












EPICS

Conference Coverage: ESMO 2023 – Focus on Gastrointestinal (GI) Malignancies

Thursday, 2 November 2023

Full Report

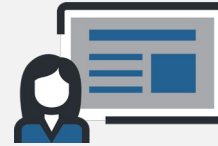
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LIVE
ROUNDTABLE



DATE:
2 November 2023



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



INSIGHTS REPORT
including postmeeting
analyses and actionable
recommendations



PANEL: Key experts
in GI cancers

- > 3 from the US
- > 5 from Europe



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

Panel Consisting of 3 US and 5 European GI Experts

Joleen Hubbard, MD
Allina Health Cancer
Institute



Philip A. Philip, MD, PhD, FRCP
Henry Ford Cancer Institute



CHAIR
Tanios S. Bekaii-Saab, MD, FACP
Mayo Clinic, Phoenix

Elizabeth Smyth, MD
Oxford University Hospitals
National Health Service
Foundation Trust



Dirk Arnold, MD, PhD
University of Hamburg



Julien Taieb, MD, PhD
Georges Pompidou
European Hospital



Gerald Prager, MD
Medical University of Vienna



Chiara Cremolini, MD, PhD
University of Pisa



Meeting Agenda (1/2)

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Time (MST/CET)	Topic	Speaker/Moderator
8.00 AM – 8.05 AM 15.00 – 15.05	Welcome and Introductions	Tanios S. Bekaii-Saab, MD, FACP
8.05 AM – 8.15 AM 15.05 – 15.15	CRC – Including Targeted Therapy	Chiara Cremolini, MD, PhD
8.15 AM – 8.30 AM 15.15 – 15.30	Key Questions and Topics for Discussion	Tanios S. Bekaii-Saab, MD, FACP
8.30 AM – 8.40 AM 15.30 – 15.40	MSS and MSI-H CRC	Joleen Hubbard, MD
8.40 AM – 8.55 AM 15.40 – 15.55	Key Questions and Topics for Discussion	Tanios S. Bekaii-Saab, MD, FACP
8.55 AM – 9.00 AM 15.55 – 16.00	Key Takeaways: CRC Including Targeted Therapy + MSS and MSI-H CRC	Joleen Hubbard, MD, and Chiara Cremolini, MD, PhD
9.00 AM – 9.10 AM 16.00 – 16.10	Gastric and GEJ Cancers <i>Early disease</i>	Elizabeth Smyth, MD
9.10 AM – 9.25 AM 16.10 – 16.25	Key Questions and Topics for Discussion	Tanios S. Bekaii-Saab, MD, FACP
9.25 AM – 9.30 AM 16.25 – 16.30	<i>Break</i>	



Meeting Agenda (2/2)

Time (MST/CET)	Topic	Speaker/Moderator
9.30 AM – 9.40 AM 16.30 – 16.40	Gastric and GEJ Cancers <i>Metastatic disease</i>	Julien Taieb, MD, PhD
9.40 AM – 9.50 AM 16.40 – 16.50	Gastric and GEJ Cancers <i>Metastatic disease</i>	Dirk Arnold, MD, PhD
9.50 AM – 10.15 AM 16.50 – 17.15	Key Questions and Topics for Discussion	Tanios S. Bekaii-Saab, MD, FACP
10.15 AM – 10.20 AM 17.15 – 17.20	Key Takeaways: Gastric and GEJ Cancers	Elizabeth Smyth, MD; Julien Taieb, MD, PhD; Dirk Arnold, MD, PhD
10.20 AM – 10.30 AM 17.20 – 17.30	Pancreatic Cancer	Philip A. Philip, MD, PhD
10.30 AM – 10.35 AM 17.30 – 17.35	Biliary Tract Cancer	Gerald Prager, MD
10.35 AM – 10.55 AM 17.35 – 17.55	Key Questions and Topics for Discussion	Tanios S. Bekaii-Saab, MD, FACP
10.55 AM – 11.00 AM 17.55 – 18.00	Key Takeaways: Pancreatic Cancer and Biliary Tract Cancer	Philip A. Philip, MD, PhD, and Gerald Prager, MD
11.00 AM 18.00	Summary and Closing Remarks	Tanios S. Bekaii-Saab, MD, FACP



