Practical Perspectives: Optimizing Diagnosis and Treatment for Patients with Desmoid Tumors

A CME/MOC-Accredited Live Webinar

Tuesday, September 24, 2024
5:00 PM – 6:00 PM ET

Faculty

Thierry Alcindor, MD, MSc
Mrinal Gounder, MD

Moderator

Neil Love, MD

RTP
RESEARCH TO PRACTICE

Faculty

Thierry Alcindor, MD, MSc
Senior Physician
Sarcoma Center, Dana-Farber Cancer Institute
Brigham and Women's Hospital
Harvard Medical School
Boston, Massachusetts

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

Mrinal Gounder, MD
Associate Attending
Sarcoma Medical Oncology, Early Drug Development (Phase I)
Physician Ambassador – India and Asia, Bobst International Center
Memorial Sloan Kettering Cancer Center
Associate Professor of Medicine
Weill Cornell School of Medicine, Cornell University
New York, New York

RTP
RESEARCH
TO PRACTICE

Commercial Support

This activity is supported by an educational grant from SpringWorks Therapeutics 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, Black Diamond Therapeutics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Celgene Corporation, Clovis Oncology, Coherus BioSciences, CTI BioPharma, a Sobi Company, 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, Geron Corporation, Gilead Sciences Inc, Grail Inc, GSK, Halozyme Inc, Helsinn Healthcare SA, Hologic Inc, 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, Legend Biotech, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, MEI Pharma Inc, Merck, Mersana Therapeutics Inc, Mirati Therapeutics Inc, Mural Oncology 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, R-Pharm US, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Stemline Therapeutics Inc, Sumitomo Dainippon Pharma Oncology Inc, Syndax Pharmaceuticals, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSeraTherapeutics LLC, Tesaro, A GSK Company, TG Therapeutics Inc, Turning Point Therapeutics Inc, Verastem Inc, and Zymeworks Inc.

RTP
RESEARCH TO PRACTICE

Research To Practice CME Planning Committee Members, Staff and Reviewers

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

Dr Alcindor — Disclosures

No relevant conflicts of interest to disclose.

Dr Gounder — Disclosures

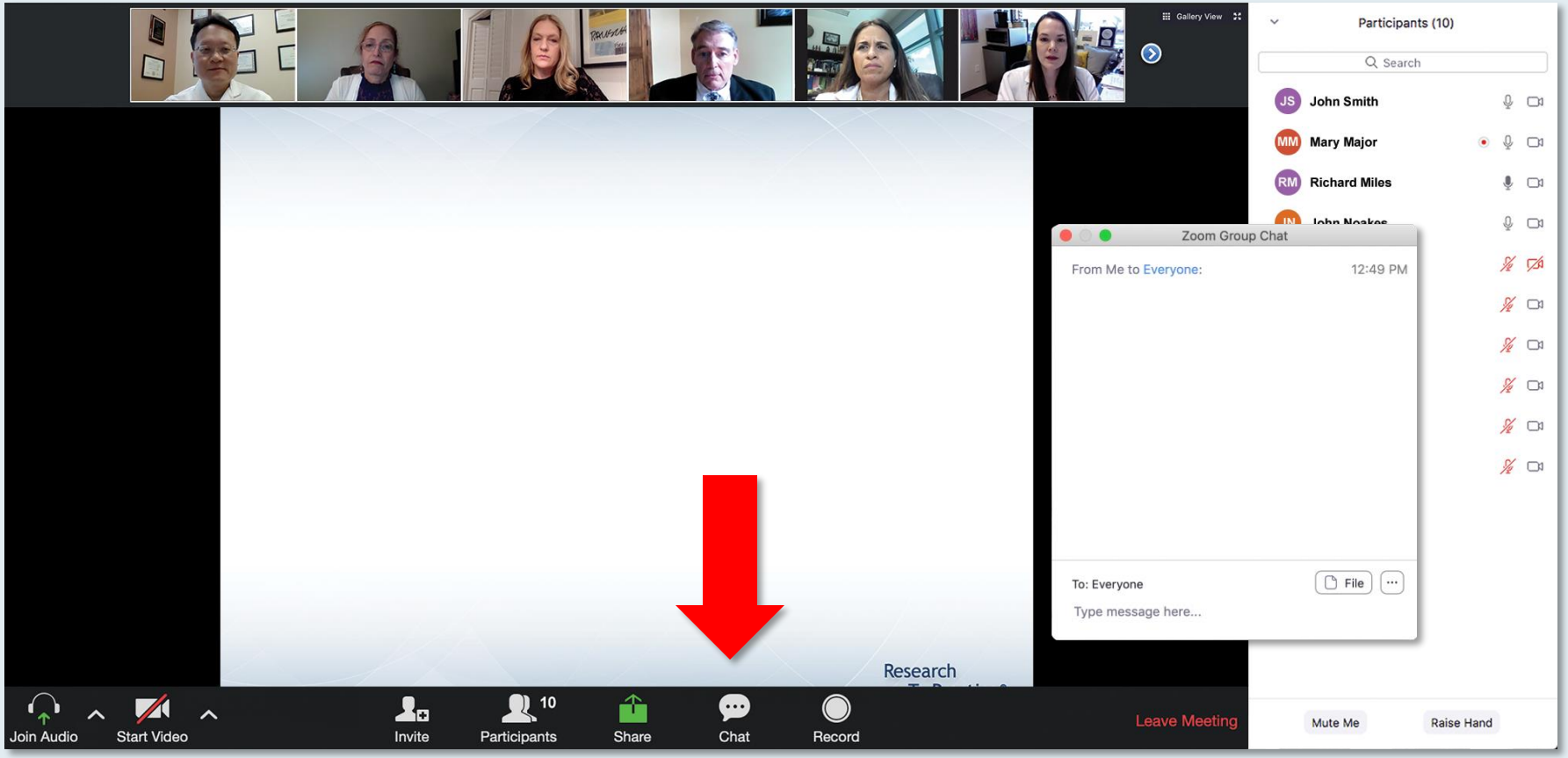
Advisory Committees	Aadi Bioscience, Boehringer Ingelheim Pharmaceuticals Inc, Epizyme Inc, Ikena Oncology, Rain Oncology, Regeneron Pharmaceuticals Inc
Consulting Agreements	Ayala Pharmaceuticals, Kura Oncology
Contracted Research	Aadi Bioscience, Athenex, Ayala Pharmaceuticals, Bayer HealthCare Pharmaceuticals, Boehringer Ingelheim Pharmaceuticals Inc, Erasca, Foghorn Therapeutics, GSK, Ikena Oncology, Kura Oncology, Rain Oncology, Regeneron Pharmaceuticals Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Tango Therapeutics

RTP
RESEARCH TO PRACTICE

This educational activity contains discussion of non-FDA-approved uses of agents and regimens. Please refer to official prescribing information for each product for approved indications.

RTP
RESEARCH TO PRACTICE

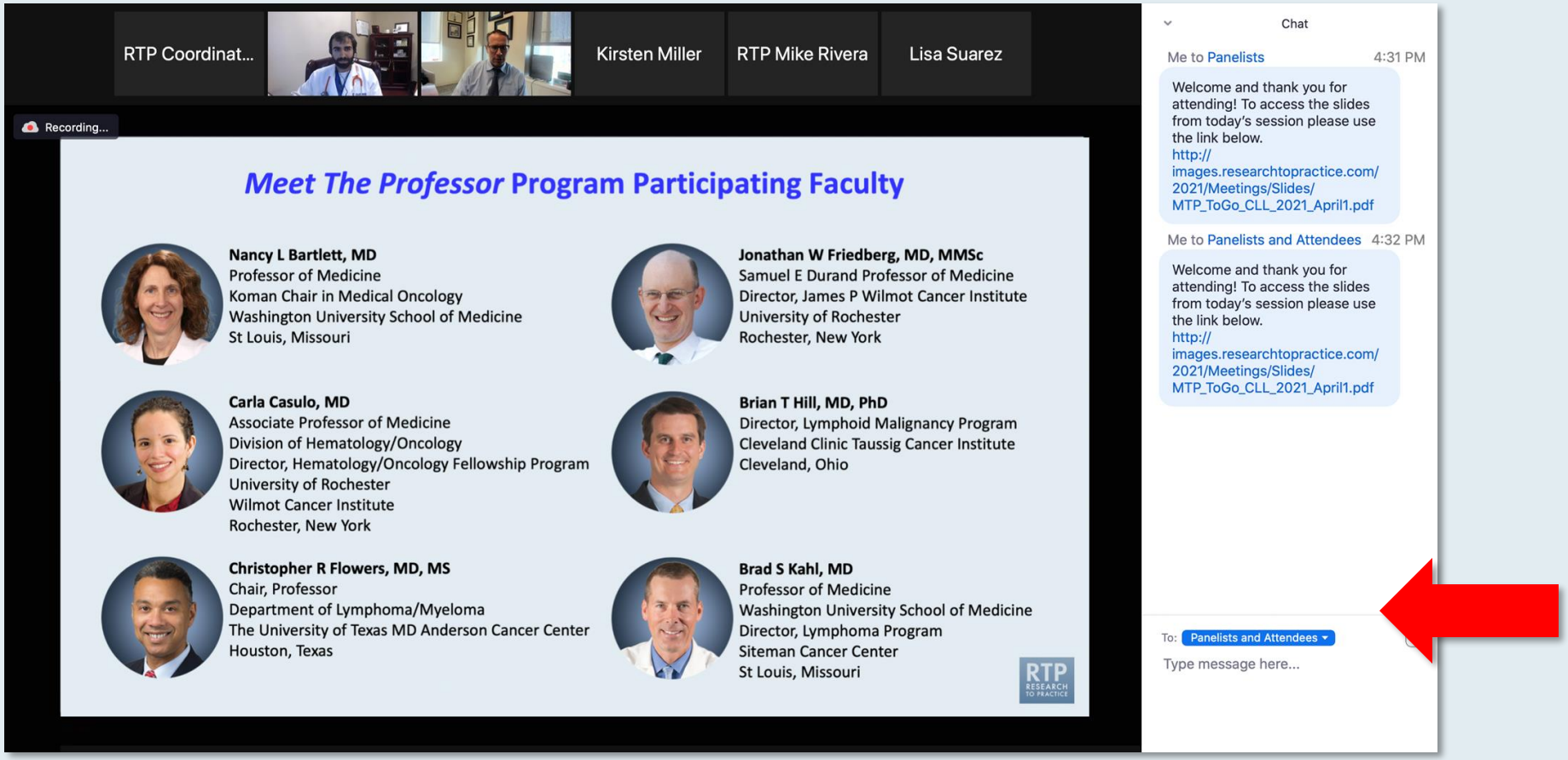
We Encourage Clinicians in Practice to Submit Questions



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

Familiarizing Yourself with the Zoom Interface

Expand chat submission box

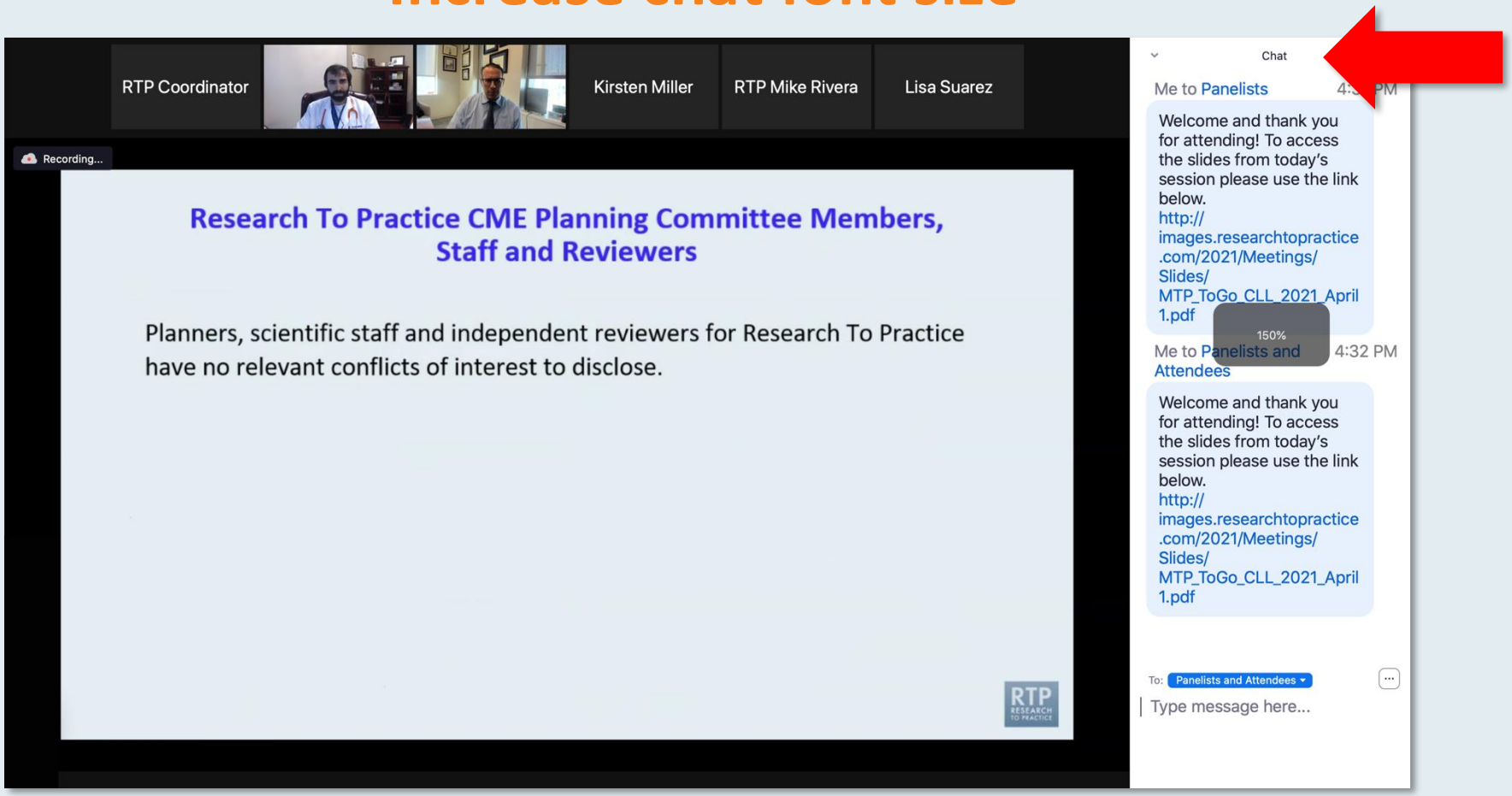


Drag the white line above the submission box up to create more space for your message.

