Ask the Investigators: Applying Emerging Clinical Research to the Care of Patients with Gastroesophageal Cancers

A Satellite Educational Symposium Held in Conjunction with the 2021 AACR Virtual Annual Meeting

Monday, April 12, 2021
6:30 PM – 7:30 PM ET

Faculty

Joseph Chao, MD
Yelena Y Janjigian, MD

Moderator

Neil Love, MD

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Faculty

Joseph Chao, MD
Associate Clinical Professor
Department of Medical Oncology and Therapeutics Research
GI Medical Oncology Section
City of Hope Comprehensive Cancer Center
Duarte, California

Yelena Y Janjigian, MD
Associate Attending Physician
Associate Professor, Weill Cornell Medical College
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Memorial Sloan Kettering Cancer Center
New York, New York

Commercial Support

This activity is supported by educational grants from AstraZeneca Pharmaceuticals LP, Daiichi Sankyo Inc and Five Prime Therapeutics Inc.

Dr Love — Disclosures

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Dr Chao — Disclosures

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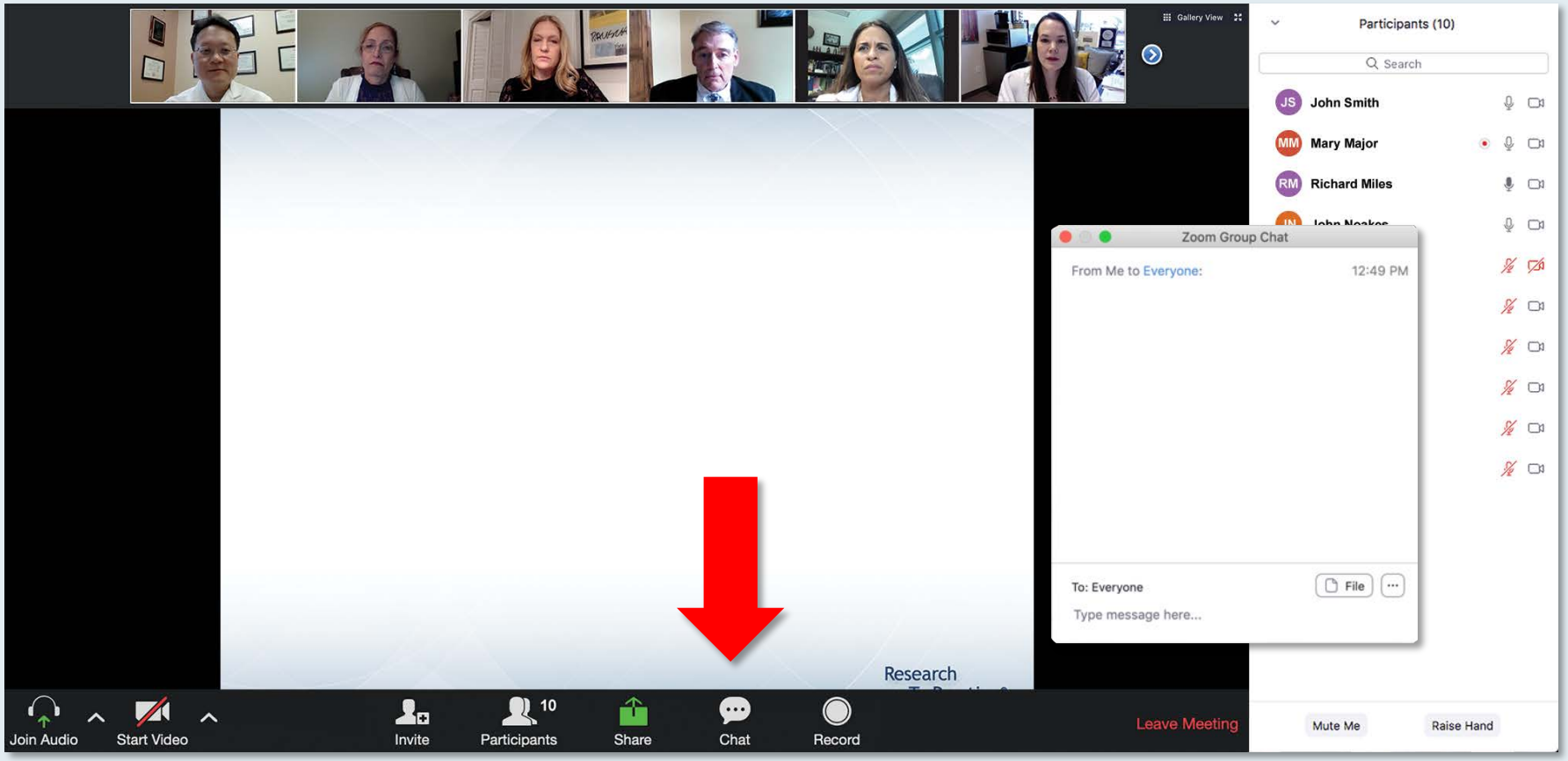
We Encourage Clinicians in Practice to Submit Questions



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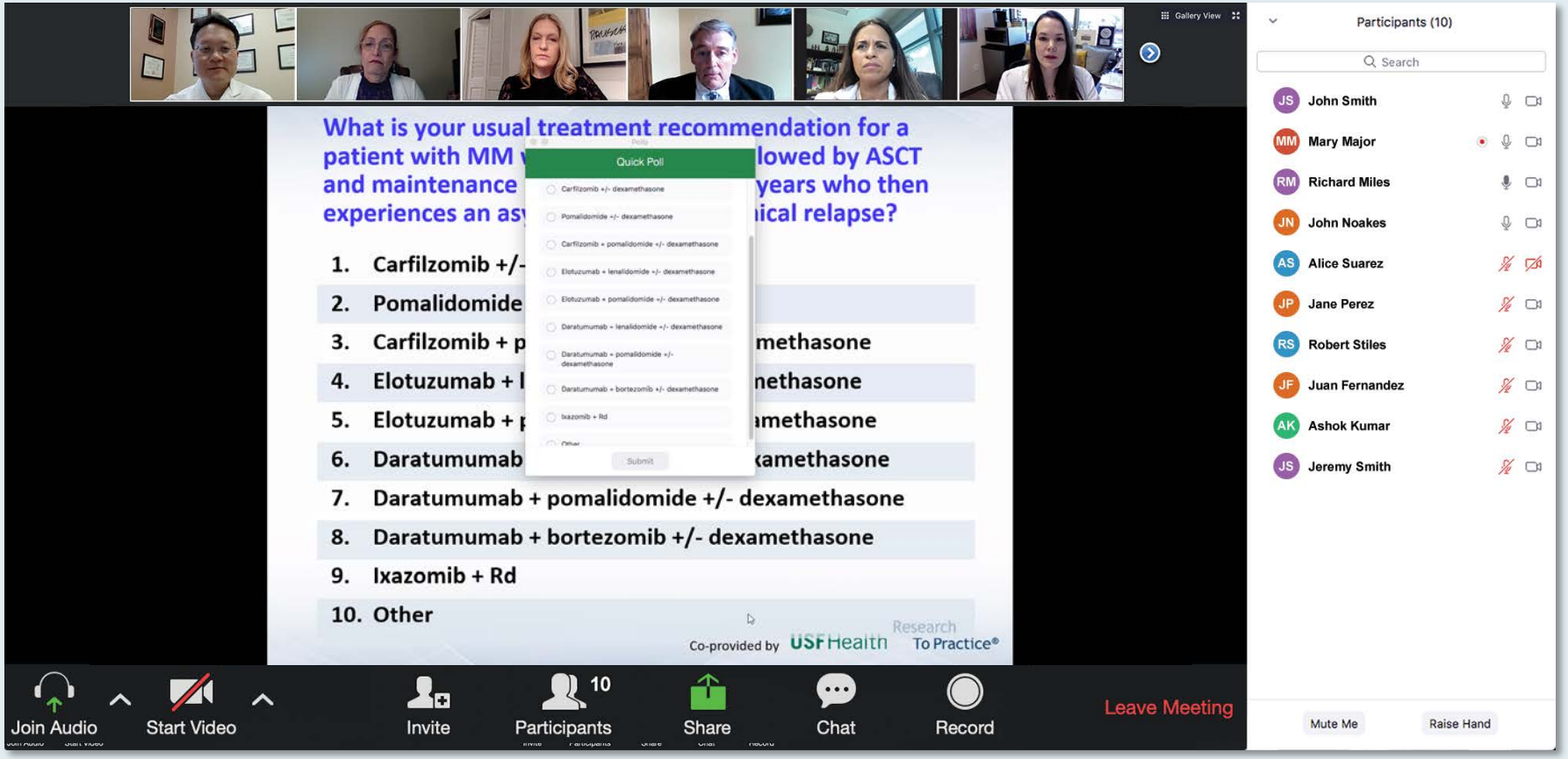
Familiarizing Yourself with the Zoom Interface

How to answer poll questions



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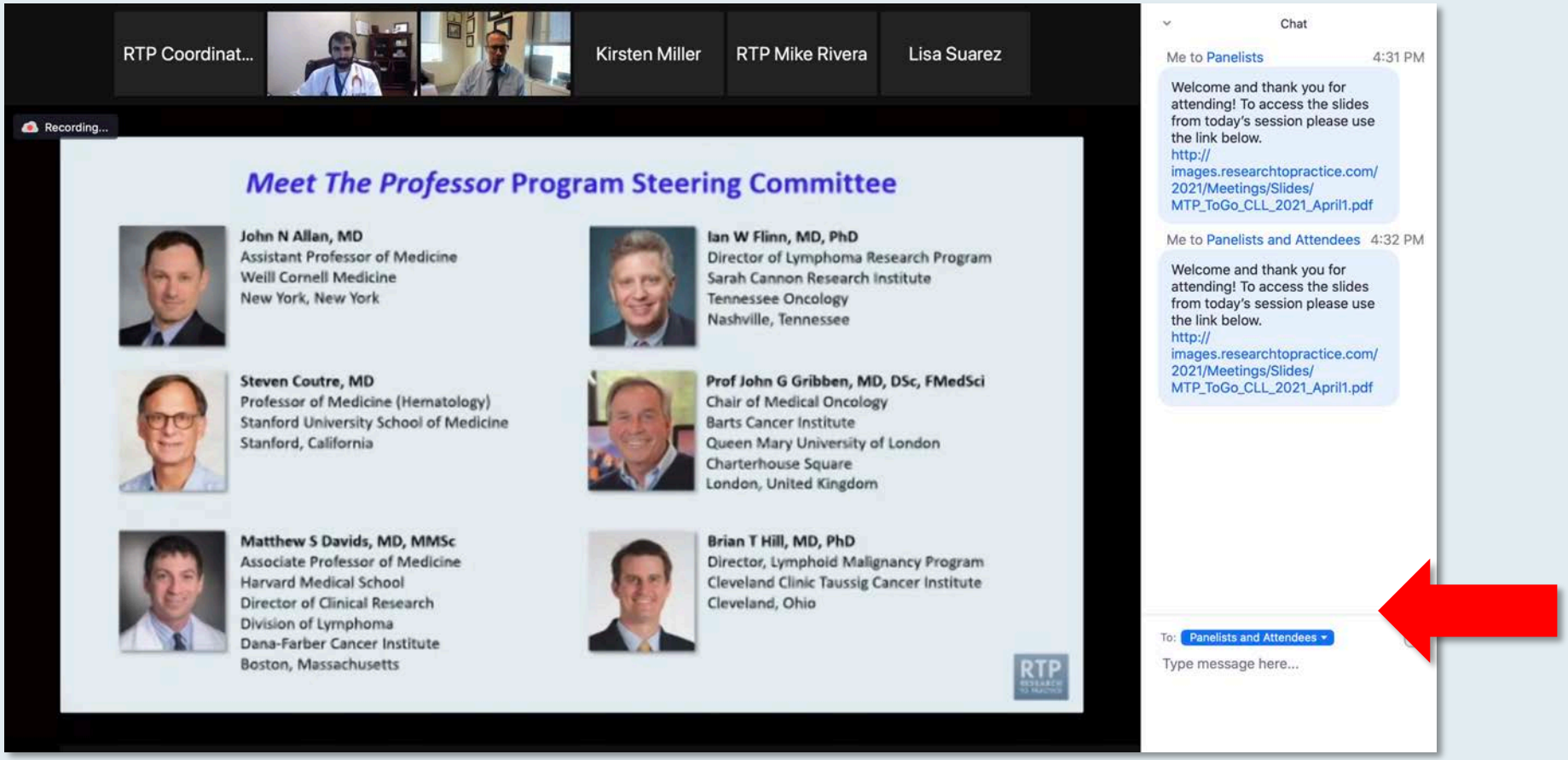

Drag the white line above the submission box up to create more space for your message.

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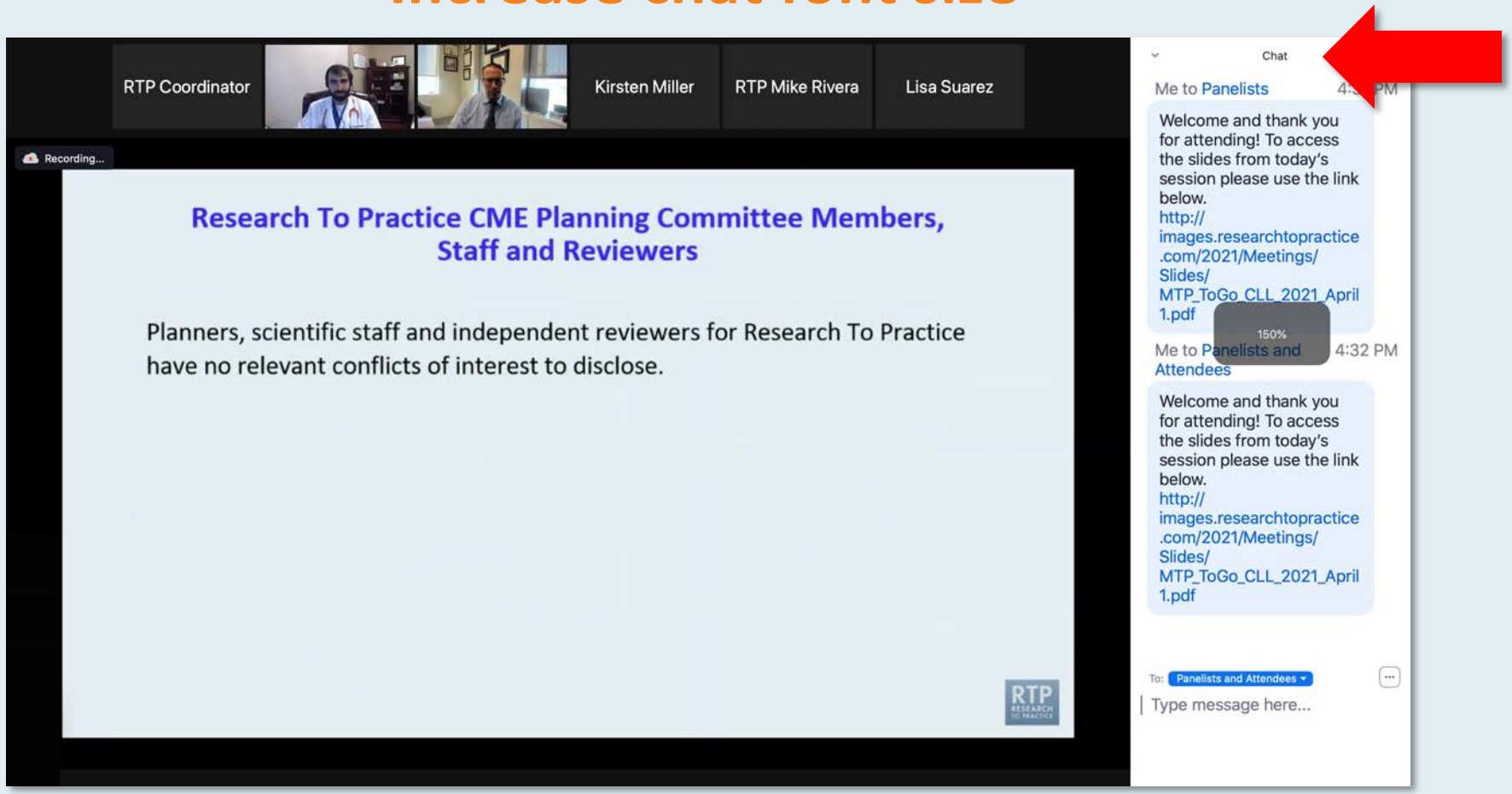
Increase chat font size



Press Command (for Mac) or Control (for PC) and the + symbol.
You may do this as many times as you need for readability.

ONCOLOGY TODAY

WITH DR NEIL LOVE

Key Recent Data Sets in Gastrointestinal Cancers

DR PHILIP A PHILIP

KARMANOS CANCER INSTITUTE

WAYNE STATE UNIVERSITY

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Meet The Professor

Management of Chronic Lymphocytic Leukemia

Thursday, April 15, 2021
5:00 PM – 6:00 PM ET

Faculty

John N Allan, MD

Moderator

Neil Love, MD

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Dissecting the Decision: Investigator Perspectives on Key Issues in the Management of Common Cancers

A Complimentary NCPD Live Webinar Series Hosted in Conjunction with the 46th Annual ONS Congress

Breast Cancer
Tuesday, April 20, 2021
8:30 AM – 10:00 AM ET

Non-Small Cell Lung Cancer
Tuesday, April 20, 2021
5:00 PM – 6:30 PM ET

Acute Myeloid Leukemia
Wednesday, April 21, 2021
12:00 PM – 1:00 PM ET

Colorectal and Gastroesophageal Cancers
Wednesday, April 21, 2021
4:45 PM – 5:45 PM ET

Prostate Cancer
Thursday, April 22, 2021
8:30 AM – 10:00 AM ET

Hodgkin and Non-Hodgkin Lymphomas
Thursday, April 22, 2021
5:00 PM – 6:30 PM ET

Multiple Myeloma
Tuesday, April 27, 2021
8:30 AM – 10:00 AM ET

Gynecologic Cancers
Tuesday, April 27, 2021
5:00 PM – 6:30 PM ET

Urothelial Bladder Carcinoma
Wednesday, April 28, 2021
12:00 PM – 1:00 PM ET

Chronic Lymphocytic Lymphoma
Thursday, April 29, 2021
8:30 AM – 10:00 AM ET

Chimeric Antigen Receptor T-Cell Therapy
Thursday, April 29, 2021
5:00 PM – 6:30 PM ET

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Ask the Expert: Clinical Investigators Provide Perspectives on the Management of Renal Cell Carcinoma

In Partnership with Project Echo® and Florida Cancer Specialists

Tuesday, May 4, 2021
5:00 PM – 6:00 PM ET

Faculty

Chung-Han Lee, MD, PhD

Moderator

Neil Love, MD

Thank you for joining us!

