# Cases from the Community: Investigators Discuss Emerging Research and Actual Patients with Colorectal Cancer (Part 3 of a 3-Part Series)

**Thursday, February 11, 2021**
**5:00 PM – 6:00 PM ET**

## Faculty

**Kristen K Ciombor, MD, MSCI**
**Eric Van Cutsem, MD, PhD**

## Moderator

**Neil Love, MD**

RTP RESEARCH TO PRACTICE

# Faculty

**Kristen K Ciombor, MD, MSCI**
Assistant Professor of Medicine
Division of Hematology/Oncology
Vanderbilt-Ingram Cancer Center
Nashville, Tennessee

**Eric Van Cutsem, MD, PhD**
Professor of Medicine
Digestive Oncology
University Hospitals Leuven
Leuven, Belgium

# Commercial Support

This activity is supported by educational grants from Bayer HealthCare Pharmaceuticals, Sumitomo Dainippon Pharma Oncology Inc and Taiho Oncology Inc.

# Dr Love — Disclosures

**Dr Love** is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, Adaptive Biotechnologies Corporation, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Astellas, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, EMD Serono Inc, Epizyme Inc, Exact Sciences Inc, Exelixis Inc, Five Prime Therapeutics Inc, Foundation Medicine, Genentech, a member of the Roche Group, Genmab, Gilead Sciences Inc, GlaxoSmithKline, Grail Inc, Guardant Health, Halozyme Inc, Helsinn Healthcare SA, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Karyopharm Therapeutics, Kite, A Gilead Company, Lexicon Pharmaceuticals Inc, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, Natera Inc, Novartis, Novocure Inc, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sandoz Inc, a Novartis Division, Sanofi Genzyme, Seagen Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Sumitomo Dainippon Pharma Oncology Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro, A GSK Company, Teva Oncology, Tokai Pharmaceuticals Inc and Verastem Inc.

RTP
RESEARCH
TO PRACTICE

# Research To Practice CME Planning Committee Members, Staff and Reviewers

Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

# Dr Ciombor — Disclosures

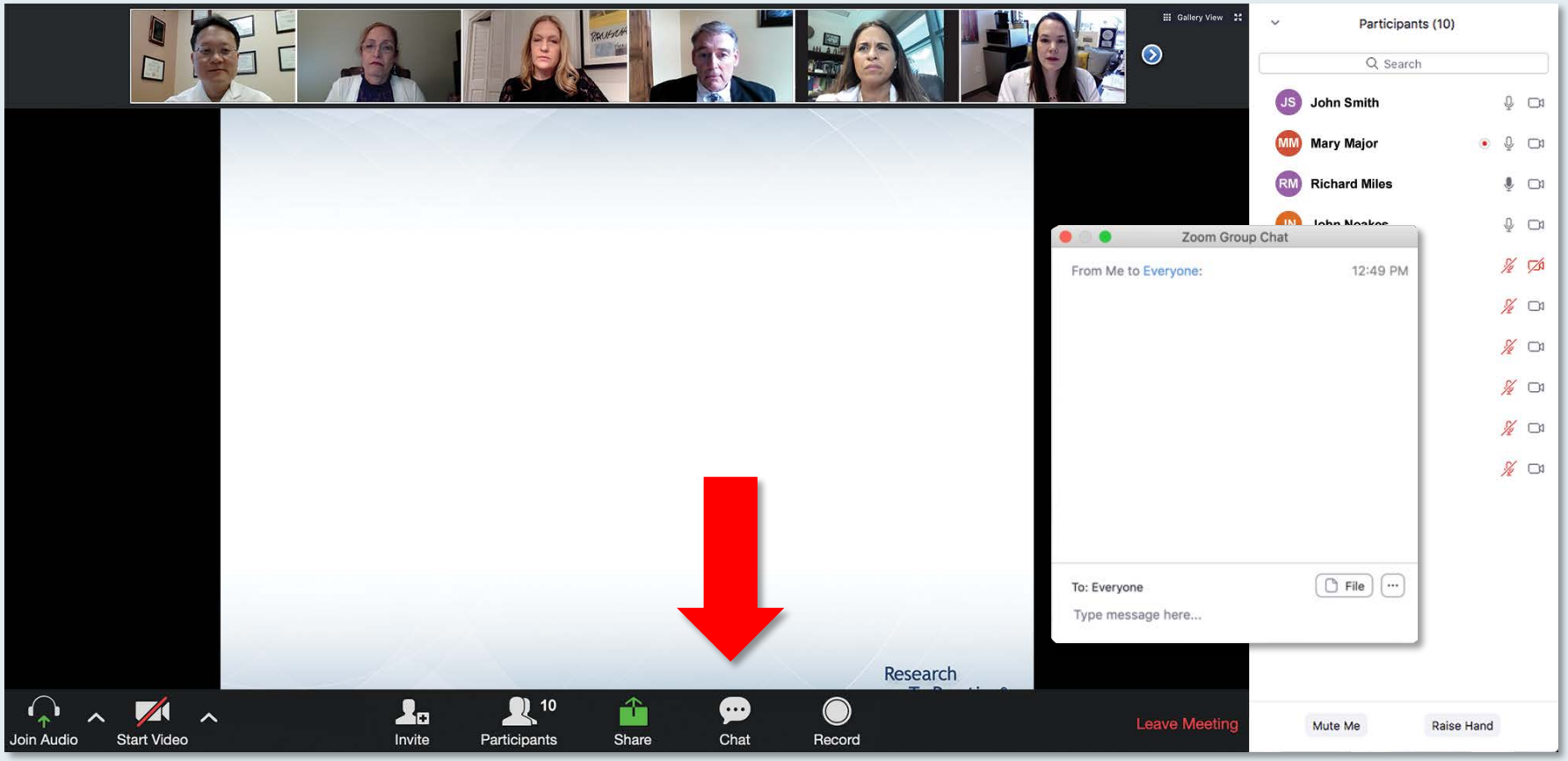
| | |
|---|---|
| **Consulting Agreements** | Merck, Natera Inc |
| **Contracted Research** | Array BioPharma Inc, a subsidiary of Pfizer Inc, Bristol-Myers Squibb Company, Calithera Biosciences, Daiichi Sankyo Inc, Incyte Corporation, Merck, NuCana, Pfizer Inc |

RTP
RESEARCH
TO PRACTICE

# Prof Van Cutsem — Disclosures

| | |
|---|---|
| **Consulting Agreements** | Array BioPharma Inc, a subsidiary of Pfizer Inc, Astellas, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biocartis, Bristol-Myers Squibb Company, Celgene Corporation, Daiichi Sankyo Inc, GlaxoSmithKline, Halozyme Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Lilly, Merck KGaA, Merck Sharp & Dohme Corp, Novartis, Pierre Fabre, Roche Laboratories Inc, Servier, Sirtex Medical Ltd, Taiho Oncology Inc |
| **Contracted Research** | Amgen Inc, Bayer HealthCare Pharmaceuticals, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Ipsen Biopharmaceuticals Inc, Lilly, Merck KGaA, Merck Sharp & Dohme Corp, Novartis, Roche Laboratories Inc, Servier |

# We Encourage Clinicians in Practice to Submit Questions

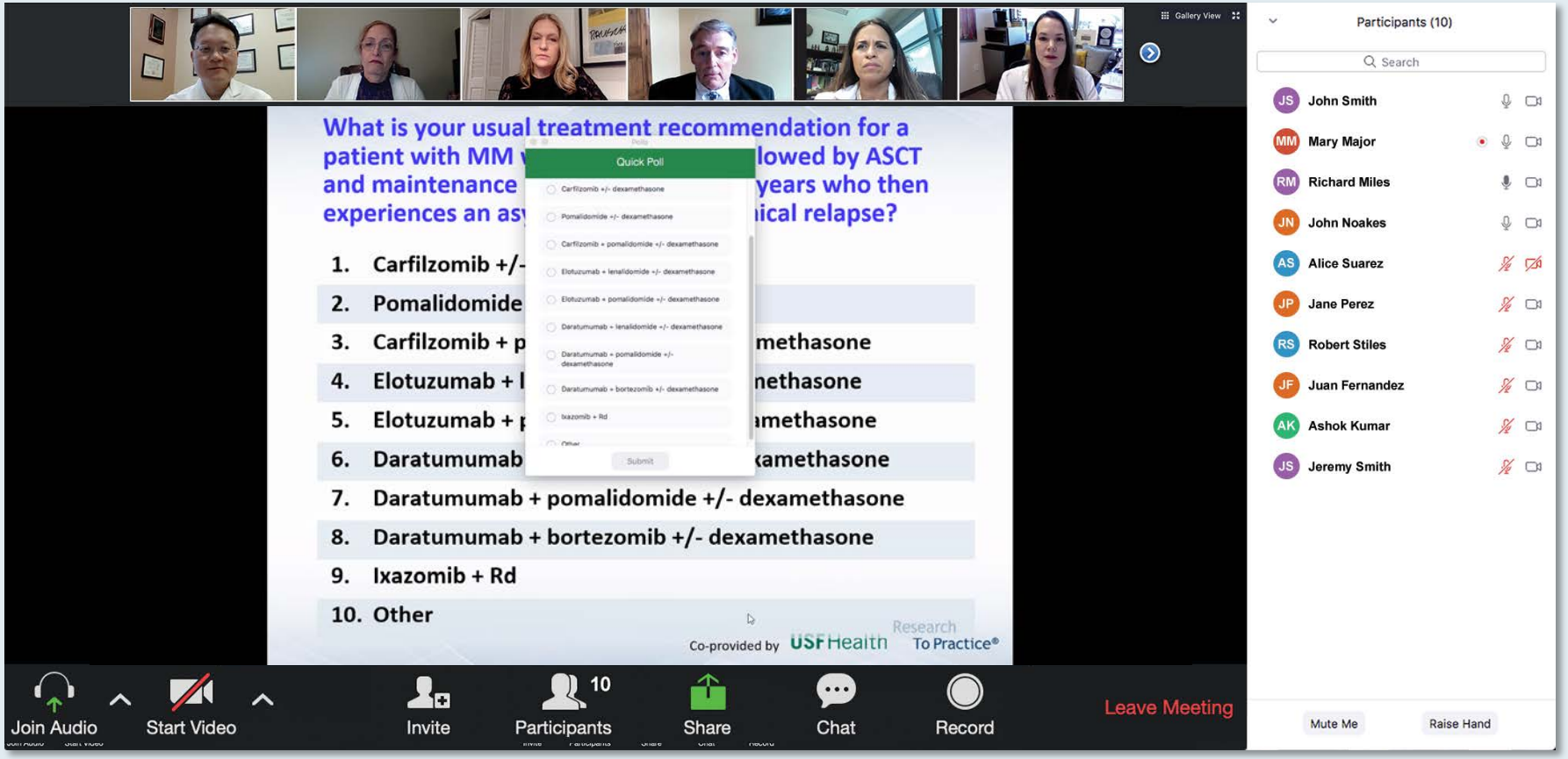



**Feel free to submit questions now before the program begins and throughout the program.**

RTP RESEARCH TO PRACTICE

# Familiarizing Yourself with the Zoom Interface

## How to answer poll questions




**When a poll question pops up, click your answer choice from the available options.**

**Results will be shown after everyone has answered.**

RTP RESEARCH TO PRACTICE

# ONCOLOGY TODAY

## WITH DR NEIL LOVE

# Key Recent Data Sets in Gastrointestinal Cancers


DR PHILIP A PHILIP

KARMANOS CANCER INSTITUTE

WAYNE STATE UNIVERSITY


Listen on Apple Podcasts

Spotify

Listen on Google Podcasts


A 65-year-old woman with ER-positive, HER2-negative, node-negative breast cancer has developed multiple minimally symptomatic bone metastases 2 years after starting adjuvant anastrozole. Which endocrine-based treatment would you most likely recommend?
Fulvestrant
Tamoxifen
Other hormone inhibitor
Palbociclib + fulvestrant
Palbociclib + letrozole
Ribociclib + fulvestrant
Ribociclib + letrozole
Abemaciclib + fulvestrant
Abemaciclib + letrozole
Other

# Current Concepts and Recent Advances in Oncology

## *Real World Oncology Rounds*

### A Daylong Clinical Summit Hosted in Partnership with North Carolina Oncology Association (NCOA) and South Carolina Oncology Society (SCOS)

## Saturday, February 13, 2021

## 8:30 AM – 4:30 PM ET

RTP RESEARCH TO PRACTICE

# FACULTY

Courtney D DiNardo, MD, MSCE
Robert Dreicer, MD, MS
Justin F Gainor, MD
Sara Hurvitz, MD
Ian E Krop, MD, PhD
John M Pagel, MD, PhD
Alexander Perl, MD
Daniel P Petrylak, MD
Philip A Philip, MD, PhD, FRCP
Paul G Richardson, MD
Mitchell R Smith, MD, PhD
Eric Van Cutsem, MD, PhD
Peter Voorhees, MD
Heather Wakelee, MD

# MODERATOR

Neil Love, MD

RTP
RESEARCH
TO PRACTICE

# Saturday, February 13, 2021

## 8:30 AM — Chronic Lymphocytic Leukemia and Lymphomas

**John Pagel, Mitchell Smith**

## 9:30 AM — Multiple Myeloma

**Paul Richardson, Peter Voorhees**

## 10:45 AM — Genitourinary Cancers

**Robert Dreicer, Daniel Petrylak**

## 11:45 AM — Lung Cancer

**Justin Gainor, Heather Wakelee**

RTP RESEARCH TO PRACTICE

# Saturday, February 13, 2021

## 1:15 PM — Gastrointestinal Cancers

**Philip Philip, Eric Van Cutsem**

## 2:15 PM — Breast Cancer

**Sara Hurvitz, Ian Krop**

## 3:30 PM — Acute Myeloid Leukemia and Myelodysplastic Syndromes

**Courtney DiNardo, Alexander Perl**

RTP
RESEARCH
TO PRACTICE

# *Meet The Professor*

# Optimizing the Selection and Sequencing of Therapy for Patients with Advanced Gastrointestinal Cancers

**Tuesday, February 16, 2021**
**12:00 PM – 1:00 PM ET**

## Faculty

**Axel Grothey, MD**

## Moderator

**Neil Love, MD**

RTP
RESEARCH
TO PRACTICE

# *Meet The Professor*

# Optimizing the Selection and Sequencing of Therapy for Patients with Renal Cell Carcinoma

**Wednesday, February 17, 2021**
**12:00 PM – 1:00 PM ET**

## Faculty

**Eric Jonasch, MD**

## Moderator

**Neil Love, MD**

RTP
RESEARCH
TO PRACTICE

# What Clinicians Want to Know: Understanding the Factors Affecting the Optimal Diagnosis and Management of Ovarian Cancer

**Thursday, February 18, 2021**
**5:00 PM – 6:00 PM ET**

## Faculty

**Michael J Birrer, MD, PhD**
**Kathleen Moore, MD**
**David M O'Malley, MD**

## Moderator

**Neil Love, MD**

RTP RESEARCH TO PRACTICE

***Thank you for joining us!***

***CME credit information will be emailed to each participant within 3 business days.***


S1406: VIC (Vemurafenib, Cetuximab and Irinotecan)
Primary Endpoint: Progression-free survival
HR = 0.42
P=0.0002
RESERVED


credit for your participation.


Comparison of RR and

# Cases from the Community: Investigators Discuss Emerging Research and Actual Patients with Colorectal Cancer (Part 3 of a 3-Part Series)

**Thursday, February 11, 2021**
**5:00 PM – 6:00 PM ET**

## Faculty

**Kristen K Ciombor, MD, MSCI**
**Eric Van Cutsem, MD, PhD**

## Moderator

**Neil Love, MD**

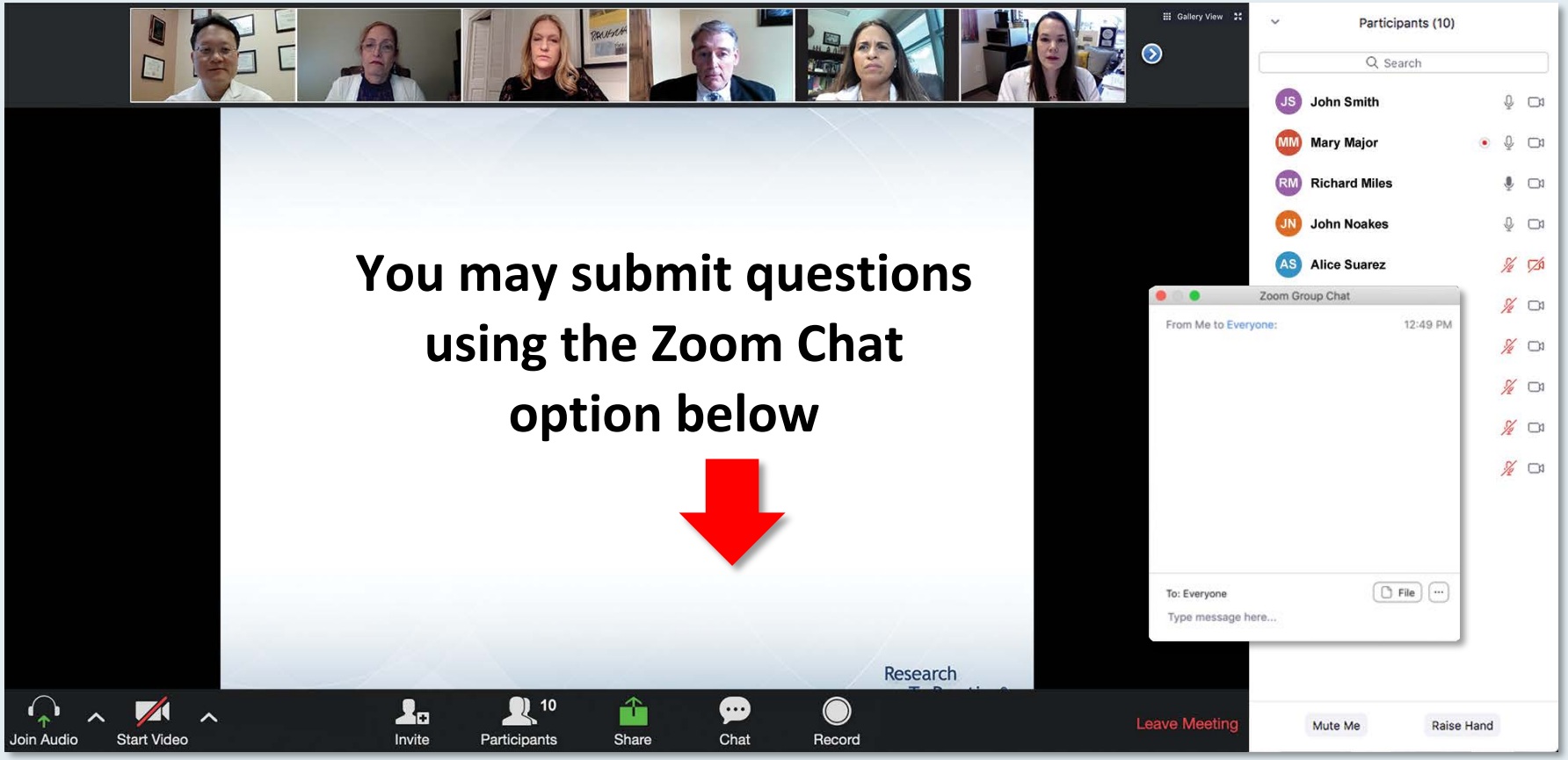
RTP RESEARCH TO PRACTICE

# Faculty

**Kristen K Ciombor, MD, MSCI**
Assistant Professor of Medicine
Division of Hematology/Oncology
Vanderbilt-Ingram Cancer Center
Nashville, Tennessee

