Meet The Professor
Optimizing the Management of Colorectal Cancer

Wednesday, February 22, 2023
5:00 PM – 6:00 PM ET

Faculty

Christopher Lieu, MD

Moderator

Neil Love, MD

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Commercial Support

This activity is supported by educational grants from Lilly, Natera Inc, and Seagen 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 companies: AbbVie Inc, Adaptive Biotechnologies Corporation, ADC Therapeutics, Agios Pharmaceuticals Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeiGene Ltd, BeyondSpring Pharmaceuticals Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Coherus BioSciences, CTI BioPharma Corp, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, EMD Serono Inc, Epizyme Inc, Exact Sciences Corporation, Exelixis Inc, Five Prime Therapeutics Inc, Foundation Medicine, G1 Therapeutics Inc, Genentech, a member of the Roche Group, Genmab US Inc, Gilead Sciences Inc, Grail Inc, GSK, Halozyme Inc, Helsinn Healthcare SA, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Karyopharm Therapeutics, Kite, A Gilead Company, Kronos Bio Inc, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, MEI Pharma Inc, Merck, Mersana Therapeutics Inc, Mirati Therapeutics Inc, Natera Inc, Novartis, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, Novocure Inc, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Sumitomo Dainippon Pharma Oncology Inc, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSera Therapeutics LLC, Tesaro, A GSK Company, TG Therapeutics Inc, Turning Point Therapeutics Inc, Verastem Inc, and Zymeworks Inc.

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Dr Lieu — Disclosures

Consulting Agreement	Amgen Inc

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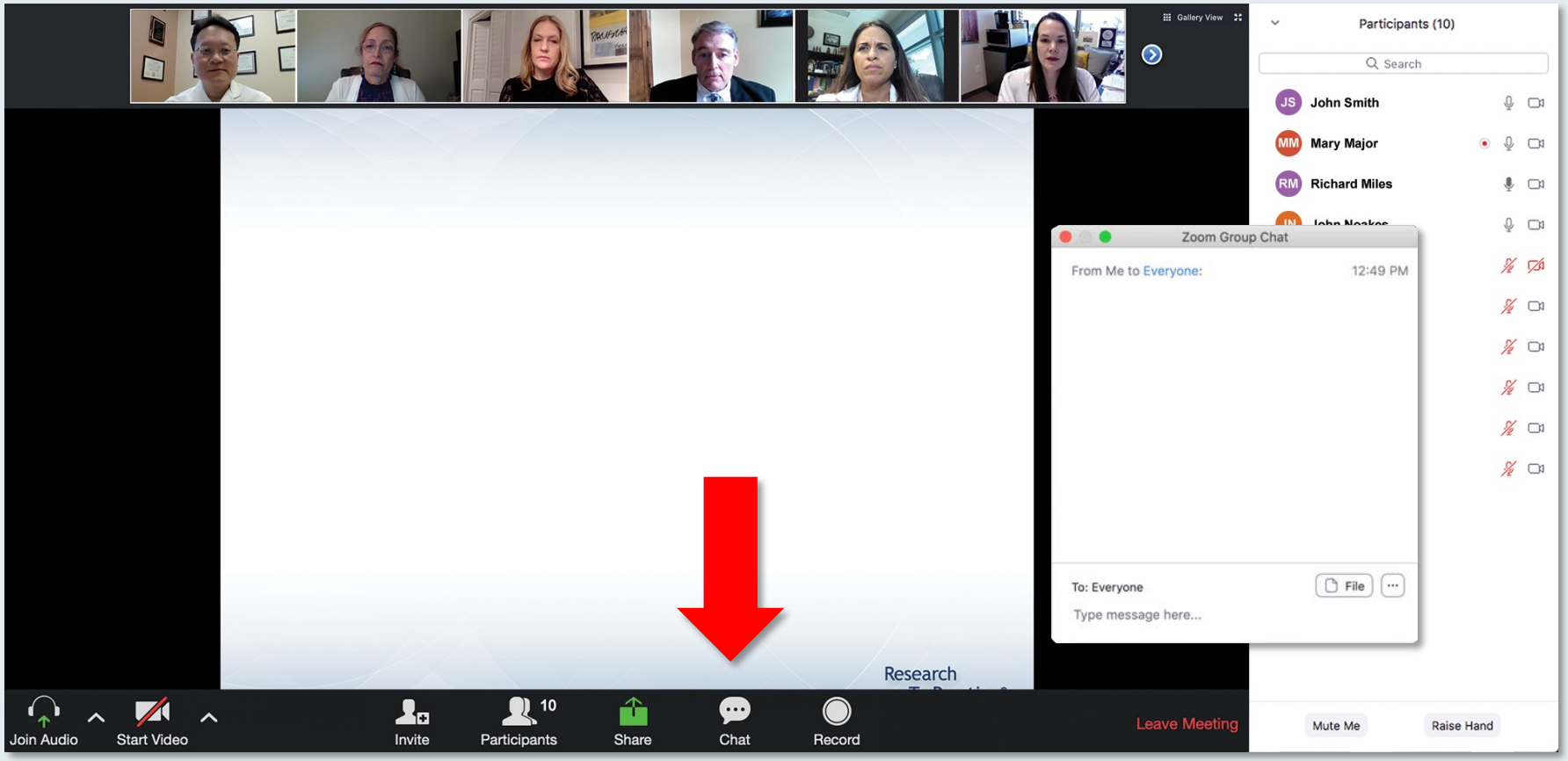
We Encourage Clinicians in Practice to Submit Questions



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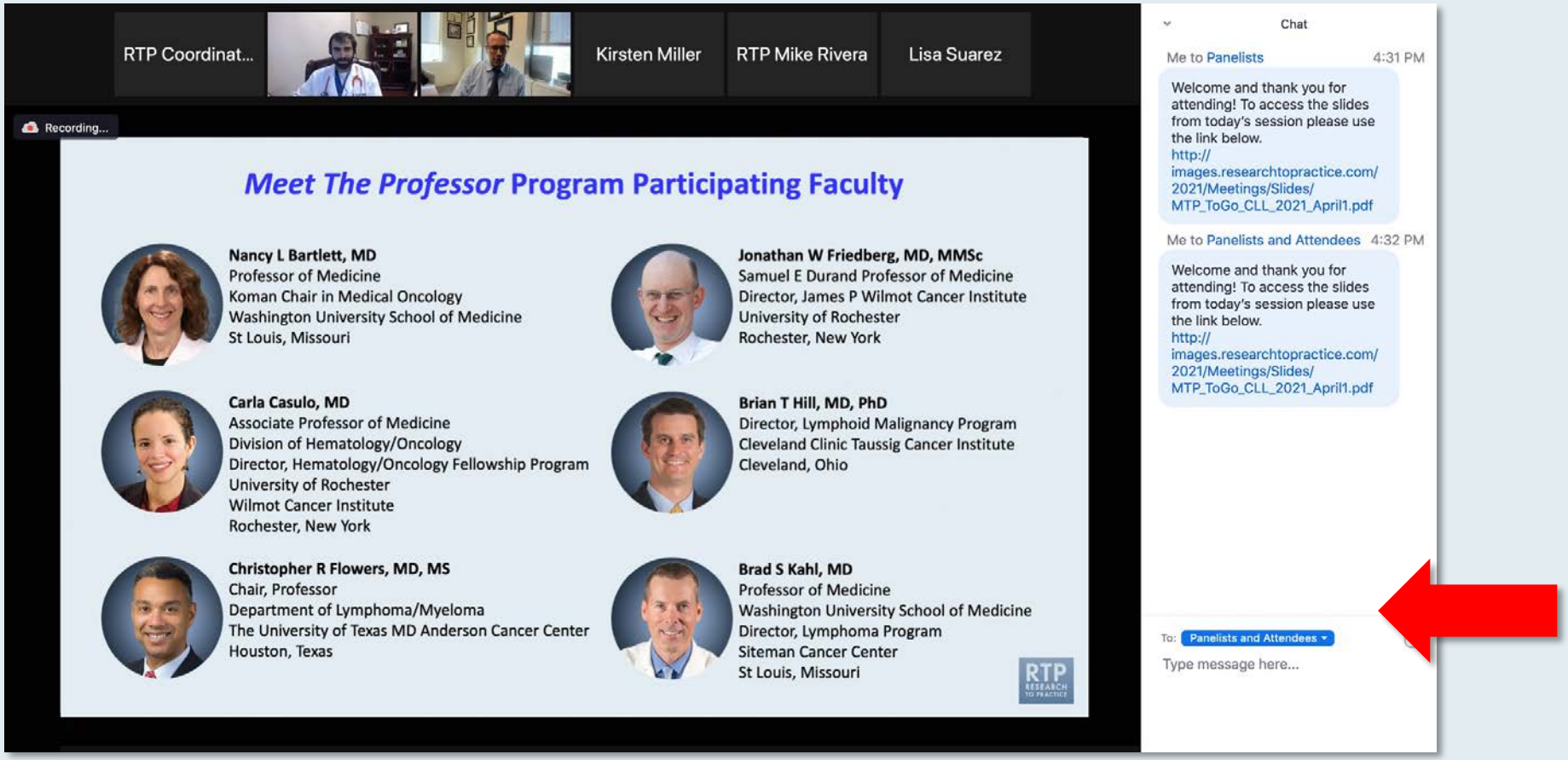
Familiarizing Yourself with the Zoom Interface

Expand chat submission box



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

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Familiarizing Yourself with the Zoom Interface

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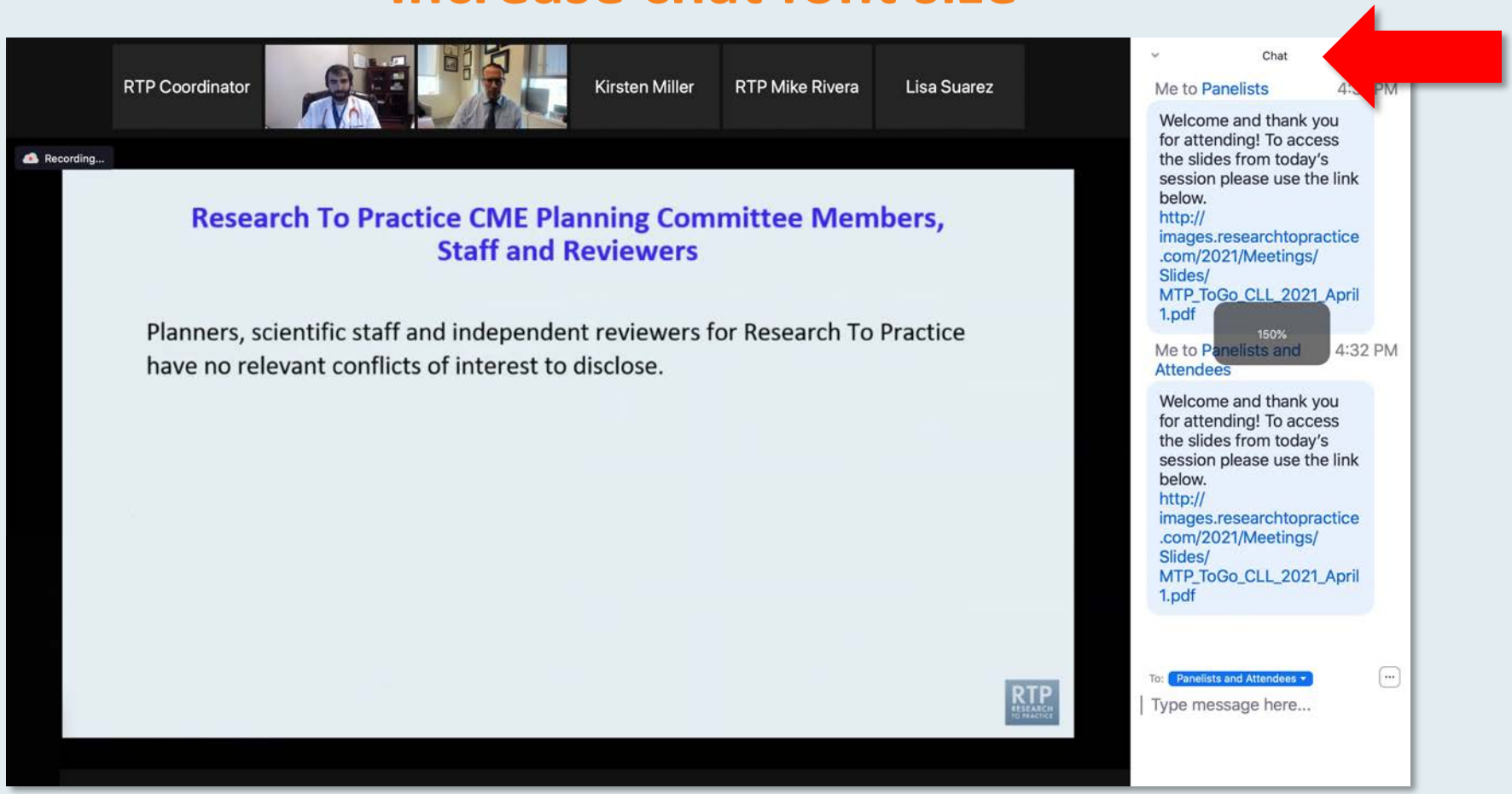

Press Command (for Mac) or Control (for PC) and the + symbol.
You may do this as many times as you need for readability.

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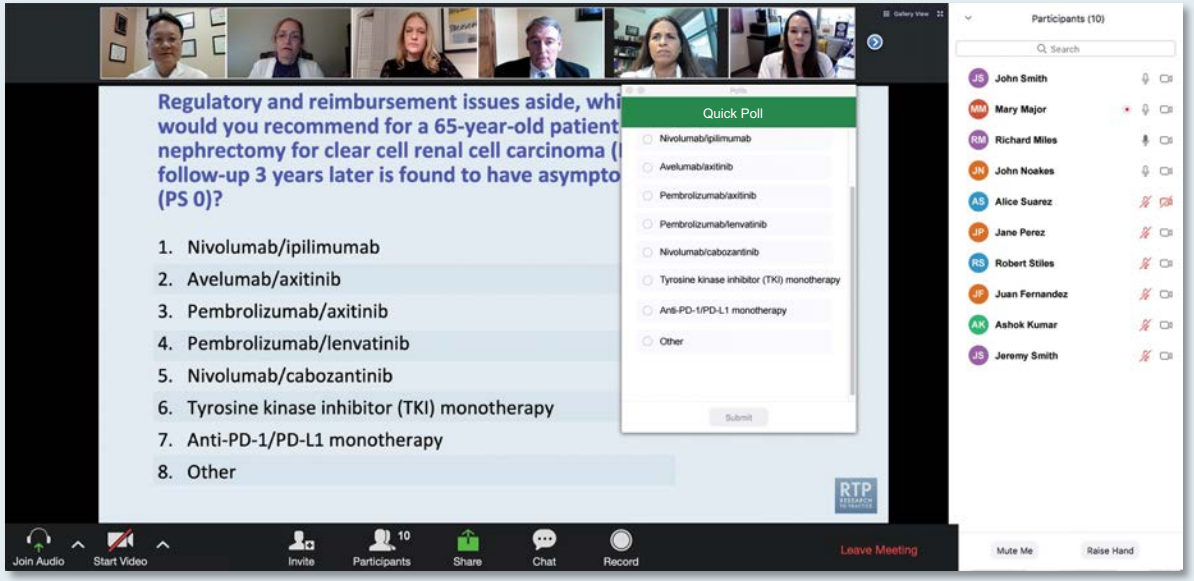

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ONCOLOGY TODAY

WITH DR NEIL LOVE

Key Presentations Related to Gastrointestinal Cancers from Recent Major Oncology Conferences

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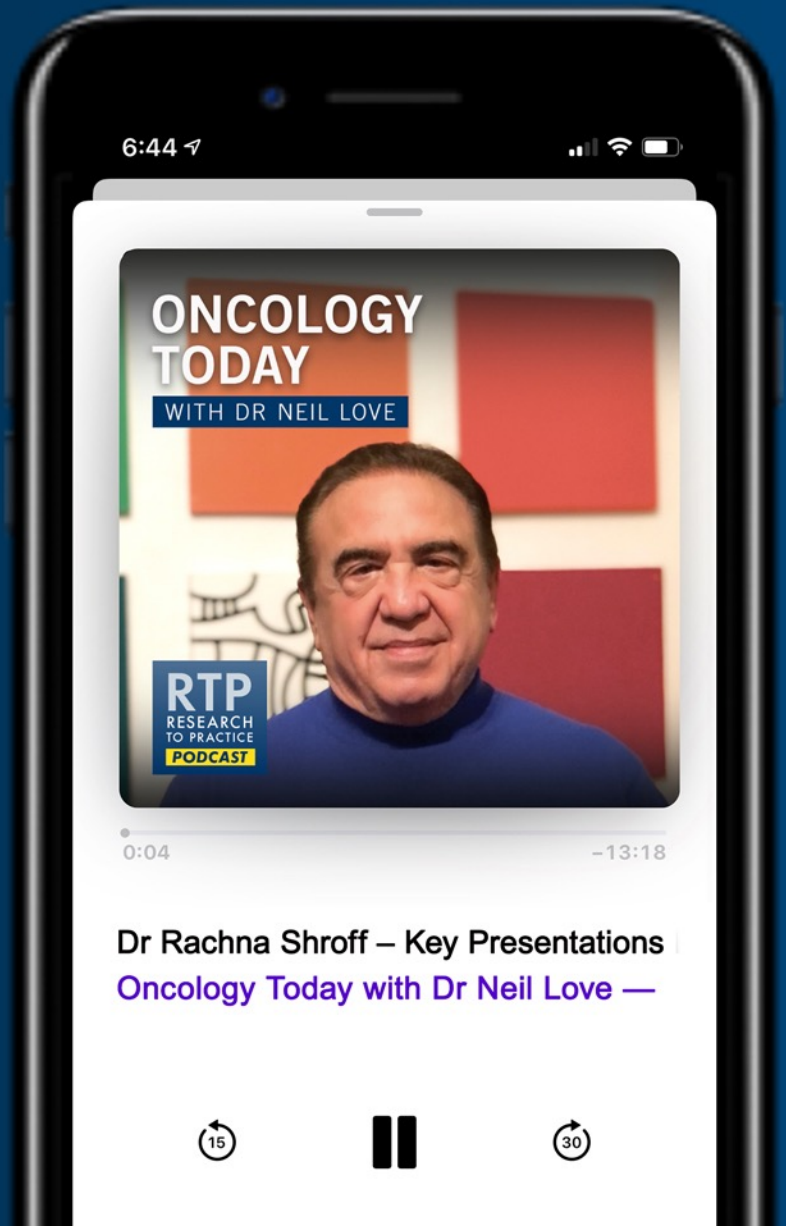

Oncology Today with Dr Neil Love — Role of PARP Inhibition in Ovarian Cancer and Recent Data with Tumor Treating Fields: A Special Dual-Focused Webinar

A CME/MOC-Accredited Virtual Event

Thursday, February 23, 2023
5:00 PM – 6:00 PM ET

Faculty

Gottfried E Konecny, MD
Chirag B Patel, MD, PhD

Moderator

Neil Love, MD

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Year in Review: Clinical Investigator Perspectives on the Most Relevant New Data Sets and Advances in Oncology

A Multitumor CME/MOC-Accredited Live Webinar Series

Prostate Cancer

Wednesday, March 1, 2023
5:00 PM – 6:00 PM ET

Faculty

Tanya B Dorff, MD

A Oliver Sartor, MD

Moderator

Neil Love, MD

RTP Year in Review 2023

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Data Sets and Advances in Oncology

A Multitumor CME/MOC-Accredited Live Webinar Series

Kidney and Bladder Cancer

Thursday, March 2, 2023
5:00 PM – 6:00 PM ET

Faculty

Matthew I Milowsky, MD

Thomas Powles, MBBS, MRCP, MD

Moderator

Neil Love, MD

RTP Year in Review 2023

Meet The Professor

Optimizing the Management of ER-Positive and Triple-Negative Breast Cancer

Tuesday, March 7, 2023
5:00 PM – 6:00 PM ET

Faculty

Sara M Tolaney, MD, MPH

Moderator

Neil Love, MD

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Cases from the Community: Investigators Discuss Available Research Guiding the Care of Patients with Gastroesophageal and Hepatobiliary Cancers — A 2023 Post-ASCO GI Webcast

A CME/MOC-Accredited Virtual Event

Wednesday, March 8, 2023

5:00 PM – 6:00 PM ET

Participating Medical Oncologists

Eric H Lee, MD, PhD

Neil Morganstein, MD

Swati Vishwanathan, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Meet The Professor
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Wednesday, March 22, 2023
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John Strickler, MD

Moderator

Neil Love, MD

RTP
RESEARCH
TO PRACTICE

Cases from the Community: Investigators Discuss Available Research Guiding the Care of Patients with Ovarian Cancer

Part 1 of a 2-Part CME Symposium Series Held in Conjunction with the 2023 Society of Gynecologic Oncology (SGO) Annual Meeting on Women's Cancer®

Sunday, March 26, 2023

11:45 AM – 1:15 PM ET

Faculty

Mansoor Raza Mirza, MD

Amit M Oza, MD

Richard T Penson, MD, MRCP

Moderator

Joyce F Liu, MD, MPH

RTP RESEARCH TO PRACTICE

Cases from the Community: Investigators Discuss Available Research Guiding the Care of Patients with Endometrial Cancer

Part 2 of a 2-Part CME Symposium Series Held in Conjunction with the 2023 Society of Gynecologic Oncology (SGO) Annual Meeting on Women's Cancer®

Monday, March 27, 2023

11:45 AM – 1:15 PM ET

Faculty

Robert L Coleman, MD

Matthew A Powell, MD

Brian M Slomovitz, MD

Moderator

Shannon N Westin, MD, MPH

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Thank you for joining us!

CME and MOC credit information will be emailed to each participant within 5 business days.