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

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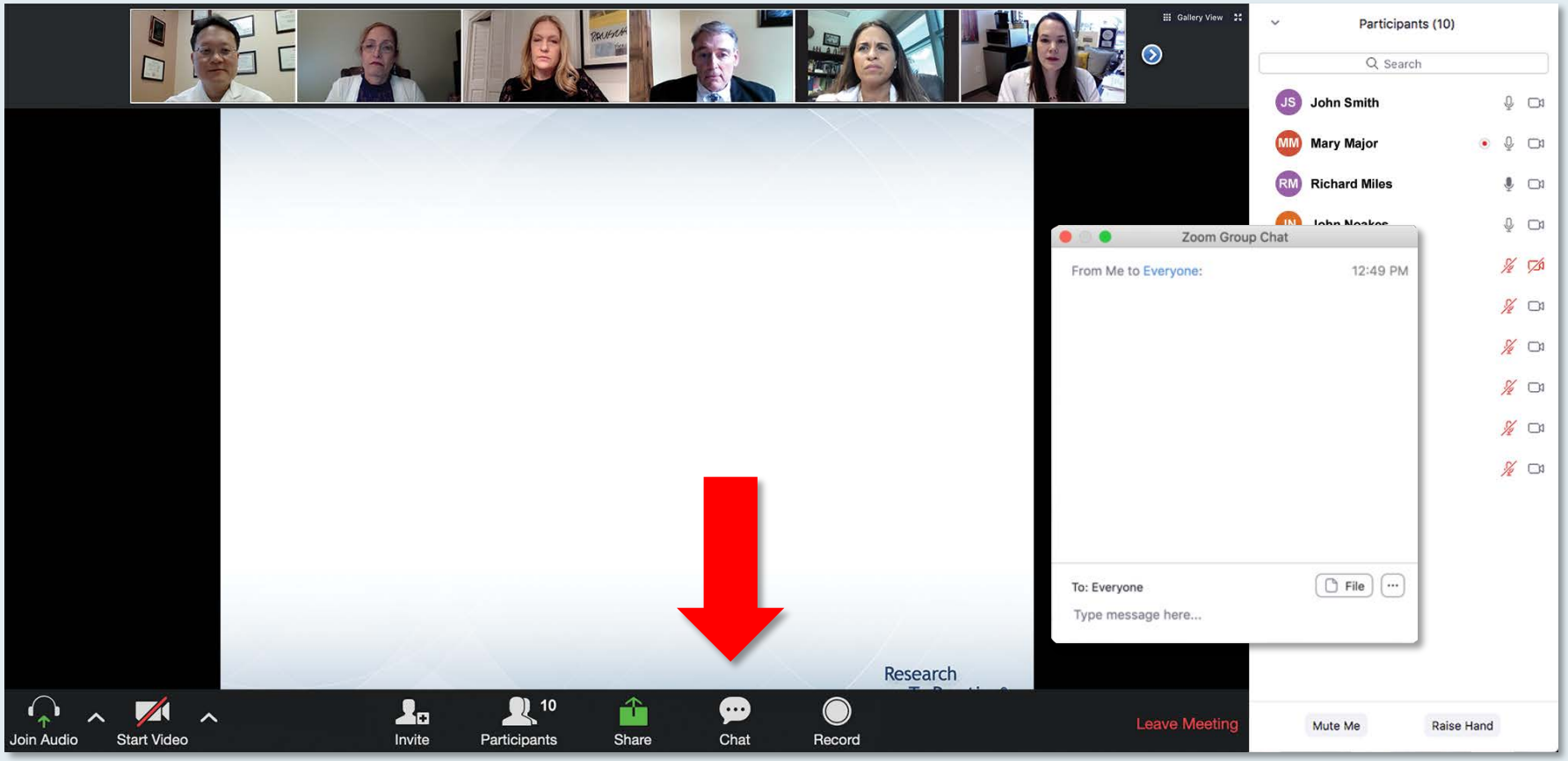

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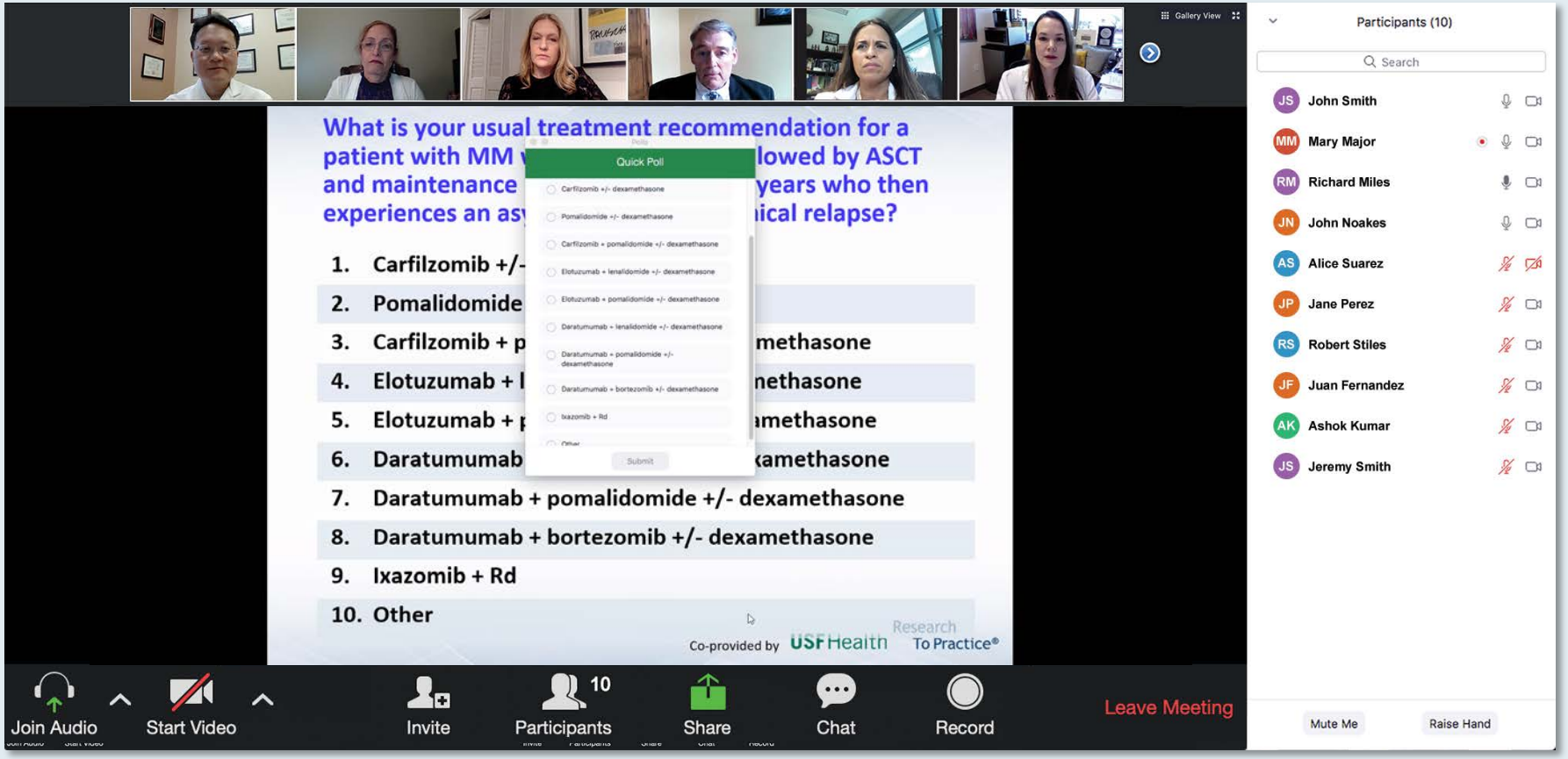

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Daniel Catenacci, MD
Associate Professor, Department of Medicine, Section of Hematology and Oncology
Director, Interdisciplinary Gastrointestinal Oncology Program
Assistant Director, Translational Research, Comprehensive Cancer Center
The University of Chicago Medical Center and Biological Sciences
Chicago, Illinois

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Agenda

Cases from the Practice of Dr Catenacci

Case 1: A 54-year-old man with MSS metastatic GEJ adenocarcinoma – PD-L1 CPS 20, HER2-negative

Case 2: A 56-year-old man with localized adenocarcinoma of the esophagus – MSS, PD-L1 CPS 10

Case 3: A 68-year-old man with relapsed MSS adenocarcinoma of the esophagus – HER2-positive, PD-L1 CPS 0

Case 4: A 35-year-old woman with relapsed metastatic gastric cancer and disease progression on T-DXd

Case 5: A 68-year-old man with newly diagnosed metastatic GEJ cancer with an FGFR2b mutation

Case 6: A 66-year-old woman with metastatic squamous cell carcinoma of the esophagus – PD-L1 CPS 50

Case 7: A 64-year-old man with GEJ cancer and COVID-19 vaccine-associated imaging issues

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Case Presentation – A 54-year-old man with microsatellite-stable metastatic gastroesophageal junction adenocarcinoma – PD-L1 CPS 20, HER2-negative

Dr Daniel Catenacci

- Presents with dysphagia and 10-pound weight loss
  - Imaging shows liver lesions and EGD reveals mass at the GEJ
  - GEJ and liver biopsy results consistent with adenocarcinoma
- FOLFOX + pembrolizumab (400mg q6weeks) initiated
- Restaging CT demonstrates stable disease
- Therapy continued with 5-FU and pembrolizumab maintenance
  - Progressive disease at 8 months
- Patient switched to 2nd line FOLFIRI + ramucirumab

Questions

- Do you use nivolumab or pembrolizumab for GEJ adenocarcinoma? Do you prefer cisplatin or oxaliplatin as a backbone chemotherapy?
- What dosing do you use for pembrolizumab when administering FOLFOX backbone chemotherapy?

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FDA Approves Pembrolizumab in Combination with Chemotherapy for Esophageal or GEJ Carcinoma

Press Release – March 22, 2021

"On March 22, 2021, the Food and Drug Administration approved pembrolizumab in combination with platinum and fluoropyrimidine-based chemotherapy for patients with metastatic or locally advanced esophageal or gastroesophageal (GEJ) (tumors with epicenter 1 to 5 centimeters above the gastroesophageal junction) carcinoma who are not candidates for surgical resection or definitive chemoradiation.

Efficacy was evaluated in KEYNOTE-590 (NCT03189719), a multicenter, randomized, placebo-controlled trial that enrolled 749 patients with metastatic or locally advanced esophageal or gastroesophageal junction carcinoma who were not candidates for surgical resection or definitive chemoradiation.

The recommended pembrolizumab dose for esophageal cancer is 200 mg every 3 weeks or 400 mg every 6 weeks."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-pembrolizumab-esophageal-or-gej-carcinoma?utm_medium=email&utm_source=govdelivery

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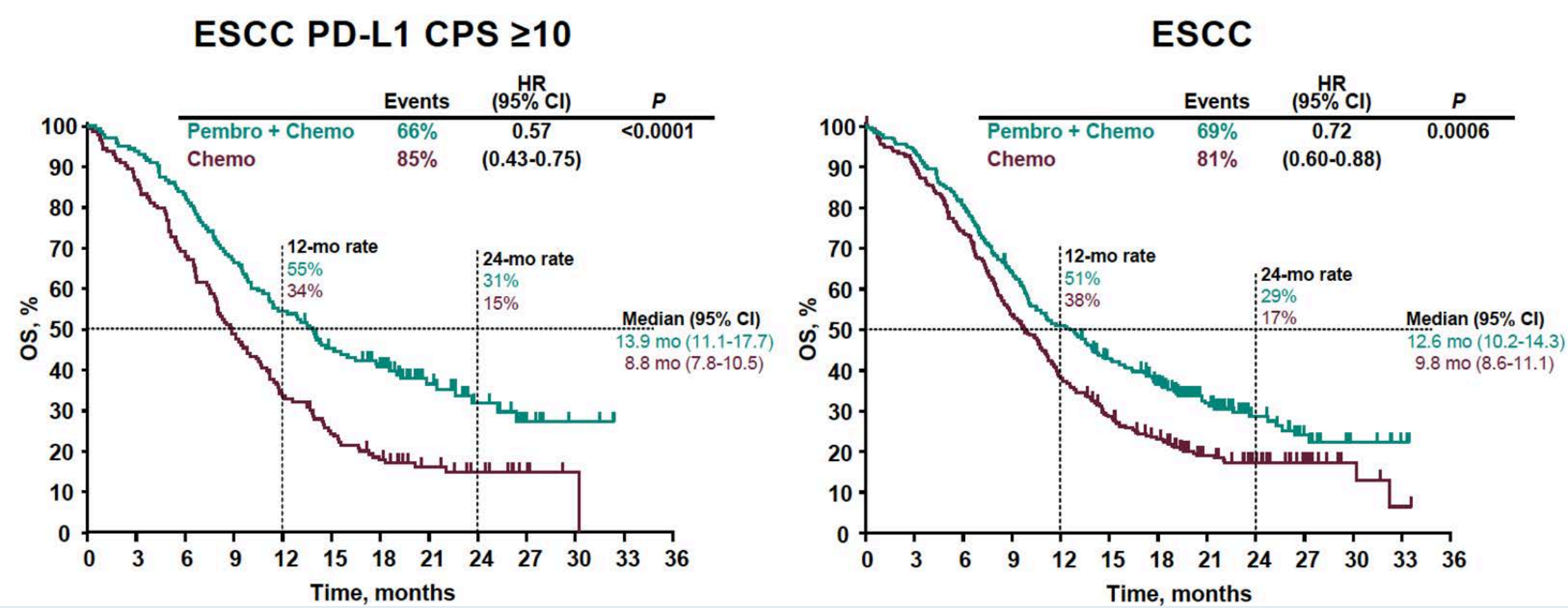
Pembrolizumab plus Chemotherapy versus Chemotherapy as First-Line Therapy in Patients with Advanced Esophageal Cancer: The Phase 3 KEYNOTE-590 Study

Kato K et al.

ESMO 2020;Abstract LBA8_PR.

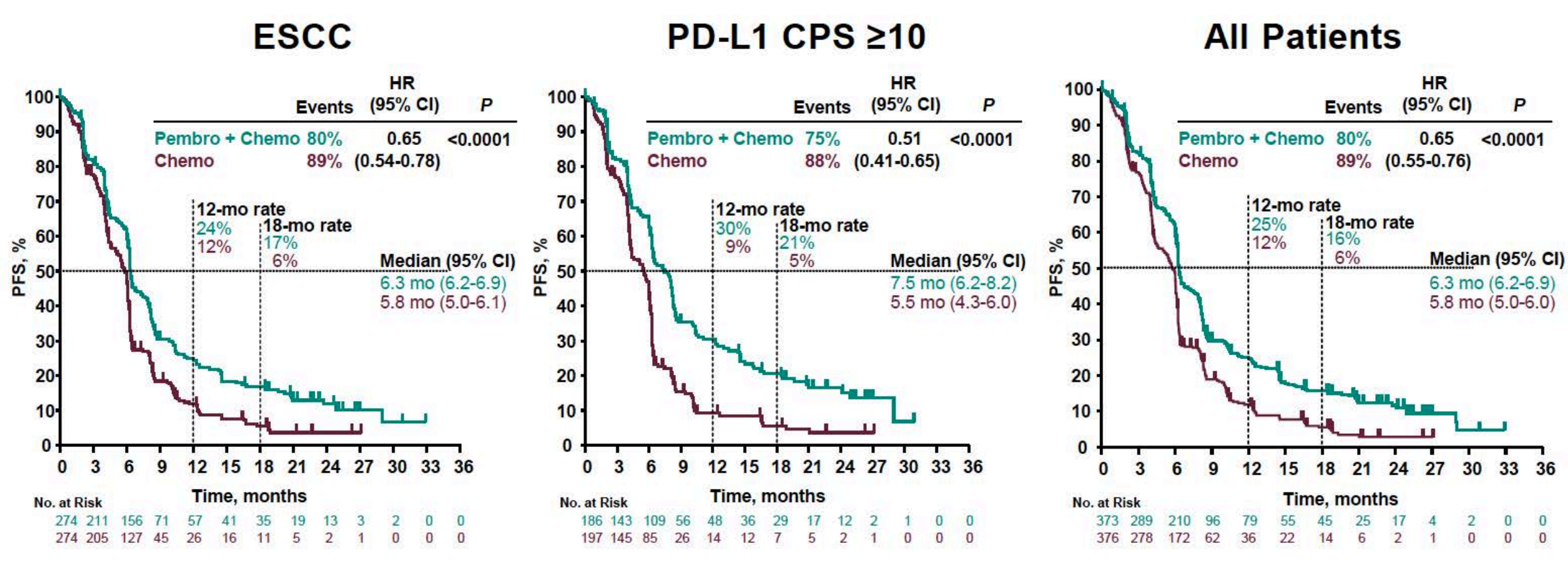
KEYNOTE-590: Overall Survival



Median OS	Pembro + chemo	Chemo	HR (*p*-value)
All patients	12.4 mo	9.8 mo	0.73 (<0.0001)
PD-L1 CPS ≥10	13.5 mo	9.4 mo	0.62 (<0.0001)

Kato K et al. ESMO 2020;Abstract LBA8_PR.

KEYNOTE-590: Progression-Free Survival



Kato K et al. ESMO 2020;Abstract LBA8_PR.

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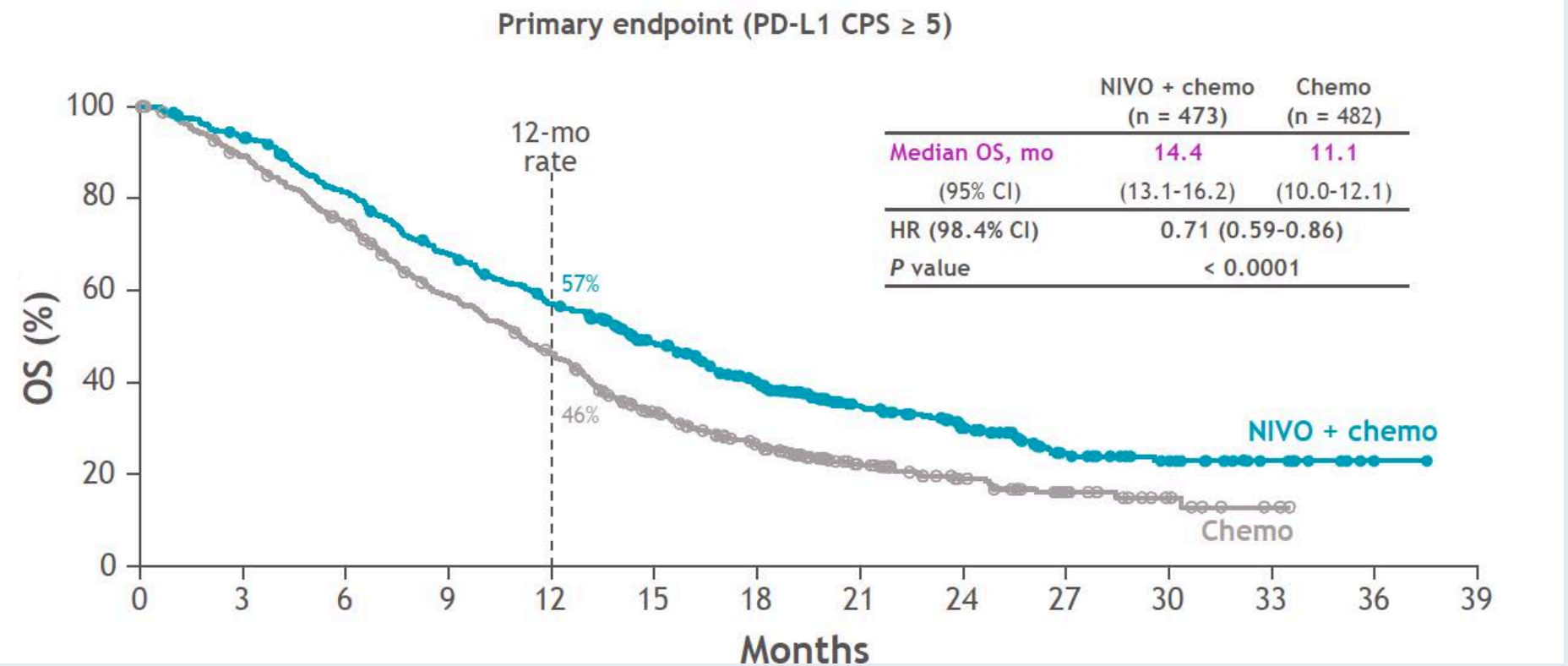
Nivolumab (Nivo) plus Chemotherapy (Chemo) versus Chemo as First-Line (1L) Treatment for Advanced Gastric Cancer/Gastroesophageal Junction Cancer (GC/GEJC)/Esophageal Adenocarcinoma (EAC): First Results of the CheckMate 649 Study

Moehler M et al.

ESMO 2020;Abstract LBA6.

CheckMate 649: Overall Survival



Median OS	Nivo + chemo (n = 641)	Chemo (n = 655)	HR (*p*-value)
PD-L1 CPS ≥1	14.0 mo	11.3 mo	0.77 (0.0001)
All treated patients	13.8 mo	11.6 mo	0.80 (0.0002)

Moehler M et al. ESMO 2020;Abstract LBA6.

KEY DIFFERENCES: KEYNOTE-062 VS. CheckMate 649

	KN062	CM 649
Population	CPS1, Gastric/GEJ adenocarcinoma	All comers, EAC/Gastric/GEJ adenocarcinoma
Chemo backbone	FP/XP	FOLFOX/CAPOX
N	~250/group	~790/group
Minimum follow-up	22 months	12 months

	KN062 (based on screened patients with PD-L1 status)	KN062 All CPS1	CM649 (all comers)
CPS1	72%	100%	82%
CPS 5	29%	61%	60%
CPS10	17%	37%	--

Courtesy of Yelena Y Janjigian, MD

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Case Presentation – A 56-year-old man with localized adenocarcinoma of the esophagus – MSS, PD-L1 CPS 10

Dr Daniel Catenacci

- Presents with dysphagia and weight loss
  - EGD demonstrated large fungating mass in the distal esophagus not involving the GEJ
- Neoadjuvant carboplatin/paclitaxel initiated → surgery
- Patient then treated with adjuvant nivolumab x 6 months
  - Development of autoimmune dermatitis and hypothyroidism → treatment discontinued
- Patient continues on surveillance → NED

Questions

- Would you consider adjuvant nivolumab in this case?
- Would the PD-L1 score affect your decision (what if the PD-L1 CPS was 0)?

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Regulatory and reimbursement issues aside, in which line of therapy if any would you generally recommend an anti-PD-1/PD-L1 antibody (with or without chemotherapy) for a 65-year-old patient with metastatic HER2-negative, MSS adenocarcinoma of the GEJ with a PD-L1 CPS of 5%?