**Eric Van Cutsem, MD, PhD**
Professor of Medicine
Digestive Oncology
University Hospitals Leuven
Leuven, Belgium

# We Encourage Clinicians in Practice to Submit Questions

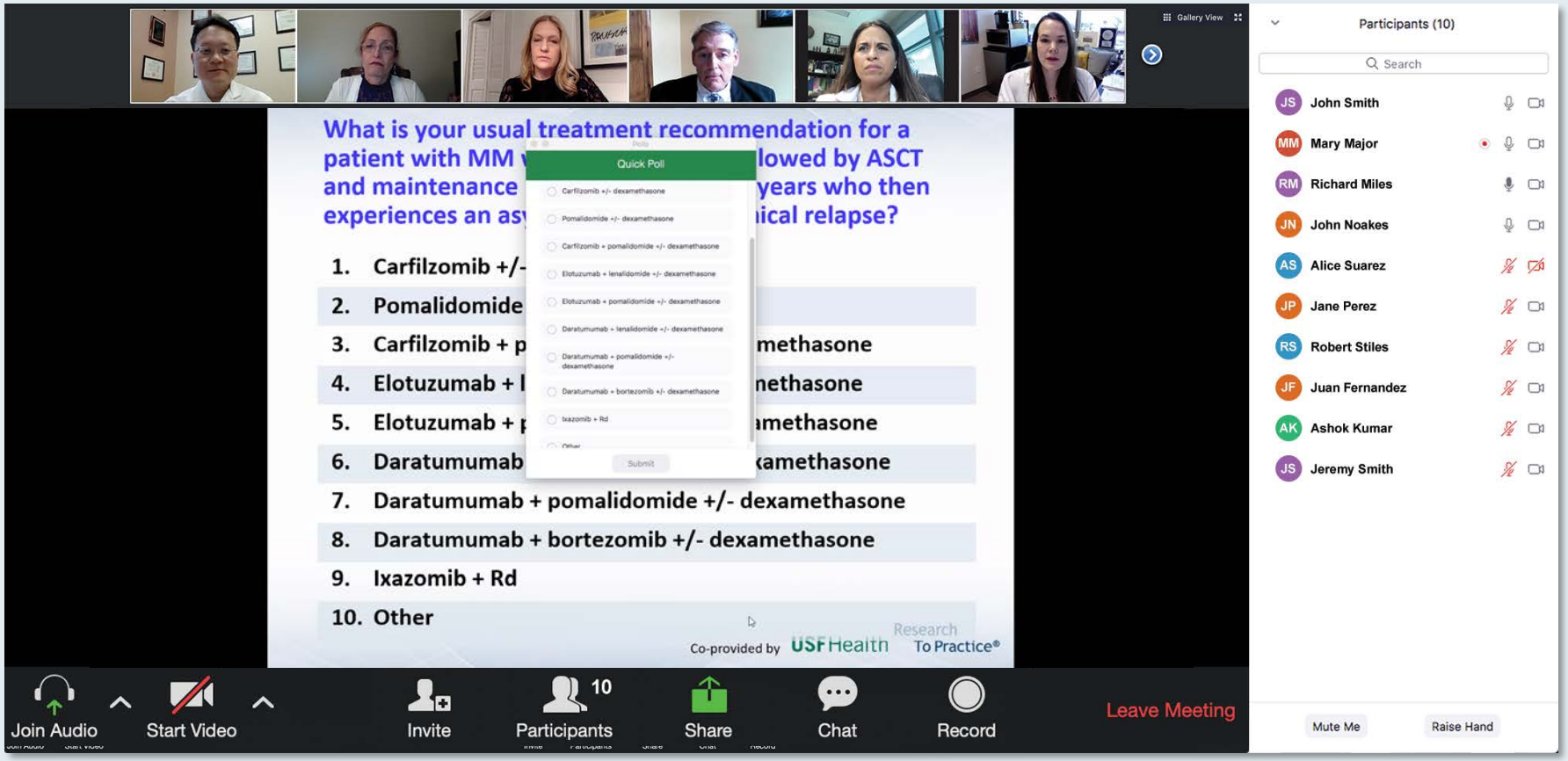



**Feel free to submit questions now before the program begins and throughout the program.**

RTP RESEARCH TO PRACTICE

# Familiarizing Yourself with the Zoom Interface

## How to answer poll questions




**When a poll question pops up, click your answer choice from the available options. Results will be shown after everyone has answered.**

RTP RESEARCH TO PRACTICE

# ONCOLOGY TODAY

## WITH DR NEIL LOVE

# Key Recent Data Sets in Gastrointestinal Cancers


DR PHILIP A PHILIP

KARMANOS CANCER INSTITUTE

WAYNE STATE UNIVERSITY


Listen on Apple Podcasts

Spotify

Listen on Google Podcasts

# Current Concepts and Recent Advances in Oncology

## *Real World Oncology Rounds*

### A Daylong Clinical Summit Hosted in Partnership with North Carolina Oncology Association (NCOA) and South Carolina Oncology Society (SCOS)

## Saturday, February 13, 2021

## 8:30 AM – 4:30 PM ET

RTP RESEARCH TO PRACTICE

# FACULTY

Courtney D DiNardo, MD, MSCE
Robert Dreicer, MD, MS
Justin F Gainor, MD
Sara Hurvitz, MD
Ian E Krop, MD, PhD
John M Pagel, MD, PhD
Alexander Perl, MD
Daniel P Petrylak, MD
Philip A Philip, MD, PhD, FRCP
Paul G Richardson, MD
Mitchell R Smith, MD, PhD
Eric Van Cutsem, MD, PhD
Peter Voorhees, MD
Heather Wakelee, MD

# MODERATOR

Neil Love, MD

RTP
RESEARCH
TO PRACTICE

# Saturday, February 13, 2021

## 8:30 AM — Chronic Lymphocytic Leukemia and Lymphomas

**John Pagel, Mitchell Smith**

## 9:30 AM — Multiple Myeloma

**Paul Richardson, Peter Voorhees**

## 10:45 AM — Genitourinary Cancers

**Robert Dreicer, Daniel Petrylak**

## 11:45 AM — Lung Cancer

**Justin Gainor, Heather Wakelee**

RTP RESEARCH TO PRACTICE

# Saturday, February 13, 2021

## 1:15 PM — Gastrointestinal Cancers

**Philip Philip, Eric Van Cutsem**

## 2:15 PM — Breast Cancer

**Sara Hurvitz, Ian Krop**

## 3:30 PM — Acute Myeloid Leukemia and Myelodysplastic Syndromes

**Courtney DiNardo, Alexander Perl**

RTP
RESEARCH
TO PRACTICE

# *Meet The Professor*

# Optimizing the Selection and Sequencing of Therapy for Patients with Advanced Gastrointestinal Cancers

**Tuesday, February 16, 2021**
**12:00 PM – 1:00 PM ET**

## Faculty

**Axel Grothey, MD**

## Moderator

**Neil Love, MD**

RTP
RESEARCH
TO PRACTICE

# *Meet The Professor*

# Optimizing the Selection and Sequencing of Therapy for Patients with Renal Cell Carcinoma

**Wednesday, February 17, 2021**
**12:00 PM – 1:00 PM ET**

## Faculty

**Eric Jonasch, MD**

## Moderator

**Neil Love, MD**

RTP
RESEARCH
TO PRACTICE

# What Clinicians Want to Know: Understanding the Factors Affecting the Optimal Diagnosis and Management of Ovarian Cancer

**Thursday, February 18, 2021**
**5:00 PM – 6:00 PM ET**

## Faculty

**Michael J Birrer, MD, PhD**
**Kathleen Moore, MD**
**David M O'Malley, MD**

## Moderator

**Neil Love, MD**

RTP RESEARCH TO PRACTICE

# Cases from the Community: Investigators Discuss Emerging Research and Actual Patients with Colorectal Cancer (Part 3 of a 3-Part Series)

**Thursday, February 11, 2021**
**5:00 PM – 6:00 PM ET**

## Faculty

**Kristen K Ciombor, MD, MSCI**
**Eric Van Cutsem, MD, PhD**

## Moderator

**Neil Love, MD**

RTP RESEARCH TO PRACTICE

**Warren S Brenner, MD**
Lynn Cancer Institute
Boca Raton, Florida

**Margaret Deutsch, MD**
Duke Cancer Center Raleigh
Raleigh, North Carolina

**Gigi Chen, MD**
Diablo Valley Oncology and
Hematology Medical Group
Pleasant Hill, California

**Justin Peter Favaro, MD, PhD**
Oncology Specialists of Charlotte
Charlotte, North Carolina

**Mamta Choksi, MD**
Florida Cancer Specialists and
Research Institute
New Port Richey, Florida

RTP
RESEARCH
TO PRACTICE

# Agenda

**Case 1 – Dr Brenner:** 65-yo woman; MSS TMB 11, KRAS G13B mutation, right-sided mCRC
**Case 2 – Dr Chen:** 62-yo woman; MSI-H, TMB-high mCRC; responds to pembrolizumab → pneumonitis

***GI Cancers Journal Club – Part 1: KEYNOTE-177, CHECKMATE 142***

**Case 3 – Dr Favaro:** 55-yo woman; mCRC, KRAS/BRAF mutations, currently on TAS-102/bevacizumab
**Case 4 – Dr Brenner:** 70-yo woman; MSI-H mCRC; PD-L1-positive, BRAF V600E and sBRCA1 mutations

***GI Cancers Journal Club – Part 2: TASCO1, ctDNA in mCRC with BRAF V600E Mutation***

**Case 5 – Dr Deutsch:** 65-yo man; relapsed mCRC, asymptomatic with rising CEA off treatment
**Case 6 – Dr Choksi:** 34-yo single mother of 2 minor children; extensively treated mCRC

***GI Cancers Journal Club – Part 3: GARNET, ICI Combinations, LEAP-005, MORPHEUS, alloSHRINK***

RTP
RESEARCH
TO PRACTICE

# Agenda

**Case 1 – Dr Brenner:** 65-yo woman; MSS TMB 11, KRAS G13B mutation, right-sided mCRC
**Case 2 – Dr Chen:** 62-yo woman; MSI-H, TMB-high mCRC; responds to pembrolizumab → pneumonitis

***GI Cancers Journal Club – Part 1: KEYNOTE-177, CHECKMATE 142***

**Case 3 – Dr Favaro:** 55-yo woman; mCRC, KRAS/BRAF mutations, currently on TAS-102/bevacizumab
**Case 4 – Dr Brenner:** 70-yo woman; MSI-H mCRC; PD-L1-positive, BRAF V600E and sBRCA1 mutations

***GI Cancers Journal Club – Part 2: TASCO1, ctDNA in mCRC with BRAF V600E Mutation***

**Case 5 – Dr Deutsch:** 65-yo man; relapsed mCRC, asymptomatic with rising CEA off treatment
**Case 6 – Dr Choksi:** 34-yo single mother of 2 minor children; extensively treated mCRC

***GI Cancers Journal Club – Part 3: GARNET, ICI Combinations, LEAP-005, MORPHEUS, alloSHRINK***

RTP
RESEARCH
TO PRACTICE

# Case Presentation – Dr Brenner: 65-year-old woman with right-sided, MSS mCRC with TMB 11 mut/Mb and a KRAS G13B mutation

**Warren S Brenner, MD**

- Diagnosed with metastatic cecal adenocarcinoma invading transmurally into segment of small bowel
  - Positive lymph nodes: 8 of 17
  - Tumor implants with involvement of small bowel mesentery, omentum, liver and probable lung
- 11/2020: Surgery due to bowel obstruction
- NGS: MSS | KRAS G13B | TMB: 11 muts/Mb | UGT1A: heterozygous gene polymorphism
- 12/2020: FOLFIRINOX with pegfilgrastim support

**Questions**

- Should FOLFIRINOX be the standard of care for patients with right-sided colon cancer, or should we use FOLFOX, FOLFIRI or would another agent/regimen be better?
- Would you recommend patients be tested for the UGT1A gene polymorphism before using irinotecan?
- Would you consider using pembrolizumab given the TMB >10? If so, where would you sequence it in her treatment?

# Case Presentation – Dr Chen: A 62-year-old woman with MSI-high, TMB-high mCRC

**Gigi Chen, MD**

- History of Stage IIB Hodgkin's lymphoma over 15 years ago
  - Treated with ABVD → involved-field radiation
- 2018: Screening colonoscopy reveals low-grade carcinoma
  - Left colectomy pathology: pT3N1c sigmoid colon cancer
- 10/2019: Adjuvant mFOLFOX x 12 completed
- 5/2020: Disease progression – bilateral lung nodules, left infrahilar mass
  - CT guided biopsy reveals adenocarcinoma consistent with colon primary
- NGS: MSI-high | TMB: 88 muts/Mb
- 7/2020: Single-agent pembrolizumab
  - Cycle 4: slight progression | Cycle 8: partial response; SOB – evidence of pneumonitis
- Pembrolizumab held

**Questions**

- How long do we see a delayed response to immunotherapy in colon cancer? Is it safe to resume pembrolizumab after a course of steroids?
- Would the faculty recommend dose and/or frequency adjustment of pembrolizumab?

## Regulatory and reimbursement issues aside, what would be your most likely first-line treatment for a younger patient with microsatellite instability (MSI)-high metastatic colorectal cancer (mCRC)?

1. Pembrolizumab
2. Nivolumab
3. Ipilimumab/nivolumab
4. Chemotherapy
5. Chemotherapy + biologic agent
6. Chemotherapy + immunotherapy
7. Other

# Ongoing I/O combination trials in MSS CRC investigate strategies to turn “cold” tumors” into “hot”

| | Anti-PD-L1 | | | Anti-PD-1 | |
|---|---|---|---|---|---|
| | 4 trials Atezolizumab | 6 trials Durvalumab | 4 trials Avelumab | 15 trials Nivolumab | 15 trials Pembrolizumab |
| Ph1 | + Cobimetinib + bevacizumab[1] | + Cabozantinib[5]<br>+ Selumetinib ± tremelimumab[6] | | + Regorafenib[14] | + Maraviroc[27]<br>+ Romidepsin ± chemotherapy[28]<br>+ Grapiprant[29]<br>+ Binimetinib[30]<br>+ Pemetrexed + oxaliplatin[40] |
| Ph1/2 | + Imprime PGG + bevacizumab or isatuximab or selicrelumab + bevacizumab vs regorafenib[2] | | + Regorafenib[10] | + Regorafenib[15]<br>+ Copanlisib[16]<br>+ ONC201[17]<br>+ Binimetinib ± ipilimumab[18]<br>+ GO-004 GRT-C901/GRT-R902 ± ipilimumab[23]<br>+ Guadecitabine[26] | + Epacadostat + azacitidine/INCB057643/ INCB059872[31]<br>+ Poly–ICLC[32]<br>+ Napabucasin[33]<br>+ Regorafenib[34]<br>+ EDP1503[35]<br>+ Birinapant[41]<br>+ Entinostat[39] |
| Ph2 | + Bevacizumab + chemotherapy[3]<br>+ Bevacizumab + chemotherapy[4] | + Trametinib[7]<br>+ Azacitidine[8]<br>+ Monalizumab[9] | + Cetuximab + chemotherapy[11]<br>+ eFT508[12]<br>+ Cetuximab + FOLFOX[13] | + Relatlimab[19]<br>+ Panitumumab + ipilimumab[20]<br>+ Ipilimumab[21]<br>+ BNC105 or BBI608[22]<br>+ BNC105 or napabucasin[24]<br>+ Ipilimumab + temozolomide[25] | + Navarixin[36]<br>+ Vicriviroc[37]<br>+ Bevacizumab + capecitabine[38] |

1. NCT02876224; 2. NCT03555149; 3. NCT03721653; 4. NCT03698461; 5. NCT03539822; 6. NCT02586987; 7. NCT03428126; 8. NCT02811497; 9. NCT02671435; 10. NCT03475953; 11. NCT03608046; 12. NCT03258398; 13. NCT03174405; 14. NCT03712943; 15. NCT03406871; 16. NCT03711058; 17. NCT03791398; 18. NCT03271047; 19. NCT03642067; 20. NCT03442569; 21. NCT03693846; 22. NCT03647839; 23. NCT03639714; 24. NCT03647839; 25. NCT03832621; 26. NCT03576963; 27. NCT03274804; 28. NCT02512172; 29. NCT03658772; 30. NCT03374254; 31. NCT02959437; 32. NCT02834052; 33. NCT02851004; 34. NCT03657641; 35. NCT03775850; 36. NCT03473925; 37. NCT03631407; 38. NCT03396926; 39. NCT02437136; 40. NCT03626922; 41. NCT02587962. ClinicalTrials.gov searched in June 2019. Studies may include combinations with additional agents.

Courtesy of Eric Van Cutsem, MD, PhD

# Agenda

**Case 1 – Dr Brenner:** 65-yo woman; MSS TMB 11, KRAS G13B mutation, right-sided mCRC
**Case 2 – Dr Chen:** 62-yo woman; MSI-H, TMB-high mCRC; responds to pembrolizumab → pneumonitis

***GI Cancers Journal Club – Part 1: KEYNOTE-177, CHECKMATE 142***

**Case 3 – Dr Favaro:** 55-yo woman; mCRC, KRAS/BRAF mutations, currently on TAS-102/bevacizumab
**Case 4 – Dr Brenner:** 70-yo woman; MSI-H mCRC; PD-L1-positive, BRAF V600E and sBRCA1 mutations

***GI Cancers Journal Club – Part 2: TASCO1, ctDNA in mCRC with BRAF V600E Mutation***

**Case 5 – Dr Deutsch:** 65-yo man; relapsed mCRC, asymptomatic with rising CEA off treatment
**Case 6 – Dr Choksi:** 34-yo single mother of 2 minor children; extensively treated mCRC

***GI Cancers Journal Club – Part 3: GARNET, ICI Combinations, LEAP-005, MORPHEUS, alloSHRINK***

RTP
RESEARCH
TO PRACTICE

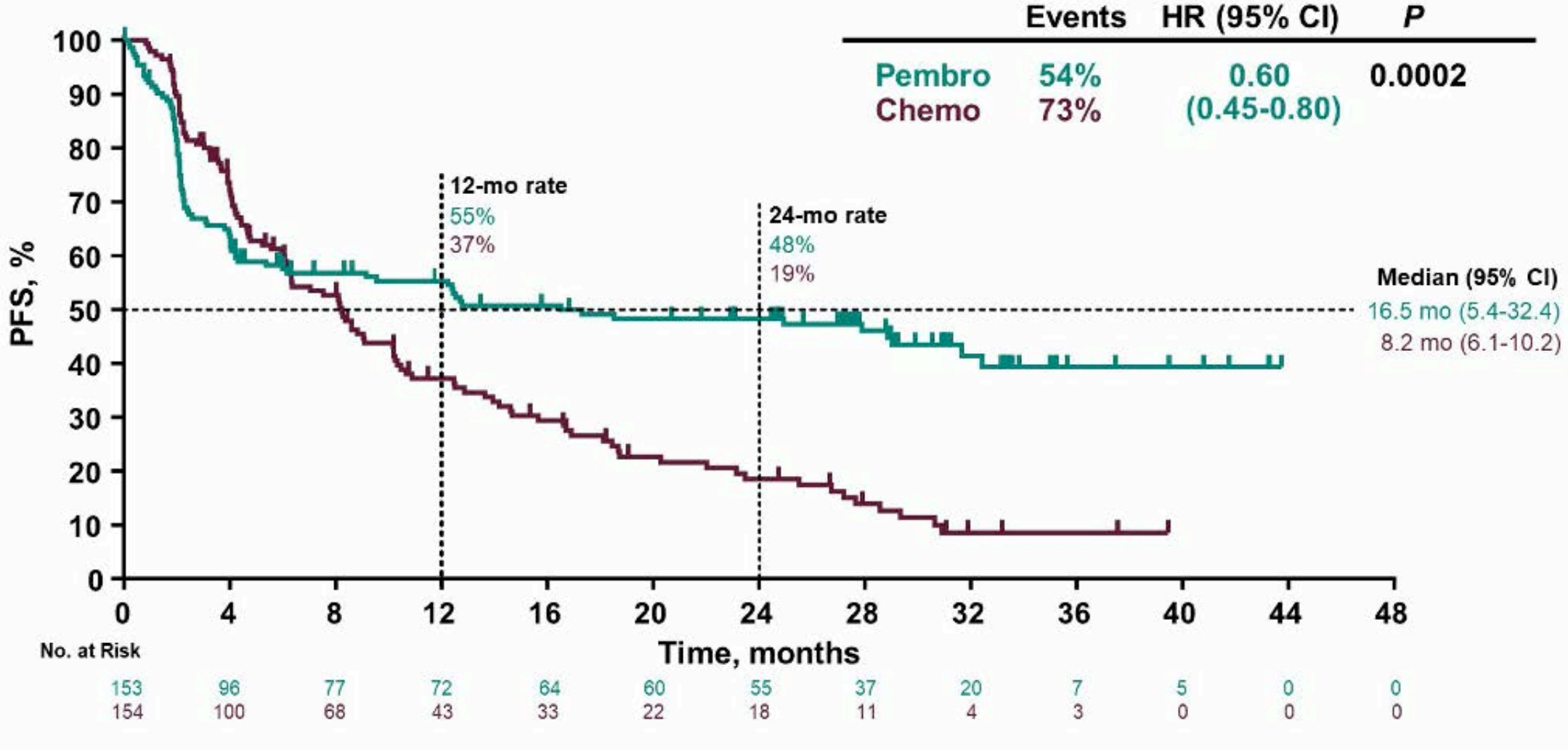
# KEYNOTE-177: Phase 3 Randomized Study of Pembrolizumab Versus Chemotherapy for Microsatellite Instability-High Advanced Colorectal Cancer