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Congress Highlights

CRC – Including Targeted Therapy

The PEGASUS trial: post-surgical liquid biopsy-guided treatment of stage III and high-risk stage II colon cancer patients

Lonardi S, et al. LBA28

BACKGROUND

> Retrospective studies demonstrated an impressive prognostic impact of circulating tumor DNA (ctDNA) positivity on colon cancer relapse after radical resection in groups of minimal

10 Recurrences in ctDNA-Negative Patients

T3N1: left colon



RESPONSE: RECALIBRATING SURVIVAL ANALYSIS METHODS



STUDY POPULATION

1000 patients with stage III colon cancer, high-risk stage II colon cancer, or stage I/II colon cancer, who were randomized to receive either standard of care (SOC) or SOC plus adjuvant immunotherapy (AI). The SOC group received 5-FU, leucovorin, and oxaliplatin (FOLFOX4) for 6 months. The AI group received SOC plus AI for 6 months. The primary endpoint was overall survival (OS) at 5 years. The secondary endpoint was disease-free survival (DFS) at 5 years. The study was conducted in a multicenter setting across several countries.

RESULTS

At 5 years, OS was significantly higher in the AI group compared to the SOC group (p < 0.001). DFS was also significantly higher in the AI group compared to the SOC group (p < 0.001). The most common side effect was neutropenia, which was managed with growth factor support. The study was well-tolerated, with no significant differences in quality of life between the two groups.

CONCLUSIONS

Adding immunotherapy to standard of care significantly improved overall survival and disease-free survival in patients with stage III and high-risk stage II colon cancer. This finding suggests that immunotherapy may be a valuable addition to the treatment of colon cancer, particularly in the adjuvant setting.

Sotorasib plus panitumumab versus standard-of-care for chemorefractory KRAS G12C-mutated metastatic colorectal cancer (mCRC): CodeBreak 300 phase 3 study

Pietrantonio F, et al. LBA10



BACKGROUND

> The first phase III primary results for sotorasib (soto), a *KRAS* G12C inhibitor, +

	Sotorasib 960 mg + Panitumumab	Sotorasib 240 mg + Panitumumab	Investigator's Choice
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STUDY POPULATION

1000 patients with KRAS G12C-mutated mCRC, who had received 1-3 prior lines of systemic therapy, including fluoropyrimidine, oxaliplatin, irinotecan, and anti-EGFR therapy. The study population was stratified by prior anti-EGFR therapy (yes/no) and prior anti-HER2 therapy (yes/no). The primary endpoint was overall survival (OS) at 12 weeks. Secondary endpoints included progression-free survival (PFS), quality of life, and adverse events.

RESULTS

At 12 weeks, OS was significantly higher in the sotorasib + panitumumab group compared to the investigator's choice group. PFS and quality of life were also significantly improved in the sotorasib + panitumumab group.

CONCLUSIONS

Sotorasib + panitumumab significantly improved OS, PFS, and quality of life compared to investigator's choice in KRAS G12C-mutated mCRC patients.

OS AT 12 WEEKS



RESPONSE RATES AND TOXICITY

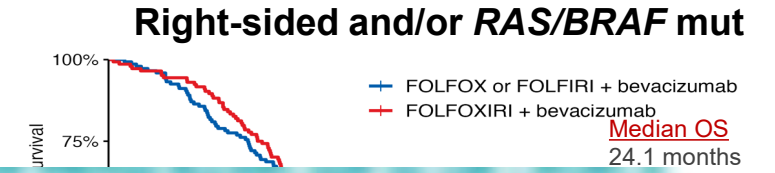


First-line systemic treatment in patients with initially unresectable colorectal cancer liver metastases (CRLM): overall survival of the phase III CAIRO5 study of the Dutch Colorectal Cancer Group

Punt CJ, et al. LBA27

BACKGROUND

> CAIRO5 aimed to find the optimal systemic induction regimen to convert initially



STUDY POPULATION

1. 1000 patients with initially unresectable CRLM, ECOG performance grade 0-1, no prior systemic therapy, no prior surgery for CRLM, and no prior treatment with anti-angiogenic therapy. The patients were randomized to receive either FOLFOX or FOLFIRI + bevacizumab (n=500) or FOLFOXIRI + bevacizumab (n=500). The primary endpoint was overall survival. The secondary endpoints were progression-free survival, time to treatment failure, and quality of life. The study was conducted in the Netherlands and the results were published in the Journal of Clinical Oncology.