RTP RESEARCH TO PRACTICE

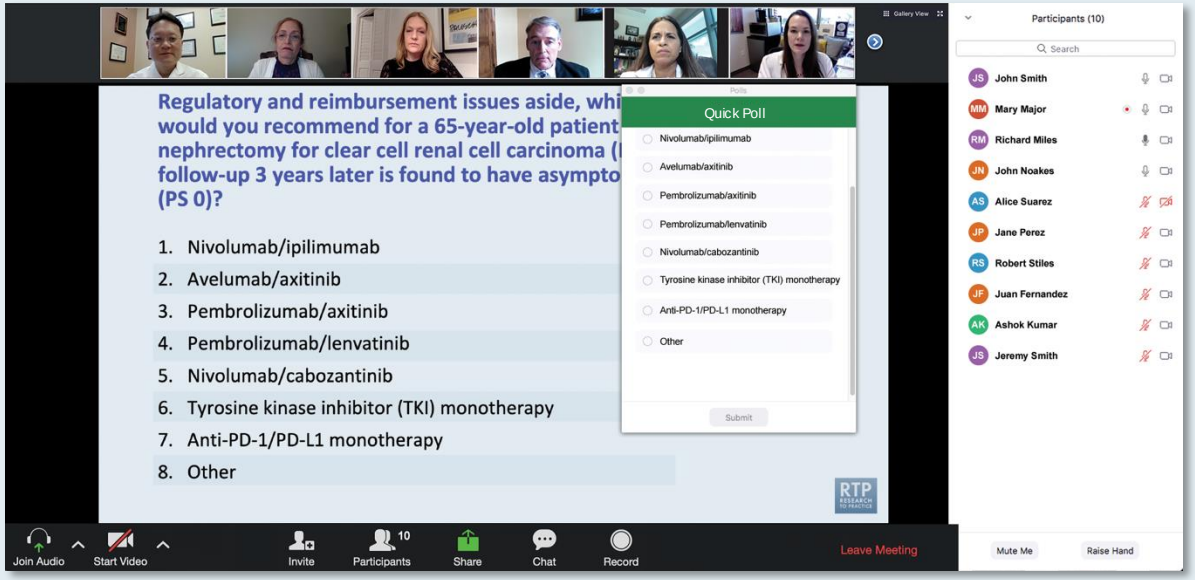
Familiarizing Yourself with the Zoom Interface

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.

Clinicians in the Audience, Please Complete the Pre- and Postmeeting Surveys



ONCOLOGY TODAY

WITH DR NEIL LOVE

Management of Desmoid Tumors

DR MRINAL GOUNDER

MEMORIAL SLOAN KETTERING CANCER CENTER

Listen on Apple Podcasts

Spotify

Listen on Google Podcasts

Practical Perspectives: Optimizing the Role of BTK Inhibitors in the Management of Mantle Cell Lymphoma

A CME/MOC-Accredited Live Webinar

Wednesday, September 25, 2024
5:00 PM – 6:00 PM ET

Faculty

Tycel Phillips, MD
Michael Wang, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

The Implications of Recent Datasets for the Current and Future Management of Small Cell Lung Cancer — A 2024 World Conference on Lung Cancer Review

A CME/MOC-Accredited Live Webinar

Thursday, September 26, 2024
5:00 PM – 5:45 PM ET

Faculty

Jacob Sands, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Improving Outcomes with First-Line Endocrine-Based Therapy for Patients with HR-Positive, HER2-Negative Metastatic Breast Cancer

A CME/MOC-Accredited Live Webinar

Tuesday, October 8, 2024
5:00 PM – 6:00 PM ET

Faculty

Francois-Clement Bidard, MD, PhD
Kevin Kalinsky, MD, MS

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

The Implications of Recent Datasets for the Current and Future Management of Gastrointestinal Cancers — An ESMO Congress 2024 Review

A CME/MOC-Accredited Live Webinar

Tuesday, October 15, 2024
5:00 PM – 6:00 PM ET

Faculty

Tanios Bekaii-Saab, MD
Philip A Philip, MD, PhD, FRCP

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Data + Perspectives: Clinical Investigators Explore the Application of Recent Datasets in Current Oncology Care

A Multitumor Hybrid Symposium in Partnership with Florida Cancer Specialists & Research Institute

Saturday, October 26, 2024

HR-Positive Breast Cancer

Faculty

Joyce O'Shaughnessy, MD

Seth Wander, MD, PhD

Prostate Cancer

Faculty

Matthew R Smith, MD, PhD

Sandy Srinivas, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Data + Perspectives: Clinical Investigators Explore the Application of Recent Datasets in Current Oncology Care

A Multitumor Hybrid Symposium in Partnership with Florida Cancer Specialists & Research Institute

Saturday, October 26, 2024

Lung Cancer

Faculty

Sarah B Goldberg, MD, MPH

Joshua K Sabari, MD

Non-Hodgkin Lymphoma and Chronic Lymphocytic Leukemia

Faculty

Brad S Kahl, MD

Sonali M Smith, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Data + Perspectives: Clinical Investigators Explore the Application of Recent Datasets in Current Oncology Care

A Multitumor Hybrid Symposium in Partnership with Florida Cancer Specialists & Research Institute

Saturday, October 26, 2024

Multiple Myeloma

Faculty

Shaji K Kumar, MD

Noopur Raje, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

What Clinicians Want to Know: Addressing Current Questions and Controversies in the Management of Hematologic Cancers

A CME Friday Satellite Symposium and Webcast Series
Preceding the 66th ASH Annual Meeting and Exposition

Friday, December 6, 2024

Chronic Myeloid Leukemia
7:30 AM – 9:00 AM PT

Chronic Lymphocytic Leukemia
7:30 AM – 9:30 AM PT

CAR-T and Bispecific-Antibody Therapy for Lymphoma
11:30 AM – 1:30 PM PT

Myelofibrosis
11:30 AM – 1:30 PM PT

Acute Myeloid Leukemia
3:15 PM – 5:15 PM PT

Multiple Myeloma
3:15 PM – 5:15 PM PT

RTP RESEARCH TO PRACTICE

Rounds with the Investigators: Compelling Teaching Cases Focused on the Management of Breast Cancer

A 3-Part CME Hybrid Satellite Symposium Series in Partnership with the 2024 San Antonio Breast Cancer Symposium®

HER2-Low and HER2-Ultralow Breast Cancer

Tuesday, December 10, 2024

7:15 PM – 8:45 PM CT

New Developments in Endocrine Treatment for Breast Cancer

Wednesday, December 11, 2024

7:15 PM – 9:15 PM CT

Management of Metastatic Breast Cancer

Thursday, December 12, 2024

7:15 PM – 9:15 PM CT

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Save The Date

Fourth Annual
National General Medical Oncology Summit

A Multitumor CME/MOC-, ACPE- and NCPD-Accredited Educational Conference Developed in Partnership with Florida Cancer Specialists & Research Institute

Friday to Sunday, February 28 to March 2, 2025

Fontainebleau Hotel, Miami Beach, Florida

Moderated by Neil Love, MD

Thank you for joining us!

Information on how to obtain CME, ABIM MOC and ABS credit will be provided at the conclusion of the activity in the Zoom chat room. Attendees will also receive an email in 1 to 3 business days with these instructions.

RTP
RESEARCH TO PRACTICE

Practical Perspectives: Optimizing Diagnosis and Treatment for Patients with Desmoid Tumors

A CME/MOC-Accredited Live Webinar

Tuesday, September 24, 2024
5:00 PM – 6:00 PM ET

Faculty

Thierry Alcindor, MD, MSc
Mrinal Gounder, MD

Moderator

Neil Love, MD

RTP
RESEARCH TO PRACTICE

Faculty

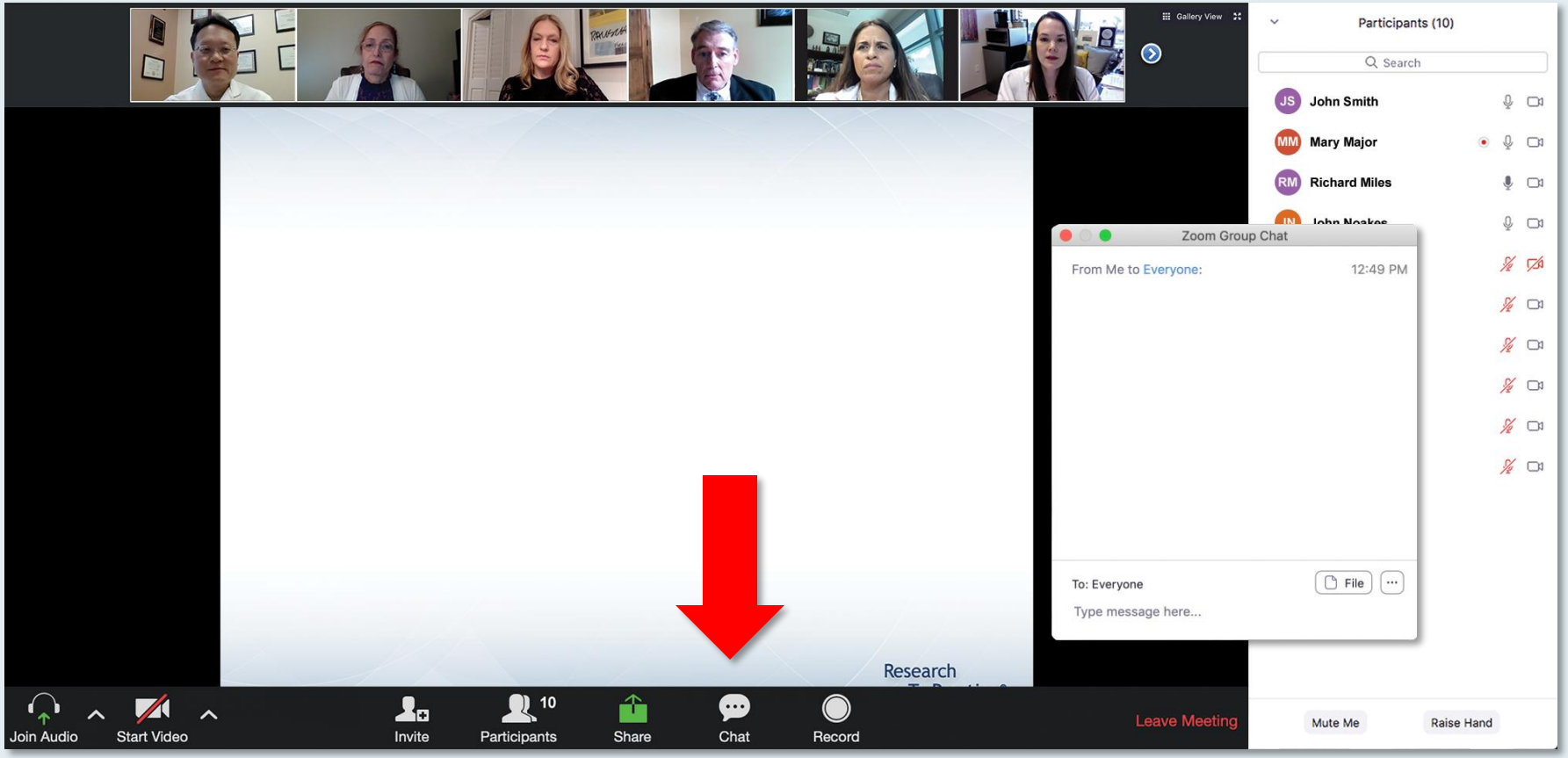
Thierry Alcindor, MD, MSc
Senior Physician
Sarcoma Center, Dana-Farber Cancer Institute
Brigham and Women's Hospital
Harvard Medical School
Boston, Massachusetts

