Commentary
Volume 11:04, 2022

Journal of Integrative Oncology

ISSN: 2329-6771 Open Access

A Report on Advanced Small Bowel Adenocarcinoma

Rathod Maheshwari*

Department of Medicine and Surgery, University of Salerno, Fisciano, Italy

Description

Small bowel adenocarcinoma (SBA) is a rare cancer that affects the duodenum, jejunum, or ileum and accounts for 3–5% of all gastrointestinal cancers. Approximately one-third of these tumours are discovered at an advanced (unresectable or metastatic) stage due to the non-specific character of clinical symptoms. With the development of new imaging techniques and developments in endoscopy, such as enteroscopy and capsule endoscopy, it's feasible that trends toward earlier diagnosis will emerge in the future. Localized or resectable tumours were diagnosed in 54 percent of the NADEGE cohort study participants, locally progressed, unresectable tumours in 5.5 percent, metastatic tumours in 33.5 percent, and unclear clinical stage in 7% [1,2].

In SBA, as in many other malignancies, the TNM classification is the most important prognostic predictor. The prognosis for SBA remains dismal, notwithstanding a little improvement in the median overall survival (OS) for localised disease. Stage I disease has a 5-year overall survival rate of 50%, 40% for stage II, 10–40% for stage III, and fewer than 5% for stage IV disease. Male gender, duodenal location, poor distinction, and SBA linked with Crohn's disease rather than de novo SBA are all risk factors. Although retrospective studies showed that little metastatic disease could be resected, no prospective studies were conducted.

In the case of unresectable metastatic disease, resection of the underlying tumour should be considered only if there is primary tumour symptomatology, such as perforation, bowel obstruction, or uncontrolled gastrointestinal bleeding. Palliative chemotherapy is the predominant modality of treatment for metastatic SBA in all other situations. The role of systemic therapy, surgical metastasectomy, and emerging therapeutics in advanced SBA, such as targeted medicines and immunotherapy [3,4].

Systemic chemotherapy

But there have been no randomised clinical trials to indicate that systemic chemotherapy is superior to optimal supportive care alone, retrospective investigations have revealed that palliative chemotherapy is superior. One of the early retrospective studies found that systemic chemotherapy and best supportive care had 12-month versus 2-month overall survival (OS), respectively. Since then, several retrospective and prospective research has found that chemotherapy administration improves survival when compared to best supportive care alone, with median OS ranging from 9 to 19 months in patients having received palliative chemotherapy versus only 2 to 13 months in patients receiving palliative care.

Targeted therapies

Targeted treatments routinely utilised in colorectal cancer (CRC), such as anti-epidermal growth factor receptor (EGFR) or anti-vascular endothelial growth factor (VEGF), were explored in advanced SBA due to parallels in molecular changes and effective chemotherapy regimens between SBA and CRC.

Immune checkpoint inhibitors

Antibodies predominantly targeting anti-programmed cell death protein 1 (PD-1), anti-programmed cell death ligan-1 (PD-L1), and anti-cytotoxic T-lymphocyte antigen-4 have emerged as the cornerstone of immunotherapy in a number of cancer types (CTLA-4). In a number of malignancies, ICI prognostic biomarkers such as PD-L1, combined positive score (CPS), microsatellite instability (MSI), and tumour mutational burden (TMB) are now employed. The development of predictive biomarkers for the efficacy of ICI in SBA is still ongoing [5].

References

1. Ye, Xiaojian, Guoqiang Zhang, Haibin Chen, and Yong Li. "Meta-analysis of postoperative adjuvant therapy for small bowel adenocarcinoma." *PLoS One* 13 (2018): e0200204.
2. Chen, Emerson Y and Gina M. Vaccaro. "Small bowel adenocarcinoma." *Clin Colon Rectal Surg* 3 (2018): 267-277.
3. Caio, Giacomo, Umberto Volta, Francesco Ursini and Roberto Manfredini, et al. "Small bowel adenocarcinoma as a complication of celiac disease: Clinical and diagnostic features." *BMC gastroenterol* 19 (2019): 1-9.
4. Gelsomino, Fabio, Rita Balsano, Stefania De Lorenzo and Ingrid Garajová. "Small bowel adenocarcinoma: From molecular insights to clinical management." *Cur Oncol* 29 (2022): 1223-1236.
5. Khosla, Divya, Treshita Dey, Renu Madan and Rahul Gupta, et al. "Small bowel adenocarcinoma: An overview." *World J Gastrointestinal Oncol* 14 (2022): 413.

How to cite this article: Maheshwari, Rathod. "A Report on Advanced Small Bowel Adenocarcinoma." J Integr Oncol 11 (2022): 375.

***Address for Correspondence:** Rathod Maheshwari, Department of Medicine and Surgery, University of Salerno, Fisciano, Italy, E-mail: Rathodmaheshwari@gmail.com*

Received: 01 April, 2022, Manuscript No. jio-22-67201; **Editor assigned:** 04 April, 2022, PreQC No. P-67201; **Reviewed:** 16 April, 2022, QC No. Q-67201; **Revised:** 22 April, 2022, Manuscript No. R-67201; **Published:** 30 April, 2022, DOI: 10.37421/2329-6771.2022.11.375