1. First line
2. Second line
3. Third line
4. Beyond third line
5. I would not recommend an anti-PD-1/PD-L1 antibody

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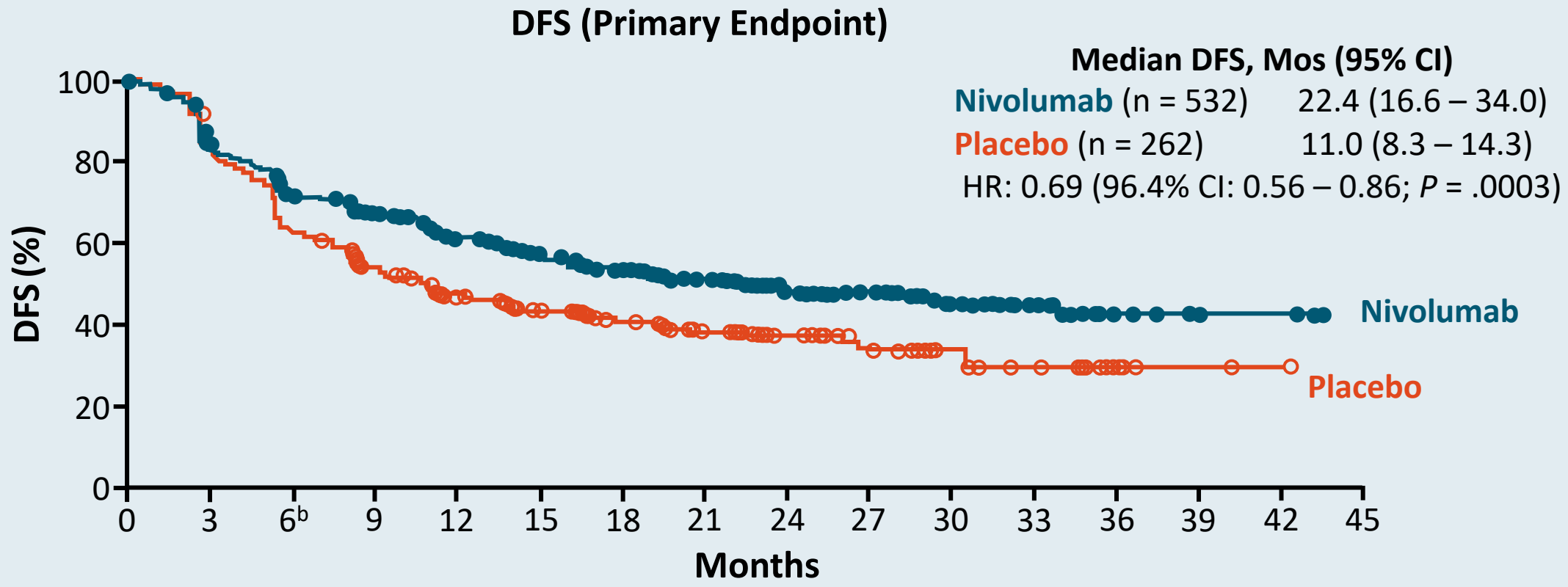
Adjuvant Nivolumab in Resected Esophageal or Gastroesophageal Junction Cancer (EC/GEJC) Following Neoadjuvant Chemoradiation Therapy (CRT): First Results of the CheckMate 577 Study

Kelly RJ et al

ESMO 2020;Abstract LBA9_PR

CheckMate 577: Adjuvant Nivolumab After Neoadjuvant CRT/Resection for Esophageal/GEJ Cancer

- Randomized phase III trial of **adjuvant** **nivolumab** vs **placebo** following neoadjuvant CRT + surgical resection* for pts with stage II/III **esophageal/GEJ adenocarcinoma/SCC** (N = 794)



*Residual pathologic disease ≥ ypT1 or ≥ ypN1.

Kelly RJ et al. ESMO 2020;Abstract LBA9_PR.

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Case Presentation – A 68-year-old man with relapsed MSS adenocarcinoma of the esophagus – HER2-positive, PD-L1 CPS 0

Dr Daniel Catenacci

- Presents with dysphagia and weight loss
  - EGD reveals distal esophageal adenocarcinoma
  - No evidence of metastatic disease
- Neoadjuvant carboplatin/paclitaxel → surgery
- Restaging CT reveals liver lesions
- First-line FOLFOX plus trastuzumab initiated → liver and lung metastases 9 months later
- Patient switched to 2nd line FOLFIRI + ramucirumab → disease progression 15 months later
- Trastuzumab deruxtecan (T-DXd) initiated → response but discontinued after 6 months due to pneumonitis
- Patient started on 4th line T-DM1 with PD → patient enrolled in hospice

Questions

- Do you use anti-HER2 therapy perioperatively?
- Do you assess HER2 status at each progression time point to determine optimal therapy options?

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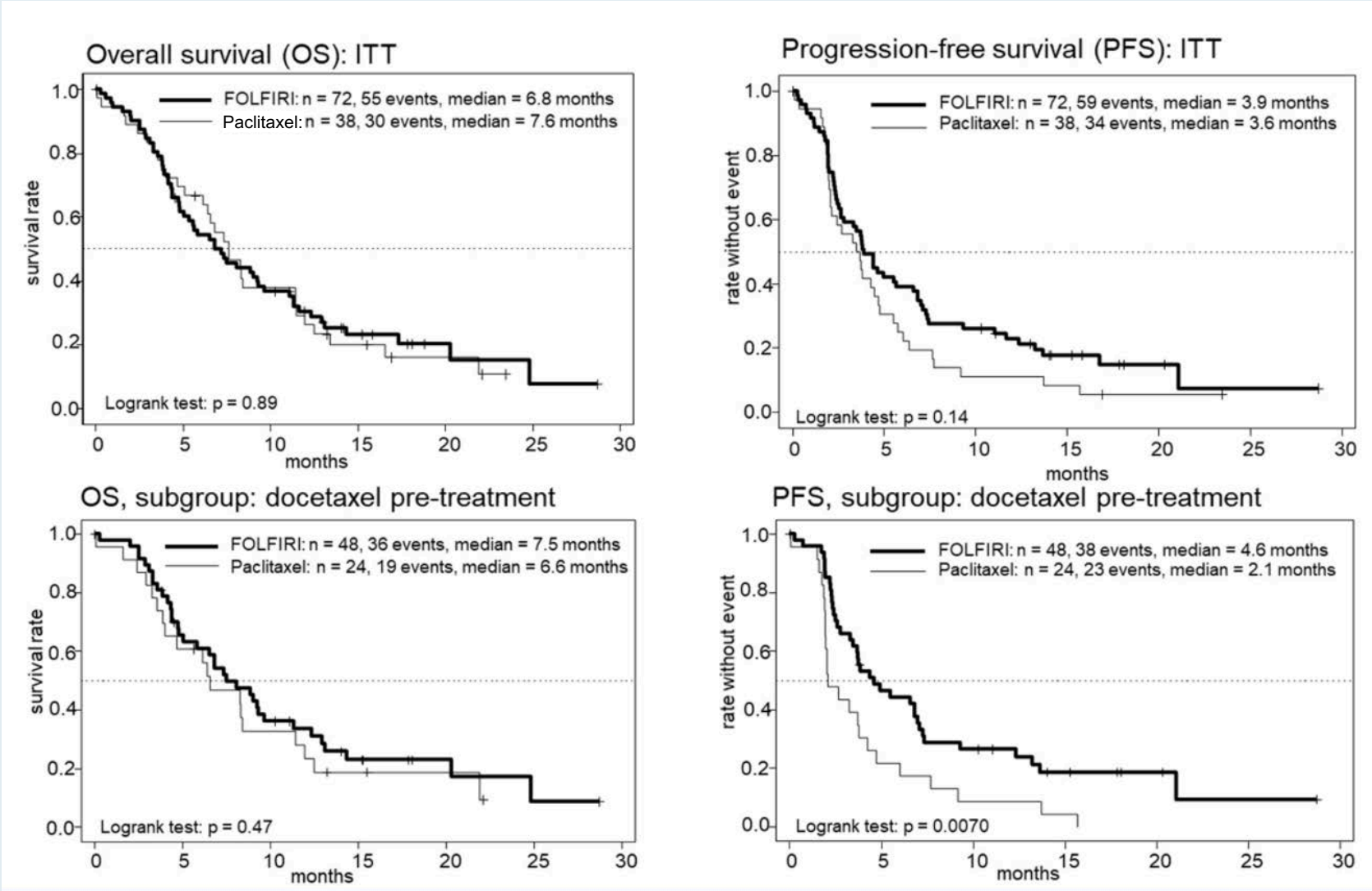
What would you currently recommend as second-line therapy for a patient with metastatic HER2-positive, MSS adenocarcinoma of the GEJ who has experienced disease progression on first-line FOLFOX/trastuzumab?

1. Ramucirumab
2. Ramucirumab/paclitaxel
3. Continue trastuzumab and switch chemotherapy
4. Test for PD-L1 CPS and administer pembrolizumab if ≥1%
5. Test for PD-L1 CPS and administer pembrolizumab if ≥5%
6. Anti-PD-1/PD-L1 antibody
7. Trastuzumab deruxtecan
8. Other

Phase II RAMIRIS Trial of Second-Line Ramucirumab plus FOLFIRI – Patients with Advanced or Metastatic Gastroesophageal Adenocarcinoma with or without Prior Docetaxel



Lorenzen S et al. ASCO 2020;Abstract 4514.

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Pivotal Randomized Phase II and III Trials of HER2-Targeted Agents for HER2-Positive Advanced Gastric or GEJ Cancer

Trial	Agent	Line of therapy	Result for primary endpoint
ToGA	Trastuzumab	First	Positive
LOGiC	Lapatinib	First	Negative
JACOB	Pertuzumab	First	Negative
T-ACT	Trastuzumab	Second	Negative
TyTAN	Lapatinib	Second	Negative
GATSBY	T-DM1	Second	Negative

Mitani S et al. *Cancers* 2020; (12) 400.

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FDA Approves fam-Trastuzumab Deruxtecan-nxki for HER2-Positive Gastric Adenocarcinomas

Press Release – January 15, 2021

"On January 15, 2021, the Food and Drug Administration approved fam-trastuzumab deruxtecan-nxki for adult patients with locally advanced or metastatic HER2-positive gastric or gastroesophageal (GEJ) adenocarcinoma who have received a prior trastuzumab-based regimen.

Efficacy was evaluated in a multicenter, open-label, randomized trial (DESTINY-Gastric01, NCT03329690) in patients with HER2-positive locally advanced or metastatic gastric or GEJ adenocarcinoma who had progressed on at least two prior regimens, including trastuzumab, a fluoropyrimidine- and a platinum-containing chemotherapy."

https://www.fda.gov/drugs/drug-approvals-and-databases/fda-approves-fam-trastuzumab-deruxtecan-nxki-her2-positive-gastric-adenocarcinomas

The NEW ENGLAND JOURNAL of MEDICINE

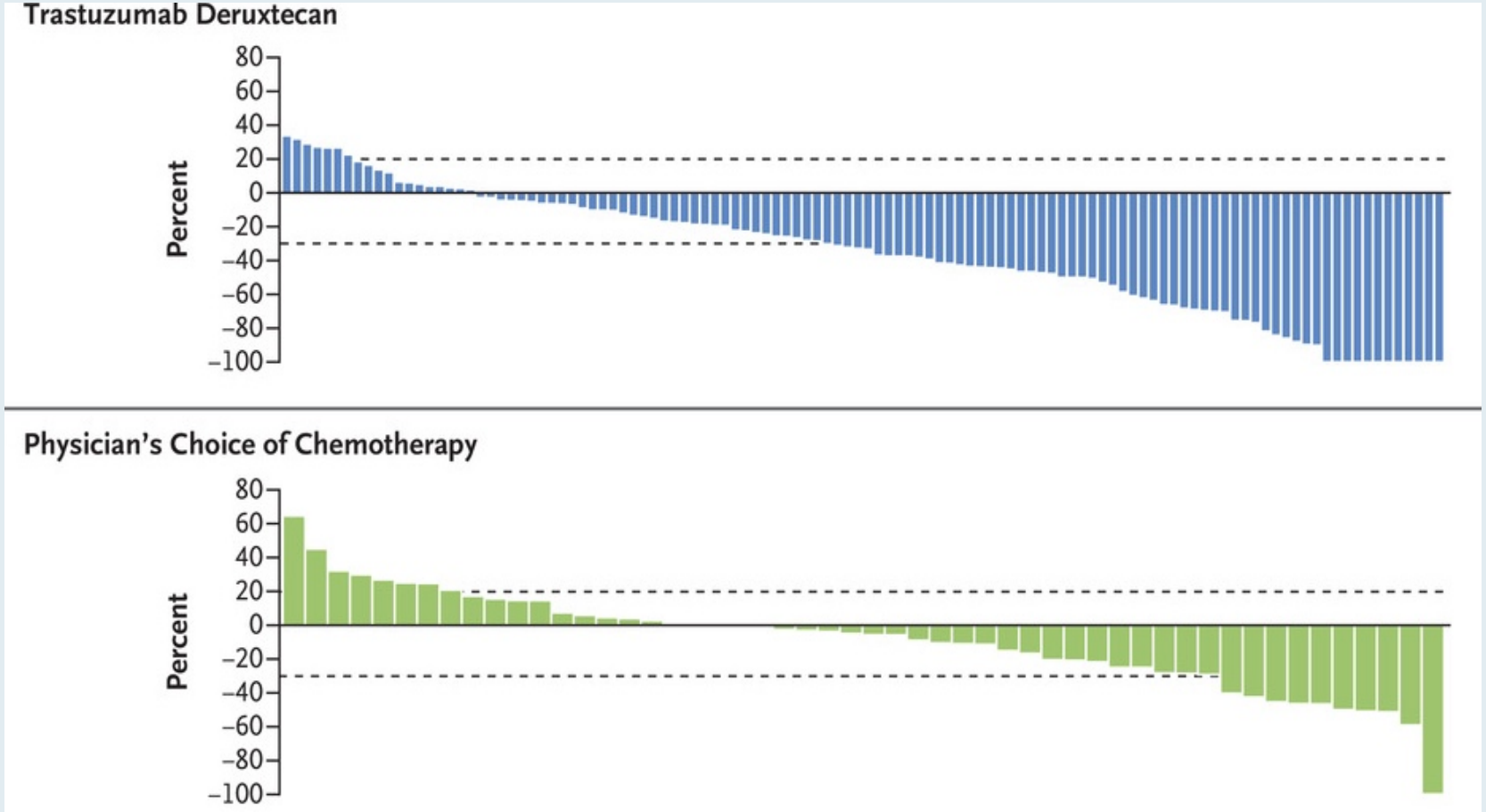
ORIGINAL ARTICLE

Trastuzumab Deruxtecan in Previously Treated HER2-Positive Gastric Cancer

K. Shitara, Y.-J. Bang, S. Iwasa, N. Sugimoto, M.-H. Ryu, D. Sakai, H.-C. Chung, H. Kawakami, H. Yabusaki, J. Lee, K. Saito, Y. Kawaguchi, T. Kamio, A. Kojima, M. Sugihara, and K. Yamaguchi, for the DESTINY-Gastric01 Investigators*

***N Engl J Med* 2020;382(25):2419-30.**

DESTINY-Gastric01: Trastuzumab Deruxtecan for Previously Treated HER2-Positive Gastric Cancer

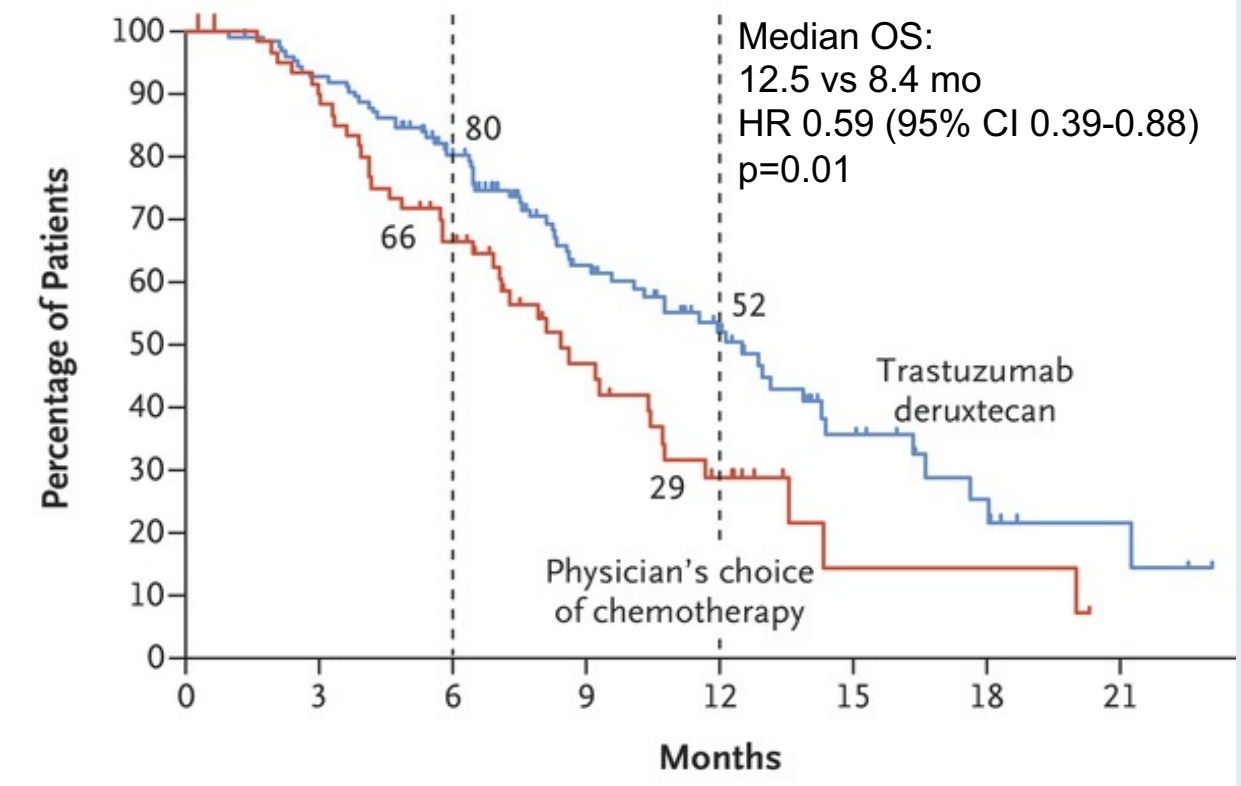


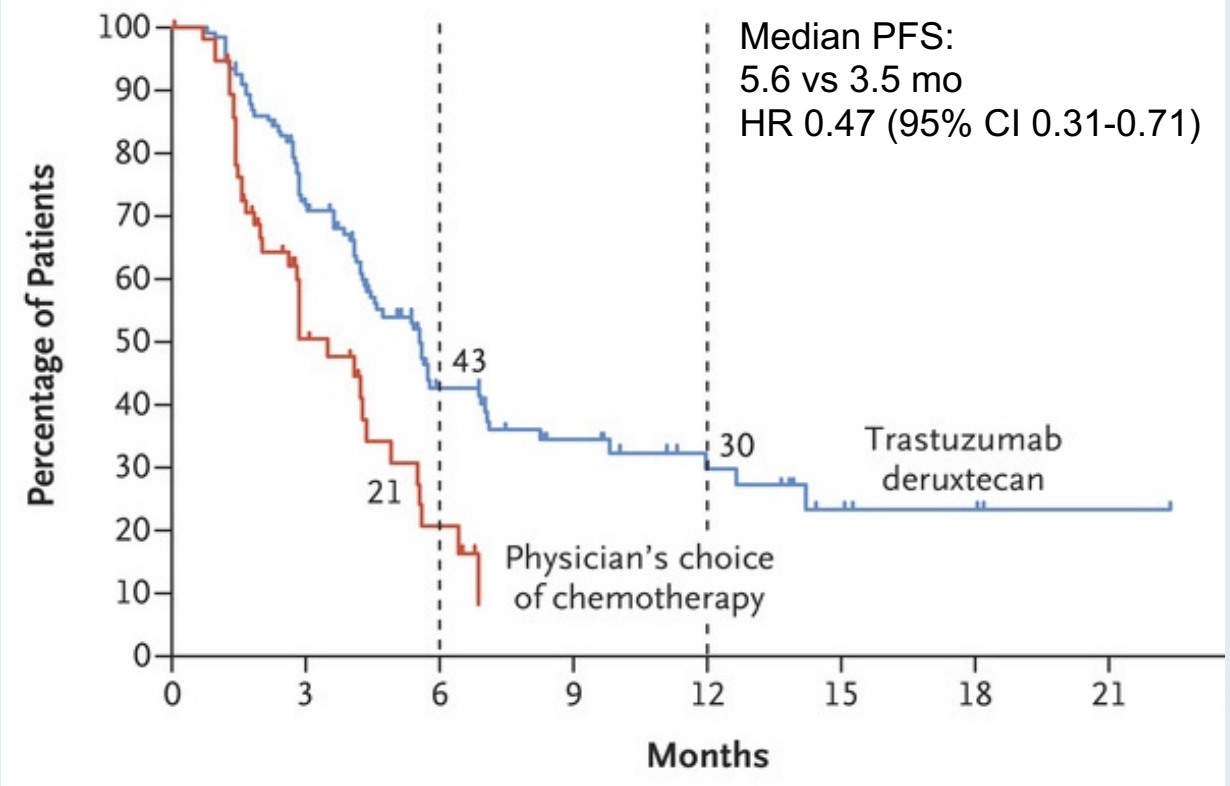
	T-DXd (n = 119)	PC (n = 56)
ORR	**51%**	**14%**
Confirmed ORR	**43%**	**12%**
CR	8%	0%
PR	34%	12%

Shitara K et al. *N Engl J Med* 2020;382(25):2419-30.