RESULTS

1. The median overall survival was 24.1 months in the FOLFOXIRI + bevacizumab group and 21.1 months in the FOLFOX or FOLFIRI + bevacizumab group. The median progression-free survival was 11.1 months in the FOLFOXIRI + bevacizumab group and 8.1 months in the FOLFOX or FOLFIRI + bevacizumab group.

CONCLUSIONS

1. The FOLFOXIRI + bevacizumab regimen significantly improved overall survival and progression-free survival compared to the FOLFOX or FOLFIRI + bevacizumab regimen in patients with initially unresectable CRLM.

RESPONSE, PROGRESSION, AND QUALITY OF LIFE



PROGRESSION-FREE SURVIVAL AND QUALITY OF LIFE



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Key Insights

CRC – Including Targeted Therapy

CRC – Including Targeted Therapy (1/3)

ctDNA in CRC

> Following the presentation from the PEGASUS trial (LBA28), experts from the US and EU agreed that ctDNA is very interesting to examine

CRC – Including Targeted Therapy (2/3)

First-line treatment of mCRC

CAIRO5 (LBA27)

> *“I think there is a problem with CAIRO. I don't know if it is the [study] population, the way patients were managed in the Netherlands, maybe*

[Blurred text]

[Blurred text]

[Blurred text]



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Congress Highlights

MSS and MSI-H CRC

Neoadjuvant nivolumab plus relatlimab (anti-LAG3) in locally advanced MMR-deficient colon cancers: the NICHE-3 study

Verschoor YL, et al. LBA31

BACKGROUND

> Neoadjuvant immunotherapy has shown promising responses in various tumor types. In the

Patient Characteristics (n = 19)		
T stage	T2	5%
	T3	58%

STUDY POPULATION

19 patients with locally advanced MMR-deficient colon cancer (T2-T4, N0-N2, M0) were treated with neoadjuvant nivolumab plus relatlimab (anti-LAG3) for 12 weeks. The primary endpoint was the percentage of patients achieving a pathologic complete response (pCR) or near-complete response (near-CR). The overall response rate (ORR) was 79% (15/19), with a pCR rate of 26% (5/19). The median time to pCR was 12 weeks. The most common adverse events were fatigue, diarrhea, and rash.

RESULTS

15 patients achieved a pathologic complete response (pCR) or near-complete response (near-CR). The overall response rate (ORR) was 79% (15/19). The median time to pCR was 12 weeks. The most common adverse events were fatigue, diarrhea, and rash.

CONCLUSIONS

Neoadjuvant immunotherapy with nivolumab plus relatlimab (anti-LAG3) showed promising results in locally advanced MMR-deficient colon cancer, with a high ORR and a significant pCR rate.

RESPONSE RATE BY TUMOR STAGE



RESPONSE RATE BY MMR STATUS



Pembrolizumab versus chemotherapy in microsatellite instability-high (MSI-H)/mismatch repair-deficient (dMMR) metastatic colorectal cancer (mCRC): 5-year follow-up of the randomized phase 3 KEYNOTE-177 study

Shiu KK, et al. LBA32

BACKGROUND

> In the phase III KEYNOTE-177 (NCT02563002) study, pembro vs chemo improved PFS

OS Results After 73.3 Months

Events n/N (%)	Median, mo (95% CI)	HR (95% CI)
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A phase II clinical trial of sintilimab plus chidamide combined with or without bevacizumab in patients with MSS/pMMR metastatic colorectal cancer

Wang F, et al. 556MO

BACKGROUND

> Immune checkpoint inhibitors (ICI) have shown significant clinical benefit for pts with MSI-

Progression-free survival

PROGRESSION-FREE SURVIVAL IN THE INTENT-TO-TREAT POPULATION



RESPONSE RATES IN THE INTENT-TO-TREAT POPULATION



STUDY POPULATION

100 patients with MSS/pMMR metastatic colorectal cancer... (text is blurred)

RESULTS

Median PFS was 10.5 months... (text is blurred)

CONCLUSIONS

Combining sintilimab plus chidamide... (text is blurred)

