



EPICS

Conference Coverage: ASCO GI 2023 Highlights

January 25, 2023

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VIRTUAL CLOSED-DOOR ROUNDTABLE



DATE:
January 25, 2023



**DISEASE-STATE AND
DATA PRESENTATIONS**
by key experts



INSIGHTS REPORT
including postmeeting
analyses and actionable
recommendations



PANEL: Key experts in
GI malignancies
> 7 from US



**GI CANCER-SPECIFIC
DISCUSSIONS** on
therapeutic advances and
their application in clinical
decision-making

Panel Consisting of 7 US GI Cancer Experts

Sunnie Kim, MD
University of Colorado
Cancer Center



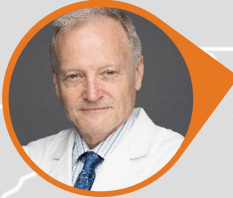
Manish A. Shah, MD
Weill Cornell Medicine



David H. Ilson, MD, PhD
Memorial Sloan Kettering
Cancer Center

Chair

John Marshall, MD
Georgetown Lombardi
Comprehensive Cancer Center



Reetu Mukherji, MD
Georgetown Lombardi
Comprehensive Cancer Center

Michael A. Morse, MD, FACP
Duke Cancer Center



Tanios Bekaii-Saab, MD, FACP
Mayo Clinic Cancer Center



Meeting Agenda

Time (EDT)	Topic	Speaker/Moderator
10.00 AM – 10.05 AM	Welcome, Introductions, and Meeting Objectives	John Marshall, MD
10.05 AM – 10.10 AM	Colorectal Cancer – Targeted Therapy and Immunotherapy	Sunnie Kim, MD
10.10 AM – 10.25 AM	Discussion	John Marshall, MD
10.25 AM – 10.30 AM	Key Takeaways	Sunnie Kim, MD
10.30 AM – 10.40 AM	Colorectal Cancer – Chemotherapy, Surgery, and Radiation	Michael A. Morse, MD, FACP
10.40 AM – 10.55 AM	Discussion	John Marshall, MD
10.55 AM – 11.00 AM	Key Takeaways	Michael A. Morse, MD, FACP
11.00 AM – 11.05 AM	Pancreatic Cancer and Biliary Tract Cancer	Manish A. Shah, MD
11.05 AM – 11.25 AM	Discussion	John Marshall, MD
11.25 AM – 11.30 AM	Key Takeaways	Manish A. Shah, MD
11.30 AM – 11.35 AM	Hepatocellular Carcinoma	Tanios Bekaii-Saab, MD, FACP
11.35 AM – 11.55 AM	Discussion	John Marshall, MD
11.55 AM – 12.00 PM	Key Takeaways	Tanios Bekaii-Saab, MD, FACP
12.00 PM – 12.05 PM	<i>Break</i>	
12.05 PM – 12.10 PM	Gastric and Gastroesophageal Junction (GEJ) Cancers – Chemotherapy and Targeted Therapy	Reetu Mukherji, MD
12.10 PM – 12.30 PM	Discussion	John Marshall, MD
12.30 PM – 12.35 PM	Key Takeaways	Reetu Mukherji, MD
12.35 PM – 12.40 PM	Gastric and GEJ Cancers – Immunotherapy	David H. Ilson, MD, PhD
12.40 PM – 12.55 PM	Discussion	John Marshall, MD
12.55 PM – 12.58 PM	Key Takeaways	David H. Ilson, MD, PhD
12.58 PM – 1.00 PM	Summary and Closing Remarks	John Marshall, MD

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Congress Highlights

Colorectal Cancer – Targeted Therapy and Immunotherapy

Phase 1a/1b study of botensilimab + balstilimab in metastatic heavily pretreated MSS CRC

El-Khoueiry et al. 2023, ASCO GI LBA8

STUDY POPULATION AND METHODS

> 70 pts with heavily pretreated MSS mCRC (median 4 prior lines of

OVERALL SURVIVAL

STUDY POPULATION

70 pts with heavily pretreated MSS mCRC (median 4 prior lines of therapy). All pts had ECOG PS 0-1, no prior immunotherapy, and no prior anti-HER2 therapy. The study was a phase 1a/1b study. The primary endpoint was the maximum tolerated dose (MTD) of botensilimab + balstilimab. Secondary endpoints included objective response rate (ORR), progression-free survival (PFS), and overall survival (OS). The study was conducted in a multicenter setting across several sites. The study population was heavily pretreated, with a median of 4 prior lines of therapy. The study was designed to evaluate the safety and efficacy of the combination of botensilimab and balstilimab in this population.

RESULTS

The MTD was established as 1000 mg of botensilimab + 1000 mg of balstilimab. The ORR was 20%, PFS was 10%, and OS was 10%. The combination of botensilimab + balstilimab was well tolerated, with no grade 3 or 4 adverse events. The study results suggest that the combination of botensilimab and balstilimab may be a promising treatment option for heavily pretreated MSS mCRC.

CONCLUSIONS

The combination of botensilimab + balstilimab was well tolerated and showed promising results in heavily pretreated MSS mCRC. Further studies are needed to confirm these findings and to evaluate the long-term efficacy and safety of this combination.

OVERALL SURVIVAL



RESPONSE RATE AND TOXICITY ANALYSIS



Negative hyperselection of patients with *RAS* wild-type mCRC for panitumumab: A biomarker study of the phase III PARADIGM trial

Shitara et al. 2023, ASCO GI 11

STUDY POPULATION AND METHODS

> The PARADIGM trial compared first-line therapy with mFOLFOX6 +

OVERALL SURVIVAL

Figure 1: Overall survival in the PARADIGM trial



Figure 2: Response rate in the PARADIGM trial



Trifluridine/tipiracil plus bevacizumab for third-line treatment of refractory mCRC: The phase 3 randomized SUNLIGHT study

Tabernero et al. 2023, ASCO GI 4

STUDY POPULATION AND METHODS

- > 492 pts with mCRC treated with 2 prior lines of chemotherapy

OVERALL SURVIVAL



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Key Insights

Colorectal Cancer – Targeted Therapy and Immunotherapy

TAS-102 + BEVACIZUMAB

Experts agreed that the SUNLIGHT trial establish TAS-102 + bevacizumab as a new standard of

The SUNLIGHT trial is a phase III, randomized, controlled study comparing TAS-102 + bevacizumab to TAS-102 + placebo in patients with advanced gastric cancer. The trial was designed to evaluate the efficacy and safety of the combination of TAS-102 and bevacizumab as a first-line treatment for advanced gastric cancer. The results of the trial showed that the combination of TAS-102 and bevacizumab significantly improved overall survival compared to TAS-102 + placebo. This finding is a major breakthrough in the treatment of advanced gastric cancer, as it represents the first time a combination of a tyrosine kinase inhibitor and an anti-angiogenic agent has been shown to improve survival in this patient population. The SUNLIGHT trial is a landmark study that has the potential to change the standard of care for advanced gastric cancer. The results of the trial are highly encouraging and suggest that the combination of TAS-102 and bevacizumab may be a more effective treatment option for patients with advanced gastric cancer. The trial is ongoing, and further studies are needed to confirm the findings and to evaluate the long-term safety and efficacy of the combination. The SUNLIGHT trial is a testament to the power of clinical research and the potential for new treatments to improve the lives of patients with advanced gastric cancer.