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

Mrinal Gounder, MD
Associate Attending
Sarcoma Medical Oncology, Early Drug Development (Phase I)
Physician Ambassador – India and Asia, Bobst International Center
Memorial Sloan Kettering Cancer Center
Associate Professor of Medicine
Weill Cornell School of Medicine, Cornell University
New York, New York

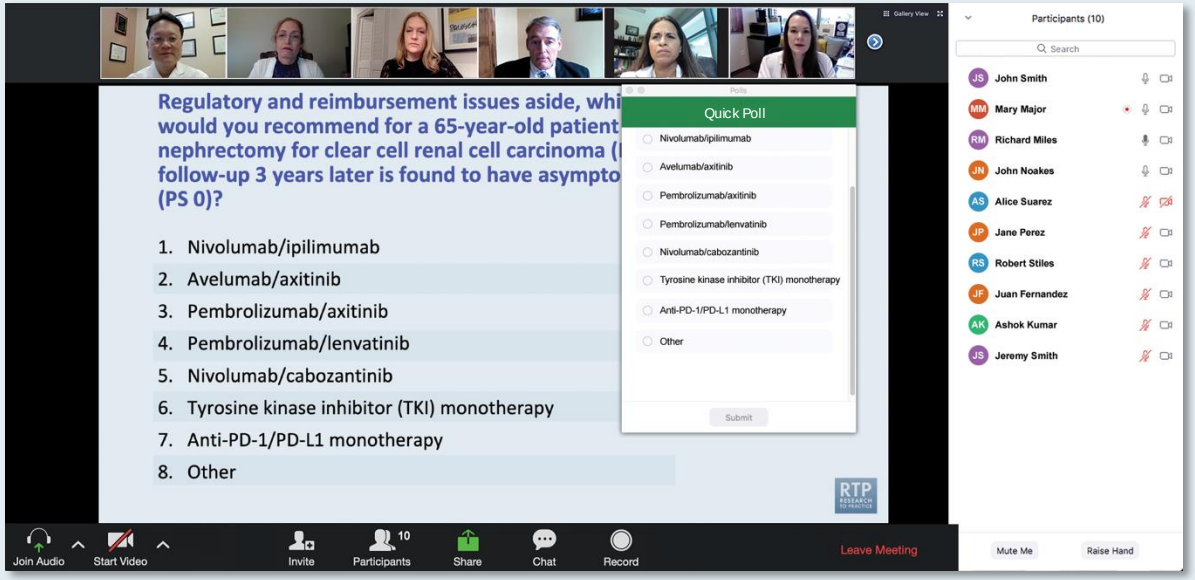
RTP
RESEARCH
TO PRACTICE

We Encourage Clinicians in Practice to Submit Questions



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

Clinicians in the Audience, Please Complete the Pre- and Postmeeting Surveys



ONCOLOGY TODAY

WITH DR NEIL LOVE

Management of Desmoid Tumors

DR MRINAL GOUNDER

MEMORIAL SLOAN KETTERING CANCER CENTER

Listen on Apple Podcasts

Spotify

Listen on Google Podcasts

Practical Perspectives: Optimizing the Role of BTK Inhibitors in the Management of Mantle Cell Lymphoma

A CME/MOC-Accredited Live Webinar

Wednesday, September 25, 2024
5:00 PM – 6:00 PM ET

Faculty

Tycel Phillips, MD
Michael Wang, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

The Implications of Recent Datasets for the Current and Future Management of Small Cell Lung Cancer — A 2024 World Conference on Lung Cancer Review

A CME/MOC-Accredited Live Webinar

Thursday, September 26, 2024
5:00 PM – 5:45 PM ET

Faculty

Jacob Sands, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Improving Outcomes with First-Line Endocrine-Based Therapy for Patients with HR-Positive, HER2-Negative Metastatic Breast Cancer

A CME/MOC-Accredited Live Webinar

Tuesday, October 8, 2024
5:00 PM – 6:00 PM ET

Faculty

Francois-Clement Bidard, MD, PhD
Kevin Kalinsky, MD, MS

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

The Implications of Recent Datasets for the Current and Future Management of Gastrointestinal Cancers — An ESMO Congress 2024 Review

A CME/MOC-Accredited Live Webinar

Tuesday, October 15, 2024
5:00 PM – 6:00 PM ET

Faculty

Tanios Bekaii-Saab, MD
Philip A Philip, MD, PhD, FRCP

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Data + Perspectives: Clinical Investigators Explore the Application of Recent Datasets in Current Oncology Care

A Multitumor Hybrid Symposium in Partnership with Florida Cancer Specialists & Research Institute

Saturday, October 26, 2024

HR-Positive Breast Cancer

Faculty

Joyce O'Shaughnessy, MD

Seth Wander, MD, PhD

Prostate Cancer

Faculty

Matthew R Smith, MD, PhD

Sandy Srinivas, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Data + Perspectives: Clinical Investigators Explore the Application of Recent Datasets in Current Oncology Care

A Multitumor Hybrid Symposium in Partnership with Florida Cancer Specialists & Research Institute

Saturday, October 26, 2024

Lung Cancer

Faculty

Sarah B Goldberg, MD, MPH

Joshua K Sabari, MD

Non-Hodgkin Lymphoma and Chronic Lymphocytic Leukemia

Faculty

Brad S Kahl, MD

Sonali M Smith, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Data + Perspectives: Clinical Investigators Explore the Application of Recent Datasets in Current Oncology Care

A Multitumor Hybrid Symposium in Partnership with Florida Cancer Specialists & Research Institute

Saturday, October 26, 2024

Multiple Myeloma

Faculty

Shaji K Kumar, MD

Noopur Raje, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

What Clinicians Want to Know: Addressing Current Questions and Controversies in the Management of Hematologic Cancers

A CME Friday Satellite Symposium and Webcast Series
Preceding the 66th ASH Annual Meeting and Exposition

Friday, December 6, 2024

Chronic Myeloid Leukemia
7:30 AM – 9:00 AM PT

Chronic Lymphocytic Leukemia
7:30 AM – 9:30 AM PT

CAR-T and Bispecific-Antibody Therapy for Lymphoma
11:30 AM – 1:30 PM PT

Myelofibrosis
11:30 AM – 1:30 PM PT

Acute Myeloid Leukemia
3:15 PM – 5:15 PM PT

Multiple Myeloma
3:15 PM – 5:15 PM PT

RTP RESEARCH TO PRACTICE

Rounds with the Investigators: Compelling Teaching Cases Focused on the Management of Breast Cancer

A 3-Part CME Hybrid Satellite Symposium Series in Partnership with the 2024 San Antonio Breast Cancer Symposium®

HER2-Low and HER2-Ultralow Breast Cancer

Tuesday, December 10, 2024

7:15 PM – 8:45 PM CT

New Developments in Endocrine Treatment for Breast Cancer

Wednesday, December 11, 2024

7:15 PM – 9:15 PM CT

Management of Metastatic Breast Cancer

Thursday, December 12, 2024

7:15 PM – 9:15 PM CT

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Save The Date

Fourth Annual
National General Medical Oncology Summit

A Multitumor CME/MOC-, ACPE- and NCPD-Accredited Educational Conference Developed in Partnership with Florida Cancer Specialists & Research Institute

Friday to Sunday, February 28 to March 2, 2025

Fontainebleau Hotel, Miami Beach, Florida

Moderated by Neil Love, MD

Practical Perspectives: Optimizing Diagnosis and Treatment for Patients with Desmoid Tumors

A CME/MOC-Accredited Live Webinar

Tuesday, September 24, 2024
5:00 PM – 6:00 PM ET

Faculty

Thierry Alcindor, MD, MSc
Mrinal Gounder, MD

Moderator

Neil Love, MD

RTP
RESEARCH TO PRACTICE

Dr Alcindor — Disclosures

No relevant conflicts of interest to disclose.

Dr Gounder — Disclosures

Advisory Committees	Aadi Bioscience, Boehringer Ingelheim Pharmaceuticals Inc, Epizyme Inc, Ikena Oncology, Rain Oncology, Regeneron Pharmaceuticals Inc
Consulting Agreements	Ayala Pharmaceuticals, Kura Oncology
Contracted Research	Aadi Bioscience, Athenex, Ayala Pharmaceuticals, Bayer HealthCare Pharmaceuticals, Boehringer Ingelheim Pharmaceuticals Inc, Erasca, Foghorn Therapeutics, GSK, Ikena Oncology, Kura Oncology, Rain Oncology, Regeneron Pharmaceuticals Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Tango Therapeutics

RTP
RESEARCH TO PRACTICE

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, Black Diamond Therapeutics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Celgene Corporation, Clovis Oncology, Coherus BioSciences, CTI BioPharma, a Sobi Company, 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, Geron Corporation, Gilead Sciences Inc, Grail Inc, GSK, Halozyme Inc, Helsinn Healthcare SA, Hologic Inc, 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, Legend Biotech, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, MEI Pharma Inc, Merck, Mersana Therapeutics Inc, Mirati Therapeutics Inc, Mural Oncology 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, R-Pharm US, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Stemline Therapeutics Inc, Sumitomo Dainippon Pharma Oncology Inc, Syndax Pharmaceuticals, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSeraTherapeutics LLC, Tesaro, A GSK Company, TG Therapeutics Inc, Turning Point Therapeutics Inc, Verastem Inc, and Zymeworks Inc.

RTP
RESEARCH TO PRACTICE

Commercial Support

This activity is supported by an educational grant from SpringWorks Therapeutics Inc.

Research To Practice CME Planning Committee Members, Staff and Reviewers

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

This educational activity contains discussion of non-FDA-approved uses of agents and regimens. Please refer to official prescribing information for each product for approved indications.