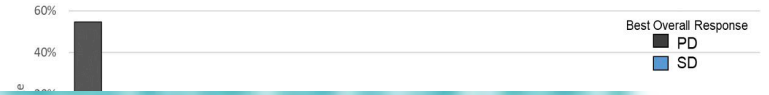
A Phase II, multicenter, open-label study of PolyPEPI1018 in combination with atezolizumab in participants with relapsed or refractory microsatellite-stable metastatic colorectal cancer (MSS mCRC) (Oberto-301): initial results

Hubbard J, et al. 640P

BACKGROUND

> Additional interventions are needed to convert immunologically “cold” MSS CRC tumors

Radiologic Tumor Responses (BOR)



STUDY POPULATION

1. 100 patients with MSS mCRC... (text is blurred)

RESULTS

2. 100 patients... (text is blurred)

CONCLUSIONS

Combining... (text is blurred)

STUDY POPULATION



RESULTS



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Key Insights

MSS and MSI-H CRC

MSS and MSI-H Colorectal Cancer (1/2)

MSS CRC – exploring new avenues

> *“Research in this field will continue to be incremental, rather than transformational.” “We cannot neglect that we make small-steps progress”*

[Faded text containing research updates and clinical trial information, including mentions of NCT01442487, NCT01442488, and NCT01442489.]

MSI-H CRC

NICHE-3 (LBA31)

> Data from NICHE-3 are viewed positively; however, it is yet to be determined if an anti-LAG3 is better than an anti-CTLA-4 antibody, and

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Congress Highlights

Gastric and GEJ Cancers
Early disease

Pembrolizumab plus chemotherapy vs chemotherapy as neoadjuvant and adjuvant therapy in locally-advanced gastric and gastroesophageal junction cancer: The Phase 3 KEYNOTE-585 study

Shitara K, et al. LBA74

BACKGROUND

> The phase III KEYNOTE-585 study (NCT03221426) evaluated

Pathological complete response (pCR) to durvalumab plus FLOT in resectable gastric and gastroesophageal junction cancer (GC/GEJC): interim results of the global, phase 3 MATTERHORN study

Janjigian YY, et al. LBA73

BACKGROUND

> The global, phase III, randomized, double-blind, placebo-controlled



Overall Survival of Perioperative or Postoperative Adjuvant Oxaliplatin with S-1 versus Adjuvant Oxaliplatin with Capecitabine in Locally Advanced Gastric or Gastro-Oesophageal Junction Adenocarcinoma Undergoing D2 Gastrectomy: An Updated Analysis of RESOLVE Trial

Zhang X, et al. LBA78

BACKGROUND

> The RESOLVE study demonstrated a disease-free survival (DFS) benefit from

A: Adj-
Capecitabine
B: Adj-
Oxaliplatin
C: Peri-
Oxaliplatin
B vs A (non-
inferiority)
C vs A

STUDY POPULATION

RESOLVE study: 1000 patients with locally advanced gastric or gastro-oesophageal junction adenocarcinoma undergoing D2 gastrectomy. The study compared two treatment arms: Arm A (Adjuvant Capecitabine) and Arm B (Adjuvant Oxaliplatin). The primary endpoint was overall survival (OS). The study was a phase III, randomized, controlled trial. The results showed that Arm B had a significantly better OS compared to Arm A.

RESULTS

The median OS was significantly longer in the Oxaliplatin group compared to the Capecitabine group. The hazard ratio (HR) for OS was 0.85 (95% CI 0.75-0.95), indicating a 15% reduction in the risk of death for the Oxaliplatin group.

CONCLUSIONS

Adjuvant Oxaliplatin with S-1 is superior to adjuvant Oxaliplatin with Capecitabine in terms of overall survival in patients with locally advanced gastric or gastro-oesophageal junction adenocarcinoma undergoing D2 gastrectomy.

