Updates in Treatment for Advanced Gastroesophageal Cancer

Jon Mizrahi, M.D.
Department of Hematology and Oncology
Ochsner Cancer Institute

Ochsner™ Health System

Disclosures

- Speaking and Advisory Board: Exelixis, AstraZeneca
- Advisory Board: Seagen

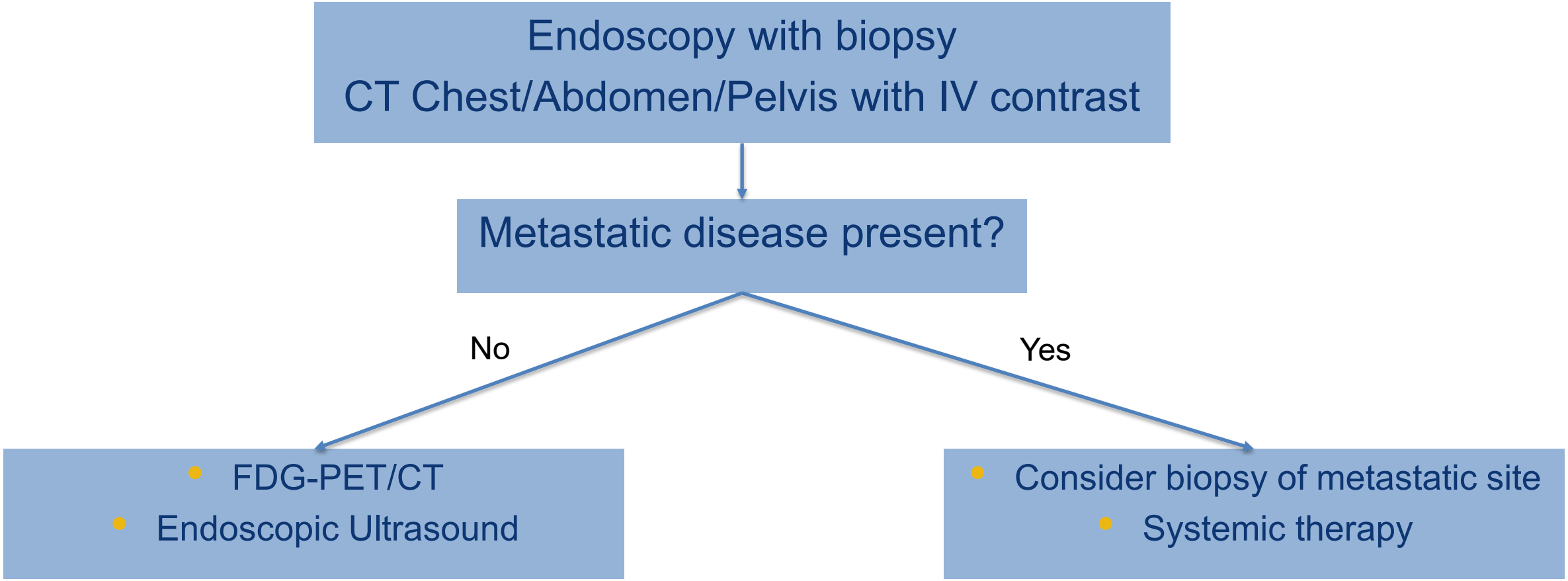
Ochsner™ Health System

Outline

- Updates for Localized GE Cancers
- Immune Checkpoint Inhibitors in Advanced GE Cancers
- Targeted Therapies for Advanced GE Cancers
- Future Directions

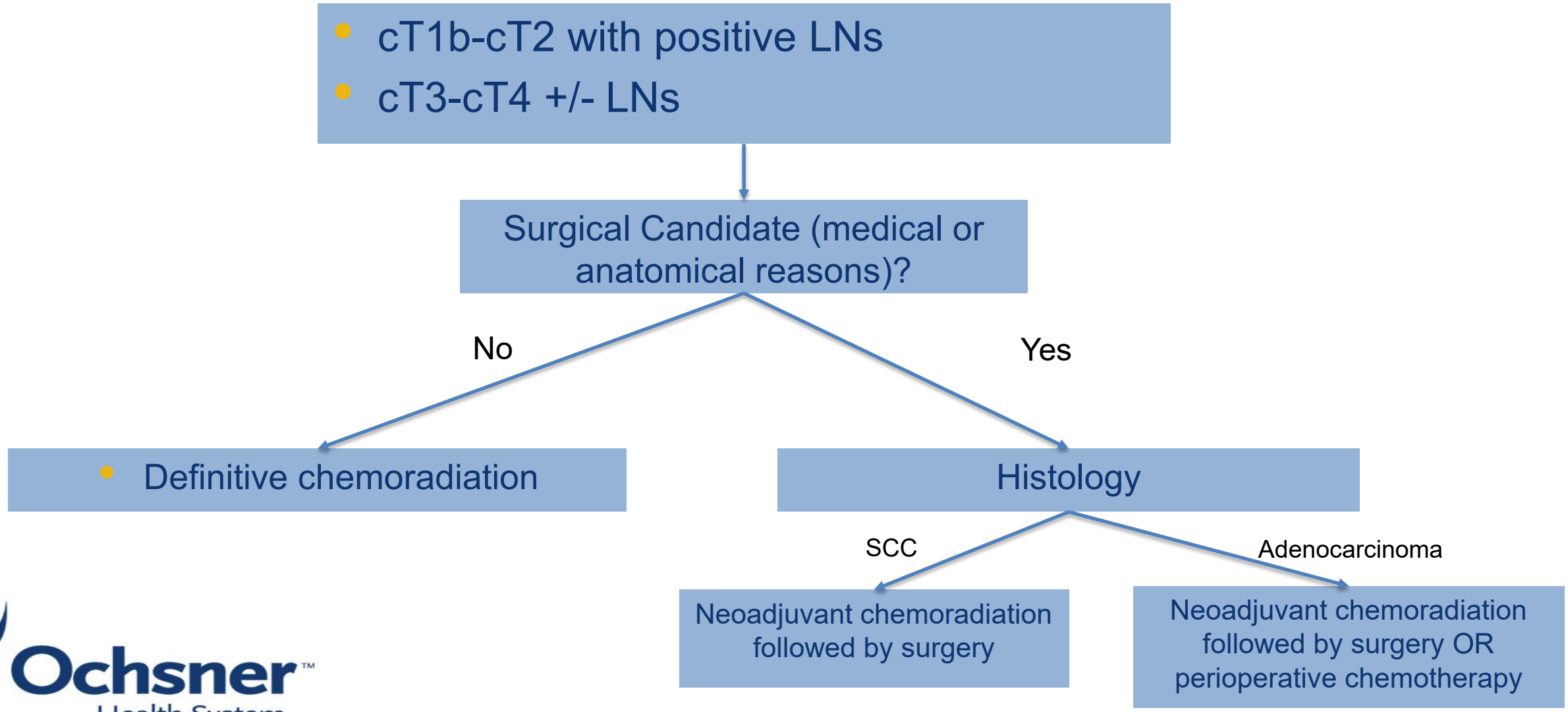
Ochsner™ Health System

Diagnosis and Staging



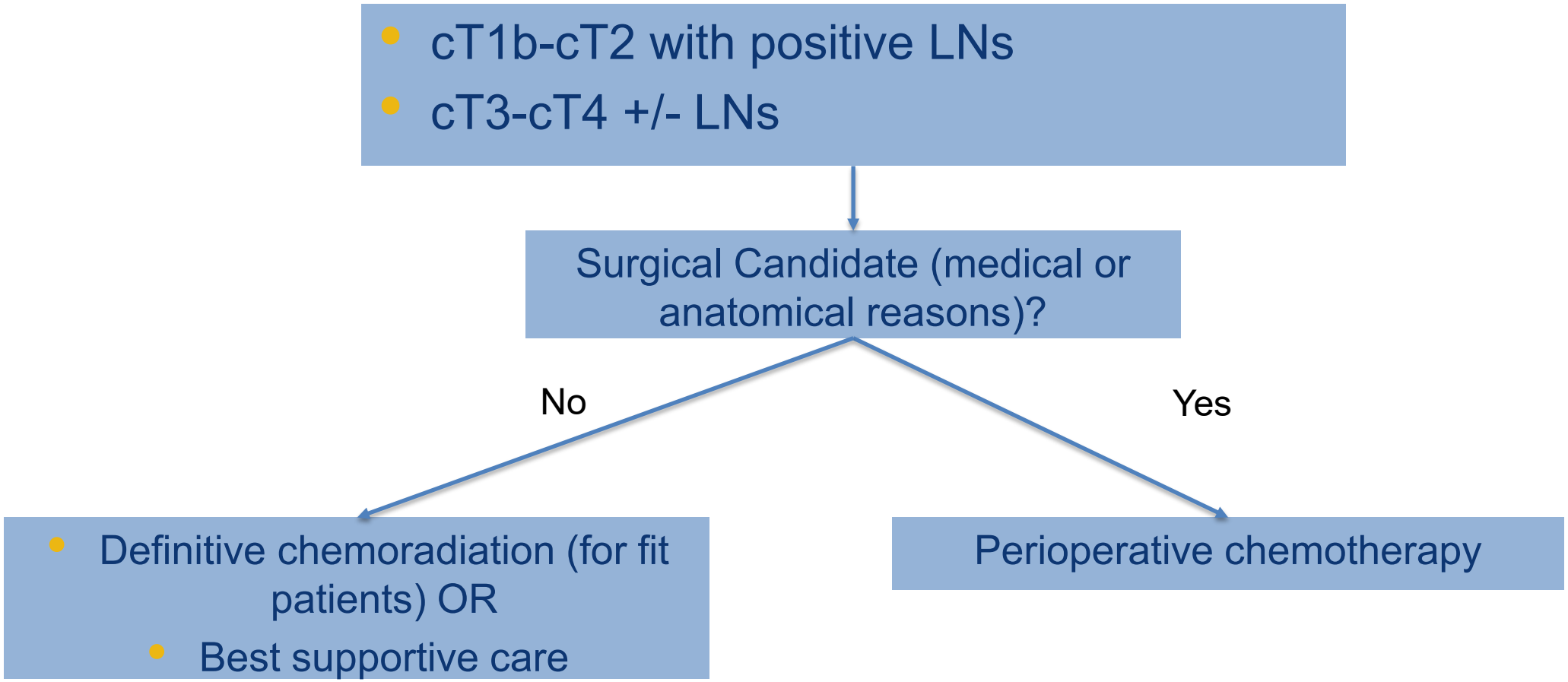
Ochsner Health System

Treatment – Early Stage **Esophageal**



Ochsner™ Health System

Treatment – Early Stage **Gastric**

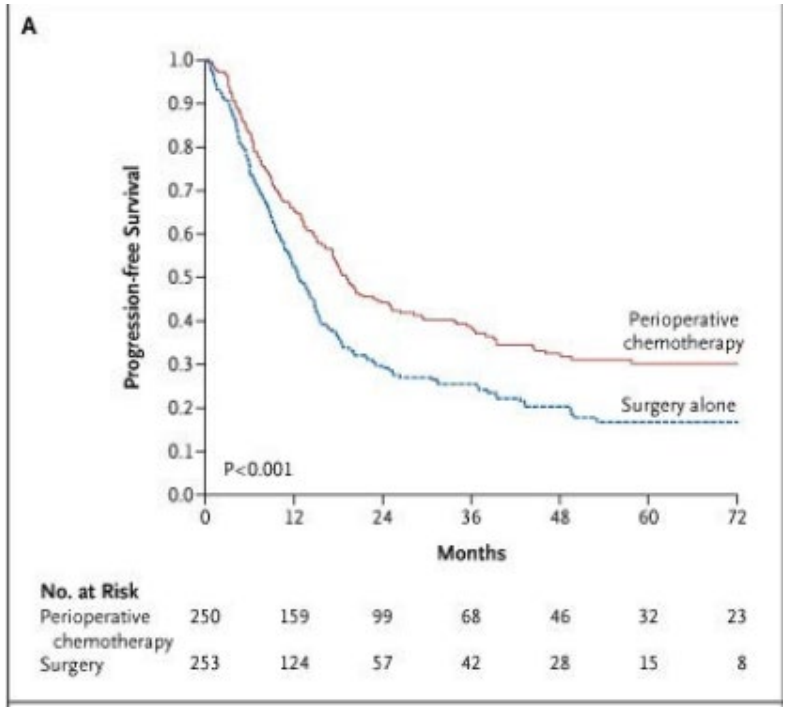


Ochsner Health System

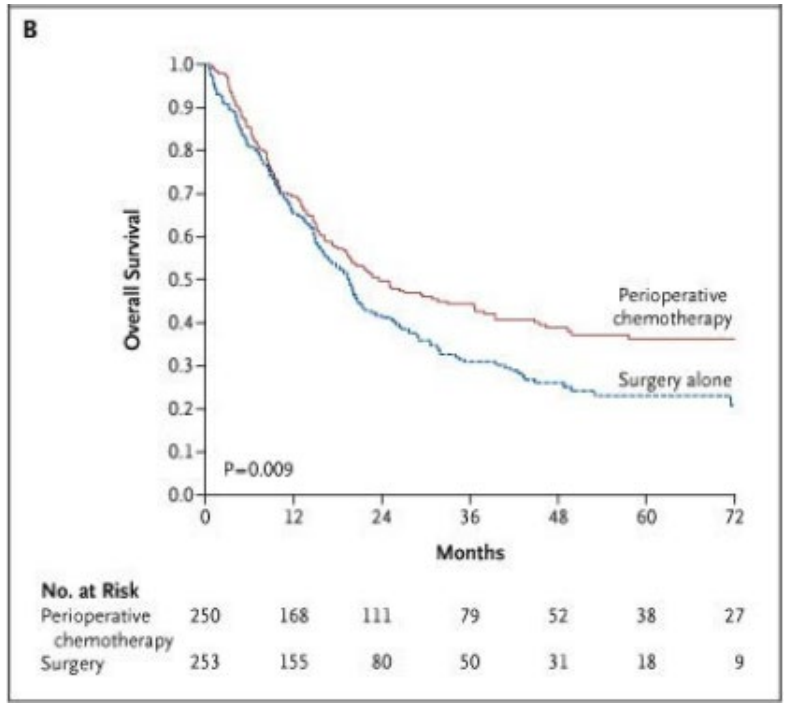
Early Stage - Gastric/GEJ/Distal Esophageal

- MAGIC Trial – Perioperative ECF

PFS



OS



Ochsner™ Health System

Cunningham et al. NEJM 2006.