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BEVACIZUMAB BEYOND PROGRESSION

Several experts noted that this study further validates and supports the activity of

Bevacizumab beyond progression in mCRC. The study showed that patients who received bevacizumab after progression had a significantly longer median overall survival compared to those who did not receive bevacizumab. This finding is important because it suggests that bevacizumab may have a role in the management of mCRC even after progression on first-line therapy. The study also showed that patients who received bevacizumab had a higher rate of response compared to those who did not receive bevacizumab. This finding is important because it suggests that bevacizumab may have a role in the management of mCRC even after progression on first-line therapy. The study also showed that patients who received bevacizumab had a higher rate of response compared to those who did not receive bevacizumab. This finding is important because it suggests that bevacizumab may have a role in the management of mCRC even after progression on first-line therapy.

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Experts Debated the Role for Negative Biomarker Hyperselection of Patients for Anti-EGFR mAbs

BIOMARKERS VS SIDEDNESS

Experts agreed that negative hyperselection, using known markers of resistance such as *RAS*



Experts Consider IO-IO Combination Therapy for MSS mCRC

BOTENSILIMAB + BALSTILIMAB

The activity observed with the combination of botensilimab + balstilimab in MSS mCRC is

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Congress Highlights

Colorectal Cancer – Chemotherapy, Surgery,
and Radiation

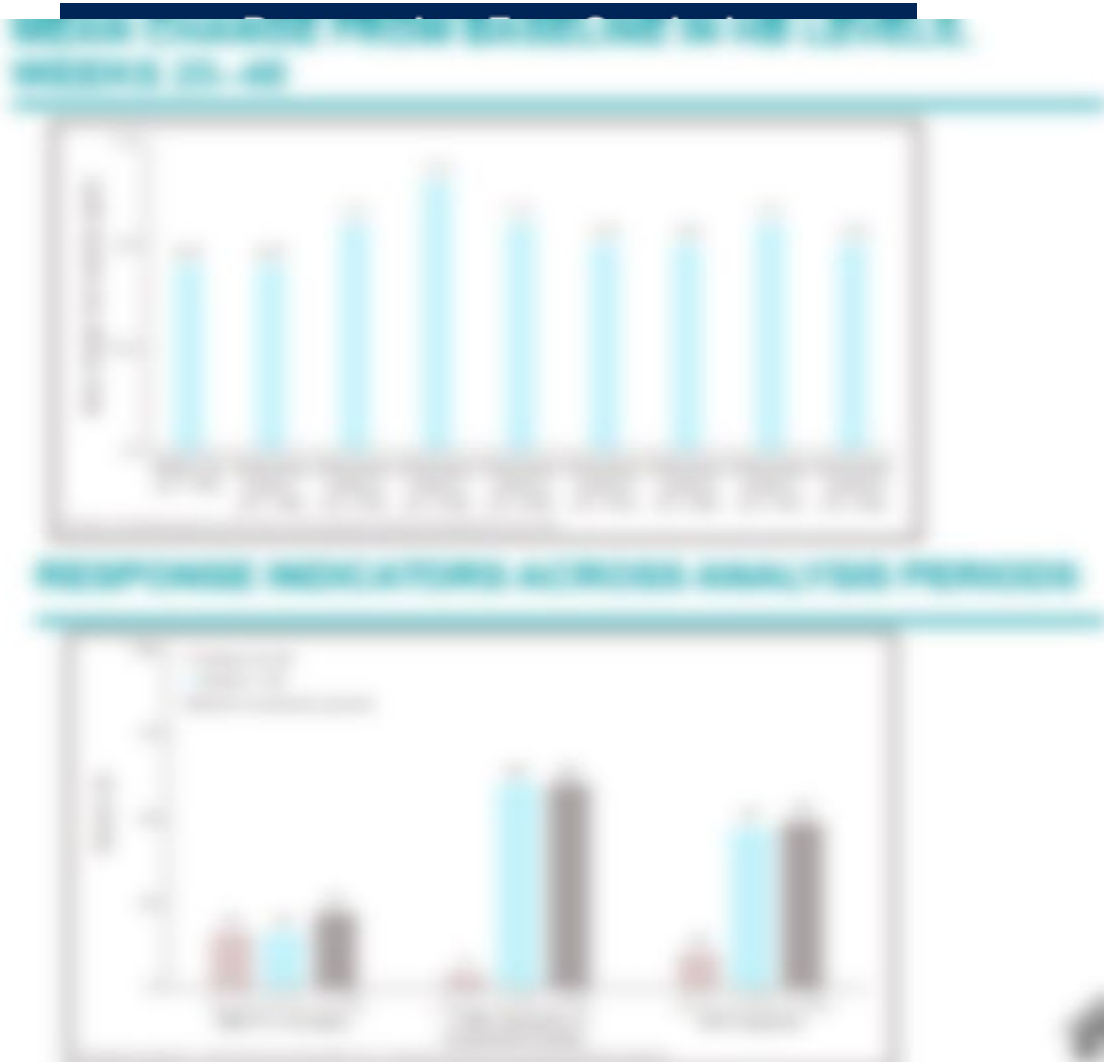
Preoperative chemotherapy prior to primary tumor resection for asymptomatic synchronous unresectable CRC liver-limited metastases

Lin et al. 2023, ASCO GI 132

STUDY POPULATION AND METHODS

> 320 pts with *BRAF* WT asymptomatic mCRC with synchronous

PROGRESSION-FREE SURVIVAL



Kinetics of postoperative circulating cell-free DNA and impact on MRD detection rates in patients with resected stage I–III CRC

Cohen et al. 2023, ASCO GI 5

STUDY POPULATION AND METHODS

> 16,347 pts with stage I–III CRC who underwent commercial ctDNA

POSTSURGICAL cfDNA AND ctDNA DETECTION



RESPONSE MONITORING AND MRD ANALYSIS PERIODS



Organ preservation and total neoadjuvant therapy for rectal cancer: Long-course chemoradiation vs short-course radiation therapy

Romesser et al. 2023, ASCO GI 10

STUDY POPULATION AND METHODS

- > 332 consecutive pts with rectal cancer treated at MSK

ORGAN PRESERVATION



Figure 1. Organ preservation rates by treatment group. Data are shown for patients who underwent total mesorectal excision (TME) and were evaluated for organ preservation.



Figure 2. Organ preservation rates by treatment group. Data are shown for patients who underwent total mesorectal excision (TME) and were evaluated for organ preservation.