RTP RESEARCH TO PRACTICE

DESTINY-Gastric01: Survival Results





Shitara K et al. *N Engl J Med* 2020;382(25):2419-30.

DESTINY-Gastric01: Select Adverse Events

Adverse event	Trastuzumab deruxtecan (n = 125)			Physician's choice of chemo (n = 62)		
	Any grade	Grade 3	Grade 4	Any grade	Grade 3	Grade 4
Neutrophil count decreased	63%	38%	13%	35%	16%	8%
Anemia	58%	38%	0	31%	21%	2%
Platelet count decreased	39%	10%	2%	6%	2%	2%
White cell count decreased	38%	21%	0	35%	8%	3%
Fatigue	22%	7%	0	24%	3%	0
Lymphocyte count decreased	22%	6%	5%	3%	0	2%

- A total of 12 patients (10%) in the trastuzumab deruxtecan group had drug-related interstitial lung disease or pneumonitis compared to 0 patients in the physician's choice group
- 1 drug-related death (pneumonia) occurred in the trastuzumab deruxtecan group

Shitara K et al. *N Engl J Med* 2020;382(25):2419-30.

Pooled Analysis of Drug-Related Interstitial Lung Disease (ILD) in 8 Single-Arm Trastuzumab Deruxtecan (T-DXd) Studies

Powell CA et al.

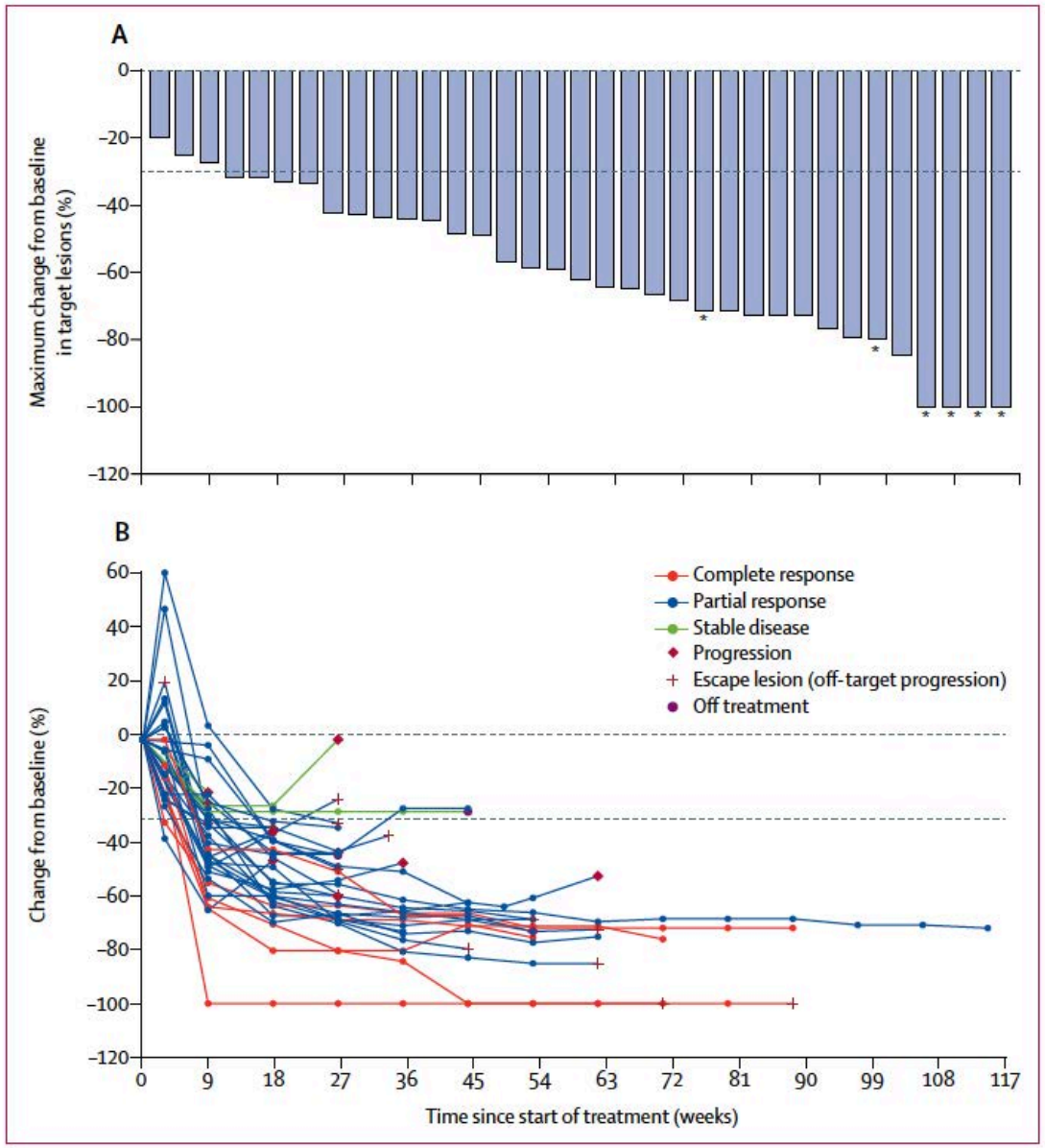
AACR 2021;Abstract CT167.

Lancet Oncol 2020;21:821-31.

First-line pembrolizumab and trastuzumab in HER2-positive oesophageal, gastric, or gastro-oesophageal junction cancer: an open-label, single-arm, phase 2 trial

Yelena Y Janjigian, Steven B Maron, Walid K Chatila, Brittanie Millang, Shweta S Chavan, Carly Alterman, Joanne F Chou, Michal F Segal, Marc Z Simmons, Parisa Momtaz, Marina Shcherba, Geoffrey Y Ku, Alice Zervoudakis, Elizabeth S Won, David P Kelsen, David H Ilson, Rebecca J Nagy, Richard B Lanman, Ryan N Ptashkin, Mark T A Donoghue, Marinela Capanu, Barry S Taylor, David B Solit, Nikolaus Schultz, Jaclyn F Hechtman

First Line Capecitabine/Oxaliplatin/Pembrolizumab/Trastuzumab



Best Response (n=37)	Patients, n (%)
ORR, n (%)	32 (91%) 95% CI (78%, 97%)
CR PR SD PD	6 (17) 26 (74) 3 (9) 0
Disease Control Rate	100%

Janjigian et al Lancet Oncology 2020

Courtesy of Yelena Y Janjigian, MD

Memorial Sloan Kettering Cancer Center

Second Line – Margetuximab/Pembrolizumab (Phase Ib/II CP-MGAH222-05 Trial)

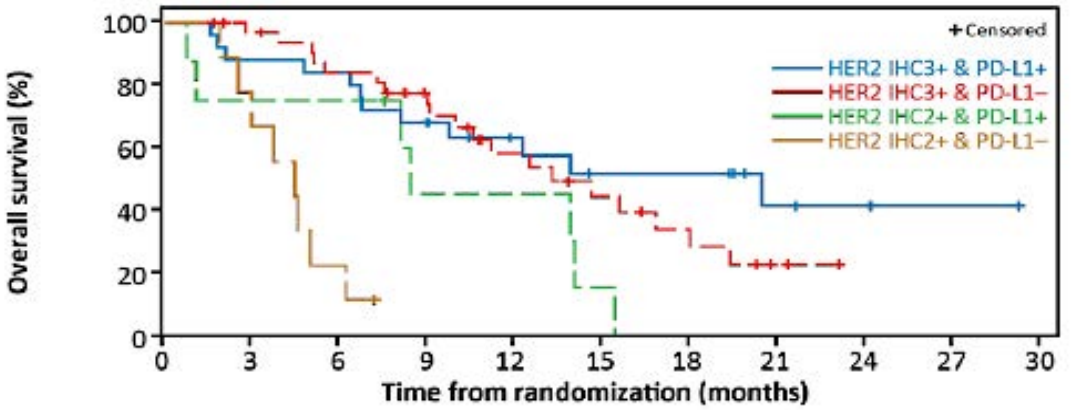
	Number of patients	Patients with an objective response* (%; 95% CI)	Disease control rate† (%; 95% CI)
Response-evaluable population‡	92	17 (18%; 11–28)§	49 (53%; 43–64)
HER2 IHC3-positive **tissue prior to 1L**	71	100% 17 (24%; 15–36)	44 (62%; 50–73)
HER2 IHC2-positive	21	0	5 (24%; 8–47)
PD-L1-positive **tissue prior to 1L**	33	79% 11 (33%; 18–52)	22 (67%; 48–82)
PD-L1-negative	43	3 (7%; 1–19)	19 (44%; 29–60)
HER2 IHC3-positive and PD-L1-positive	25	11 (44%; 24–65)	18 (72%; 51–88)
HER2 IHC3-positive and PD-L1-negative	34	3 (9%; 2–24)	19 (56%; 38–73)
HER2 IHC2-positive and PD-L1-positive	8	0	4 (50%; 16–84)
HER2 IHC2-positive and PD-L1-negative	9	0	0
HER2^{amp}-positive **ctDNA prior to 2L**	48	88% 15 (31%; 19–46)	31 (65%; 49–78)
HER2^{amp}-negative	35	2 (6%; 1–19)	14 (40%; 24–58)
HER2^{amp}-positive and PD-L1-positive	18	9 (50%; 26–74)	14 (78%; 52–94)
HER2^{amp}-positive and PD-L1-positive and HER2 IHC3-positive	15	9 (60%; 32–84)	12 (80%; 52–96)
HER2^{amp}-positive and PD-L1-negative	19	3 (16%; 3–40)	12 (63%; 38–84)
HER2^{amp}-positive and HER2 IHC2-positive	9	0	2 (2%; 3–60)
HER2^{amp}-positive and PD-L1-negative and HER2 IHC2-positive	4	0	0

This table includes only confirmed responses; there were three additional unconfirmed responses. ctDNA=circulating tumour DNA. *HER2^{amp}*=*HER2* amplification by ctDNA. IHC=immunohistochemistry. *Confirmed complete response and confirmed partial response. †Confirmed complete response, confirmed partial response, and stable disease. ‡Patients who received at least one dose of margetuximab 15 mg/kg intravenously every 3 weeks and had baseline measurable disease. §One confirmed complete response was observed in the double-positive (HER2 IHC3-positive and PD-L1-positive) subgroup.

Table 4: **Objective response and disease control rates overall and by biomarker expression (n=92)**

F. HER2 & PD-L1 IHC OS (n=76)[a]

	HER2 IHC3+ & PD-L1+ (n=25)	HER2 IHC3+ & PD-L1− (n=34)	HER2 IHC2+ & PD-L1+ (n=8)	HER2 IHC2+ & PD-L1− (n=9)
# of events	12	19	7	8
Median OS (95% CI)	**20·47** months (8·08–NA)	**13·27** months (9·95–18·00)	**8·41** months (0·72–14·03)	**4·44** months (1·87–6·21)
Double positive vs others: HR by Cox model, **0·54**; 95% CI, 0·28–1·04; Log-rank **p=0·0628**				
12-month OS rate (95% CI)	63·14% (40·91–78·94)	58·06% (37·64–73·89)	45·00% (10·76–75·13)	0



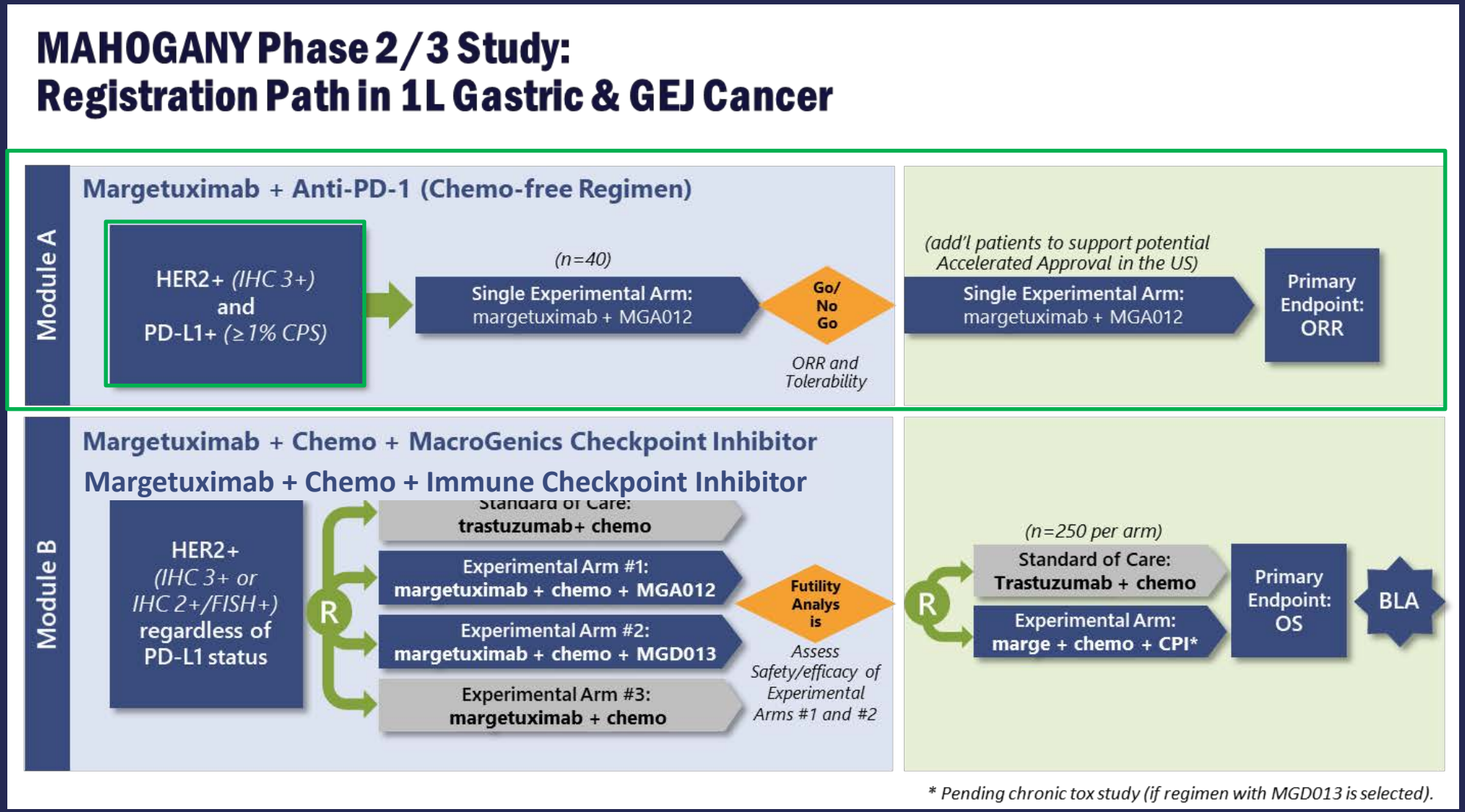
At risk (censored)

HER2 IHC3+ & PD-L1+	25(0)	22(0)	21(0)	16(1)	11(5)	8(6)	8(6)	4(9)	3(10)	1(12)	0(13)
HER2 IHC3+ & PD-L1−	34(0)	31(2)	26(3)	21(6)	13(9)	9(10)	6(11)	2(13)	0(15)	0(15)	0(15)
HER2 IHC2+ & PD-L1+	8(0)	6(0)	6(0)	3(1)	3(1)	1(1)	0(1)	0(1)	0(1)	0(1)	0(1)
HER2 IHC2+ & PD-L1−	9(0)	6(0)	2(0)	0(1)	0(1)	0(1)	0(1)	0(1)	0(1)	0(1)	0(1)

Courtesy of Daniel Catenacci, MD

Catenacci et al. Margetuximab plus pembrolizumab for previously treated, HER2-positive GEA (CP-MGAH22–05): a single-arm, phase 1b–2 trial. *Lancet Oncology* 2020

First Line – Margetuximab Plus Immune Checkpoint Inhibitor



MGA012 is an investigational anti-PD-1 monoclonal antibody

MGD013 is an investigational agent targeting both PD-1 and LAG-3

Courtesy of Daniel Catenacci, MD

Phase II Study of Avelumab and Trastuzumab with FOLFOX Chemotherapy in Previously Untreated HER2-Amplified Metastatic Gastroesophageal Adenocarcinoma

Lee MS et al.

AACR 2021;Abstract CT174.

Agenda

Cases from the Practice of Dr Catenacci

Case 1: A 54-year-old man with MSS metastatic GEJ adenocarcinoma – PD-L1 CPS 20, HER2-negative

Case 2: A 56-year-old man with localized adenocarcinoma of the esophagus – MSS, PD-L1 CPS 10

Case 3: A 68-year-old man with relapsed MSS adenocarcinoma of the esophagus – HER2-positive, PD-L1 CPS 0

Case 4: A 35-year-old woman with relapsed metastatic gastric cancer and disease progression on T-DXd

Case 5: A 68-year-old man with newly diagnosed metastatic GEJ cancer with an FGFR2b mutation

Case 6: A 66-year-old woman with metastatic squamous cell carcinoma of the esophagus – PD-L1 CPS 50

Case 7: A 64-year-old man with GEJ cancer and COVID-19 vaccine-associated imaging issues

RTP RESEARCH TO PRACTICE

Case Presentation – A 35-year-old woman with relapsed metastatic gastric cancer and disease progression on T-DXd

Dr Daniel Catenacci

- Presents with early satiety, dysphagia and 30 lb weight loss
  - EGD reveals mass in gastric body, adenocarcinoma HER2 amplified, MSS, CPS 1
  - Staging CE reveals liver and lung metastases
- FOLFOX/trastuzumab with symptom relief and stable disease for 9 months
  - New pleural effusions and worsening dysphagia
- Primary tumor reassessment: persistent HER2 amplification, but ctDNA and lung effusion cytology without HER2 amplification
- T-DXd initiated → lung/effusions at the time of first restaging CT
- Third line FOLFIRI plus ramucirumab

Questions

- Do you take into account the whole disease burden when assessing molecular markers to determine the next best line of therapy?
- Do you use trastuzumab deruxtecan in the third line or second line therapy?

RTP RESEARCH TO PRACTICE

Should a liquid biopsy be used outside the context of a clinical trial to assess HER2 status in a patient with tissue-proven overexpression?