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Meet The Professor
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Christopher Lieu, MD
Associate Professor of Medicine
Associate Director for Clinical Research
Co-Director, GI Medical Oncology
University of Colorado Cancer Center
Aurora, Colorado

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Meet The Professor Program Participating Faculty

Stacey A Cohen, MD
Associate Professor
Fred Hutchinson Cancer Center
University of Washington
Seattle, Washington

Arvind Dasari, MD, MS
Associate Professor
Department of Gastrointestinal Medical Oncology
The University of Texas
MD Anderson Cancer Center
Houston, Texas

Dustin Deming, MD
ACI/Schwenn Family Associate Professor
University of Wisconsin Carbone Cancer Center
Madison, Wisconsin

Christopher Lieu, MD
Associate Professor of Medicine
Associate Director for Clinical Research
Co-Director, GI Medical Oncology
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Aurora, Colorado

John Strickler, MD
Associate Professor
Duke University
Durham, North Carolina

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

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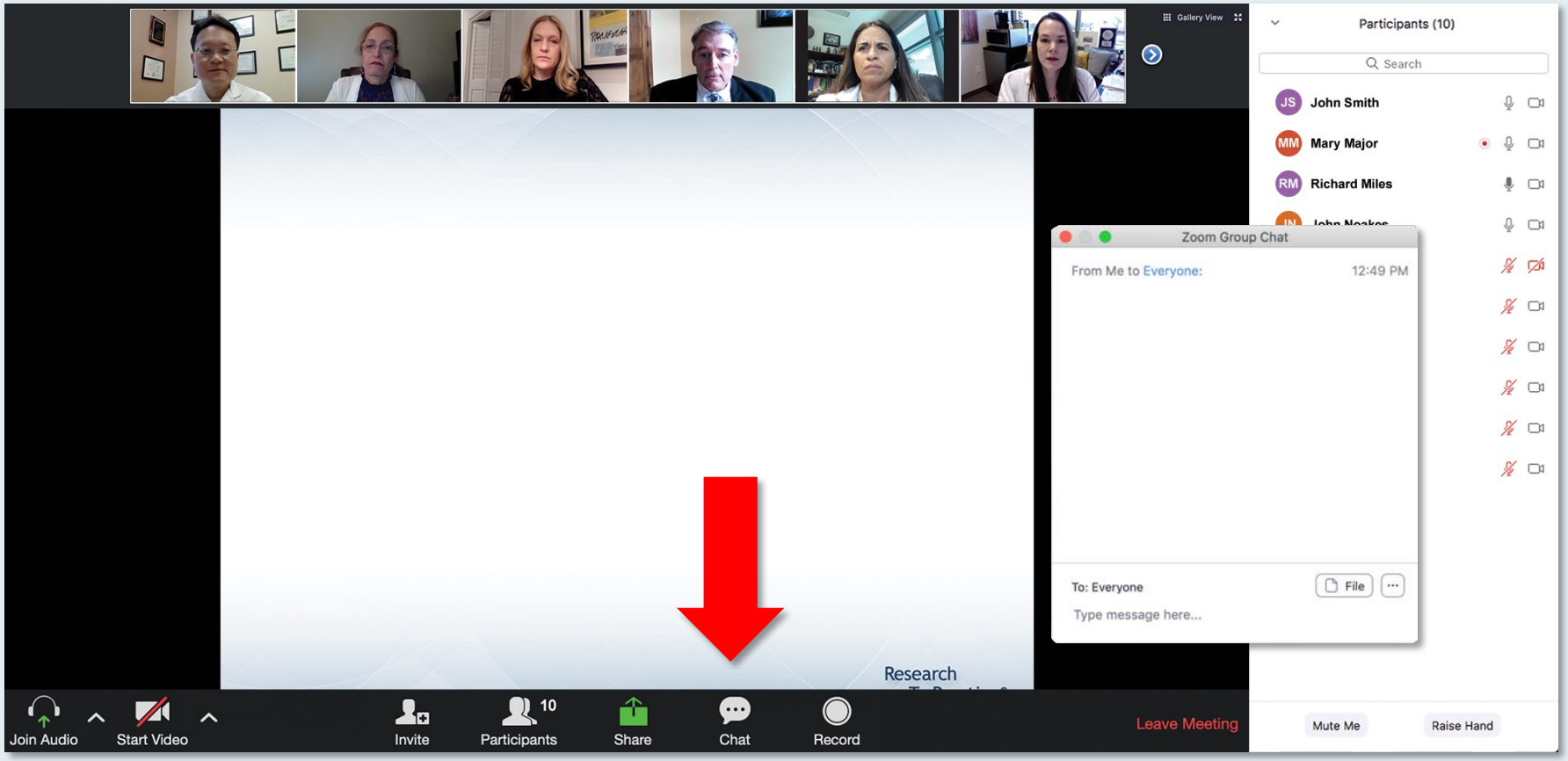

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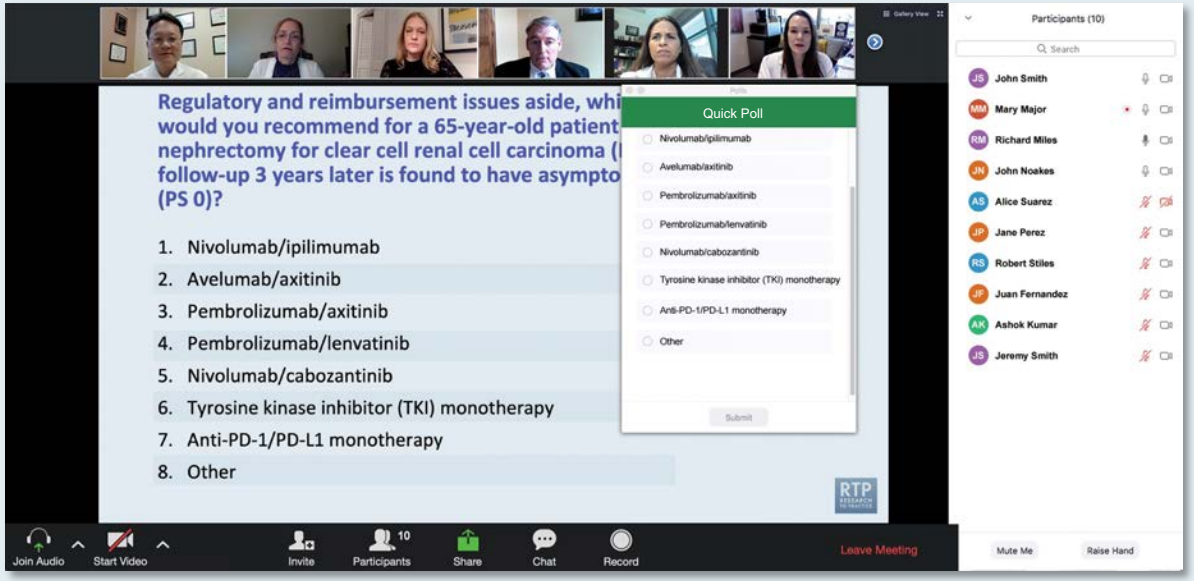

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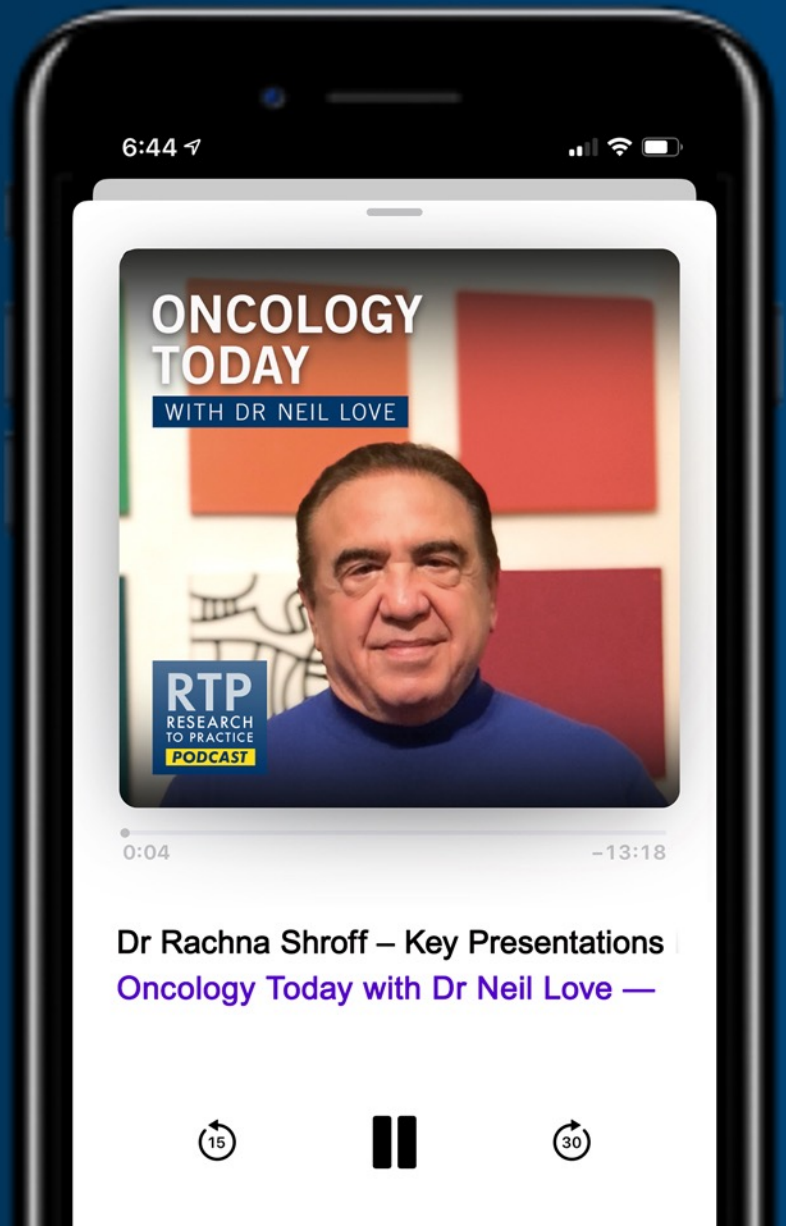

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Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

Dr Lieu — Disclosures

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Georges Azzi, MD
Holy Cross Health
Fort Lauderdale, Florida

Eric H Lee, MD, PhD
Compassionate Cancer Care
Medical Group
Fountain Valley, California

Gigi Chen, MD
John Muir Health
Pleasant Hill, California

William R Mitchell, MD
Southern Oncology Specialists
Charlotte, North Carolina

Sunil Gandhi, MD
Florida Cancer Specialists
Lecanto, Florida

Priya Rudolph, MD, PhD
Georgia Cancer Specialists
Athens, Georgia

Victoria Giffi, MD
Meritus Hematology and
Oncology Specialists
Hagerstown, Maryland

Swati Vishwanathan, MD
United Hospital Center
WVU Medicine
Bridgeport, West Virginia

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Meet The Professor with Dr Lieu

Introduction: Early-Onset Colorectal Cancer

MODULE 1: Localized Disease

MODULE 2: Metastatic Disease

MODULE 3: HER2-Positive Disease

MODULE 4: MSI-H Disease; BRAF-Mutant Disease

MODULE 5: Journal Club with Dr Lieu

MODULE 6: Appendix

Meet The Professor with Dr Lieu

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MODULE 5: Journal Club with Dr Lieu

MODULE 6: Appendix

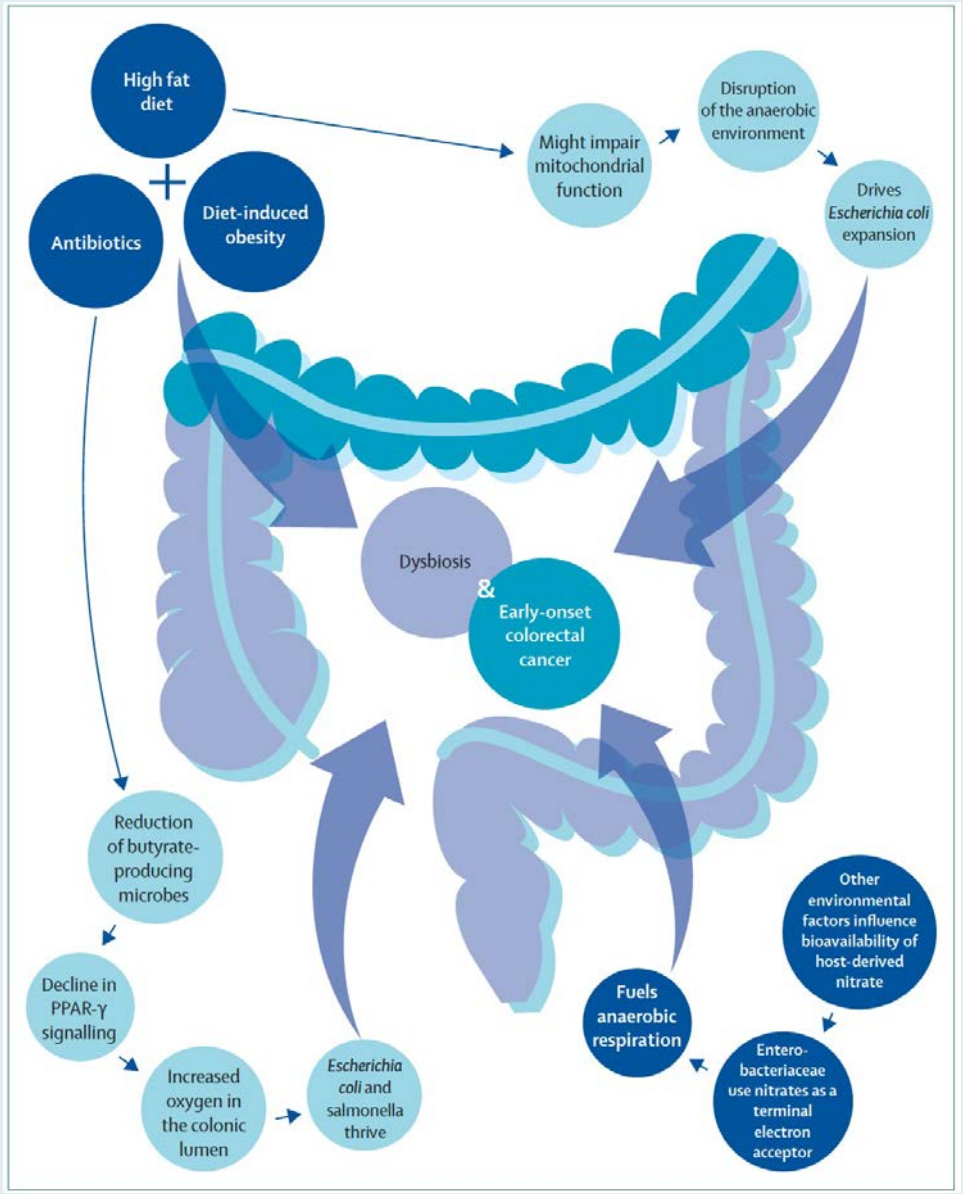
Lancet Oncol 2022;23(3):e116-28.

Early-onset colorectal cancer 2

A comprehensive framework for early-onset colorectal cancer research

Cathy Eng, Alexandre A Jácome, Rajiv Agarwal, Muhammad Hashim Hayat, Mariana X Byndloss, Andreana N Holowatyj, Christina Bailey, Christopher H Lieu

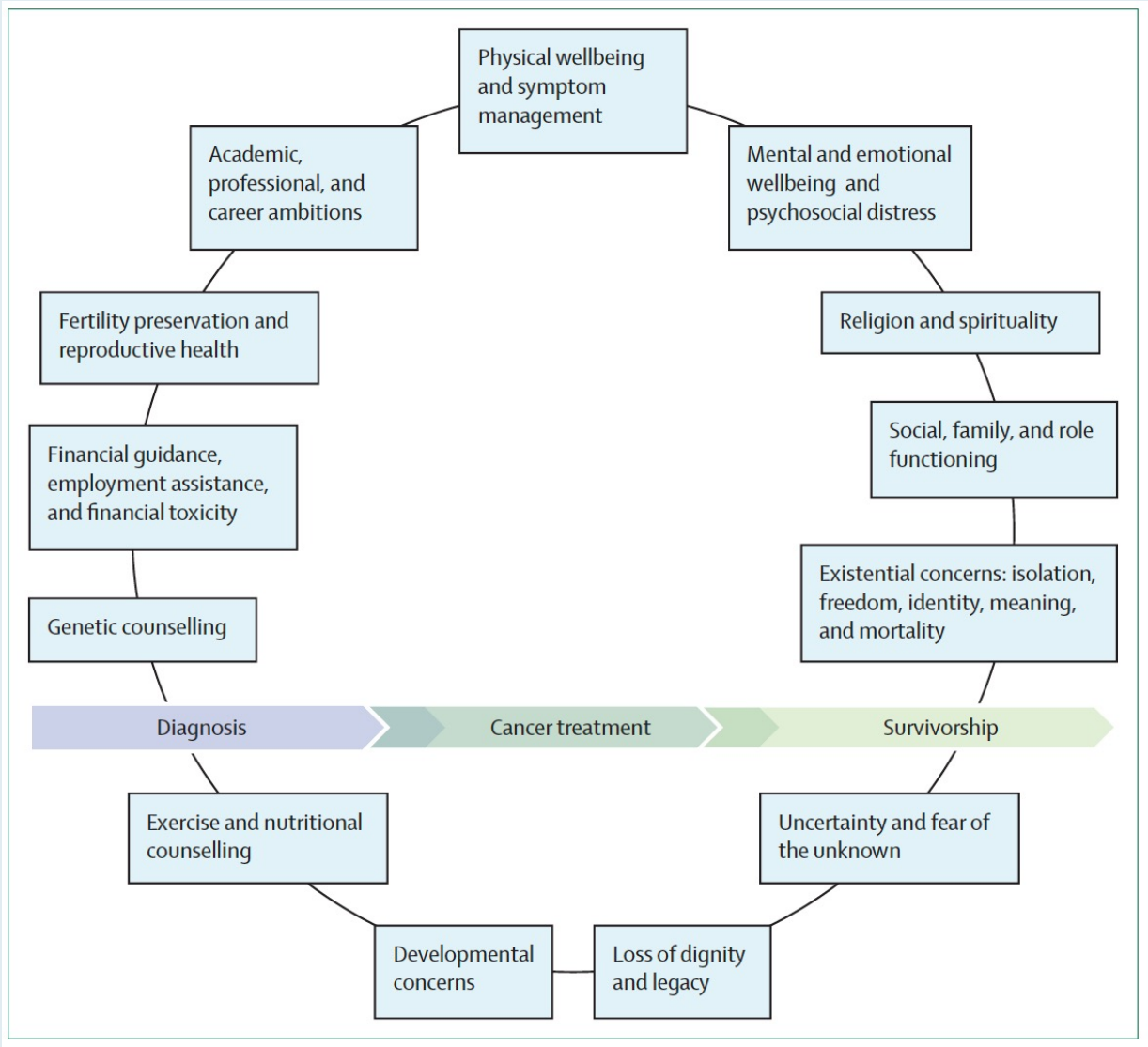
Factors Associated with Dysbiosis and Early-Onset Colorectal Cancer



Eng C et al. *Lancet Oncol* 2022;23(3):e116-28.

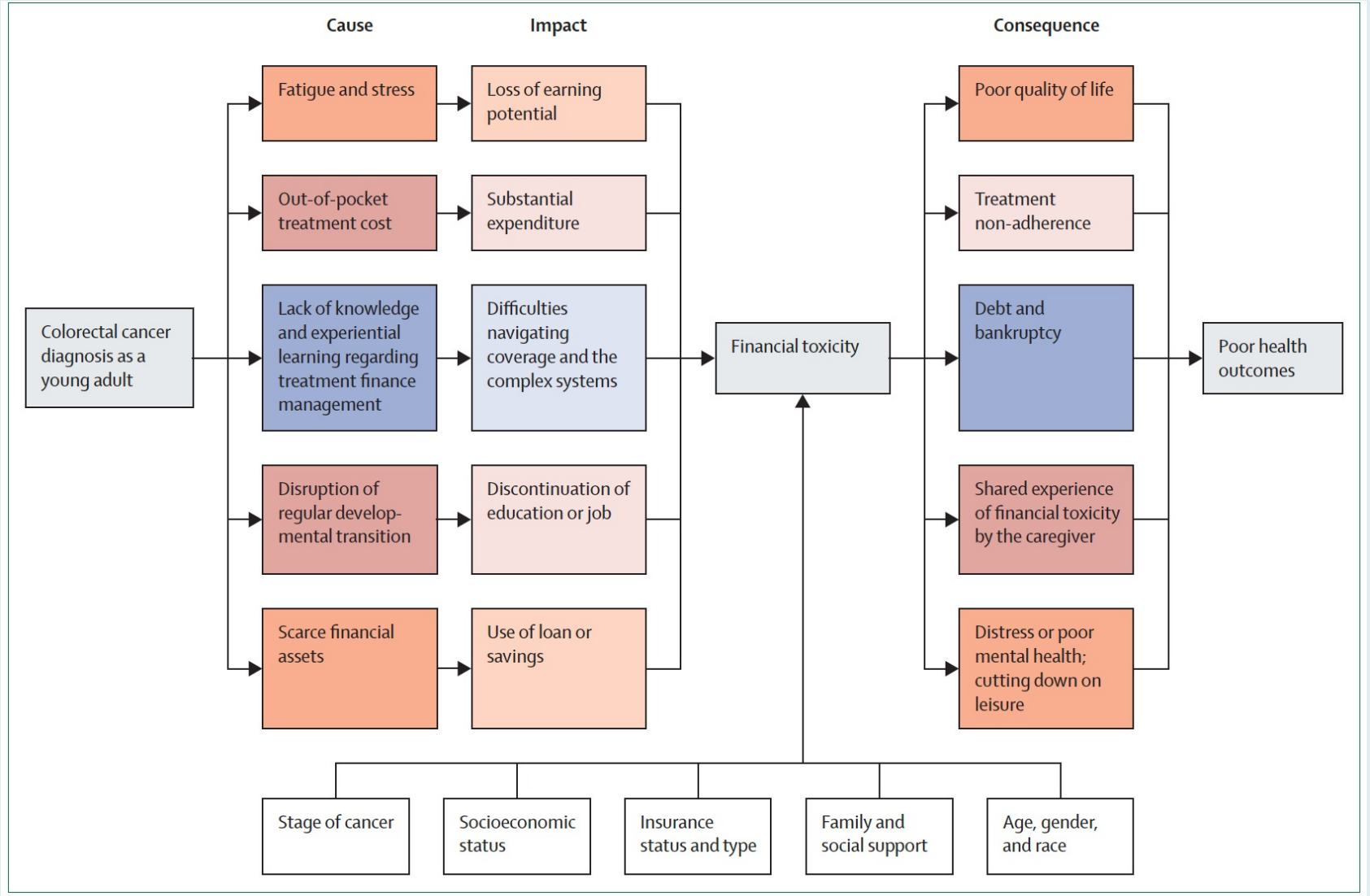
JC JOURNAL CLUB RTP RESEARCH TO PRACTICE

Proposed Conceptual Framework for Cancer Care for Early-Onset Colorectal Cancer



Eng C et al. *Lancet Oncol* 2022;23(3):e116-28.

Economic Consequences of Cancer Treatment for Adults with Colorectal Cancer



Eng C et al. *Lancet Oncol* 2022;23(3):e116-28.

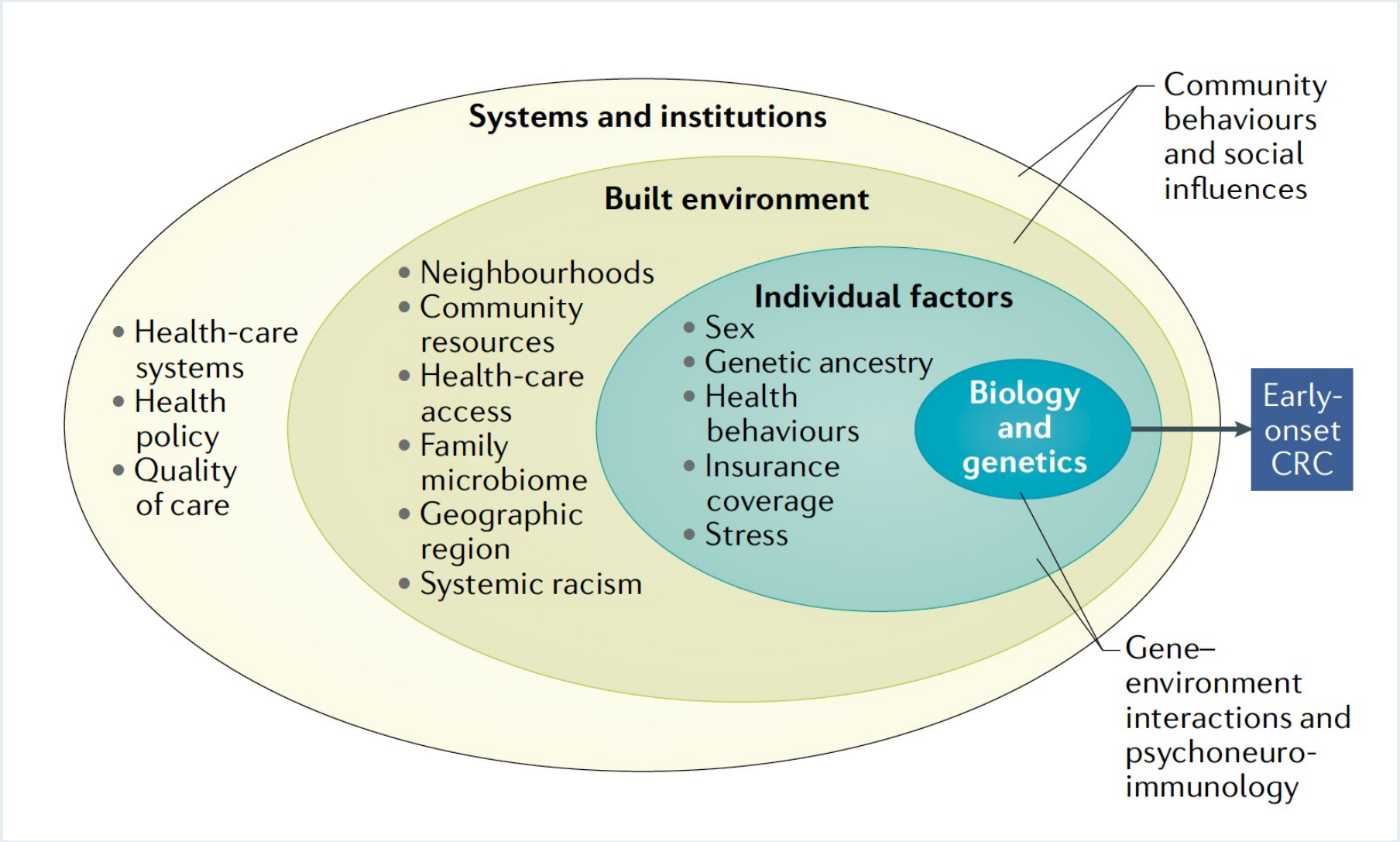
Nat Rev Cancer 2021 Jun;21(6):339-40.

COMMENT

Gut instinct: a call to study the biology of early-onset colorectal cancer disparities

Andreana N. Holowatyj[1,2]✉, *Jose Perea*[3] *and Christopher H. Lieu*[4]

Multilevel Factors and Domains Contributing to Early-Onset CRC Disparities



Holowatyj AN et al. *Nat Rev Cancer* 2021;21(6):339-40.