Treatment – Early Stage Gastric/GEJ

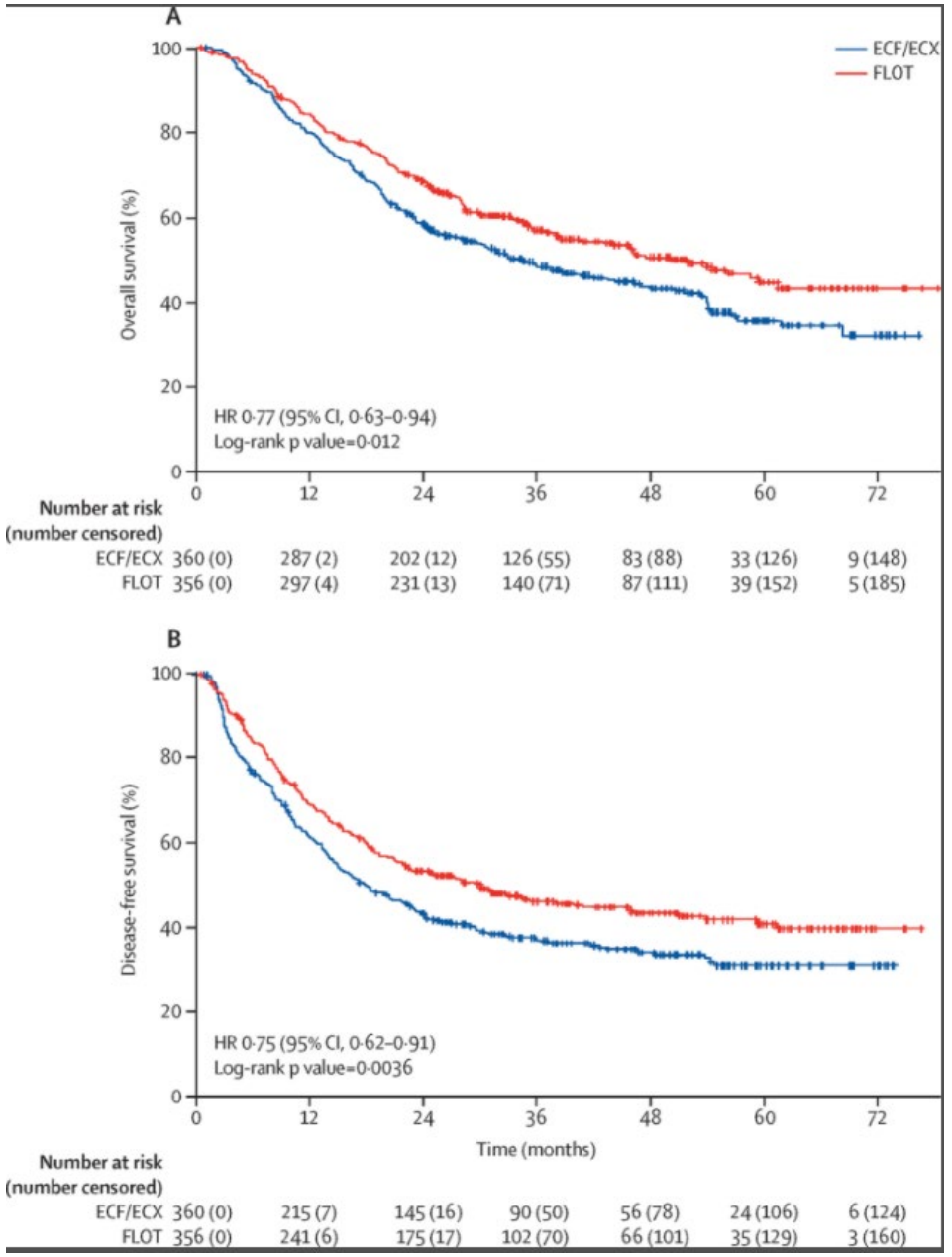
- FLOT4-AIO Trial
  - FLOT vs ECF
  - Docetaxel 50 mg/m2 + oxaliplatin 85 mg/m2 + leucovorin 200 mg/m2 + infusional 5-FU 2600 mg/m2 over 24 hours administered every 2 weeks
  - Studied FLOT x 4 cycle → Surgery → FLOT x 4 cycles
  - FLOT compared to ECF:
    - Higher pCR (16% vs 8%) in phase II portion
    - mOS 50m vs 35m (HR 0.77)
    - 3-year OS: 57% vs 48%

Ochsner Health System

Al-Batran et al. Lancet. 2019.

Treatment – Early Stage

- FLOT4-AIO Trial
  - FLOT vs ECF
  - Docetaxel 50 mg/m2 + oxaliplatin 85 mg/m2 + leucovorin 200 mg/m2 + infusional 5-FU 2600 mg/m2 over 24 hours administered every 2 weeks
  - Studied FLOT x 4 cycle → Surgery → FLOT x 4 cycles
  - FLOT compared to ECF:
    - Higher pCR (16% vs 8%) in phase II portion
    - mOS 50m vs 35m (HR 0.77)
    - 3-year OS: 57% vs 48%



Al-Batran et al. Lancet. 2019.

Ochsner™ Health System

Treatment – Early Stage - Esophageal

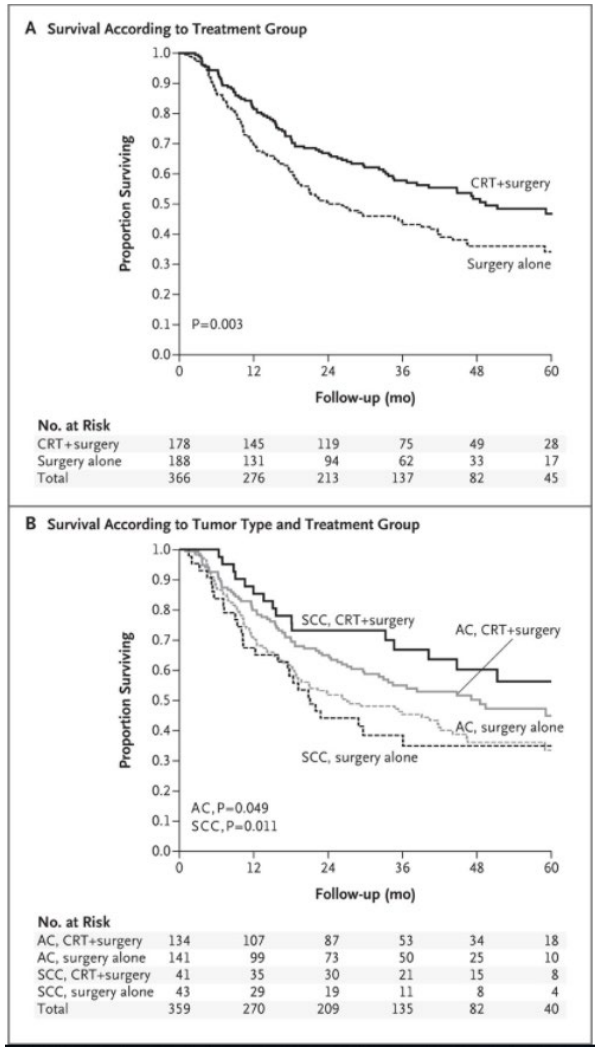
- CROSS Trial
  - Randomized resectable esophageal and GEJ patients to surgery alone or chemoradiation
  - Used carboplatin AUC 2 + paclitaxel 50 mg/m2 weekly x 5 weeks with 41.4 Gy XRT
  - 75% adenocarcinoma
  - R0 resection 92% vs 69% (P<0.001)
  - pCR 29% of neoadjuvant CRT group

Ochsner Health System

Van Hagen et al. NEJM 2012.

Treatment – Early Stage - Esophageal

- CROSS Trial
  - Randomized resectable esophageal and GEJ patients to surgery alone or chemoradiation
  - Used carboplatin AUC 2 + paclitaxel 50 mg/m2 weekly x 5 weeks with 41.4 Gy XRT
  - 75% adenocarcinoma
  - R0 resection 92% vs 69% (P<0.001)
  - pCR 29% of neoadjuvant CRT group
  - mOS: 49.4 m vs 24.0 m (HR: 0.657, P=0.003)



Van Hagen et al. NEJM 2012.

Ochsner™ Health System

Treatment – Early Stage

Standard of care for early stage (≥ T2 or N+, M0) gastric or GEJ (Siewart 3 +/- 2) adenocarcinoma is:

FLOT x 4 → SURGERY → FLOT x 4

** Only for most fit patients

** For less fit patients, consider perioperative FOLFOX or CAPOX based on CLASSIC trial

- Data extrapolated from adjuvant CLASSIC trial

Standard of care for early stage esophageal (≥ T2 or N+, M0) or GEJ (Siewart 1 +/-2) SCC or adenocarcinoma is:

Chemoradiation (carboplatin + paclitaxel) → SURGERY → NIVOLUMAB

** For patients who do not achieve pCR

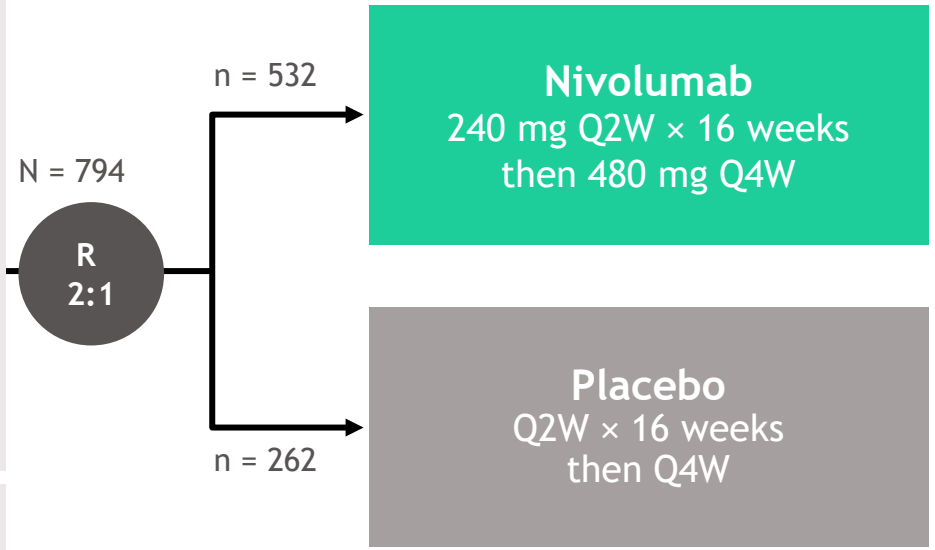
Ochsner™ Health System

CheckMate 577 study design

- CheckMate 577 is a global, phase 3, randomized, double-blind, placebo-controlled trial[a]

Key eligibility criteria
- Stage II/III EC/GEJC
- Adenocarcinoma or squamous cell carcinoma
- Neoadjuvant CRT + surgical resection (R0,[b] performed within 4-16 weeks prior to randomization)
- Residual pathologic disease
  - ≥ ypT1 or ≥ ypN1
- ECOG PS 0–1

Stratification factors
- Histology (squamous versus adenocarcinoma)
- Pathologic lymph node status (≥ ypN1 versus ypN0)
- Tumor-cell PD-L1 expression (≥ 1% versus < 1%[c])



Total treatment duration of up to 1 year[d]

Primary endpoint:
- DFS[e]

Secondary endpoints:
- OS[f]
- OS rate at 1, 2, and 3 years

Exploratory endpoints included:
- Safety
- DMFS[g]
- PFS2[h]
- QoL

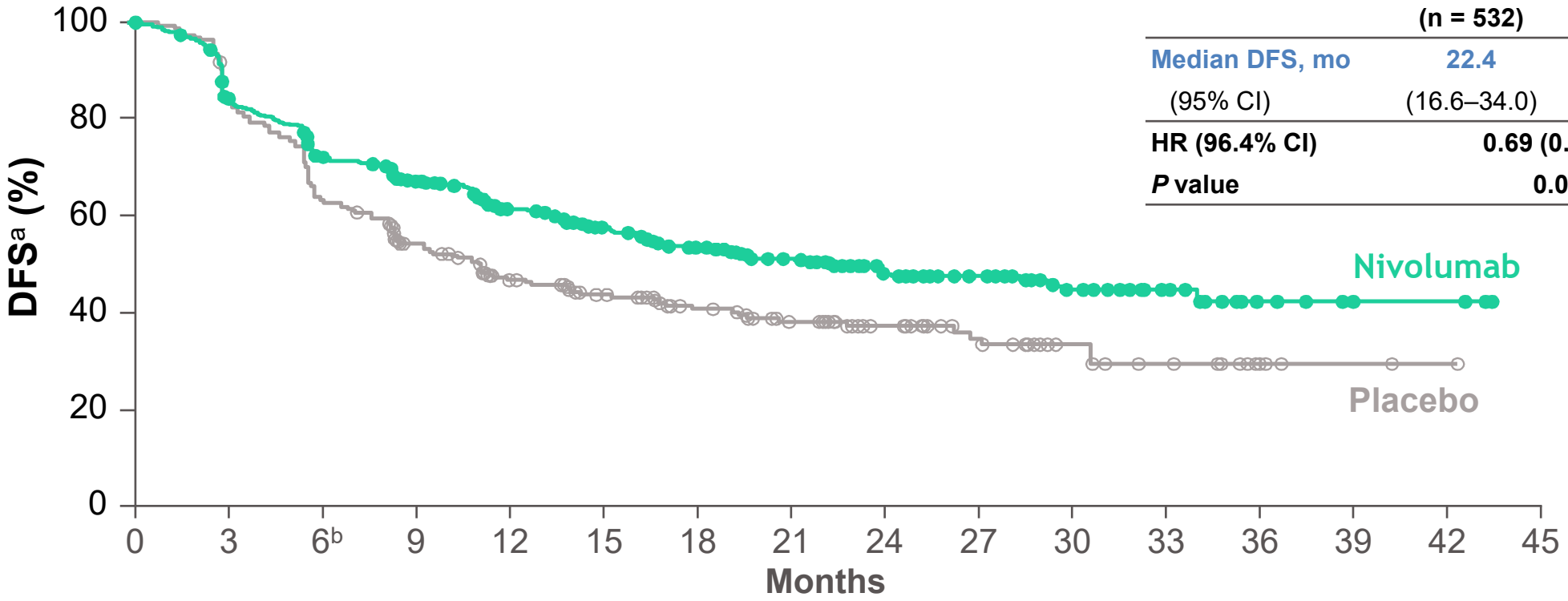
- Median follow-up was 24.4 months (range, 6.2–44.9)[i]
- Geographical regions: Europe (38%), United States and Canada (32%), Asia (13%), rest of the world (16%)

Ochsner Health System

Kelly et al. NEJM 2021.