Kai-Keen Shiu,[1] Thierry André,[2] Tae Won Kim,[3] Benny Vittrup Jensen,[4] Lars Henrik Jensen,[5] Cornelis Punt,[6] Denis Smith,[7] Rocio Garcia-Carbonero,[8] Manuel Benavides,[9] Peter Gibbs,[10] Christelle de la Fouchardiere,[11] Fernando Rivera,[12] Elena Elez,[13] Johanna Bendell,[14] Dung T. Le,[15] Takayuki Yoshino,[16] Ping Yang,[17] Mohammed Farooqui,[18] Patricia Marinello,[18] and Luis A. Diaz Jr[19]

[1]University College Hospital, NHS Foundation Trust, London, United Kingdom; [2]Sorbonne Université and Hôpital Saint Antoine, Paris, France; [3]Asan Medical Center, University of Ulsan, Seoul, Republic of Korea; [4]Herlev and Gentofte Hospital, Herlev, Denmark; [5]University Hospital of Southern Denmark, Vejle, Denmark; [6]Amsterdam University Medical Centers, University of Amsterdam, Amsterdam, Netherlands; [7]Bordeaux University Hospital, Bordeaux, France; [8]Hospital Universitario 12 de Octubre, Imas12, CNIO, UCM, Madrid, Spain; [9]Hospital Regional Universitario de Malaga, Malaga, Spain; [10]Western Health, St Albans, Australia; [11]Léon Bérard Center, Lyon, France; [12]Hospital Universitario Marques de Valdecilla, IDIVAL, Santander, Spain; [13]Vall d'Hebron Institute of Oncology, Barcelona, Spain; [14]Sarah Cannon Research Institute, Nashville, TN, USA; [15]Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, MD, USA; [16]National Cancer Center Hospital East, Kashiwa, Japan; [17]MSD China, Beijing, China; [18]Merck & Co., Inc. Kenilworth, NJ, USA; [19]Memorial Sloan Kettering Cancer Center, New York, NY, USA

Presented By Kai-Keen Shiu at 2021 Gastrointestinal Cancers Symposium

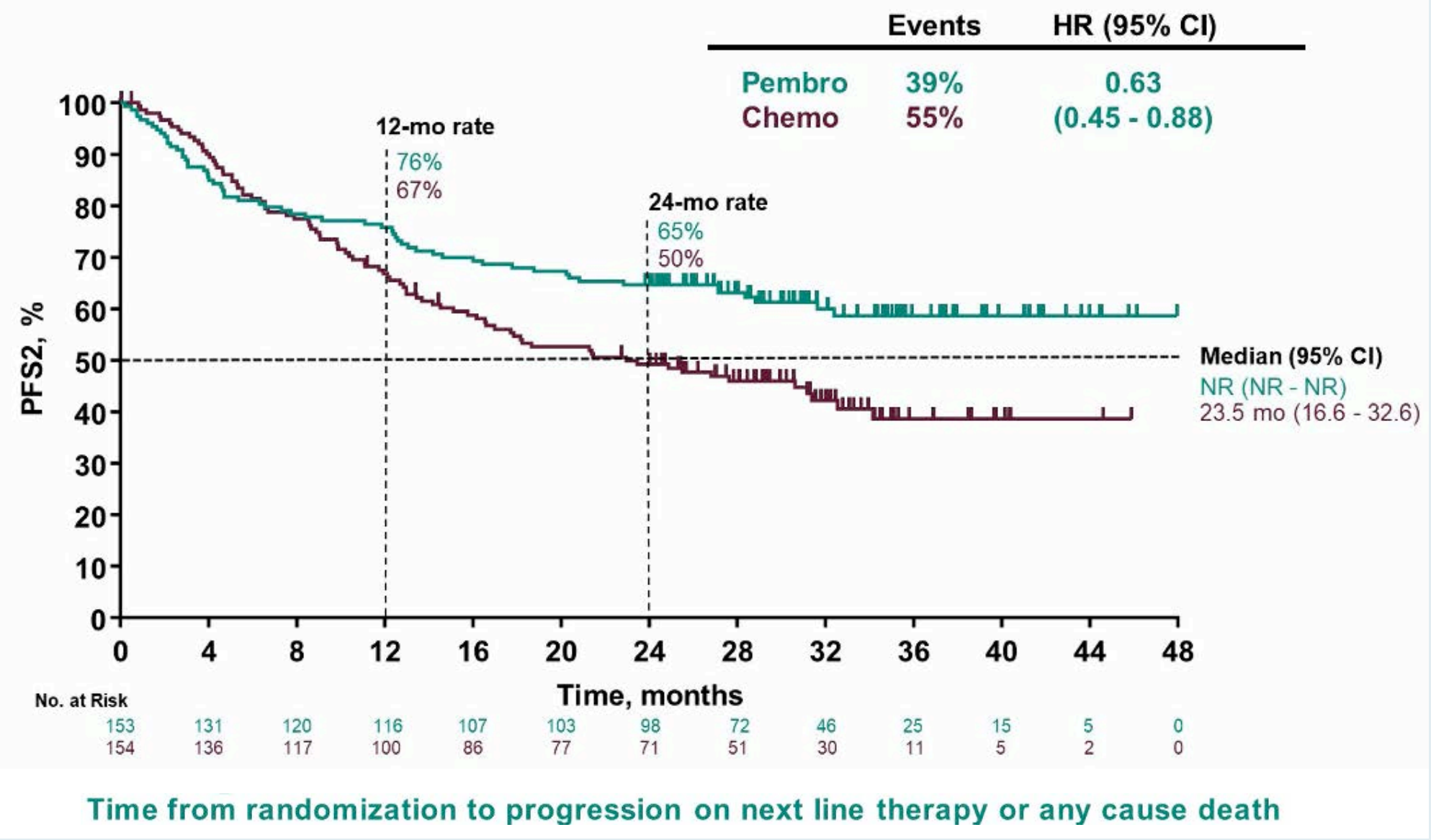
# KEYNOTE-177: Progression-Free Survival




Shiu KK et al. Gastrointestinal Cancers Symposium 2021;Abstract 6.

RTP RESEARCH TO PRACTICE

# KEYNOTE-177: Progression-Free Survival 2




Time from randomization to progression on next line therapy or any cause death

Shiu KK et al. Gastrointestinal Cancers Symposium 2021;Abstract 6.

Gastrointestinal
Cancers Symposium

# Subgroup analyses of patients with microsatellite instability-high/mismatch repair-deficient metastatic colorectal cancer treated with nivolumab plus low-dose ipilimumab as first-line therapy: 2-year clinical update

Heinz-Josef Lenz,[1] Sara Lonardi,[2] Vittorina Zagonel,[2] Eric Van Cutsem,[3] Maria Luisa Limon,[4] Ka Yeung Mark Wong,[5] Alain Hendlisz,[6] Massimo Aglietta,[7] Pilar García-Alfonso,[8] Bart Neyns,[9] Gabriele Luppi,[10] Dana B. Cardin,[11] Tomislav Dragovich,[12] Usman Shah,[13] Sandzhar Abdullaev,[14] Arteid Memaj,[14] Michael James Overman[15]

[1]USC Norris Comprehensive Cancer Center, Los Angeles, CA; [2]Istituto Oncologico Veneto IOV-IRCSS, Padova, Italy; [3]University Hospitals Gasthuisberg/Leuven and KU Leuven, Leuven, Belgium; [4]Hospital Universitario Virgen del Rocio, Sevilla, Spain; [5]Westmead Hospital, Sydney, Australia; [6]Institut Jules Bordet, Brussels, Belgium; [7]Department of Oncology, University of Torino and Medical Oncology, Candiolo Cancer Institute, FPO-IRCCS, Candiolo, Italy; [8]Hospital Gral Universitario Gregorio Marañon, Madrid, Spain; [9]Universitair Ziekenhuis Brussel, Brussels, Belgium; [10]University Hospital of Modena, Modena, Italy; [11]Vanderbilt - Ingram Cancer Center, Nashville, TN; [12]Banner MD Anderson Cancer Center, Gilbert, AZ; [13]Lehigh Valley Cancer Institute, Allentown, PA; [14]Bristol Myers Squibb, Princeton, NJ; [15]The University of Texas MD Anderson Cancer Center, Houston, TX

*Abstract Number 58*

# CheckMate 142: Nivolumab 3 mg/kg + Ipilimumab 1 mg/kg – First-Line Cohort Design

- CheckMate 142 is an ongoing, multicohort, nonrandomized phase 2 trial evaluating the efficacy and safety of NIVO-based therapies in patients with mCRC[a]

- Histologically confirmed metastatic or recurrent CRC
- MSI-H/dMMR per local laboratory
- No prior treatment for metastatic disease

→ NIVO3 Q2W + IPI1 Q6W[b]

Primary endpoint:

- ORR per investigator assessment (RECIST v1.1)

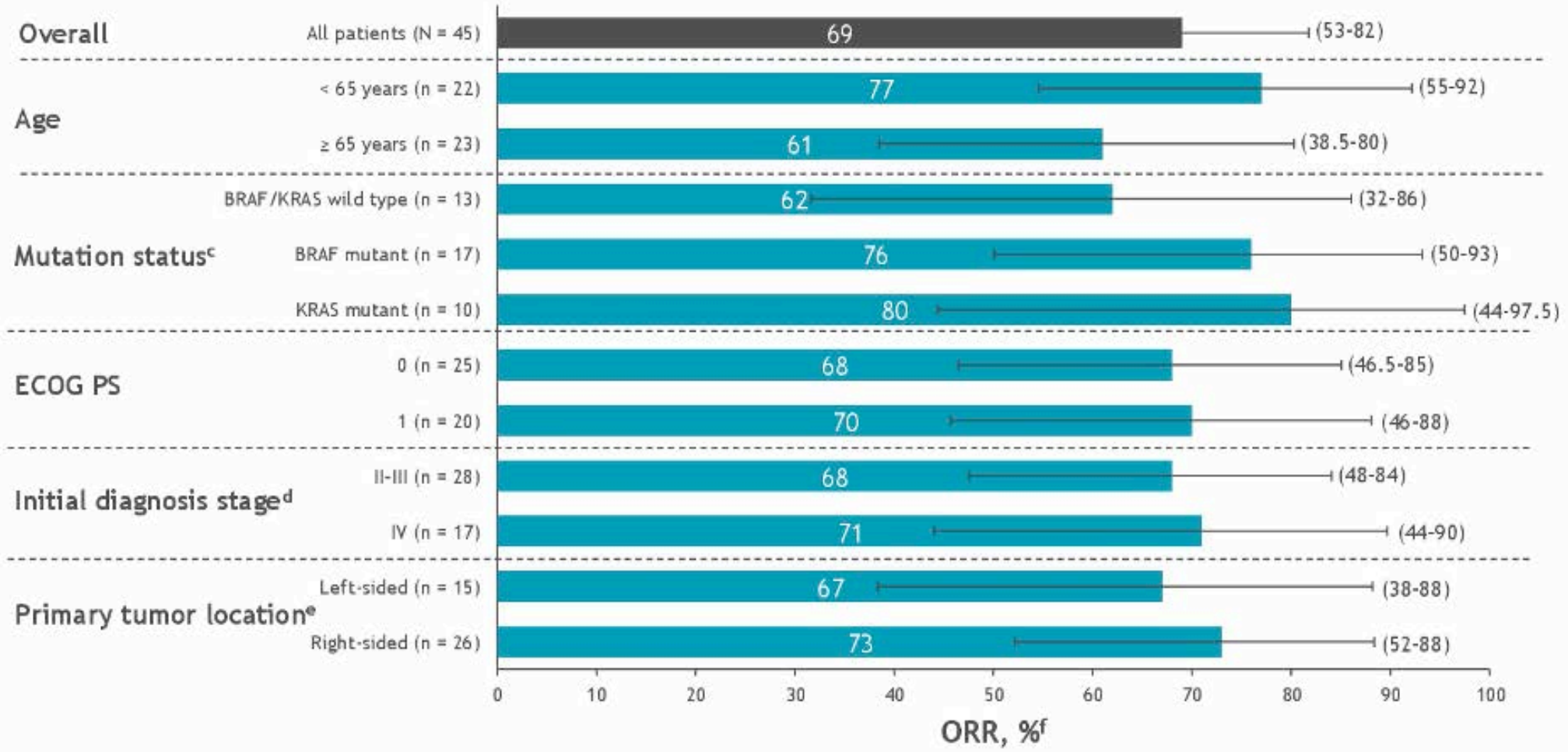
Other key endpoints:

- ORR per BICR, DCR,[c] DOR, PFS, OS, and safety

- At data cutoff (October 2019), the median duration of follow-up was 29.0 months (range, 24.2-33.7)[d]

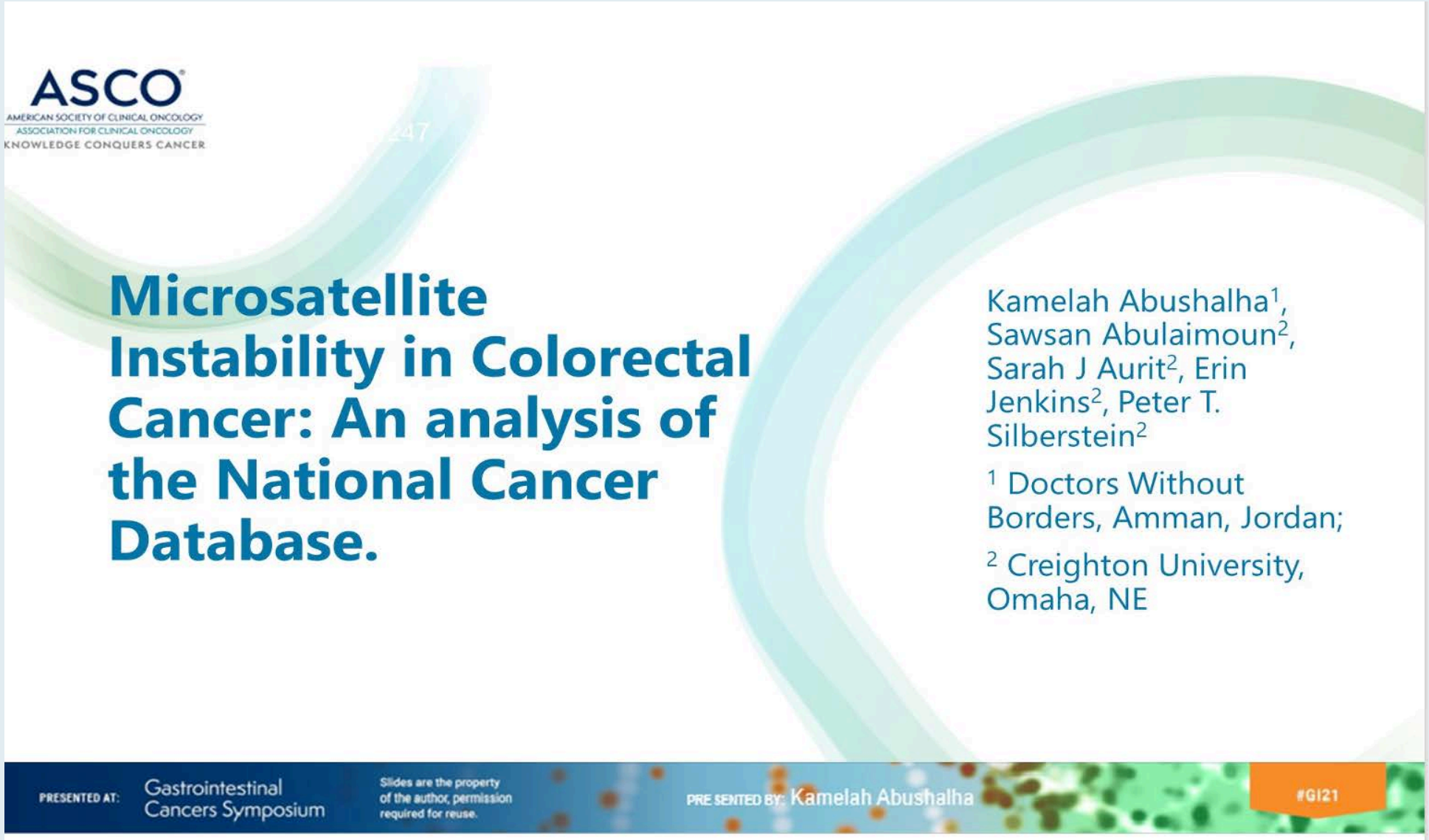
Lenz HJ et al. Gastrointestinal Cancers Symposium 2021;Abstract 58.

# CheckMate 142: Objective Response Rate by Subgroup




- ORR was generally similar across evaluated subgroups and consistent with that of the overall study population

Lenz HJ et al. Gastrointestinal Cancers Symposium 2021;Abstract 58.




**Author Conclusions:** *"In settings where resources are scarce and universal testing is not possible, there is a benefit from MSI testing in* ***female patients, those with right-sided colon cancer, mucinous adenocarcinoma, and medullary carcinoma."***

RTP RESEARCH TO PRACTICE

# Agenda

**Case 1 – Dr Brenner:** 65-yo woman; MSS TMB 11, KRAS G13B mutation, right-sided mCRC
**Case 2 – Dr Chen:** 62-yo woman; MSI-H, TMB-high mCRC; responds to pembrolizumab → pneumonitis

***GI Cancers Journal Club – Part 1: KEYNOTE-177, CHECKMATE 142***

**Case 3 – Dr Favaro:** 55-yo woman; mCRC, KRAS/BRAF mutations, currently on TAS-102/bevacizumab
**Case 4 – Dr Brenner:** 70-yo woman; MSI-H mCRC; PD-L1-positive, BRAF V600E and sBRCA1 mutations

***GI Cancers Journal Club – Part 2: TASCO1, ctDNA in mCRC with BRAF V600E Mutation***

**Case 5 – Dr Deutsch:** 65-yo man; relapsed mCRC, asymptomatic with rising CEA off treatment
**Case 6 – Dr Choksi:** 34-yo single mother of 2 minor children; extensively treated mCRC

***GI Cancers Journal Club – Part 3: GARNET, ICI Combinations, LEAP-005, MORPHEUS, alloSHRINK***

RTP
RESEARCH
TO PRACTICE

# Case Presentation – Dr Favaro: A woman in her mid-50s with mCRC – KRAS, BRAF mutations

**Justin Peter Favaro, MD, PhD**

- Initially treated with FOLFOX/bevacizumab → disease progression
- Treated with FOLFIRI/bevacizumab → disease progression
- Treated with BRAF inhibitor → rapid disease progression
- Regorafenib intolerant
- Progressive disease → radiation therapy
- Recently initiated therapy with TAS-102 + bevacizumab
  - Tolerating regimen well

**Questions**

- Would the faculty consider incorporating lower dose TAS-102 plus bevacizumab for patients with heavily pretreated disease?
- Is this a good approach for patients who want to explore other treatment options?

RTP RESEARCH TO PRACTICE

# Have you used or would you use TAS-102 in combination with bevacizumab outside of a clinical trial setting for a patient with mCRC?

1. I have
2. I have not but would for the right patient
3. I have not and would not

# Case Presentation – Dr Brenner: A 70-year-old woman with PD-L1-positive, MSI-H mCRC with a BRAF V600E tumor mutation and a somatic BRCA1 mutation

**Warren S Brenner, MD**

- 1/2019: FOLFOX + bevacizumab – discordant response
- 4/2019: FOLFOXIRI + bevacizumab → progression
- 7/2019: Nivolumab/ipilimumab initiated
- 9/2019: Nivolumab/ipilimumab completed → single-agent nivolumab
- 12/2019: Panhypopituitarism, treated with low-dose prednisone
- 1/2020: Nivolumab re-initiated
  - Patient currently in CR, tolerating treatment well

**Questions**

- How would the faculty sequence immunotherapy and a BRAF inhibitor in a patient with a BRAF mutation and a microsatellite instability-high tumor?
- When should we consider dual checkpoint inhibitor treatment?
- When do we stop immunotherapy in patients who are in CR after receiving immunotherapy?