Meet The Professor with Dr Lieu

Introduction: Early-Onset Colorectal Cancer

MODULE 1: Localized Disease

- Dr Mitchell: 36-year-old woman with left-sided T3N0 Grade II obstructing adenocarcinoma of the colon
- Dr Rudolph: 50-year-old woman with Stage II pMMR sigmoid colon cancer with focal intramural lymphovascular invasion, s/p 6 cycles of adjuvant capecitabine

MODULE 2: Metastatic Disease

MODULE 3: HER2-Positive Disease

MODULE 4: MSI-H Disease; BRAF-Mutant Disease

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Case Presentation: 36-year-old woman with left-sided T3N0 Grade II obstructing adenocarcinoma of the colon

Dr William Mitchell (Charlotte, North Carolina)

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Case Presentation: 50-year-old woman with Stage II pMMR sigmoid colon cancer with focal intramural lymphovascular invasion, s/p 6 cycles of adjuvant capecitabine

Dr Priya Rudolph (Athens, Georgia)

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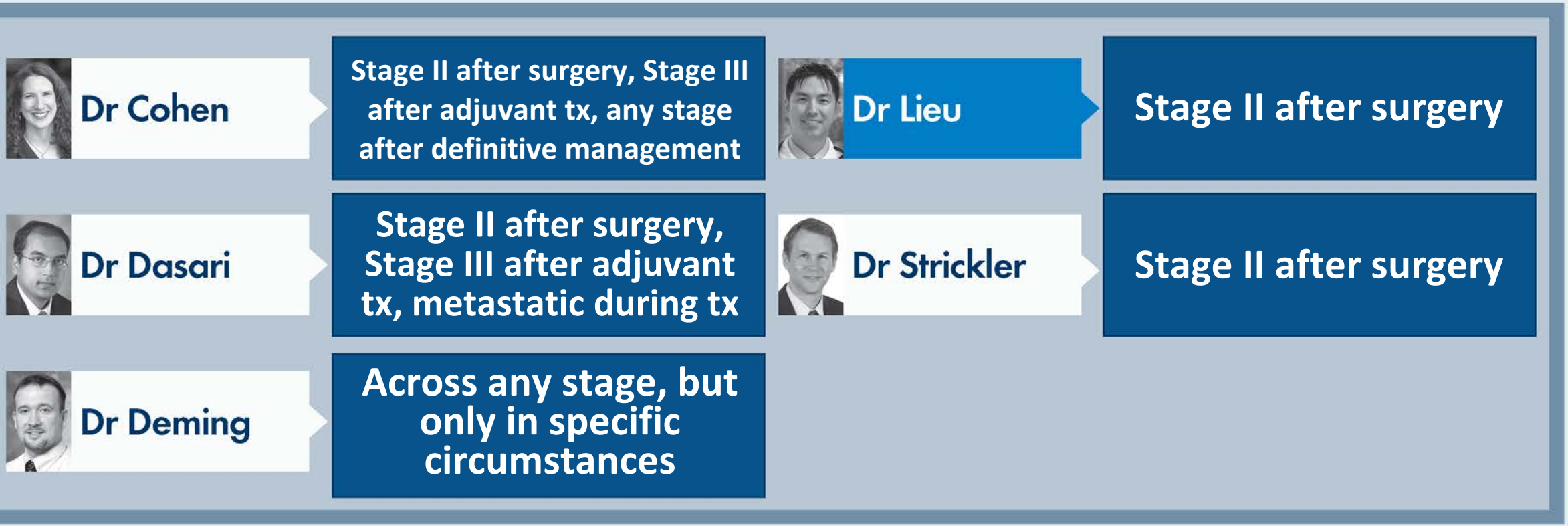
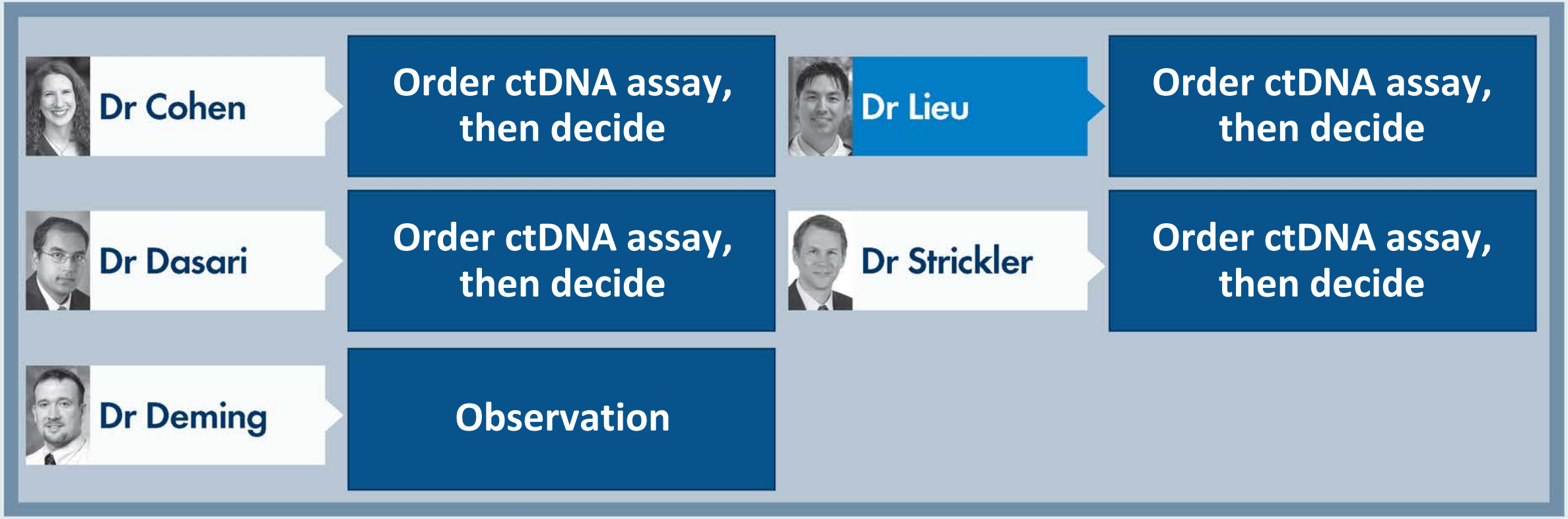
In general, in which settings, if any, do you order a circulating tumor DNA (ctDNA) assay for your patients with colorectal cancer (CRC) outside of a clinical trial?



A patient presents with Stage II CRC with no high-risk features and undergoes R0 resection. What would be your approach to adjuvant therapy?



If a ctDNA assay was ordered for a patient with Stage II CRC with no high-risk features who underwent an R0 resection, what would be your approach to treatment if the results were…?

	Negative	Positive
 Dr Cohen	Observation	FOLFOX/CAPOX
 Dr Dasari	Observation	FOLFOX/CAPOX
 Dr Deming	Observation	FOLFOX/CAPOX
 Dr Lieu	Observation	FOLFOX/CAPOX
 Dr Strickler	Observation	FOLFOX/CAPOX

For a patient with CRC and a solitary hepatic metastasis who receives neoadjuvant FOLFOX and undergoes hepatic resection, would you assess ctDNA as part of the postoperative workup?

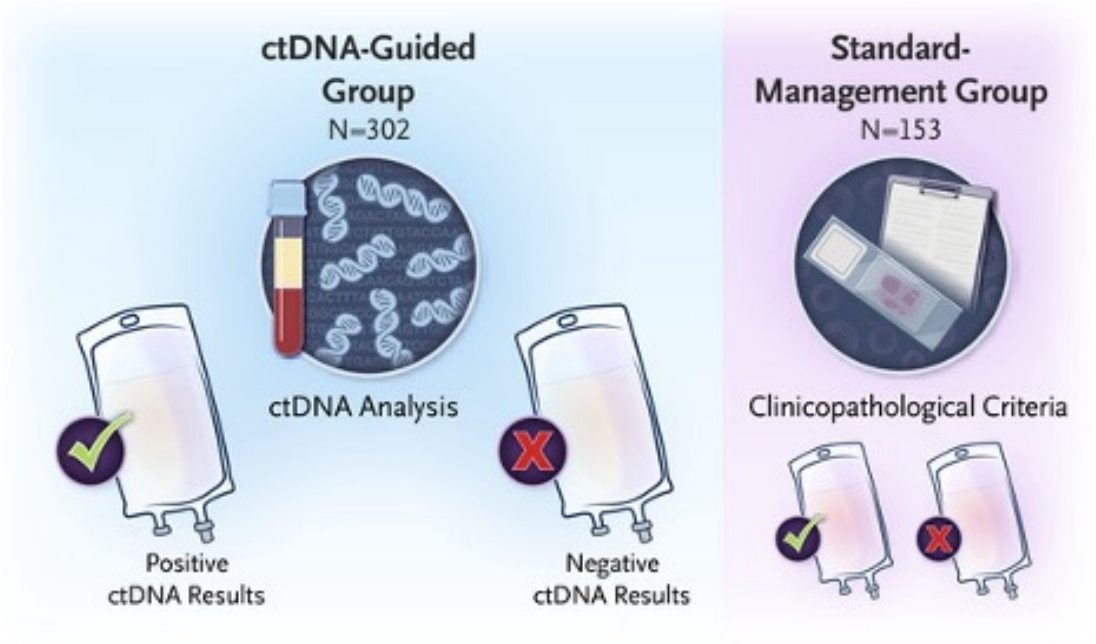
The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 JUNE 16, 2022 VOL. 386 NO. 24

Circulating Tumor DNA Analysis Guiding Adjuvant Therapy in Stage II Colon Cancer

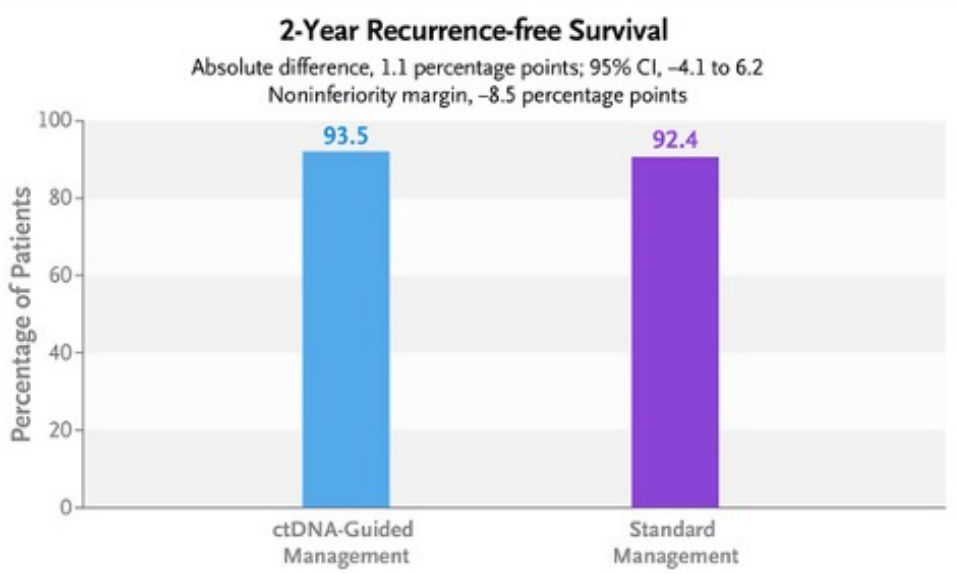
Jeanne Tie, M.D., Joshua D. Cohen, M.Phil., Kamel Lahouel, Ph.D., Serigne N. Lo, Ph.D., Yuxuan Wang, M.D., Ph.D., Suzanne Kosmider, M.B., B.S., Rachel Wong, M.B., B.S., Jeremy Shapiro, M.B., B.S., Margaret Lee, M.B., B.S., Sam Harris, M.B., B.S., Adnan Khattak, M.B., B.S., Matthew Burge, M.B., B.S., Marion Harris, M.B., B.S., James Lynam, M.B., B.S., Louise Nott, M.B., B.S., Fiona Day, Ph.D., Theresa Hayes, M.B., B.S., Sue-Anne McLachlan, M.B., B.S., Belinda Lee, M.B., B.S., Janine Ptak, M.S., Natalie Silliman, B.S., Lisa Dobbyn, B.A., Maria Popoli, M.S., Ralph Hruban, M.D., Anne Marie Lennon, M.D., Ph.D., Nicholas Papadopoulos, Ph.D., Kenneth W. Kinzler, Ph.D., Bert Vogelstein, M.D., Cristian Tomasetti, Ph.D., and Peter Gibbs, M.D., for the DYNAMIC Investigators*

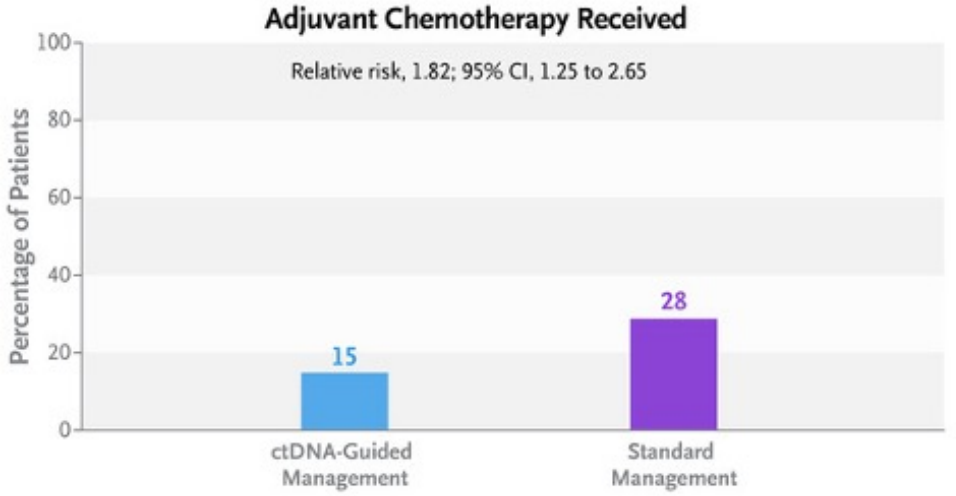
DYNAMIC: Results Summary



CONCLUSIONS

Among patients with stage II colon cancer, ctDNA-guided management was noninferior to standard management with respect to 2-year recurrence-free survival and resulted in reduced use of adjuvant chemotherapy.





Tie J et al. *N Engl J Med* 2022;386(24):2261-72.

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nature medicine 2023 Jan 16;[Online ahead of print].

Article https://doi.org/10.1038/s41591-022-02115-4

Molecular residual disease and efficacy of adjuvant chemotherapy in patients with colorectal cancer

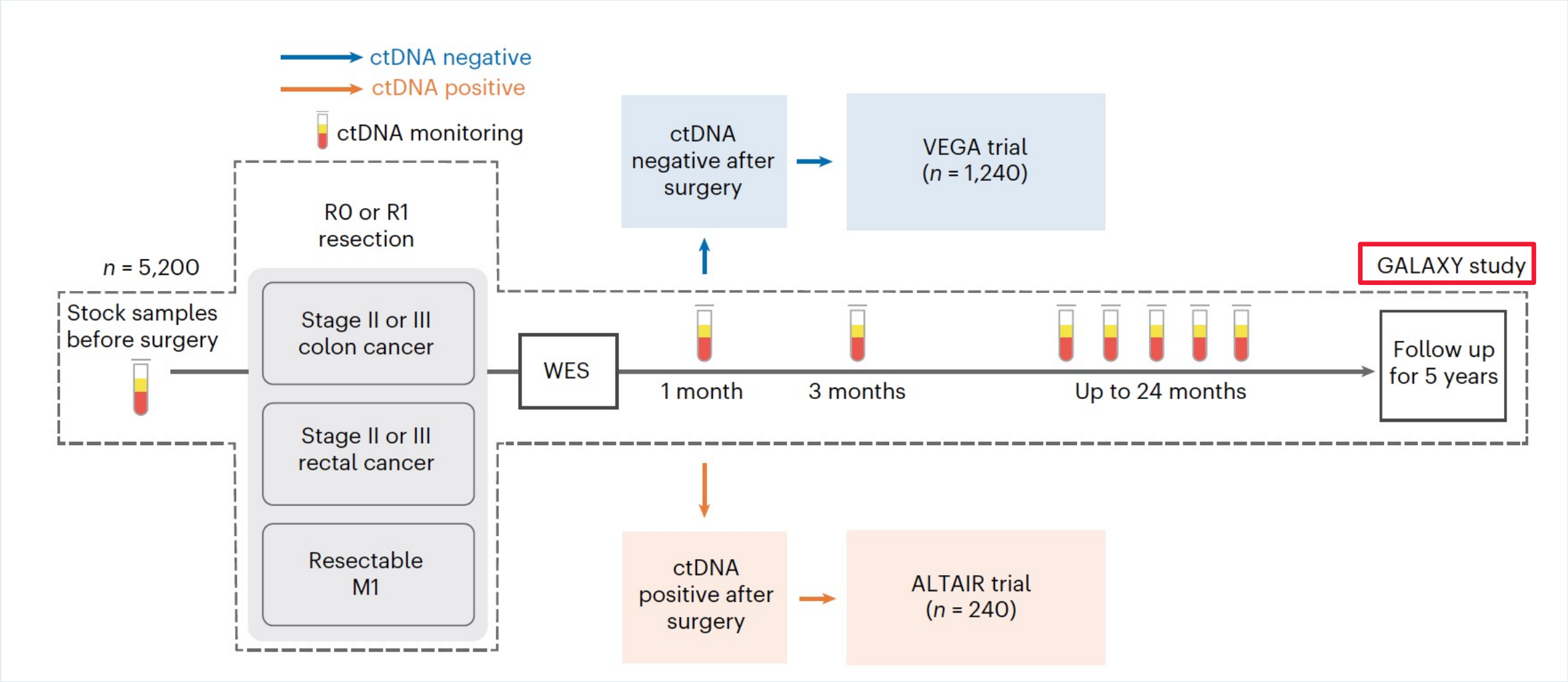
Received: 28 July 2022

Accepted: 1 November 2022

Published online: 16 January 2023

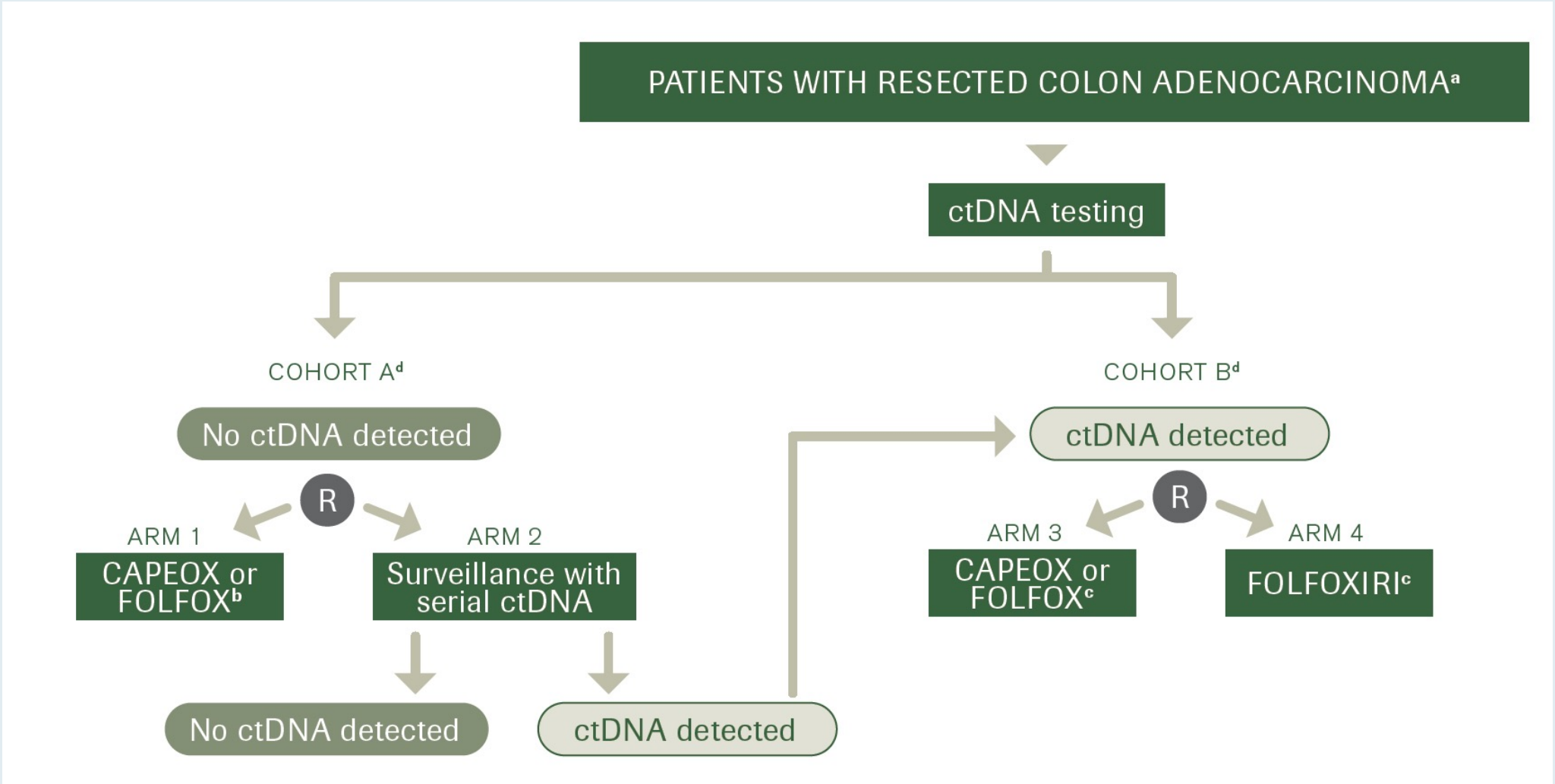
Daisuke Kotani[1,17], Eiji Oki[2,17] ✉, Yoshiaki Nakamura[1,3,17], Hiroki Yukami[1,4], Saori Mishima[1], Hideaki Bando[1,3], Hiromichi Shirasu[5], Kentaro Yamazaki[5], Jun Watanabe[6], Masahito Kotaka[7], Keiji Hirata[8], Naoya Akazawa[9], Kozo Kataoka[10], Shruti Sharma[11], Vasily N. Aushev[11], Alexey Aleshin[11], Toshihiro Misumi[12], Hiroya Taniguchi[13], Ichiro Takemasa[14], Takeshi Kato[15], Masaki Mori[16] & Takayuki Yoshino[1]

Overview of the CIRCULATE-JAPAN Study



Kotani D et al. *Nat Med* 2023 Jan 16;[Online ahead of print].

CIRCULATE-US



Sahin IH et al. *Oncology* 2022;36(10):604-9.

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Meet The Professor with Dr Lieu

Introduction: Early-Onset Colorectal Cancer

MODULE 1: Localized Disease

MODULE 2: Metastatic Disease

- Dr Lee: 84-year-old woman with pan-RAS WT metastatic rectal cancer with poor tolerance to chemotherapy, now receiving regorafenib with slowly progressive disease
- Dr Vishwanathan: 62-year-old man with recurrent MSS, HER2-negative, RAS WT rectal cancer, currently receiving TAS-102/bevacizumab

MODULE 3: HER2-Positive Disease

MODULE 4: MSI-H Disease; BRAF-Mutant Disease

MODULE 5: Journal Club with Dr Lieu

MODULE 6: Appendix

RTP RESEARCH TO PRACTICE

Case Presentation: 84-year-old woman with pan-RAS WT metastatic rectal cancer with poor tolerance to chemotherapy, now receiving regorafenib with slowly progressive disease

Dr Eric Lee (Fountain Valley, California)

RTP
RESEARCH
TO PRACTICE

Case Presentation: 62-year-old man with recurrent MSS, HER2-negative, RAS WT rectal cancer, currently receiving TAS-102/bevacizumab

Dr Swati Vishwanathan (Bridgeport, West Virginia)

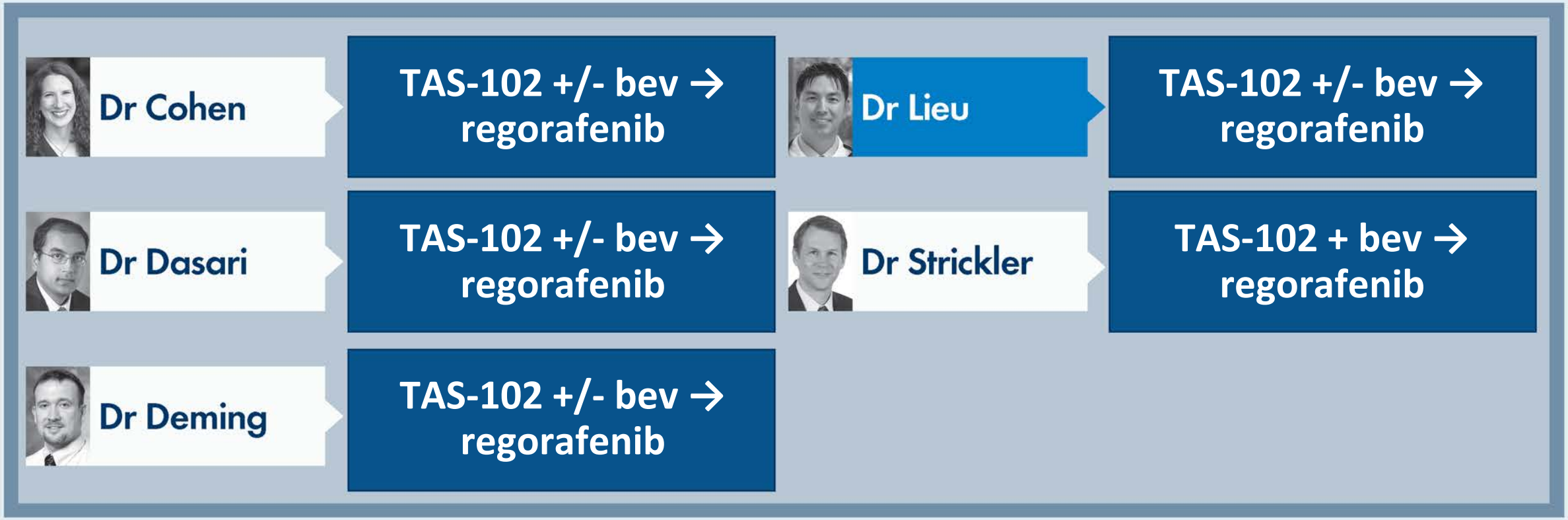
RTP RESEARCH TO PRACTICE

What is your usual first-line treatment recommendation for a clinically stable 60-year-old patient with microsatellite stable (MSS), pan-RAS wild-type, BRAF wild-type metastatic CRC (mCRC) if the tumor is…?