Disease-free survival (DFS)

	Nivolumab (n = 532)	Placebo (n = 262)
Median DFS, mo	22.4	11.0
(95% CI)	(16.6–34.0)	(8.3–14.3)
HR (96.4% CI)	**0.69 (0.56–0.86)**	
***P* value**	**0.0003[c]**	



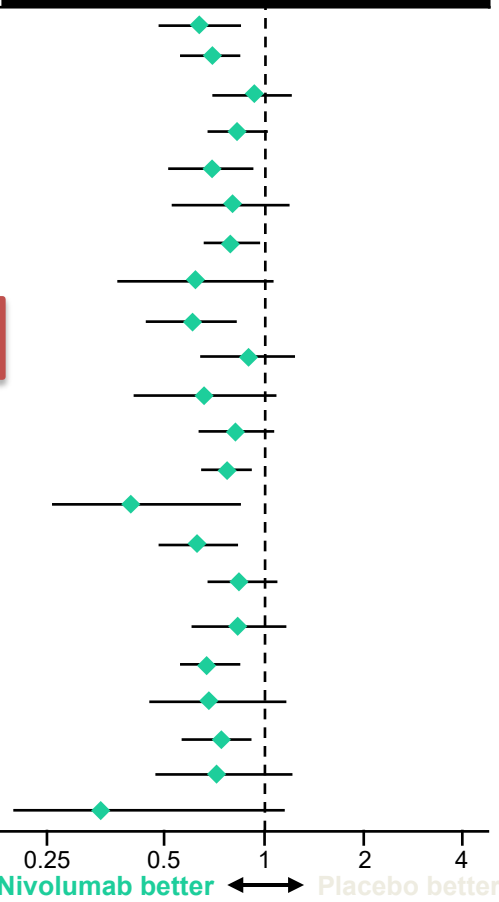
No. at risk																
Nivolumab	532	430	364	306	249	212	181	147	92	68	41	22	8	4	3	0
Placebo	262	214	163	126	96	80	65	53	38	28	17	12	5	2	1	0

Ochsner Health System

Kelly et al. NEJM 2021.

Disease-free survival subgroup analysis

Category	Subgroup	Median DFS, mo		Unstratified HR	Unstratified HR (95% CI)
		Nivolumab	Placebo		
Overall	N = 794	22.4	11.0	0.70	
Tumor location at initial diagnosis	Esophagus (n = 462)	24.0	8.3	0.61	
	Gastroesophageal junction (n = 332)	22.4	20.6	0.87	
Histologic type	Adenocarcinoma (n = 563)	19.4	11.1	0.75	
	Squamous cell carcinoma (n = 230)	29.7	11.0	0.61	
Tumor cell PD-L1 expression[a]	≥ 1% (n = 129)	19.7	14.1	0.75	
	< 1% (n = 570)	21.3	11.1	0.73	
	Indeterminate/nonevaluable (n = 95)	Not reached	9.5	0.54	
PD-L1 CPS expression[a,b]	≥ 5 (n = 371)	29.4	10.2	0.62	
	< 5 (n = 295)	16.3	11.1	0.89	
	Missing/nonevaluable (n = 128)	Not reached	10.8	0.61	
Pathologic lymph node status	ypN0 (n = 336)	Not reached	27.0	0.74	
	≥ ypN1 (n = 457)	14.8	7.6	0.67	
Pathological tumor status	ypT0 (n = 47)	34.0	5.2	0.35	
	ypT1 or ypT2 (n = 308)	28.3	9.3	0.60	
	ypT3 or ypT4 (n = 436)	18.9	14.1	0.84	
Time from complete resection to randomization	< 10 weeks (n = 256)	24.0	14.1	0.84	
	≥ 10 weeks (n = 538)	21.4	10.8	0.66	
Radiotherapy dosage[b,c]	< 41.4 Gray (n = 92[d])	19.7	13.8	0.69	
	41.4-50.4 Gray (n = 504)	24.0	11.1	0.73	
	> 50.4 Gray (n = 152)	21.4	8.3	0.72	
	Not reported (n = 41)	14.4	6.1	0.41	



Ochsner Health System

Kelly et al. NEJM 2021.

Treatment – Early Stage

Unanswered question:

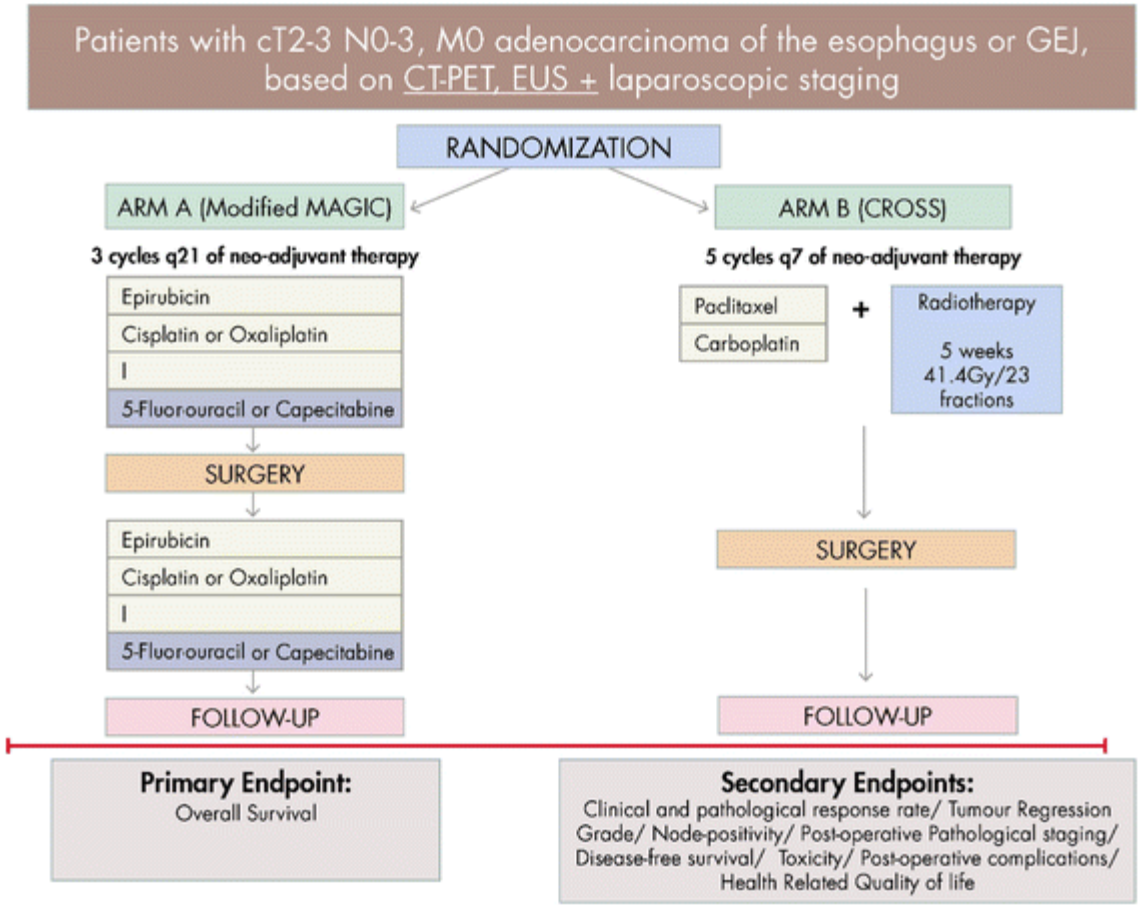
Is perioperative chemotherapy (i.e. FLOT) superior to neoadjuvant chemoradiation (i.e. CROSS regimen)?

Ochsner™ Health System

Treatment – Early Stage

Neo-AEGIS trial:

- Patients with **adenocarcinoma of esophagus or GEJ**
- Most patients in chemotherapy arm received MAGIC regimen (ECF) vs FLOT (157 vs 27).



Reynolds et al. ASCO Annual Meeting 2021.

Treatment – Early Stage

Neo-AEGIS trial:

- Estimated 3 year survival of ChemoRT vs chemo:
  - 56% vs 57%, HR 1.02 (95% CI: 0.74-1.42)
- Authors concluded there was non-inferiority between two approaches

	Arm A (Magic/FLOT)	Arm B CROSS
R0 (negative margins)	82%	95%
ypN0	44.5%	60.1%
Tumor regression grade 1 & 2	12.1%	41.7%
Pathologic complete response	5%	16%
Neutropenia (Gr 3/4)	14.1%	2.8%
Neutropenic sepsis	2.7%	0.6%
Postoperative in-hospital deaths	3%	3%
Postoperative Pneumonia/ARDS	20%/0.6%	16%/4.3%
Anastomotic Leak	12%	11.7%
Clavien-Dindo > III<V	23.6%	22%

Reynolds et al. ASCO Annual Meeting 2021.

Treatment – Early Stage

Still unanswered question:

Is perioperative chemotherapy (i.e. FLOT) superior to neoadjuvant chemoradiation (i.e. CROSS regimen)?

Well...

If FLOT > MAGIC (FLOT4-AIO)

And MAGIC = CROSS (Neo-Aegis)

Then FLOT > CROSS ??

Ochsner™ Health System

Treatmen

Perhaps. ESO S) for esophageal a

But ESOPEC E 577.

So….

Ochsner Health System

Treatment - M

- Two yea idine + platinum (i.e. FOLF lard of care first-li .
- Pem nab was a line therapy for adenocarci PD-L1 ≥ 1
- Niv was approved as 2nd l esophageal SCC inde t of PD-L1.

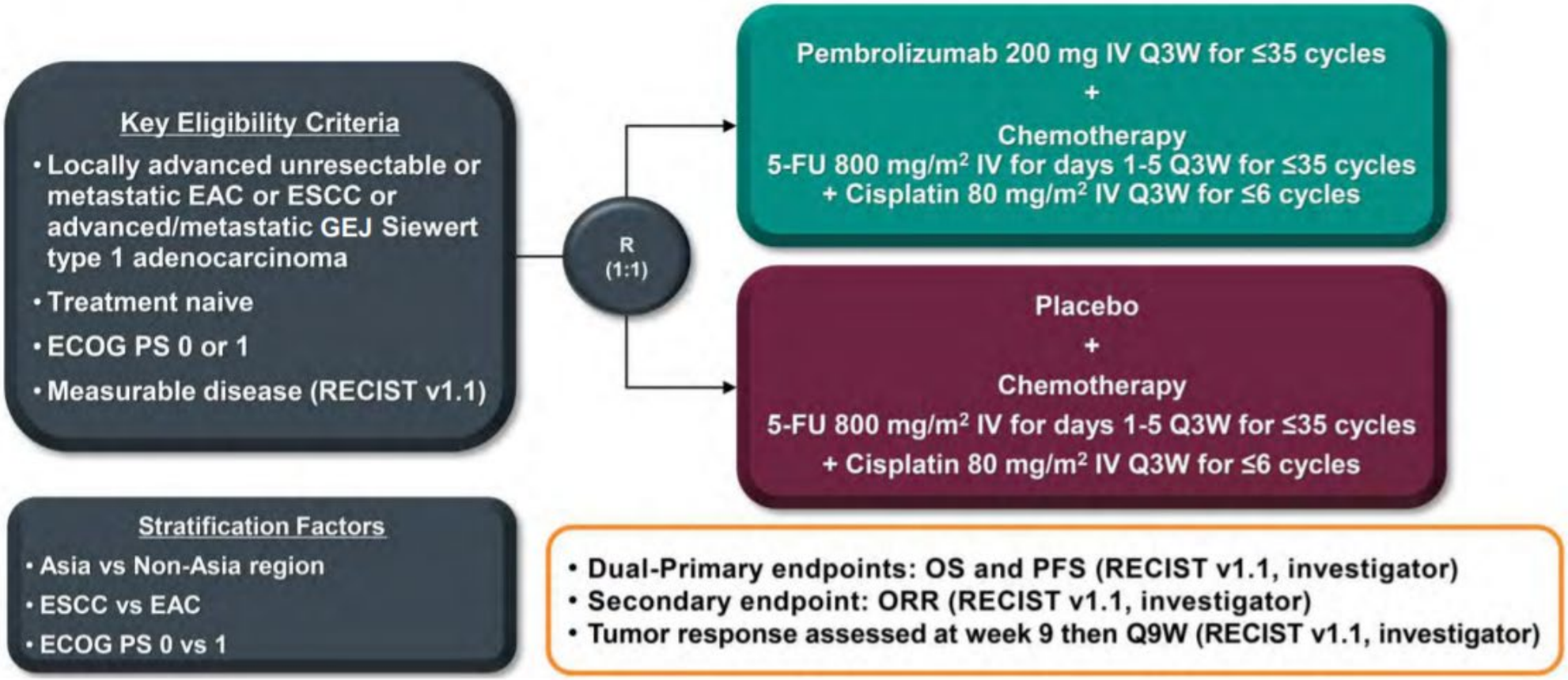
Ochsner Health System

Treatment - Metastatic

- Immunotherapy Trials:
  - KEYNOTE 590 – Esophageal Cancer (adeno & squamous)
  - CHECKMATE 648 – Esophageal SCC
  - CHECKMATE 649 – Gastric and Esophageal Adenocarcinoma