Figure 3. Organ preservation rates by treatment group. Data are shown for patients who underwent total mesorectal excision (TME) and were evaluated for organ preservation.

Fucoidan in patients with locally advanced rectal cancer who receive neoadjuvant concurrent chemoradiotherapy before surgery

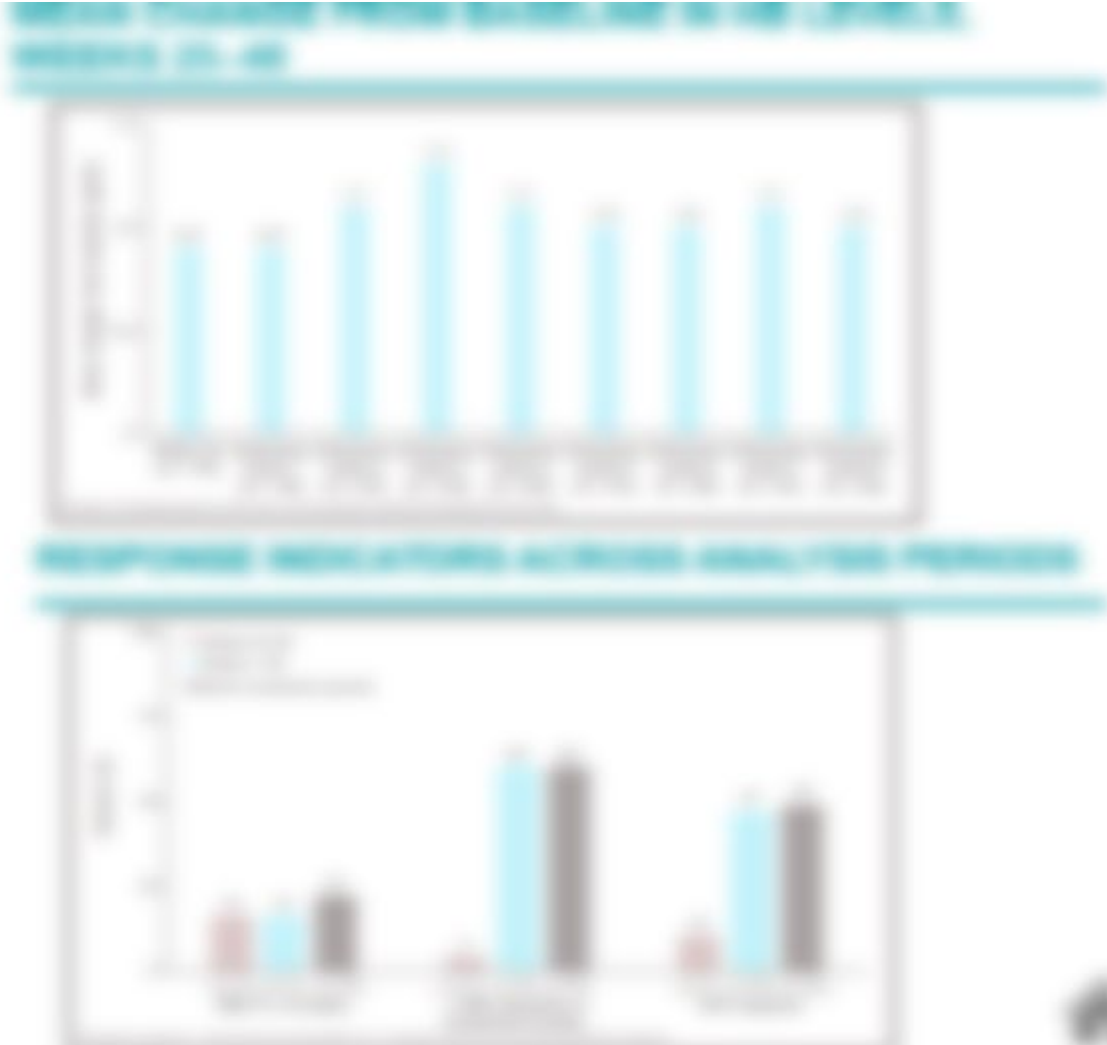
Wang et al. 2023, ASCO GI 12

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STUDY POPULATION AND METHODS

> 87 pts with locally advanced rectal cancer undergoing

OVERALL SURVIVAL



Nonoperative modality treatments of rectal cancer and the chance of cure: Final surgical salvage results from the phase 3 OPERA trial

Myint et al. 2023, ASCO GI 6

STUDY POPULATION AND METHODS

- > 148 pts with localized rectal cancer

OPERA SCHEMA

Figure 1. OPERA Schema: Timeline of the Clinical Trial



Figure 2. Response Rates and Time to Salvage Surgery



Long-term results from NRG-GI002: A phase II clinical trial platform using total neoadjuvant therapy (TNT) in locally advanced rectal cancer

George et al. 2023, ASCO GI 7

STUDY POPULATION AND METHODS

> 363 pts with high-risk stage II/III MSS LARC

NRG-GI002 SCHEMA

Figure 1: NRG-GI002 Schema



Figure 2: Response Rates in the NRG-GI002 Schema



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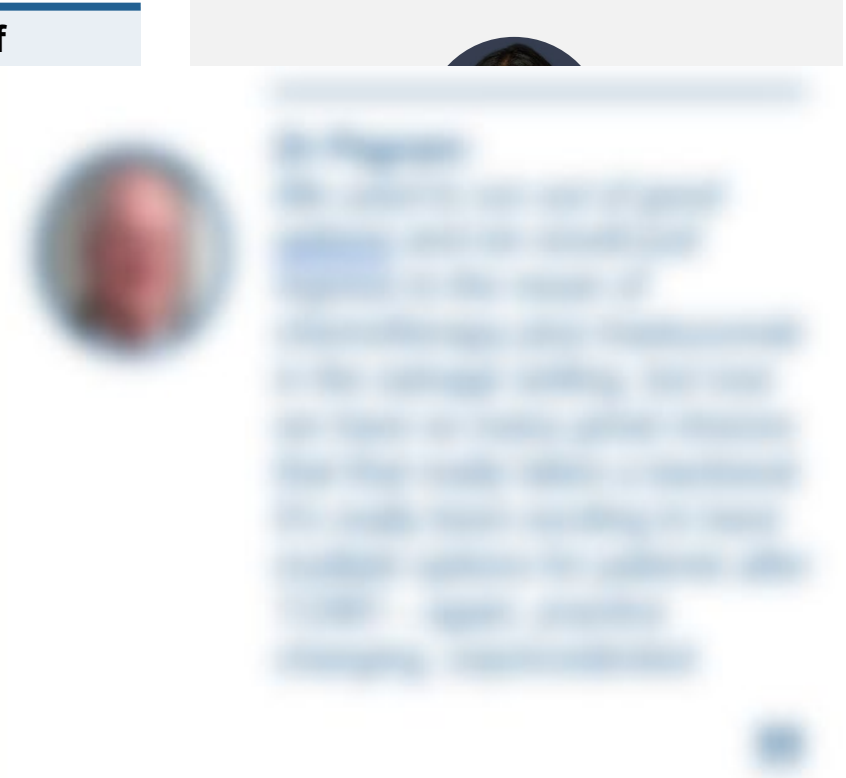
Key Insights