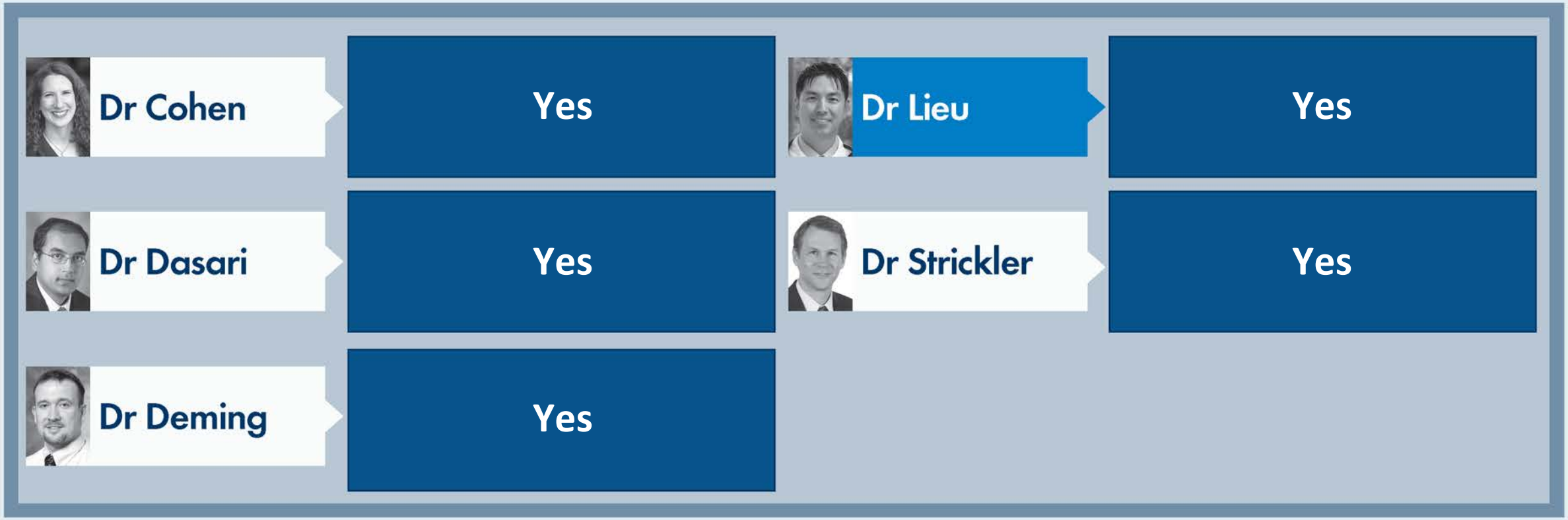
	Right sided	Left sided
 Dr Cohen	FOLFOXIRI + bev	FOLFOX/CAPOX + cetuximab
 Dr Dasari	FOLFOX/CAPOX + bev	FOLFOX/CAPOX + cetuximab
 Dr Deming	FOLFOX/CAPOX + bev	FOLFOX/CAPOX + bev
 Dr Lieu	FOLFOX/CAPOX + bev	FOLFOX/CAPOX + panitumumab
 Dr Strickler	FOLFOX/CAPOX + bev	FOLFOX/CAPOX + panitumumab

FOLFOXIRI = FOLFOX/irinotecan; bev = bevacizumab

What is your preferred sequence for administering regorafenib and TAS-102 with or without bevacizumab for your patients with multiregimen-relapsed mCRC?



In general, when you administer TAS-102 for mCRC, do you add bevacizumab?



For a patient with mCRC who has received EGFR antibody-containing therapy and experienced disease progression, are there any circumstances in which you will rechallenge with the same or a different EGFR antibody later in the treatment course?

Dr Cohen

Yes, if new chemo partner

Dr Dasari

Yes, after tx holiday if liquid biopsy does not show alterations

Dr Deming

Yes, if prior response or durable SD and ≥4 mos since last given

Dr Lieu

Yes, if no other tx options and ctDNA is negative for resistance mutations

Dr Strickler

Yes, if ctDNA is negative for resistance mutations

2022 ASCO® ANNUAL MEETING

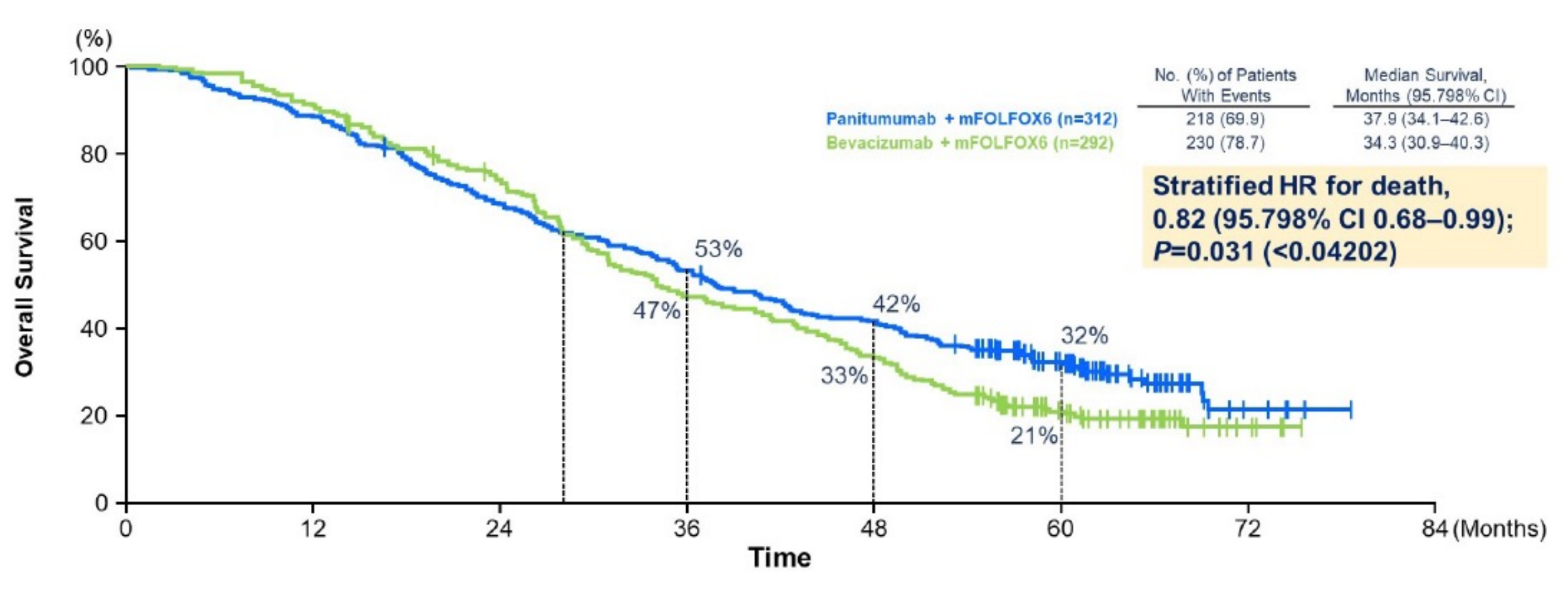
Abstract LBA1

Panitumumab plus mFOLFOX6 versus Bevacizumab plus mFOLFOX6 as first-line treatment in patients with *RAS* wild-type metastatic colorectal cancer: results from the phase 3 PARADIGM trial

Takayuki Yoshino[1], Jun Watanabe[2], Kohei Shitara[1], Kentaro Yamazaki[3], Hisatsugu Ohori[4], Manabu Shiozawa[5], Hirofumi Yasui[4], Eiji Oki[6], Takeo Sato[7], Takeshi Naitoh[8], Yoshito Komatsu[9], Takeshi Kato[10], Masamitsu Hihara[11], Junpei Soeda[11], Kouji Yamamoto[12], Kiwamu Akagi[13], Atsushi Ochiai[14], Hiroyuki Uetake[15], Katsuya Tsuchihara[16], Kei Muro[17]

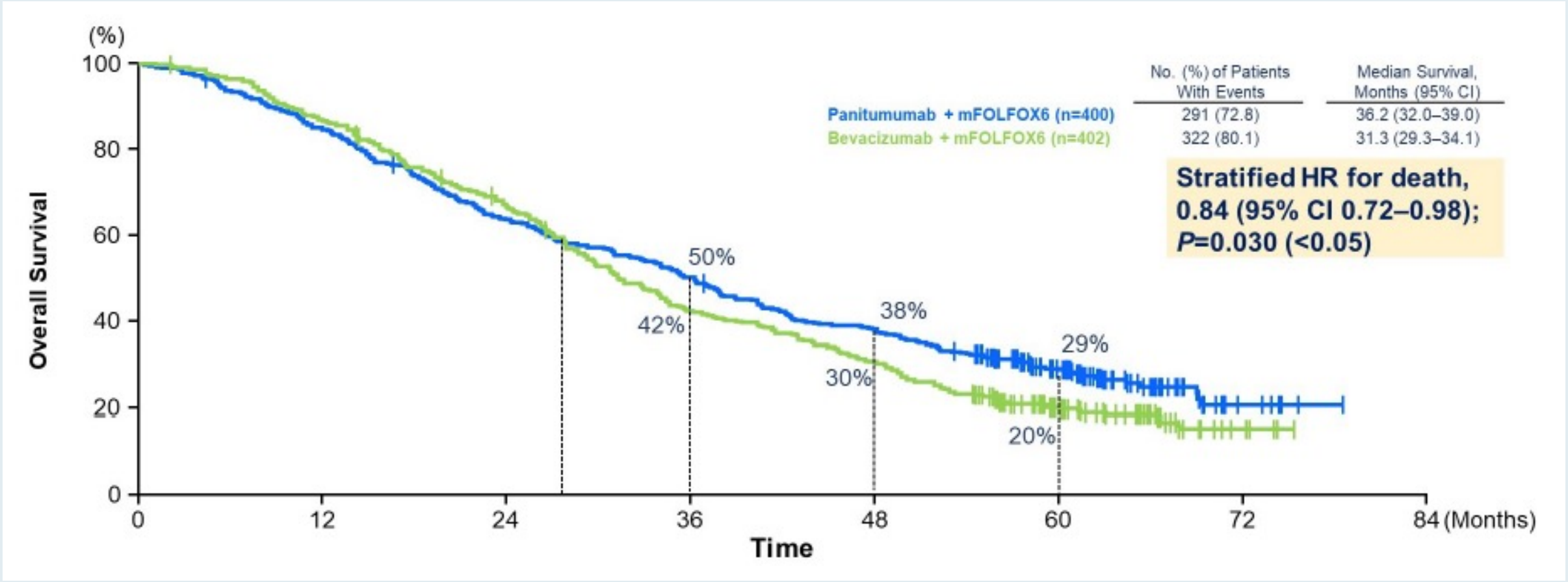
RTP RESEARCH TO PRACTICE

PARADIGM: Overall Survival in Left-Sided Population (Primary Endpoint 1)



Yoshino T et al. ASCO 2022;Abstract LBA1.

PARADIGM: Overall Survival in Overall Population (Primary Endpoint 2)



Yoshino T et al. ASCO 2022;Abstract LBA1.

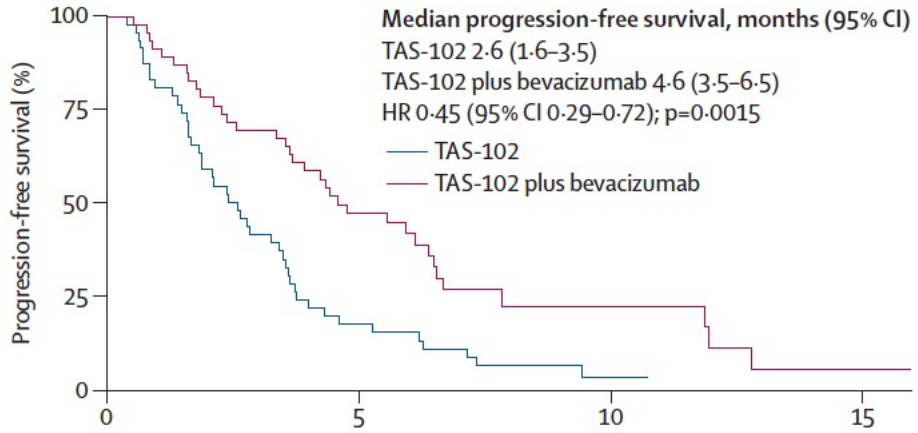
Lancet Oncol 2020;21(3):412-20.

Articles

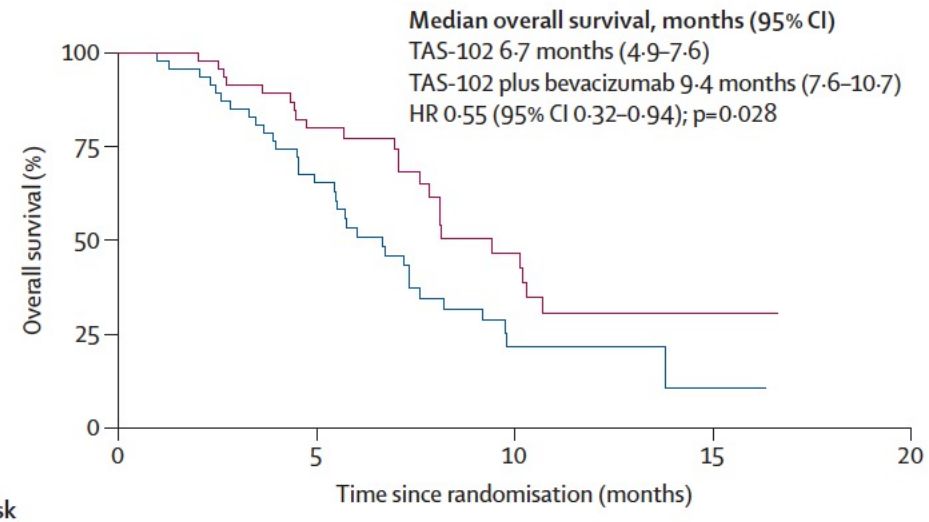
TAS-102 with or without bevacizumab in patients with chemorefractory metastatic colorectal cancer: an investigator-initiated, open-label, randomised, phase 2 trial

Per Pfeiffer, Mette Yilmaz, Sören Möller, Daniela Zitnjak, Merete Krogh, Lone Nørgård Petersen, Laurids Østergaard Poulsen, Stine Braendegaard Winther, Karina Gravgaard Thomsen, Camilla Qvortrup

TAS-102 with or without Bevacizumab for Refractory mCRC



Number at risk (number censored)				
TAS-102	47 (38)	8 (6)	1 (0)	0
TAS-102 plus bevacizumab	46 (24)	20 (8)	5 (3)	1

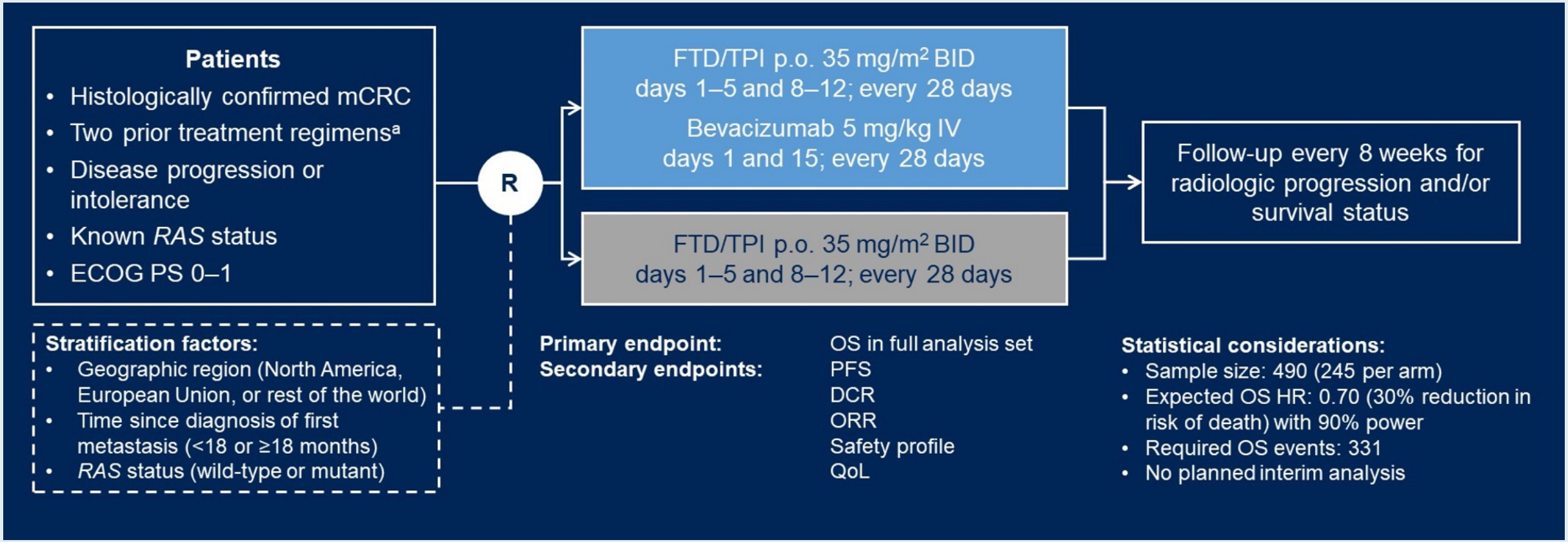


Number at risk (number censored)					
TAS-102	47 (16)	29 (16)	6 (1)	1 (0)	0
TAS-102 plus bevacizumab	46 (9)	34 (10)	12 (4)	2 (0)	0

Pfeiffer P et al. *Lancet Oncol* 2020;21(3):412-20.

RTP RESEARCH TO PRACTICE

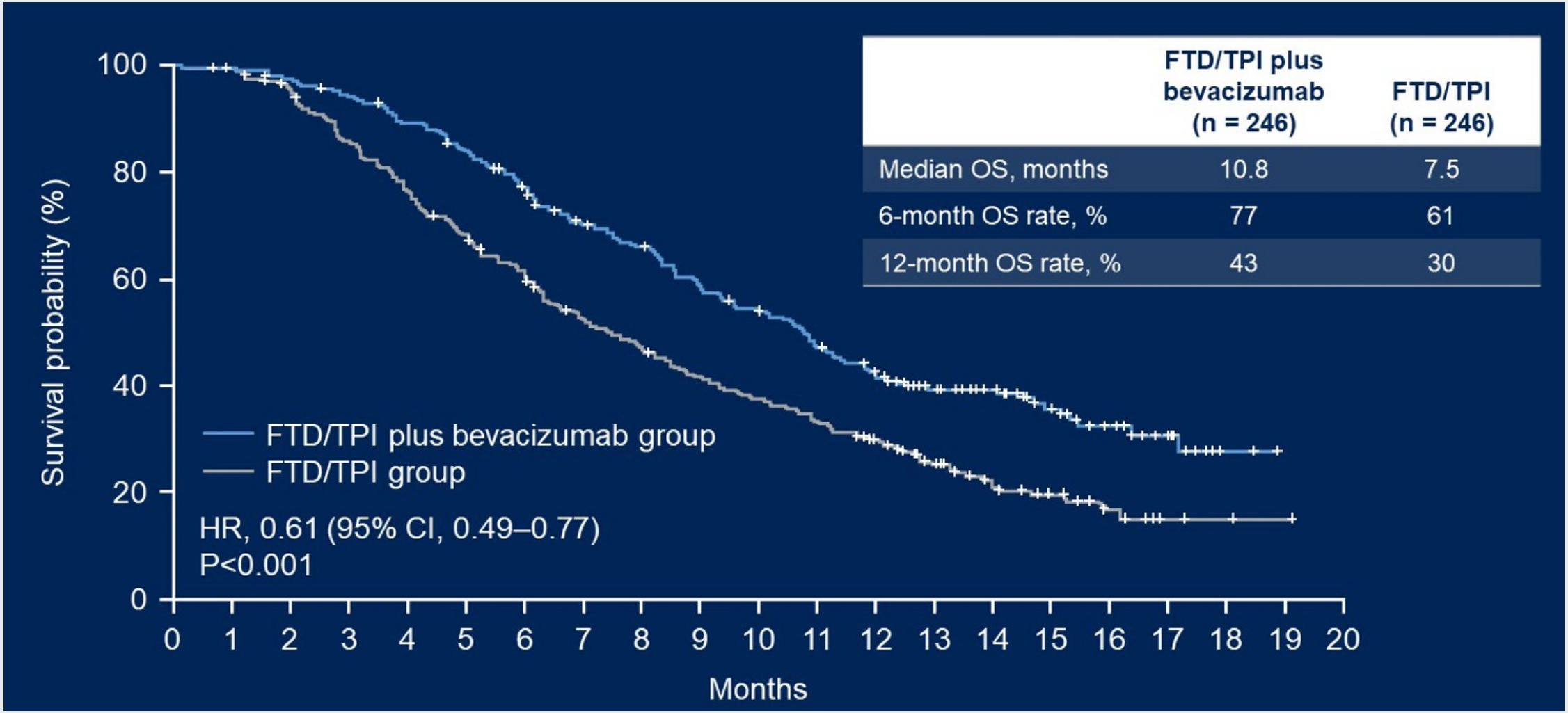
SUNLIGHT Phase III Study Design



FTD/TPI = trifluridine/tipiracil

Tabernero J et al. Gastrointestinal Cancers Symposium 2023;Abstract 4.

SUNLIGHT: Overall Survival in Full Analysis Set (Primary Endpoint)

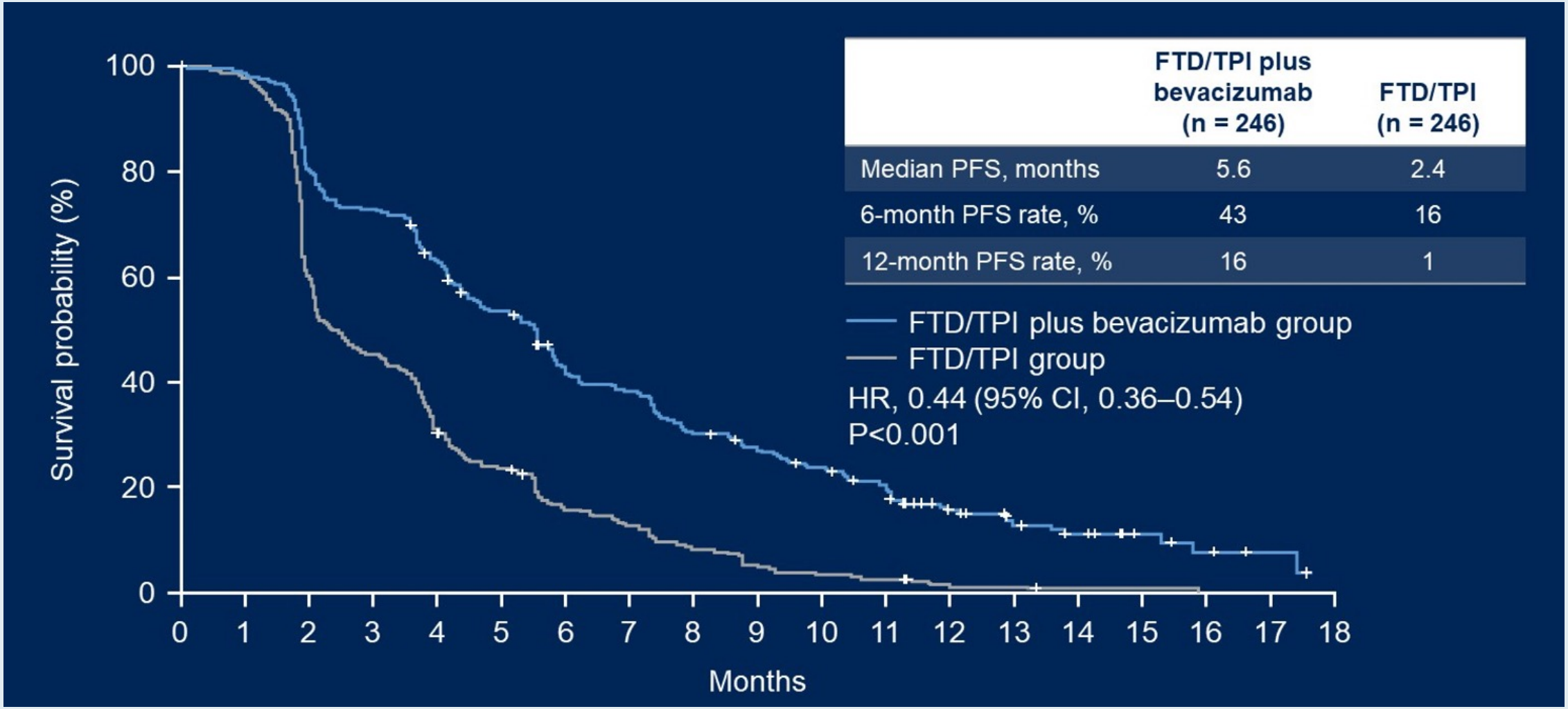


	FTD/TPI plus bevacizumab (n = 246)	FTD/TPI (n = 246)
Median OS, months	10.8	7.5
6-month OS rate, %	77	61
12-month OS rate, %	43	30

Tabernero J et al. Gastrointestinal Cancers Symposium 2023;Abstract 4.