Ochsner™ Health System

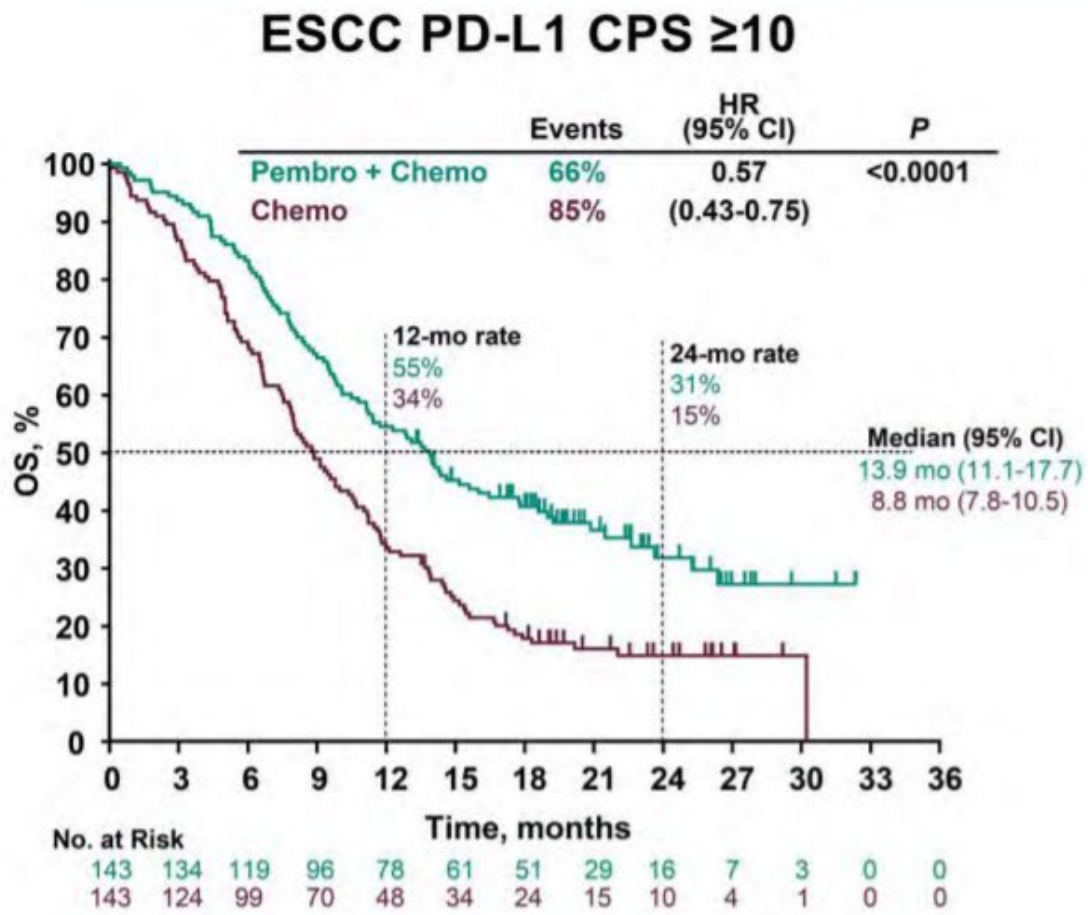
First-Line Metastatic Esophageal Cancer – KEYNOTE-590

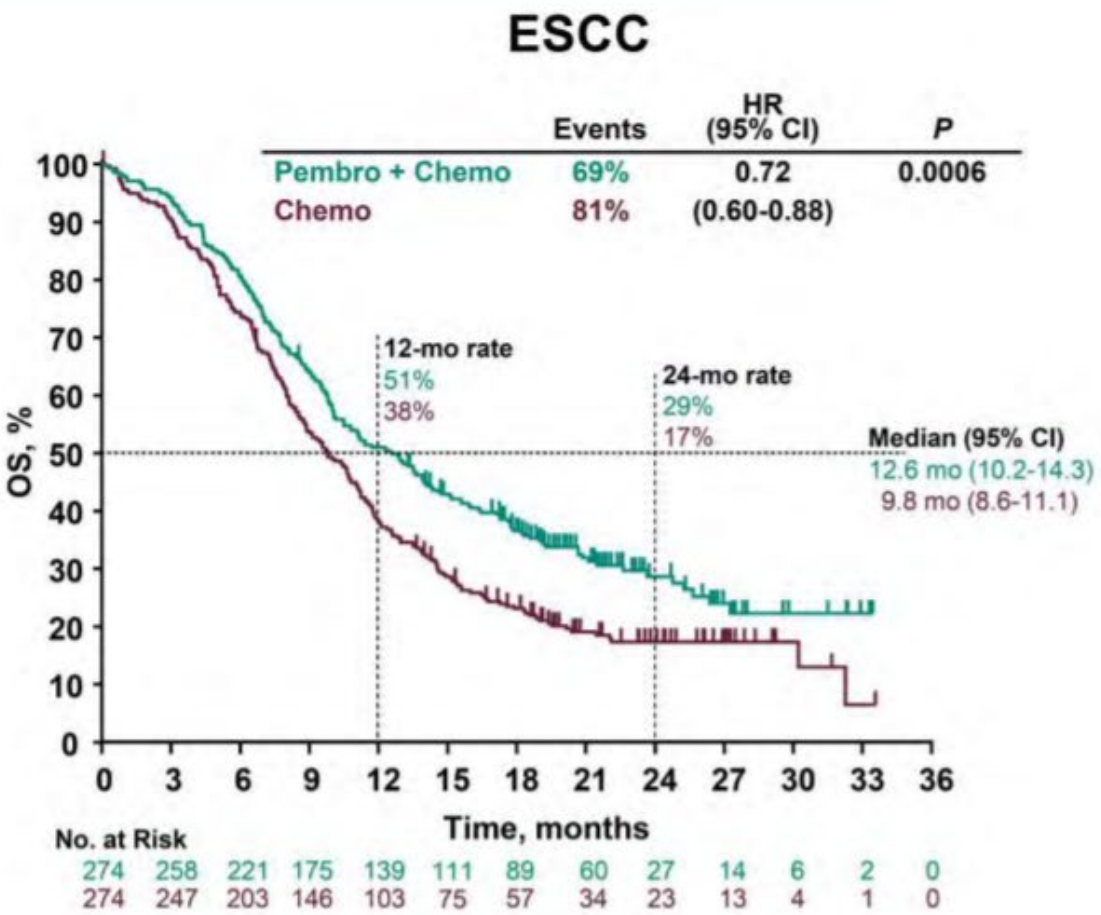


Ochsner™ Health System

Kato et al. ESMO Virtual Congress 2020.

KEYNOTE-590 – Overall Survival in SCC Patients

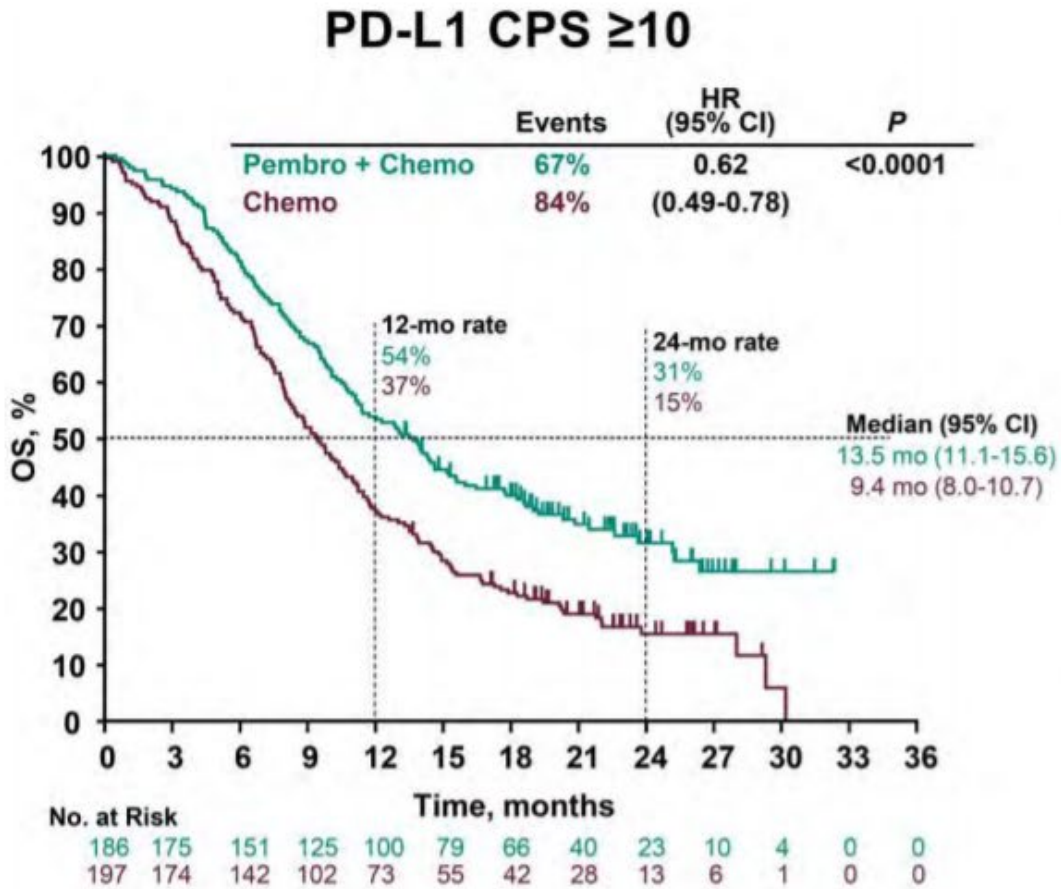


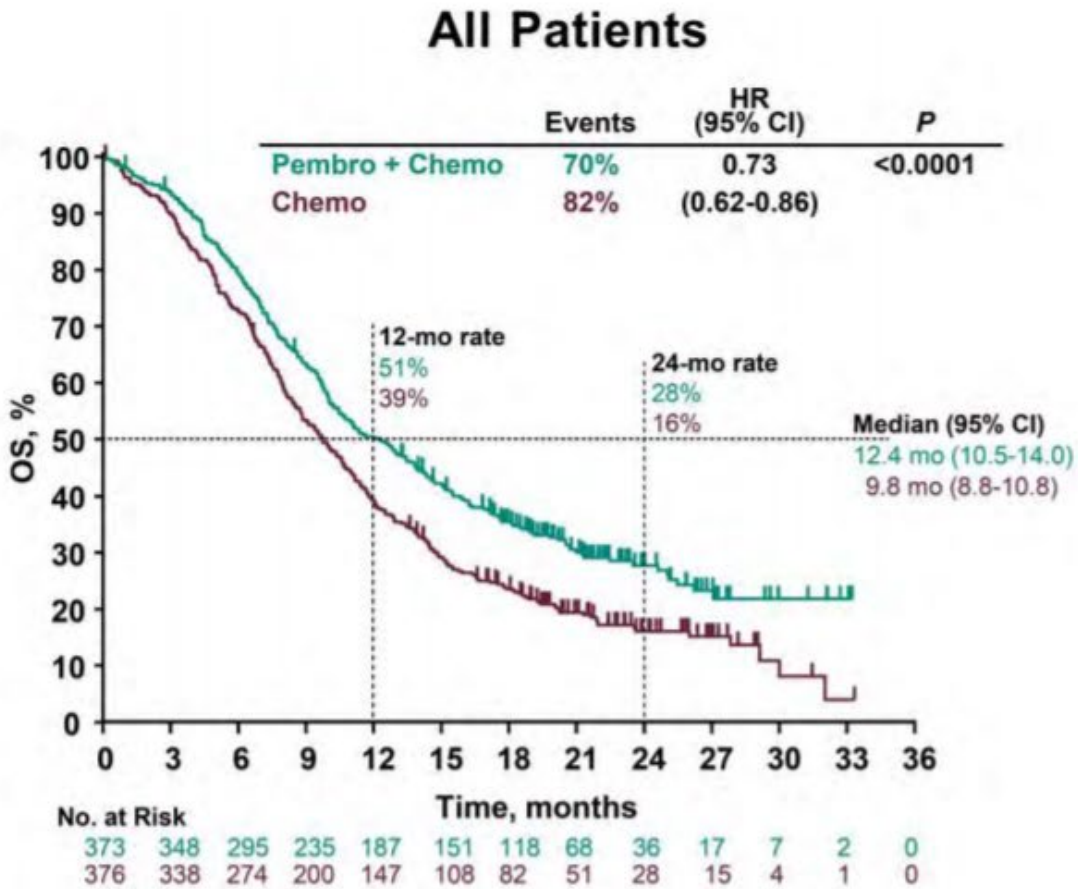


Ochsner Health System

Kato et al. ESMO Virtual Congress 2020.