1. Yes
2. No

Ongoing Trials of Trastuzumab Deruxtecan (T-DXd) in HER2-Positive Gastric or GEJ Adenocarcinoma

Trial name (Identifier)	Phase	Target accrual (N)	Setting	Treatment arms
DESTINY-Gastric04 (NCT04704934)	III	490	• Unresectable and/or metastatic • Progression on or after a trastuzumab-based regimen	• T-DXd • Ramucirumab + paclitaxel
DESTINY-Gastric03 (NCT04379596)	II	220	• Locally advanced, unresectable or metastatic • Progression on or after at least 1 prior trastuzumab-based regimen **– Part 1** • Previously untreated dx **– Part 2**	**Part 1** • T-DXd + 5-FU ± oxaliplatin (Ox) • T-DXd + Cape ± Ox • T-DXd + durvalumab ± 5-FU or Cape **Part 2** • Trastuzumab + 5-FU or Cape + Ox or Cisplatin • T-DXd monotherapy • T-DXd + 5-FU or Cape ± Ox • T-DXd + 5-FU or Cape + durvalumab

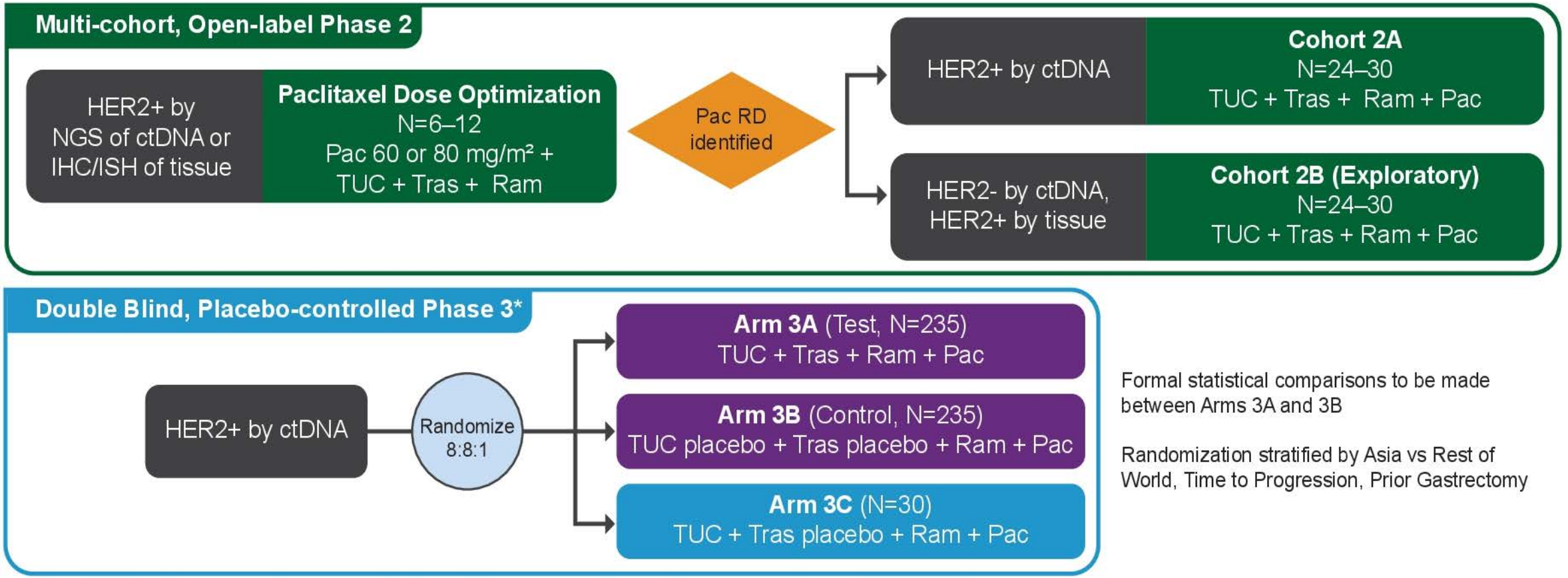
Janjigian YY et al. ESMO 2020;Abstract 1500TiP; Clinicaltrials.gov; Accessed January 2021.

MOUNTAINEER-02: Phase II/III Study of Tucatinib, Trastuzumab, Ramucirumab, and Paclitaxel in Previously Treated HER2+ Gastric or Gastroesophageal Junction Adenocarcinoma — Trial in Progress

Strickler JH et al.

Gastrointestinal Cancers Symposium 2021;Abstract TPS252.

Study Design



Formal statistical comparisons to be made between Arms 3A and 3B

Randomization stratified by Asia vs Rest of World, Time to Progression, Prior Gastrectomy

* The SMC may recommend proceeding to Phase 3 if the regimen is safe and tolerable and an ORR ≥36% is observed in all response-evaluable patients treated at the Pac RD who have HER2+ disease by NGS assay of ctDNA.

Strickler JH et al. Gastrointestinal Cancers Symposium 2021;Abstract TPS252.

Agenda

Cases from the Practice of Dr Catenacci

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Case 7: A 64-year-old man with GEJ cancer and COVID-19 vaccine-associated imaging issues

RTP RESEARCH TO PRACTICE

Case Presentation – A 68-year-old man with newly diagnosed metastatic GEJ cancer with an FGFR2b mutation

Dr Daniel Catenacci

- Presents with dysphagia
  - EGD demonstrates mass in distal esophagus/GEJ extending into the gastric cardia
  - Biopsy confirmed adenocarcinoma
- MSS | HER2 neg | PD-L1 CPS 2 | FGFR2 amplified and overexpressing
- FOLFOX/bemarituzumab initiated → excellent response
- Oxaliplatin stopped after 8 cycles due to neuropathy
- Patient continues on 5-FU/bemarituzumab → stable disease ~ 30 months

Questions

- Do you routinely assess for FGFR2 amplification/overexpression, and if so, how?
- Do you routinely stop oxaliplatin after 6-8 doses to limit cumulative neuropathy or do you continue treatment until PD/neuropathy before stopping it?

RTP RESEARCH TO PRACTICE

In general, FGFR2 status should be assessed in all patients with metastatic gastroesophageal cancer.

1. Agree, by IHC
2. Agree, by RTPCR
3. Agree, by either IHC or RTPCR
4. Disagree

FIGHT The FIGHT Clinical Trial

A double-blind randomized study of bemarituzumab (bema) plus mFOLFOX6 versus placebo plus mFOLFOX6 as first-line treatment for advanced gastric/gastroesophageal junction cancer (FIGHT)

Zev A Wainberg, Peter Enzinger, Yoon-Koo Kang, Kensai Yamaguchi, Shukui Qin, Keun-Wook Lee, Sang Cheul Oh, Jin Li, Haci Mehmet Turk, Alexandra Teixeira, Giovanni Gerardo Cardellino, Rachel Guardeno Sanchez, Siddhartha Mitra, Yingsi Yang, Helen Collins, Daniel V Catenacci

[1]University of California, Los Angeles, USA, [2]Dana Farber Cancer Institute, Boston, USA, [3]Asan Medical Center, Seoul, South Korea, [4]The Cancer Institute Hospital of JFCR, Koto-Ku , Tokyo, Japan, [5]81 Hospital Nanjing University of Chinese Medicine, Nanjing, China, [6]Seoul National University College of Medicine, Seoul National University Bundang Hospital, Seongnam, Gyeonggi-do, S.Korea, [7]Korea University Guro Hospital, Seoul, South Korea, [8]Shanghai East Hospital, Shanghai, China, [9]Bezmialem Vakif Universitesi Tip Fakultesi Hastanesi, Fatih, Turkey, [10]Hospital Senhora Da Oliveira, Guimaraes, Portugal, [11]Dipartimento di Oncologia, Azienda Ospedaliero Universitaria, Udine, Italy, [12]Institut Catala d Oncologia Girona, Spain, [13]Five Prime Therapeutics, South San Francisco, USA, [14]University of Chicago, Chicago, USA

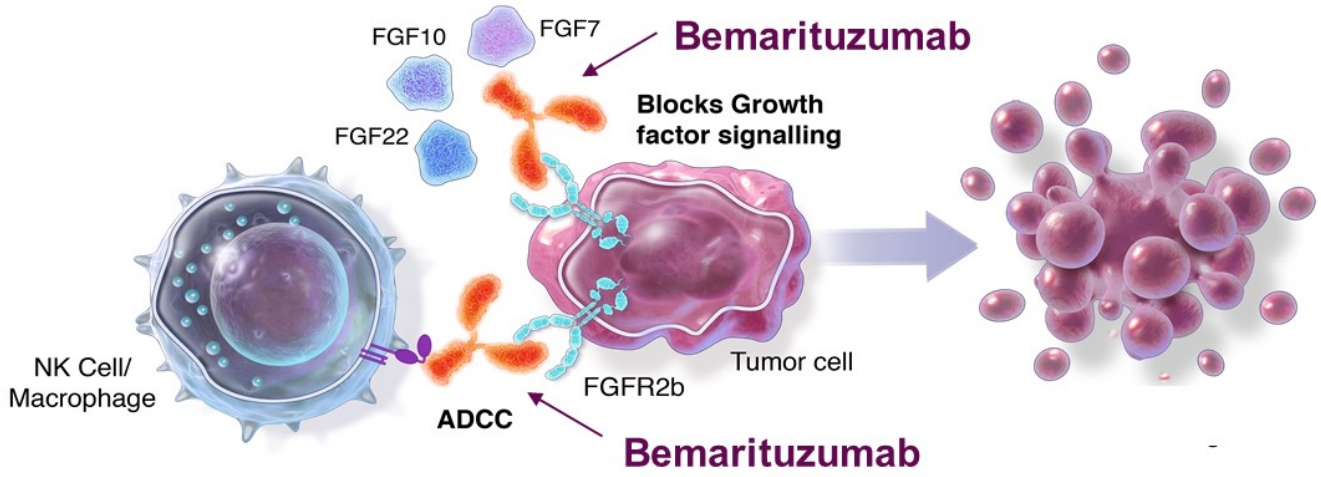
Late Breaking Abstract (LBA160)

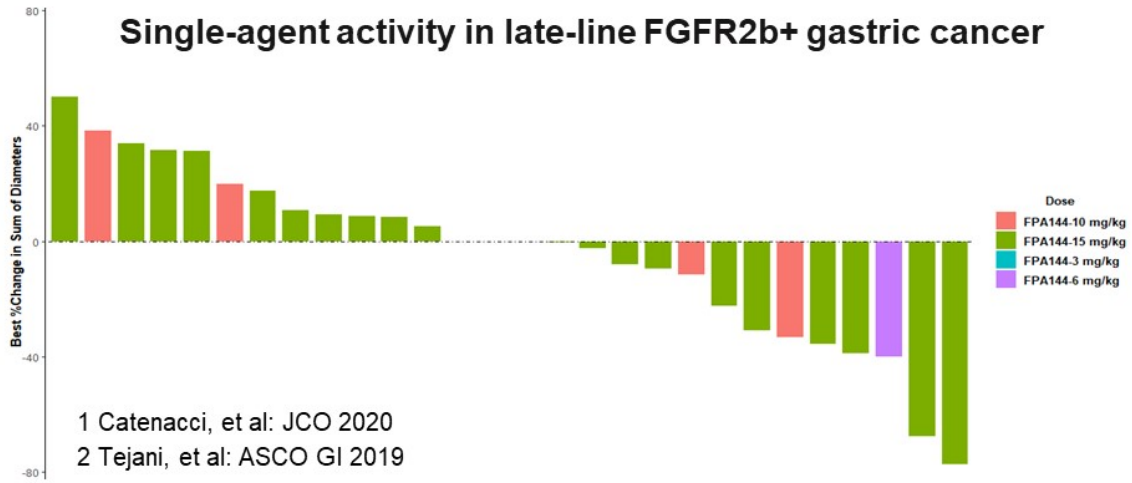
ASCO Gastrointestinal Cancer Symposium 2021

UCLA Jonsson Comprehensive Cancer Center

Presented By Zev Wainberg at 2021 Gastrointestinal Cancers Symposium

Bemarituzumab is an IgG1 antibody specific for the FGFR2b Receptor





- Confirmed ORR = 18% (n=28)[1]
- No dose-limiting toxicities
- Corneal adverse events in 3/28 patients
- Recommended Phase 2 dose: 15mg/kg Q2W with a single 7.5mg/kg dose on Cycle 1 Day 8[2]

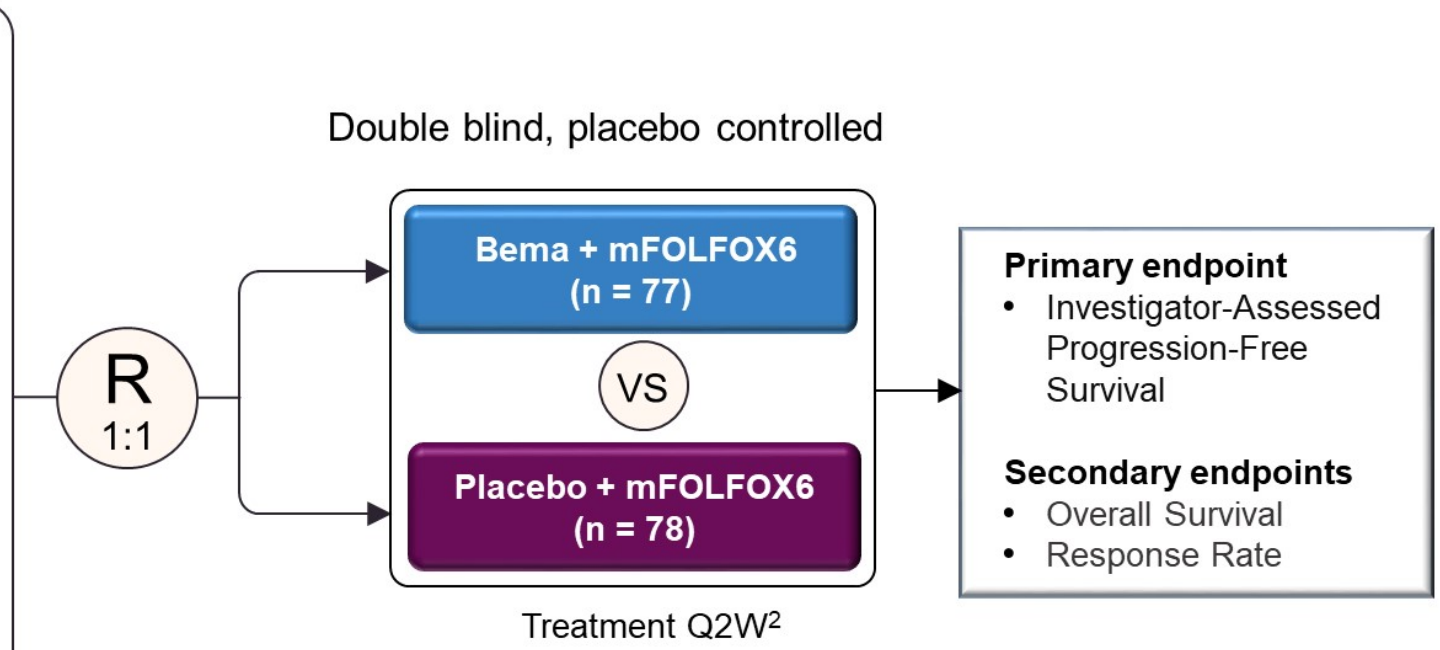
FIGHT Trial Design

Key Eligibility Criteria

- No prior therapy for unresectable locally advanced or metastatic gastric/GEJ adenocarcinoma
- RECIST v1.1 evaluable disease
- FGFR2b overexpression by IHC and/or *FGFR2* gene amplification by ctDNA[1]
- ECOG 0/1
- HER2 not positive
- May receive 1 dose of mFOLFOX6

Stratification Factors

- Geographic region
- Single dose of mFOLFOX6 during screening
- Prior adjuvant or neo-adjuvant chemotherapy



Statistical Plan

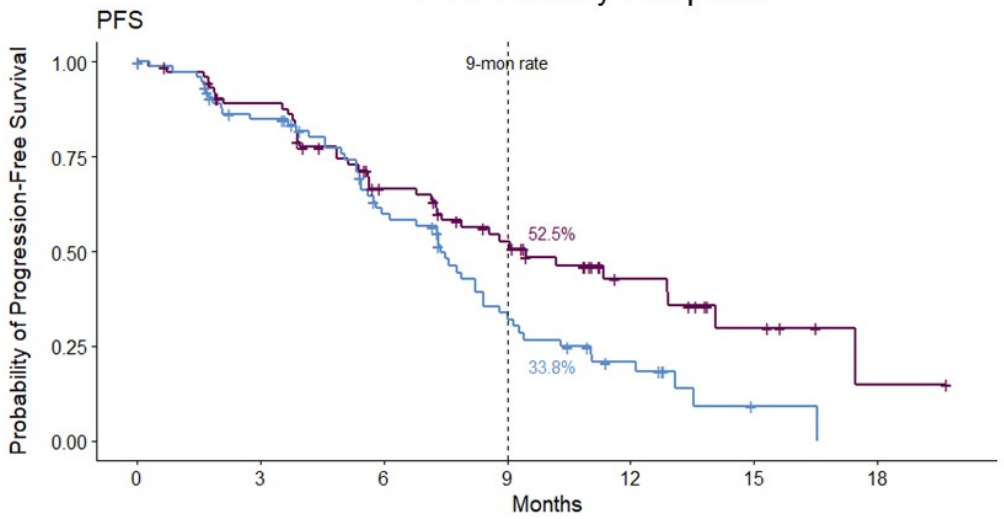
Trial initially designed as registrational Phase 3 (n=548) with 2-sided α 0.05
Amended after enrolling n = 155 to a proof-of-concept Phase 2 with pre-specified statistical assumptions of:

- Hierarchical sequential testing: PFS, then OS/ORR
- ≥84 events to demonstrate benefit at a HR≤0.76 for PFS at 2-sided α of 0.2

1 Central testing: Immunohistochemical stain (Ventana): cut-off any 2+/3+; circulating tumor DNA (PGDx): cut-off 1.5X
2 15mg/kg Q2W with a single 7.5mg/kg dose on Cycle 1 Day 8[2]

Progression-Free Survival and Overall Survival: Intent to Treat

PFS Primary Endpoint

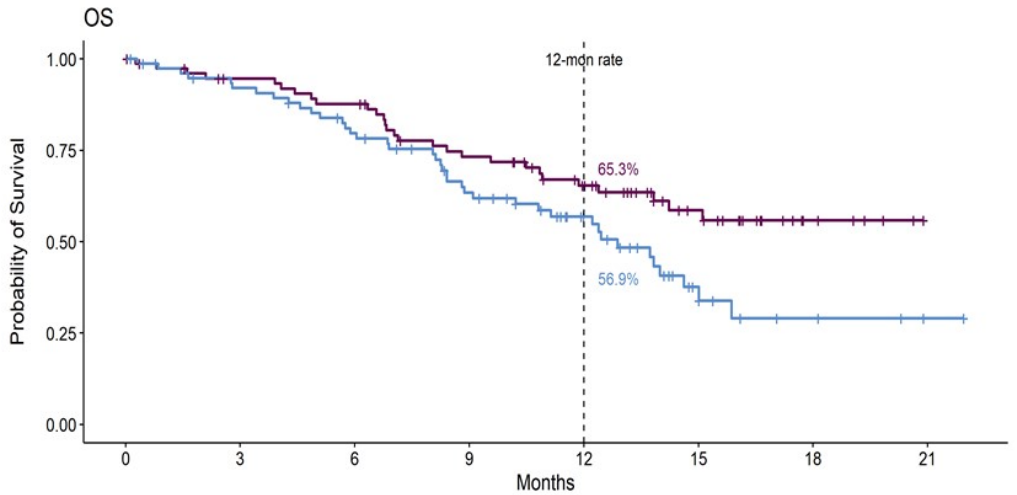


Number at risk

BEMA + mFOLFOX6	77	62	40	28	12	5	1
PLACEBO + mFOLFOX6	78	59	37	19	9	1	0

	Bema N = 77	Placebo N = 78
Median PFS, mo (95% CI)	9.5 (7.3, 12.9)	7.4 (5.8, 8.4)
	P=0.0727	
HR (95% CI)	0.68 (0.44, 1.04)	

OS Key Secondary Endpoint

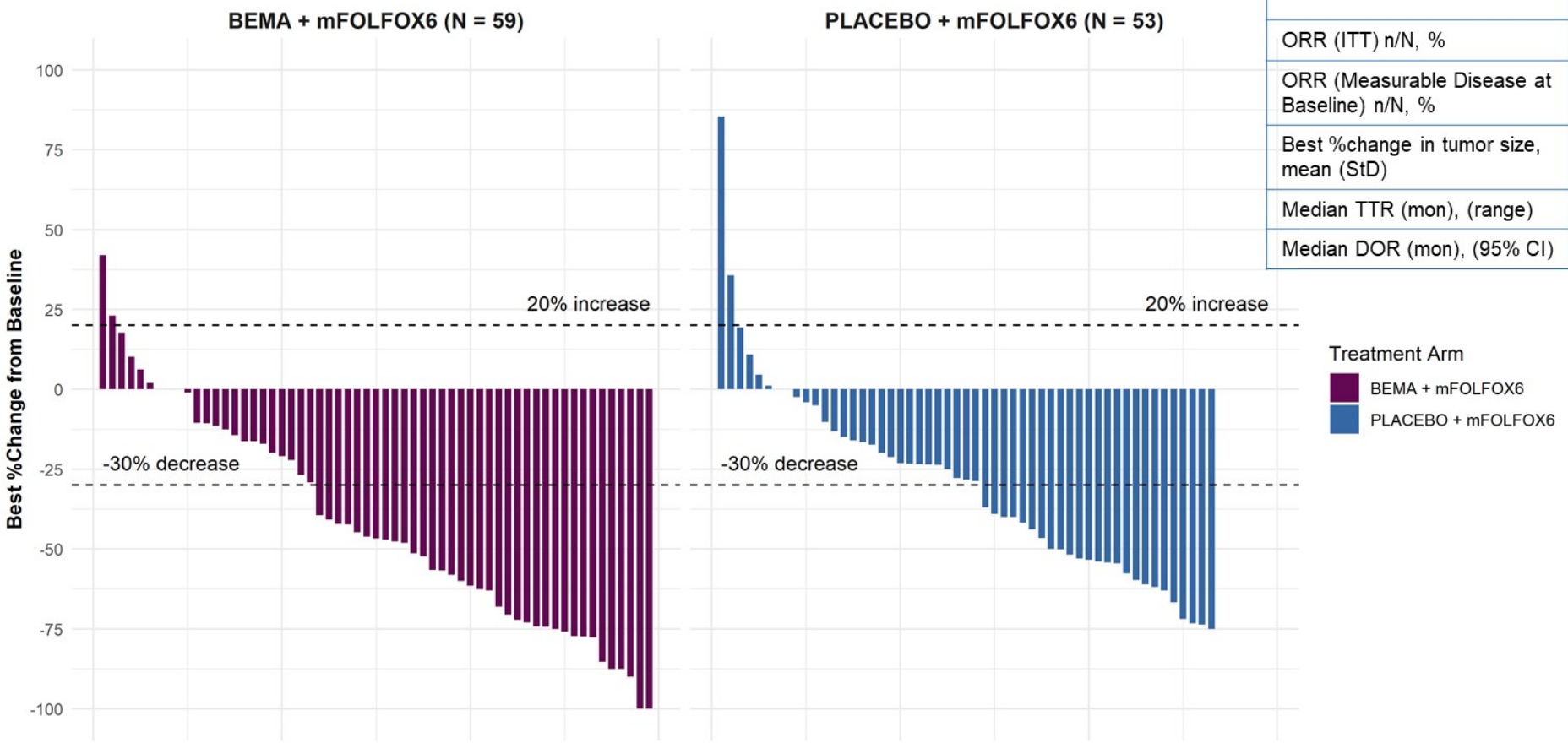


Number at risk

BEMA + mFOLFOX6	77	68	63	50	38	21	6	0
PLACEBO + mFOLFOX6	78	68	57	42	27	10	4	1

	Bema N = 77	Placebo N = 78
Median OS, mo (95% CI)	NR (13.8, NR)	12.9 (9.1, 15.0)
	P=0.0268	
HR (95% CI)	0.58 (0.35, 0.95)	