RTP RESEARCH TO PRACTICE

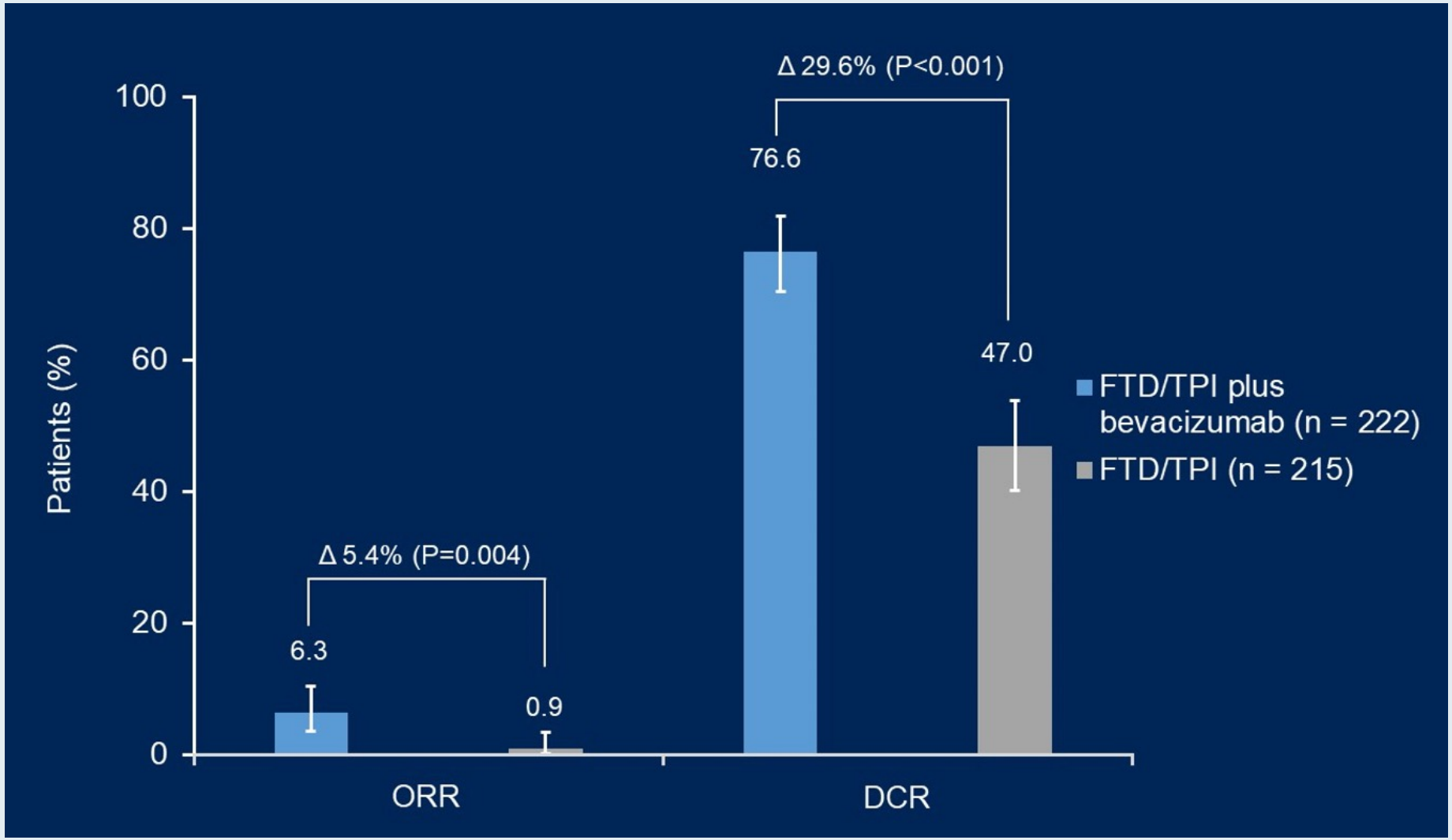
SUNLIGHT: Progression-Free Survival in Full Analysis Set



	FTD/TPI plus bevacizumab (n = 246)	FTD/TPI (n = 246)
Median PFS, months	5.6	2.4
6-month PFS rate, %	43	16
12-month PFS rate, %	16	1

Tabernero J et al. Gastrointestinal Cancers Symposium 2023;Abstract 4.

SUNLIGHT: ORR and DCR for Patients Evaluable for Tumor Response



ORR = overall response rate; DCR = disease control rate

Tabernero J et al. Gastrointestinal Cancers Symposium 2023;Abstract 4.

Fruquintinib Global Phase III FRESCO-2 Study Has Met Its Primary Endpoint in Metastatic Colorectal Cancer

Press Release: August 8, 2022

"[Manufacturer] today announces that the pivotal global Phase 3 FRESCO-2 trial evaluating the investigational use of fruquintinib met its primary endpoint of overall survival ("OS") in patients with advanced, refractory metastatic colorectal cancer ("CRC").

The FRESCO-2 study was a multi-regional clinical trial conducted in the U.S., Europe, Japan and Australia that investigated fruquintinib plus best supportive care ("BSC") vs placebo plus BSC in patients with metastatic CRC who had progressed on standard chemotherapy and relevant biologic agents and who had progressed on, or were intolerant to, TAS-102 and/or regorafenib. In addition to OS, a statistically-significant improvement in progression-free survival ("PFS"), a key secondary endpoint, was observed. The safety profile of fruquintinib in FRESCO-2 was consistent with previously reported studies."

https://www.hutch-med.com/fresco-2-met-primary-endpoint/

Meet The Professor with Dr Lieu

Introduction: Early-Onset Colorectal Cancer

MODULE 1: Localized Disease

MODULE 2: Metastatic Disease

MODULE 3: HER2-Positive Disease

- Dr Chen: 54-year-old woman with RAS WT, HER2-amplified metastatic colon adenocarcinoma
- Dr Gandhi: 66-year-old woman with multiregimen-relapsed RAS WT, HER2-positive metastatic rectal cancer, now receiving trastuzumab/tucatinib

MODULE 4: MSI-H Disease; BRAF-Mutant Disease

MODULE 5: Journal Club with Dr Lieu

MODULE 6: Appendix

RTP RESEARCH TO PRACTICE

Case Presentation: 54-year-old woman with RAS WT, HER2-amplified metastatic colon adenocarcinoma

Dr Gigi Chen (Pleasant Hill, California)

RTP RESEARCH TO PRACTICE

Case Presentation: 66-year-old woman with mutiregimen-relapsed RAS WT, HER2-positive metastatic rectal cancer, now receiving trastuzumab/tucatinib

Dr Sunil Gandhi (Lecanto, Florida)

RTP
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TO PRACTICE

Regulatory and reimbursement issues aside, for a patient with HER2-overexpressing or amplified mCRC, in which line of therapy would you generally administer anti-HER2 therapy?

Regulatory and reimbursement issues aside, what would be your most likely anti-HER2 treatment for a patient with HER2-positive mCRC in the scenarios below?

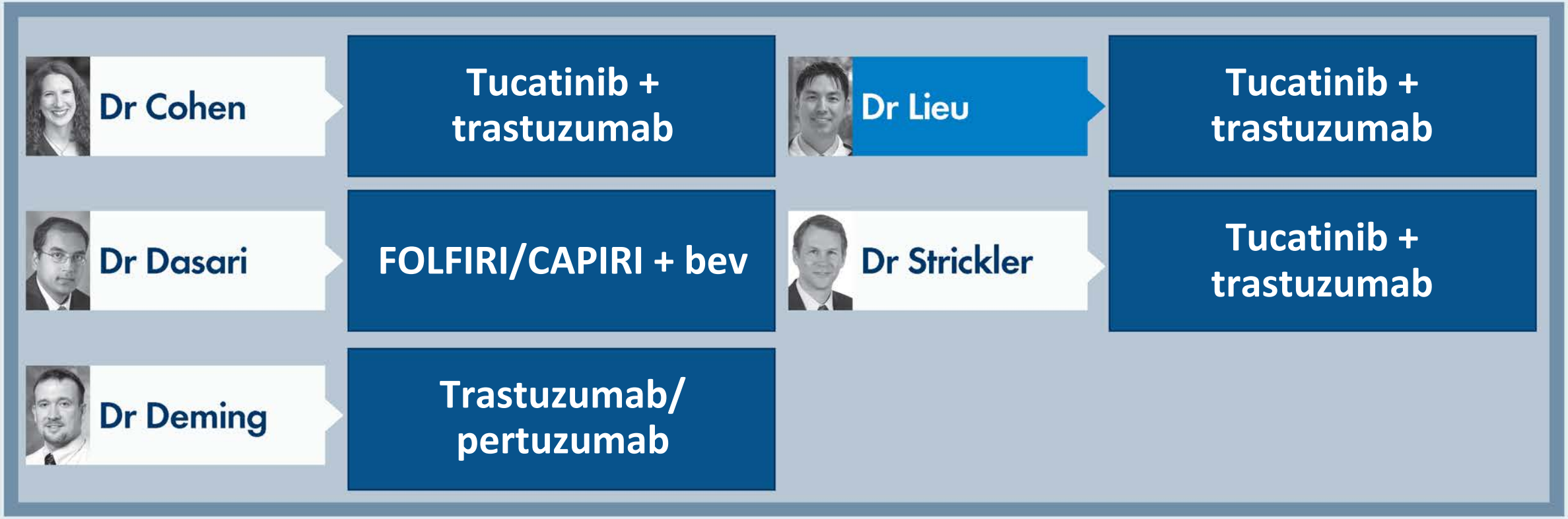
	Initial targeted therapy	Second line targeted therapy
 Dr Cohen	Tucatinib + trastuzumab	Trastuzumab deruxtecan
 Dr Dasari	Tucatinib + trastuzumab	Trastuzumab deruxtecan
 Dr Deming	Trastuzumab/pertuzumab	Tucatinib + trastuzumab
 Dr Lieu	Tucatinib + trastuzumab	Trastuzumab deruxtecan
 Dr Strickler	Tucatinib + trastuzumab	Trastuzumab deruxtecan

Regulatory and reimbursement issues aside, what would be your most likely anti-HER2 treatment for a patient with HER2-positive mCRC and brain metastases?

 Dr Cohen	Tucatinib + trastuzumab
 Dr Dasari	Tucatinib + trastuzumab
 Dr Deming	Tucatinib + trastuzumab
 Dr Lieu	Trastuzumab deruxtecan
 Dr Strickler	Tucatinib + trastuzumab

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, what would be your likely second-line treatment for a patient with pan-RAS wild-type, MSS, HER2-positive mCRC who receives FOLFOX/bevacizumab and experiences disease progression after receiving 9 months of maintenance bevacizumab?

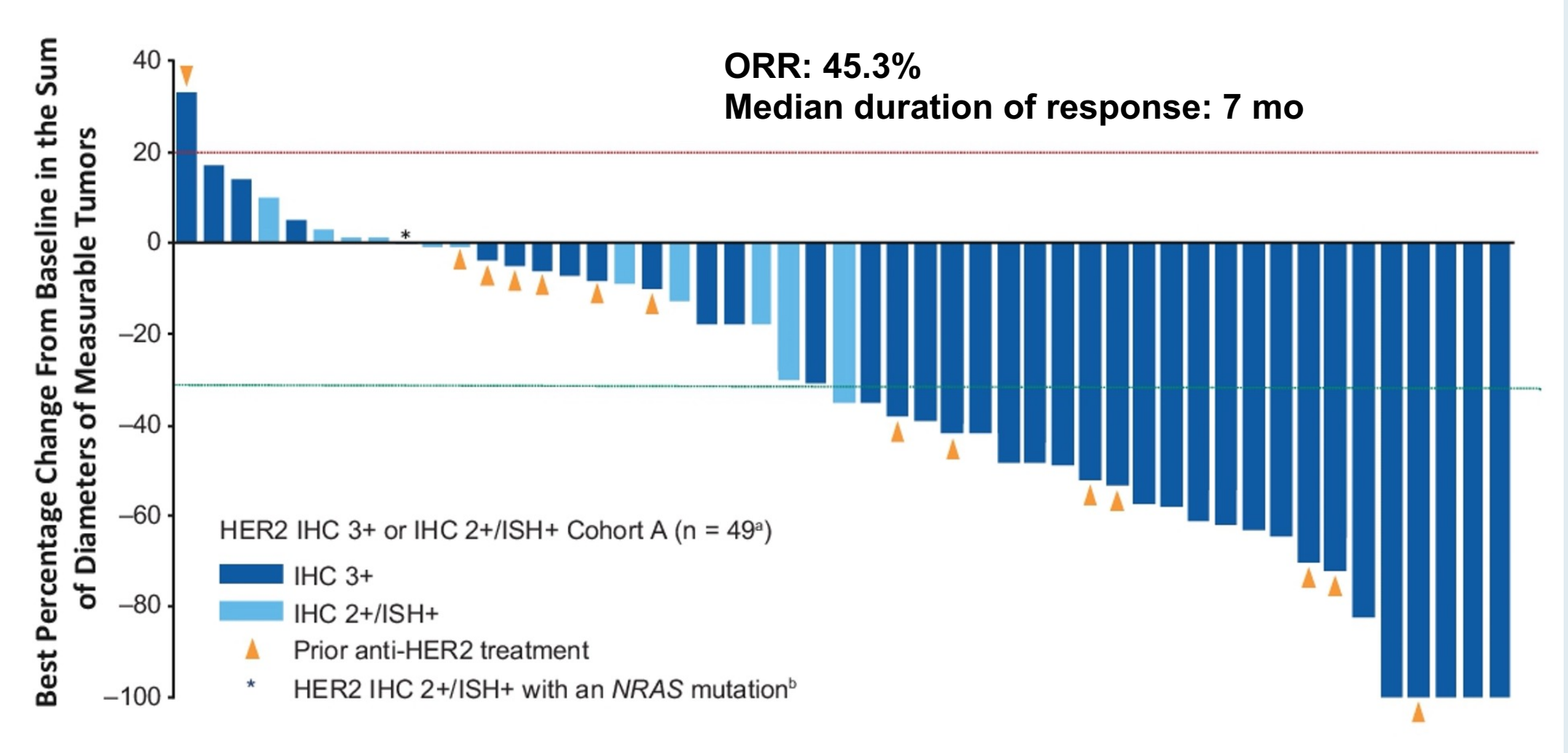


Gastrointestinal Cancers Symposium 2022;Abstract 119.

Trastuzumab Deruxtecan (T-DXd; DS-8201) in Patients With HER2-expressing Metastatic Colorectal Cancer (mCRC): Final Results From a Phase 2, Multicenter, Open-label Study (DESTINY-CRC01)

Takayuki Yoshino,[1] Maria Di Bartolomeo,[2] Kanwal Raghav,[3] Toshiki Masuishi,[4] Hisato Kawakami,[5] Kensei Yamaguchi,[6] Tomohiro Nishina,[7] Zev Wainberg,[8] Elena Elez,[9] Javier Rodriguez,[10] Marwan Fakih,[11] Fortunato Ciardiello,[12] Kapil Saxena,[13] Kojiro Kobayashi,[13] Emarjola Bako,[13] Yasuyuki Okuda,[14] Gerold Meinhardt,[13] Axel Grothey,[15] Salvatore Siena[16,17]

DESTINY-CRC01 Primary Endpoint: Objective Response Rate (ORR) in Cohort A (IHC 3+ or IHC 2+/ISH+, N = 53)



Yoshino T et al. Gastrointestinal Cancers Symposium 2022;Abstract 119.

RTP RESEARCH TO PRACTICE

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

WORLD CONGRESS ON Gastrointestinal Cancer

Abstract LBA2

Primary analysis of MOUNTAINEER: A phase 2 study of tucatinib and trastuzumab for HER2-positive mCRC

John H. Strickler, Andrea Cercek, Salvatore Siena, Thierry Andre, Kimmie Ng, Eric Van Cutsem, Christina Wu, Andrew Scott Paulson, Joleen M. Hubbard, Andrew L. Coveler, Christos Fountzilas, Adel Kardosh, Pashtoon Murtaza Kasi, Heinz-Josef Lenz, Kristen Ciombor, Elena Elez, David L. Bajor, Michael Stecher, Wentao Feng, Tanios S. Bekaii-Saab

European Society of Medical Oncology World Congress on Gastrointestinal Cancer. Jun 29-Jul 2, 2022. Abstract LBA-2

RTP RESEARCH TO PRACTICE

MOUNTAINEER: Tucatinib with Trastuzumab Efficacy Outcomes

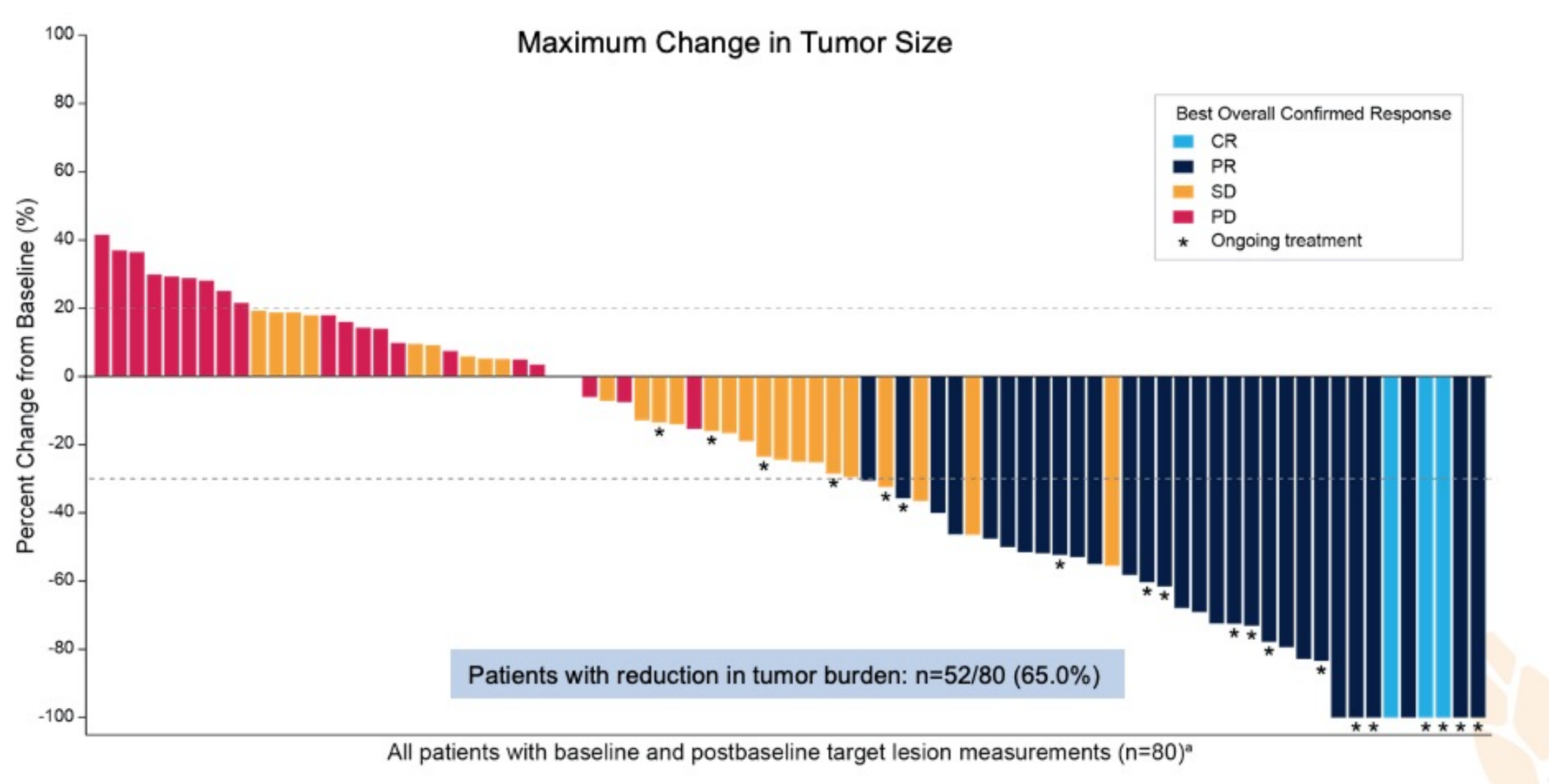
Responses	Tucatinib + Trastuzumab Cohorts A+B n=84
Best overall response per BICR[a], n (%)	
CR	3 (3.6)
PR	29 (34.5)
SD[b]	28 (33.3)
PD	22 (26.2)
Not available[c]	2 (2.4)
cORR per BICR, % (95% CI)[d]	**38.1 (27.7, 49.3)**
cORR per Investigator, % (95% CI)[d]	42.9 (32.1, 54.1)
Median time to objective response per BICR[e], months (range)	2.1 (1.2, 9.8)
DCR[f] per BICR, n (%)	60 (71.4)
Median DOR per BICR, months (95% CI)	**12.4 (8.5, 20.5)**

a Confirmed best overall response assessed per RECIST 1.1; b Includes SD and non-CR/non-PD; c Includes patients with no post-baseline response assessment and patients whose disease assessments are not evaluable; d Two-sided 95% exact confidence interval, computed using the Clopper-Pearson method (1934); e Time from the start of study treatment (Cohort A) or date of randomisation (Cohort B) to the first documentation of objective response (CR or PR that is subsequently confirmed); f Defined as sum of CR, PR, and SD

Strickler JH et al. ESMO GI 2022;Abstract LBA-2.

RTP RESEARCH TO PRACTICE

MOUNTAINEER: Tucatinib with Trastuzumab Change in Tumor Size



Strickler JH et al. ESMO GI 2022;Abstract LBA-2.

MOUNTAINEER: Tucatinib with Trastuzumab Safety Summary

TEAEs, n (%)	Tucatinib + Trastuzumab Cohorts A+B (n=86)
Any grade AEs	82 (95.3)
Tucatinib-related	63 (73.3)
Trastuzumab-related	58 (67.4)
Grade ≥3 AEs	33 (38.4)
Tucatinib-related	8 (9.3)
Trastuzumab-related	6 (7.0)
SAEs	19 (22.1)
Tucatinib-related	3 (3.5)
Trastuzumab-related	2 (2.3)
AEs leading to study treatment discontinuation[a,b]	5 (5.8)
AEs leading to tucatinib dose modification	22 (25.6)
Deaths due to AEs	0

a TEAEs leading to discontinuation of tucatinib included alanine aminotransferase increase (2.3%), COVID-19 pneumonia (1.2%), cholangitis (1.2%), and fatigue (1.2%); b TEAEs leading to discontinuation of trastuzumab included alanine aminotransferase increase (2.3%) and COVID-19 pneumonia (1.2%)

Strickler JH et al. ESMO GI 2022;Abstract LBA-2.

PARIS 2022 ESMO congress

Additional analyses of MOUNTAINEER: A phase 2 study of tucatinib and trastuzumab for HER2-positive mCRC

John H. Strickler, MD
Duke University Medical Center, Durham, NC, USA

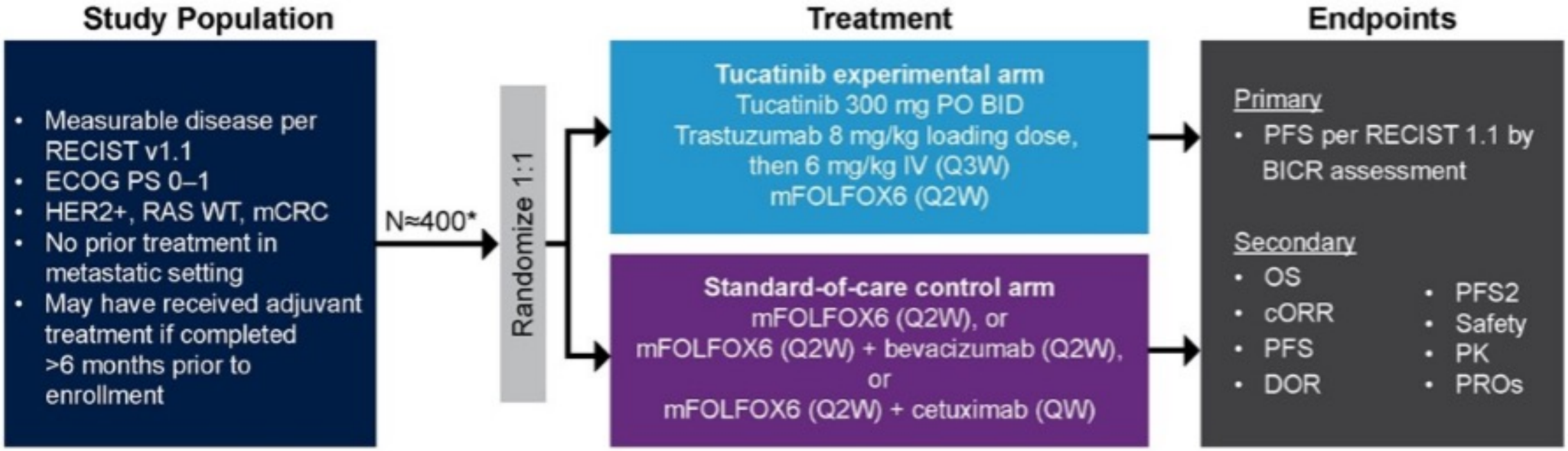
Andrea Cercek, Salvatore Siena, Thierry Andre, Kimmie Ng, Eric Van Cutsem, Christina Wu, Andrew Scott Paulson, Joleen M. Hubbard, Andrew L. Coveler, Christos Fountzilas, Adel Kardosh, Pashtoon Murtaza Kasi, Heinz-Josef Lenz, Kristen Ciombor, Elena Elez, David L. Bajor, Michael Stecher, Wentao Feng, Tanios S. Bekaii-Saab

Abstract LBA27

RTP RESEARCH TO PRACTICE

MOUNTAINEER-03 Ongoing Phase III Trial

- MOUNTAINEER-03 (NCT05253651) is a global, open-label, randomized, phase 3 study of tucatinib with trastuzumab and mFOLFOX6 versus standard of care for the first-line treatment of HER2+ and RAS wild-type mCRC



*Stratification by both primary tumor location (left-sided versus all other) and liver metastases (presence or absence)

Andre T et al. ESMO 2022;Abstract 438TiP.