OS: Overall Survival (Kaplan-Meier Plot)



OS: Overall Survival (Forest Plot)

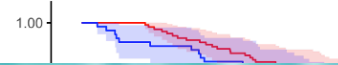


Neoadjuvant chemoradiotherapy followed by surgery versus active surveillance for oesophageal cancer (SANO-trial): a phase-III stepped-wedge cluster randomised trial

Van der Wilk BJ, et al. LBA75

BACKGROUND

> One-third of pts with esophageal cancer have a pCR after neoadjuvant chemoradiotherapy



STUDY POPULATION

1000 patients with oesophageal cancer... (text is blurred)

RESULTS

Median overall survival... (text is blurred)

CONCLUSIONS

Neoadjuvant chemoradiotherapy... (text is blurred)

RESPONSE RATES AND SURVIVAL BY CLINICAL STAGE



RESPONSE RATES AND SURVIVAL BY TUMOR HETEROGENEITY



EPICS

Key Insights

Gastric and GEJ Cancers
Early disease

Perioperative treatment in early disease

MATTERHORN and KEYNOTE-585 trials

Immunotherapy regimens

> It was noted that a number of patients from both MATTERHORN (LBA73) and KEYNOTE-585 (LBA74) likely had metastatic disease

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Congress Highlights

Gastric and GEJ Cancers
Metastatic disease

Updated efficacy and safety results from phase 3 SPOTLIGHT study evaluating zolbetuximab + mFOLFOX6 as first-line (1L) treatment for patients with claudin-18 isoform 2-positive (CLDN18.2+), HER2-, locally advanced (LA) unresectable or metastatic gastric or gastroesophageal junction (mG/GEJ) adenocarcinoma

Ajani JA, et al. LBA82



BACKGROUND

> The phase III SPOTLIGHT study showed statistically significant improvement with first-line

PO: PFS (centrally reviewed)	Zolbetuximab + mFOLFOX6	Placebo + mFOLFOX6
No. events/no. patients	157/283	184/282
Median PFS, months (95% CI)	11.04 (9.69–12.52)	8.94 (8.21–10.41)

STUDY POPULATION

Phase III SPOTLIGHT study, 283 patients with CLDN18.2+ (n=283) vs 282 patients with CLDN18.2- (n=282) were randomized to receive zolbetuximab + mFOLFOX6 (n=283) or placebo + mFOLFOX6 (n=282). The primary endpoint was overall survival (OS). Secondary endpoints included progression-free survival (PFS), time to treatment failure (TTF), and quality of life (QoL). The study was stratified by CLDN18.2 status and HER2 status. The study was conducted in a double-blind, randomized, controlled manner. The study was conducted in a double-blind, randomized, controlled manner. The study was conducted in a double-blind, randomized, controlled manner.

RESULTS

Median OS was significantly longer in the zolbetuximab + mFOLFOX6 group compared to the placebo + mFOLFOX6 group (11.04 months vs 8.94 months, p < 0.001). Median PFS was also significantly longer in the zolbetuximab + mFOLFOX6 group compared to the placebo + mFOLFOX6 group (11.04 months vs 8.94 months, p < 0.001). TTF was significantly longer in the zolbetuximab + mFOLFOX6 group compared to the placebo + mFOLFOX6 group (11.04 months vs 8.94 months, p < 0.001). QoL was significantly better in the zolbetuximab + mFOLFOX6 group compared to the placebo + mFOLFOX6 group (11.04 months vs 8.94 months, p < 0.001).

CONCLUSIONS

Zolbetuximab + mFOLFOX6 significantly improved OS, PFS, TTF, and QoL compared to placebo + mFOLFOX6 in patients with CLDN18.2+ gastric or mG/GEJ adenocarcinoma. Zolbetuximab + mFOLFOX6 significantly improved OS, PFS, TTF, and QoL compared to placebo + mFOLFOX6 in patients with CLDN18.2+ gastric or mG/GEJ adenocarcinoma.



Updated efficacy and safety results from phase 3 GLOW study evaluating zolbetuximab + CAPOX as first-line (1L) treatment for patients with claudin-18 isoform 2-positive (CLDN18.2+), HER2-, locally advanced (LA) unresectable or metastatic gastric or gastroesophageal junction (mG/GEJ) adenocarcinoma

Lordick F, et al. LBA81



BACKGROUND

> The phase III GLOW study showed statistically significant improvement with first-line

	PFS	Zolbetuximab + CAPOX	Placebo + CAPOX
Events/patients, n/N		146/254	178/253
Median PFS, months (95% CI)		8.28 (7.46–9.00)	6.80 (6.14–8.11)
HR (95% CI)		0.682 (0.545–0.854)	
P value		0.0004	

STUDY POPULATION

1. 450 patients were enrolled in the study, with 225 patients in the zolbetuximab + CAPOX group and 225 patients in the placebo + CAPOX group. The study population was composed of patients with CLDN18.2+ and HER2- gastric or gastroesophageal junction adenocarcinoma. The median age was 65 years, and 70% of patients were male. The majority of patients had metastatic disease, and 10% of patients had locally advanced disease. The study was conducted in a randomized, controlled, phase III setting.