RTP
RESEARCH TO PRACTICE

Agenda
Management of Desmoid Tumors

Introduction: Biology and Clinical Presentation

Module 1: Tyrosine Kinase Inhibitors

Module 2: Gamma Secretase Inhibitors

Module 3: Faculty Case Presentations

RTP
RESEARCH TO PRACTICE

Agenda
Management of Desmoid Tumors

Introduction: Biology and Clinical Presentation

Module 1: Tyrosine Kinase Inhibitors

Module 2: Gamma Secretase Inhibitors

Module 3: Faculty Case Presentations

RTP
RESEARCH TO PRACTICE

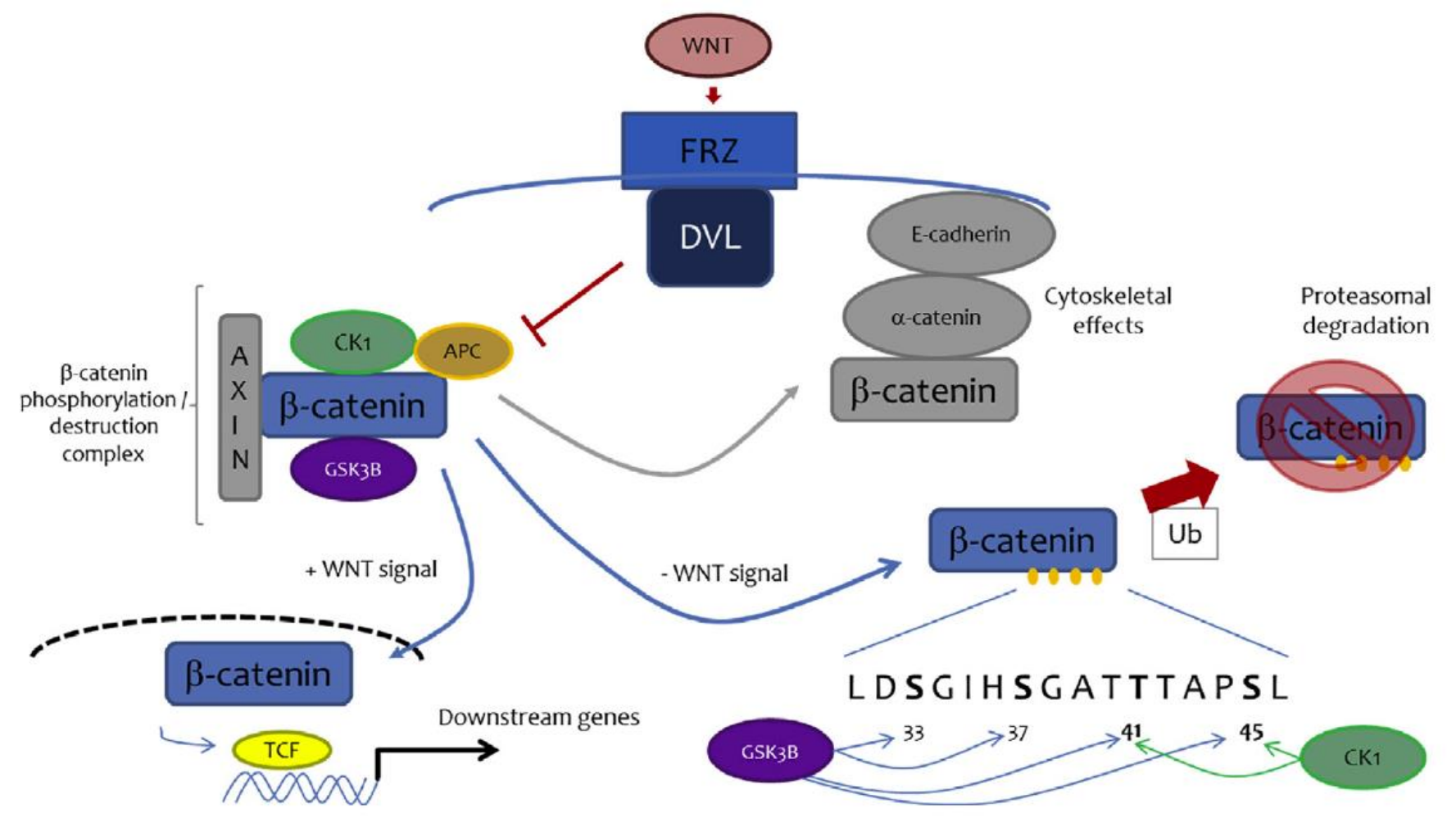
JAMA Oncology | Review

Current Management of Desmoid Tumors
A Review

Bernd Kasper, MD, PhD; Elizabeth H. Baldini, MD; Sylvie Bonvalot, MD, PhD; Dario Callegaro, MD; Kenneth Cardona, MD; Chiara Colombo, MD; Nadège Corradini, MD; Aimee M. Crago, MD, PhD; Angelo P. Dei Tos, MD; Palma Dileo, MD; Eldad Elnekave, MD; Joseph P. Erinjeri, MD, PhD; Fariba Navid, MD; Jeffrey M. Farma, MD; Andrea Ferrari, MD; Marco Fiore, MD; Rebecca A. Gladdy, MD, PhD; Mrinal Gounder, MD; Rick L. Haas, MD, PhD; Olga Husson, MD, PhD; Jean-Emmanuel Kurtz, MD, PhD; Alex J. Lazar, MD, PhD; Daniel Orbach, MD; Nicolas Penel, MD, PhD; Ravi Ratan, MD; Chandrajit P. Raut, MD; Christina L. Roland, MD, MS; Ann-Rose W. Schut, MD, PhD; Monika Sparber-Sauer, MD; Dirk C. Strauss, MD; Winette T. A. Van der Graaf, MD, PhD; Marco Vitellaro, MD; Aaron R. Weiss, DO; Alessandro Gronchi, MD; for the Desmoid Tumor Working Group

***JAMA Oncol* 2024 June 20;[Online ahead of print]**

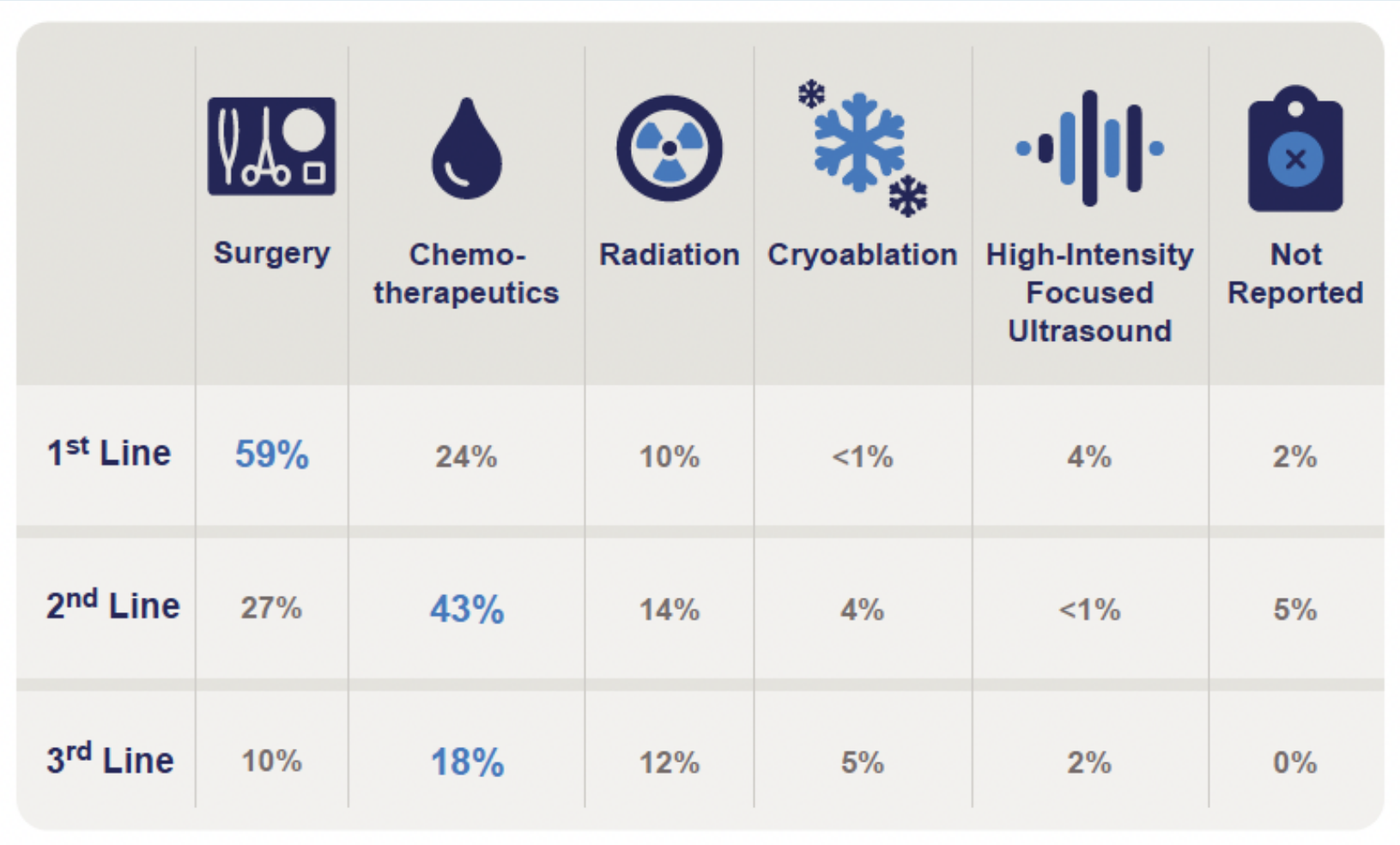
Desmoid Tumors (DT): Pathology and Molecular Genetics



- CTNNB1 mutations and APC mutations are mutually exclusive in DT
  - Detection of a somatic CTNNB1 mutation can help to exclude a syndromic condition
  - CTNNB1 wild-type status in DT, especially in an intra-abdominal tumor, should raise suspicion for familial adenomatous polyposis, with more extensive diagnostic clinical work-up
- Either APC loss or CTNNB1 mutation can lead to DT development

Desmoid Tumor Working Group. *Eur J Cancer* 2020 March:127:96-107.

Treatment Landscape for Desmoid Tumors: Treatment Sequencing



	Surgery	Chemo-therapeutics	Radiation	Cryoablation	High-Intensity Focused Ultrasound	Not Reported
1st Line	59%	24%	10%	<1%	4%	2%
2nd Line	27%	43%	14%	4%	<1%	5%
3rd Line	10%	18%	12%	5%	2%	0%

Mercier K et al. ESMO Sarcoma and Rare Cancers 2024;Abstract 149P.

RTP RESEARCH TO PRACTICE

Agenda
Management of Desmoid Tumors

Introduction: Biology and Clinical Presentation

Module 1: Tyrosine Kinase Inhibitors

Module 2: Gamma Secretase Inhibitors

Module 3: Faculty Case Presentations

RTP
RESEARCH TO PRACTICE

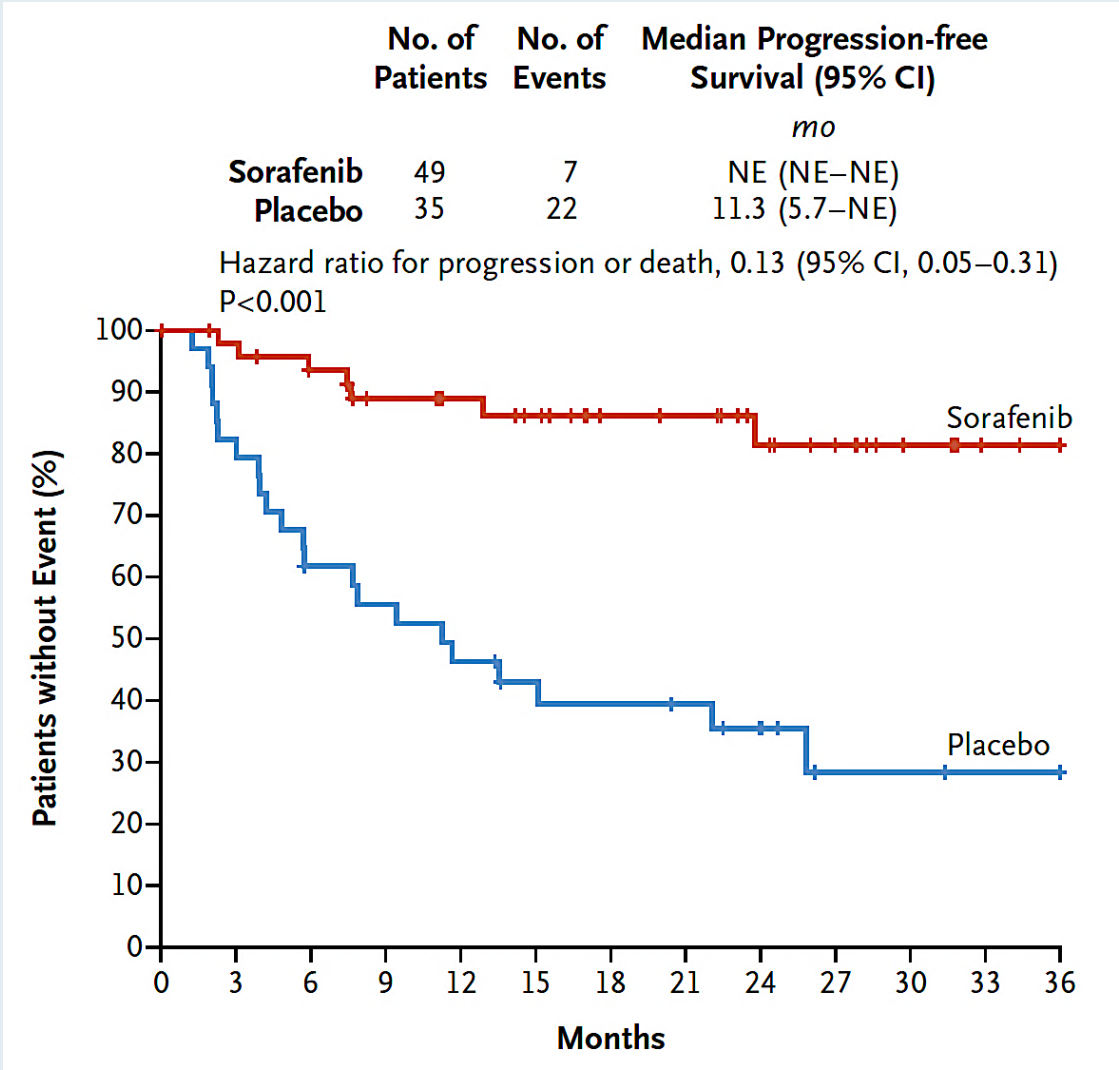
The NEW ENGLAND JOURNAL of MEDICINE
2018;379(25):2417-28