**Regulatory and reimbursement issues aside, what would be your preferred second-line treatment for a 65-year-old patient with asymptomatic pan-RAS wild-type, microsatellite stable (MSS) mCRC and a BRAF V600E mutation who experienced disease progression after FOLFIRINOX/bevacizumab?**

1. Chemotherapy
2. Chemotherapy/bevacizumab
3. Irinotecan + vemurafenib + EGFR antibody
4. Dabrafenib + trametinib + EGFR antibody
5. Encorafenib + binimetinib + EGFR antibody
6. Encorafenib + EGFR antibody
7. Other

# Danish randomized phase II trial: Trifluridine/tipiracil +/- bevacizumab for chemo-refractory mCRC

Patients with mCRC
- Histologically confirmed mCRC
- PD during or after therapy with fluoropyrimidine, irinotecan, oxaliplatin and EGFR-inhibitor (RAS wildtype), prior bevacizumab was optional
- ECOG PS 0–1
- Enrollment between Aug 2017 and Sept 2018

RANDOMIZATION

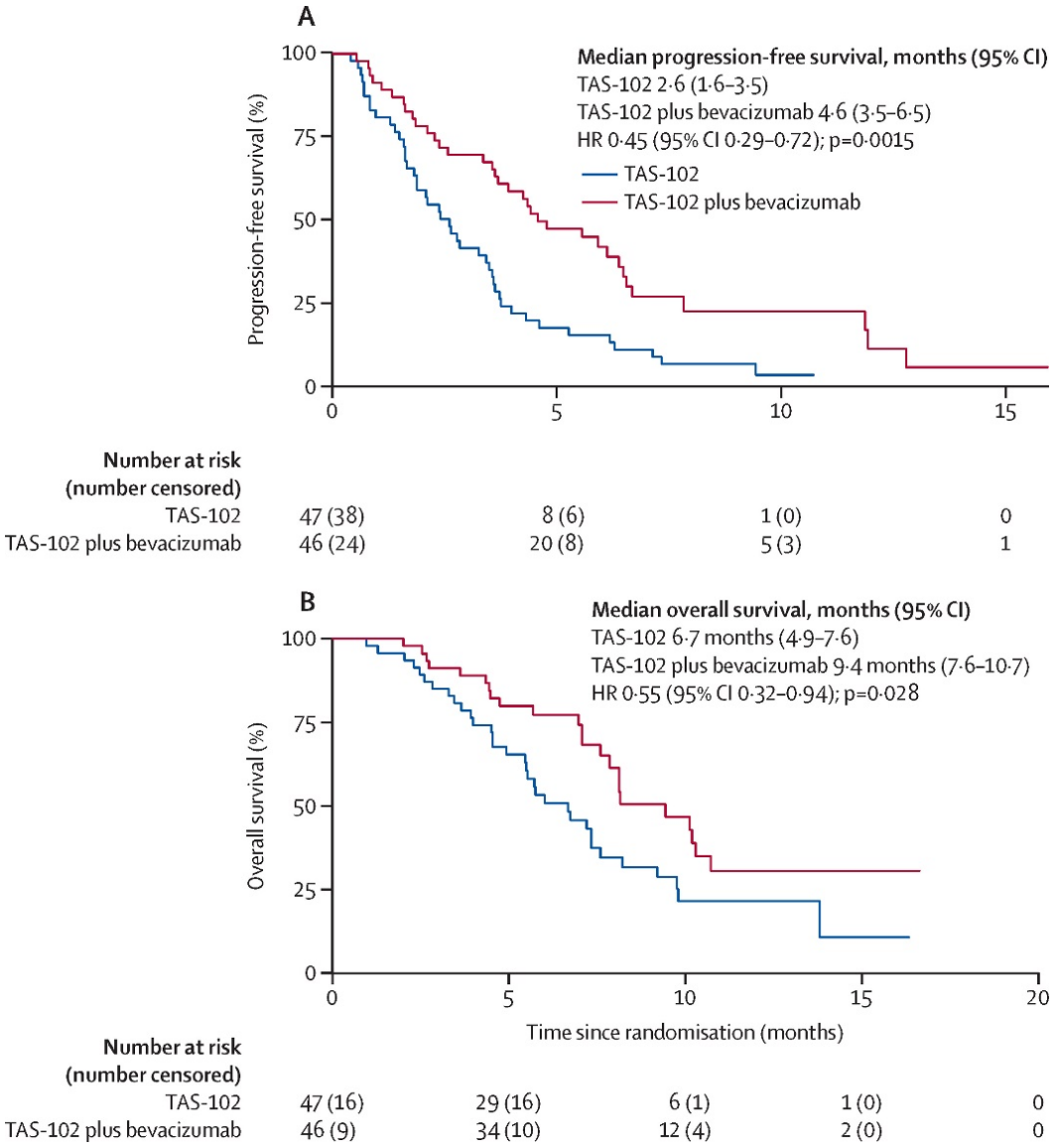
N=80

N=41

Arm A
FTD/TPI 35 mg/m$^2$ orally twice daily on days 1–5 and 8–12 of a 28-day treatment cycle

N=39

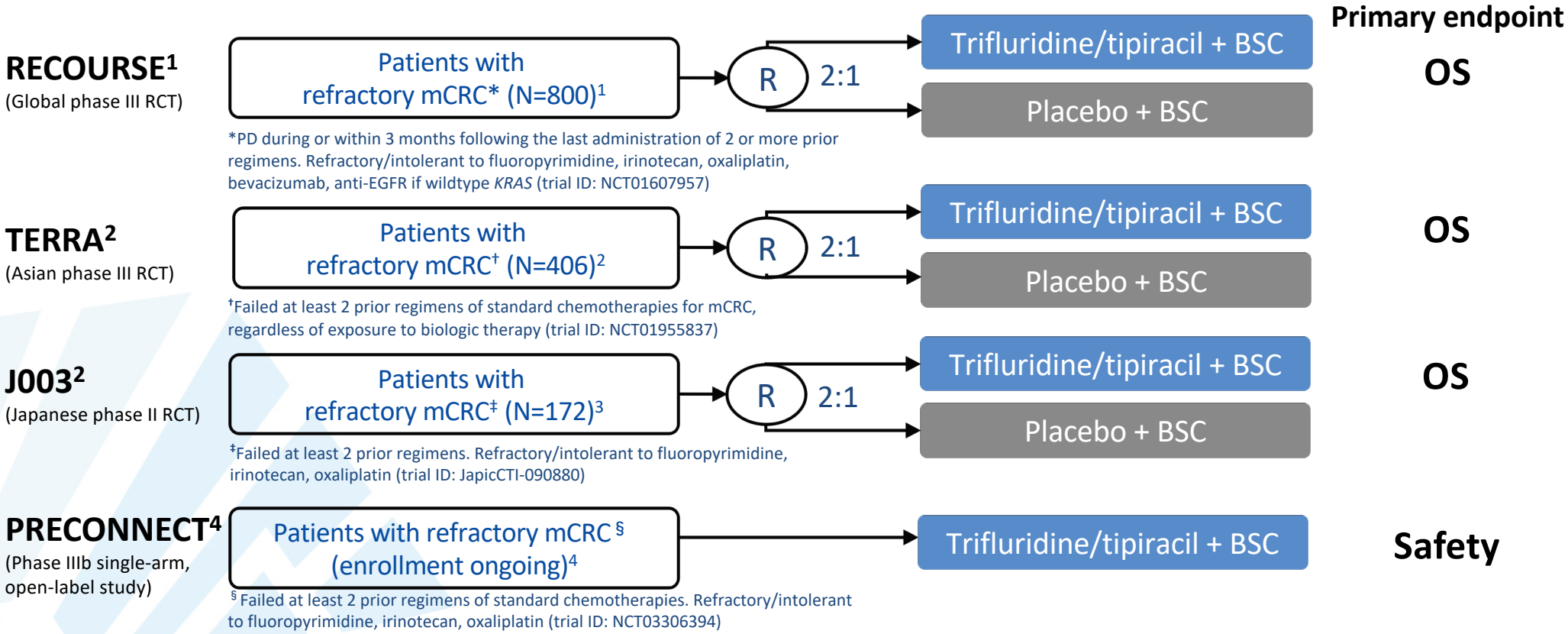
Arm B
Same dose of FTD/TPI (as Arm A), with bevacizumab 5 mg/kg on day 1 and day 15




Courtesy of Eric Van Cutsem, MD, PhD

Pfeiffer P et al, Lancet Oncol 2020

# Trifluridine/tipiracil phase II/III study programs




1. Mayer RJ, Van Cutsem E et al. N Engl J Med 2015;372:1909–19; 2. Xu J, et al. J Clin Oncol 2018;36:350–8; 3. Yoshino T, et al. Lancet Oncol 2012;13:993–1001;
4. Falcone A, …Van Cutsem E et al. WCGIC 2018 (Oral and Poster Presentation). Abstract O-013

Courtesy of Eric Van Cutsem, MD, PhD

# Ongoing combination trials of TAS-102 in mCRC

| Indication | Treatments | Phase | Study status |
|---|---|---|---|
| mCRC, 1L | Trifluridine/tipiracil + bevacizumab vs capecitabine + bevacizumab (TASC01) | Randomized Phase II | Recruitment completed |
| **mCRC, 1L** | **Trifluridine/tipiracil + bevacizumab vs capecitabine + bevacizumab (SOLSTICE)** | **Randomized Phase III** | **Recruiting** |
| mCRC, 2L | Trifluridine/tipiracil + oxaliplatin + bevacizumab or nivolumab | Phase I | In progress |
| mCRC, 2L | Trifluridine/tipiracil + irinotecan | Phase I | Recruitment completed |
| mCRC, 3/4L | Trifluridine/tipiracil + nivolumab | Phase II | In progress |
| **mCRC, 3L** | **Trifluridine/tipiracil ± bevacizumab (SUNLIGHT)** | **Randomized Phase III** | **Recruiting** |
| mCRC 3L | PRECONNECT | Phase IIIb | Results available |
| mCRC, pretreated | Tas-102 + nintedanib<br>Tas-102 + panitumumab | Phase I/II | In progress |

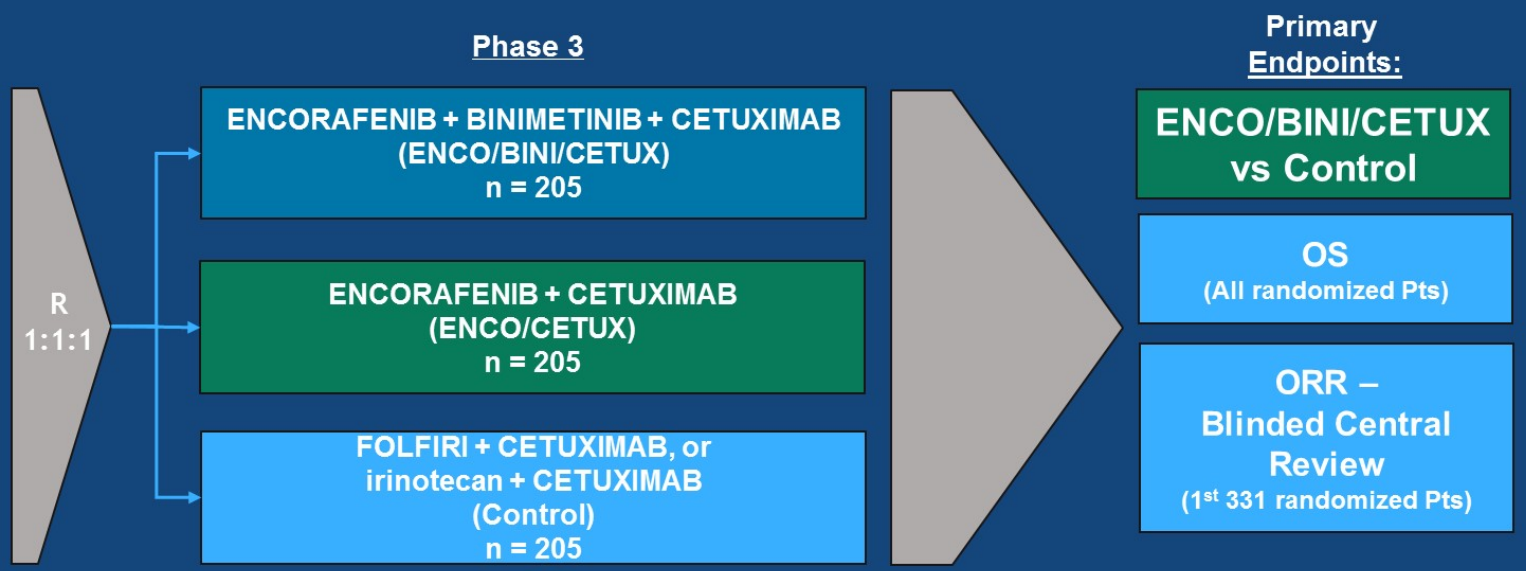
Courtesy of Eric Van Cutsem, MD, PhD

Source: https://www.clinicaltrials.gov/

# Phase III BEACON CRC Trial

## Study Design

**Patients with *BRAF* V600E-mutant mCRC with disease progression after 1 or 2 prior regimens; ECOG PS of 0 or 1; and no prior treatment with any RAF inhibitor, MEK inhibitor, or EGFR inhibitor**




**Randomization was stratified by ECOG PS (0 vs. 1), prior use of irinotecan (yes vs. no), and cetuximab source (US-licensed vs. EU-approved)**

**Secondary Endpoints:** ENCO/CETUX vs Control and ENCO/BINI/CETUX vs ENCO/CETUX - OS & ORR, PFS, Safety, QOL

**Post hoc Updated Analysis:** includes 6 months of additional follow-up since cut off for primary analysis

PRESENTED AT: 2020 ASCO ANNUAL MEETING #ASCO20



PRESENTED BY: Scott Kopetz, MD, PhD

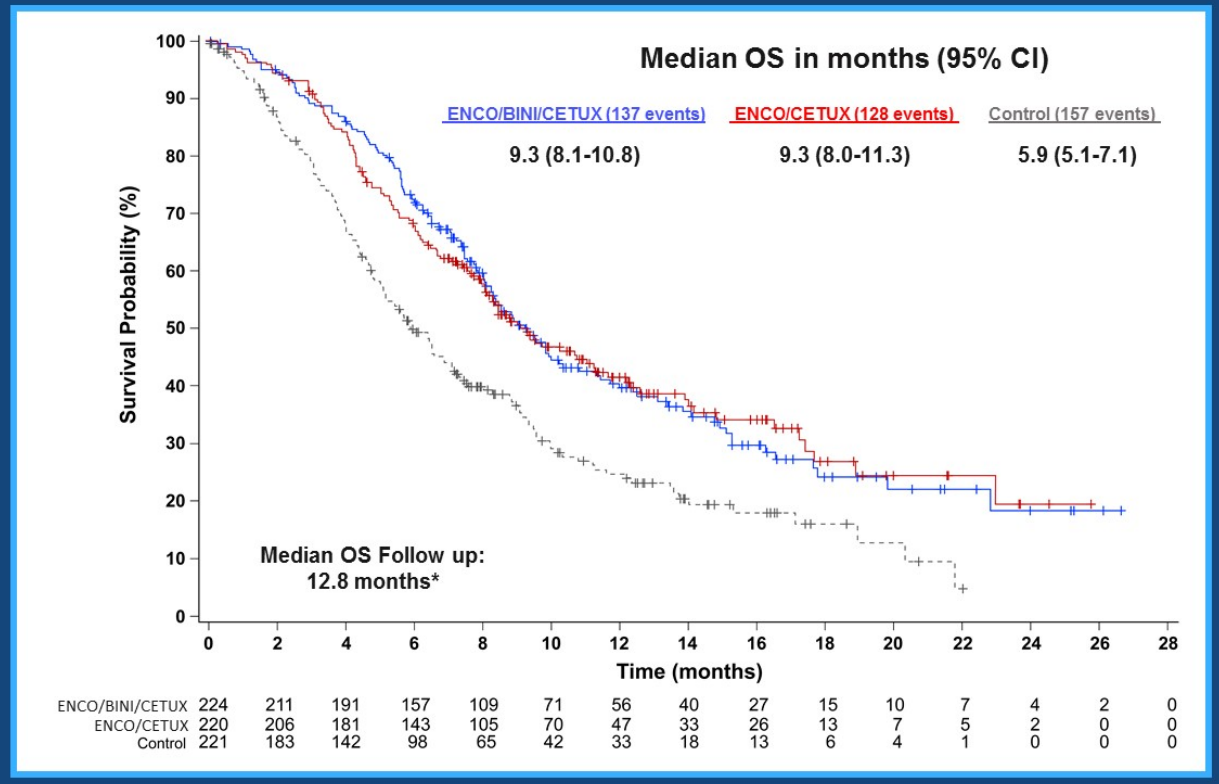
VANDERBILT UNIVERSITY MEDICAL CENTER

Presented By Scott Kopetz at ASCO 2020

Courtesy of Kristen K Ciombor, MD, MSCI

# BEACON CRC

## Updated Overall Survival: ENCO/BINI/CETUX vs ENCO/CETUX vs Control




PRESENTED AT: 2020 ASCO ANNUAL MEETING #ASCO20



PRESENTED BY: Scott Kopetz, MD, PhD

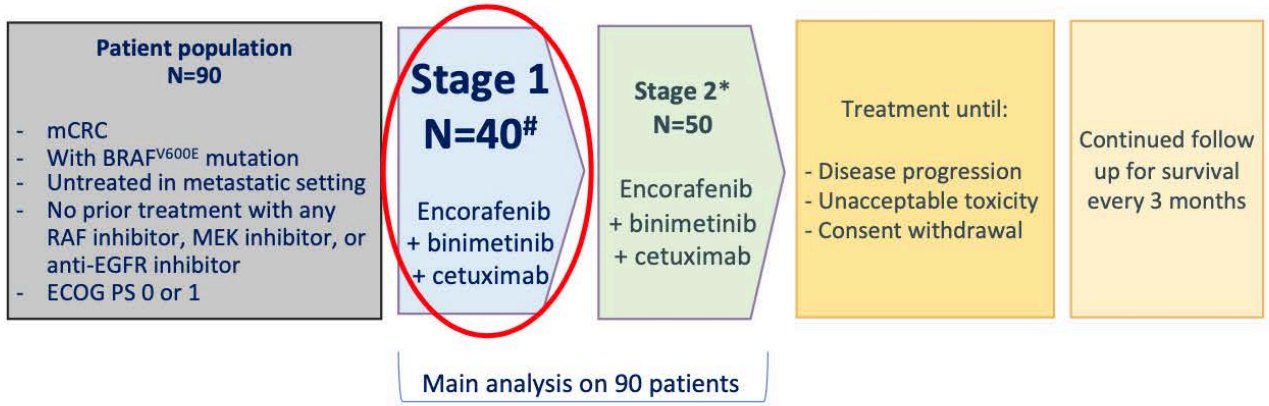
VANDERBILT UNIVERSITY MEDICAL CENTER

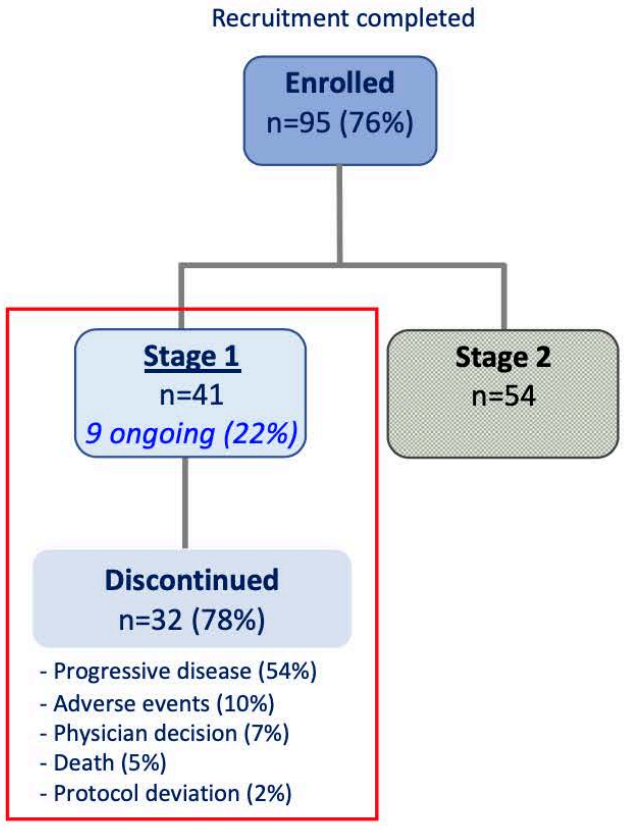
Presented By Scott Kopetz at ASCO 2020

Courtesy of Kristen K Ciombor, MD, MSCI

# ANCHOR CRC, Phase 2 study in FIRST LINE BRAF$^{V600E}$ mCRC

## 2-STAGE DESIGN[1]




**Primary objective & endpoint**: confirmed ORR (investigator assessed)

**Secondary endpoints**: PFS, OS, Safety, QoL, PK

1. Grothey A, et al. *Annals Oncol*. 2019;30(suppl 4):P-400
#Futility analysis
*Stage 2 enrolment only after ≥ 12 responses observed in stage 1
cORR=confirmed objective response rate, OS=overall survival, PK=pharmacokinetics, PFS=progression free survival, QoL=quality of life

Cut-off date: 06-Feb-2020

*Note: the data have not been fully cleaned due to Covid-19 pandemic.*

ESMO WORLD CONGRESS ON Gastrointestinal Cancer 2020 VIRTUAL

VANDERBILT UNIVERSITY MEDICAL CENTER

Courtesy of Kristen K Ciombor, MD, MSCI

# Agenda

**Case 1 – Dr Brenner:** 65-yo woman; MSS TMB 11, KRAS G13B mutation, right-sided mCRC
**Case 2 – Dr Chen:** 62-yo woman; MSI-H, TMB-high mCRC; responds to pembrolizumab → pneumonitis

***GI Cancers Journal Club – Part 1: KEYNOTE-177, CHECKMATE 142***

**Case 3 – Dr Favaro:** 55-yo woman; mCRC, KRAS/BRAF mutations, currently on TAS-102/bevacizumab
**Case 4 – Dr Brenner:** 70-yo woman; MSI-H mCRC; PD-L1-positive, BRAF V600E and sBRCA1 mutations

***GI Cancers Journal Club – Part 2: TASCO1, ctDNA in mCRC with BRAF V600E Mutation***

**Case 5 – Dr Deutsch:** 65-yo man; relapsed mCRC, asymptomatic with rising CEA off treatment
**Case 6 – Dr Choksi:** 34-yo single mother of 2 minor children; extensively treated mCRC

***GI Cancers Journal Club – Part 3: GARNET, ICI Combinations, LEAP-005, MORPHEUS, alloSHRINK***

RTP
RESEARCH
TO PRACTICE

# Phase II study evaluating trifluridine/tipiracil + bevacizumab and capecitabine + bevacizumab in first-line unresectable metastatic colorectal cancer (mCRC) patients who are non-eligible for intensive therapy (TASCO1): results of the final analysis on the overall survival.