Best % Change in Target Lesions from Baseline



	Bema + mFOLFOX6	Placebo + mFOLFOX6
ORR (ITT) n/N, %	36/77, 47%	26/78, 33%
ORR (Measurable Disease at Baseline) n/N, %	35/66, 53%	24/60, 40%
Best %change in tumor size, mean (StD)	-41.7 (33.76)	-29.9 (30.49)
Median TTR (mon), (range)	1.84 (1.7, 7.6)	1.87 (1.6, 7.3)
Median DOR (mon), (95% CI)	12.2 (5.5,15.6)	7.1 (4.3,11.7)

Only subjects with measurable disease at baseline and at least 1 evaluable scan postbaseline are included in the waterfall plot.
DOR = Duration of response; TTR = Time to response
^: estimated among subjects with measurable disease at baseline

FIGHT: Corneal-Related Adverse Events

Trial required corneal evaluation at baseline and every 8 weeks until the end of treatment[1]

	Bema (N = 76)	Placebo (N = 77)
Corneal Adverse Events (SMQ)[2] All Grade[3]	51 (67.1%)	8 (10.4%)
Corneal Adverse Events (SMQ) Grade 3[4]	18 (23.7%)	0
Median time to onset to any grade, weeks (range)	16.1 (0.1, 41.0)	11.6 (6.0, 29.0)
Corneal AE leading to bema/placebo discontinuation[5]	20 (26.3%)	0
AE resolved	12 (60.0%)	0
AE not resolved as of 23 Sept 2020	8 (40.0%)	0
Median time to resolution, weeks (95%CI)	27.0 (18.9, NR)	NA

[1] If any event reported, examinations were to continue every 8W until resolution, even if drug discontinued
[2] SMQ = Standardised MedDRA Query
[3] Most common: dry eye (26.3%), keratitis (15.8%), punctate keratitis (14.5%), vision blurred (15.0%), corneal epithelium defect (10.5%)
[4] No ≥ grade 4 event reported
[5] Most common: dry eye (n=4), keratitis (n=4), corneal disorder (n=2), eye disorder (n=2) limbal stem cell deficiency (n=2), punctate keratitis (n=2)

Courtesy of Daniel Catenacci, MD

Agenda

Cases from the Practice of Dr Catenacci

Case 1: A 54-year-old man with MSS metastatic GEJ adenocarcinoma – PD-L1 CPS 20, HER2-negative

Case 2: A 56-year-old man with localized adenocarcinoma of the esophagus – MSS, PD-L1 CPS 10

Case 3: A 68-year-old man with relapsed MSS adenocarcinoma of the esophagus – HER2-positive, PD-L1 CPS 0

Case 4: A 35-year-old woman with relapsed metastatic gastric cancer and disease progression on T-DXd

Case 5: A 68-year-old man with newly diagnosed metastatic GEJ cancer with an FGFR2b mutation

Case 6: A 66-year-old woman with metastatic squamous cell carcinoma of the esophagus – PD-L1 CPS 50

Case 7: A 64-year-old man with GEJ cancer and COVID-19 vaccine-associated imaging issues

RTP RESEARCH TO PRACTICE

Case Presentation – A 66-year-old woman with metastatic squamous cell carcinoma of the esophagus – PD-L1 CPS 50

Dr Daniel Catenacci

- Presents with dysphagia, weight loss and chronic cough
  - EGD reveals mass at the proximal/mid esophagus consistent with squamous cell esophageal cancer
  - Staging CT: Liver and bone metastases, signs of chronic aspiration superimposed on emphysematous changes
- FOLFOX + pembrolizumab (400mg q6weeks) initiated → Stable disease
- Persistent dysphagia
  - G-tube placed; palliative carboplatin/paclitaxel/RT initiated

Questions

- Do you consider definitive CRT in patients with Stage IV esophageal SCC?
- Would you resume pembrolizumab after completion of definitive CRT and what is the rationale for your decision?

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, in which line of therapy would you generally recommend an anti-PD-1/PD-L1 antibody (with or without chemotherapy) for a 65-year-old patient with metastatic HER2-negative, MSS squamous cell carcinoma of the esophagus with a PD-L1 CPS of 5%?

1. First line
2. Second line
3. Third line
4. Beyond third line
5. I would not recommend an anti-PD-1/PD-L1 antibody

Agenda

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RTP RESEARCH TO PRACTICE

Case Presentation – A 64-year-old man with GEJ cancer and COVID-19 vaccine-associated imaging issues

Dr Daniel Catenacci

- Presents with localized GEJ cancer, with positive perigastric nodes
- Positive subpectoral and axillary lymph nodes identified – “hot on PET”
- At multidisciplinary tumor board, surgeon questions whether this is Stage IV disease
  - Should therapy be withheld?
- Subsequently learned that the patient received a COVID-19 vaccine on the same side as the subpectoral and axillary nodes

Appendix

Original Investigation

September 3, 2020

Efficacy and Safety of Pembrolizumab or Pembrolizumab Plus Chemotherapy vs Chemotherapy Alone for Patients With First-line, Advanced Gastric Cancer

The KEYNOTE-062 Phase 3 Randomized Clinical Trial

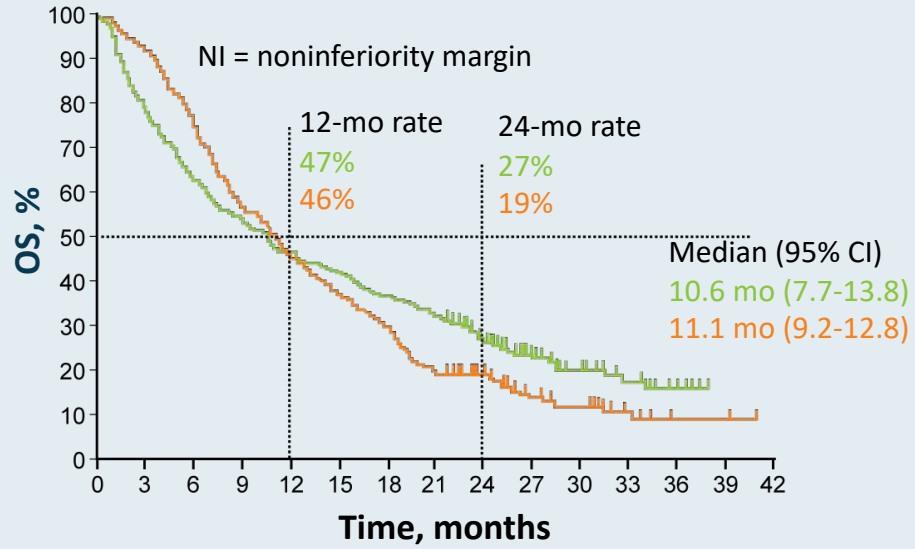
Kohei Shitara, MD[1]; Eric Van Cutsem, MD[2]; Yung-Jue Bang, MD[3]; et al

» Author Affiliations

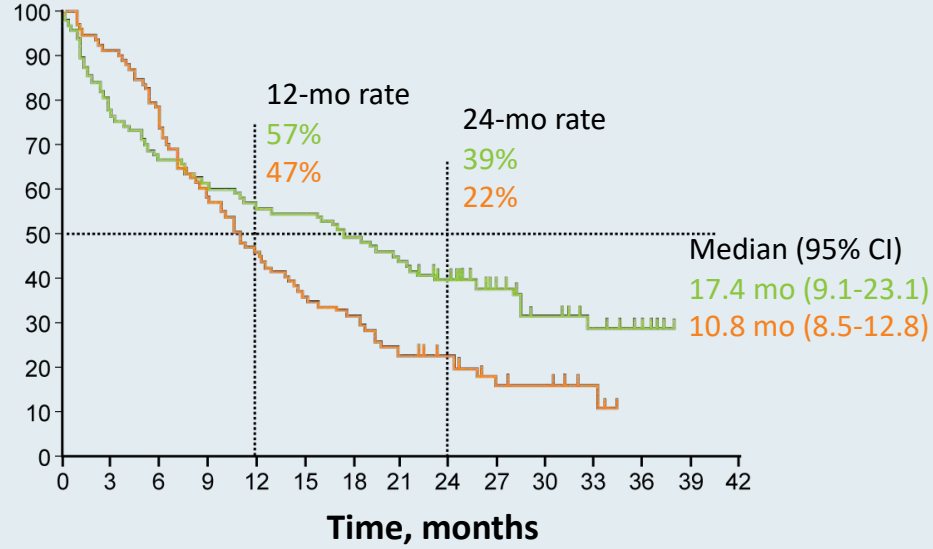
JAMA Oncol. 2020;6(10):1571-1580. doi:10.1001/jamaoncol.2020.3370

KEYNOTE-062: Overall Survival by PD-L1 CPS Score

OS: CPS ≥1	Events	HR	NI
Pembro alone	79%	0.91	1.2
Chemo	86%		



OS: CPS ≥10	Events	HR
Pembro alone	66%	0.69
Chemo	83%	

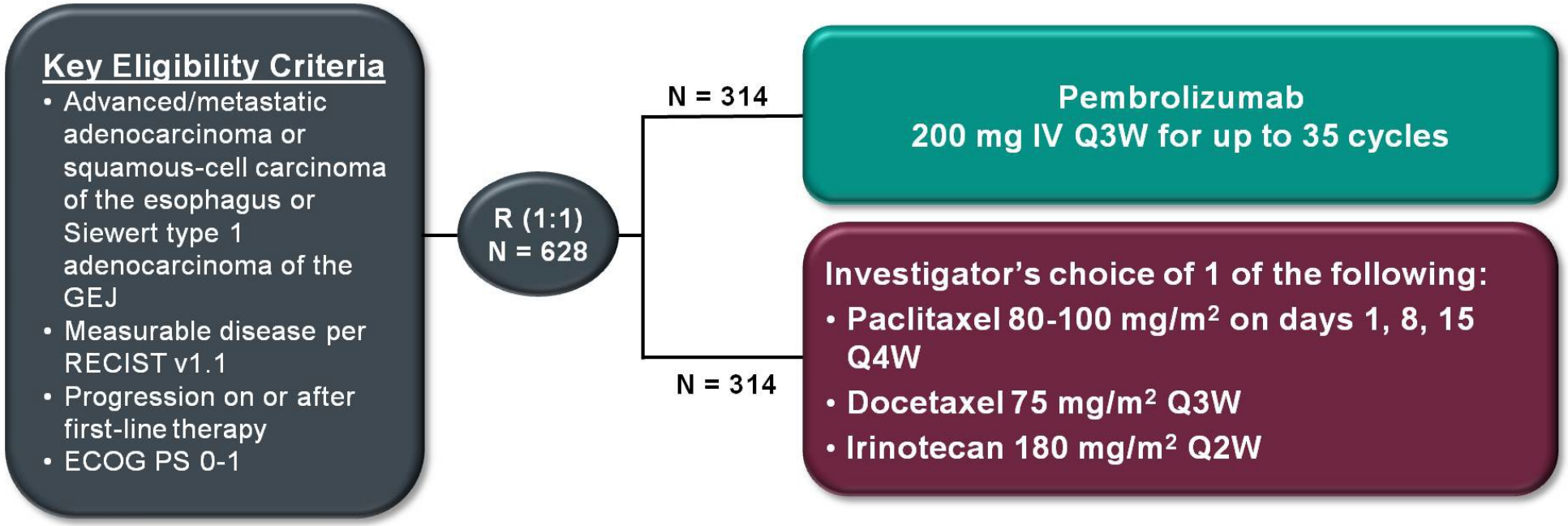


- Pembrolizumab was noninferior to chemotherapy for OS in patients with CPS ≥1, and a clinically meaningful improvement in OS was reported with pembro vs chemo for patients with CPS ≥10.
- Pembrolizumab + chemotherapy did not show superior OS for patients with CPS ≥1 or CPS ≥10, and the combination did not show superior PFS for patients with CPS ≥1.

Shitara K et al. *JAMA Oncol* 2020;6(10):1571-80.

RTP RESEARCH TO PRACTICE

Phase 3 KEYNOTE-181 Study (NCT02564263)



Stratification by
- Histology: squamous-cell carcinoma /adenocarcinoma
- Region: Asia/Rest-of-world

Primary end points

OS in patients
- In the ITT group
- With SCC
- Whose tumor had a PD-L1 CPS ≥10

Secondary end points

- PFS
- ORR
- Safety

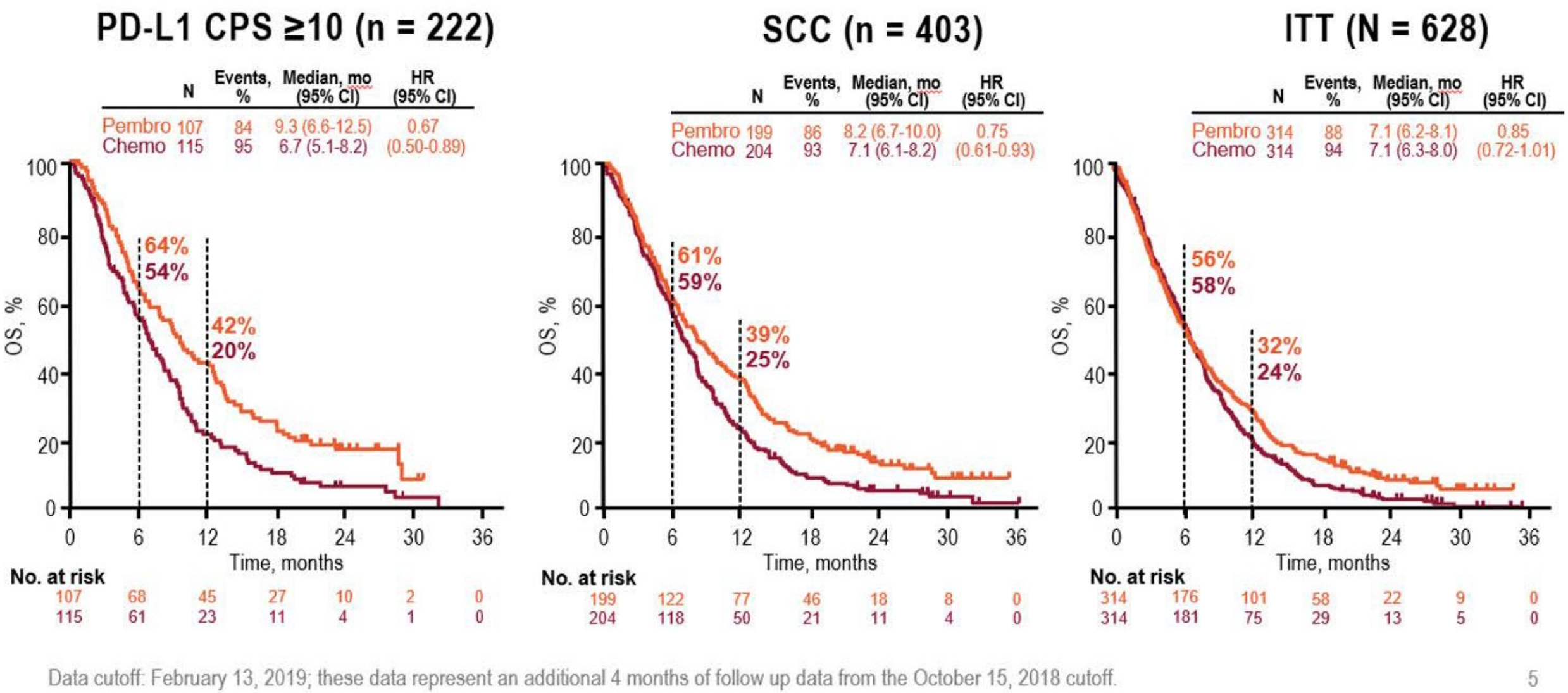
Exploratory end points

- HRQoL in patients whose tumor had a PD-L1 CPS ≥10

Presented By Takashi Kojima at 2019 Gastrointestinal Cancer Symposium and Sung-Bae Kim at 2019 ESMO Asia Congress

Courtesy of Zev Wainberg, MD, MSc

KEYNOTE-181: Overall Survival in the Global Population

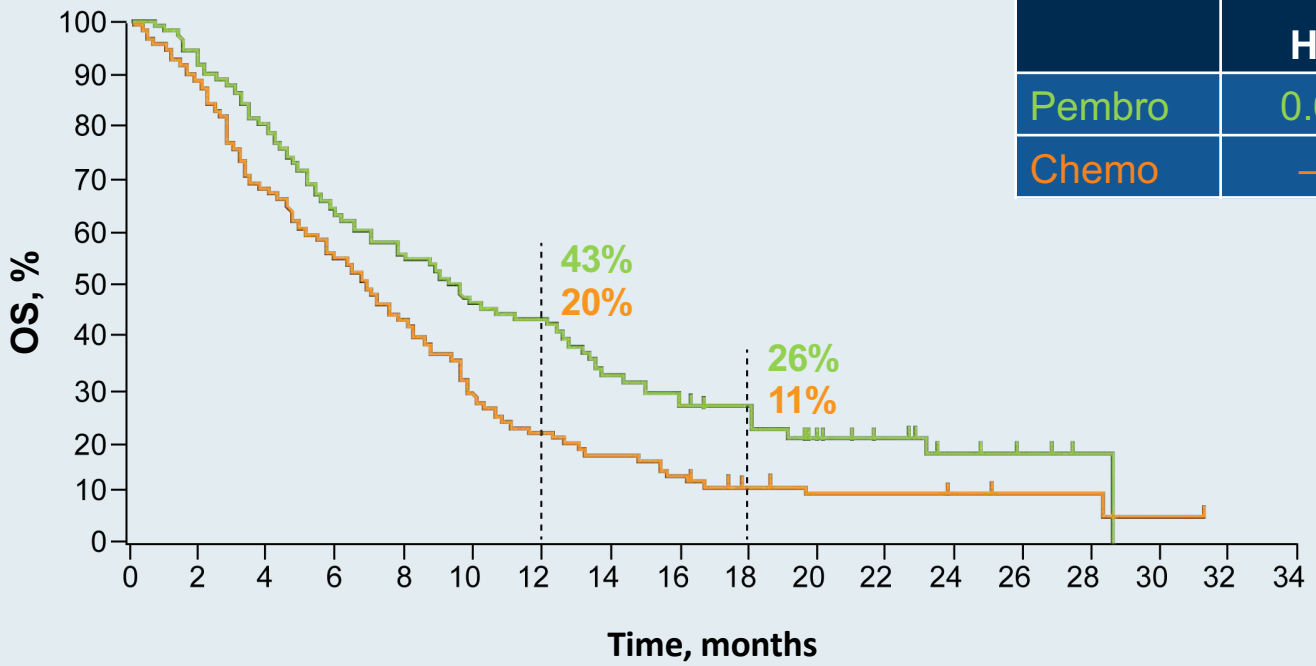


Data cutoff: February 13, 2019; these data represent an additional 4 months of follow up data from the October 15, 2018 cutoff.