ORIGINAL ARTICLE

Sorafenib for Advanced and Refractory Desmoid Tumors

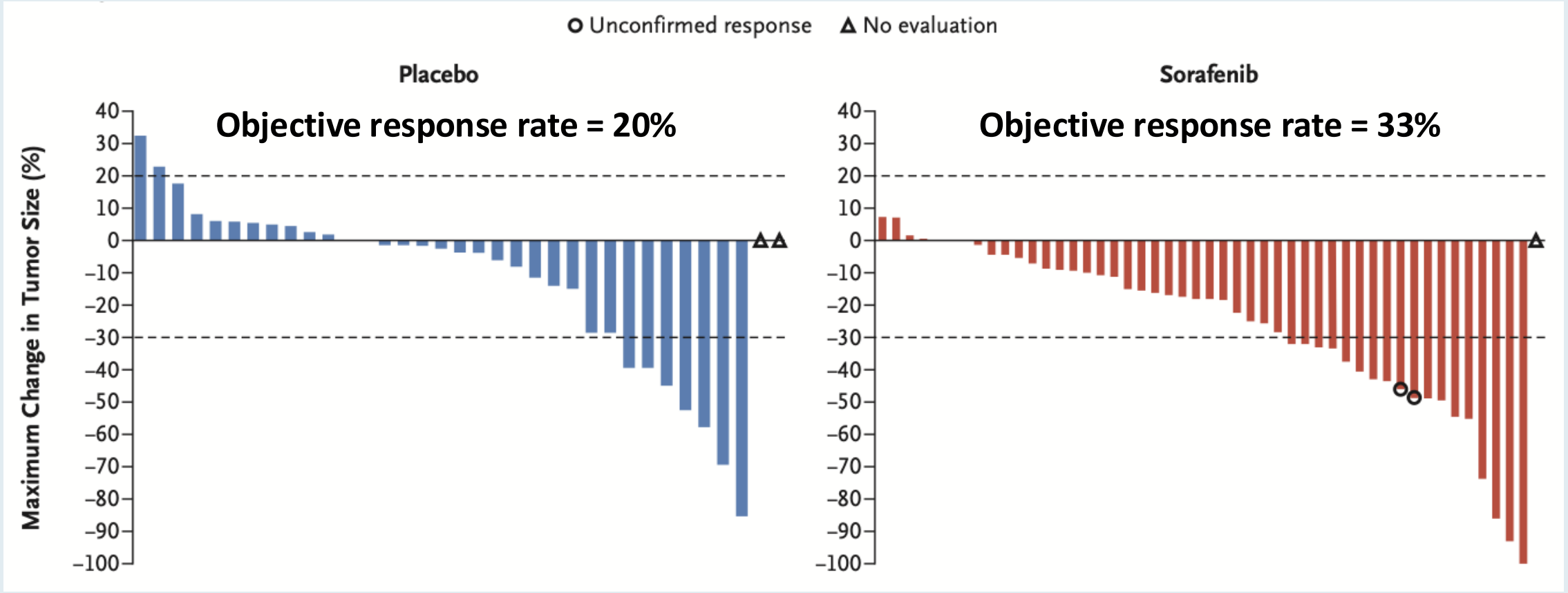
Mrinal M. Gounder, M.D., Michelle R. Mahoney, M.S.,
Brian A. Van Tine, M.D., Ph.D., Vinod Ravi, M.D., Steven Attia, D.O.,
Hari A. Deshpande, M.D., Abha A. Gupta, M.D., Mohammed M. Milhem, M.D.,
Robert M. Conry, M.D., Sujana Movva, M.D., Michael J. Pishvaian, M.D., Ph.D.,
Richard F. Riedel, M.D., Tarek Sabagh, M.D., William D. Tap, M.D.,
Natally Horvat, M.D., Ethan Basch, M.D., Lawrence H. Schwartz, M.D.,
Robert G. Maki, M.D., Ph.D., Narasimhan P. Agaram, M.B., B.S.,
Robert A. Lefkowitz, M.D., Yousef Mazaheri, Ph.D.,
Rikiya Yamashita, M.D., Ph.D., John J. Wright, M.D., Ph.D.,
Amylou C. Dueck, Ph.D., and Gary K. Schwartz, M.D.

Sorafenib for Advanced and Refractory Desmoid Tumors: Estimates of Duration of Progression-Free Survival at the Time of Last Assessment



Gounder MM et al. *N Engl J Med* 2018;379(25):2417-28.

Sorafenib for Advanced and Refractory Desmoid Tumors: Percent Change from Baseline in Tumor Size



Gounder MM et al. *N Engl J Med* 2018;379(25):2417-28.

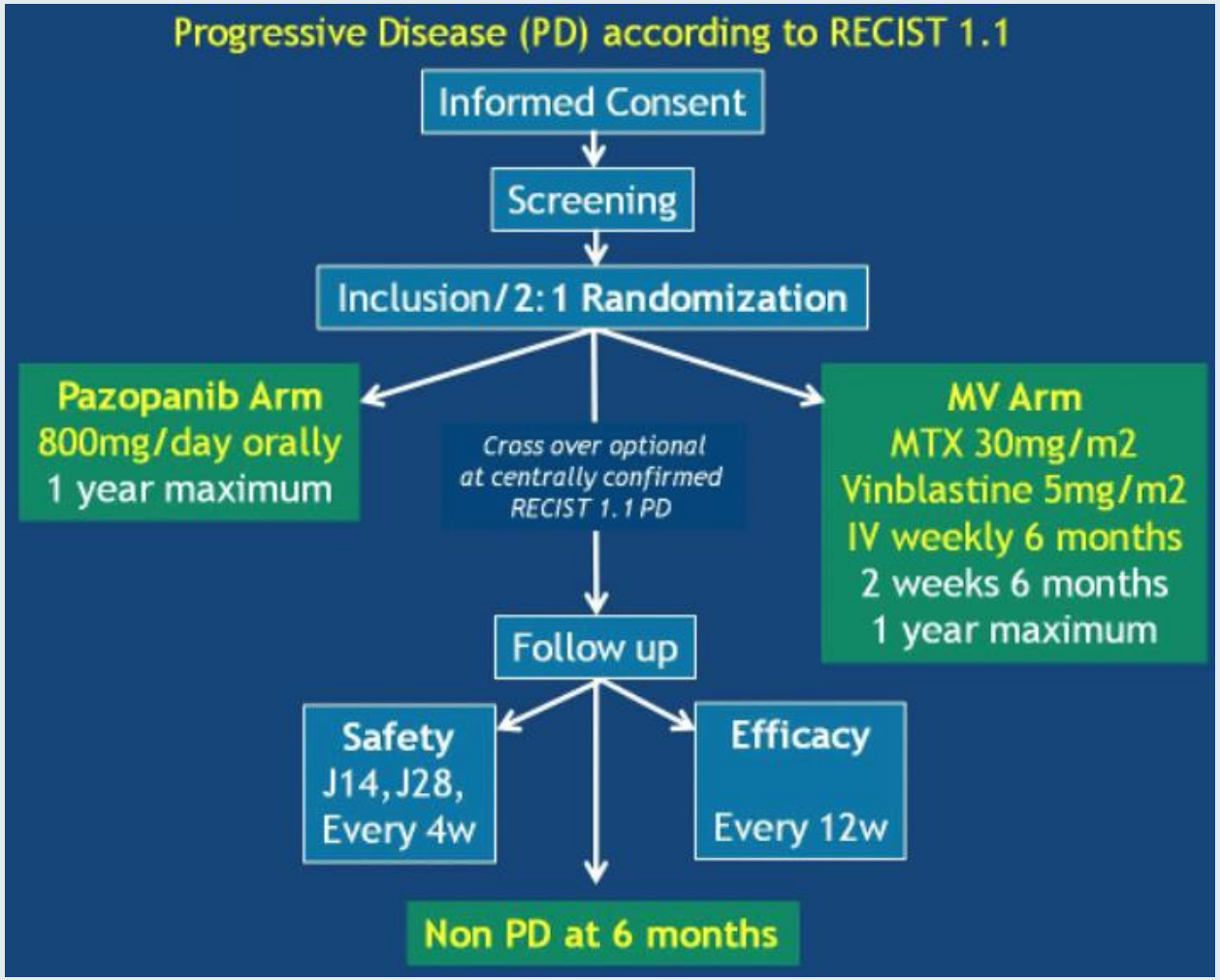
Pazopanib or methotrexate–vinblastine combination chemotherapy in adult patients with progressive desmoid tumours (DESMOPAZ): a non-comparative, randomised, open-label, multicentre, phase 2 study

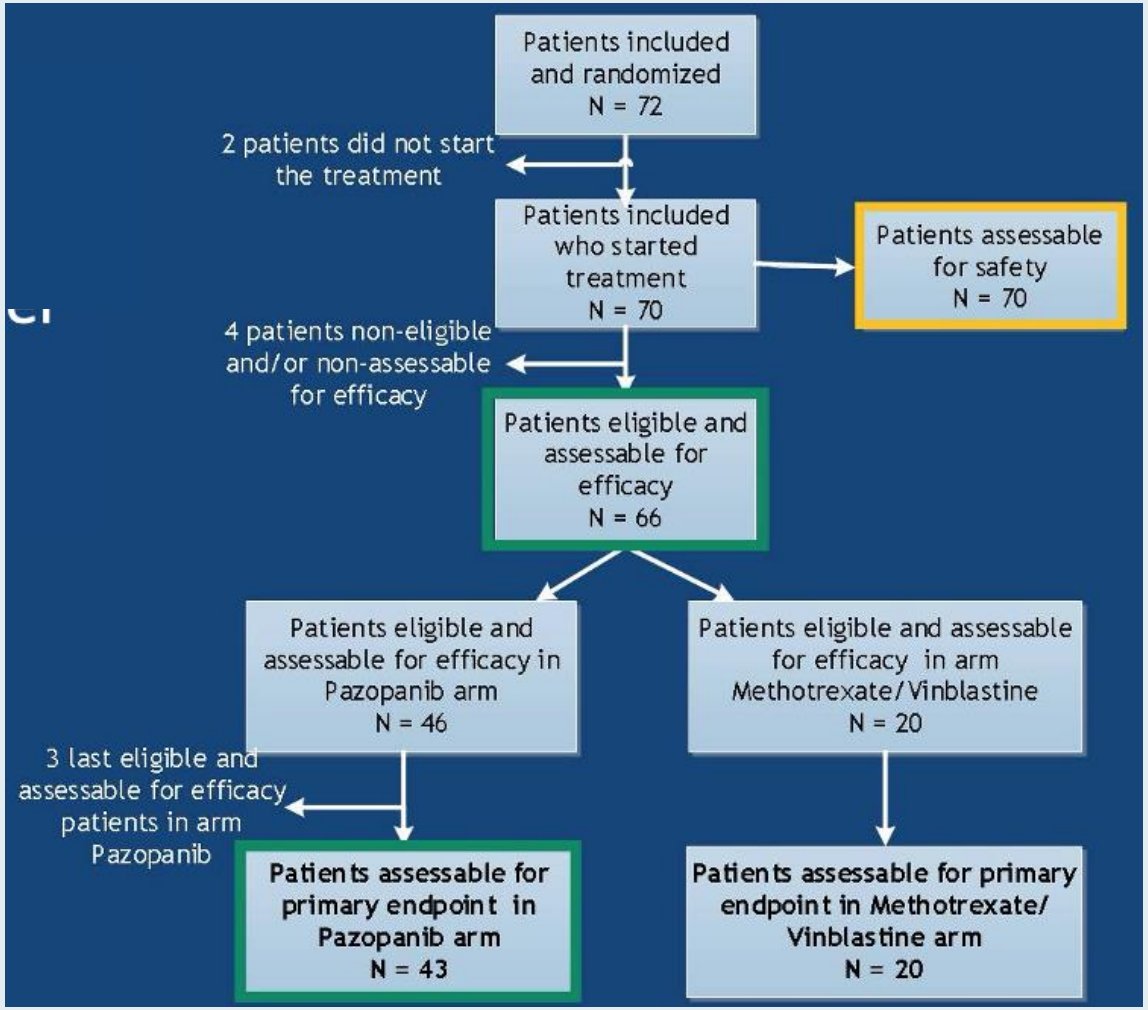
Maud Toulmonde, Marina Pulido, Isabelle Ray-Coquard, Thierry Andre, Nicolas Isambert, Christine Chevreau, Nicolas Penel, Emmanuelle Bompas, Esma Saada, François Bertucci, Celeste Lebbe, Axel Le Cesne, Patrick Soulie, Sophie Piperno-Neumann, Stephen Sweet, Fabiola Cecchi, Todd Hembrough, Carine Bellera, Michèle Kind, Amandine Crombe, Carlo Lucchesi, François Le Loarer, Jean-Yves Blay, Antoine Italiano