Presenter: Eric Van Cutsem, MD, PhD

University Hospital Gasthuisberg, Leuven, Belgium

Abstract Number: 14

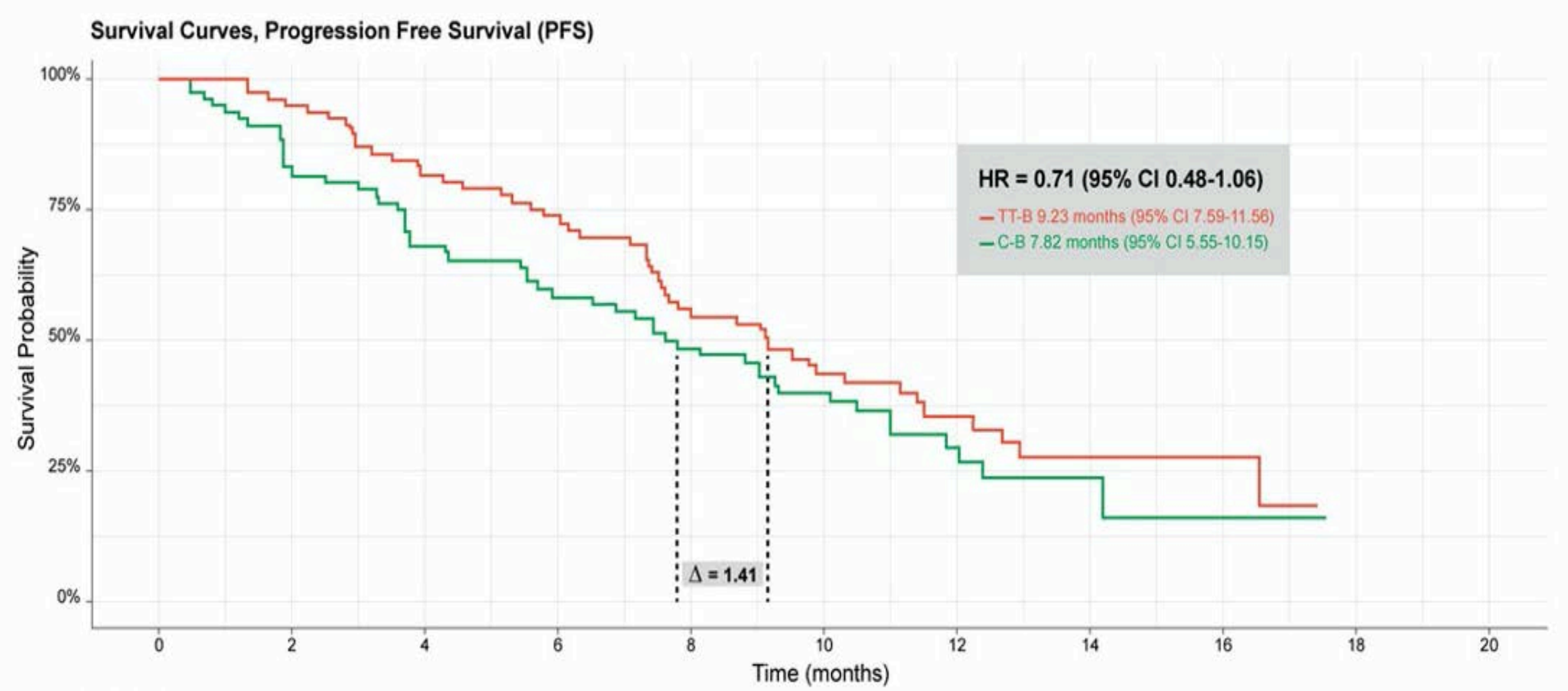
**Author Group:** Eric Van Cutsem, Iwona Danielewicz, Mark P. Saunders, Per Pfeiffer, Guillem Argilés, Christophe Borg, Rob Glynne-Jones, Cornellis J. A. Punt, Agnes J. Van de Wouw, Mikhail Fedyanin, Danil Stroyakovskiy, Hendrik Kroening, Pilar García-Alfonso, Harpreet Wasan, Alfredo Falcone, Paul Aubel, Anton Egorov, Nadia Amellal, Vladimir Moiseenko

PRESENTED AT: Gastrointestinal Cancers Symposium



#GI21

# TASCO1: Progression-Free Survival (Primary Endpoint)

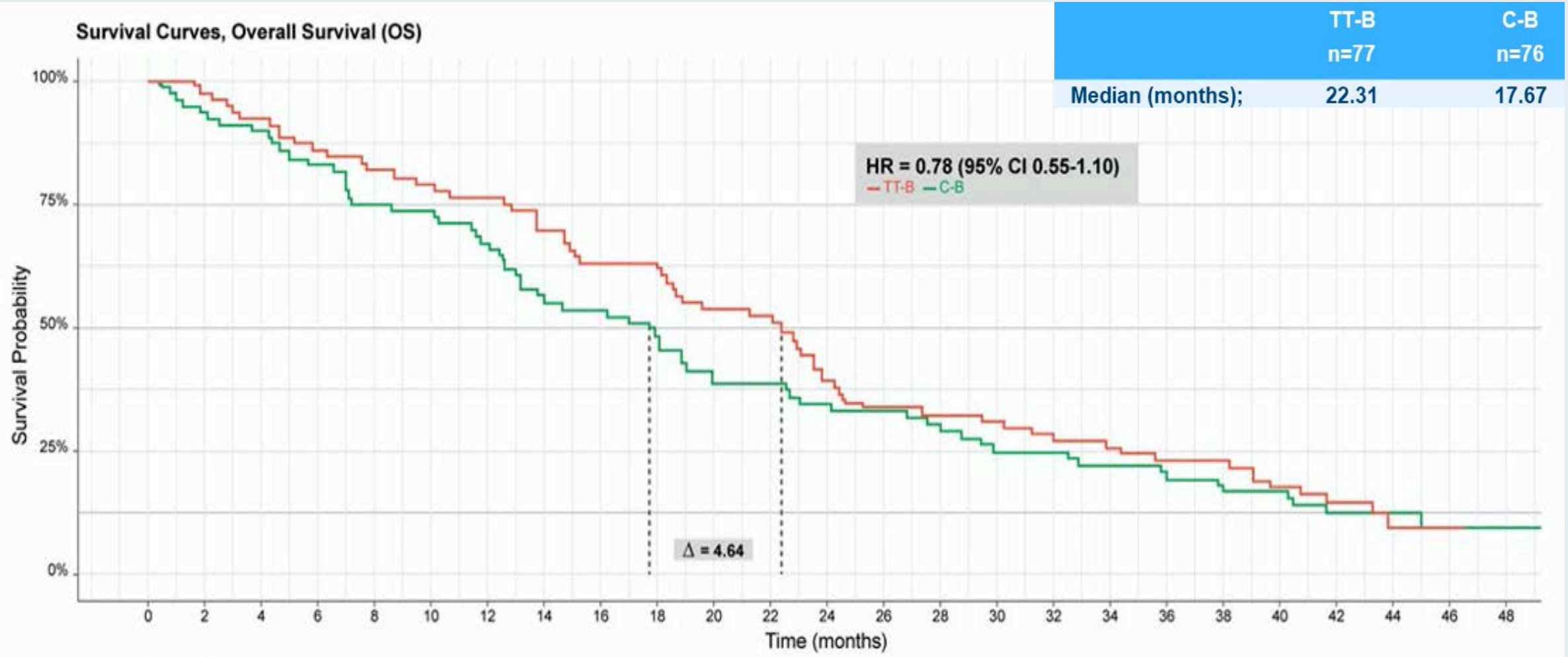



TT-B = TAS-102 + bevacizumab; C-B = capecitabine + bevacizumab

Van Cutsem E et al. Gastrointestinal Cancers Symposium 2021;Abstract 14.

RTP RESEARCH TO PRACTICE

# TASCO1: Overall Survival (Secondary Endpoint)




Van Cutsem E et al. Gastrointestinal Cancers Symposium 2021;Abstract 14.

RTP RESEARCH TO PRACTICE

# Utility of Circulating Tumor DNA in the Clinical Management of Patients with $BRAF^{V600E}$ Metastatic Colorectal Cancer

Morris VK et al.

Gastrointestinal Cancers Symposium 2021;Abstract 119.

# Utility of ctDNA in Management of mCRC with BRAF V600E Mutation

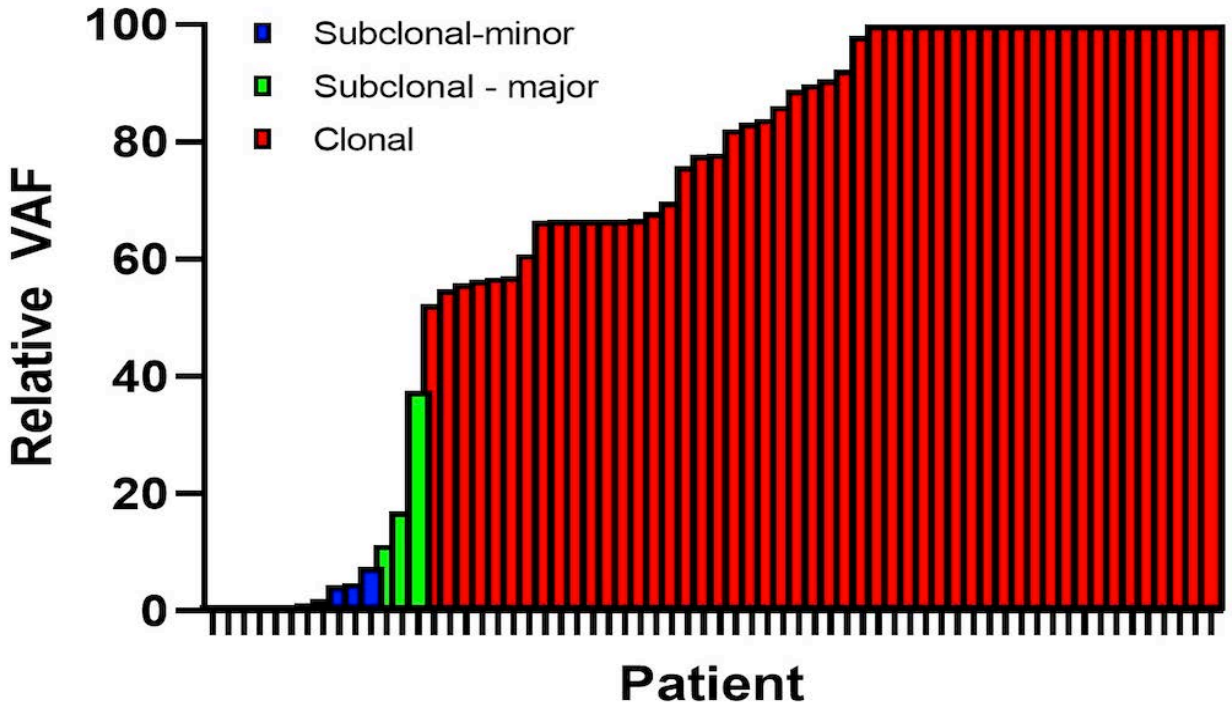



**Figure 2:** Distribution of relative VAF according to clonal status demonstrate high rate of clonal alterations.

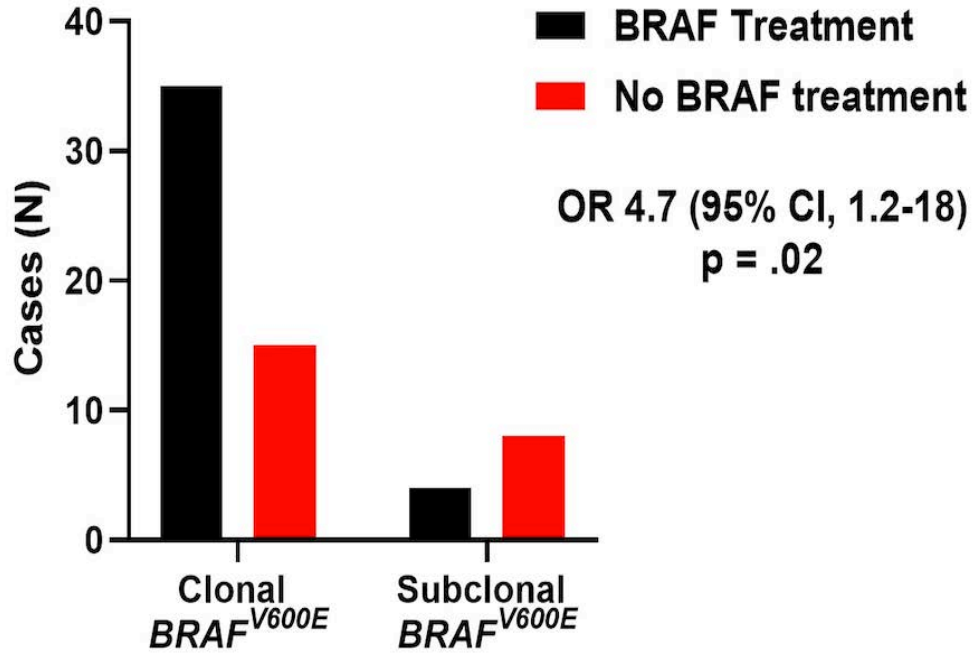



**Figure 4:** Patients with clonal *BRAF*$^{V600E}$ mCRC were more likely (70% vs 33%) to receive targeted therapies against the BRAF$^{V600E}$ oncoprotein than when subclonal *BRAF*$^{V600E}$ mutations were detected.

Morris VK et al. Gastrointestinal Cancers Symposium 2021;Abstract 119.

RTP RESEARCH TO PRACTICE

# Utility of ctDNA in Management of mCRC with BRAF V600E Mutation

## Conclusions

- Use of ctDNA to characterize clonality of a *BRAF*$^{V600E}$ mutation according to relative VAF may help to identify patients with *BRAF*$^{V600E}$ mCRC appropriate for matched targeted therapies in this setting.
- The overwhelming majority of patients with minor subclonal *BRAF*$^{V600E}$ mutations had received prior anti-EGFR for *KRAS/NRAS/BRAF*$^{wild\text{-}type}$ mCRC. This presumed acquired mechanism of resistance in the ctDNA may inform on the discordance noted between FFPE and ctDNA cases in matched patients.
- Given upcoming frontline clinical trials for *BRAF*$^{V600E}$ mCRC which require early identification of a *BRAF*$^{V600E}$ mutation prior to treatment initiation, use of ctDNA to identify *BRAF*$^{V600E}$ mutations is a convenient and feasible approach in early management of mCRC.

Morris VK et al. Gastrointestinal Cancers Symposium 2021;Abstract 119.

RTP RESEARCH TO PRACTICE

# Circulating tumor DNA analysis

## Assessment of recurrence risk, benefit of adjuvant therapy, and early relapse detection after treatment in colorectal cancer patients.

Presented by: Tenna Vesterman Henriksen, PhD-student,
Aarhus University & Department of Molecular Medicine, Aarhus University Hospital

PRESENTED AT: Gastrointestinal Cancers Symposium



#GI21

# ctDNA Analysis and Summary

| | | Univariable analysis | | Multivariable analysis | |
|---|---|---|---|---|---|
| | n | HR (95% CI) | P-value | HR (95% CI) | P-value |
| CEA PostOP | 175 | 1.3 (0.56-3.2) | 0.524 | | |
| CEA PostACT | 99 | 1.4 (0.44-4.2) | 0.596 | | |
| CEA Longitudinal | 197 | 4.9 (3.2-15) | <0.0001 | 1.8 (0.77 - 4.0) | 0.184 |
| ctDNA Longitudinal | 197 | 95.7 (28-322) | <0.0001 | 80.55 (23.1 - 281) | <0.0001 |

1. Patients with ctDNA detected immediately after surgery had high risk of recurrence
2. Longitudinal monitoring increased the predictive power of ctDNA
3. Molecular recurrence (ctDNA) was detected a median of 8 months before radiological detection of recurrence
4. Longitudinal testing with ctDNA outperformed CEA in RFS prediction

Henriksen TV et al. Gastrointestinal Cancers Symposium 2021;Abstract 11.

# Global BRAF Testing Practices in Metastatic Colorectal Cancer

Kopetz S et al.
Gastrointestinal Cancers Symposium 2021;Abstract 128.

**Author Conclusions:** *"BRAF testing has global variability, impacting tx decisions. Increased awareness and routine testing may lead to informed decisions regarding targeted therapies, such as encorafenib plus cetuximab where approved, in patients with BRAF V600E-mutant mCRC."*

RTP RESEARCH TO PRACTICE

# Agenda

**Case 1 – Dr Brenner:** 65-yo woman; MSS TMB 11, KRAS G13B mutation, right-sided mCRC
**Case 2 – Dr Chen:** 62-yo woman; MSI-H, TMB-high mCRC; responds to pembrolizumab → pneumonitis

***GI Cancers Journal Club – Part 1: KEYNOTE-177, CHECKMATE 142***

**Case 3 – Dr Favaro:** 55-yo woman; mCRC, KRAS/BRAF mutations, currently on TAS-102/bevacizumab
**Case 4 – Dr Brenner:** 70-yo woman; MSI-H mCRC; PD-L1-positive, BRAF V600E and sBRCA1 mutations

***GI Cancers Journal Club – Part 2: TASCO1, ctDNA in mCRC with BRAF V600E Mutation***

**Case 5 – Dr Deutsch:** 65-yo man; relapsed mCRC, asymptomatic with rising CEA off treatment
**Case 6 – Dr Choksi:** 34-yo single mother of 2 minor children; extensively treated mCRC

***GI Cancers Journal Club – Part 3: GARNET, ICI Combinations, LEAP-005, MORPHEUS, alloSHRINK***

RTP
RESEARCH
TO PRACTICE

# Case Presentation – Dr Deutsch: A 65-year-old man with mCRC and biochemical relapse (rising CEA) after FOLFIRI

Margaret Deutsch, MD

- 11/2016: Diagnosed with rectosigmoid colon cancer – T4N2
  - Concurrent renal cell carcinoma
- Former IV drug user | Hepatitis C positive
- Neoadjuvant RT and infusional 5-FU → resection → adjuvant FOLFOX
- 3/2019: FOLFIRI x 4 complicated by neutropenia
- 1/2021: CT reveals 1 cm obturator lymph node with no other evidence of disease
  - Rising CEA

**Questions**

- What criteria would the faculty employ to determine timing of resumption of chemotherapy for a patient with rising CEA and no significant symptoms or measurable disease to follow on imaging?
- What treatment would be appropriate when resuming therapy given disease interval?

RTP RESEARCH TO PRACTICE

# Case Presentation – Dr Choksi: A 34-year-old woman with heavily pretreated mCRC; single mother of minor children

Mamta Choksi, MD

- Required multiple hospitalizations since diagnosis in December 2019
- Required multiple paracenteses in last 4 months
- NGS: MSS | TMB low | No targetable mutations
- Currently recovering from most recent surgery
- **Plan:** Irinotecan + cetuximab upon recovery

**Questions**

- Why do the faculty think we are seeing more and more young patients with Stage IV colon cancer these days? Is it something environmental? Is it something genetic? Could it be food or habit related?
- How can we best treat these types of patients?

