Vyuhpharma

#GI24

ASCO GI CONFERENCE

ONCOLOGY

ASCO GI: Practice Changing or more of the same?

Key Highlights			Implications
MATTERHORN Ph 3 AstraZeneca	**Perioperative G/GEJ** **Durvalumab** (anti-PD-L1) **+ CT *vs* CT** (N=948)	Subgroup analysis showed that pCR was consistent regardless of geographics. As revealed at ESMO 2023, the regimen significantly improved pCR diff rate (△): 12% (19% vs 7%, *p* <.00001).	Trial continues for EFS endpoint (primary) as well as OS (secondary), which are most awaited to understand if this pCR translates to long-term benefits. Only subgroup analysis for geographics reported
DOC-GC Ph 3 **Institutional sponsored**	**Adv. G/GEJ** **CT** (DOX or DOF) ***vs*** **CT** (CAPOX or mFOLFOX7) (N= 324)	Addition of docetaxel to the standard CAPOX or FOLFOX regimen did not improve OS (p = 0.302) & PFS (despite continuing docetaxel till progression *vs.* observation in control)	Trial continues for EFS endpoint (primary) as well as OS (secondary), which are most awaited to understand if this pCR translates to long-term benefits. Only subgroup analysis for geographics reported
ESCORT-NEO Ph 3 恒瑞	**Perioperative ESCC** **Camrelizumab** (anti-PD-1) **+ CT** (nab-pac + cis) ***vs*** **CT** (N = 391)	It is reportedly the first data presented for a Ph 3 trial that compares neoadjuvant chemoimmunotherapy *vs.* chemotherapy alone in LA-ESCC. pCR rate was 28% in ITT vs 4.7% in chemo alone grp (diff: 23.5%; p< .0001). Safety: Gr ≥3 34.1% vs 28.8%	While the pCR rate appears promising, interim EFS results are awaited until Q4 2025, which is a co-primary endpoint. Concurrent usage with a definitive chemoradiotherapy remains an open question (as the trial did not address this question)
KEYNOTE-590 Ph 3 MERCK	**Adv. Esophageal ca.** **Pembrolizumab** (anti-PD-1) **+ CT *vs* CT** (N=749)	At 5 yr follow-up, pembro + CT significantly improved OS rate than CT in ITT population 5 yr OS 10.6% vs 3%; Grade 3/5: 71.9% vs 67.6%	Pembro + CT continues to show significant benefit survival and support use of this regimen as 1L therapy. Pembro + CT was approved for advanced esophageal & GEJ cancer in March 2021 based on PFS & OS data.
SKYSCRAPER-08 Ph 3 Roche	**Adv. ESCC** **Tiragolumab** (anti-TIGIT) **+ atezolizumab** (anti-PD-L1) **+ CT *vs* + CT** (N=461)	First results showed that the trial met its two primary endpoints, demonstrating statistically significant improvement in PFS (HR 0.56, P<0.0001) & OS (HR: 0.70; P= 0.0024) for treatment *vs.* control. Gr 3/4 TRAE: 59.6% *vs.* 56.4%	KOLs' comments suggest data are not a practice changing as there are some key issues in trial design. The trial had outdated control arm (CT alone) which is not a SoC and tiragolumab's contribution is unclear (no data comparing TIGIT + PD-1 to PD-1)
EMERALD-1 Ph 3 AstraZeneca	**Unresectable HCC** **Durvalumab** (anti-PD-L1) **+ bevacizumab** (anti-VEGF) **+TACE *vs* TACE** (N=409)	Results presented for the first time. The trial met PFS endpoint and demonstrated statistically significant PFS benefit (HR: 0.77, p=0.032); ORR: 43.6%. Interim OS was not statistically significant	OS data is awaited. While the filing process is ongoing, data look approvable (considering positive PFS). Discussant noted *"The regimen can become the SoC in intermediate HCC"* and results were not significant for non-bevacizumab regimen
NETTER-2 Ph 3 NOVARTIS	**Gr 2 & 3 GEP-NETs** **Lutathera** (^{177}Lu- DOTA-TATE) **+ octreotide LAR *vs* HD octreotide LAR** (N=226)	In newly diagnosed GEP-NETs patients (1L), the combination showed 22.8m PFS benefit *vs.* 8.5m in comparator (HR 0.27; <0.0001); Gr >3 TRAE: 5.4% *vs.* 0	In the US, data may be practice confirming as Lutathera already has a broader label, covering 1L use. In the EU, Novartis plans to file for but timelines are unclear
CheckMate 8HW Ph 3 Bristol Myers Squibb	**mCRC (MSI-H/dMMR)** **Nivolumab** (anti-PD-1) **+ ipilimumab** (anti-CTLA-4) **vs CT** (investigator choice) (N=303)	In 1L mCRC pts with MSI-H/MMR, dual immunotherapy combination showed statistically significant PFS benefits (HR: 0.21; p < 0.0001) *vs.* chemo regimen, meeting one of its co-primary endpoints	While the trial continues to assess OS, PFS data look approvable and is superior to pembrolizumab monotherapy data from KN-177 in the same setting (Note: Control arm seems to have underperformed). Pembrolizumab monotherapy is SoC in this setting

Potentially may become SoC | Practice assuring results | Further results needed for clinical utilization