Lancet Oncol **2019 September;20(9):1263-72**

RTP RESEARCH TO PRACTICE

DESMOPAZ Phase II Study Design and Participants

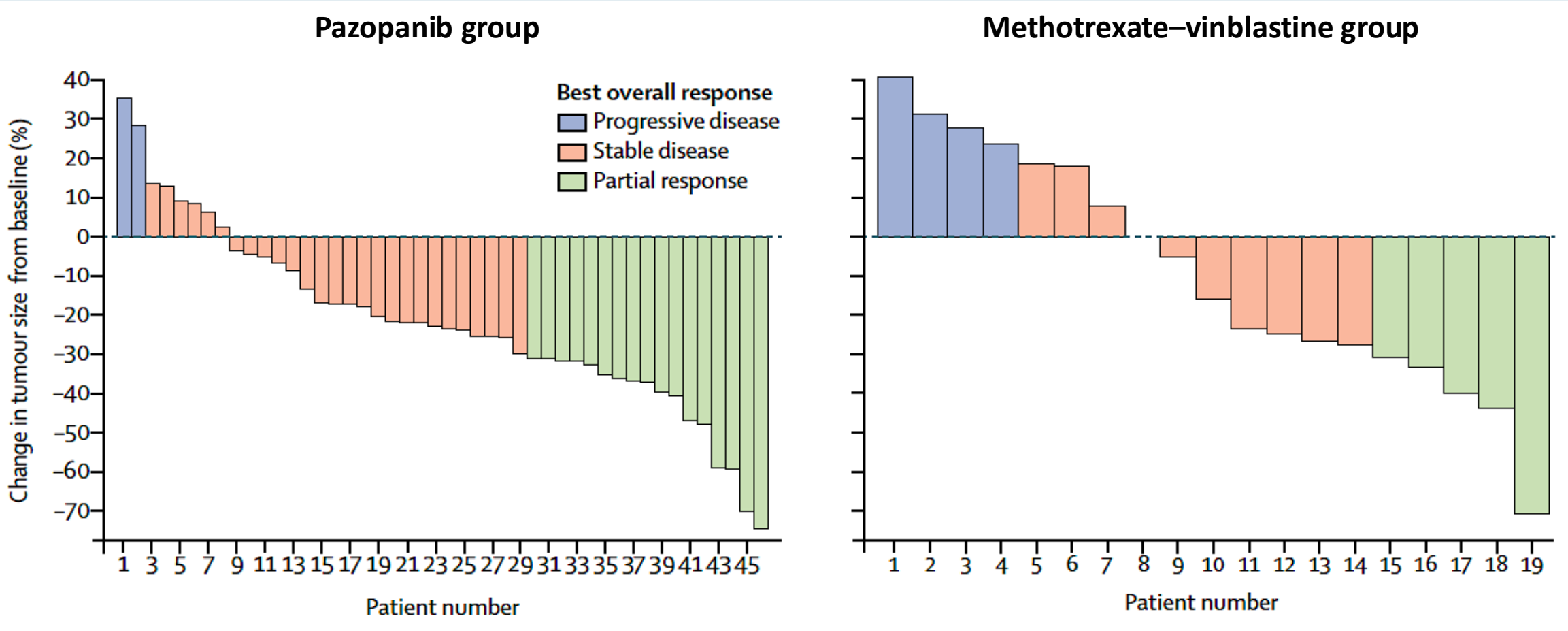




Toulmonde M et al. ASCO 2018;Abstract 11501.

DESMOPAZ: Proportion of Patients without Disease Progression and Best Overall Response

Primary endpoint	Pazopanib group	Methotrexate-vinblastine group
Proportion of patients without disease progression at 6 months	83.7%	45.0%



Toulmonde M et al. *Lancet Oncol* 2019 September;20(9):1263-72.

Agenda
Management of Desmoid Tumors

Introduction: Biology and Clinical Presentation

Module 1: Tyrosine Kinase Inhibitors

Module 2: Gamma Secretase Inhibitors

Module 3: Faculty Case Presentations

RTP
RESEARCH TO PRACTICE

FDA Approves Nirogacestat for Desmoid Tumors

Press Release: November 27, 2023

"The Food and Drug Administration approved nirogacestat for adult patients with progressing desmoid tumors who require systemic treatment. This is the first approved treatment for desmoid tumors.

Efficacy was evaluated in DeFi (NCT03785964), an international, multicenter, randomized (1:1), double-blind, placebo-controlled trial in 142 patients with progressing desmoid tumors not amenable to surgery. Patients were eligible if the desmoid tumor had progressed within 12 months of screening. Patients were randomized to receive 150 mg nirogacestat or placebo orally twice daily until disease progression or unacceptable toxicity.

The major efficacy outcome measure was progression-free survival (PFS) based on RECIST v1.1 as assessed by blinded independent central review or on clinical progression by the investigator (and adjudicated by independent review). Median PFS was not reached in the nirogacestat arm and 15.1 months in the placebo arm (hazard ratio [HR] 0.29; *p*-value = <0.001). An exploratory analysis of PFS based on only radiographic progression demonstrated a hazard ratio of 0.31.

The recommended nirogacestat dose is 150 mg administered orally twice daily with or without food until disease progression or unacceptable toxicity. Each 150 mg dose consists of three 50 mg tablets."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-nirogacestat-desmoid-tumors

RTP RESEARCH TO PRACTICE

The NEW ENGLAND JOURNAL of MEDICINE

2023 March 9;388(10):898-912

ORIGINAL ARTICLE

Nirogacestat, a γ-Secretase Inhibitor for Desmoid Tumors

M. Gounder, R. Ratan, T. Alcindor, P. Schöffski, W.T. van der Graaf, B.A. Wilky, R.F. Riedel, A. Lim, L.M. Smith, S. Moody, S. Attia, S. Chawla, G. D'Amato, N. Federman, P. Merriam, B.A. Van Tine, B. Vincenzi, C. Benson, N.Q. Bui, R. Chugh, G. Tinoco, J. Charlson, P. Dileo, L. Hartner, L. Lapeire, F. Mazzeo, E. Palmerini, P. Reichardt, S. Stacchiotti, H.H. Bailey, M.A. Burgess, G.M. Cote, L.E. Davis, H. Deshpande, H. Gelderblom, G. Grignani, E. Loggers, T. Philip, J.G. Pressey, S. Kummar, and B. Kasper

Gamma Secretase Inhibition for Desmoid Tumors

- Desmoid tumors (DT) are rare, locally aggressive, and invasive soft-tissue tumors that are challenging to manage due to variable presentation, unpredictable disease course, and a lack of approved therapies
- Treatment should be individualized to optimize tumor control and improve symptom burden, including pain, physical function, and overall quality of life
  - A global consensus initiative has been launched by The Desmoid Tumor Working Group aiming to harmonize management strategies
- There is mechanistic rationale for the use of gamma secretase inhibitors (GSI) in DT as these tumors highly express Notch, which can be blocked by GSIs
- Nirogacestat is an investigational, oral, selective, small-molecule GSI that has shown evidence of antitumor activity in DT in Phase 1 and 2 trials with a manageable adverse event profile

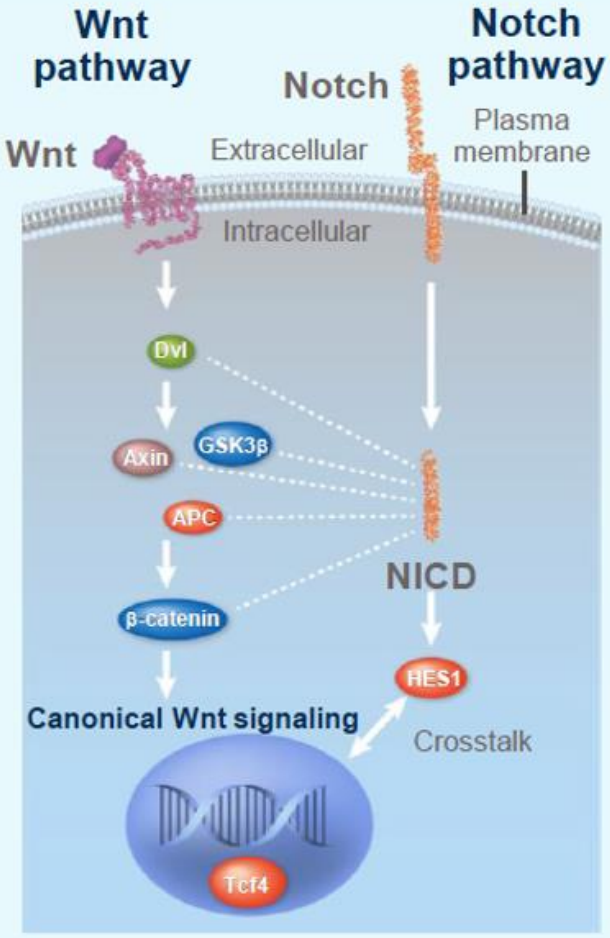


Image adapted from Andersson et al. *Development* (2011) and Bui and Kummar. *Oncotarget* (2017).

Kasper B et al. ESMO 2022;Abstract LBA2.

DeFi Phase III Trial Design and Study Endpoints

Trial Summary

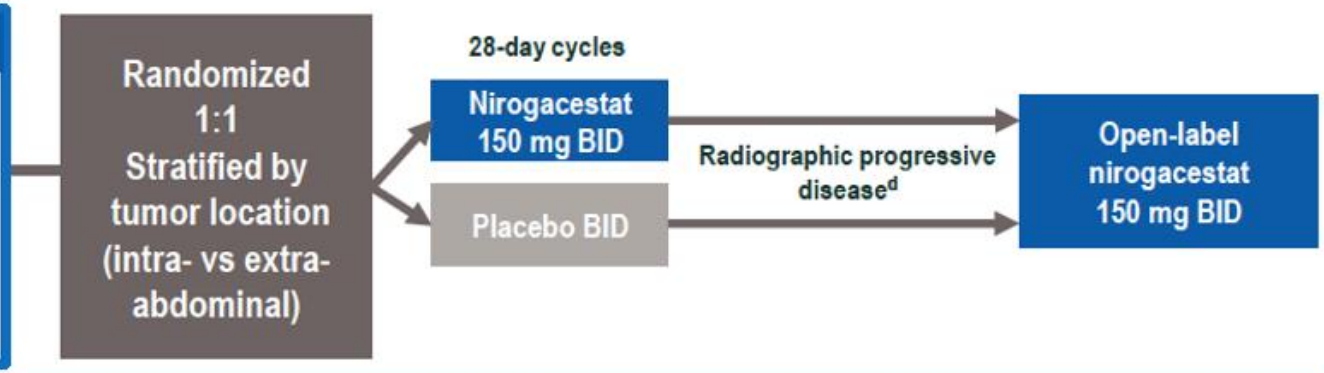
- Global, randomized, double-blind, placebo-controlled, Phase 3 trial comparing the efficacy, safety, and tolerability of nirogacestat vs placebo in adult patients with progressing DT
- 142 patients randomized across 37 sites in North America and Europe

Key Endpoints

- **Primary:** Progression-free survival[b]
- **Secondary:** Objective response rate and patient-reported outcomes, including symptom burden, physical/role function, and overall quality of life[c]