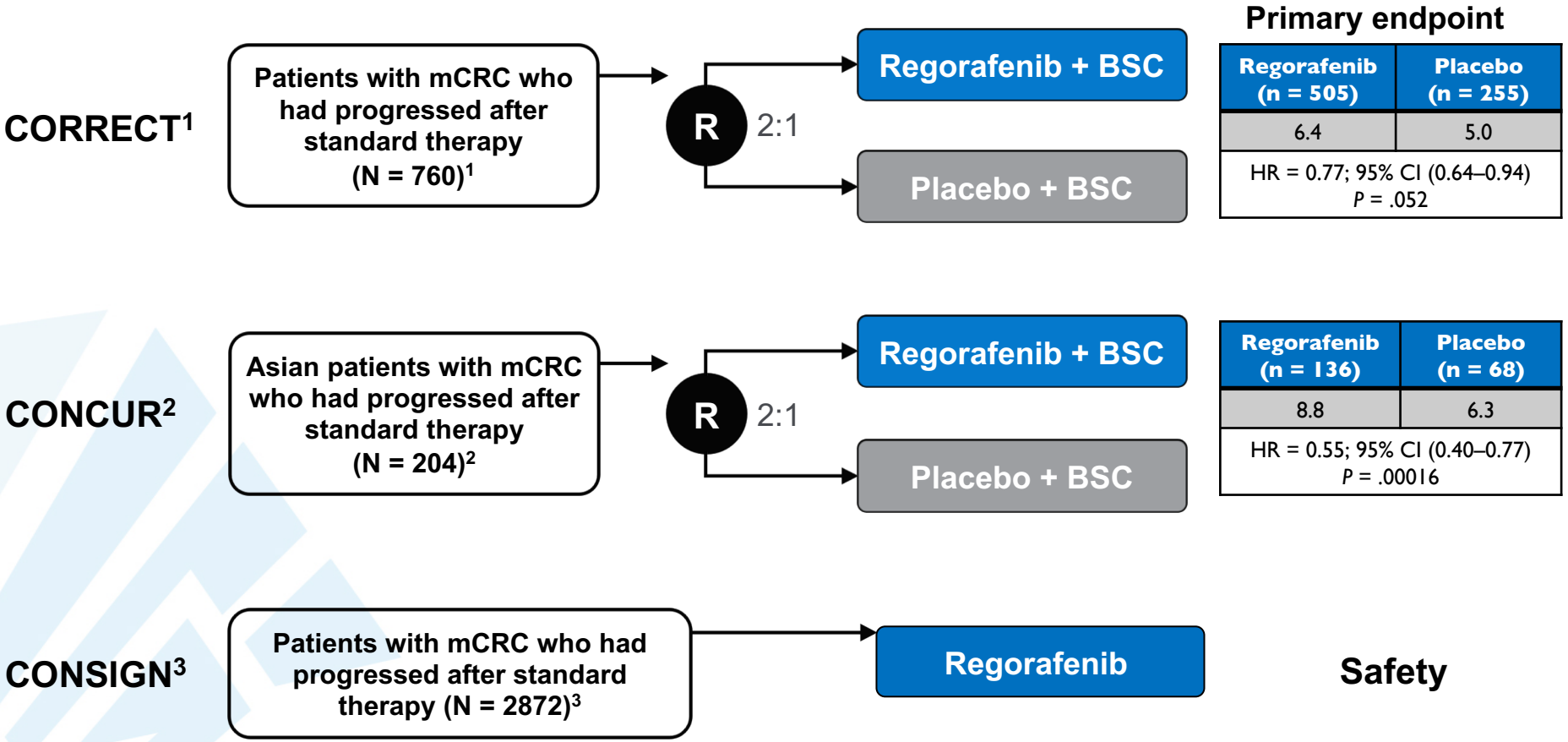
RTP RESEARCH TO PRACTICE

**A 65-year-old patient with right-sided, pan-RAS wild-type, BRAF wild-type, MSS mCRC receives first-line FOLFOX/bevacizumab and second-line FOLFIRI/bevacizumab and is now experiencing disease progression with a PS of 0. What would be your most likely third-line treatment recommendation?**

1. Cetuximab
2. Cetuximab + irinotecan
3. Panitumumab
4. Panitumumab + irinotecan
5. Regorafenib
6. TAS-102
7. Regorafenib or TAS-102 — coin flip

RTP
RESEARCH
TO PRACTICE

# Regorafenib phase III studies




Courtesy of Eric Van Cutsem, MD, PhD

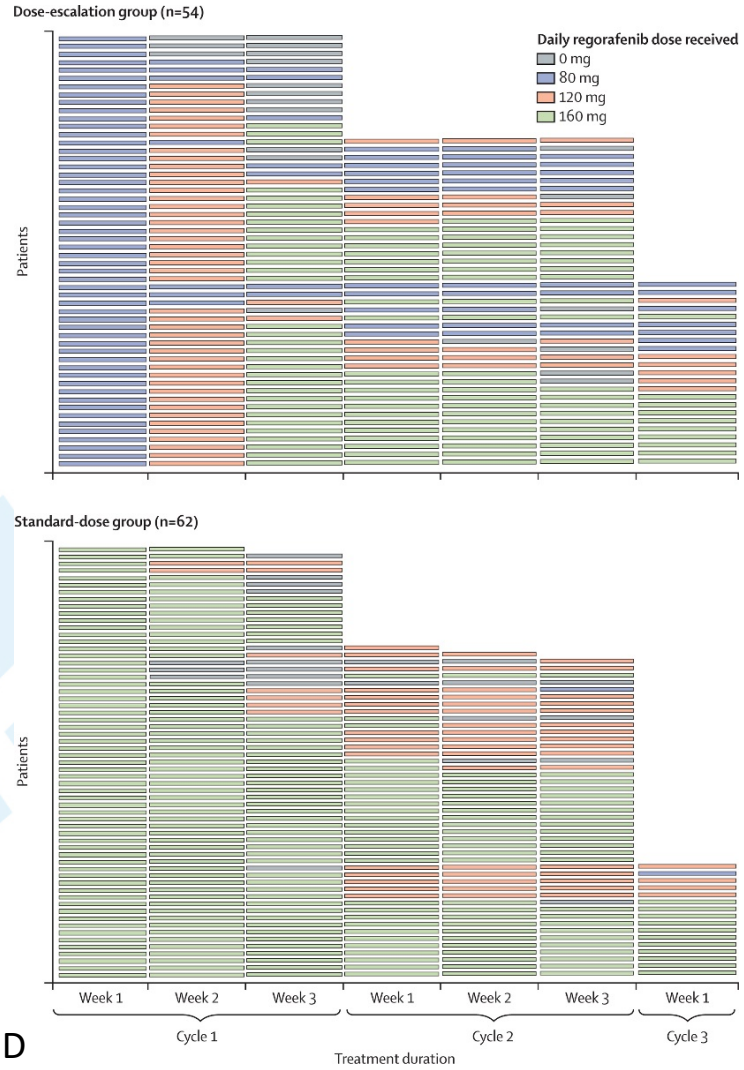
1. Grothey A, Van Cutsem E, et al. Lancet. 2013;381:303-312; 2. Li J, et al. Lancet Oncol. 2015;16:619-629; 3. Van Cutsem E, et al. The Oncologist 2019; 2:185-192.

# Regorafenib dose-optimisation in patients with refractory metastatic colorectal cancer (ReDOS): a randomised, multicentre, open-label, phase 2 study

Tanios S Bekaii-Saab, Fang-Shu Ou, Daniel H Ahn, Patrick M Boland, Kristen K Ciombor, Erica N Heying, Travis J Dockter, Nisha L Jacobs, Boris C Pasche, James M Cleary, Jeffrey P Meyers, Rodwige J Desnoyers, Jeannine S McCune, Katrina Pedersen, Afsaneh Barzi, E Gabriela Chiorean, Jeffrey Sloan, Mario E Lacouture, Heinz-Josef Lenz, Axel Grothey

**Dose escalation arm**

**Standard dose group**



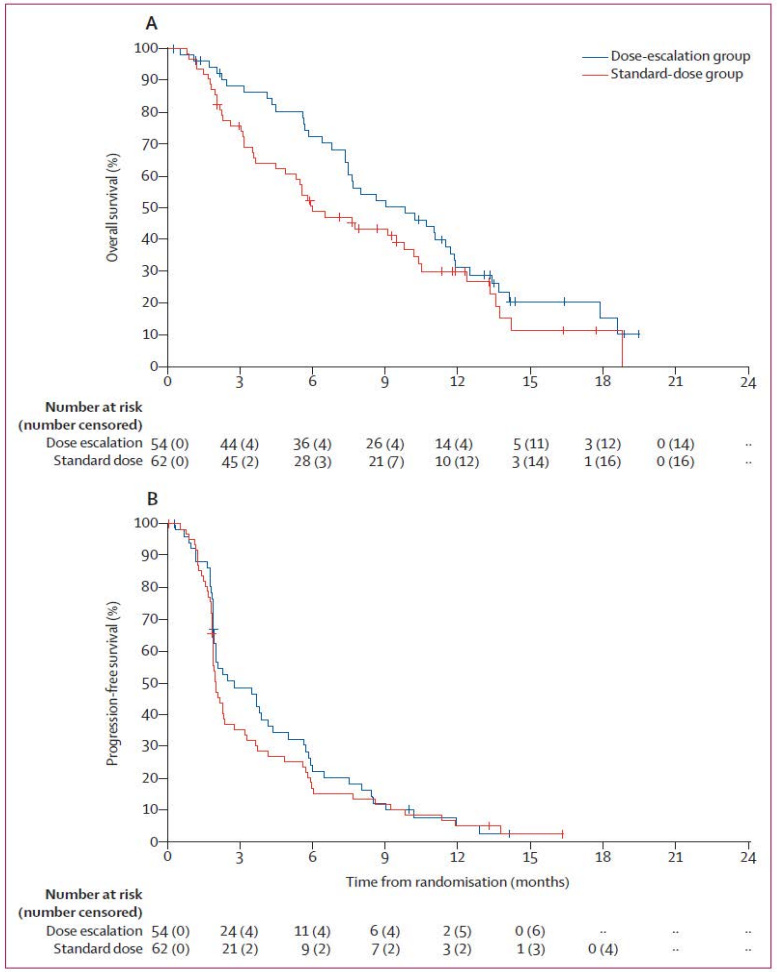
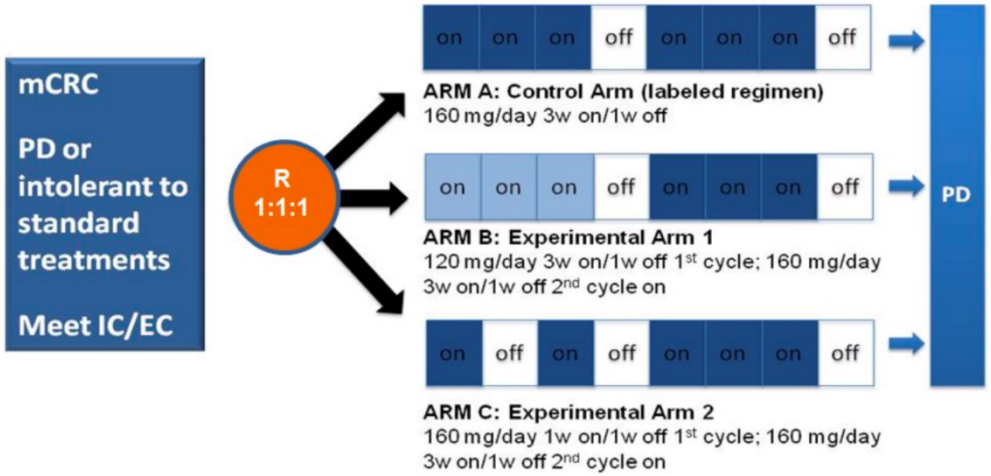




*Figure 2:* **Overall survival (A) and progression-free survival (B) in the dose-escalation and standard-dose groups**
Censored patients are marked on the curves with a cross.

Courtesy of Eric Van Cutsem, MD, PhD

*The Lancet Oncology* 2019: DOI: (10.1016/S1470-2045(19)30272-4)

# REARRANGE Study: regorafenib optimal dose seeking



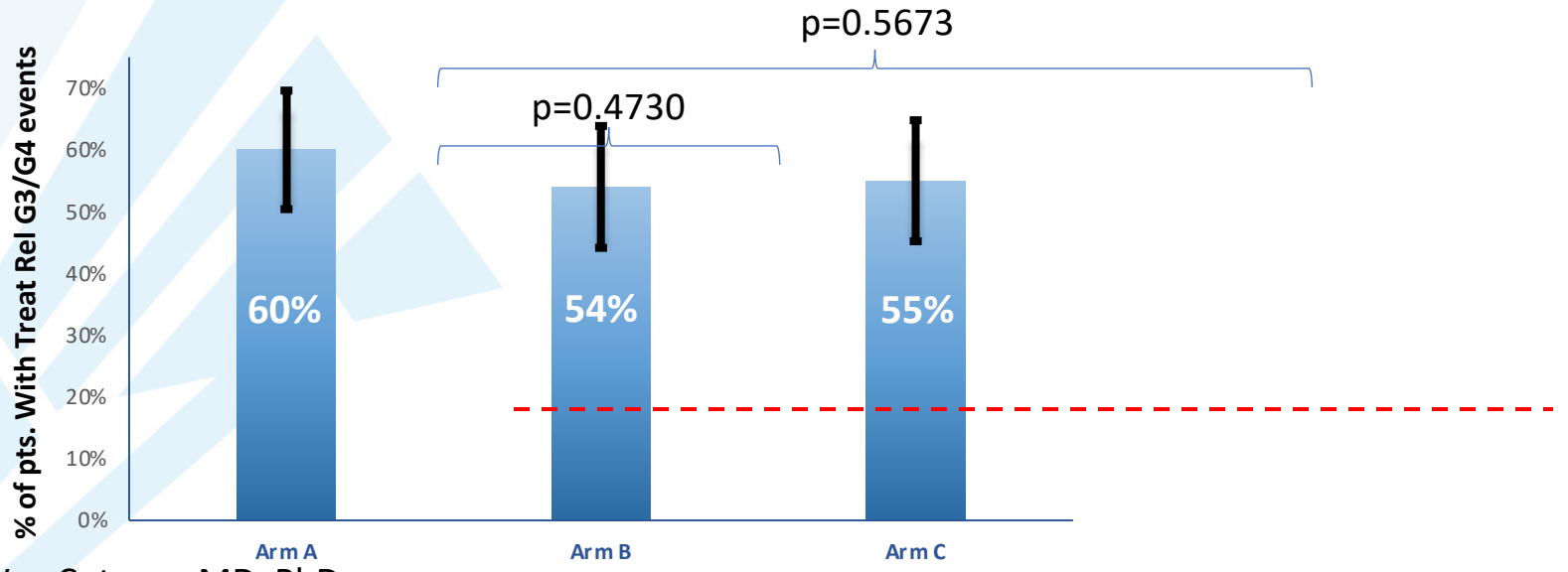

**Primary endpoint:**

- **Safety** :% of patients having G3/G4 AEs during the entire course of the treatment

**Secondary endpoints:**

- OS
- PFS
- % of Patients starting C3 on each arm
- Dose intensity
- DCR

## Primary Endpoint: Pts having G3/G4 AEs during treatment course




**Threshold to reach positivity in the 2 experimental arms**

Courtesy of Eric Van Cutsem, MD, PhD

Argiles G et al, ESMO GI/WCGIC 2019

# Phase I/IB study of Regorafenib and Nivolumab in Mismatch Repair (MMR) Proficient Advanced Refractory Colorectal Cancer

## As of 3/2/2020, 28 patients were treated

### Patients

- Histologically confirmed refractory CRC
- MMR proficient.
- Failed/ intolerant to standard chemotherapy.

### Phase I

N= 12

Nivolumab

240mg IV q2wk and regorafenib according to dose escalation of 80mg, 120 mg or 160mg 21 days on 7 days off

### Expanded Cohort

N=16( goal=40)

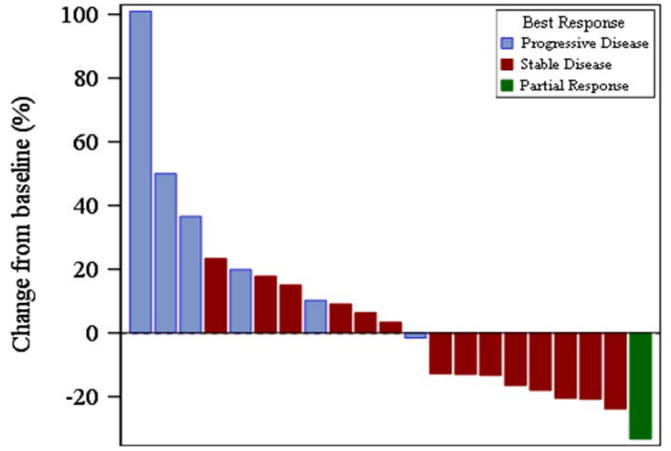
Nivolumab

240mg IV

Q2wk for 16 wks then 480 mg q4wk and dose of regorafenib based on MTD

| Best Overall Response | N = 21 |
|---|---|
| CR | 0 |
| PR (unconfirmed) | 1 (4.8%) |
| SD | 14 (66.7%) |
| DCR | 15 (71.4%) |
| PD | 6 (28.6%) |

**7 patients were not evaluable for RR (3 DLTs, 3 consent withdrawal and 1 clinical progression)**




Courtesy of Eric Van Cutsem, MD, PhD

Kim R et al, Ann Oncol 2020, ESMO GI/WCGIC abstr 0-20

# Future: combination studies

❖ **Appealing combinations:**

- ✓ Interesting phase 2 study: trifluridine/tipiracil + bevacizumab
- ✓ Exploring other combinations e.g.
  - ❑ Cobimetinib + atezolizumab
  - ❑ Regorafenib + nivolumab
  - ❑ IO combinations + TKI

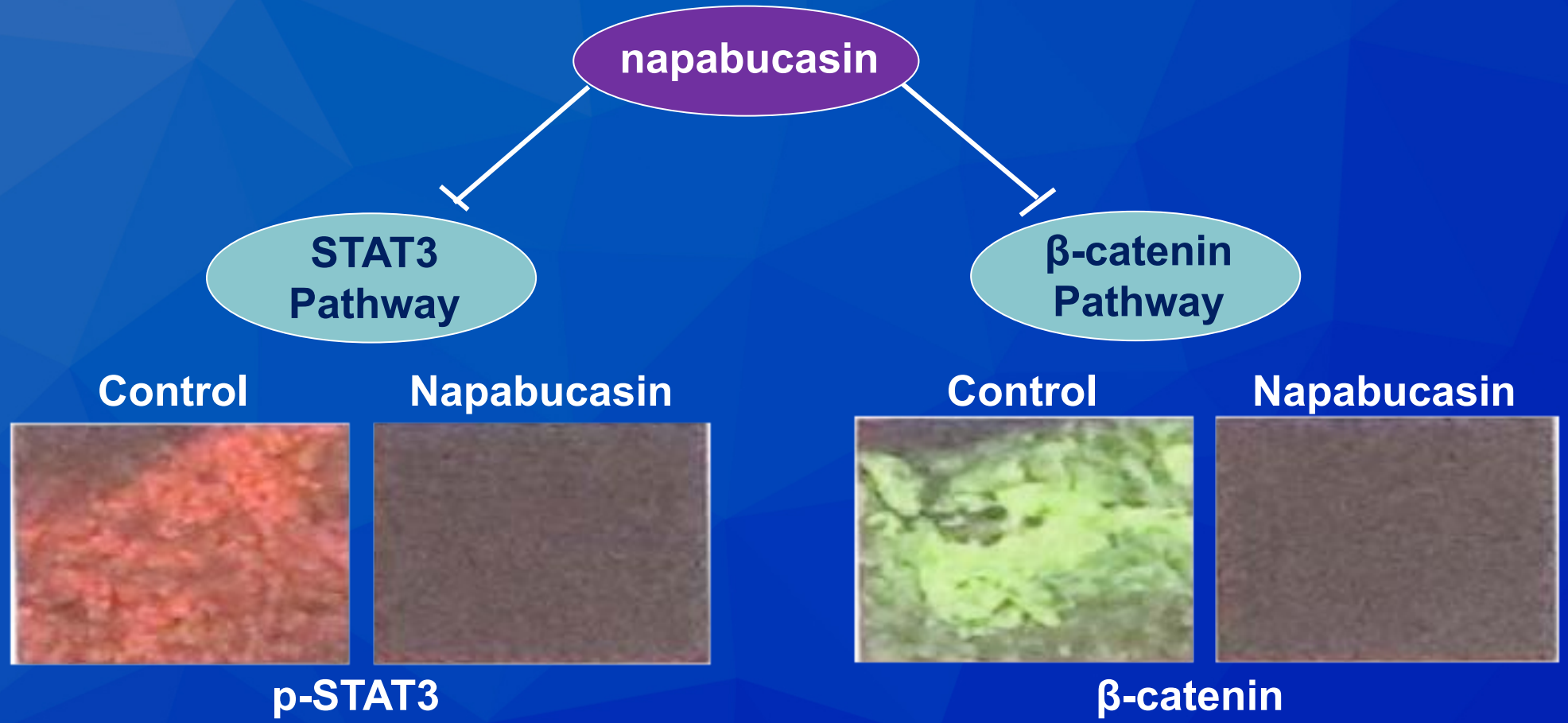
❖ **New drugs:**

- ✓ Napabucasin
- ✓ CAR-T-cells
- ✓ ……

Courtesy of Eric Van Cutsem, MD, PhD

Pfeiffer P et al, Lancet Oncol 2021; Van Cutsem E et al, Ann Oncol 2020; Hara H et al, ESMO GI/WCGIC 2019; Van Cutsem E et al, ESMO GI/WCGIC 2019, Eng C et al, Lancet Oncol 2019

# Napabucasin – A First-in-Class Cancer Stemness Inhibitor




Grothey A et al. ASCO 2017;Abstract TPS3619.