Colorectal Cancer – Chemotherapy, Surgery,
and Radiation

Experts Discussed the Role for ctDNA Testing in CRC

ctDNA TESTING AND MRD DETECTION

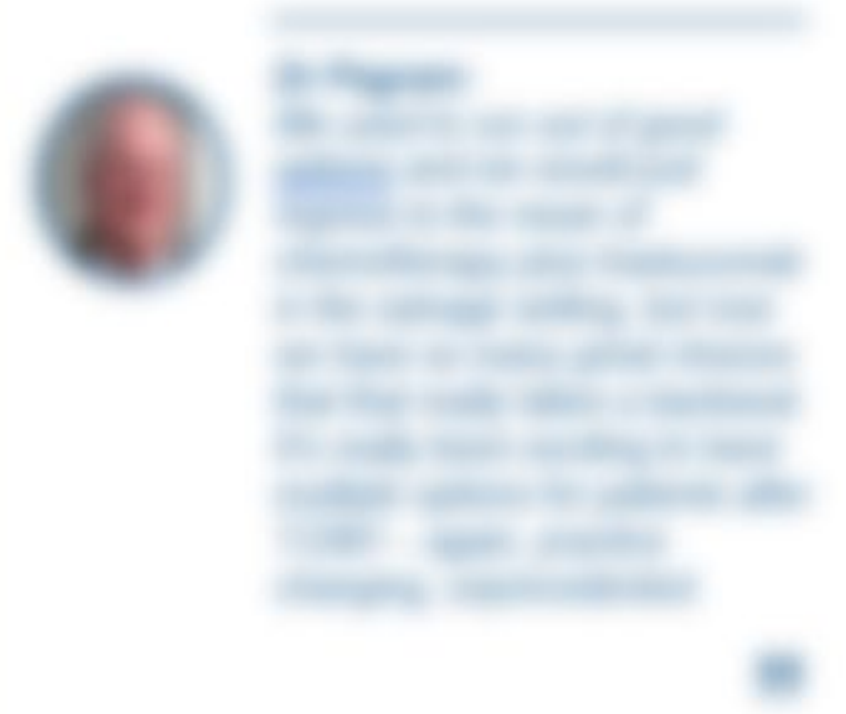
Experts agreed that ctDNA monitoring for MRD clearly identifies patients at higher risk of



Experts Debated the Management of mCRC With Unresectable Liver Metastases

PRIMARY TUMOR REMOVAL

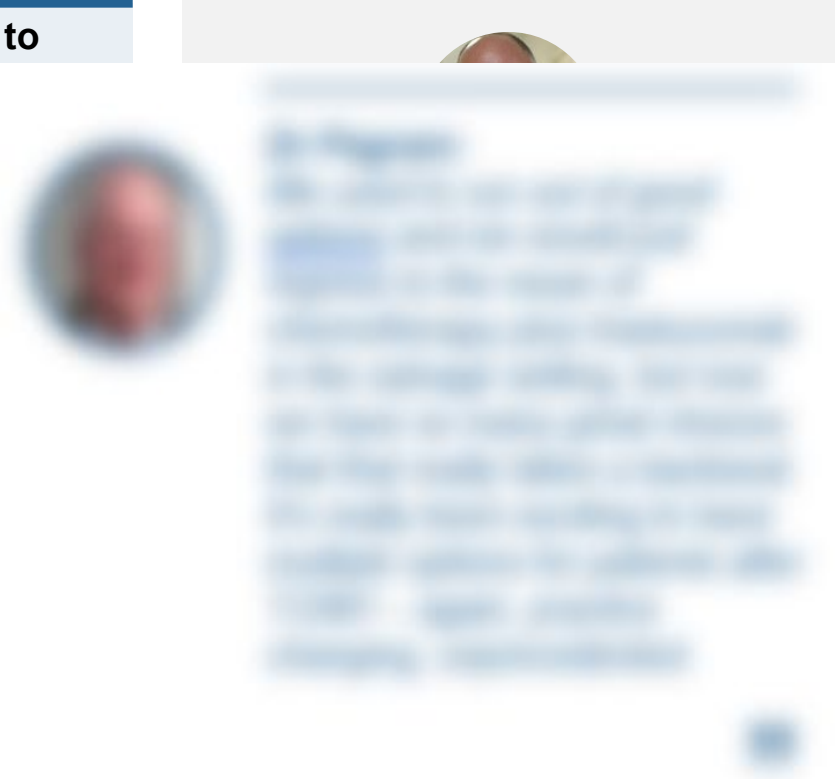
Experts do not consider practice-changing the randomized trial showing that preoperative



Experts Debated the Management of Localized Rectal Cancer

PERIOPERATIVE THERAPY

The short- vs long-course radiation debate will continue until randomized trials designed to



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Congress Highlights

Pancreatic Cancer and Biliary Tract Cancer

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STUDY POPULATION AND METHODS

OVERALL SURVIVAL

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STUDY POPULATION AND METHODS

OVERALL SURVIVAL

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STUDY POPULATION AND METHODS

PROGRESSION-FREE SURVIVAL

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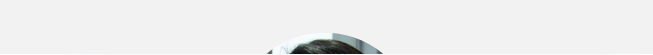
Key Insights

Pancreatic Cancer and Biliary Tract Cancer

Experts Debated First-Line Treatment Options for mPDAC

NAPOLI-3

Experts agreed that NAPOLI-3 establishes that for patients fit enough to receive a triplet



...the standard of care for first-line treatment of mPDAC. The results of the study, which compared the triplet combination of FOLFIRI, nab-paclitaxel, and nivolumab to FOLFIRI and nab-paclitaxel alone, showed that the triplet combination significantly improved overall survival and progression-free survival compared to the control group. The study also showed that the triplet combination was well-tolerated, with no significant increase in adverse events compared to the control group. The results of the study are consistent with the findings of other studies that have shown that the addition of immunotherapy to chemotherapy can improve outcomes in mPDAC. The results of the study also suggest that the triplet combination may be a promising first-line treatment option for mPDAC. The study was conducted in a randomized, controlled, phase 3 setting, which is the highest level of evidence for clinical research. The results of the study are therefore highly reliable and can be used to guide clinical practice. The study also has important implications for the development of new treatments for mPDAC. The results of the study suggest that the addition of immunotherapy to chemotherapy may be a promising strategy for improving outcomes in mPDAC. This finding could lead to the development of new combination therapies that include immunotherapy and chemotherapy. The results of the study also suggest that the triplet combination may be a promising first-line treatment option for mPDAC. This finding could lead to the development of new first-line treatment options for mPDAC. The study was conducted in a randomized, controlled, phase 3 setting, which is the highest level of evidence for clinical research. The results of the study are therefore highly reliable and can be used to guide clinical practice. The study also has important implications for the development of new treatments for mPDAC. The results of the study suggest that the addition of immunotherapy to chemotherapy may be a promising strategy for improving outcomes in mPDAC. This finding could lead to the development of new combination therapies that include immunotherapy and chemotherapy. The results of the study also suggest that the triplet combination may be a promising first-line treatment option for mPDAC. This finding could lead to the development of new first-line treatment options for mPDAC.