Bang et al, 2019 ESMO Asia

Courtesy of Zev Wainberg, MD, MSc

KEYNOTE-181: Overall Survival (PD-L1 CPS ≥10) for Patients with Squamous Cell Carcinoma



	HR	Median, mo	*p*-value
Pembro	0.69	9.3	0.0074
Chemo	—	6.7	

- ORR higher with pembrolizumab than with chemotherapy for patients with CPS ≥10 (21.5% vs 6.1%)
- Lower frequency of Grade 3-5 treatment-related adverse events with pembrolizumab than with chemotherapy (18.2% vs 40.9%); no new safety signals observed

Kojima T et al. Gastrointestinal Cancers Symposium 2019;Abstract 2; Metges J et al. *Proc ESMO World GI Congress* 2019;Abstract O-012.

Courtesy of Zev Wainberg, MD, MSc

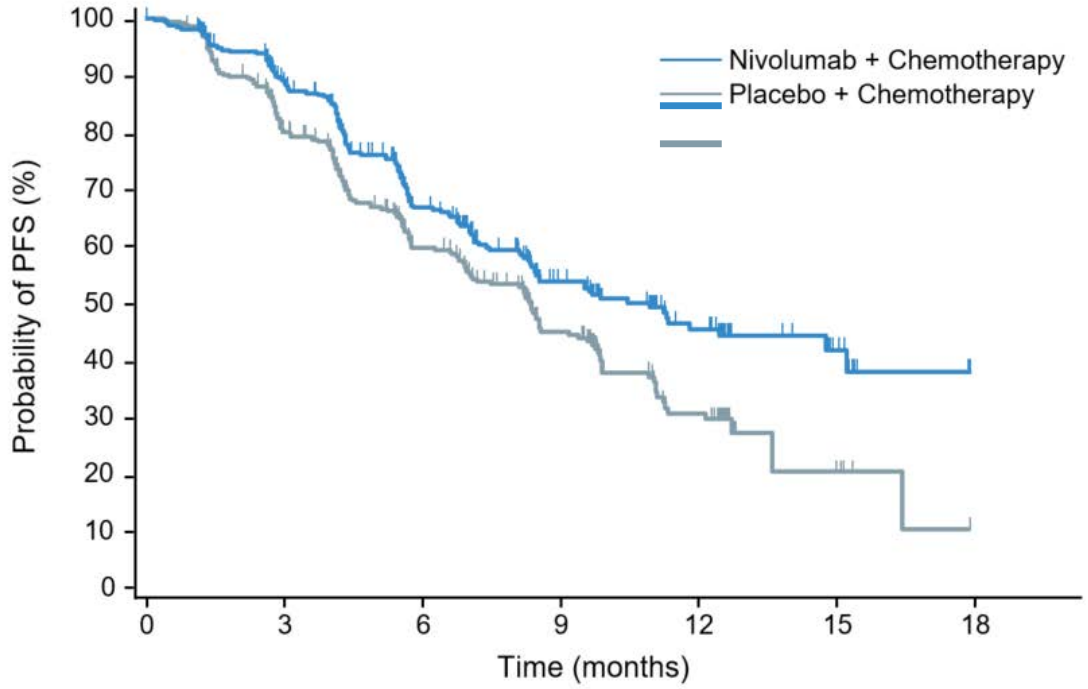
RTP RESEARCH TO PRACTICE

Nivolumab plus Chemotherapy versus Chemotherapy Alone in Patients with Previously Untreated Advanced or Recurrent Gastric/Gastroesophageal Junction (G/GEJ) Cancer: ATTRACTION-4 (ONO-4538-37) Study

Boku N et al.

ESMO 2020;Abstract LBA7_PR.

ATTRACTION-4: Progression-Free Survival (Interim Analysis)



At Risk							
Nivolumab + Chemotherapy	362	274	168	94	46	13	0
Placebo + Chemotherapy	362	259	160	80	30	5	0

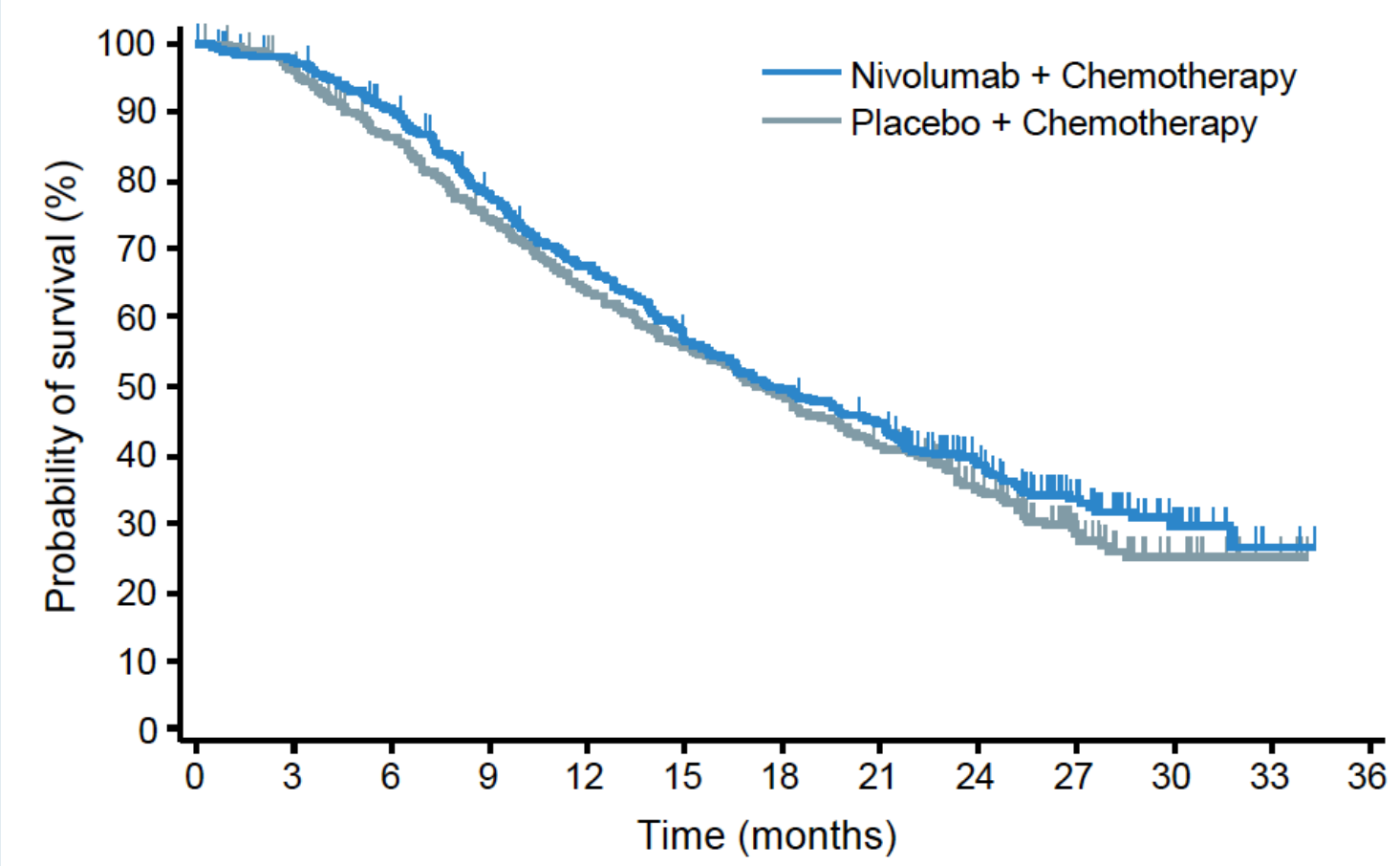
	Nivolumab + chemotherapy N = 362	Placebo + chemotherapy N = 362
Median PFS, months (95% CI)	10.45 (8.44-14.75)	8.34 (6.97-9.40)
Hazard ratio (98.51% CI)	0.68 (0.51 – 0.90)	
P value	0.0007	
1yr PFS rate (%)	45.4	30.6

Cut off: 31 Oct 2018 for Interim analysis

- PFS was continuously longer in NIVO + Chemo than in Chemo at the final analysis (NIVO+Chemo vs. Chemo: HR 0.70; mPFS 10.9 vs. 8.4 mo)

Courtesy of Yelena Y Janjigian, MD

ATTRACTION-4: Final Analysis of OS



	Nivo + chemo (n = 362)	Placebo + chemo (n = 362)	HR (*p*-value)
Median OS	17.45 mo	17.15 mo	0.90 (0.257)

Boku N et al. ESMO 2020;Abstract LBA7_PR.

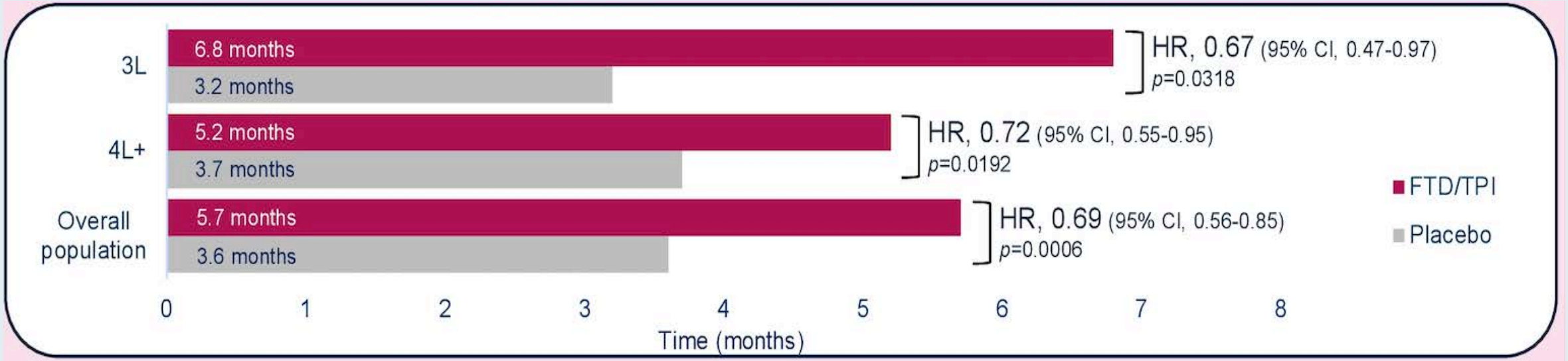
RTP RESEARCH TO PRACTICE

Trifluridine/Tipiracil Outcomes in Third or Later Lines versus Placebo in Metastatic Gastric Cancer Treatment: An Exploratory Subgroup Analysis from the TAGS Study

Tabernero J et al.

Gastrointestinal Cancers Symposium 2021;Abstract 229.

TAGS Exploratory Subgroup Analysis: Median OS in the ITT Population



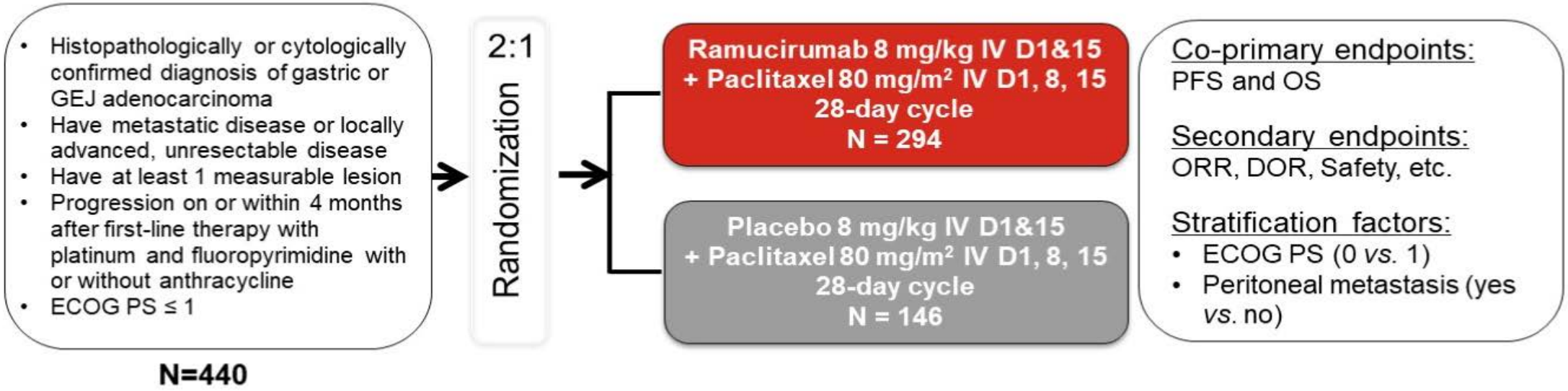
Tabernero J et al. Gastrointestinal Cancers Symposium 2021;Abstract 229.

Rainbow-Asia: A Randomized, Multicenter, Double-Blind, Phase III Study of Ramucirumab plus Paclitaxel versus Placebo plus Paclitaxel in the Treatment of Advanced Gastric or Gastroesophageal Junction (GEJ) Adenocarcinoma Following Disease Progression on First-Line Chemotherapy with Platinum and Fluoropyrimidine

Xu R et al.

Gastrointestinal Cancers Symposium 2021;Abstract 199.

STUDY DESIGN



Statistical consideration: 336 deaths will provide at least 80% probability to assure that the treatment effect observed in this study is consistent with the global study.

Abbreviations: DOR = duration of response; ECOG PS = Eastern Cooperative Oncology Group performance status; GEJ = gastroesophageal junction; IV = intravenous; N = number of patients; PFS = progression-free survival; ORR = objective response rate; OS = overall survival; TTP = time to progression.

Xu R et al. Gastrointestinal Cancers Symposium 2021;Abstract 199.

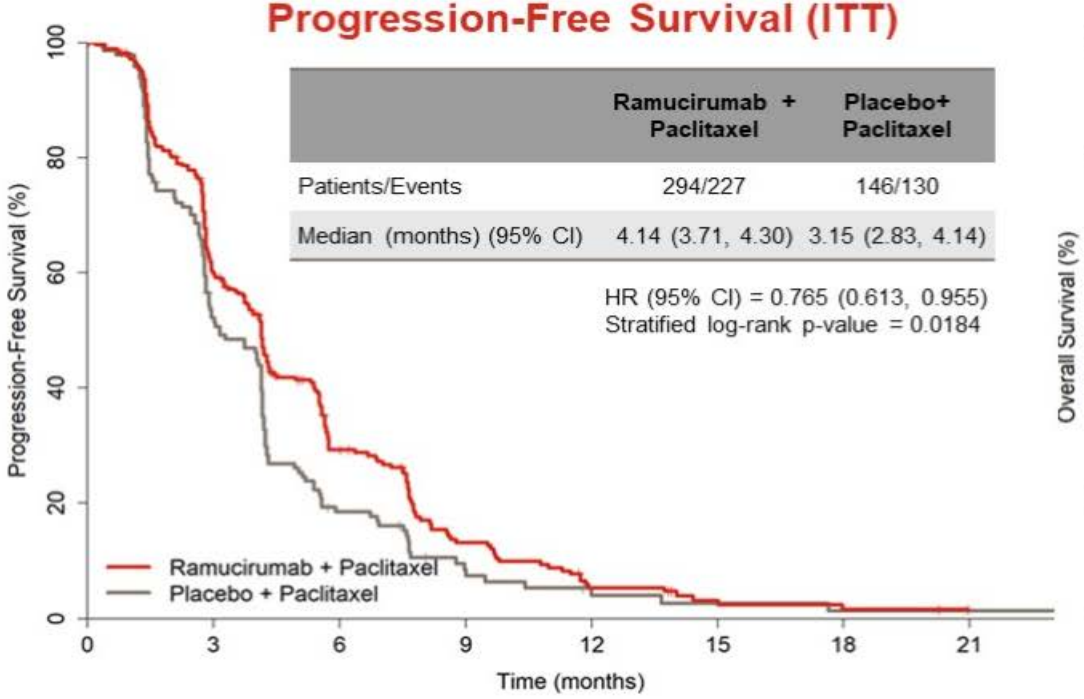
KEY RESULT

Efficacy Co-Primary Endpoints

Progression-Free Survival (ITT)

	Ramucirumab + Paclitaxel	Placebo+ Paclitaxel
Patients/Events	294/227	146/130
Median (months) (95% CI)	4.14 (3.71, 4.30)	3.15 (2.83, 4.14)

HR (95% CI) = 0.765 (0.613, 0.955)
Stratified log-rank p-value = 0.0184



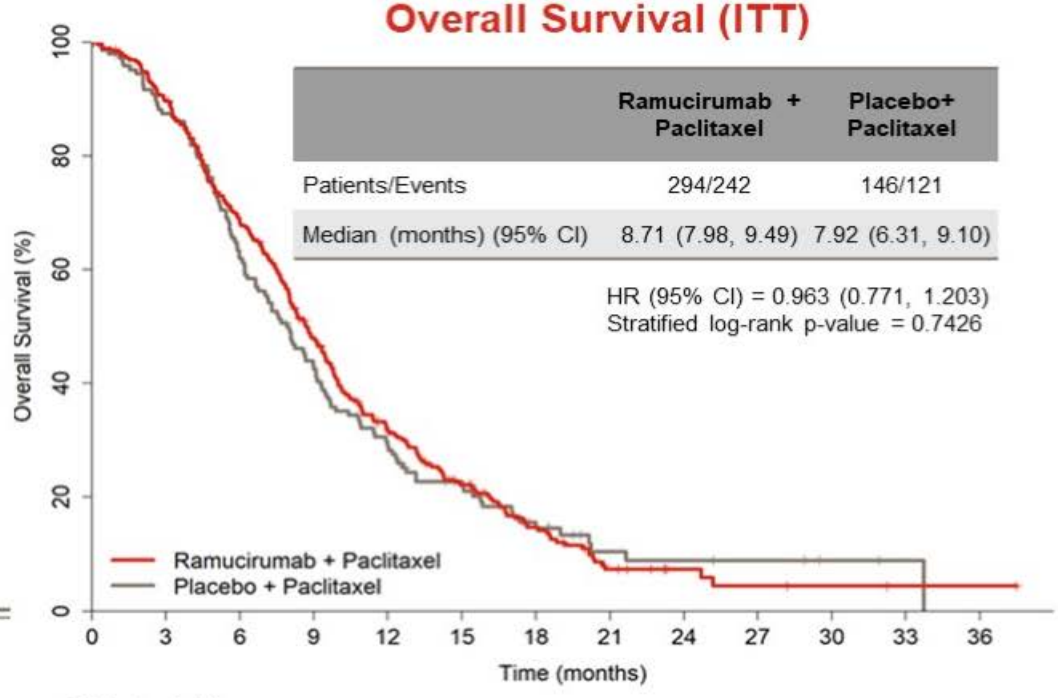
Patients at risk:

Ramucirumab + Paclitaxel	294	153	59	24	9	4	2	0
Placebo + Paclitaxel	146	70	23	8	3	2	1	1

Overall Survival (ITT)

	Ramucirumab + Paclitaxel	Placebo+ Paclitaxel
Patients/Events	294/242	146/121
Median (months) (95% CI)	8.71 (7.98, 9.49)	7.92 (6.31, 9.10)

HR (95% CI) = 0.963 (0.771, 1.203)
Stratified log-rank p-value = 0.7426



Patients at risk:

Ramucirumab + Paclitaxel	294	259	196	128	77	48	28	11	5	3	2	1	1
Placebo + Paclitaxel	146	125	87	59	38	26	15	7	6	5	2	1	0

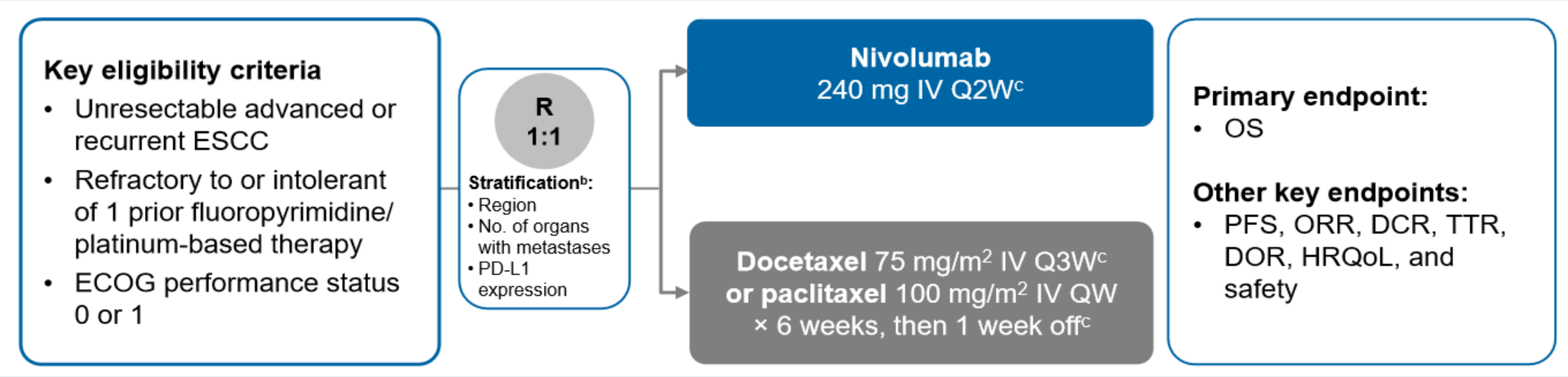
Xu R et al. Gastrointestinal Cancers Symposium 2021;Abstract 199.