Adult Eligible Patients

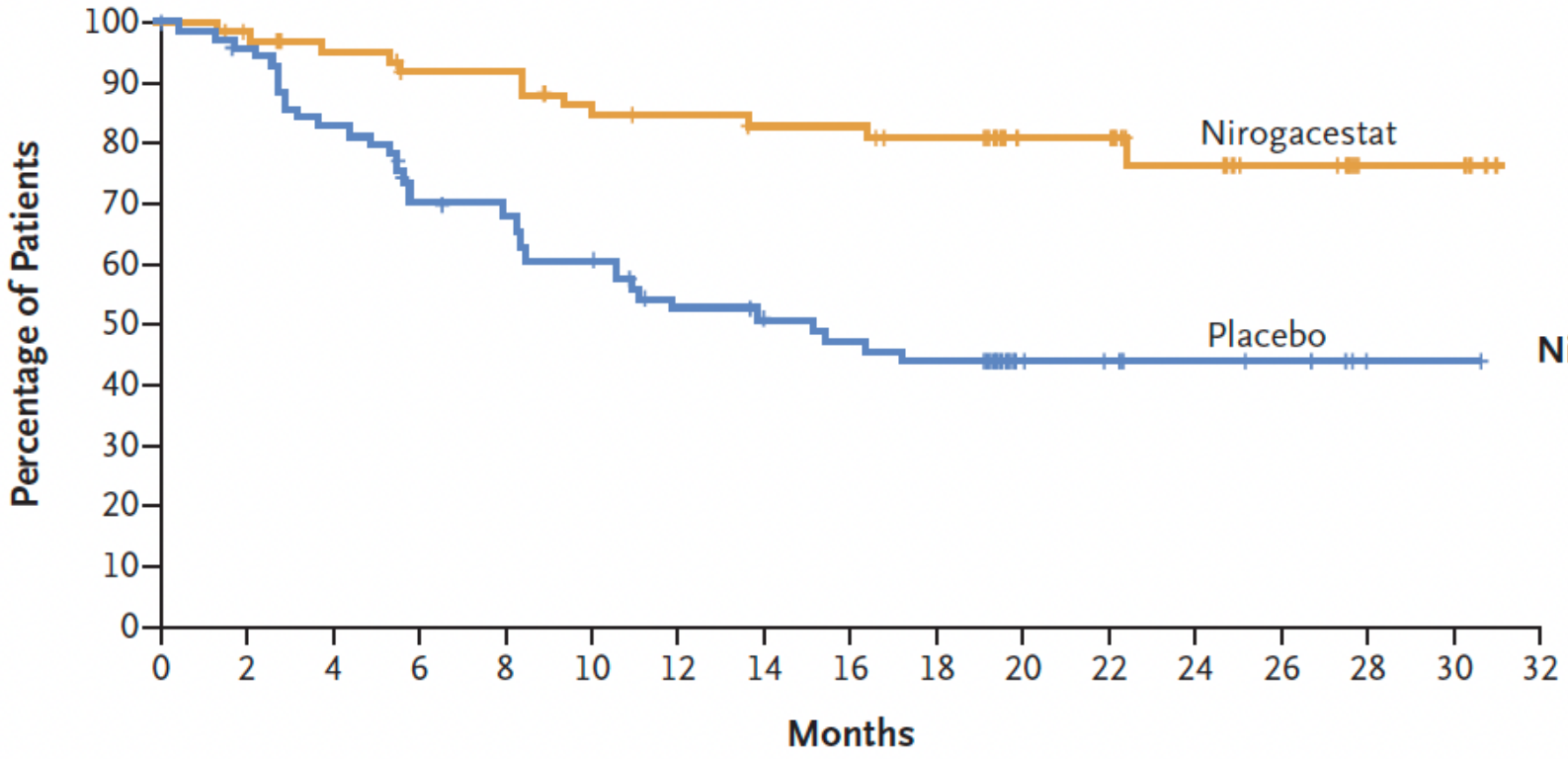
- Histologically confirmed DT with progressive disease per RECIST v1.1[a]
  - Treatment-naïve with DT not amenable to surgery, or
  - Refractory or recurrent disease (after ≥1 line of therapy)



Primary Analysis Data Cutoff: April 7, 2022

Kasper B et al. ESMO 2022;Abstract LBA2.

DeFi: Progression-Free Survival (Primary Endpoint)

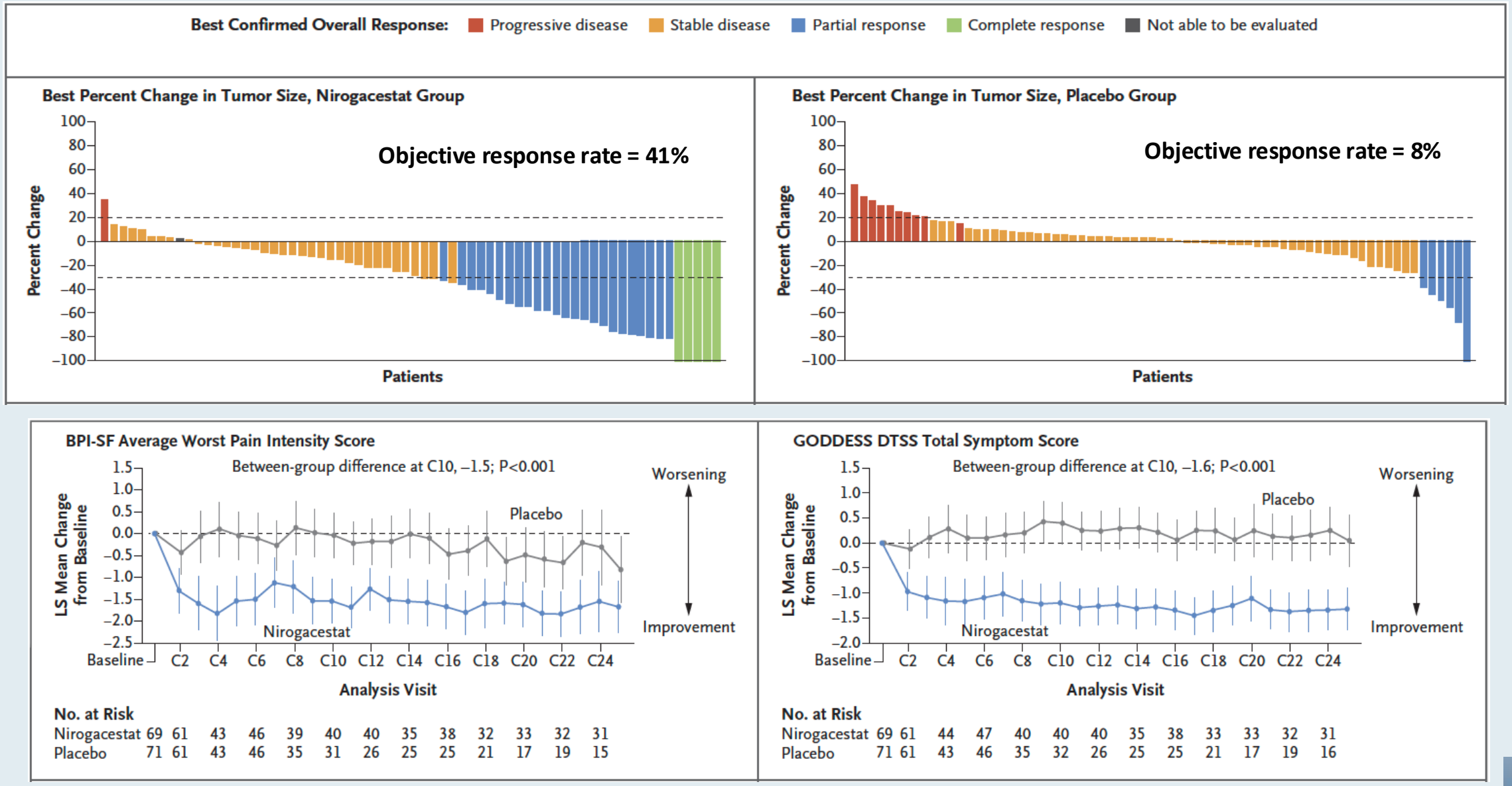


	No. of Patients	No. of Events	Median Progression-free Survival (95% CI)
			mo
Nirogacestat	70	12	NE (NE–NE)
Placebo	72	37	15.1 (8.4–NE)

Hazard ratio for disease progression or death, 0.29 (95% CI, 0.15–0.55)
P<0.001

Gounder M et al. *N Engl J Med* 2023 March 9;388(10):898-912.

DeFi: Response and Improvement in Quality of Life with Nirogacestat



Gounder M et al. *N Engl J Med* 2023 March 9;388(10):898-912.

ORR = objective response rate

DeFi: Adverse Events in the Safety Population

Safety population, n (%)	Nirogacestat (n=69)		Placebo (n=72)	
Duration of study drug exposure, median (range), mo	20.6 (0.3, 33.6)		11.4 (0.2, 32.5)	
Dose intensity, median (range), mg/d	288.3 (169, 300)		300.0 (239, 300)	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Any TEAE	69 (100)	39 (57)	69 (96)	12 (17)
TEAEs of any grade reported in ≥25% of patients in either arm				
Diarrhea	58 (84)	11 (16)	25 (35)	1 (1)
Nausea	37 (54)	1 (1)	28 (39)	0
Fatigue	35 (51)	2 (3)	26 (36)	0
Hypophosphatemia	29 (42)	2 (3)	5 (7)	0
Rash, maculopapular	22 (32)	4 (6)	4 (6)	0
Headache	20 (29)	0	11 (15)	0
Stomatitis	20 (29)	3 (4)	3 (4)	0
TEAEs leading to death	0		1 (1)[a]	
Dose reductions due to TEAEs	29 (42)		0	
Discontinuations due to TEAEs	14 (20)[b]		1 (1)[b]	

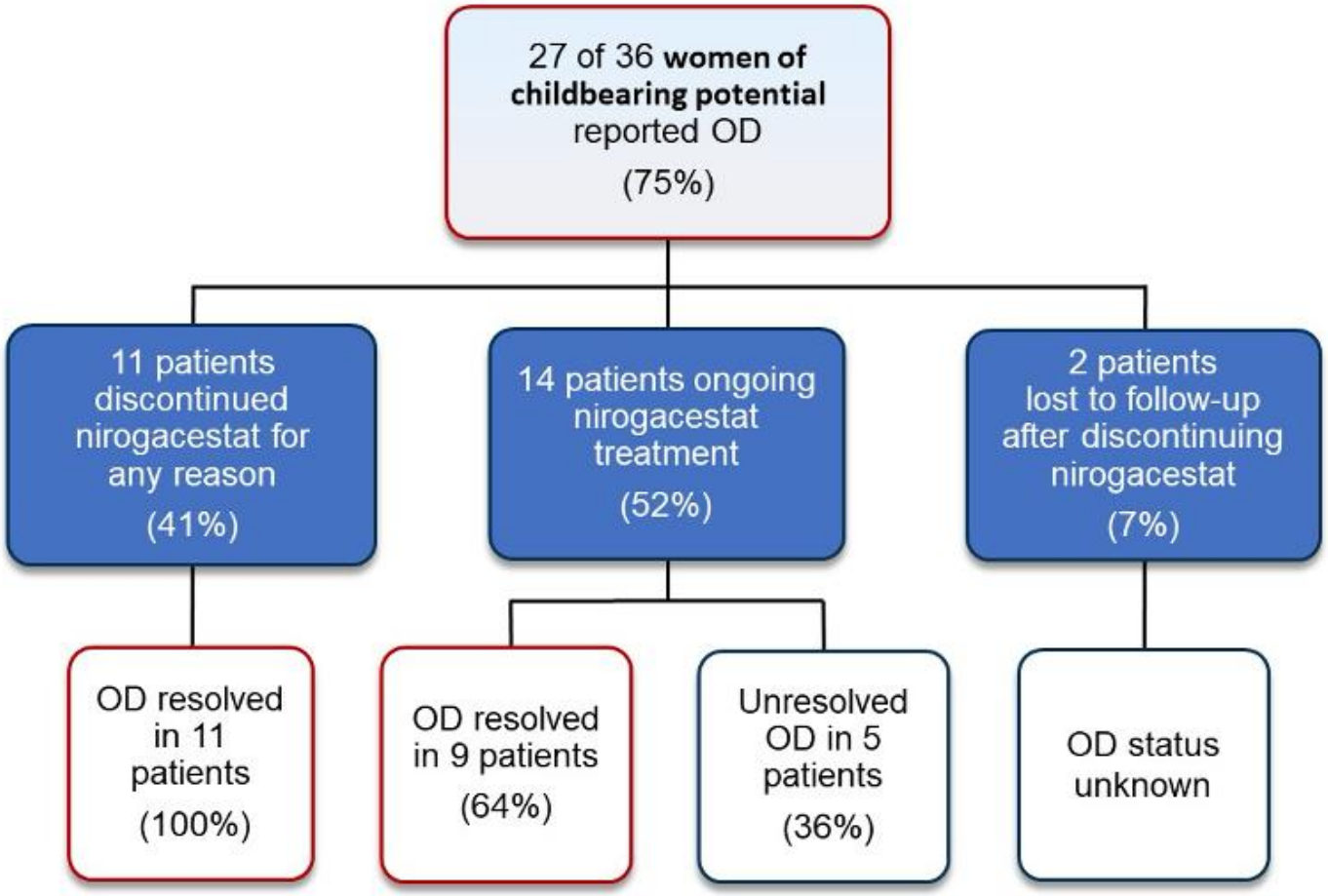
95% of TEAEs were Grade 1 or 2; the first onset of TEAEs in most patients occurred during Cycle 1

TEAE = treatment-emergent adverse event

Gounder M et al. *N Engl J Med* 2023 March 9;388(10):898-912; Kasper B et al. ESMO 2022;Abstract LBA2.

DeFi: Ovarian Toxicity Observed with Nirogacestat

- Ovarian toxicity is a composite AE associated with changes in female reproductive hormone levels and clinical manifestations
- Discuss fertility preservation in women of childbearing potential
- Among women of childbearing potential, OT was observed in 75% receiving nirogacestat and 0% receiving placebo



Gounder M et al. *N Engl J Med* 2023 March 9;388(10):898-912.