KEYNOTE-590 – Overall Survival in All Patients

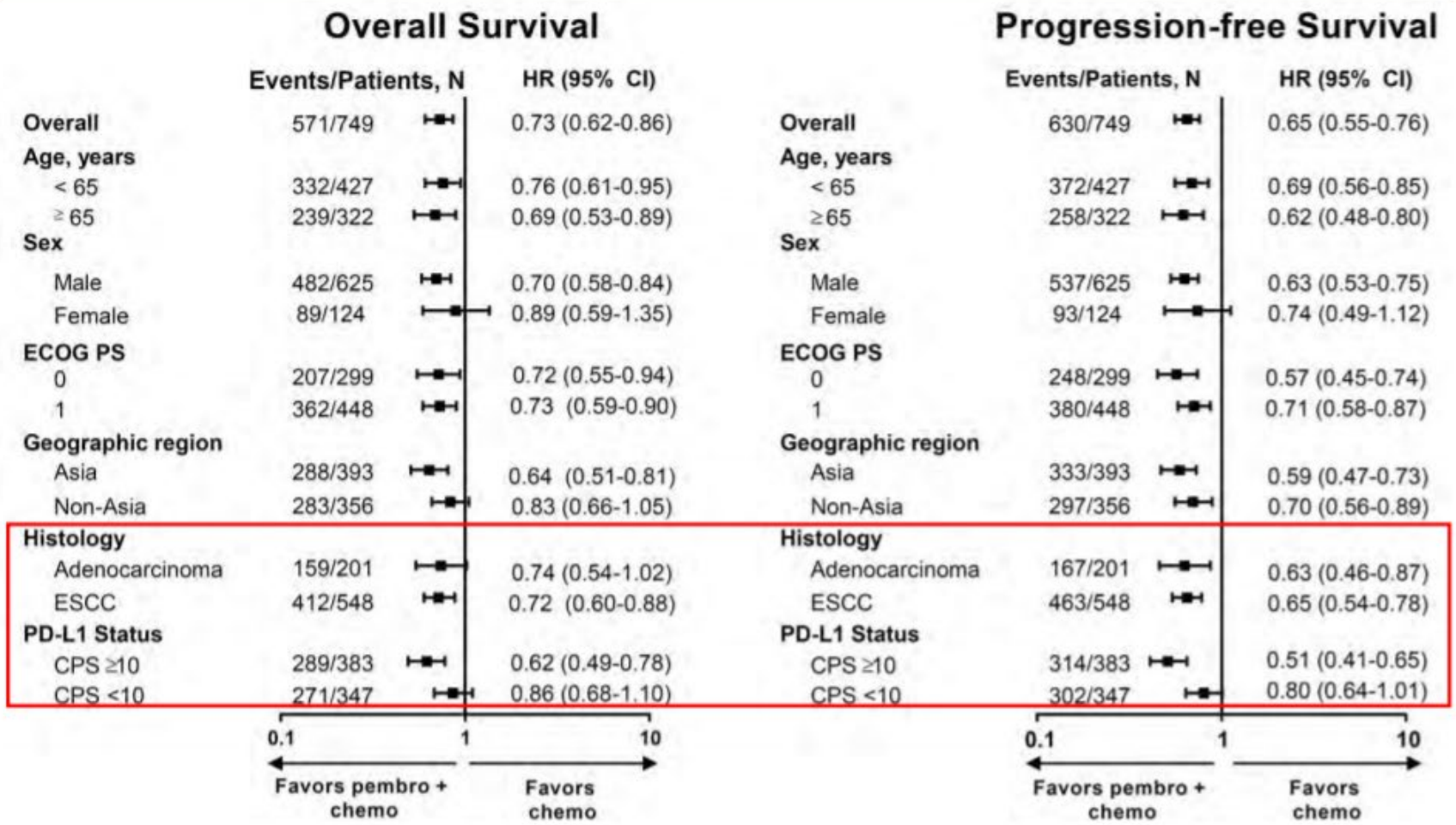




Ochsner Health System

Kato et al. ESMO Virtual Congress 2020.

KEYNOTE-590 – Subgroup Analyses



Ochsner Health System

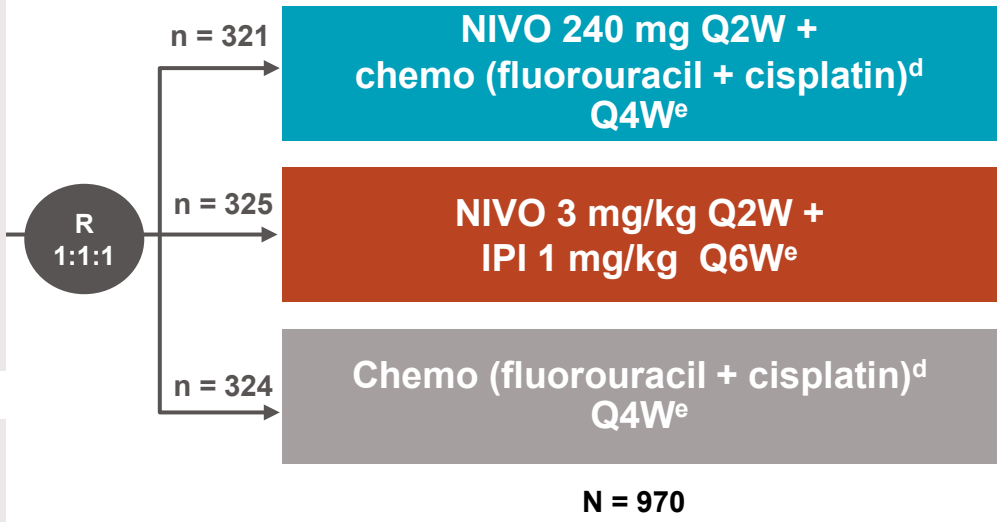
Kato et al. ESMO Virtual Congress 2020.

CheckMate 648 study design

– CheckMate 648 is a global, randomized, open-label phase 3 study[a]

Key eligibility criteria
- Unresectable advanced, recurrent or metastatic ESCC
- ECOG PS 0-1
- No prior systemic treatment for advanced disease
- Measurable disease

Stratification factors
- Tumor cell PD-L1 expression (≥ 1% vs < 1%[b])
- Region (East Asia[c] vs rest of Asia vs ROW)
- ECOG PS (0 vs 1)
- Number of organs with metastases (≤ 1 vs ≥ 2)



Primary endpoints:
- OS and PFS[f] (tumor cell PD-L1 ≥ 1%)

Secondary endpoints:
- OS and PFS[f] (all randomized)
- ORR[f] (tumor cell PD-L1 ≥ 1% and all randomized)

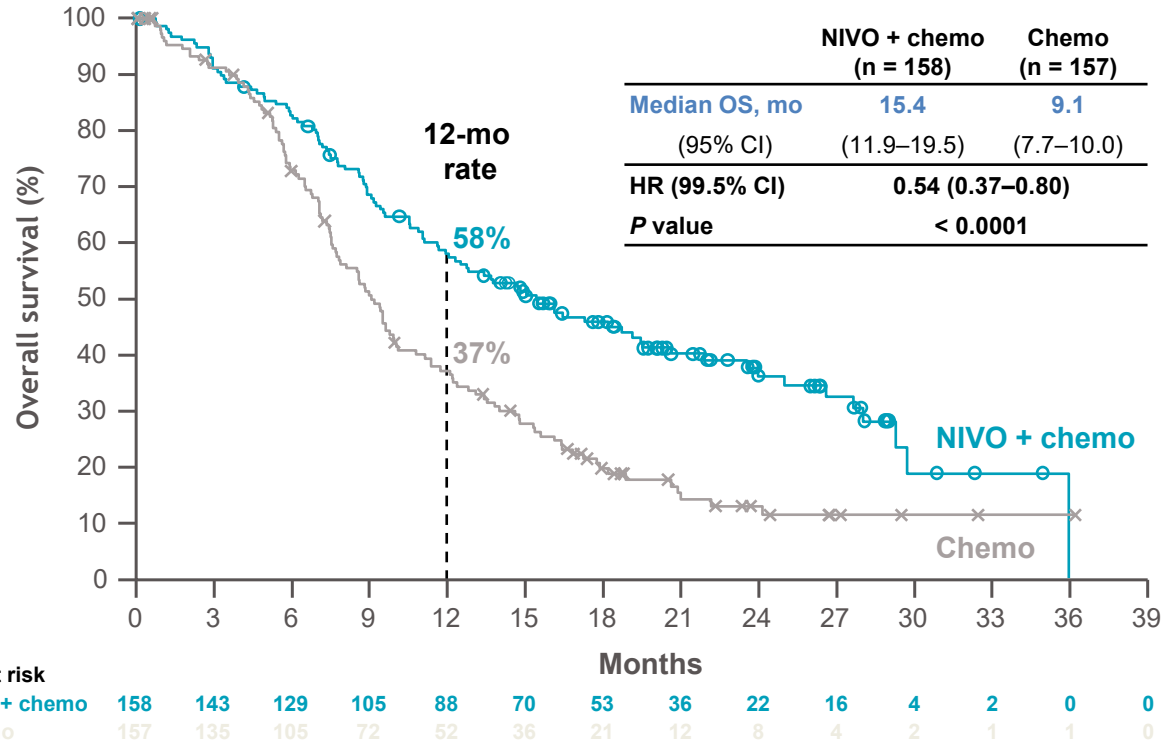
- At data cutoff (January 18, 2021), the minimum follow-up was 12.9 months[g]

Ochsner Health System

Chau et al. ASCO Annual Meeting 2021.

Overall survival: NIVO + chemo vs chemo

Primary endpoint (tumor cell PD-L1 ≥ 1%)[a]

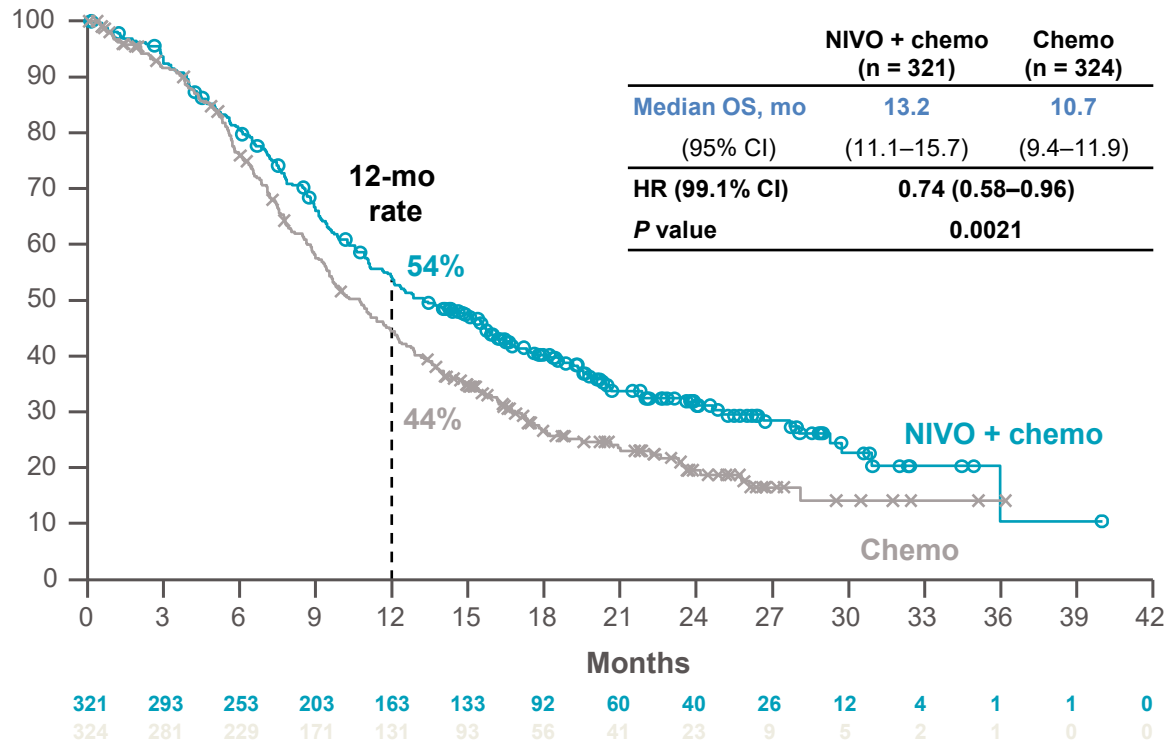


	NIVO + chemo (n = 158)	Chemo (n = 157)
Median OS, mo	15.4	9.1
(95% CI)	(11.9–19.5)	(7.7–10.0)
HR (99.5% CI)	0.54 (0.37–0.80)	
P value	< 0.0001	

No. at risk

NIVO + chemo	158	143	129	105	88	70	53	36	22	16	4	2	0	0
Chemo	157	135	105	72	52	36	21	12	8	4	2	1	1	0

All randomized[a]



	NIVO + chemo (n = 321)	Chemo (n = 324)
Median OS, mo	13.2	10.7
(95% CI)	(11.1–15.7)	(9.4–11.9)
HR (99.1% CI)	0.74 (0.58–0.96)	
P value	0.0021	

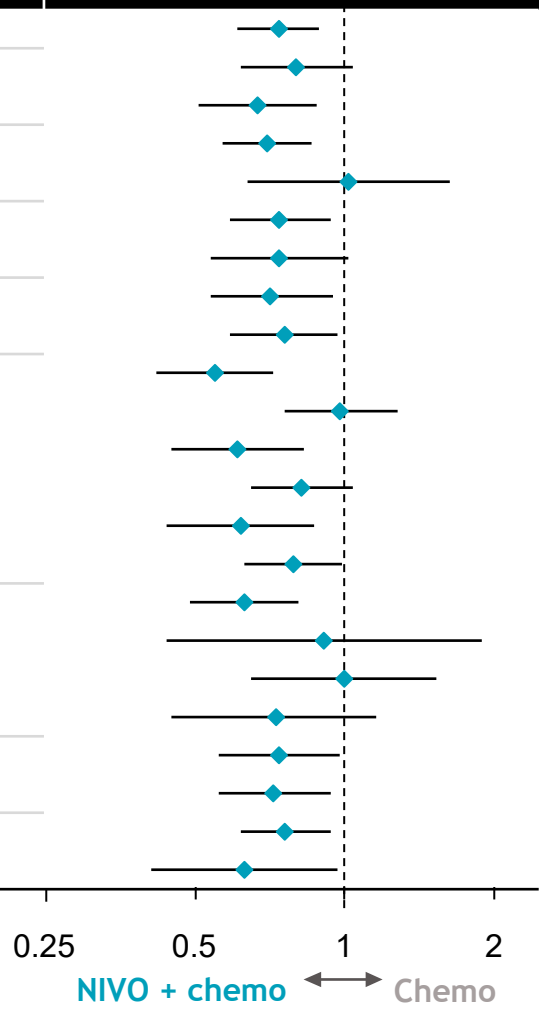
NIVO + chemo	321	293	253	203	163	133	92	60	40	26	12	4	1	1	0
Chemo	324	281	229	171	131	93	56	41	23	9	5	2	1	0	0

Ochsner Health System

Chau et al. ASCO Annual Meeting 2021.