# Ongoing Phase III CanStem303C Trial Design

**Eligibility (N = 1,253)**

- Previously treated metastatic CRC
- Disease progression on FOLFOX or CAPOX
- ECOG PS 0-1

R

1:1

**Napabucasin (240 mg PO BID)**
**+**
**Standard FOLFIRI (IV biweekly)**
**+ Optional Bevacizumab per investigator's Choice**

**Standard FOLFIRI (IV biweekly)**
**+ Optional Bevacizumab per investigator's Choice**

**Estimated study completion: February 2022**

**Primary endpoint:** Overall survival in general population

**Secondary endpoints include** OS and PFS in predefined biomarker-positive (nuclear beta-catenin and/or pSTAT3-positive) subpopulation, PFS in general population, objective response rate, safety and quality of life

www.clinicaltrials.gov. NCT02753127. Accessed January 2021; Grothey A et al. ASCO 2017;Abstract TPS3619.

# DESTINY-CRC01 Study Design

An open-label, multicenter, phase 2 study (NCT03384940)

**Patients**

- Unresectable and/or metastatic CRC
- HER2 expressing (central confirmation)
- RAS/BRAF wild type
- ≥2 prior regimens
- Prior anti-HER2 treatment was allowed
- Excluded patients with a history of or current/suspected interstitial lung disease

T-DXd 6.4 mg/kg q3w

**Cohort A** (n = 53)
HER2 Positive (IHC 3+ or IHC 2+/ISH+)

*A futility monitoring was done after ≥20 patients in Cohort A had 12 weeks of follow-up to inform opening of Cohorts B and C*

**Cohort B** (n = 7)
HER2 IHC 2+/ISH−

**Cohort C** (n = 18)
HER2 IHC 1+

## Primary endpoint

- Confirmed ORR by independent central review (ICR) in Cohort A

## Data cutoff: August 9, 2019

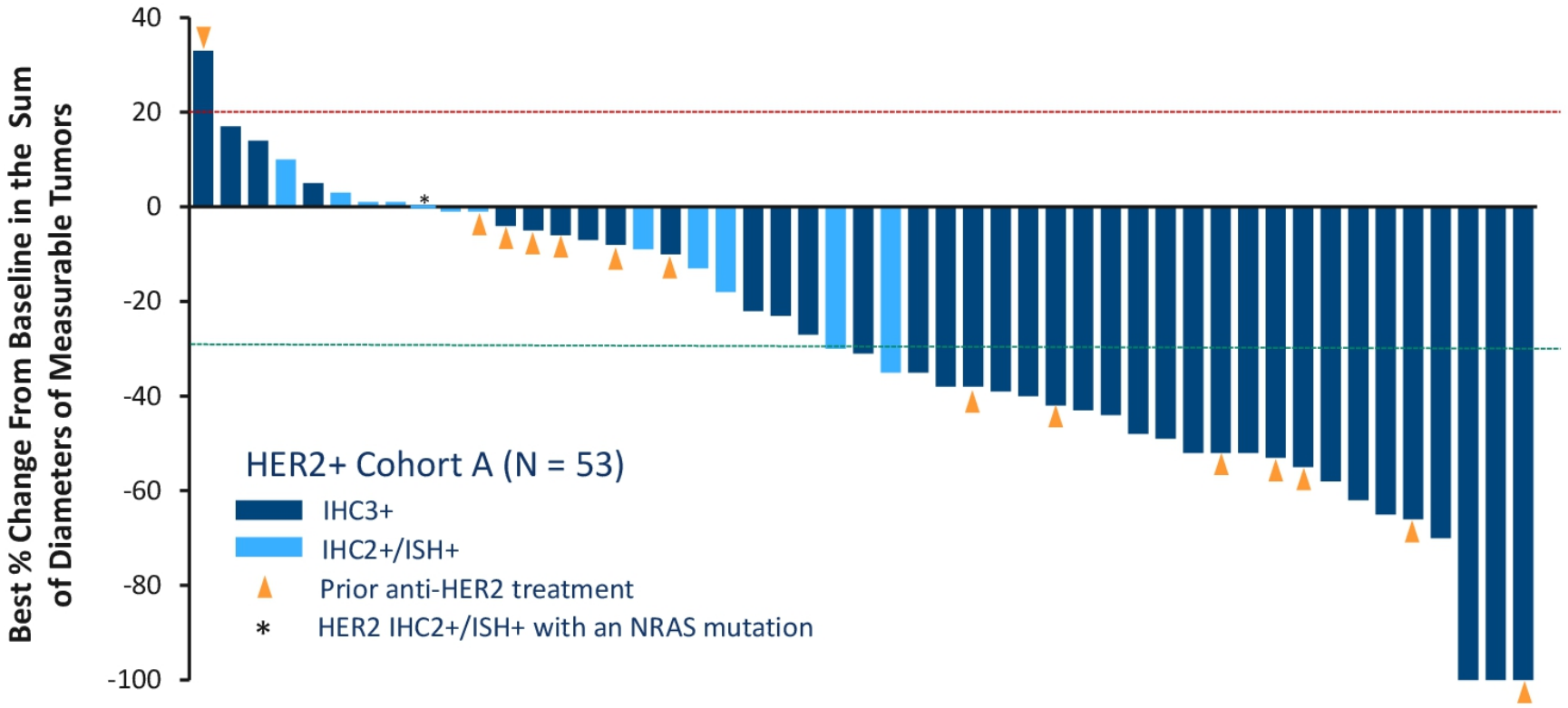
- 38.5% (30/78) remained on treatment
- 61.5% discontinued, primarily for progressive disease (41.0%) and clinical progression (9.0%)



PRESENTED BY: Prof Salvatore Siena; Università degli Studi di Milano, Milan, Italy; salvatore.siena@unimi.it

DESTINY-CRC01 Cohort A

# Best Change in Tumor Size







PRESENTED BY: Prof Salvatore Siena; Università degli Studi di Milano, Milan, Italy; salvatore.siena@unimi.it



VANDERBILT UNIVERSITY MEDICAL CENTER

Presented By Salvatore Siena at TBD

Courtesy of Kristen K Ciombor, MD, MSCI

DESTINY-CRC01

# AEs of Special Interest: Interstitial Lung Disease

| | All Patients (N = 78) | | | | | |
|---|---|---|---|---|---|---|
| Preferred Term, n (%) | Grade 1 | Grade 2 | Grade 3 | Grade 4 | Grade 5 | Any Grade/ Total |
| Interstitial Lung Disease | 0 | 2 (2.6) | 1 (1.3) | 0 | 2 (2.6) | 5 (6.4) |

Among the 5 total events:

- Median time to investigator-reported onset was 80 days (range, 22-132)
- 5 of 5 patients with grade ≥ 2 ILD received corticosteroids
- 2 patients recovered, 1 did not recover (later died due to disease progression), and 2 died
- In the 2 fatal cases, onset was from 40-126 days, both received steroids as part of treatment, and death occurred 6-18 days after diagnosis

Protocol recommendations: Monitor for symptoms. Hold T-DXd and start steroids as soon as ILD is suspected

Drug related; ILD was determined by an Independent ILD Adjudication Committee based on 44 preferred terms.
One additional grade 5 ILD case in Cohort B was reported after the data cutoff. This case was adjudicated after data cutoff as drug-related ILD.



PRESENTED BY: Prof Salvatore Siena; Università degli Studi di Milano, Milan, Italy; salvatore.siena@unimi.it

# Agenda

**Case 1 – Dr Brenner:** 65-yo woman; MSS TMB 11, KRAS G13B mutation, right-sided mCRC
**Case 2 – Dr Chen:** 62-yo woman; MSI-H, TMB-high mCRC; responds to pembrolizumab → pneumonitis

***GI Cancers Journal Club – Part 1: KEYNOTE-177, CHECKMATE 142***

**Case 3 – Dr Favaro:** 55-yo woman; mCRC, KRAS/BRAF mutations, currently on TAS-102/bevacizumab
**Case 4 – Dr Brenner:** 70-yo woman; MSI-H mCRC; PD-L1-positive, BRAF V600E and sBRCA1 mutations

***GI Cancers Journal Club – Part 2: TASCO1, ctDNA in mCRC with BRAF V600E Mutation***

**Case 5 – Dr Deutsch:** 65-yo man; relapsed mCRC, asymptomatic with rising CEA off treatment
**Case 6 – Dr Choksi:** 34-yo single mother of 2 minor children; extensively treated mCRC

***GI Cancers Journal Club – Part 3: GARNET, ICI Combinations, LEAP-005, MORPHEUS, alloSHRINK***

RTP
RESEARCH
TO PRACTICE

# A Delayed Path to Diagnosis:

## Findings from young-onset colorectal cancer patients and survivors.

**Laura Porter, MD**

Medical Affairs Senior Consultant

colorectal cancer alliance

PRESENTED AT: Gastrointestinal Cancers Symposium



#GI21

# Critical Findings

- Young-onset CRC patients are diagnosed at late stages due to multiple challenges around the lack of information or misinformation.
- There is a need for education of the general public and physicians on the signs and symptoms of CRC in those below the screening age.
- Many of the critical issues that occur during treatment, fatigue, emotional and sexual health and financial worries persist after treatment has ended.
- The survey had certain limitations, including gender bias (89% female) and race/ethnicity bias (90% White/Caucasian). The Alliance plans to increase its outreach and enhance diversity among participants in future surveys.





Newcomer KL et al. Gastrointestinal Cancers Symposium 2021;Abstract 5.

# Safety and efficacy of anti–PD-1 antibody dostarlimab in patients (pts) with mismatch repair-deficient (dMMR) solid cancers: Results from GARNET study

**Thierry André**[1], Dominique Berton[2], Giuseppe Curigliano[3], Susan L. Ellard[4], Jose Manuel Trigo Perez[5], Hendrik-Tobias Arkenau[6], Cyril Abdeddaim[7], Victor Moreno[8], Wei Guo[9], Ellie Im[9], Naureen Starling[10]

[1]Sorbonne University and Saint-Antoine Hospital, Paris, France; [2]GINECO & Institut de Cancerologie de l'Ouest, Centre René Gauducheau, Saint-Herblain, France; [3]Division of Early Drug Development for Innovative Therapies, IEO, European Institute of Oncology IRCCS, and University of Milano, Milan, Italy; [4]BC Cancer-Kelowna, British Columbia, Canada; [5]Medical Oncology Department, Hospital Ramón y Cajal, Madrid, Spain; [6]Sarah Cannon Research Institute UK Limited, London, UK; [7]Centre de Lutte Contre le Cancer-Centre Oscar Lambret, Lille, France; [8]START Madrid-FJD, Fundación Jiménez Diaz Hospital, Madrid, Spain; [9]GlaxoSmithKline, Waltham, MA, USA; [10] Royal Marsden Hospital NHS Foundation Trust, London and Surrey, UK

Email: thierry.andre@aphp.fr

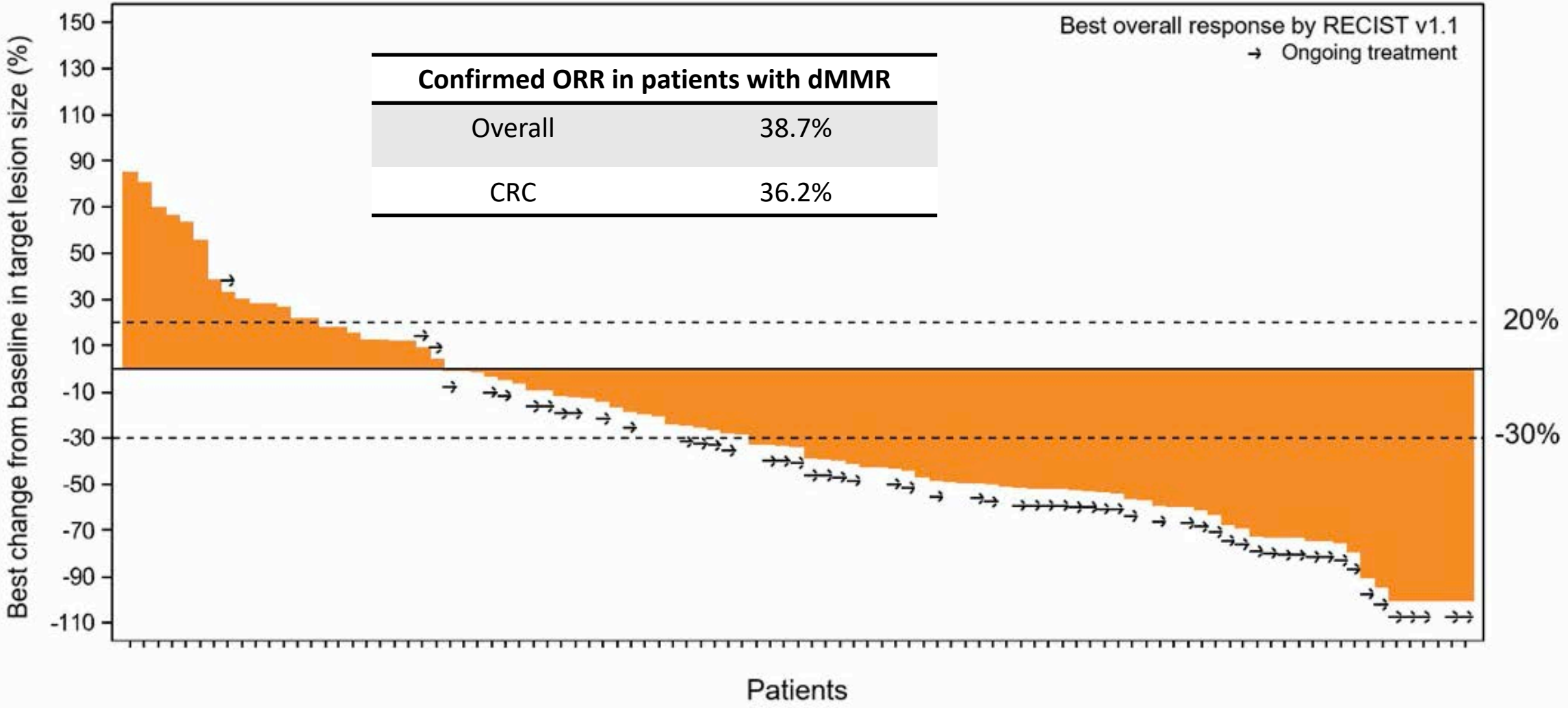
PRESENTED AT: Gastrointestinal Cancers Symposium



#GI21

# GARNET: Response and Best Change from Baseline in Target Lesion Size

| Confirmed ORR in patients with dMMR | |
|---|---|
| Overall | 38.7% |
| CRC | 36.2% |




André T et al. Gastrointestinal Cancers Symposium 2021;Abstract 9.

# GARNET: Conclusions

- Majority of patients were enrolled with advanced disease that had progressed on prior therapy with limited treatment options
  - These represent patients with a high unmet need
- Convenient schedule of administration (Q3W for 4 cycles then Q6W)
- Dostarlimab demonstrated durable antitumor activity in a cohort of patients with locally determined dMMR CRC and non-CRC solid tumors
  - Majority of this cohort were GI tumors (93.4% were GI tumors, 65% were CRC tumors)
  - Responses were seen across all tumor types
- No new safety signals were detected and most TRAEs were low grade
  - Only 3.5% of patients discontinued dostarlimab due to a TRAE
  - Grade ≥3 TRAEs occurred in 12 (8%) of patients
  - No deaths were attributed to dostarlimab
- Cohort is open for further enrollment
  - Follow-up is ongoing and will be reported at future data cuts
  - Data for the whole cohort with dMMR and MSI determination centrally will be reported in the future

André T et al. Gastrointestinal Cancers Symposium 2021;Abstract 9.

# Phase II study of ipilimumab, nivolumab, and panitumumab in patients with *KRAS/NRAS/BRAF* wild-type, microsatellite stable metastatic colorectal cancer

Michael S. Lee, Patrick J. Loehrer, Iman Imanirad, Stacey A. Cohen, Kristen Ciombor, Dominic T. Moore, Cheryl A. Carlson, Hanna K. Sanoff, Autumn J. McRee

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

UNC
LINEBERGER COMPREHENSIVE CANCER CENTER

PRESENTED AT: Gastrointestinal Cancers Symposium



#GI21

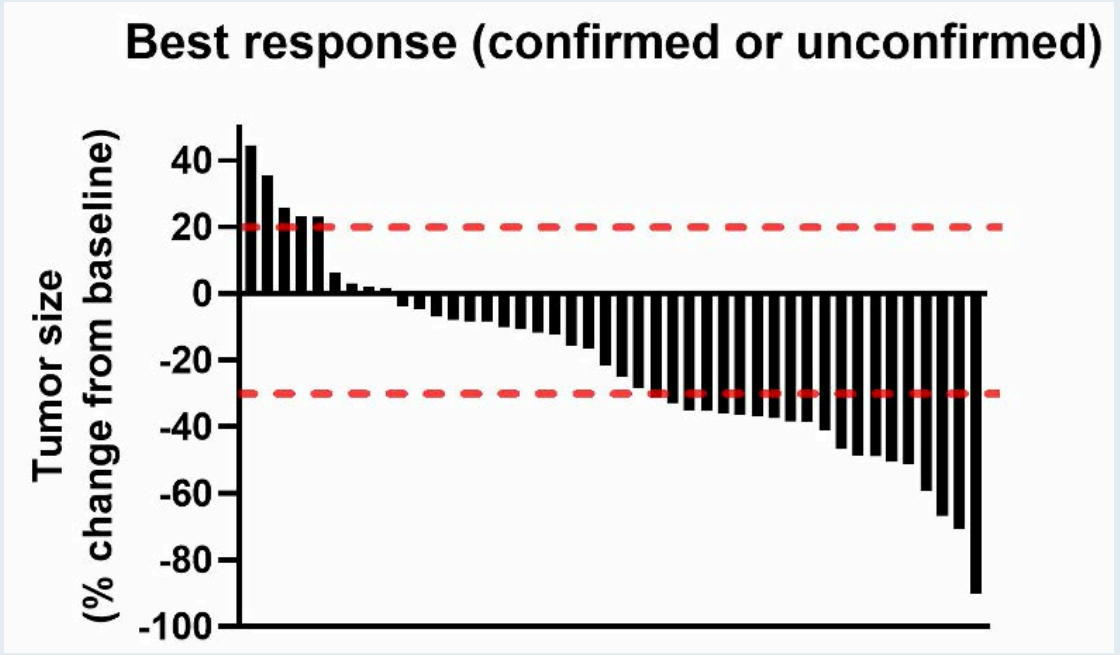
# Nivolumab/Ipilimumab/Panitumumab: Response and Tolerability

## Primary endpoint: Response rate at 12 weeks

| Response | % of evaluable subjects (Number) (n=49 evaluable) |
|---|---|
| Complete Response | 0% (0) |
| Partial Response | 35% (17) |
| Stable Disease | 43% (21) |
| Progression * | 22% (11) |

We prespecified that **17** 12-week responders would merit further investigation
Therefore the study met its primary endpoint

| Toxicity | % (number) |
|---|---|
| Hypomagnesemia | 11% (6) |
| Rash acneiform | 11% (6) |
| Lipase increased | 9% (5) |
| Amylase increased | 7% (4) |
| ALT increased | 5% (3) |
| AST increased | 5% (3) |
| Diarrhea | 5% (3) |
| Hypophosphatemia | 5% (3) |
| Rash - maculopapular | 5% (3) |




Lee MS et al. Gastrointestinal Cancers Symposium 2021;Abstract 7.