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Experts Discussed First-Line Standards for Advanced/Metastatic BTCs

ADDING TO A GEM-CIS BACKBONE

Gem-cis + IO remains standard of care for advanced biliary tract cancers (BTC)

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Congress Highlights

Hepatocellular Carcinoma

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STUDY POPULATION AND METHODS

OVERALL SURVIVAL

Adjuvant TACE with sorafenib for patients with HCC with portal vein tumor thrombus after surgery: A phase III trial

Kuang et al. 2023, ASCO GI 493

STUDY POPULATION AND METHODS

> 158 pts from China with HCC with portal vein thrombosis

OVERALL SURVIVAL

Background: Sorafenib is a multikinase inhibitor that targets vascular endothelial growth factor receptor tyrosine kinase, platelet-derived growth factor receptor tyrosine kinase, and other kinases involved in tumor angiogenesis and tumor growth. Sorafenib is approved for the treatment of hepatocellular carcinoma (HCC) and renal cell carcinoma (RCC). Sorafenib is also approved for the treatment of thyroid cancer, pancreatic cancer, and colorectal cancer. Sorafenib is a multikinase inhibitor that targets vascular endothelial growth factor receptor tyrosine kinase, platelet-derived growth factor receptor tyrosine kinase, and other kinases involved in tumor angiogenesis and tumor growth. Sorafenib is approved for the treatment of hepatocellular carcinoma (HCC) and renal cell carcinoma (RCC). Sorafenib is also approved for the treatment of thyroid cancer, pancreatic cancer, and colorectal cancer.



Tislelizumab vs sorafenib in first-line treatment of unresectable HCC: Impact on health-related QOL in RATIONALE-301

Finn et al. 2023, ASCO GI 495

STUDY POPULATION AND METHODS

> 674 pts with treatment-naïve unresectable HCC BCLC Stage B/C

HRQOL OUTCOMES

... (faded text) ...



*p≤0.01 (nominal p).



NRG/RTOG 1112: Phase III study of sorafenib vs SBRT followed by sorafenib in hepatocellular carcinoma

Dawson et al. 2023, ASCO GI 489

STUDY POPULATION AND METHODS

> 177 pts with new or recurrent HCC, unsuitable for surgery.

OVERALL SURVIVAL

Background: Sorafenib is a multikinase inhibitor that targets vascular endothelial growth factor receptor tyrosine kinase (VEGFR), platelet-derived growth factor receptor tyrosine kinase (PDGFR), and other kinases. It is approved for the treatment of advanced hepatocellular carcinoma (HCC). SBRT is a form of radiation therapy that delivers a high dose of radiation to a small, well-defined target volume. It is approved for the treatment of early-stage HCC. The NRG/RTOG 1112 study is a phase III, randomized, controlled trial comparing sorafenib to SBRT followed by sorafenib in patients with new or recurrent HCC who are not suitable for surgery. The primary endpoint is overall survival (OS). The study is currently recruiting patients and has not yet completed.



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Key Insights

Hepatocellular Carcinoma

CURRENT STANDARDS

Current Standards

The current standards for the management of HCC are based on the following factors:

- **Stage of the disease:** The stage of the disease is the most important factor in determining the management of HCC. The stages are: early-stage, intermediate-stage, and advanced-stage.
- **Location of the tumor:** The location of the tumor is also an important factor in determining the management of HCC. The location of the tumor can be: intrahepatic, extrahepatic, or both.
- **Size of the tumor:** The size of the tumor is also an important factor in determining the management of HCC. The size of the tumor can be: small, medium, or large.
- **Number of tumors:** The number of tumors is also an important factor in determining the management of HCC. The number of tumors can be: one, two, or more.
- **Presence of other conditions:** The presence of other conditions is also an important factor in determining the management of HCC. The other conditions can be: cirrhosis, hepatitis, or both.

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RATIONALE-301

Immunotherapy in HCC: RATIONALE-301

Background: Hepatocellular carcinoma (HCC) is a leading cause of cancer-related death. Immunotherapy, particularly immune checkpoint inhibitors (ICIs), has emerged as a promising treatment option for HCC. The RATIONALE-301 trial is a phase III study evaluating the efficacy and safety of nivolumab (an anti-PD-1 ICI) in combination with atezolizumab (an anti-VEGFR ICI) compared to atezolizumab monotherapy in patients with HCC.

Study Design: RATIONALE-301 is a randomized, controlled, phase III trial. The primary endpoint is overall survival (OS). Secondary endpoints include progression-free survival (PFS), objective response rate (ORR), and safety.

Results: The trial demonstrated that the combination of nivolumab and atezolizumab significantly improved OS compared to atezolizumab monotherapy. The combination also showed a higher ORR and a similar PFS. The safety profile of the combination was manageable, with no significant increase in adverse events compared to atezolizumab monotherapy.

Conclusion: The RATIONALE-301 trial provides strong evidence that the combination of nivolumab and atezolizumab is a superior treatment option for HCC compared to atezolizumab monotherapy. This combination represents a significant advancement in the management of HCC.

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Experts Discussed Localized Therapies for HCC

RADIATION

Dr. [Name] is a board-certified medical oncologist and a member of the American Society of Clinical Oncology (ASCO). He is currently a faculty member at [Institution] and is involved in several clinical trials. Dr. [Name] has published numerous articles in peer-reviewed journals and has been a speaker at several national and international conferences. He is currently the medical director of the [Department] at [Institution].

Dr. [Name] is currently the medical director of the [Department] at [Institution]. He is currently the medical director of the [Department] at [Institution]. He is currently the medical director of the [Department] at [Institution].

Dr. [Name] is currently the medical director of the [Department] at [Institution]. He is currently the medical director of the [Department] at [Institution]. He is currently the medical director of the [Department] at [Institution].



Dr. [Name] is a board-certified medical oncologist and a member of the American Society of Clinical Oncology (ASCO). He is currently a faculty member at [Institution] and is involved in several clinical trials. Dr. [Name] has published numerous articles in peer-reviewed journals and has been a speaker at several national and international conferences. He is currently the medical director of the [Department] at [Institution].

Dr. [Name] is currently the medical director of the [Department] at [Institution]. He is currently the medical director of the [Department] at [Institution]. He is currently the medical director of the [Department] at [Institution].