Three-Year Follow-Up of ATTRACTION-3: A Phase III Study of Nivolumab (Nivo) in Patients with Advanced Esophageal Squamous Cell Carcinoma (ESCC) That Is Refractory or Intolerant to Previous Chemotherapy

Chin K et al.

Gastrointestinal Cancers Symposium 2021;Abstract 204.

ATTRACTION-3: Nivolumab for Esophageal Squamous Cell Carcinoma (ESCC)

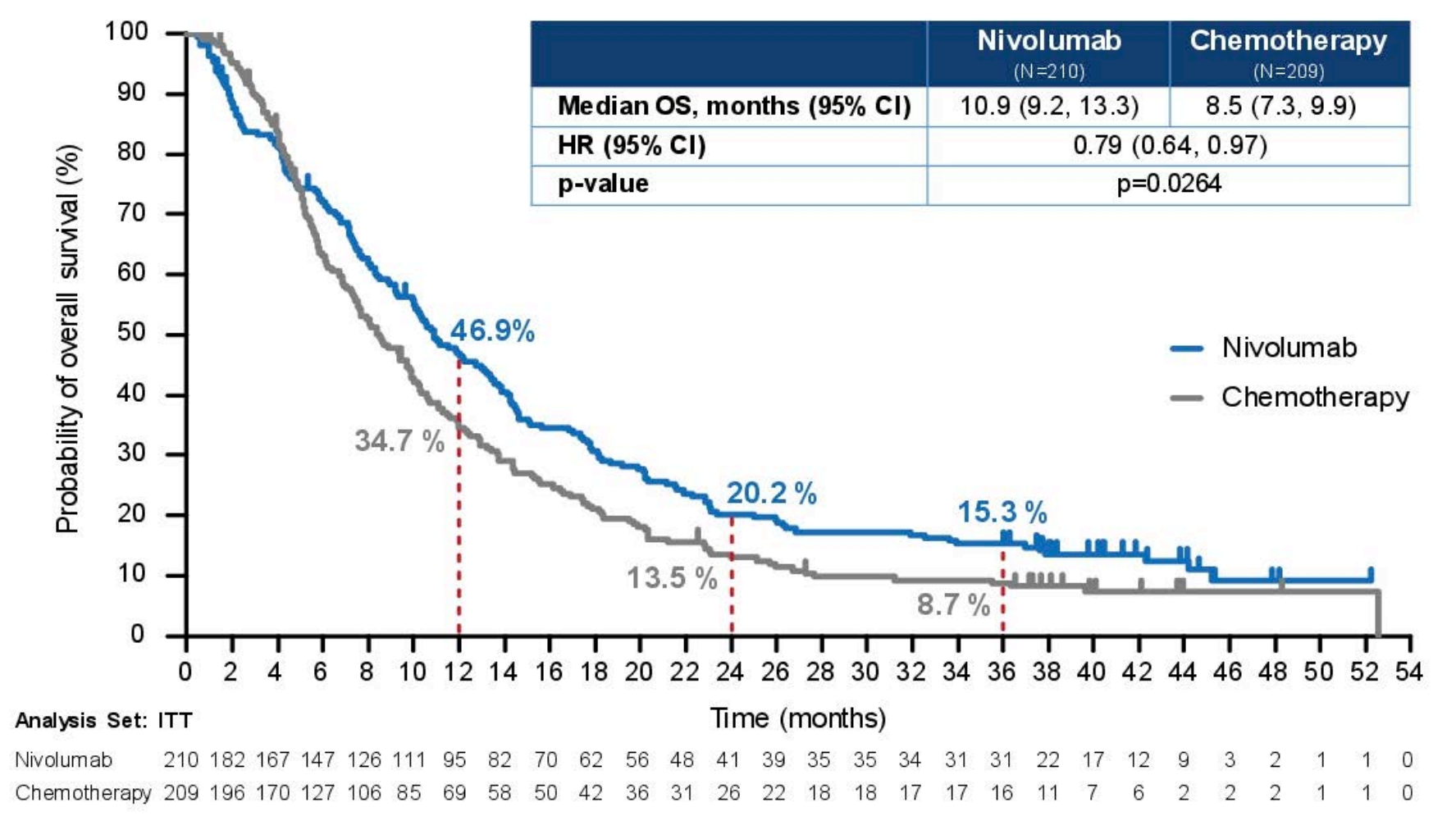


	Nivolumab	Chemotherapy	P value
Overall Response Rate	19%	22%	0.63
Disease Control Rate	37%	63%	
Median Time to Response	2.6 months	1.5 months	
Duration of Response	6.9 months	3.9 months	
Treatment-Related Adverse Events	66%	95%	
Dose delays due to Adverse Events	39%	50%	

Cho BC et al ESMO 2019 Annual Congress and Kato K et al Lancet Oncology 2019

Courtesy of Zev Wainberg, MD, MSc

ATTRACTION-3: Overall Survival (3-Year Follow-Up)

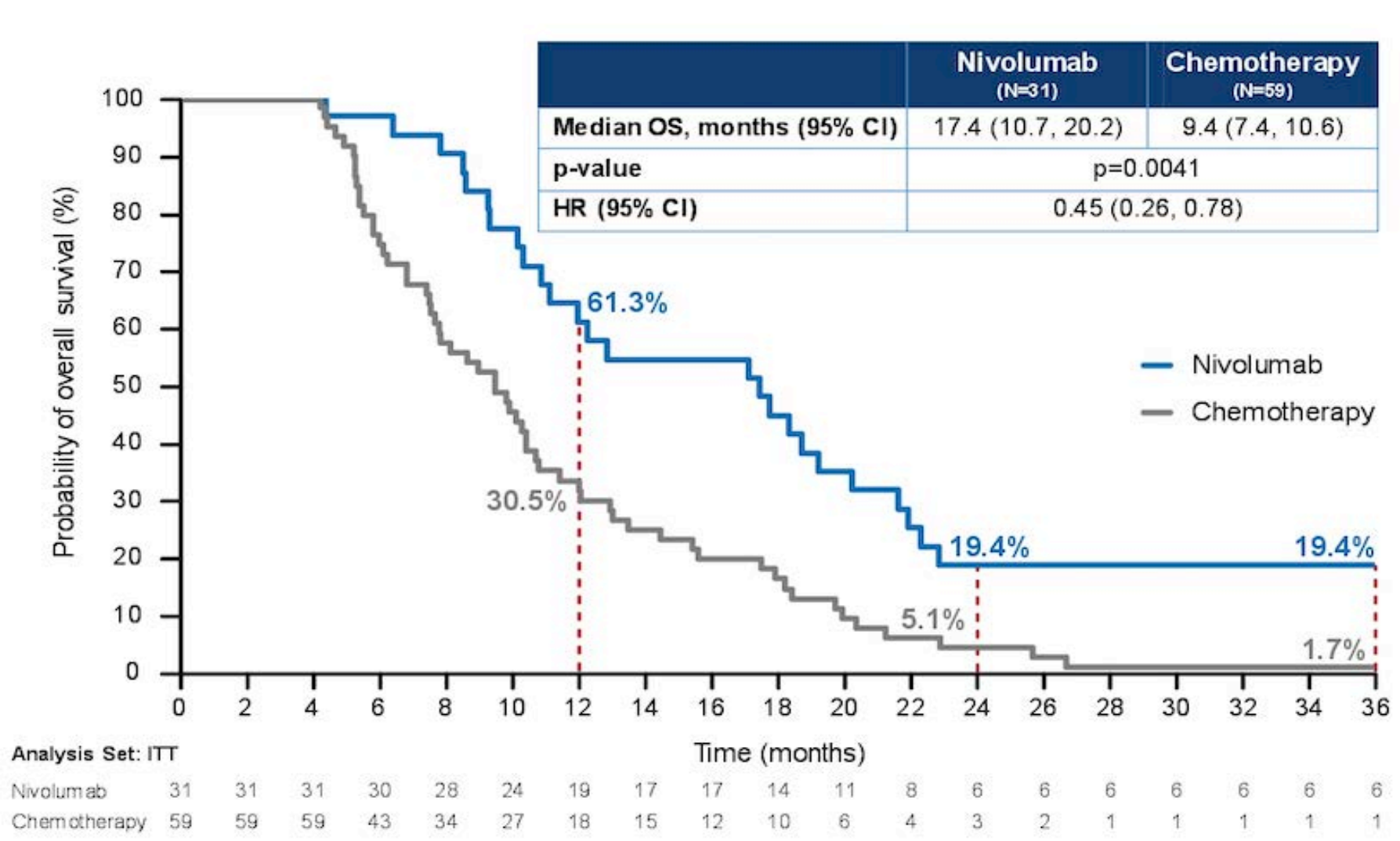


	Nivolumab (N=210)	Chemotherapy (N=209)
Median OS, months (95% CI)	10.9 (9.2, 13.3)	8.5 (7.3, 9.9)
HR (95% CI)	0.79 (0.64, 0.97)	
p-value	p=0.0264	

- No new safety signal was identified with 3 years follow-up and no major late-onset TRAEs were observed

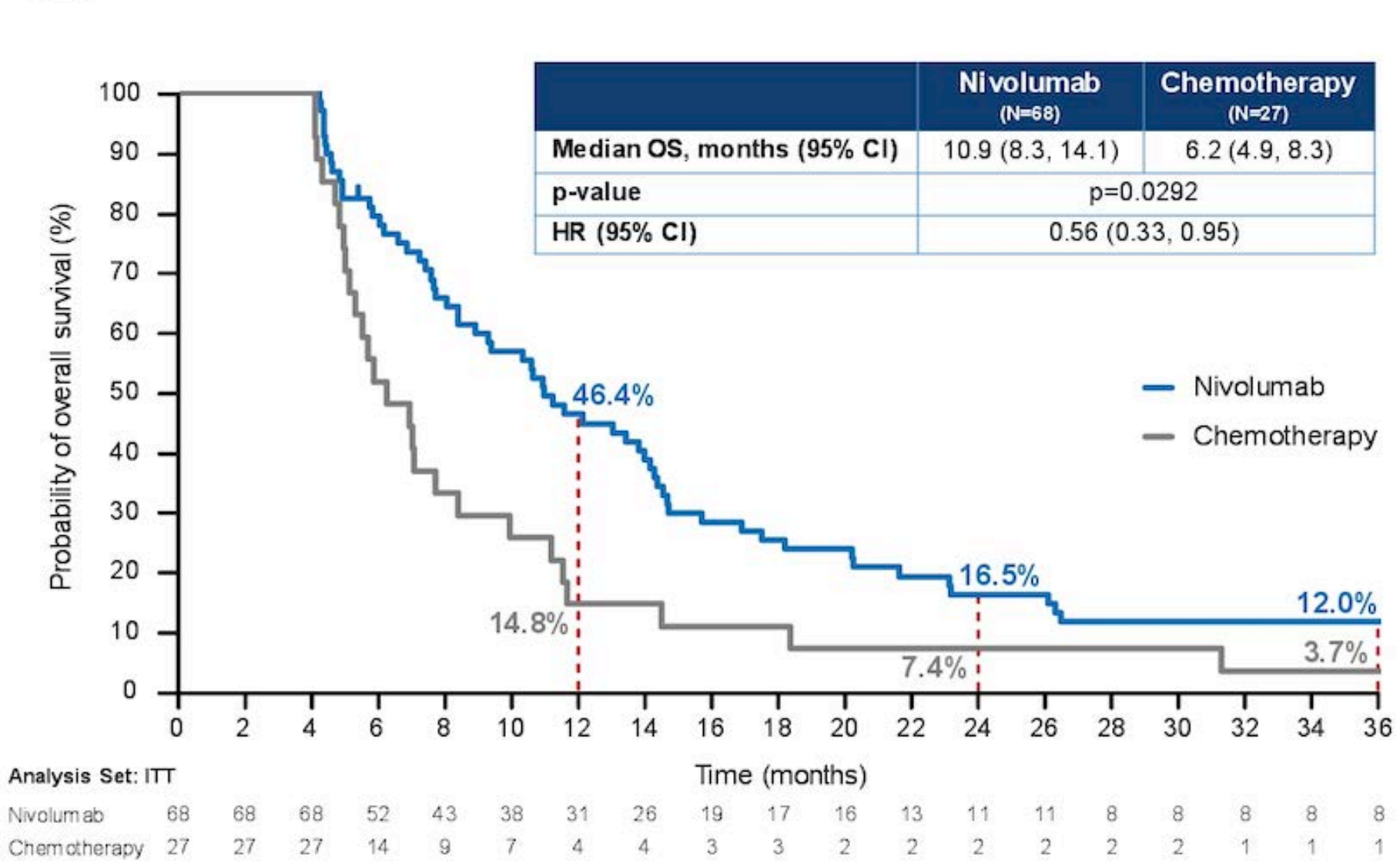
Chin K et al. Gastrointestinal Cancers Symposium 2021;Abstract 204.

ATTRACTION-3: OS Landmark Analysis at 4 Months by Best Overall Response – Stable Disease



Chin K et al. Gastrointestinal Cancers Symposium 2021;Abstract 204.

ATTRACTION-3: OS Landmark Analysis at 4 Months by Best Overall Response – Progressive Disease



Chin K et al. Gastrointestinal Cancers Symposium 2021;Abstract 204.

207

Nivolumab in advanced esophageal squamous cell carcinoma (ATTRACTION-1/ONO-4538-07): Minimum of 5-year follow-up

Ken Kato[1], Yuichiro Doki[2], Takashi Ura[3], Yasuo Hamamoto[4], Takashi Kojima[5], Takahiro Tsushima[6], Shuichi Hironaka[7], Hiroki Hara[8], Taroh Satoh[9], Satoru Iwasa[1], Kei Muro[10], Hirofumi Yasui[6], Keiko Minashi[11], Kensei Yamaguchi[12], Atsushi Ohtsu[13], Yuko Kitagawa[14]

[1]Department of Gastrointestinal Medical Oncology, National Cancer Center Hospital, Tokyo, Japan; [2]Department of Gastroenterological Surgery, Osaka University Graduate School of Medicine, Osaka, Japan; [3]Department of Clinical Oncology, Aichi Cancer Center Hospital, Nagoya, Japan (current affiliation: Department of Clinical Oncology, National Hospital Organization Kyoto Medical Center, Kyoto, Japan); [4]Keio Cancer Center, Keio University School of Medicine, Tokyo, Japan; [5]Department of Gastroenterology and Gastrointestinal Oncology, National Cancer Center Hospital East, Kashiwa, Japan; [6]Division of Gastrointestinal Oncology, Shizuoka Cancer Center, Shizuoka, Japan; [7]Clinical Trial Promotion Department, Chiba Cancer Center, Chiba, Japan (current affiliation: Department of Medical Oncology and Hematology, Oita University Faculty of Medicine, Oita, Japan); [8]Department of Gastroenterology, Saitama Cancer Center, Saitama, Japan; [9]Department of Frontier Science for Cancer and Chemotherapy, Osaka University Graduate School of Medicine, Osaka, Japan; [10] Department of Clinical Oncology, Aichi Cancer Center Hospital, Nagoya, Japan; [11] Clinical Trial Promotion Department, Chiba Cancer Center, Chiba, Japan; [12] Department of Gastroenterology, Saitama Cancer Center, Saitama, Japan (current affiliation: Department of Gastroenterological Chemotherapy, The Cancer Institute Hospital of Japanese Foundation for Cancer Research, Tokyo, Japan); [13] National Cancer Center Hospital East, Kashiwa, Japan; [14] Department of Surgery, Keio University School of Medicine, Tokyo, Japan

PRESENTED AT: Gastrointestinal Cancers Symposium

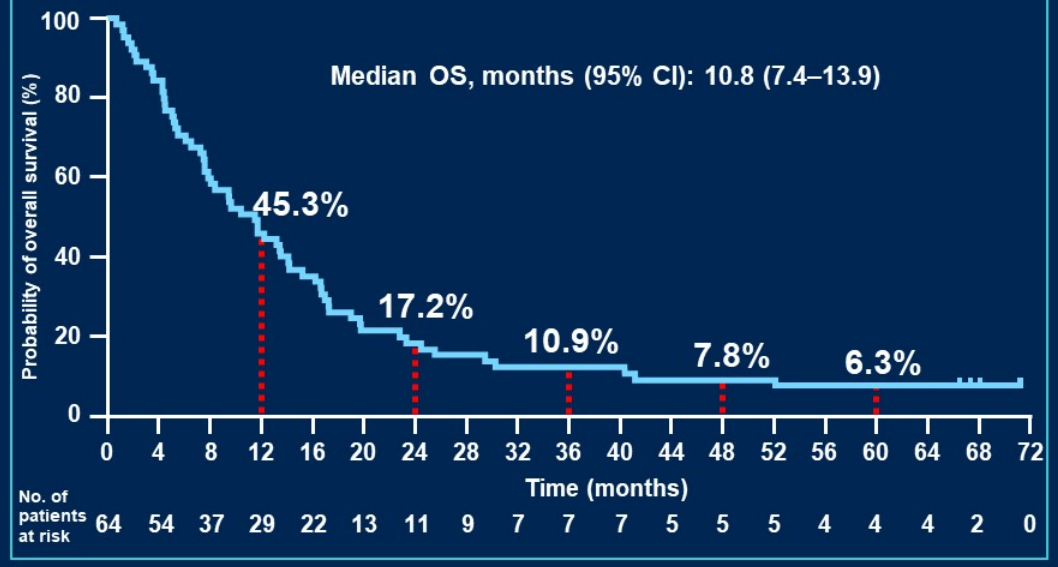
#GI21

Presented By Ken Kato at 2021 Gastrointestinal Cancers Symposium

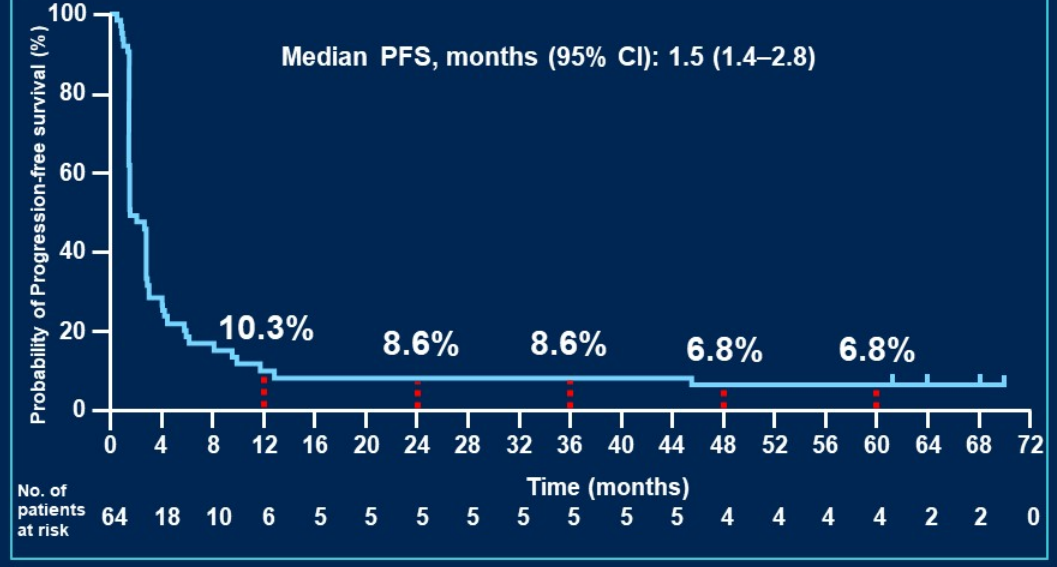
ATTRACTION-1: Efficacy

- At a minimum follow-up of five years, the median duration of OS and PFS were 10.8 and 1.5 months, respectively.

Overall Survival



Progression-free survival



N = 64, one patient had multiple primary cancers and was excluded from the analysis of primary and secondary endpoints
OS, overall survival; PFS, progression-free survival

Presented By Ken Kato at 2021 Gastrointestinal Cancers Symposium

Conclusions

- Nivolumab demonstrated durable efficacy in patients with advanced ESCC based on a minimum of 5-year update of ATTRACTION-1 study.
- No new safety signals with nivolumab were identified.
- Long-term survivors tended to show the deeper response (e.g., complete response) of nivolumab in this study.

For additional information, see poster # 207

Presented By Ken Kato at 2021 Gastrointestinal Cancers Symposium

Meet The Professor

Management of Chronic Lymphocytic Leukemia

Thursday, April 15, 2021
5:00 PM – 6:00 PM ET

Faculty

John N Allan, MD

Moderator

Neil Love, MD

RTP
RESEARCH
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