# Phase II study of pembrolizumab plus capecitabine and bevacizumab in microsatellite stable (MSS) metastatic colorectal cancer (mCRC): interim analysis

Authors: Andrea Bocobo, Renee Wang, Spencer C. Behr, Julia Carnevale, Pelin Cinar, Eric A. Collisson, Lawrence Fong, Wesley Kidder, Andrew Ko, Pallav K. Kolli, Megan K. Kennedy, Angela Laffan, Sheila Lindsay, Sneha Nalla, Gabriel P. Schwartz, Julia Whitman, Patricia Zendejas, Li Zhang, Katherine Van Loon, Chloe E. Atreya

University of California, San Francisco, Helen Diller Family Comprehensive Cancer Center

PRESENTED AT: Gastrointestinal Cancers Symposium



PRESENTED BY: Andrea Bocobo

#GI21

# Pembrolizumab with Capecitabine/Bevacizumab for MSS mCRC

**Table 5: Radiographic Response by RECIST 1.1**

| | Total N = 29 |
|---|---|
| Evaluable by RECIST 1.1, n (%) | 24 (83%)[1] |
| Best response by RECIST 1.1, n (%) | |
| Partial response | 2 (8%) |
| Stable disease | 14 (59%) |
| Progressive disease | 8 (33%) |

[1] 5 patients were unevaluable by RECIST 1.1 at the 12/07/2020 data cutoff: 4 patients discontinued treatment due to clinical progression prior to restaging; 1 patient had not yet completed restaging scans.

- Combination of **pembrolizumab with capecitabine and bevacizumab** was found to be **tolerable** with **an expected toxicity profile** in **MSS mCRC** patients.
- With **2 responses**, the study met interim analysis criteria to continue accrual.
- Tissue and blood-based immune correlatives are planned.

**Table 4: Adverse Events (AEs)**

| Treatment-related AEs | Total (N = 26)[1] n (%) | |
|---|---|---|
| | Grades 1-2[2] | Grade ≥ 3 |
| Patients with any treatment-related AEs | 25 (96%) | 10 (38%)[3] |
| Fatigue | 17 (65%) | 0 (0%) |
| Palmar-plantar erythrodysesthesia | 16 (62%) | 0 (0%) |
| Nausea | 11 (42%) | 0 (0%) |
| Rash | 10 (38%) | 0 (0%) |
| Mucositis | 8 (31%) | 0 (0%) |
| Diarrhea | 8 (31%) | 1 (4%) |
| Anorexia | 8 (31%) | 0 (0%) |
| Skin hyperpigmentation | 8 (31%) | 0 (0%) |
| Vomiting | 7 (27%) | 0 (0%) |
| Dry skin | 7 (27%) | 0 (0%) |
| Constipation | 6 (23%) | 0 (0%) |
| **Immune-related AEs** | **Grades 1-2** | **Grade ≥ 3** |
| Patients with any immune-related AEs[4] | 5 (19%) | 0 (0%) |
| Rash | 3 (12%) | 0 (0%) |
| Hypothyroidism | 2 (8%) | 0 (0%) |
| Adrenal insufficiency | 1 (4%) | 0 (0%) |
| Diarrhea | 1 (4%) | 0 (0%) |

Bocobo A et al. Gastrointestinal Cancers Symposium 2021;Abstract 77.

RTP RESEARCH TO PRACTICE

# LEAP-005: A Phase II Multicohort Study of Lenvatinib plus Pembrolizumab in Patients with Previously Treated Selected Solid Tumors — Results from the Colorectal Cancer Cohort

Gomez-Roca C et al.

Gastrointestinal Cancers Symposium 2021;Abstract 94.

# LEAP-005: Results from the Colorectal Cancer Cohort

| Efficacy | N = 32 |
|---|---|
| Overall response rate | 22% |
| Disease control rate | 47% |
| Median duration of response | Not reached |
| Median progression-free survival | 2.3 months |
| Median overall survival | 7.5 months |

**Author Conclusions:** *"In pts with previously treated advanced non–MSI-H/pMMR colorectal cancer, lenvatinib plus pembro demonstrated promising antitumor activity and a manageable safety profile. Enrollment in the colorectal cohort was expanded to 100 pts".*

Gomez-Roca C et al. Gastrointestinal Cancers Symposium 2021;Abstract 94.

# Phase Ib/II open-label, randomized evaluation of efficacy and safety of atezolizumab + isatuximab vs regorafenib in MORPHEUS-colorectal cancer

Jayesh Desai,[1] Marwan Fakih,[2] Katrina Pedersen,[3] Yong Sang Hong,[4] Neil H. Segal,[5] Simon Allen,[6] Lorna Bailey,[7] Christelle Lenain,[8] Danny Lu,[9] Pakeeza Sayyed,[8] Jochen Schulze,[8] Michael Cecchini,[10]

[1]Peter MacCallum Cancer Centre, Victoria, Australia; [2]City of Hope National Medical Center, Duarte, CA, USA; [3]Washington University School of Medicine, St. Louis, MO, USA; [4]Asan Medical Center, University of Ulsan College of Medicine, Seoul, Republic of Korea; [5]Memorial Sloan Kettering Cancer Center, New York, NY, USA; [6]Genentech, Inc., South San Francisco, CA, USA; [7]Roche Products Limited, Welwyn, UK; [8]F. Hoffmann-La Roche AG, Basel, Switzerland; [9]Hoffmann-La Roche Limited, Mississauga, Canada; [10]Yale Cancer Center, New Haven, CT, USA.

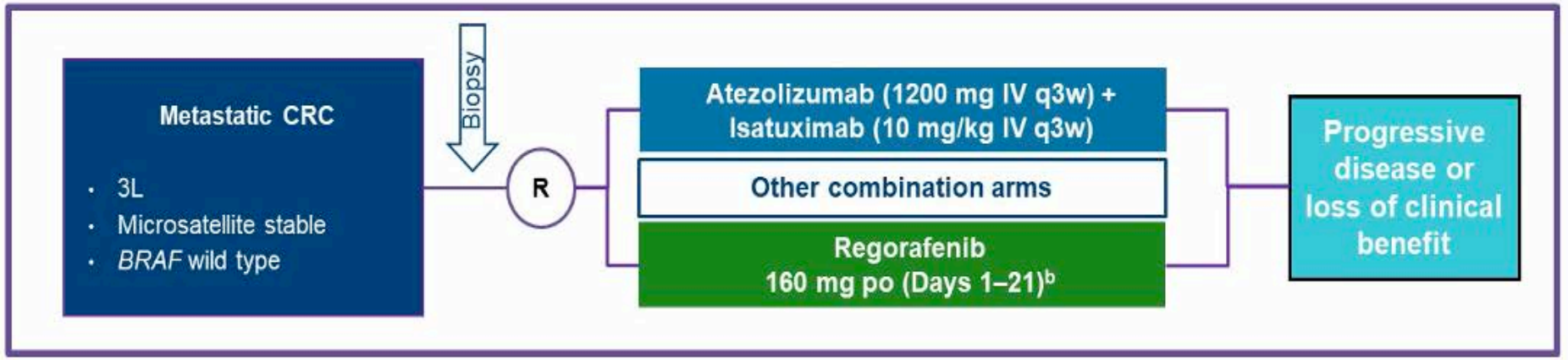
PRESENTED AT: Gastrointestinal Cancers Symposium



#GI21

Presented By Jayesh Desai at 2021 Gastrointestinal Cancers Symposium

# MORPHEUS: Study Design and Conclusions




**Primary endpoint**
- ORR per INV RECIST 1.1

**Key secondary endpoints**
- PFS per INV RECIST 1.1
- OS
- DCR
- Safety

## Conclusions

- The atezolizumab + isatuximab combination was well tolerated, with a manageable safety profile
  - The safety profile for this treatment arm was consistent with the known safety profile of the individual study treatments, and no new safety signals were observed
- The atezolizumab + isatuximab combination did not show increased clinical activity compared with regorafenib
- Overall, no correlation was observed between the biomarker data and efficacy

Desai J et al. Gastrointestinal Cancers Symposium 2021;Abstract 82.

# Updated Data from the alloSHRINK Phase 1 First-in-Human Study Evaluating CYAD-101, an Innovative Non-Gene-Edited Allogeneic CAR-T, in Metastatic Colorectal Cancer

**Hans Prenen**, Jeroen Dekervel, Alain Hendlisz, Sébastien Anguille, Awada Ahmad, Emilie Cerf, Caroline Lonez, Eytan Breman, Marie-Sophie Dheur, Erik Alcantar-Orozco, David E. Gilham, Anne Flament, Frédéric F. Lehmann, Eric Van Cutsem

Scan to download the poster



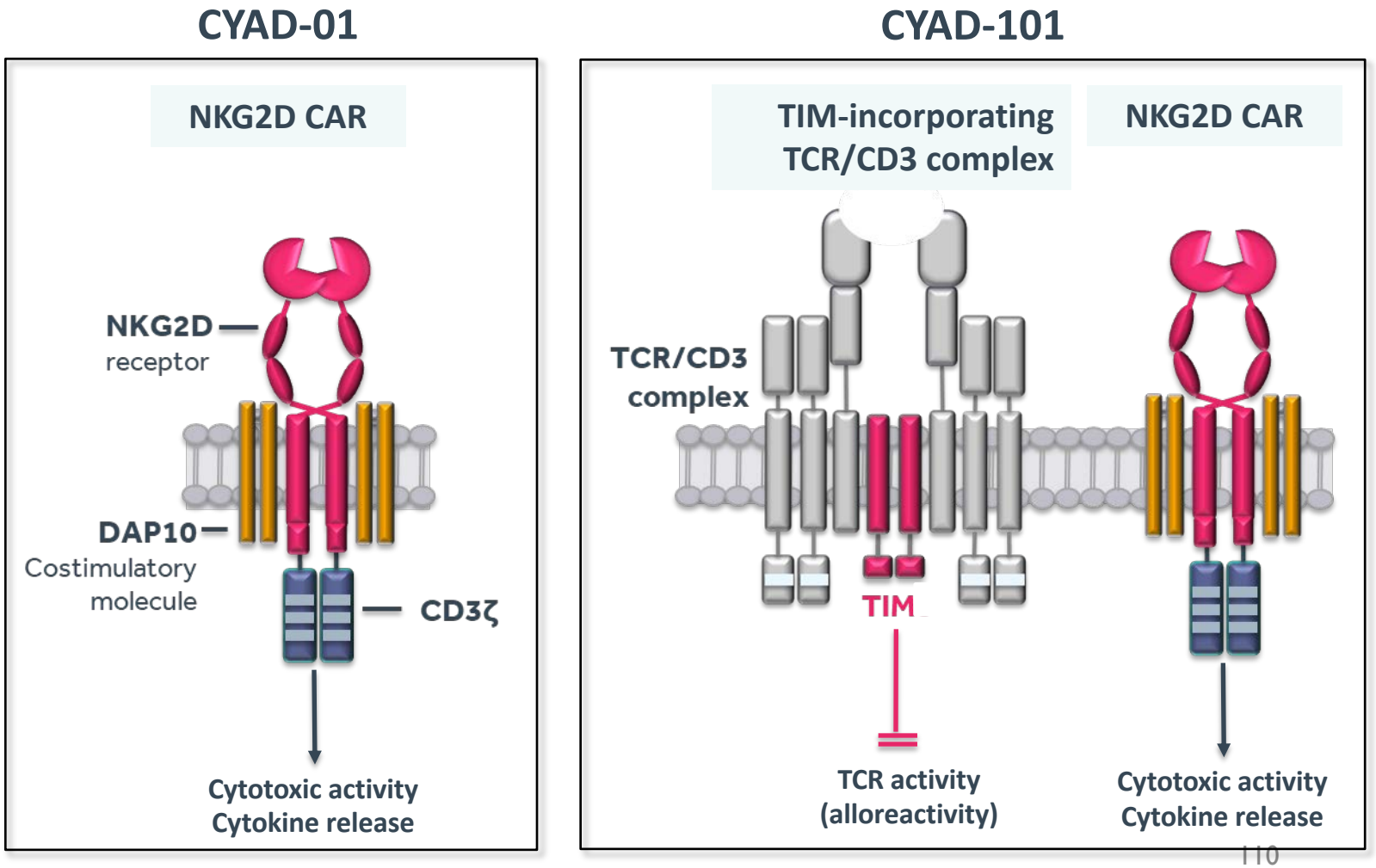
PRESENTED AT: Gastrointestinal Cancers Symposium



#GI21

# Two NKG2D CAR T-cells: autologous CYAD-01 and allogeneic CYAD-101

- **NKG2D** is an activating receptor expressed on natural killer (NK) cells which binds up to eight ligands expressed on a broad range of malignancies and absent in normal tissues
- **CYAD-01** are **<u>autologous</u>** (patient's own cells) NKG2D-CD3ζ chimeric antigen receptor (CAR) T-cells
- **CYAD-101** are **<u>allogeneic</u>** (healthy donor-derived) NKG2D-CD3ζ CAR T-cells co-expressing a TCR inhibitory molecule (TIM) to reduce the alloreactivity

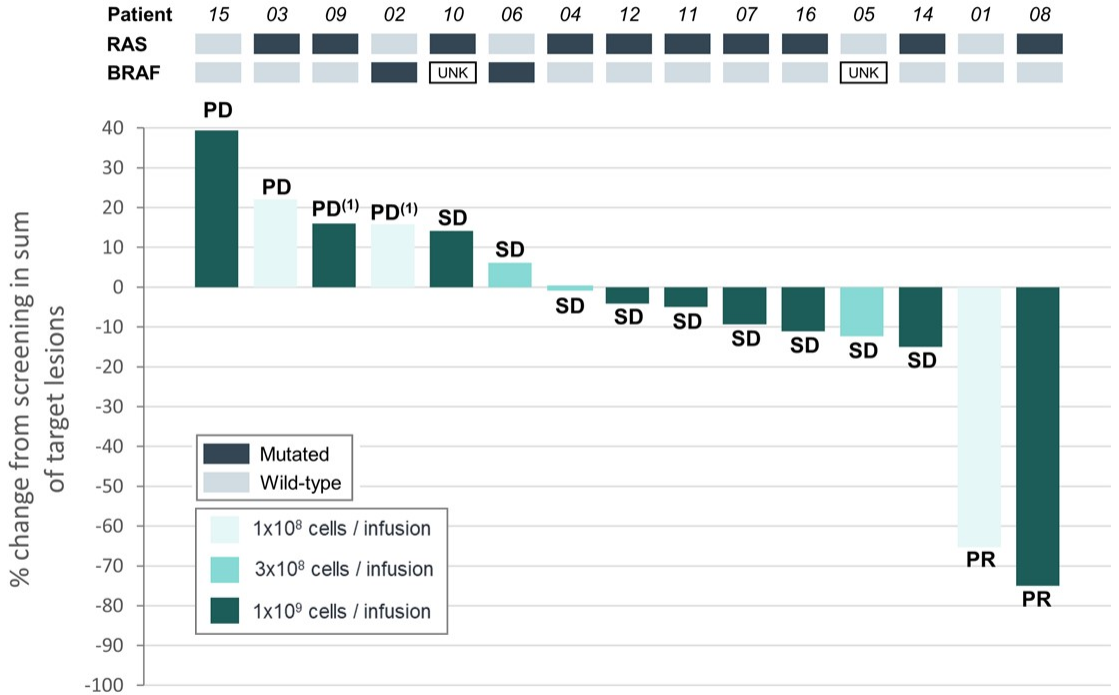



Courtesy of Eric Van Cutsem, MD, PhD

Van Cutsem E et al, Ann Oncol 2019, ESMO GI/WCGIC S-009

# Updated data from the alloSHRINK Phase 1 First-in-Human Study evaluating CYAD-101, an innovative Non-Gene-Edited Allogeneic CAR-T, in mCRC

## Results – change of target lesions




PR: Partial response; SD: Stable disease; PD: Progressive disease; UNK: Unknown. (1) Progression of non-target lesions.

- At the highest CYAD-101 dose level (n = 9), **6 patients** have shown some evidence of **tumor control** by RECIST 1.1 criteria
- The **median progression free-survival** is **3.94 months** (range: 1.2-8.1 months)
- The **overall survival** is **10.58 months** (range: 1.9-18.7 months)



PRESENTED AT: Gastrointestinal Cancers Symposium



PRESENTED BY: Hans Prenen, University Hospital Antwerp

#GI21

Courtesy of Eric Van Cutsem, MD, PhD

# alloSHRINK: Phase I Study of the Non-Gene-Edited Allogeneic CAR T-Cell Agent CYAD-101 in mCRC

## CONCLUSIONS

- At the highest CYAD-101 dose level, six of nine patients have shown some evidence of tumor control by RECIST 1.1 criteria.
- Within this limited dataset, in the patients achieving SD or PR, there was evidence of new T-cell clones entering the hyper-expanded TCR repertoire post-treatment. Moreover, an interesting elevation of Luminex score was observed in the patient with durable partial response after first and second infusions of CYAD-101.
- Pre-clinical studies[2,3] have shown that CAR T-cell treatment employing the NKG2D receptor-based CAR utilizes both direct anti-tumor activity and elicits the host endogenous immune response. Our observations imply that modulation of the endogenous immune response may be an important mechanism of action of CYAD-101 in mCRC patients. Further testing will be pursued in the on-going expansion phase of the alloSHRINK clinical study to confirm our findings.
- The clinical evaluation of CYAD-101 with therapeutic modalities possessing complementary mechanisms of action, such as checkpoint inhibitors, is strongly warranted and is now being pursued in the KEYNOTE-B79 clinical study due to initiate in 2021.

Prenen H et al. Gastrointestinal Cancers Symposium 2021;Abstract 74.

# Second Primary Colorectal Cancer (SPCRC) in Patients with Sporadic Deficient Mismatch Repair (dMMR) Colorectal Cancer (CRC)

Alidina A et al.

Gastrointestinal Cancers Symposium 2021;Abstract 45.

# SPCRC in Patients with Sporadic dMMR CRC

## Characteristics of SPCRC Cases

| | Primary dMMR, n = 11 | Primary pMMR, n = 27 | P value |
|---|---|---|---|
| SPCRC site | | | |
| Right | 4 (36%) | 7 (26%) | 0.49 |
| Left | 6 (56%) | 13 (48%) | |
| Rectum | 1 (9%) | 7 (26%) | |
| SPCRC MMR status | | | |
| dMMR | 7 (64%) | 7 (26%) | 0.019 |
| pMMR | 2 (16%) | 17 (63%) | |
| Unknown | 2 (16%) | 3 (11%) | |
| SPCRC stage I-III | 10 (91%) | 22 (81%) | 0.65 |
| SPCRC screen detected | 8 (73%) | 20 (74%) | 1 |

## Conclusions:

**Patients with an initial dMMR CRC were older and more often had a right sided primary.**

**Patients with sporadic dMMR CRC had an elevated risk of SPCRC compared to those with a pMMR CRC.**

**If further data confirms this elevated SPCRC risk, increased colonoscopic surveillance of patients presenting with an initial sporadic dMMR cancer could be considered, where clinically appropriate.**

Alidina A et al. Gastrointestinal Cancers Symposium 2021;Abstract 45.

RTP RESEARCH TO PRACTICE

# Current Concepts and Recent Advances in Oncology

## *Real World Oncology Rounds*

### A Daylong Clinical Summit Hosted in Partnership with North Carolina Oncology Association (NCOA) and South Carolina Oncology Society (SCOS)

## Saturday, February 13, 2021

## 8:30 AM – 4:30 PM ET

RTP RESEARCH TO PRACTICE

# Saturday, February 13, 2021

## 8:30 AM — Chronic Lymphocytic Leukemia and Lymphomas

**John Pagel, Mitchell Smith**

## 9:30 AM — Multiple Myeloma

**Paul Richardson, Peter Voorhees**

## 10:45 AM — Genitourinary Cancers

**Robert Dreicer, Daniel Petrylak**

## 11:45 AM — Lung Cancer

**Justin Gainor, Heather Wakelee**

RTP RESEARCH TO PRACTICE

# Saturday, February 13, 2021

## 1:15 PM — Gastrointestinal Cancers

**Philip Philip, Eric Van Cutsem**

## 2:15 PM — Breast Cancer

**Sara Hurvitz, Ian Krop**

## 3:30 PM — Acute Myeloid Leukemia and Myelodysplastic Syndromes

**Courtney DiNardo, Alexander Perl**

RTP
RESEARCH
TO PRACTICE

*Thank you for joining us!*

*CME credit information will be emailed to each participant within 3 business days.*

RTP
RESEARCH
TO PRACTICE