RESULTS

2. The primary endpoint was progression-free survival (PFS). The median PFS was significantly longer in the zolbetuximab + CAPOX group compared to the placebo + CAPOX group. The hazard ratio (HR) for PFS was 0.682 (95% CI, 0.545–0.854), with a p-value of 0.0004.

CONCLUSIONS

3. The addition of zolbetuximab to CAPOX as first-line treatment significantly improved PFS in patients with CLDN18.2+ and HER2- gastric or gastroesophageal junction adenocarcinoma.

PROGRESSION-FREE SURVIVAL (PFS) AT 12 WEEKS



RESPONSE EVALUATION BY RECURRENCE ANALYSIS PERIOD



Tislelizumab (TIS) Plus Chemotherapy (Chemo) vs Placebo (PBO) Plus Chemo as First-Line (1L) Treatment of Advanced Gastric or Gastroesophageal Junction Adenocarcinoma (GC/GEJC): Final Analysis Results of the RATIONALE-305 Study

Xu RH, et al. LBA80



BACKGROUND

> TIS (anti-PD-1 antibody) + chemo demonstrated significant OS benefit vs PBO + chemo as

Endpoint	TIS + Chemo (n = 501)	PBO + Chemo (n = 496)
OS		

STUDY POPULATION

1. 1000 patients with advanced gastric or gastroesophageal junction adenocarcinoma (GC/GEJC) were randomized to receive either TIS + chemo (n = 501) or PBO + chemo (n = 496) as first-line treatment. The primary endpoint was overall survival (OS). The study population included patients who were evaluable for OS. The median OS was significantly longer in the TIS + chemo group compared to the PBO + chemo group.

RESULTS

2. The median OS was significantly longer in the TIS + chemo group compared to the PBO + chemo group. The hazard ratio (HR) for OS was significantly lower in the TIS + chemo group compared to the PBO + chemo group.

CONCLUSIONS

3. TIS + chemo demonstrated a significant OS benefit compared to PBO + chemo in patients with advanced GC/GEJC. This benefit was observed across all subgroups.

OS: TIS + Chemo vs PBO + Chemo



RESPONSE: TIS + Chemo vs PBO + Chemo



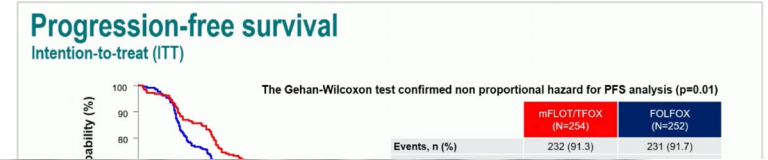
5-fluorouracil and oxaliplatin with or without docetaxel in the first-line treatment of HER2 negative locally advanced (LA) unresectable or metastatic gastric or gastro-esophageal junction (GEJ) adenocarcinoma (GASTFOX-PRODIGE 51): a randomized phase 3 trial sponsored by the FFCD

Zaanan A, et al. LBA77



BACKGROUND

> The perioperative FLOT triplet chemotherapy regimen is the standard of care for localized



STUDY POPULATION

1. 517 patients were randomized (1:1) to receive either mFLOT/FOX (N=254) or FOLFOX (N=252). The median age was 63 years (range 45-82). 70% of patients had metastatic disease. The most common sites of metastases were liver (45%), lung (35%), and peritoneum (25%). The median time from diagnosis to randomization was 11 months (range 0-72). The median time from randomization to first treatment was 1.5 months (range 0-12). The median time from randomization to last treatment was 11.5 months (range 0-48). The median time from randomization to death was 11.5 months (range 0-48).