Overall survival subgroup analysis: NIVO + chemo vs chemo

Category (all randomized)	Subgroup	Median OS, months		Unstratified HR for death	Unstratified HR (95% CI)
		NIVO + chemo	Chemo		
Overall (N = 645)		13.2	10.7	0.74	
Age, years	< 65 (n = 333)	11.8	10.2	0.80	
	≥ 65 (n = 312)	15.1	11.0	0.67	
Sex	Male (n = 528)	12.5	10.0	0.70	
	Female (n = 117)	15.2	14.8	1.02	
Geographic region	Asian (n = 451)	15.5	11.9	0.74	
	Non-Asian (n = 194)	10.5	8.5	0.74	
ECOG PS[a]	0 (n = 300)	17.3	12.4	0.71	
	1 (n = 344)	10.6	9.0	0.76	
Tumor cell PD-L1 expression[b]	≥ 1% (n = 314)	15.4	9.2	0.55	
	< 1% (n = 329)	12.0	12.2	0.98	
	≥ 5% (n = 235)	13.7	9.5	0.61	
	< 5% (n = 408)	12.8	11.1	0.82	
	≥ 10% (n = 199)	14.7	9.5	0.62	
	< 10% (n = 444)	12.3	10.8	0.79	
Disease status at study entry	De novo metastatic (n = 371)	13.4	9.4	0.63	
	Recurrent – locoregional (n = 46)	14.8	13.5	0.91	
	Recurrent – distant (n = 132)	12.3	12.8	1.00	
	Unresectable advanced (n = 96)	12.8	12.1	0.73	
No. of organs with metastases	≤ 1 (n = 316)	15.7	11.6	0.74	
	≥ 2 (n = 329)	11.1	9.6	0.72	
Smoking	Current or former (n = 510)	12.3	10.0	0.76	
	Never or unknown (n = 135)	15.7	11.1	0.63	

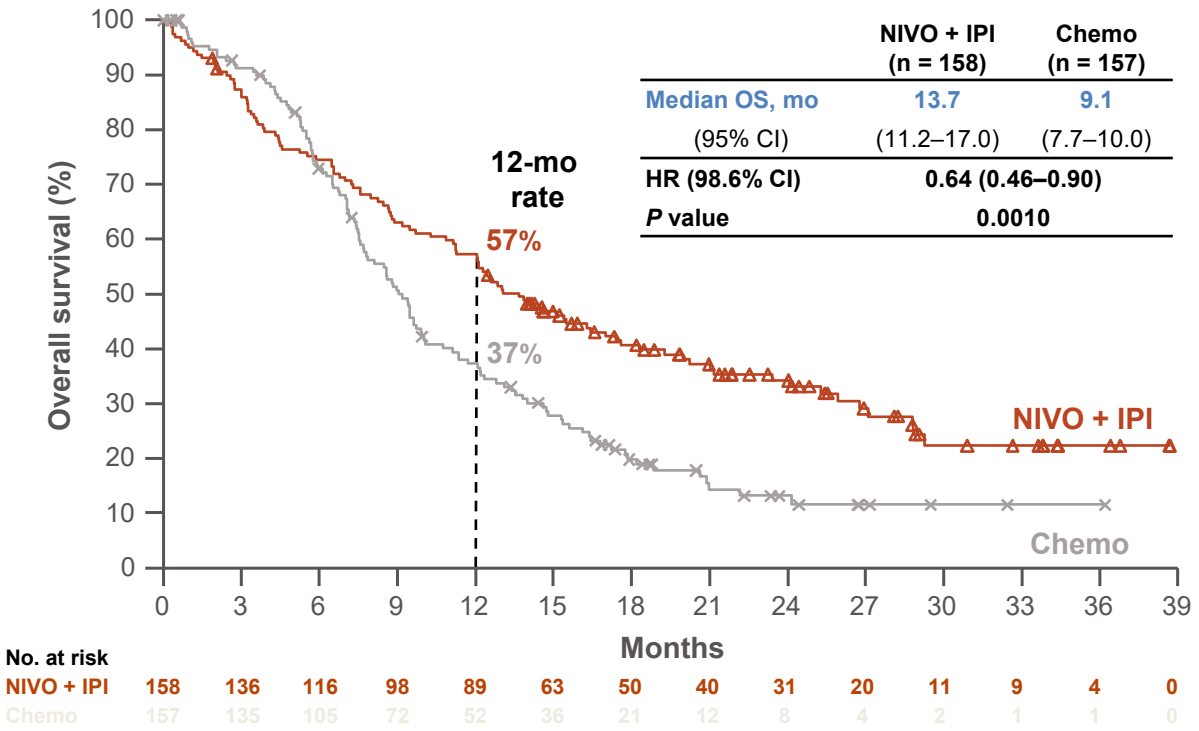


Ochsner Health System

Chau et al. ASCO Annual Meeting 2021.

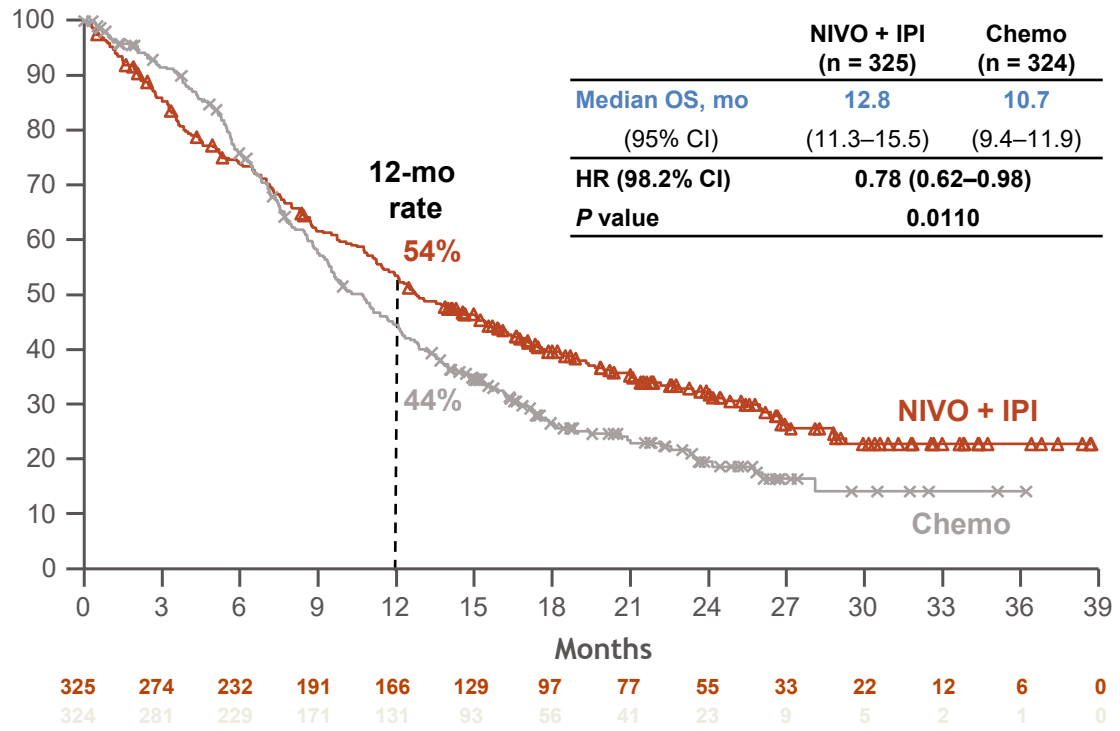
Overall survival: NIVO + IPI vs chemo

Primary endpoint (tumor cell PD-L1 ≥ 1%)[a]



	NIVO + IPI (n = 158)	Chemo (n = 157)
Median OS, mo	13.7	9.1
(95% CI)	(11.2–17.0)	(7.7–10.0)
HR (98.6% CI)	0.64 (0.46–0.90)	
P value	0.0010	

All randomized[a]



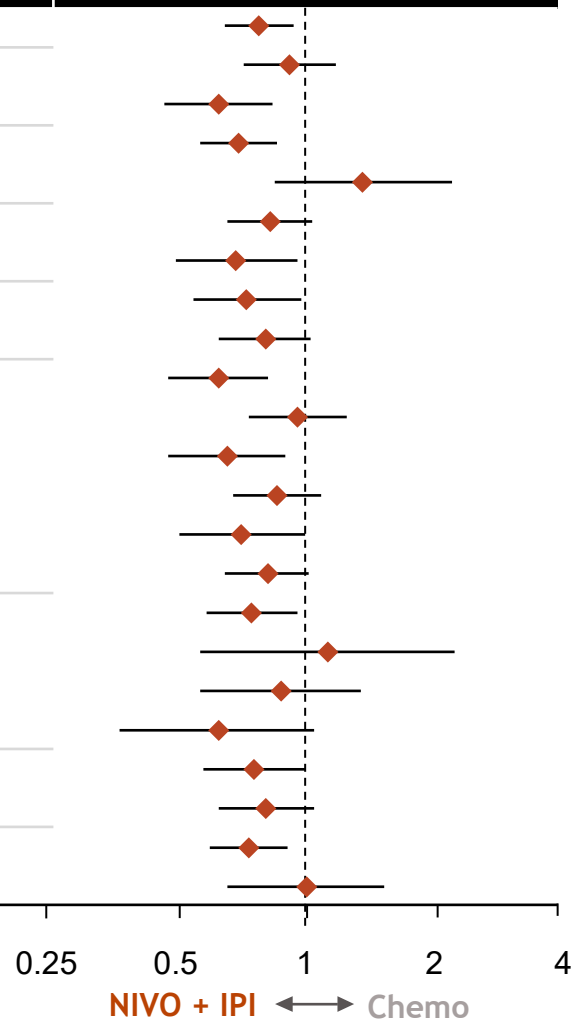
	NIVO + IPI (n = 325)	Chemo (n = 324)
Median OS, mo	12.8	10.7
(95% CI)	(11.3–15.5)	(9.4–11.9)
HR (98.2% CI)	0.78 (0.62–0.98)	
P value	0.0110	

Ochsner Health System

Chau et al. ASCO Annual Meeting 2021.

Overall survival subgroup analysis: NIVO + IPI vs chemo

Category (all randomized)	Subgroup	Median OS, months		Unstratified HR for death
		NIVO + IPI	Chemo	
Overall (N = 649)		12.8	10.7	0.78
Age, years	< 65 (n = 351)	12.1	10.2	0.92
	≥ 65 (n = 298)	16.0	11.0	0.63
Sex	Male (n = 544)	13.7	10.0	0.70
	Female (n = 105)	11.7	14.8	1.36
Geographic region	Asian (n = 455)	13.7	11.9	0.83
	Non-Asian (n = 194)	11.4	8.5	0.69
ECOG PS[a]	0 (n = 300)	17.0	12.4	0.73
	1 (n = 348)	9.7	9.0	0.81
Tumor cell PD-L1 expression[b]	≥ 1% (n = 314)	13.7	9.2	0.63
	< 1% (n = 330)	12.0	12.2	0.96
	≥ 5% (n = 235)	13.0	9.5	0.66
	< 5% (n = 409)	12.4	11.1	0.86
	≥ 10% (n = 200)	13.0	9.5	0.71
	< 10% (n = 444)	12.5	10.8	0.82
Disease status at study entry	De novo metastatic (n = 383)	12.1	9.4	0.75
	Recurrent – locoregional (n = 50)	13.9	13.5	1.13
	Recurrent – distant (n = 133)	15.5	12.8	0.88
	Unresectable advanced (n = 83)	17.4	12.1	0.63
No. of organs with metastases	≤ 1 (n = 318)	16.0	11.6	0.76
	≥ 2 (n = 331)	10.3	9.6	0.81
Smoking	Current or former (n = 524)	14.4	10.0	0.74
	Never or unknown (n = 125)	9.8	11.1	1.01

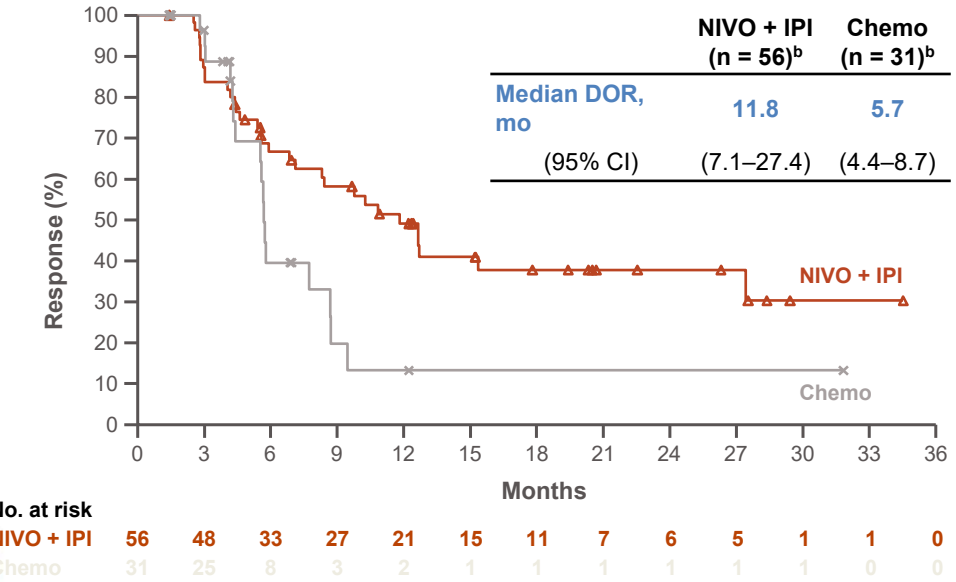


Chau et al. ASCO Annual Meeting 2021.