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Congress Highlights

Gastric and Gastroesophageal Junction (GEJ)
Cancers – Chemotherapy and Targeted Therapy

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STUDY POPULATION AND METHODS

OVERALL SURVIVAL

Five-year follow-up a phase III trial comparing 4 and 8 courses of S-1 adjuvant chemotherapy for stage II gastric cancer: JCOG1104 (OPAS-1)

Nunobe et al. 2023, ASCO GI 381

STUDY POPULATION AND METHODS

> 590 pts with pathologic stage 2 gastric cancer (excluding T1N2–3

RFS AND OS

Background: The JCOG1104 (OPAS-1) trial is a phase III study comparing 4 and 8 courses of S-1 adjuvant chemotherapy for stage II gastric cancer. The primary endpoint is overall survival (OS). The study population included 590 patients with pathologic stage II gastric cancer (excluding T1N2–3). The results of the trial are presented in this slide.

Methods: The study population was divided into two groups: 4 courses of S-1 (n=295) and 8 courses of S-1 (n=295). The primary endpoint was OS. The results are presented in this slide.

Results: The results of the trial are presented in this slide.

Conclusion: The results of the trial are presented in this slide.



SPOTLIGHT: Zolbetuximab + mFOLFOX6 as 1L treatment for CLDN18.2+/HER2- unresectable or mG/GEJ adenocarcinoma

Shitara et al. 2023, ASCO GI LBA292

STUDY POPULATION AND METHODS

> 565 pts with previously untreated CLDN18.2-positive (moderate-

OVERALL SURVIVAL

[Faint, illegible text block, likely containing study details or a list of bullet points.]



INTEGRATE IIa: A phase III study of regorafenib vs placebo in refractory advanced gastro-oesophageal cancer

Pavlakis et al. 2023, ASCO GI LBA294

STUDY POPULATION AND METHODS

> 251 pts with locally advanced or metastatic gastroesophageal

OVERALL SURVIVAL

INTEGRATE IIa is a phase III, randomized, controlled study comparing regorafenib with placebo in patients with refractory advanced gastroesophageal cancer. The study is designed to evaluate the efficacy and safety of regorafenib in this population. The primary endpoint is overall survival. The study is currently recruiting patients and is open to enrollment at several sites. The study is funded by AstraZeneca. The study is registered on ClinicalTrials.gov (NCT03073417).



EPICS

Key Insights

Gastric and Gastroesophageal Junction (GEJ)
Cancers – Chemotherapy and Targeted Therapy

Experts Debated Perioperative Therapies for Gastric/GEJ/Esophageal Cancers

Neo-AEGIS

Perioperative chemotherapy for gastric cancer: A review of the evidence

The purpose of this review is to provide a comprehensive overview of the current evidence regarding the use of perioperative chemotherapy in the treatment of gastric cancer. The review will focus on the role of chemotherapy in the management of gastric cancer, with particular emphasis on the use of perioperative chemotherapy. The review will discuss the results of clinical trials and meta-analyses, and will provide recommendations for the use of perioperative chemotherapy in the management of gastric cancer.

The review will be organized into several sections. The first section will provide an overview of the epidemiology and pathogenesis of gastric cancer. The second section will discuss the current standard of care for gastric cancer, with particular emphasis on the use of chemotherapy. The third section will discuss the results of clinical trials and meta-analyses regarding the use of perioperative chemotherapy in the management of gastric cancer. The fourth section will provide recommendations for the use of perioperative chemotherapy in the management of gastric cancer.

The review will conclude with a summary of the key findings and a discussion of the limitations of the current evidence. The review will also provide a list of references for further reading.



Perioperative chemotherapy for gastric cancer: A review of the evidence

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Experts Discussed Targeting CLDN18.2 in Advanced/Metastatic Gastric/GEJ Cancers

SPOTLIGHT TRIAL

Targeting CLDN18.2 in Gastric Cancer: A Promising New Approach

CLDN18.2 is a cell surface protein that is highly expressed in gastric cancer. It is a member of the claudin family of proteins, which are involved in cell-cell junctions and barrier function. CLDN18.2 is a promising target for cancer therapy because it is overexpressed in gastric cancer and is not expressed in normal gastric tissue. This makes it an ideal target for targeted therapy.

Several studies have shown that targeting CLDN18.2 with monoclonal antibodies can lead to tumor regression in gastric cancer. In a phase I study, the monoclonal antibody CLDN18.2-1 was shown to be safe and effective in patients with gastric cancer. In a phase II study, the monoclonal antibody CLDN18.2-2 was shown to be safe and effective in patients with gastric cancer.

CLDN18.2 is also a promising target for gene therapy. Several studies have shown that targeting CLDN18.2 with gene therapy can lead to tumor regression in gastric cancer. In a phase I study, the gene therapy CLDN18.2-GT was shown to be safe and effective in patients with gastric cancer. In a phase II study, the gene therapy CLDN18.2-GT was shown to be safe and effective in patients with gastric cancer.

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Experts Discussed Treatment Options for Refractory Gastric/GEJ Cancers

REGORAFENIB


REGORAFENIB

REGORAFENIB is a tyrosine kinase inhibitor that targets the vascular endothelial growth factor receptor (VEGFR) and the epidermal growth factor receptor (EGFR). It is used to treat patients with advanced gastric or gastroesophageal junction (GEJ) cancer who have received prior systemic therapy.

REGORAFENIB is administered orally, once daily, with or without food. The recommended starting dose is 160 mg once daily. Dose adjustments may be necessary based on adverse events and laboratory test results.

Common adverse events include diarrhea, fatigue, weight loss, and decreased appetite. More serious adverse events, such as bleeding and liver toxicity, have been reported. Patients should be monitored closely for these side effects.

REGORAFENIB is contraindicated in patients with severe renal impairment (creatinine clearance < 30 mL/min) and in patients who are taking strong CYP3A4 inhibitors.



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EPICS

Congress Highlights

Gastric and Gastroesophageal Junction (GEJ)
Cancers – Immunotherapy

Rationale 305: Phase III study of chemotherapy ± tislelizumab 1L treatment of advanced GC/GEJC

Moehler et al. 2023, ASCO GI 286

STUDY POPULATION AND METHODS

- > Pts with previously untreated, unresectable locally advanced or

OVERALL SURVIVAL



Chemotherapy ± nivolumab as 1L treatment for advanced GC/GEJC/EAC: 3-year follow-up from CheckMate 649

Janjigian et al. 2023, ASCO GI 291

STUDY POPULATION AND METHODS

> 1581 pts with previously untreated, unresectable advanced or

OVERALL SURVIVAL

Figure 1. Overall survival (OS) by treatment group and PD-L1 expression.



Figure 2. Response rate (RR) by treatment group and PD-L1 expression.