RESULTS

1. The median progression-free survival (PFS) was 11.5 months (95% CI 10.5-12.5) in the mFLOT/FOX group and 9.5 months (95% CI 8.5-10.5) in the FOLFOX group. The difference was statistically significant (p=0.01).

CONCLUSIONS

1. The addition of docetaxel to 5-fluorouracil and oxaliplatin significantly improved PFS in patients with HER2 negative LA unresectable or metastatic gastric or GEJ adenocarcinoma.

PROGRESSION-FREE SURVIVAL BY TREATMENT GROUP



RESPONSE, TOXICITY, AND QUALITY OF LIFE



The primary results of an intergroup phase III randomized controlled trial comparing ramucirumab plus irinotecan with irinotecan in the third or later line treatment beyond progression after ramucirumab for advanced gastric cancer (RINDBeRG Trial)

Kadowaki S, et al. LBA76

BACKGROUND

> Ramucirumab is an mAb that targets VEGFR2 and has been shown to improve

Primary endpoint: OS (FAS population^a)

STUDY POPULATION

1. 1000 patients with advanced gastric cancer...
2. 500 patients in the ramucirumab plus irinotecan group...
3. 500 patients in the irinotecan group...

RESULTS

1. Median OS was significantly longer in the ramucirumab plus irinotecan group...
2. The difference in OS was statistically significant (p < 0.001)...

CONCLUSIONS

1. Adding ramucirumab to irinotecan significantly improved OS...
2. This combination may be a better treatment option for patients...

OS (FAS POPULATION)



RESPONSE RATES AND TOXICITY



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Key Insights

Gastric and GEJ Cancers
Metastatic disease

Metastatic gastric and GEJ cancers

Claudin 18.2-positive tumors

> The benefit shown in the SPOTLIGHT (LBA82) and GLOW (LBA 81) studies is considered clinically relevant and the experts believe these

Metastatic gastric and GEJ cancers

HER2-positive and PD-L1-positive tumors (cont.)

> There are differences between Europe and the US on how the KEYNOTE-811 regimen may be administered to patients. Full access to the

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Congress Highlights

Pancreatic cancer

Neoadjuvant chemotherapy with FOLFIRINOX versus neoadjuvant gemcitabine-based chemoradiotherapy for borderline resectable and resectable pancreatic cancer (PREOPANC-2): a multicenter randomized controlled trial

Koerkamp BG, et al. LBA83

BACKGROUND

> The PREOPANC trial demonstrated an OS benefit of neoadjuvant gemcitabine-based

OVERALL SURVIVAL

STUDY POPULATION

1000 patients with borderline resectable or resectable pancreatic cancer were randomized to receive either FOLFIRINOX (n=500) or gemcitabine-based chemoradiotherapy (n=500). The primary endpoint was overall survival. The secondary endpoint was time to treatment failure. The trial was conducted in 10 centers across Europe and the United States. The median age was 65 years. 70% of patients were male. The majority of patients had pancreatic ductal adenocarcinoma. The trial was completed in 2018.

RESULTS

Median overall survival was significantly longer in the gemcitabine-based chemoradiotherapy group (20.1 months) compared with the FOLFIRINOX group (17.8 months). Time to treatment failure was also significantly longer in the gemcitabine-based chemoradiotherapy group (12.1 months) compared with the FOLFIRINOX group (9.8 months).

CONCLUSIONS

Neoadjuvant gemcitabine-based chemoradiotherapy significantly improved overall survival and time to treatment failure compared with neoadjuvant FOLFIRINOX in patients with borderline resectable or resectable pancreatic cancer.

OS: GEMCITABINE-BASED CHEMORADIOGRAPHY VS FOLFIRINOX



RESPONSE, RESECTION, AND SURVIVAL ANALYSIS



Nab-paclitaxel plus gemcitabine versus modified FOLFIRINOX or S-IROX in metastatic or recurrent pancreatic cancer (JCOG1611, GENERATE): A multicentre, randomized, open-label, three-arm, phase 2/3 trial

Ohba A, et al. 16160

BACKGROUND

> Both *nab*-paclitaxel + gemcitabine and modified FOLFIRINOX are equivalently recommended as

Overall Survival (Updated: May 2023)

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STUDY POPULATION

16160 patients with metastatic or recurrent pancreatic cancer were randomized to one of three treatment arms: nab-paclitaxel plus gemcitabine, modified FOLFIRINOX, or S-IROX. The primary endpoint was overall survival. Secondary endpoints included progression-free survival, quality of life, and adverse events. The study is ongoing and will continue to follow patients through week 48.