Response and duration of response: NIVO + IPI vs chemo

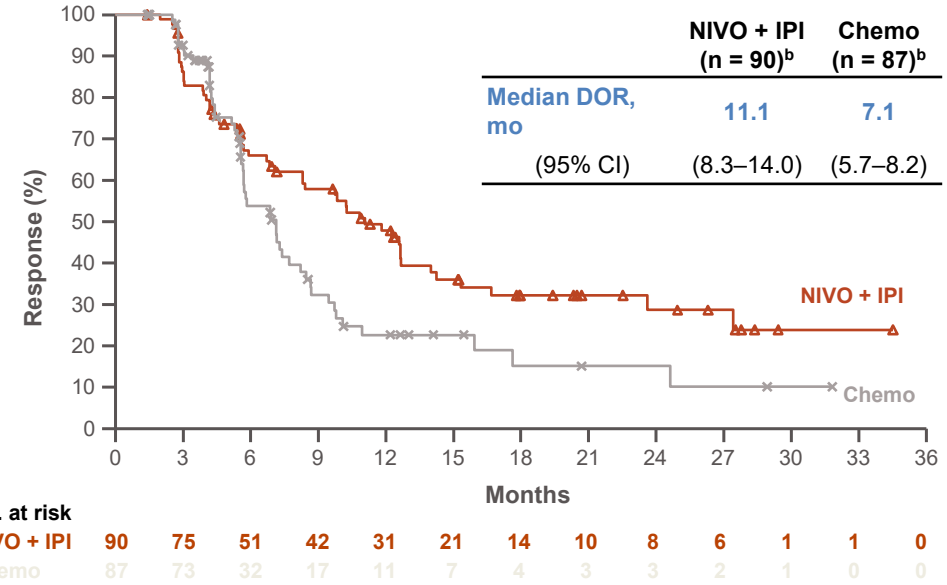
Tumor cell PD-L1 ≥ 1%

Response per BICR	NIVO + IPI (n = 158)	Chemo (n = 157)
ORR, % (95% CI)	35 (28-43)	20 (14–27)
CR[a]	18	5
PR[a]	18	15
SD	27	46
PD	30	15



All randomized

Response per BICR	NIVO + IPI (n = 325)	Chemo (n = 324)
ORR, % (95% CI)	28 (23–33)	27 (22–32)
CR	11	6
PR	17	21
SD	32	46
PD	32	12



Ochsner Health System

Chau et al. ASCO Annual Meeting 2021.

Treatment – Metastatic

ARTICLES | VOLUME 398, ISSUE 10294, P27-40, JULY 03, 2021

Purchase Subscribe Save Share

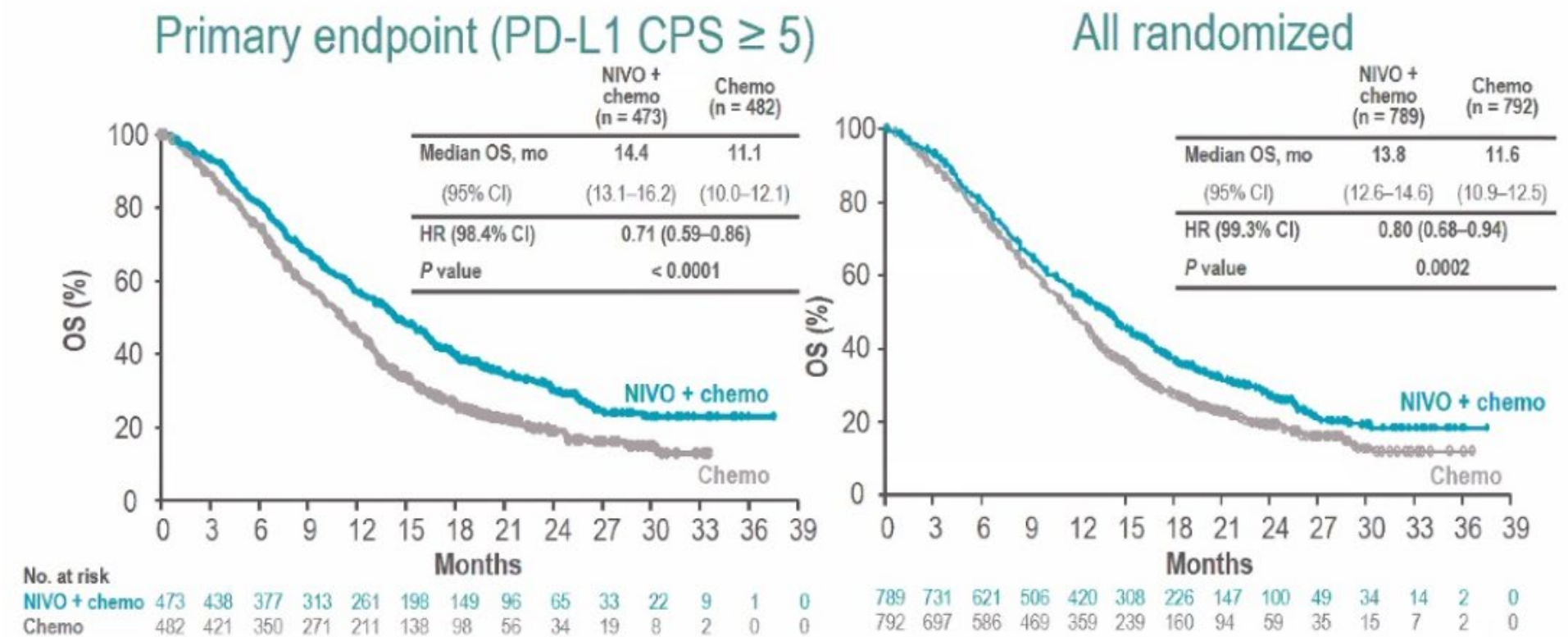
First-line nivolumab plus chemotherapy versus chemotherapy alone for advanced gastric, gastro-oesophageal junction, and oesophageal adenocarcinoma (CheckMate 649): a randomised, open-label, phase 3 trial

Yelena Y Janjigian, MD † • Kohei Shitara, MD † • Prof Markus Moehler, MD • Prof Marcelo Garrido, MD • Pamela Salman, MD • Prof Lin Shen, MD • et al. Show all authors • Show footnotes

Published: June 05, 2021 • DOI: https://doi.org/10.1016/S0140-6736(21)00797-2 • Check for updates

Janjigian et al. Lancet 2021.

Overall survival in Checkmate-649

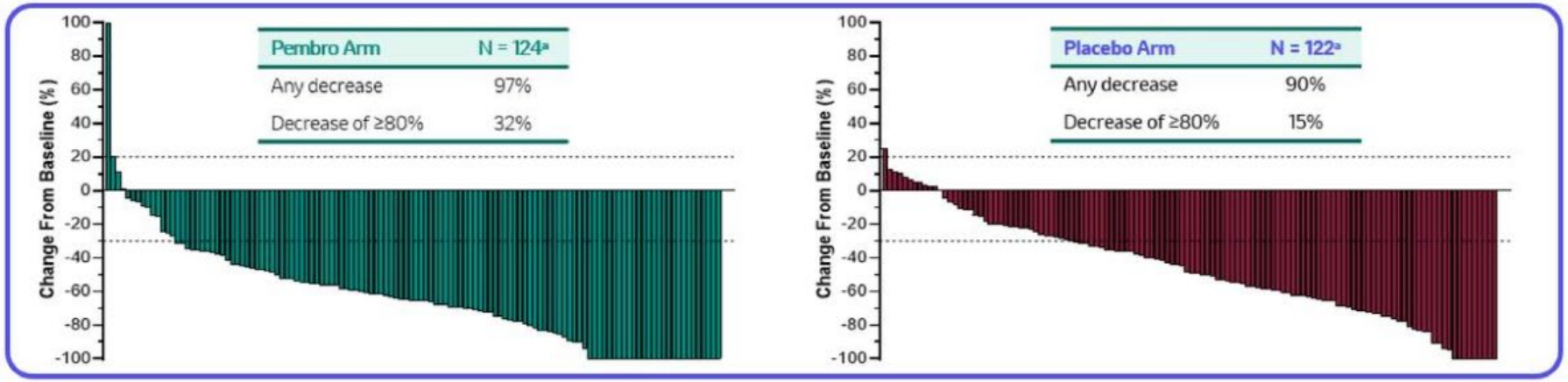


Ochsner Health System

Janjigian et al. Lancet 2021.

Treatment – Metastatic

KEYNOTE-811: KEYTRUDA+trastuzumab+chemotherapy becomes new treatment option for HER2+ metastatic gastric/GEJ cancer



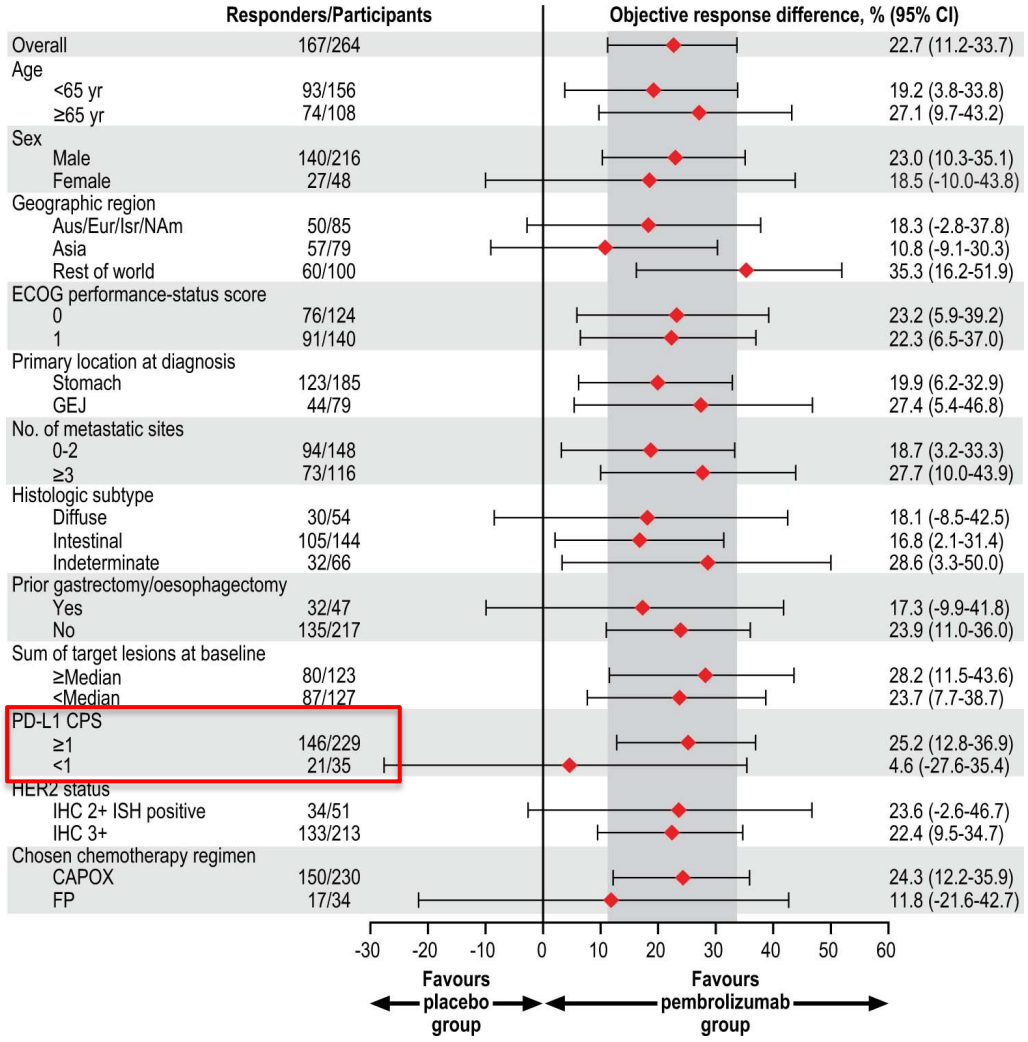
- Results support FDA accelerated approval in May 2021
- Pembrolizumab plus trastuzumab and chemotherapy provided a 74.4% ORR that resulted in a statistically significant, clinically meaningful 22.7% improvement in ORR compared with placebo plus trastuzumab and chemotherapy
- Responses to pembrolizumab plus trastuzumab and chemotherapy were deeper and more durable
- Study is continuing as planned, and analyses of OS and PFS will be performed in the future in accordance with the analysis plan

Ochsner™ Health System

Janjigian et al. Nature 2021.