Meet The Professor with Dr Lieu

Introduction: Early-Onset Colorectal Cancer

MODULE 1: Localized Disease

MODULE 2: Metastatic Disease

MODULE 3: HER2-Positive Disease

MODULE 4: MSI-H Disease; BRAF-Mutant Disease

- Dr Giffi: 77-year-old woman with HER2-negative, BRAF V600E-mutant, MSS metastatic colon cancer, s/p mFOLFOX/bevacizumab → maintenance 5-FU/bevacizumab
- Dr Azzi: 78-year-old man with metastatic rectal adenocarcinoma, s/p FOLFIRI/bevacizumab and FOLFOX/bevacizumab, with KRAS G12C mutation identified

MODULE 5: Journal Club with Dr Lieu

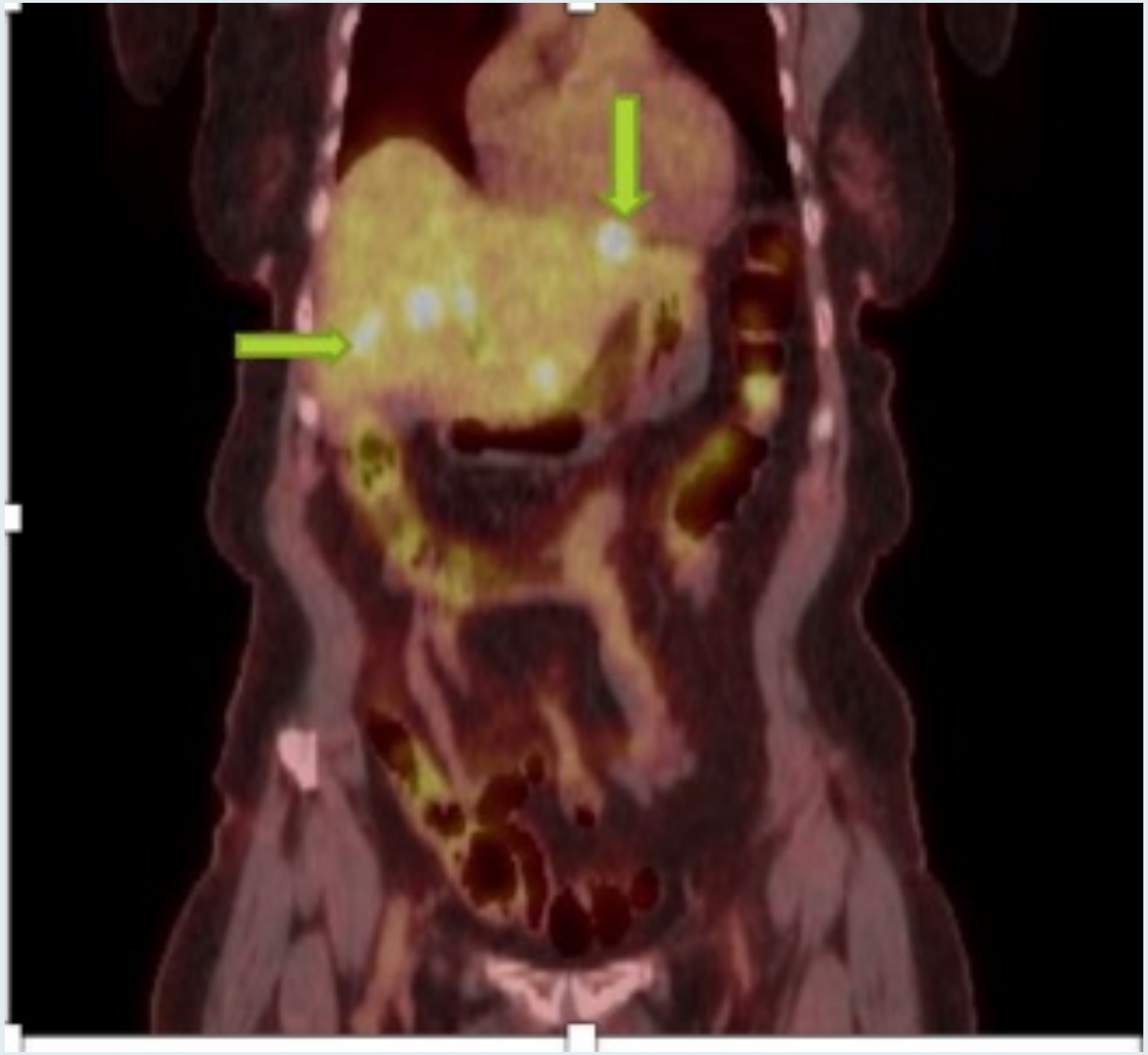
MODULE 6: Appendix

RTP RESEARCH TO PRACTICE

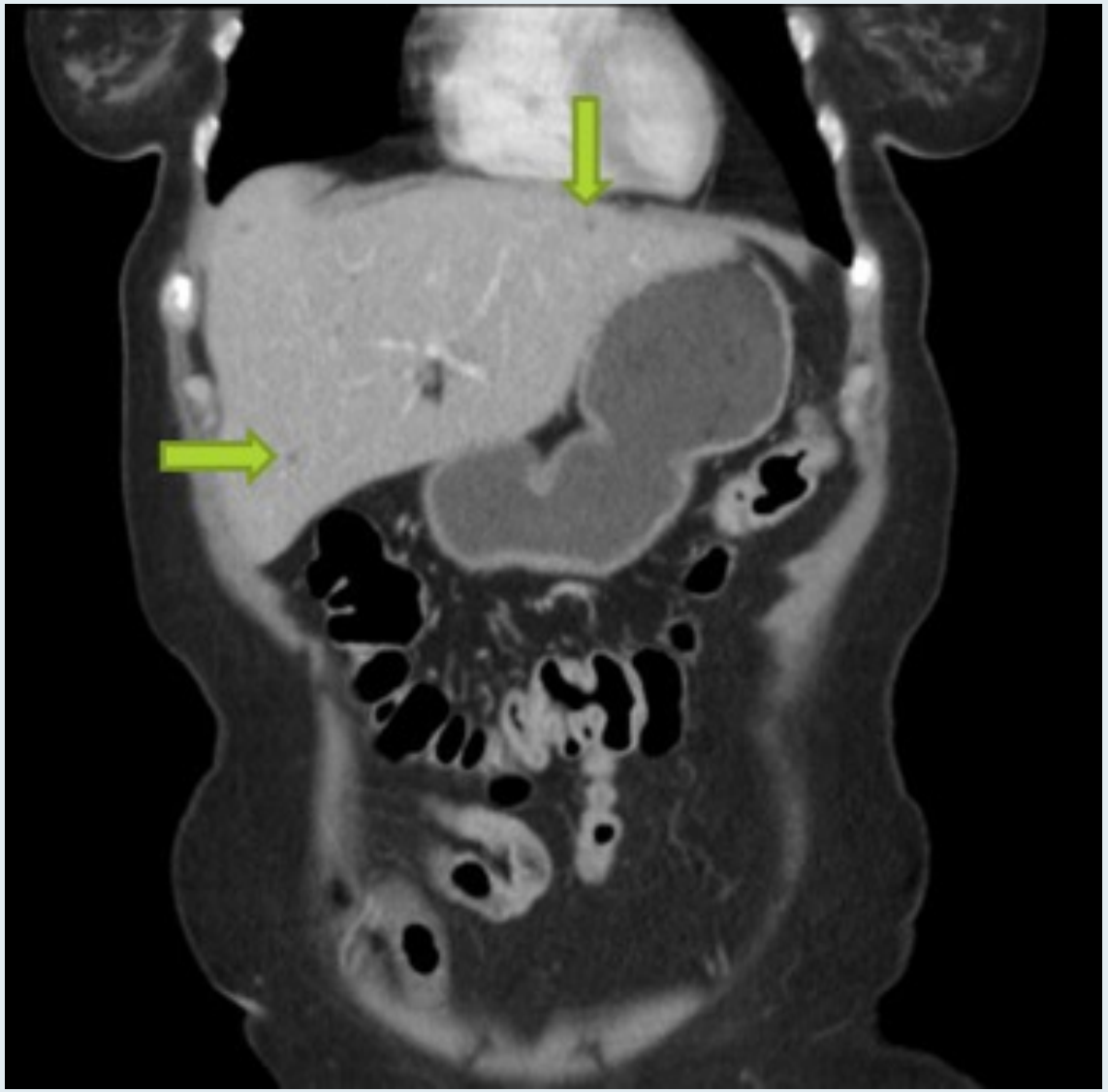
Case Presentation: 77-year-old woman with HER2-negative, BRAF V600E-mutant, MSS metastatic colon cancer, s/p mFOLFOX/bevacizumab → maintenance 5-FU/bevacizumab

Dr Victoria Giffi (Hagerstown, Maryland)

RTP RESEARCH TO PRACTICE



PET CT at diagnosis: Liver metastases



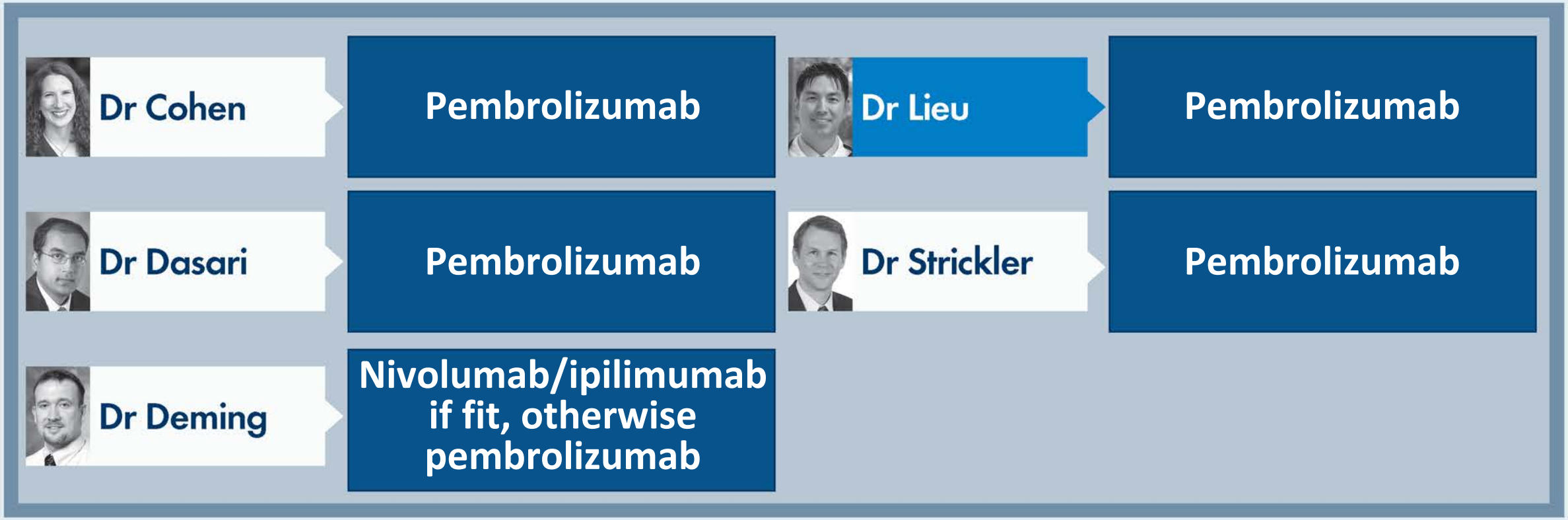
CT after 6 cycles of mFOLFOX/bevacizumab showing improved metastases

Case Presentation: 78-year-old man with metastatic rectal adenocarcinoma, s/p FOLFIRI/bevacizumab and FOLFOX/bevacizumab, with KRAS G12C mutation identified

Dr Georges Azzi (Fort Lauderdale, Florida)

RTP RESEARCH TO PRACTICE

What is your usual first-line treatment for microsatellite instability (MSI)-high mCRC?



What is your most likely first-line treatment for a younger patient with left-sided, MSS, pan-RAS wild-type, BRAF V600E-mutant mCRC?

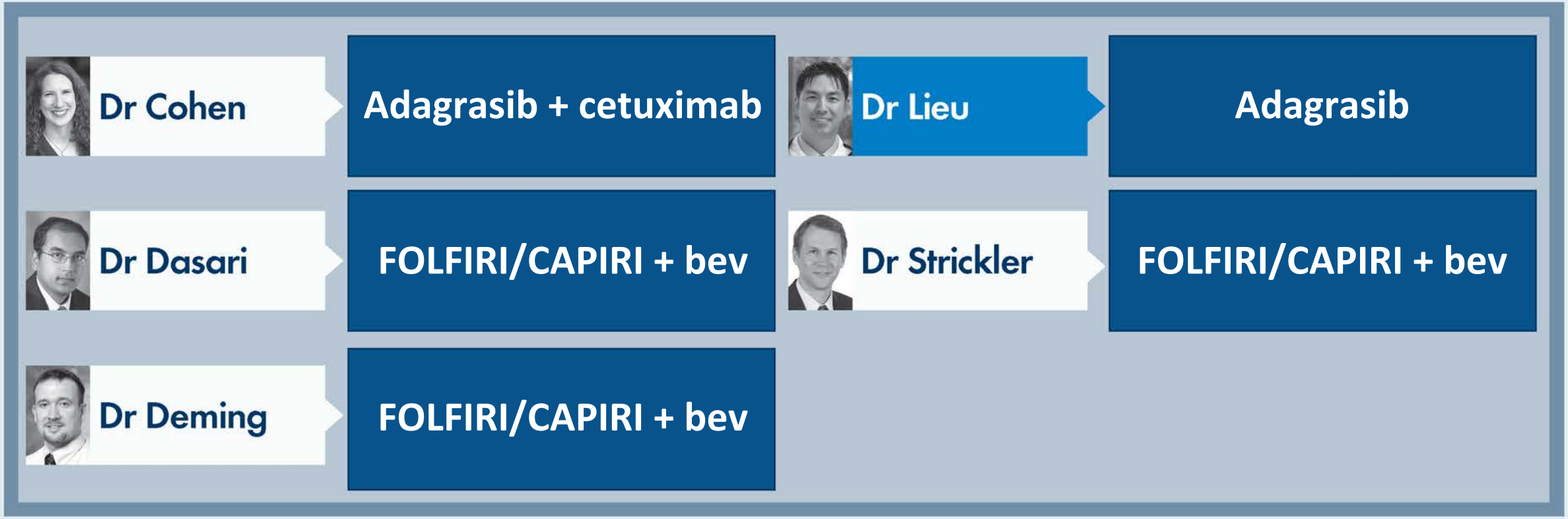
Regulatory and reimbursement issues aside, for a patient with pan-RAS wild-type mCRC with a BRAF V600E mutation, in which line of therapy would you generally administer BRAF-targeted therapy?

Regulatory and reimbursement issues aside, for a patient with mCRC with a BRAF V600E mutation to whom you would administer BRAF-targeted therapy, what would be your preferred treatment?

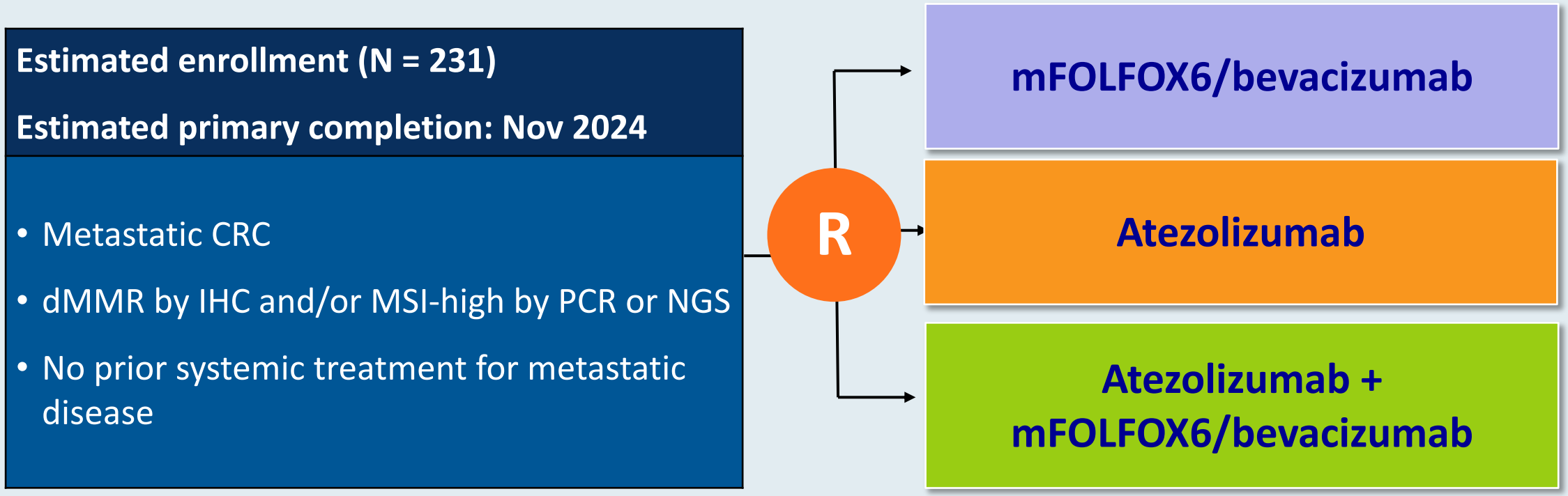
 Dr Cohen	Encorafenib + cetuximab	 Dr Lieu	Encorafenib + cetuximab
 Dr Dasari	Encorafenib + cetuximab	 Dr Strickler	Encorafenib + panitumumab
 Dr Deming	Encorafenib + panitumumab		

In general, which KRAS G12C inhibitor would you most likely use if you were going to administer such an agent to a patient with mCRC?

Regulatory and reimbursement issues aside, what would be your likely second-line treatment for a patient with MSS mCRC with a KRAS p.G12C mutation who receives FOLFOX/bevacizumab and experiences disease progression after receiving 9 months of maintenance bevacizumab?



COMMIT Phase III Study Schema



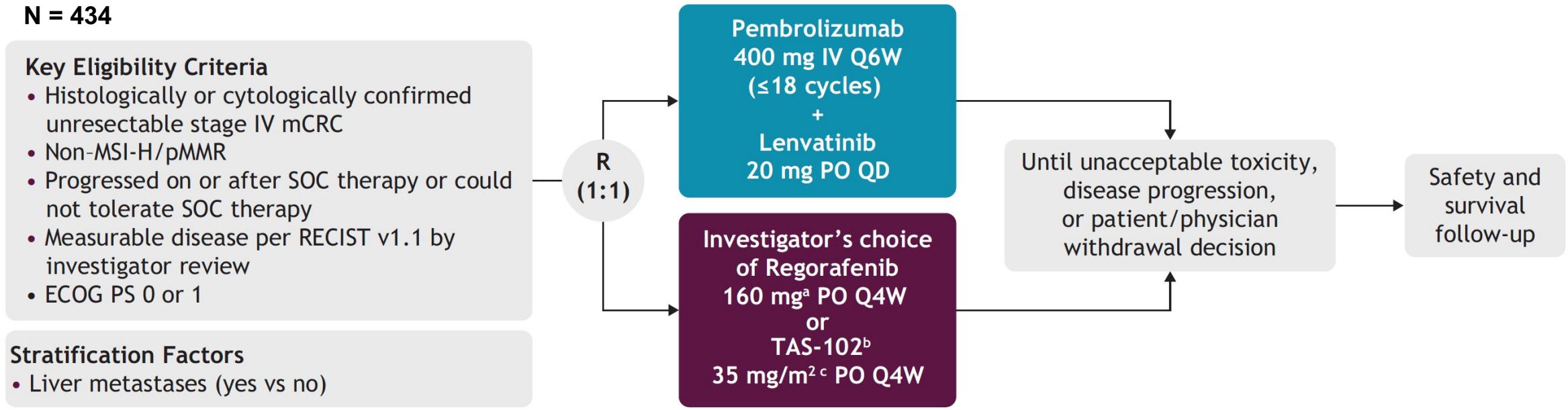
Primary endpoint: Progression-free survival

Secondary endpoints: Overall survival, objective response rate, others

dMMR = mismatch repair deficient; IHC = immunohistochemistry; MSI = microsatellite instability; PCR = polymerase chain reaction; NGS = next-generation sequencing

www.clinicaltrials.gov. NCT02997228. Accessed February 2023.

LEAP-017 Phase III Study Design



Primary Endpoint: Overall Survival
Secondary Endpoints: PFS, OR, DOR, Safety, others

Yoshino T et al. ESMO 2021;Abstract 506TiP.

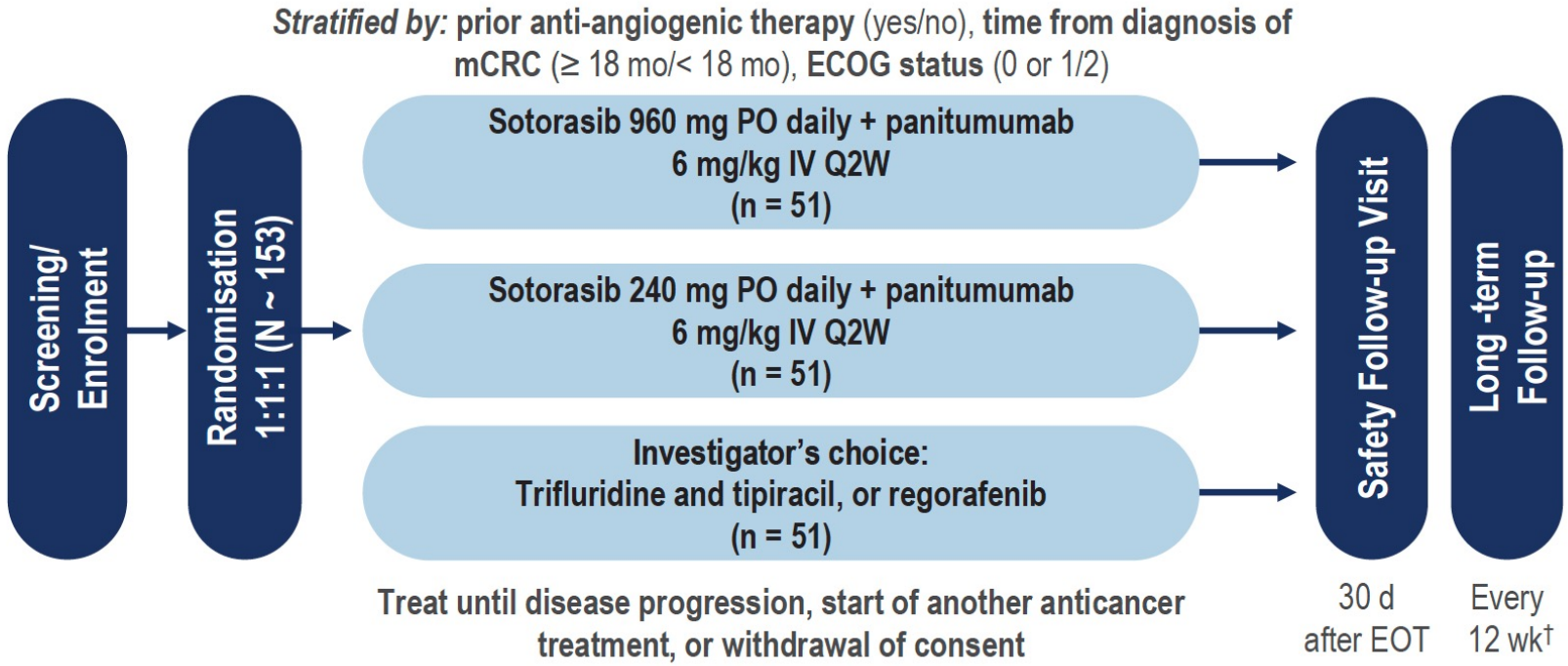
CodeBreaK 300 Phase III Study Design

Key inclusion criteria:

- ≥ 18 years of age
- KRAS G12C-mutated mCRC, identified through central molecular testing of tumour biopsy
- ≥ 1 prior line of therapy for mCRC; progressed on or after fluoropyrimidine, irinotecan, and oxaliplatin*
- ECOG ≤ 2
- Measurable disease per RECIST 1.1

Key exclusion criteria:

- Radiation therapy within 2 weeks, antitumour therapy within 4 weeks of study
- Prior $KRAS^{G12C}$ inhibitor
- Prior treatment with trifluridine and tipiracil and/or with regorafenib, where the investigator's choice would be these agents



Primary Endpoint: PFS by BICR
Secondary Endpoints: OS, ORR, DOR, TTR

Lopez-Bravo DP et al. ESMO 2022;Abstract 437TiP.

N Engl J Med 2022 Dec 21;[Online ahead of print].