RESULTS

Median overall survival was 11.1 months for nab-paclitaxel plus gemcitabine, 10.8 months for modified FOLFIRINOX, and 10.9 months for S-IROX. The difference between nab-paclitaxel plus gemcitabine and modified FOLFIRINOX was not statistically significant.

CONCLUSIONS

Both nab-paclitaxel plus gemcitabine and modified FOLFIRINOX are equivalently recommended as first-line treatment for metastatic or recurrent pancreatic cancer.

Overall Survival (Updated: May 2023)



RESPONSE RATES AND TOXICITY ANALYSIS



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Key Insights

Pancreatic cancer

Pancreatic Cancer

Neoadjuvant treatment for borderline-resectable and resectable pancreatic cancer

PREOPANC-2 trial (LAB83)

> The experts expected that FOLFIRINOX would be

Metastatic pancreatic cancer

GENERATE trial (16160)

> Data from the GENERATE trial came as a surprise to the experts; one US expert

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Congress Highlights

Biliary tract cancer

PemiBil: efficacy and safety of PEMIGATINIB in advanced cholangiocarcinoma with FGFR2 fusions/rearrangements in real-world, results of multicentric French cohort from ACABI consortium

Delaunay B, et al. 121P

BACKGROUND

> FGFR2 fusions or rearrangements occur in up to 14% of pts with intrahepatic

The median progression free survival (PFS) was 9 months (IIQ 6-14) and the median overall survival (OS) was 18 months (IIQ 12-NA) (Figure 1).



Figure 1 : PFS and OS

STUDY POPULATION

180 patients with advanced cholangiocarcinoma with FGFR2 fusions/rearrangements... (text is blurred)

RESULTS

Median PFS was 9 months... (text is blurred)

CONCLUSIONS

Continuing treatment beyond week 23 provides clinical benefit... (text is blurred)

PROPORTION OF PATIENTS WITH FGFR2 FUSIONS/REARRANGEMENTS



RESPONSE, TOXICITY, AND QUALITY OF LIFE (QoL) RESULTS



Efficacy and safety of durvalumab plus gemcitabine and cisplatin in Chinese participants with advanced biliary tract cancer: extension cohort of the Phase 3, randomised, double-blind, placebo-controlled, global TOPAZ-1 study

Qin S, et al. 98P

BACKGROUND

> At the TOPAZ-1 (NCT03875235) primary analysis, first-line treatment with durva (D) +

Figure 2. Kaplan-Meier analysis of overall survival in the China Meiland cohort

STUDY POPULATION

1. 100 patients with advanced biliary tract cancer (BTC) were enrolled in the extension cohort. All patients had previously received first-line systemic therapy. The median age was 65 years (range 45-85). The majority of patients (80%) were male. The median time from diagnosis to study entry was 12 months. The majority of patients (70%) had metastatic disease. The majority of patients (80%) had received first-line systemic therapy. The majority of patients (70%) had received treatment through week 48.

RESULTS

1. The median overall survival (OS) was 12.5 months (95% CI 10.5-14.5). The median time to progression (TTP) was 8.5 months (95% CI 7.5-9.5). The median time to death (TTD) was 10.5 months (95% CI 9.5-11.5).

CONCLUSIONS

Continuing treatment with durva plus gemcitabine and cisplatin in Chinese participants with advanced BTC is safe and effective. The majority of patients achieved a partial response.

Figure 2. Kaplan-Meier analysis of overall survival in the China Meiland cohort



RESPONSE EVALUATION AND TOXICITY PROFILES



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Key Insights

Biliary tract cancer

Biliary Tract Cancer

Metastatic cholangiocarcinoma with *FGFR2* fusion/rearrangement or mutation


Immune checkpoint inhibition in metastatic cholangiocarcinoma

> The data from the combined phase I, Ib/II, and II trials (95MO) of

> Data from the Chinese patients in the TOPAZ-1 trial (98P)

[Faded text containing clinical trial details and data points, including references to phase I, Ib/II, and II trials, and patient cohorts.]





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