NIVO + chemo or IPI vs chemo as 1L treatment for advanced ESCC: 29-month (mo) follow-up from CheckMate 648

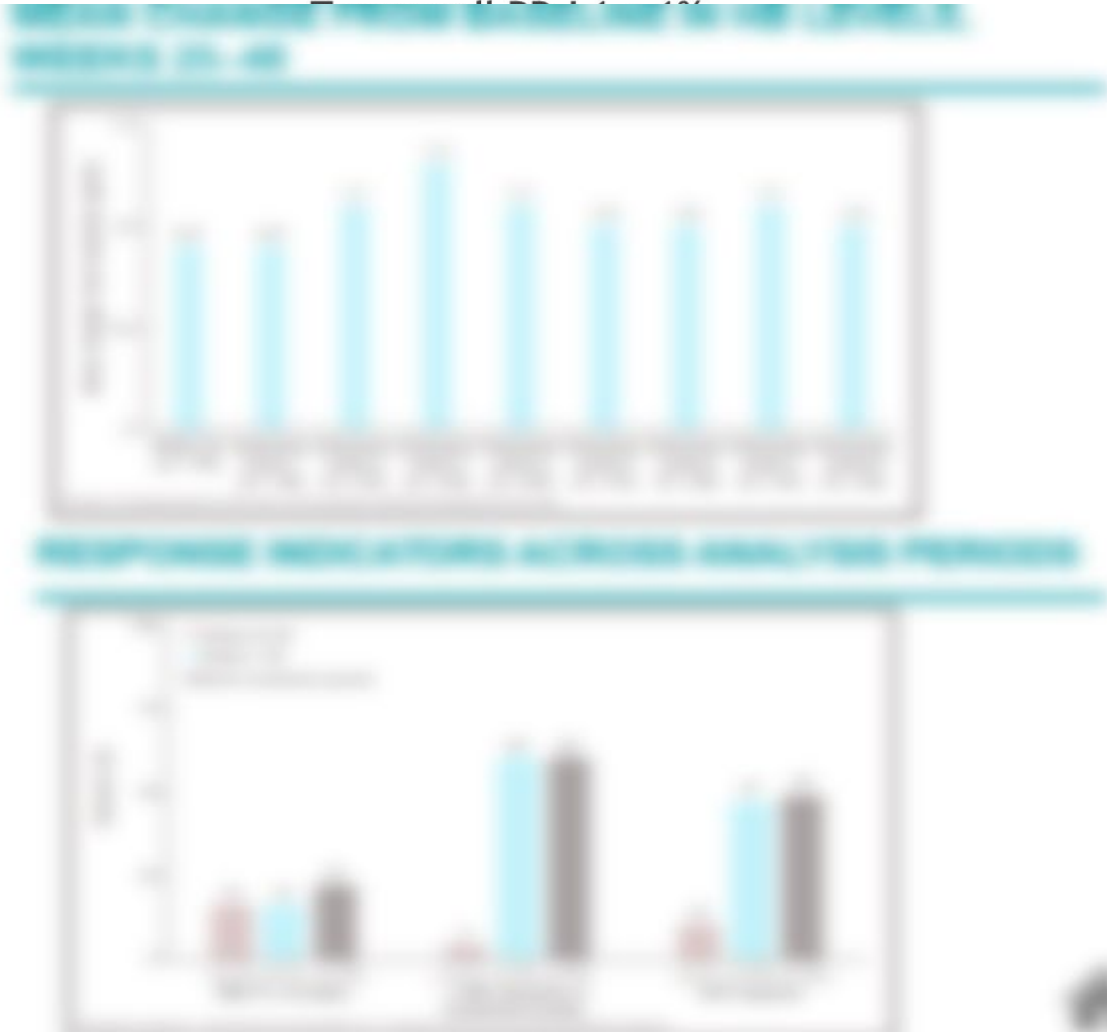
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Kato et al. 2023, ASCO GI 290

STUDY POPULATION AND METHODS

> 970 pts with previously untreated, unresectable advanced,

OVERALL SURVIVAL



INFINITY: A phase II trial of tremelimumab and durvalumab as neoadjuvant treatment of MSI-high resectable GAC/GEJAC

Pietrantonio et al. 2023, ASCO GI 358

STUDY POPULATION AND METHODS

- > 15 pts with MSI/dMMR resectable cT2–4 any N GAC/GEJAC

RESPONSE RATE

Figure 1. Response rate in the INFINITY study



Figure 2. Response rate in the INFINITY study



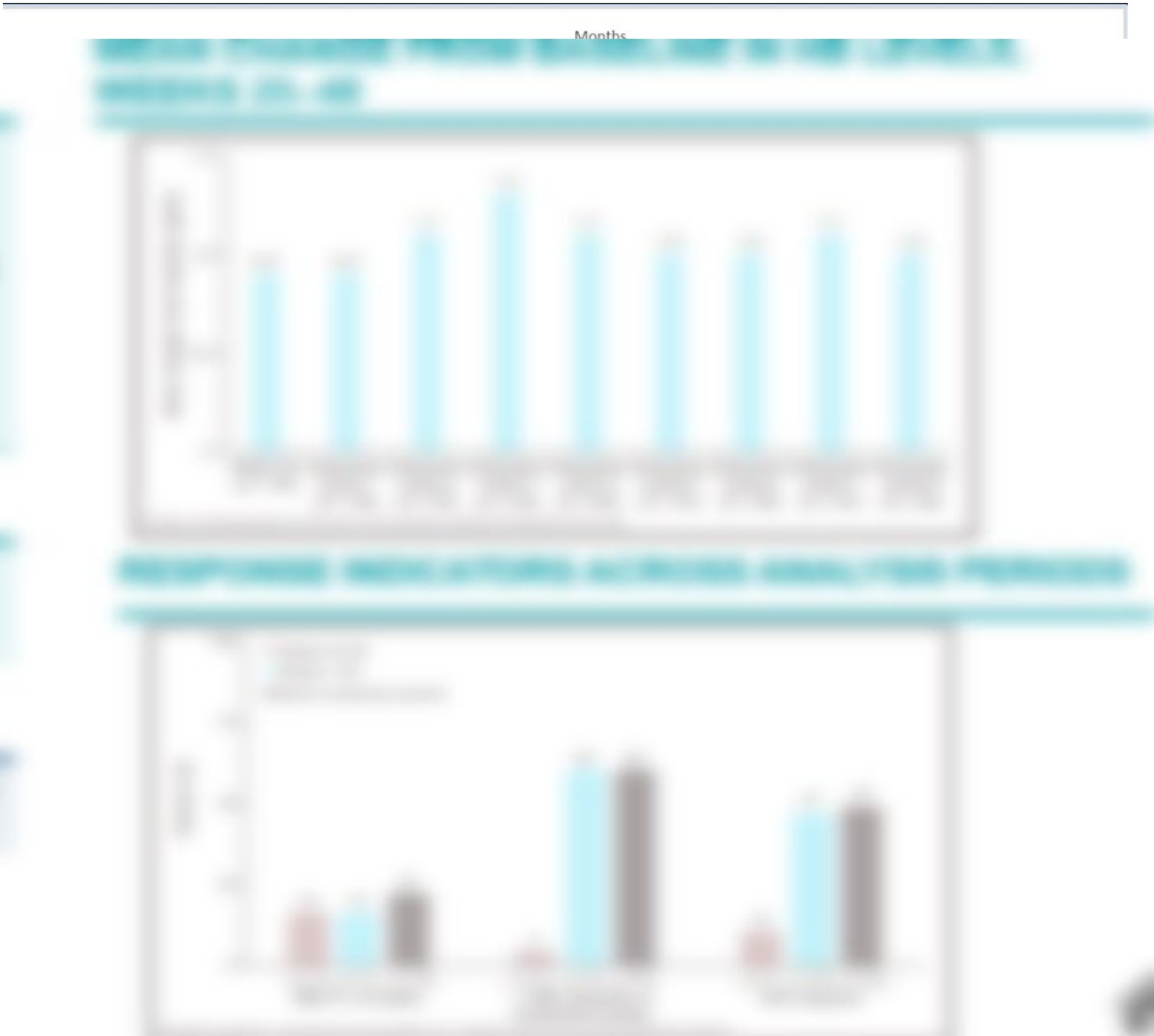
HERIZON: A phase II study of HER-Vaxx (IMU-131) + chemotherapy in HER2-overexpressing metastatic or advanced G/GEJ adenocarcinoma