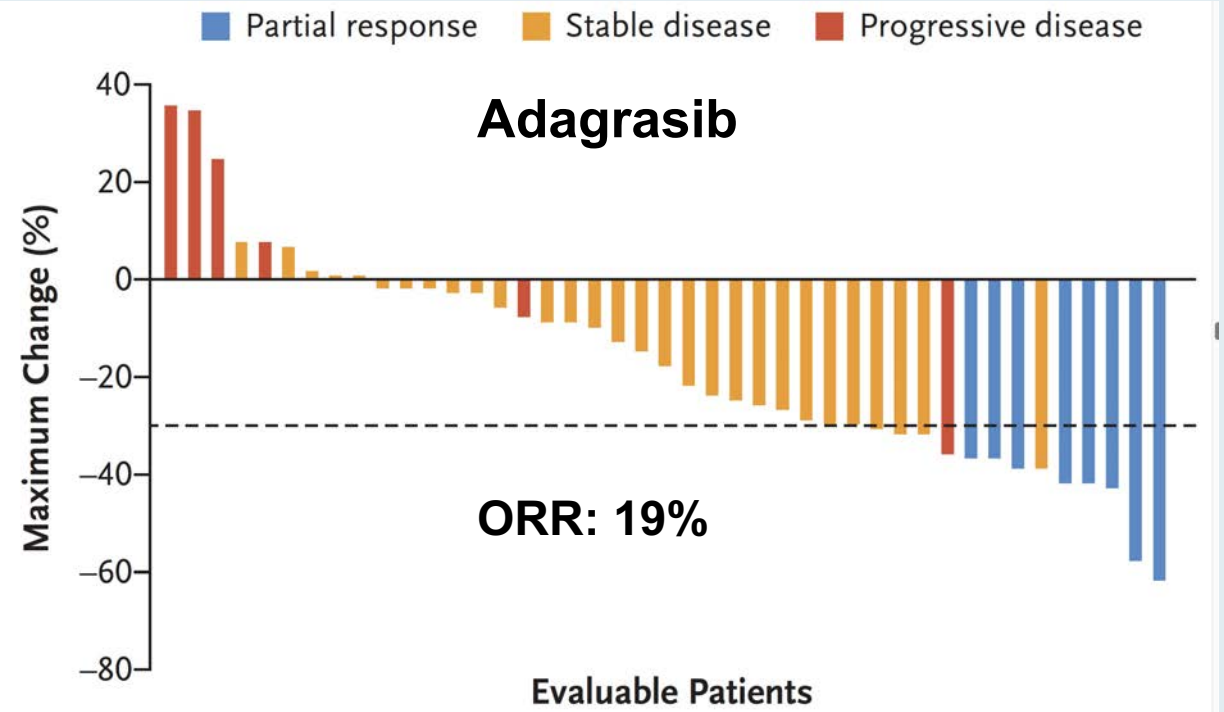
The NEW ENGLAND JOURNAL of MEDICINE

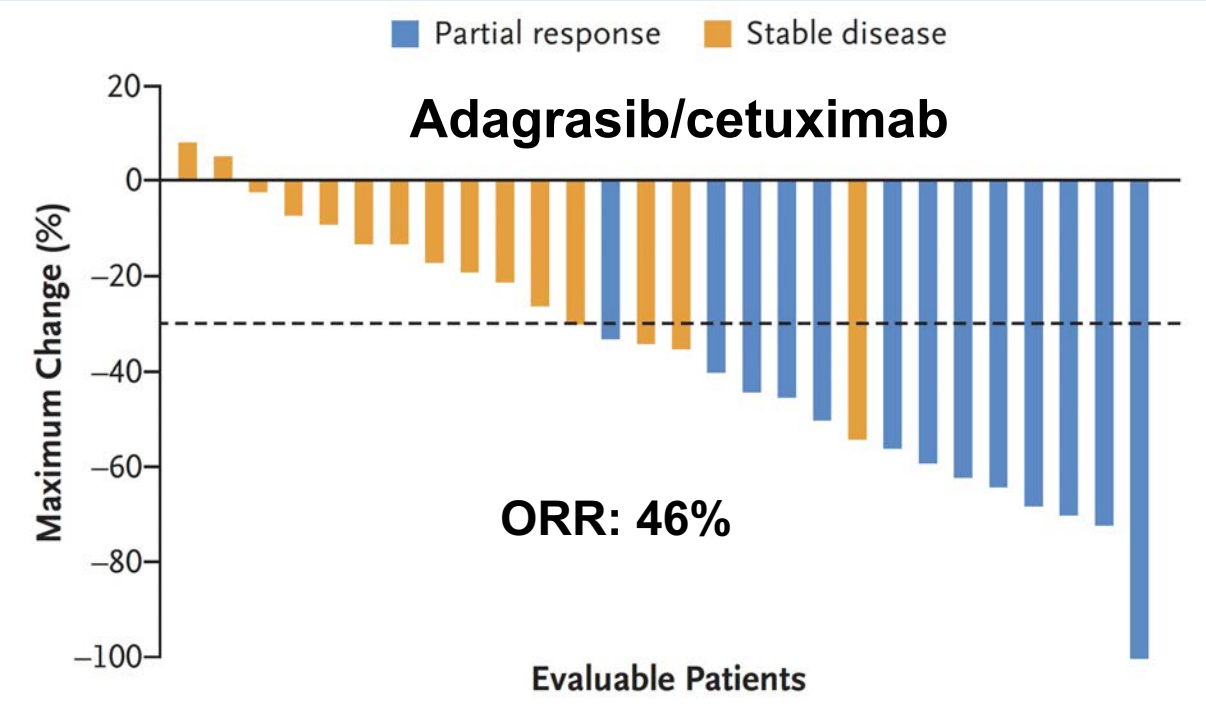
ORIGINAL ARTICLE

Adagrasib with or without Cetuximab in Colorectal Cancer with Mutated *KRAS* G12C

Rona Yaeger, M.D., Jared Weiss, M.D., Meredith S. Pelster, M.D., Alexander I. Spira, M.D., Ph.D., Minal Barve, M.D., Sai-Hong I. Ou, M.D., Ph.D., Ticiana A. Leal, M.D., Tanios S. Bekaii-Saab, M.D., Cloud P. Paweletz, Ph.D., Grace A. Heavey, B.A., James G. Christensen, Ph.D., Karen Velastegui, B.Sc., Thian Kheoh, Ph.D., Hirak Der-Torossian, M.D., and Samuel J. Klempner, M.D.

KRYSTAL-1: Response





Yaeger R et al. *N Engl J Med* 2022 Dec 21;[Online ahead of print].

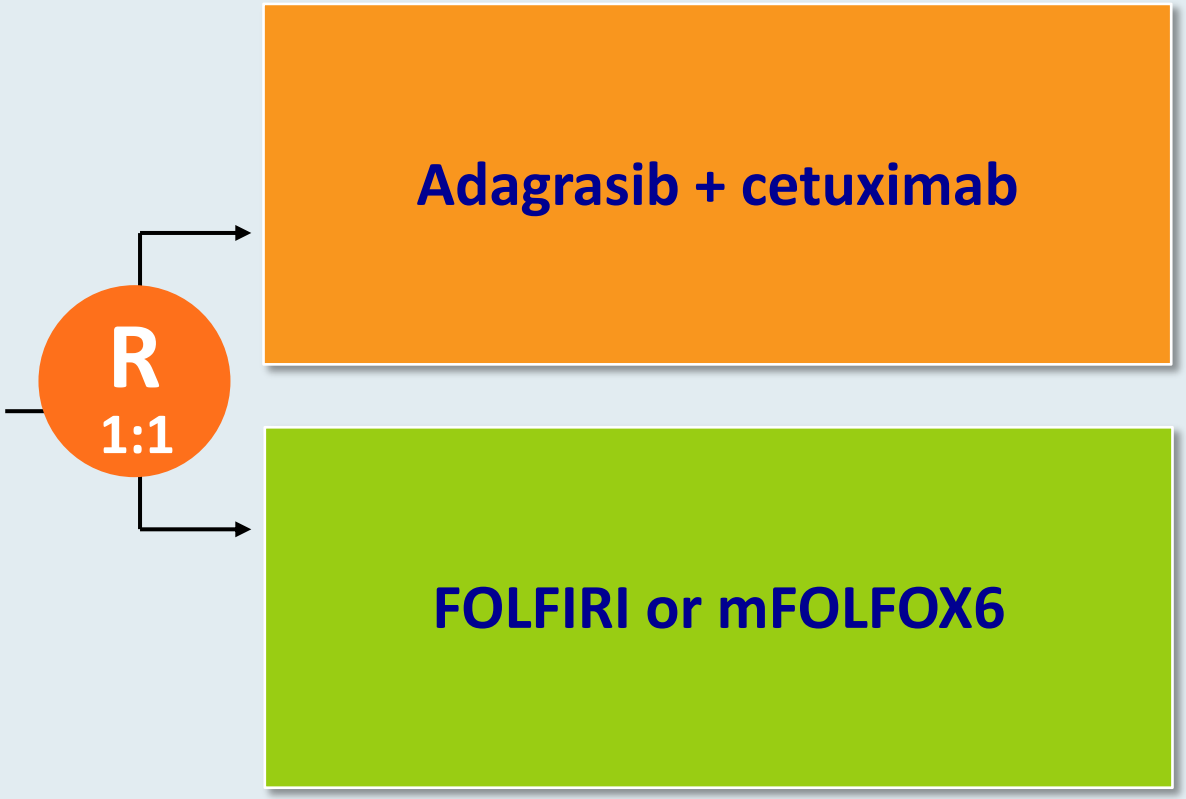
RTP RESEARCH TO PRACTICE

KRYSTAL-10 Phase III Study Design

Estimated enrollment (N = 420)

Estimated primary completion: Sept 2023

- Previously untreated advanced CRC
- Prior receipt of first-line treatment with fluoropyrimidine-based chemotherapy regimen containing oxaliplatin or irinotecan
- KRAS G12C mutation



Primary endpoints: Progression-free survival, overall survival

Secondary endpoints: Safety, ORR, DoR, 1-year survival, others

www.clinicaltrials.gov. NCT04793958. Accessed January 2023. Tabernero J et al. ESMO World Congress on GI Cancers 2021;Poster 200.

Meet The Professor with Dr Lieu

CRC IN FOCUS

Current Developments in the Management of Colorectal Cancer

Section Editor: Tanios S. Bekaii-Saab, MD

The Use of Immunotherapy in Metastatic Microsatellite-Stable Colorectal Cancer

Christopher Lieu, MD
Associate Professor of Medicine
University of Colorado School of Medicine
Aurora, Colorado

***Clin Adv Hematol Oncol* 2022 Dec;20(12):703-4.**

JC JOURNAL CLUB RTP RESEARCH TO PRACTICE

Meet The Professor with Dr Lieu

Introduction: Early-Onset Colorectal Cancer

MODULE 1: Localized Disease

MODULE 2: Metastatic Disease

MODULE 3: HER2-Positive Disease

MODULE 4: MSI-H Disease; BRAF-Mutant Disease

MODULE 5: Journal Club with Dr Lieu

MODULE 6: Appendix

nature medicine 2023 Jan 16;[Online ahead of print].

Article https://doi.org/10.1038/s41591-022-02115-4

Molecular residual disease and efficacy of adjuvant chemotherapy in patients with colorectal cancer

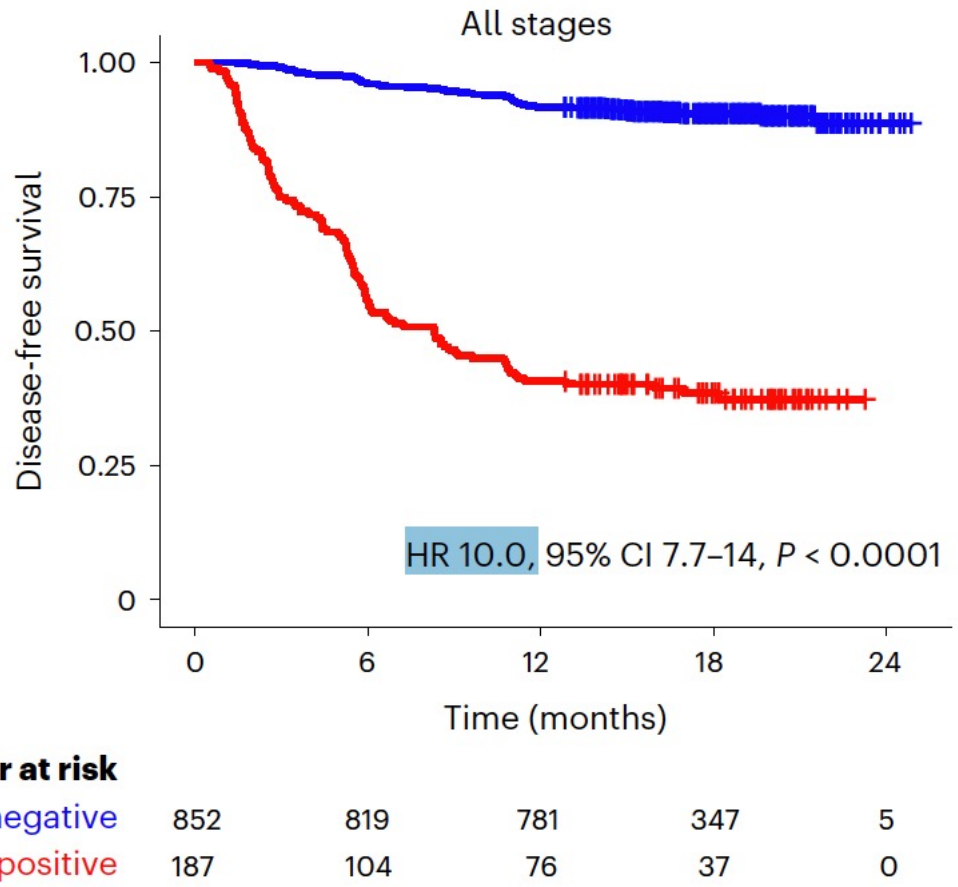
Received: 28 July 2022

Accepted: 1 November 2022

Published online: 16 January 2023

Daisuke Kotani[1,17], Eiji Oki[2,17] ✉, Yoshiaki Nakamura[1,3,17], Hiroki Yukami[1,4], Saori Mishima[1], Hideaki Bando[1,3], Hiromichi Shirasu[5], Kentaro Yamazaki[5], Jun Watanabe[6], Masahito Kotaka[7], Keiji Hirata[8], Naoya Akazawa[9], Kozo Kataoka[10], Shruti Sharma[11], Vasily N. Aushev[11], Alexey Aleshin[11], Toshihiro Misumi[12], Hiroya Taniguchi[13], Ichiro Takemasa[14], Takeshi Kato[15], Masaki Mori[16] & Takayuki Yoshino[1]

GALAXY: ctDNA-Based Minimal Residual Disease Is Predictive of Survival Outcomes Among Postsurgical Patients with CRC

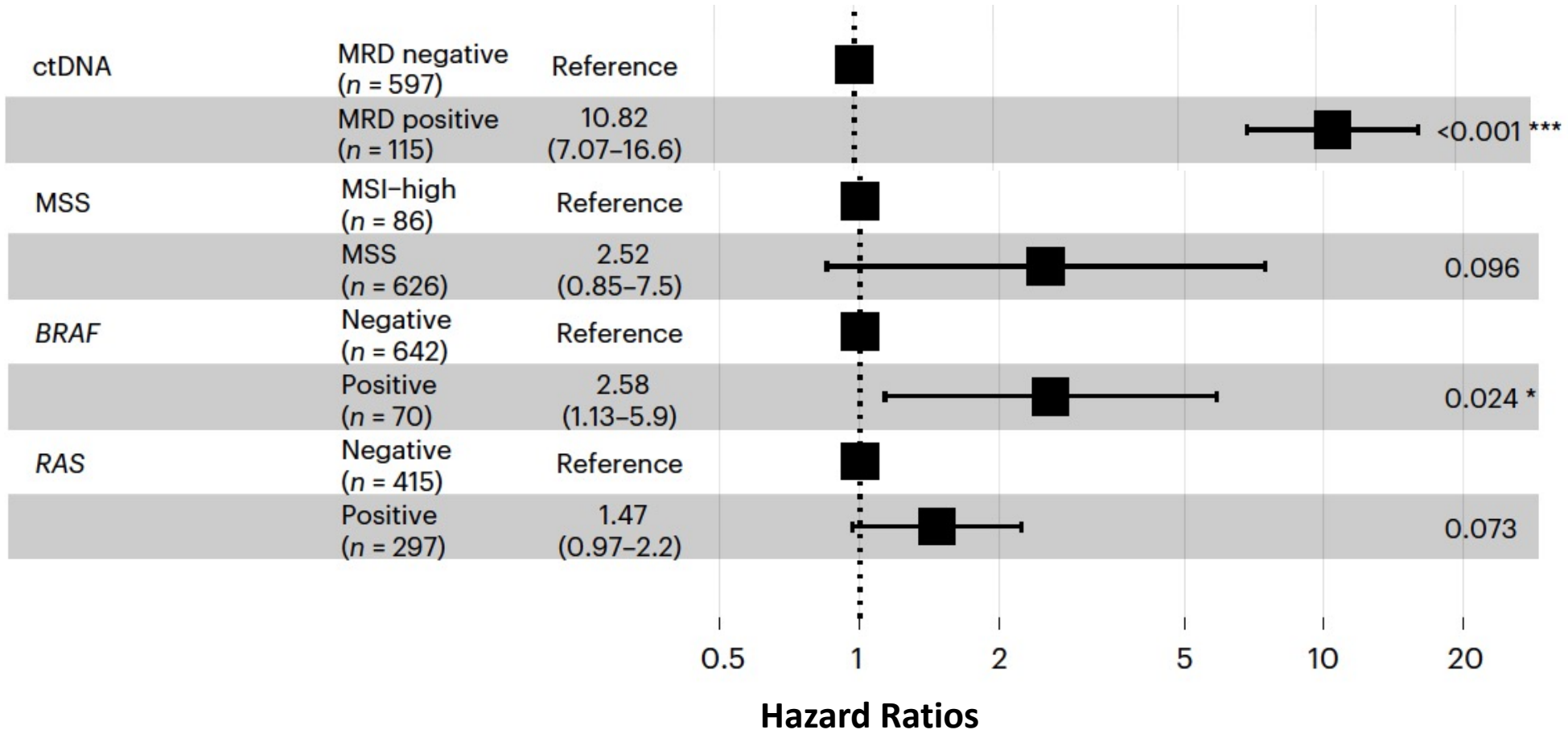


ctDNA	Number of events	6M-DFS (95% CI)	12M-DFS (95% CI)	18M-DFS (95% CI)
ctDNA negative	81 out of 852	96.1% (94.6–97.2)	91.7% (89.6–93.3)	90.5% (88.3–92.3)
ctDNA positive	115 out of 187	55.6% (48.2–62.64)	40.6% (33.6–47.6)	38.4% (31.4–45.5)

Kotani D et al. *Nat Med* 2023 Jan 16;[Online ahead of print].

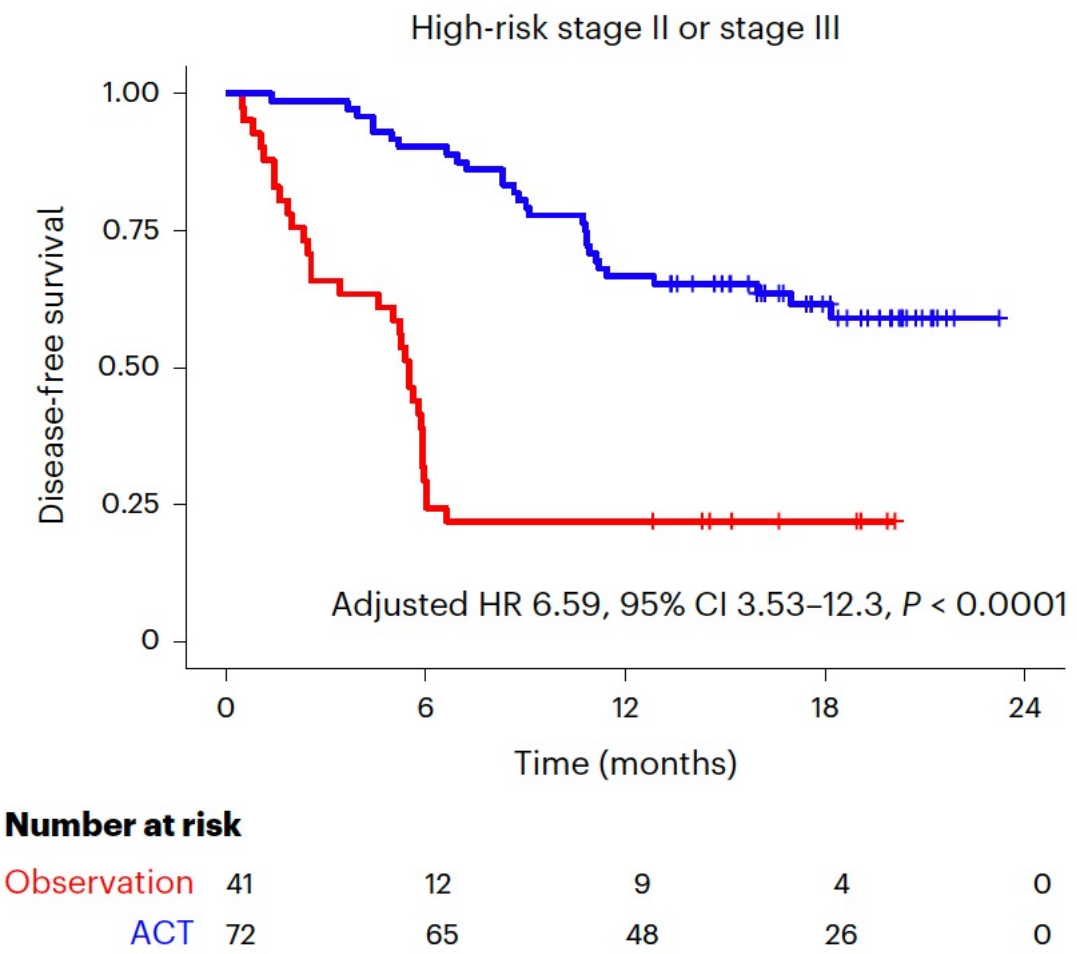
RTP RESEARCH TO PRACTICE

GALAXY: Forest Plot Depicting Multivariate Analysis for Recurrence in Patients with Pathological Stage II to III CRC



Kotani D et al. *Nat Med* 2023 Jan 16;[Online ahead of print].

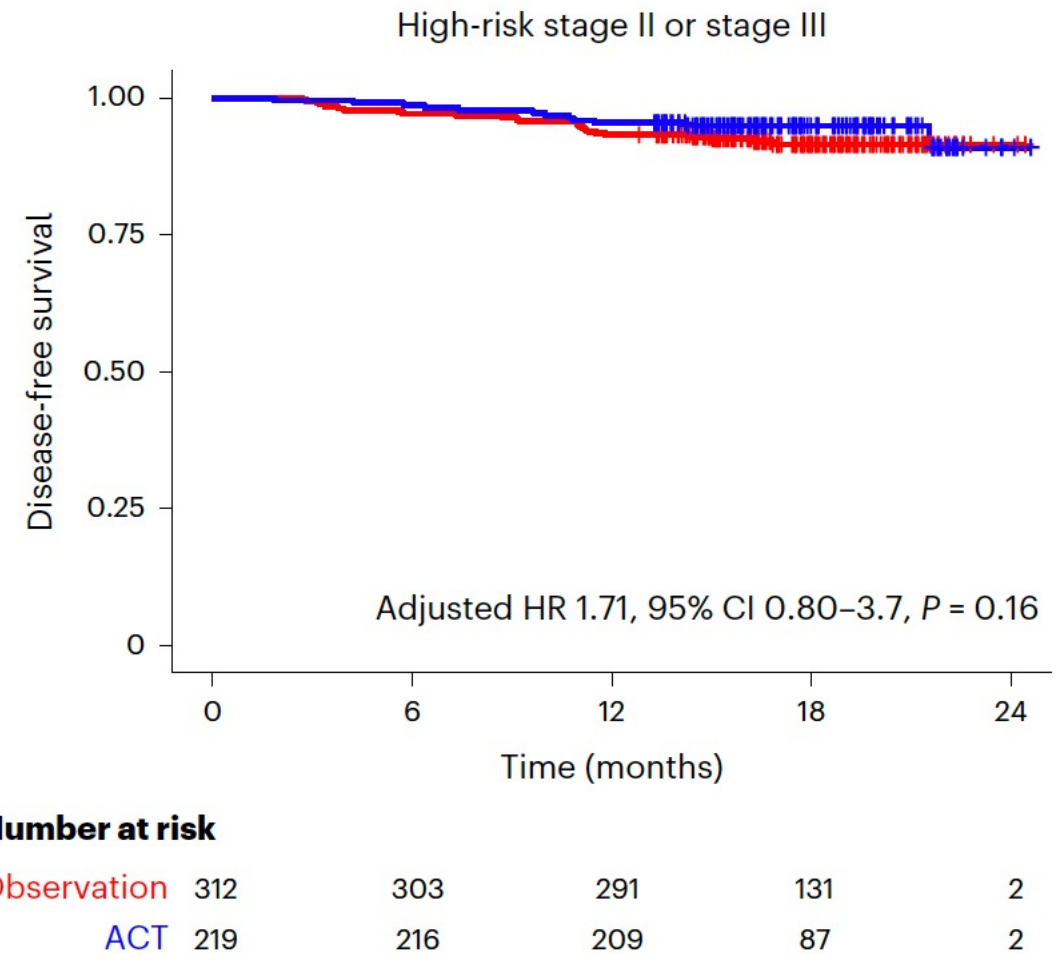
GALAXY: Disease-Free Survival — ctDNA-Positive 4 Weeks After Surgery



Treatment	Number of events	6M-DFS (95% CI)	12M-DFS (95% CI)	18M-DFS (95% CI)
Observation	32 out of 41	29.3% (16.4–43.4)	22.0% (10.9–35.5)	22.0% (10.9–35.5)
ACT	28 out of 72	90.3% (80.7–95.2)	66.7% (54.5–76.3)	61.6% (49.0–71.9)

Kotani D et al. *Nat Med* 2023 Jan 16;[Online ahead of print].