Treatment – Metastatic

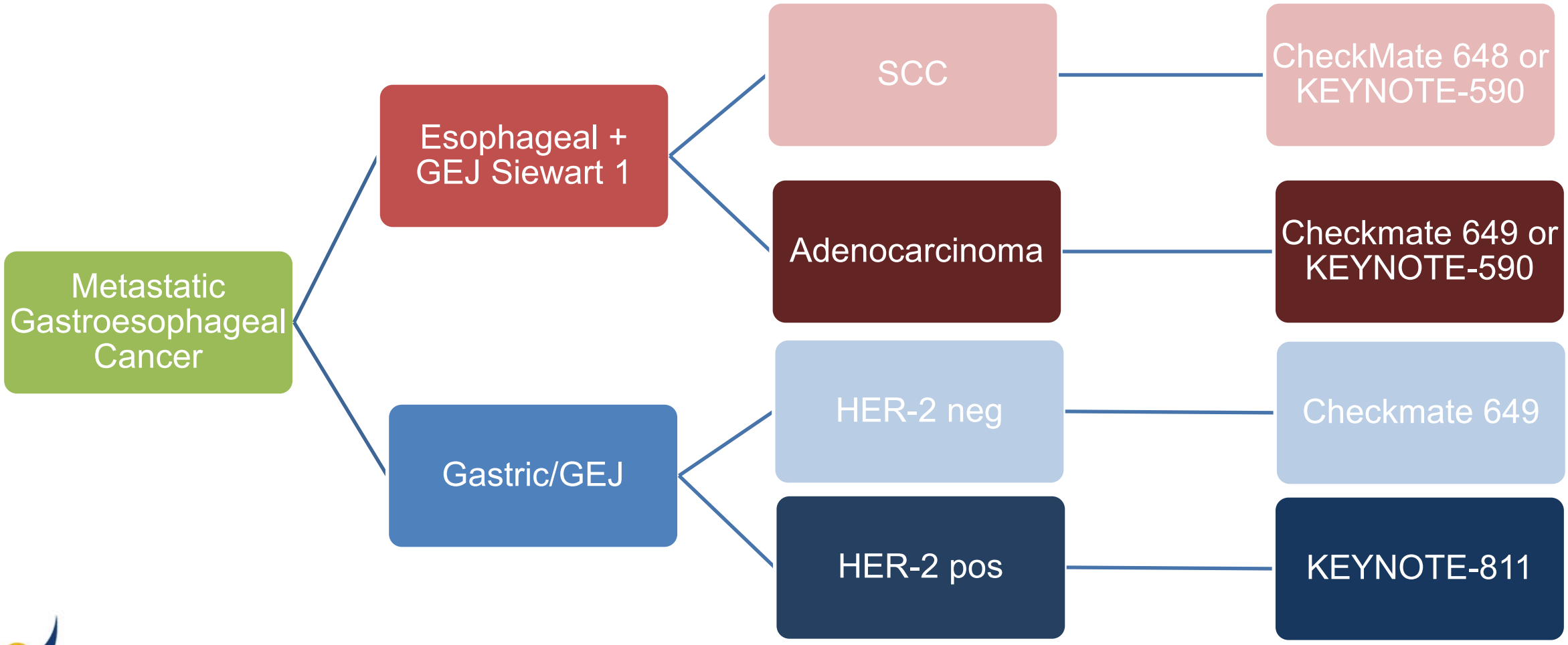
- Complete Response:
  - **11.3%** in pembro arm vs **3.1%** in placebo arm
- Duration of Response:
  - **10.6 months** in pembro arm vs **9.5 months** in placebo arm



Janjigian et al. Nature 2021.

Ochsner Health System

For visual learners…



Ochsner™ Health System

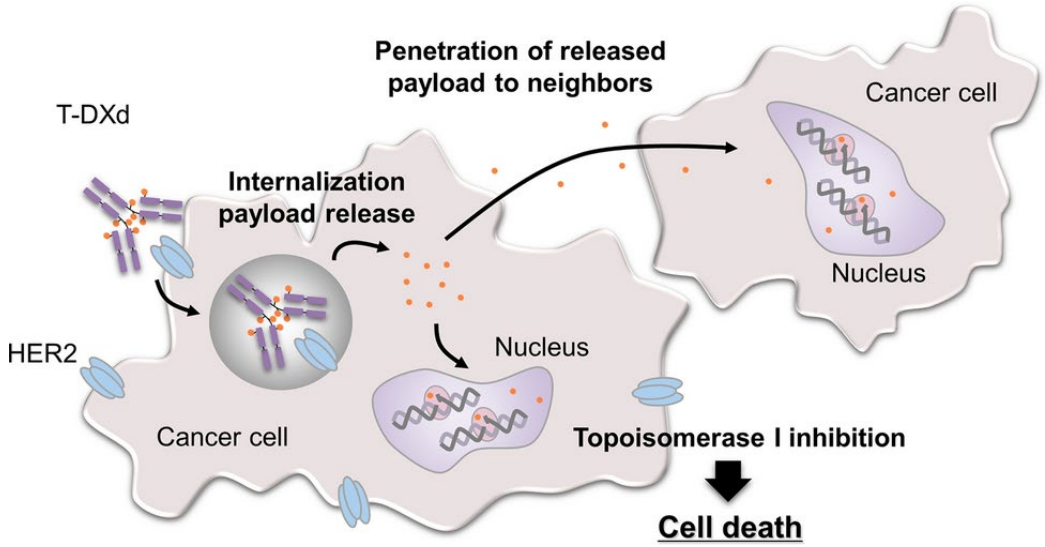
Treatment - Metastatic

- 2nd + line options:
  - Paclitaxel +/- ramucirumab (adenocarcinoma)
  - Docetaxel
  - Irinotecan +/- 5-FU
  - Nivolumab (ESCC)
  - Trastuzumab deruxtecan (HER-2+)
  - TAS-102/Lonsurf

Ochsner™ Health System

Pretreated HER-2 Positive Gastric Cancer

- Trastuzumab Deruxtecan
  - Antibody-drug conjugate
  - **HER-2 positive** gastric cancer: DESTINY-Gastric01
  - Randomized phase 2 study of HER-2 positive patients that progressed on ≥ 2 prior therapies including trastuzumab.
  - **ORR 51%** in patients treated with trastuzumab deruxtecan vs 14% in control group.
  - Median OS: 12.5 vs 8.4 months (P = 0.01)



Ochsner Health System

Shitara et al. N Engl J Med 2020.
Shitara et al Gastric Cancer 2021.

Pretreated HER-2 Positive Gastric Cancer

- Trastuzumab Deruxtecan
  - Antibody-drug conjugate
  - **HER-2 positive** gastric cancer: DESTINY-Gastric01
  - Randomized phase 2 study of HER-2 positive patients that progressed on ≥ 2 prior therapies including trastuzumab.
  - **ORR 51%** in patients treated with trastuzumab deruxtecan vs 14% in control group.
  - Median OS: 12.5 vs 8.4 months (P = 0.01)

January 15, 2021

FDA approves fam-trastuzumab deruxtecan-nxki for HER2-positive gastric adenocarcinomas

Ochsner Health System

Shitara et al. N Engl J Med 2020.
Shitara et al Gastric Cancer 2021.

Gastroesophageal Cancer – FGFR2b overexpression

- **Bemarituzumab**
  - IgG1 monoclonal antibody to FGFR2b
  - **FIGHT** trial: phase 2 trial of first-line HER-2 negative gastric cancer patients randomizing patients to FOLFOX +/- bemarituzumab
    - Patients must have FGFR2b overexpression or FGFR2 amplification by ctDNA
    - 30% of prescreened patients met above criteria

TABLE 1: Outcomes From FIGHT Trial With Bemarituzumab Plus mFOLFOX6 vs Placebo

	Intent to Treat (n = 155)		IHC 2+/3+ ≥ 5% (n = 118)		IHC 2+/3+ ≥ 10% (n = 96)	
	Bema	Placebo	Bema	Placebo	Bema	Bema
mPFS	9.5 mo	7.4 mo	10.2 mo	7.3 mo	14.1 mo	7.3 mo
	HR = 0.68		HR = 0.54		HR = 0.44	
mOS	NR	12.9 mo	NR	12.5 mo	NR	11.1 mo
	HR = 0.58		HR = 0.52		HR = 0.41	

Bema = bemarituzumab; HR = hazard ratio; IHC = immunohistochemistry; mFOLFOX6 = modified fluorouracil, leucovorin, oxaliplatin; mOS = median overall survival; mPFS = median progression-free survival; NR = not reached.

Ochsner Health System

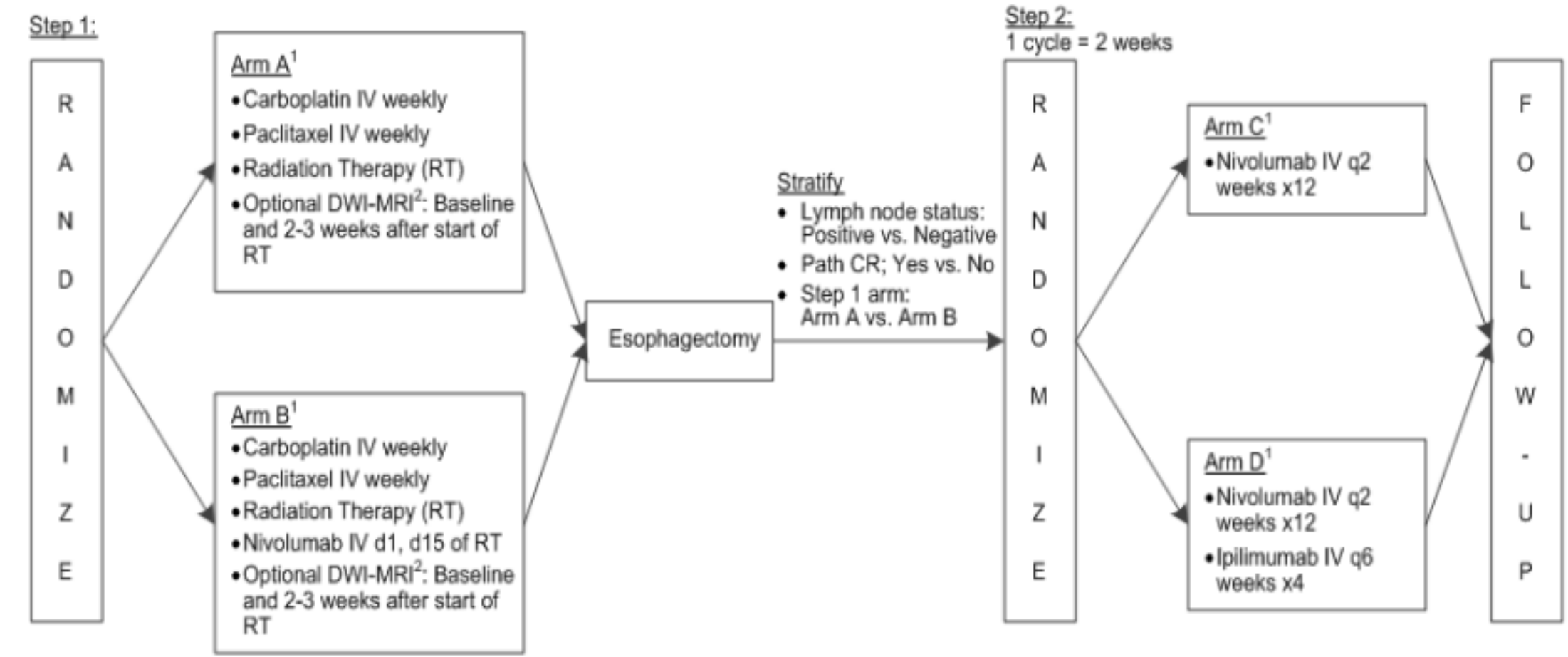
Wainberg et al. GI Cancers Symposium 2021.
ASCO Post – March 25, 2021.

Future Directions

- Moving more targeted therapies into first line
  - Trastuzumab Deruxtecan for HER-2+
  - Bemarituzumab for FGFR2b +
  - Zolbetuximab for CLDN18.2 +
- Optimizing management of locally advanced disease
  - ESOPEC: FLOT vs CROSS regimen for esophageal and GEJ
  - Improving on KEYNOTE-577 – EA2174
- Novel therapies
  - ADCs, BiTE, CAR-T

Ochsner™ Health System

Schema



N=278

Ochsner™ Health System

Summary and Take-Home Points

- Localized Disease:
  - FLOT is standard of care perioperative therapy for locally advanced gastric
  - CROSS w/ adjuvant nivolumab is standard of care for locally advanced esophageal
  - ESOPEC results should guide whether this will remain the case moving forward
- Metastatic Disease:
  - **Immune checkpoint inhibitors** – nivolumab and pembrolizumab – have made significant changes to first line therapy. Primarily driven by PD-L1 positive tumors.
  - **Targeted therapies** – HER-2 (KEYNOTE 811 in 1st line, DESTINY-Gastric01 in pre-treated) approved. FGFR2b, CLDN18.2 may be approved in the near future.
  - Don't forget to check MMR/MSI status!
  - All patients with advanced disease should have HER-2, MSI, PD-L1 status checked upfront.

Ochsner™ Health System

Thanks!

E-mail me with questions.

Jonathan.Mizrahi@ochsner.org

Ochsner™ Health System