Maglakelidze et al. 2023, ASCO GI 289

STUDY POPULATION AND METHODS

- > 36 pts with HER2-positive (IHC 3+ or 2+/ISH positive) metastatic

RESPONSE DURABILITY



EPICS

Key Insights


Gastric and Gastroesophageal Junction (GEJ)
Cancers – Immunotherapy

Experts Discussed First-Line Immunotherapy for Unresectable Gastric/GEJ and Esophageal Cancers

GASTRIC/GEJ ADENOCARCINOMAS

The update of CheckMate 649 evaluating nivolumab + first-line FOLFOX for gastric/GEJ

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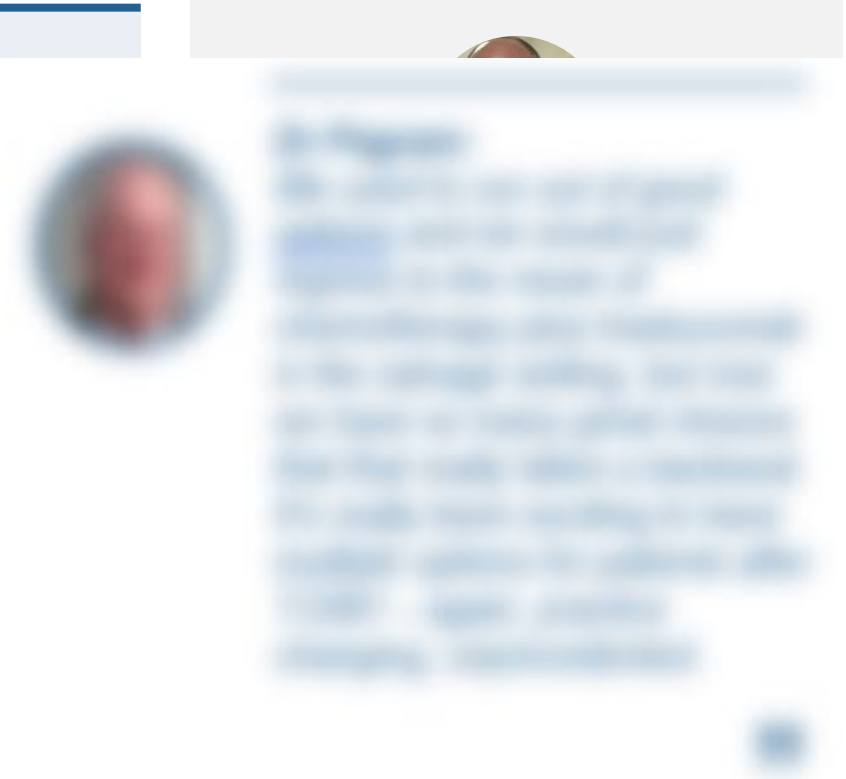
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Experts Debated Neoadjuvant Therapy for Localized MSI-H GI Cancers

PREOPERATIVE IO-IO THERAPY

The INFINITY results with neoadjuvant durvalumab + tremelimumab for resectable MSI-H

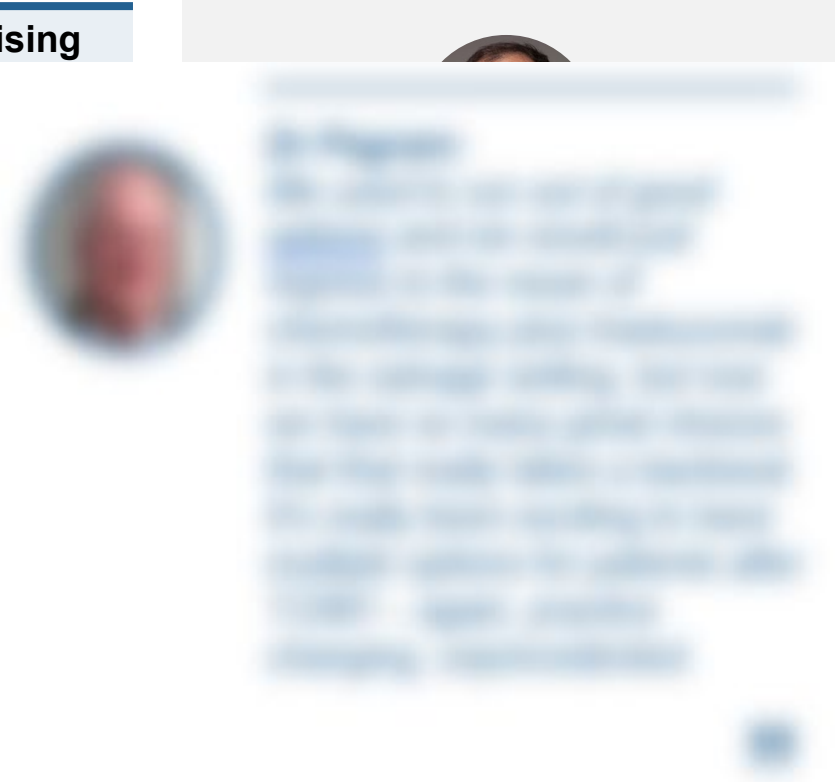
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Experts Considered the Potential of a HER2-Targeted Vaccine for HER2-Positive G/GEJ Cancers

HERIZON DATA

Experts agreed that the results with the HER-Vaxx vaccine in the HORIZON trial are promising



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