GALAXY: Disease-Free Survival — ctDNA-Negative 4 Weeks After Surgery

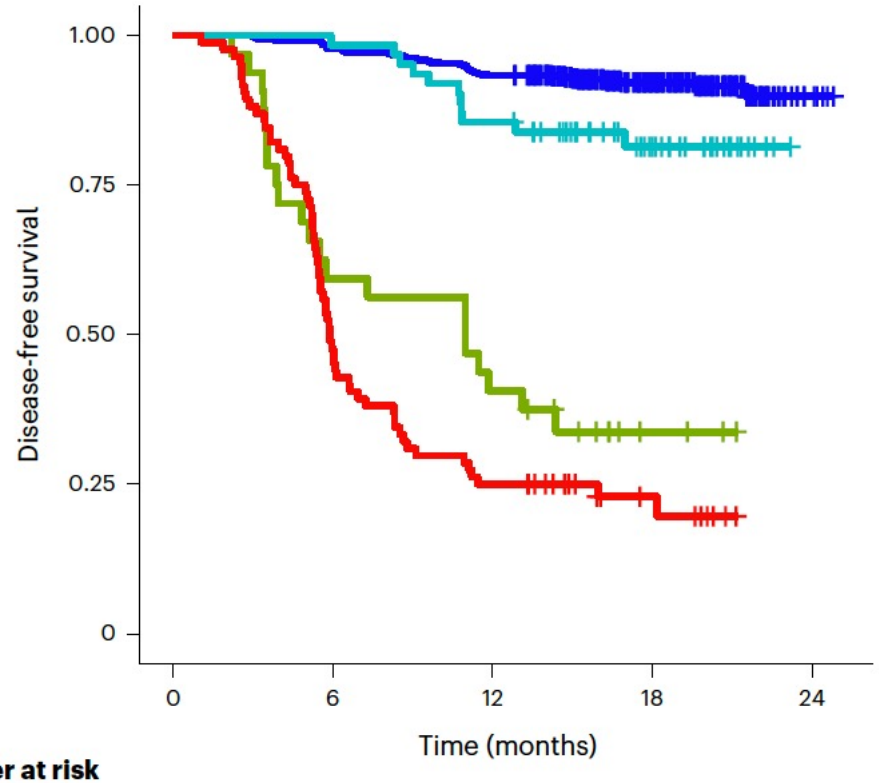


Treatment	Number of events	6M-DFS (95% CI)	12M-DFS (95% CI)	18M-DFS (95% CI)
Observation	25 out of 312	97.1% (94.5–98.5)	93.3% (89.9–95.6)	91.5% (87.6–94.2)
ACT	12 out of 219	98.6% (95.8–99.6)	95.4% (91.7–97.5)	94.9% (91.0–97.2)

Kotani D et al. *Nat Med* 2023 Jan 16;[Online ahead of print].

RTP RESEARCH TO PRACTICE

GALAXY: ctDNA-Based Treatment Response Monitoring for Postsurgical Patients with CRC



Number at risk

Persistently negative	660	645	616	271	5
Converted positive	32	19	13	3	0
Converted negative	62	61	53	28	0
Persistently positive	84	40	21	7	0

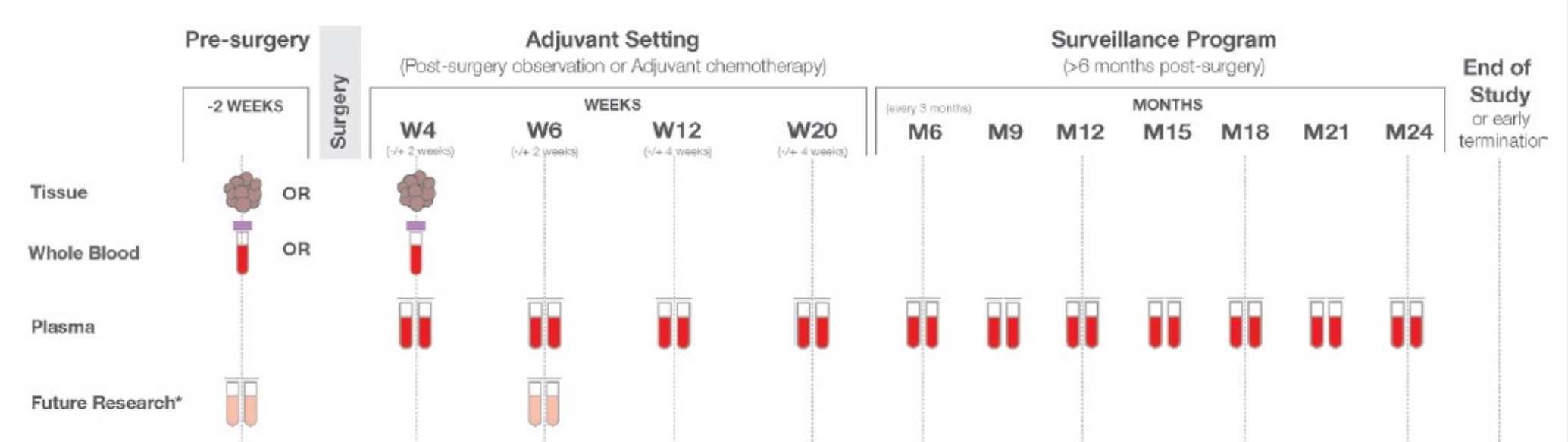
Dynamics	Persistently negative	Converted positive	Converted negative	Persistently positive
Number of events	52 out of 660	21 out of 32	11 out of 62	65 out of 84
18M-DFS	92.1% (91.1–95.0)	33.8% (18.1–50.2)	81.4% (68.6–89.3)	22.9% (14.3–32.7)
HR	Reference	14.0	2.3	21.0
95% CI	Not applicable	8.5–24.0	1.2–4.4	14.0–31.0
P	Not applicable	<0.001	0.012	<0.001

Kotani D et al. *Nat Med* 2023 Jan 16;[Online ahead of print].

BESPOKE CRC Prospective, Case-Controlled Observational Study

Estimated enrollment (N = 2,000)

- Stage I-IV CRC or Stage IV CRC with oligometastatic disease eligible for post-operative systemic therapy



www.clinicaltrials.gov. NCT04264702. Accessed February 2023.
Kasi PM et al. *BMJ Open* 2021;11:e047831.

RTP RESEARCH TO PRACTICE

2022 ASCO® ANNUAL MEETING

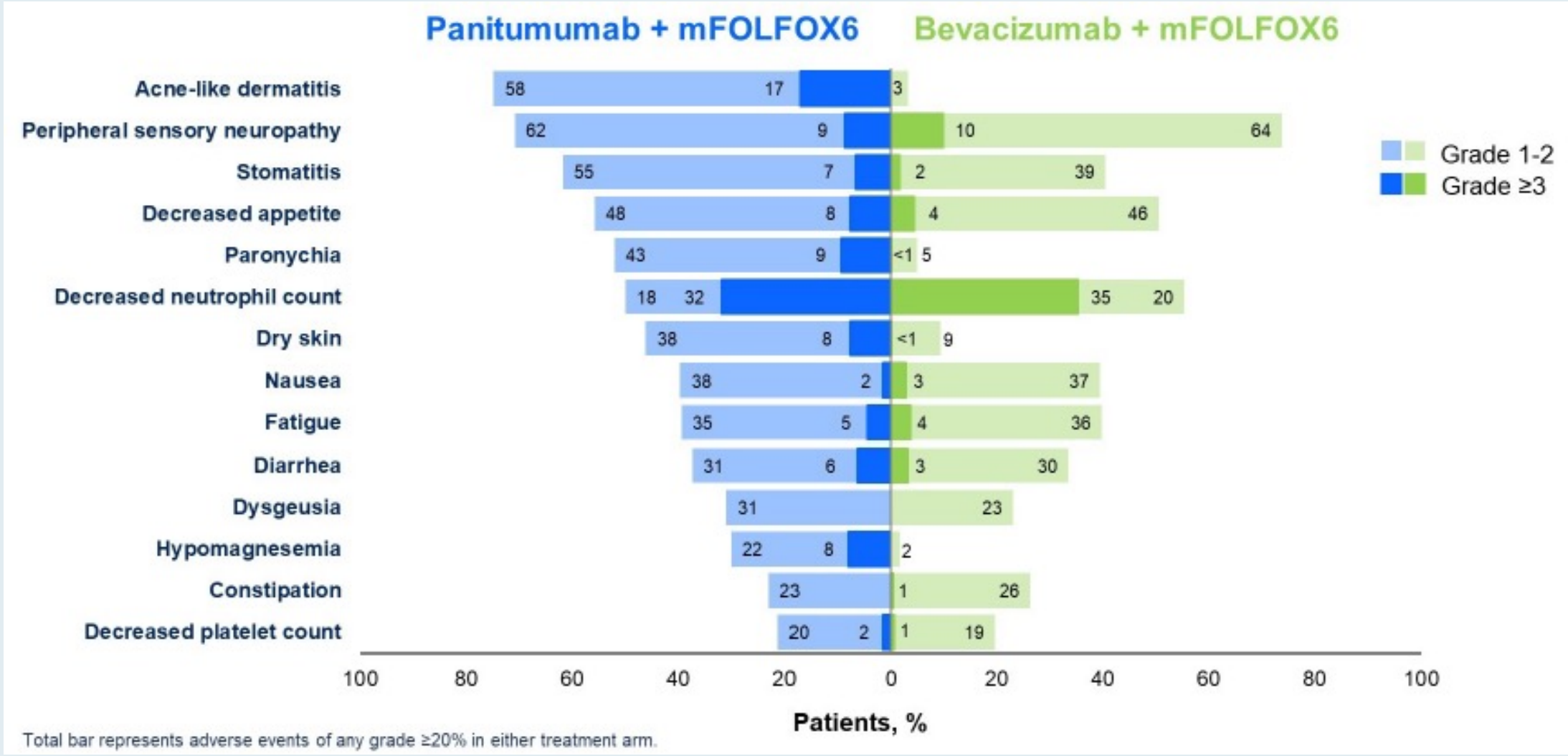
Abstract LBA1

Panitumumab plus mFOLFOX6 versus Bevacizumab plus mFOLFOX6 as first-line treatment in patients with *RAS* wild-type metastatic colorectal cancer: results from the phase 3 PARADIGM trial

Takayuki Yoshino[1], Jun Watanabe[2], Kohei Shitara[1], Kentaro Yamazaki[3], Hisatsugu Ohori[4], Manabu Shiozawa[5], Hirofumi Yasui[4], Eiji Oki[6], Takeo Sato[7], Takeshi Naitoh[8], Yoshito Komatsu[9], Takeshi Kato[10], Masamitsu Hihara[11], Junpei Soeda[11], Kouji Yamamoto[12], Kiwamu Akagi[13], Atsushi Ochiai[14], Hiroyuki Uetake[15], Katsuya Tsuchihara[16], Kei Muro[17]

RTP RESEARCH TO PRACTICE

PARADIGM: Adverse Events Reported in ≥20% of Patients



Yoshino T et al. ASCO 2022;Abstract LBA1.

RTP RESEARCH TO PRACTICE

Key Studies of Anti-EGFR Rechallenge for Metastatic CRC

Study	Patients enrolled	Anti-EGFR mAb-free interval	Outcomes
PURSUIT	• 50 RAS, BRAF WT	• ≥4 mo interval	ORR: 14% mPFS: 3.6 mo
CRICKET	• 13 RAS WT ctDNA • 12 RAS mut ctDNA	• ctDNA RAS/BRAF status before rechallenge • ≥4 mo interval	RAS ctDNA WT vs ctDNA mut ORR: 31% vs 0% mPFS: 4 vs 1.9 mo mOS: 12.5 vs 5.2 mo
CAVE	• 48 ctDNA WT: RAS, BRAF, EGFR S492R • 19 ctDNA mut	• >4 mo interval	ctDNA WT: • mPFS: 4.1 mo • mOS: 17.3 mo ctDNA mut: • mPFS: 3 mo • mOS: 10.4 mo
CHRONOS	• 27 ctDNA WT: RAS, BRAF, EGFR-ECD	• Median 11.5 mo interval	ORR: 30% mPFS: 16 wk mOS: 55 wk

mAb = monoclonal antibody; WT = wild type; mut = mutant

Doleschal B et al. *Front Oncol* 2022;[Online ahead of print].

RTP RESEARCH TO PRACTICE

BREAKWATER Safety Lead-In: Frequency of Dose-Limiting Toxicities (DLTs) and Safety Summary

Primary endpoint: Frequency of DLTs

- One patient in the EC + FOLFIRI cohort had a DLT of grade 4 neutropenia lasting >7 days; no other DLTs were reported

Secondary endpoint: Safety

	EC + mFOLFOX6		EC + FOLFIRI	
	n=27		n=30	
All causality, n (%)				
TEAEs	27 (100.0)		30 (100.0)	
SAEs	13 (48.1)		10 (33.3)	
Grade ≥3 TEAEs	21 (77.8)		13 (43.3)	
TEAEs leading to dose reduction (any drug)	18 (66.7)		10 (33.3)	
TEAEs leading to permanent discontinuation (any drug)	5 (18.5)		5 (16.7)	
Treatment-related, n (%)				
TEAEs related to any drug	27 (100.0)		27 (90.0)	
SAEs related to any drug	7 (25.9)		4 (13.3)	
Deaths related to TEAEs	0		0	
	Any grade	**Grade ≥3**	**Any grade**	**Grade ≥3**
Most frequent (≥30%) all causality TEAEs[a]	**27 (100.0)**	**21 (77.8)**	**30 (100.0)**	**13 (43.3)**
Nausea	20 (74.1)	0	13 (43.3)	0
Pyrexia	13 (48.1)	1 (3.7)	7 (23.3)	0
Vomiting	11 (40.7)	1 (3.7)	4 (13.3)	0
Diarrhea	10 (37.0)	2 (7.4)	13 (43.3)	1 (3.3)
Peripheral sensory neuropathy	9 (33.3)	1 (3.7)	2 (6.7)	0
Fatigue	8 (29.6)	0	13 (43.3)	1 (3.3)
Constipation	7 (25.9)	0	13 (43.3)	1 (3.3)
Dermatitis acneiform	7 (25.9)	0	12 (40.0)	1 (3.3)

Data cutoff: 16 May 2022

[a]All grade in ≥30% of participants in either the EC + mFOFLOX6 arm or the EC + FOLFIRI arm.

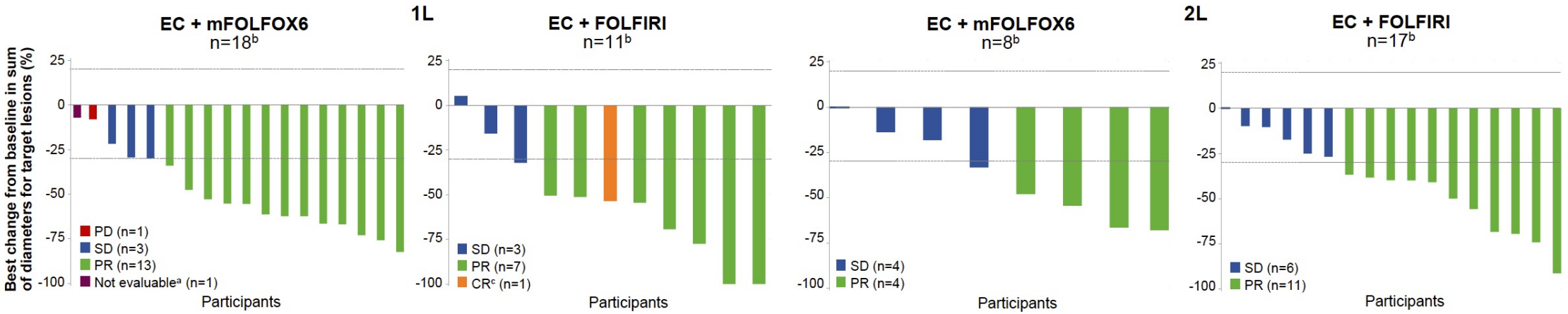
EC = encorafenib and cetuximab; TEAEs = treatment-emergent adverse events; SAEs = serious adverse events

Tabernero J et al. ESMO 2022;Abstract BBA26.

RTP RESEARCH TO PRACTICE

BREAKWATER Safety Lead-In: Overview of Response

	1L		2L	
	EC + mFOLFOX6	EC + FOLFIRI	EC + mFOLFOX6	EC + FOLFIRI
Confirmed best overall response by investigator, n (%)	**n=19**	**n=12**	**n=8**	**n=18**
ORR, % (95% CI)	68.4 (46.0–84.6)	66.7 (39.1–86.2)	50.0 (21.5–78.5)	61.1 (38.6–79.7)
CR	0	1 (8.3)	0	0
PR	13 (68.4)	7 (58.3)	4 (50.0)	11 (61.1)
SD	3 (15.8)	3 (25.0)	4 (50.0)	6 (33.3)
PD	1 (5.3)	0	0	0
Non-CR/non-PD	1 (5.3)	1 (8.3)	0	0
Not evaluable[a]	1 (5.3)	0	0	1 (5.6)
Responders	**n=13**	**n=8**	**n=4**	**n=11**
mTTR, weeks (range)	6.9 (5.9–25.9)	6.6 (6.1–7.0)	9.4 (6.4–18.9)	12.9 (6.1–37.0)
mDOR, months (95% CI)	7.6 (4.1–not estimable)	Not estimable (10.6–not estimable)	Not estimable (2.7–not estimable)	Not estimable (3.4–not estimable)
≥6 months, n (%)	6 (46.2)	7 (87.5)	2 (50.0)	6 (54.5)

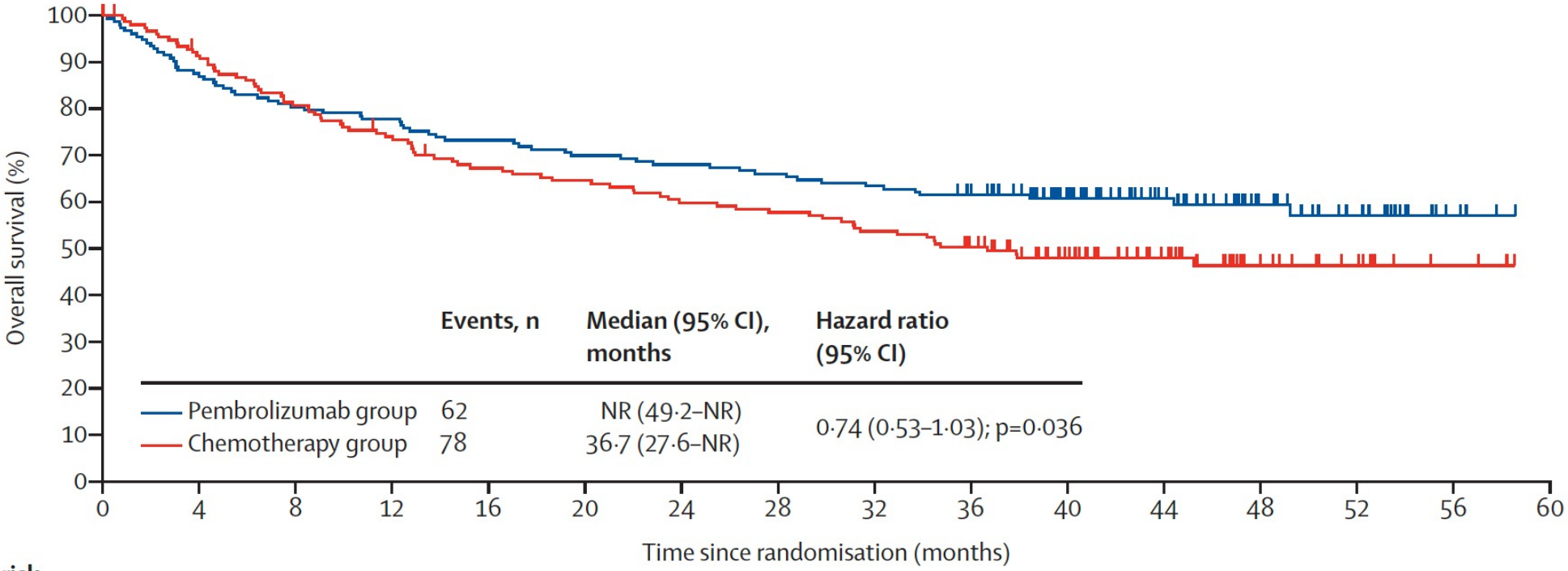


Data cutoff: 16 May 2022

[a]Reasons included SD <6 weeks after treatment start date (1 patient in the EC + mFOLFOX6 arm in the 1L setting) and early death (1 patient in the EC + FOLFIRI arm in the 2L setting). [b]Only includes participants with target lesions at baseline and ≥1 non-missing post-baseline % change from baseline assessment up to time of PD or new anti-cancer therapy. [c]This participant had a nodal target lesion that did not completely disappear but became non-pathological by size (<10 mm).

Tabernero J et al. ESMO 2022;Abstract BBA26.

KEYNOTE-177 Coprimary Endpoint: Final Analysis of Overall Survival (Intent-to-Treat Population)



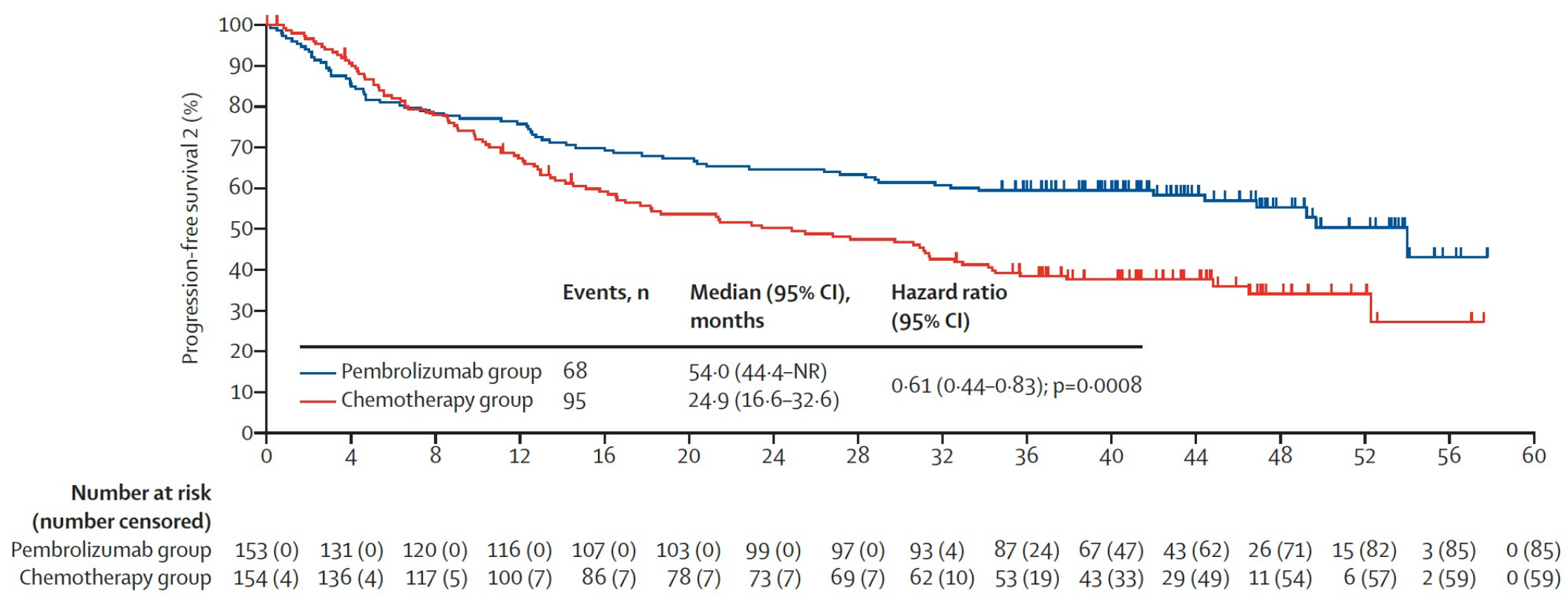
Number at risk (number censored)																
Pembrolizumab group	153 (0)	134 (0)	123 (0)	119 (0)	112 (0)	107 (0)	104 (0)	101 (0)	97 (2)	92 (23)	70 (45)	48 (64)	28 (75)	16 (78)	4 (91)	0 (91)
Chemotherapy group	154 (4)	137 (4)	121 (5)	110 (6)	99 (6)	95 (6)	88 (6)	85 (6)	79 (9)	71 (24)	53 (41)	36 (58)	18 (65)	11 (73)	3 (76)	0 (76)

At final analysis, OS with pembrolizumab versus chemotherapy did not meet the one-sided α boundary of 0.025 required for superiority.

Diaz LA Jr et al. *Lancet Oncol* 2022 April 12;23(5):659-70.

RTP RESEARCH TO PRACTICE

KEYNOTE-177: Time to Progression (PFS2)



At the final analysis, median progression-free survival (PFS) was longer with pembrolizumab (16.5 mo) than with chemotherapy (8.2 mo); however, because superiority was met at the second interim analysis, superiority was not formally tested at the final analysis (HR 0.59).

PFS2 = disease progression on next line of therapy after first progression

Diaz LA Jr et al. *Lancet Oncol* 2022 April 12;23(5):659-70.

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WVU Medicine
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Oncology Today with Dr Neil Love — Role of PARP Inhibition in Ovarian Cancer and Recent Data with Tumor Treating Fields: A Special Dual-Focused Webinar

A CME/MOC-Accredited Virtual Event

Thursday, February 23, 2023
5:00 PM – 6:00 PM ET

Faculty

Gottfried E Konecny, MD
Chirag B Patel, MD, PhD

Moderator

Neil Love, MD

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Thank you for joining us!

CME and MOC credit information will be emailed to each participant within 5 business days.

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