis Manzano/ Nuria Mulet	Hospital Germans Trias i Pujol - ICO Badalona
Xavier Hernández	ICO Girona

Grupo Español Multidisciplinar
en Cáncer Digestivo

ESTUDIOS FINALIZADOS

Grupo Español Multidisciplinar en Cáncer Digestivo

GEMCAD 1903 - Estudio sobre el valor pronóstico de las duplicaciones de CYP2D6 y tratados Mit-5FU/RT: serie de validación (GEMCAD). Coordinador Dr. Feliu

Serie de validación:

15 Centros participantes.

Se ha finalizado la recogida de muestras, que al final han llegado a 101. Las variaciones del CYP2D6 se han confirmado como factor pronóstico en la serie de la validación.

El artículo sobre este proyecto ya se ha publicado:

Utility of CYP2D6 copy number variants as prognostic biomarker in localized anal squamous cell carcinoma.

Trilla-Fuertes L, Gámez-Pozo A, Nogué M, Busquier I, Arias F, López-Campos F, Fernández-Montes A, Ruiz A, Velázquez C, Martín-Bravo C, Pérez-Ruiz E, Asensio E, Hernández-Yagüe X, Rodrigues A, Ghanem I, López-Vacas R, Hafez A, Arias P, Dapía I, Solís M, Dittmann A, Ramos R, Llorens C, Maurel J, Campos-Barros Á, Fresno Vara JÁ, **Feliu J.**
Cancer. 2023 Apr 25

Serie de diseño:
58 casos

Grupo Español Multidisciplinar en Cáncer Digestivo

NUEVAS PROPUESTAS

Reveal Gemcad 2201

GEMCAD 2201 / GUARDANT REVEAL:

Circulating tumor DNA as complementary tool to assess response to neoadjuvant therapy in locally advanced rectal cancer.

Dra. Yoelimar Guzmán - Servicio de Cirugía General y Digestiva, Hospital Clínic, Universitat de Barcelona, Barcelona, Spain
Dr. Joan Maurel Santasusana - Servicio de Oncología, Hospital Clínic, Universitat de Barcelona, Barcelona, Spain

Estudio traslacional en estudio AZUR2. Coordinador Dr. Joan Maurel. (en elaboración).

Propuesta de estudio observacional comparativo tras tnt de preservación de órgano vs cirugía.

Grupo Español Multidisciplinar en Cáncer Digestivo

Newsletter | Julio 2023

Secretaría Técnica GEMCAD

MFAR

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