2024 ASCO ANNUAL MEETING

Abstract 11520

Monitoring Ovarian Function in Oncology Trials: Results and Insights From the DeFi Phase 3 Trial of Nirogacestat in Desmoid Tumors

Elizabeth T Loggers, MD, PhD[1]; Rashmi Chugh, MD[2]; Lee Hartner, MD[3]; Richard F Riedel, MD[4]; Sunny Cho, PharmD[5]; David Hyslop, MD[5]; Allison Lim, PharmD[5]; Ana B Oton, MD[5]; Noah Federman, MD[6]

RTP RESEARCH TO PRACTICE

ASCO Recommendations

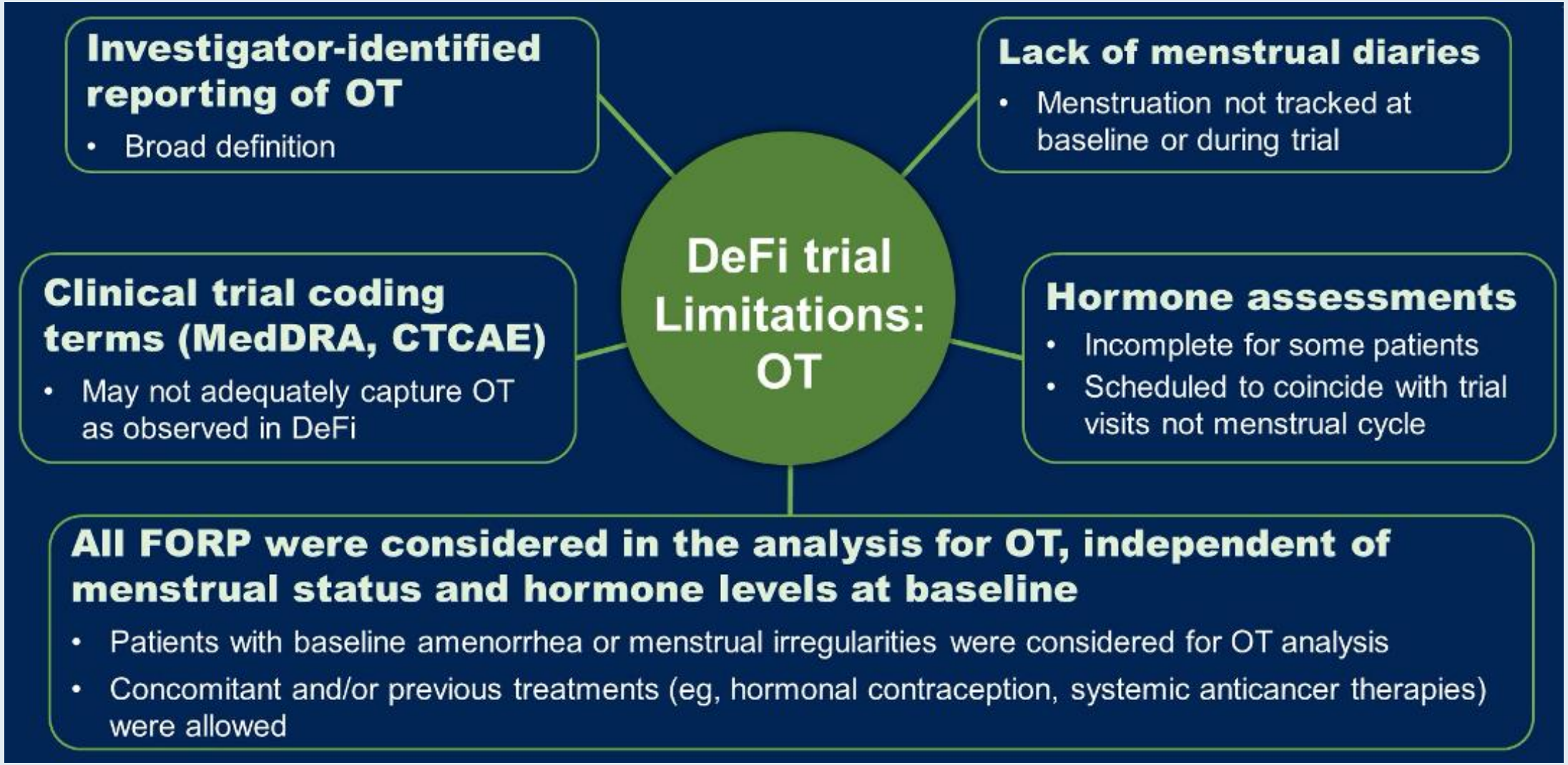
1. Include measures of OT in clinical trials enrolling premenopausal, post-pubertal patients
2. Collect measures of ovarian function at baseline and at 12–24 months after treatment cessation (at minimum)
3. Assess ovarian function through both clinical measures (eg, menses) and biomarkers (eg, hormones[a])

[a]Combination of anti-Müllerian hormone, follicle-stimulating hormone, and estradiol are recommended.
[1]Cui W, et al. *Lancet Oncol*. 2023;24(10):e415-e423.

OT = ovarian toxicity

Loggers ET et al. ASCO 2024;Abstract 11520.

DeFi: Limitations in Monitoring for Ovarian Toxicity (OT)



FORP = females of reproductive potential

Loggers ET et al. ASCO 2024;Abstract 11520.

RTP RESEARCH TO PRACTICE

Lessons Learned from DeFi for Future Oncology Clinical Trials

- Collect medical history, **including possible confounding factors**
  - Menstruation and fertility history
  - Prior and concomitant treatment (eg, gonadotoxic agents, GnRH agonists)
- Use **menstrual diaries** at baseline and during clinical trial
- Optimize the collection and use of **ovarian function biomarkers**
  - FSH and estradiol: must be timed with menstrual cycle (days 2-5[1]) to optimize usefulness
  - AMH: reference values change with increasing age,[1] requiring careful interpretation
- **Ensure adequate post-treatment follow-up** to assess OT resolution

Loggers ET et al. ASCO 2024;Abstract 11520.

RTP RESEARCH TO PRACTICE

2024 ESMO SARCOMA AND RARE CANCERS

Annual Congress

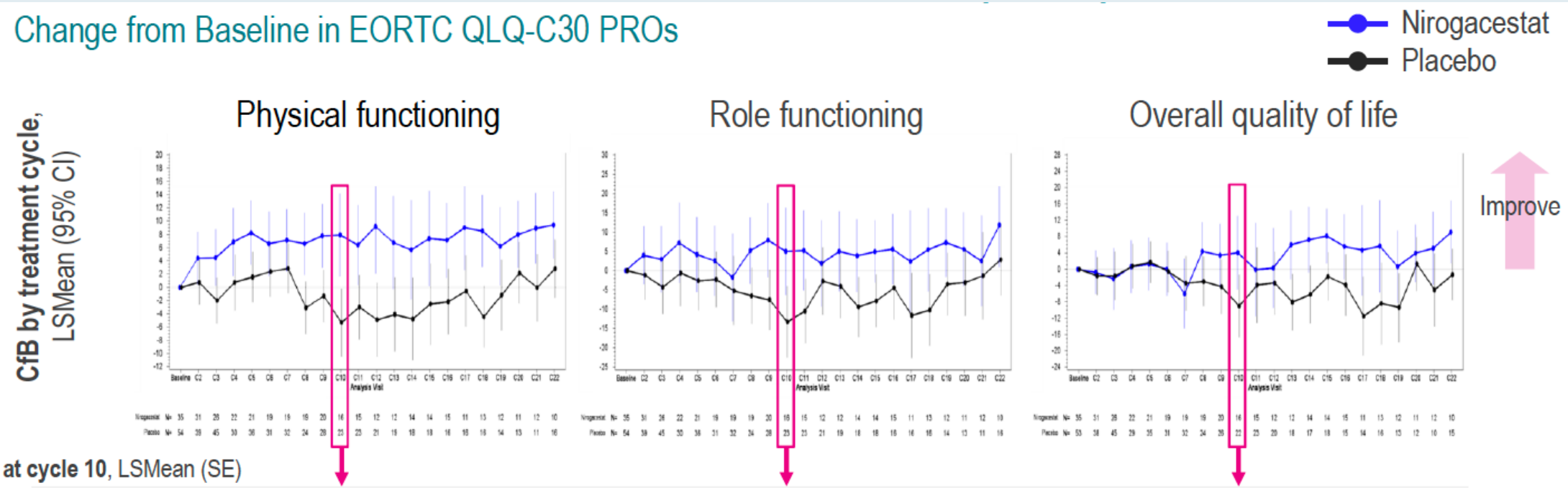
Abstract 57MO

IMPACT OF NIROGACESTAT ON PATIENT-REPORTED OUTCOMES IN ADULTS WITH DESMOID TUMOR WITH A BEST OVERALL RESPONSE OF STABLE DISEASE: POST HOC ANALYSIS FROM THE DeFi STUDY

Silvia Stacchiotti,[1] Sant Chawla,[2] Rashmi Chugh,[3] Gina D'Amato,[4] Mrinal Gounder,[5,6] Ravin Ratan,[7] Winette van der Graaf,[8] Vince Amoruccio,[9] Timothy Bell,[9] Sunny Cho,[9] Patrick Schöffski[10,11]

DeFi: Patients with Stable Disease per RECIST v1.1

Change from Baseline in EORTC QLQ-C30 PROs



CfB at cycle 10, LSMean (SE)

	Physical functioning	Role functioning	Overall quality of life
Niro (n=35)	7.93 (3.11)	5.05 (5.61)	4.05 (4.47)
Pbo (n=55)	−5.32 (2.56)	−13.29 (4.60)	−9.02 (3.78)
Δ	13.26	18.33	13.07
***P*-value**	<.001	=.006	=.014

Greater improvement from baseline with niro vs pbo

BOR, best overall response; CfB, change from baseline; CI, confidence interval; DT, desmoid tumor; EORTC QLQ-C30, European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Core 30; LS, least squares; niro, nirogacestat; pbo, placebo; PRO, patient-reported outcome; pts, patients; SE, standard error.

Stacchiotti S et al. ESMO Sarcoma and Rare Cancers 2024;Abstract 57MO.

Best Overall Response (BOR) in DeFi

BOR confirmed, n (%)	Niro (N=70[a])	Pbo (N=72)
Complete response (CR)	5 (7)	0
Partial response (PR)	24 (34)	6 (8)
Stable disease (SD)	35 (50)	55 (76)
Progressive disease (PD)	1 (1)	10 (14)
Not evaluable	4 (6)	1 (1)

Total exposure to niro in patients with SD was approximately half of those who achieved PR or CR.[b]

	Niro (n=35)	Pbo (n=55)
Baseline Characteristics		
Female, n (%)	21 (60)	36 (65)
Age, median (range), y	34 (18–64)	34 (18–76)
DT treatment status, n (%)		
Refractory	22 (63)	44 (80)
Treatment naïve	7 (20)	8 (15)
Recurrent	6 (17)	3 (5)

Stacchiotti S et al. ESMO Sarcoma and Rare Cancers 2024;Abstract 57MO.

Patient-Reported Outcomes: Patients with Stable Disease as BOR

BPI-SF

Brief Pain Inventory-Short Form

- Average pain intensity: worst pain[a,b]

GODDESS®

Gounder/Desmoid Tumor Research Foundation Desmoid Symptom/Impact Scale

- Total symptom score (DT Symptom Scale)[b]
- Physical functioning domain (DT Impact Scale)[c]

EORTC QLQ-C30

European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Core 30[d]

- Physical functioning
- Role functioning
- Overall QoL

Collected at screening/baseline & monthly; data shown for baseline & monthly from cycle 2–23 (change from baseline at cycle 10 = key secondary endpoint)

Stacchiotti S et al. ESMO Sarcoma and Rare Cancers 2024;Abstract 57MO.

DeFi Post Hoc Analysis: Author Conclusions

- **Nirogacestat-treated patients with stable disease as best overall response by RECIST v1.1 had significant and clinically meaningful improvement in PROs compared with placebo-treated patients, despite not achieving CR/PR**
  - PROs included: pain, DT-specific symptom burden, physical functioning, role functioning, and overall quality of life
- **Improvements were observed early and were maintained throughout the double-blind study**

Stacchiotti S et al. ESMO Sarcoma and Rare Cancers 2024;Abstract 57MO.

Updated Results of the RINGSIDE Phase 2 Trial and Open-Label Extension of AL102 for Treatment of Desmoid Tumors

Kasper B et al.

ESMO 2024;Abstract 1766P.

Desmoid Tumors: Characteristics and Treatment Options

Aggressive, invasive connective tissue tumors that infiltrate surrounding tissues and affect function of organs and nerves

- Desmoid tumors can occur in any anatomic location

Associated with significant disease impacts

- Desmoid tumors can cause severe, chronic pain, deformity, swelling, loss of function, bowel obstruction or perforation, and/or threat to vital organs
- Symptoms are chronic and quality of life is reduced

Treatment options

- Local therapies, such as surgery or radiation, are associated with frequent recurrence and toxicity
- Chemotherapy (e.g., doxorubicin) and tyrosine kinase inhibitors (e.g., sorafenib) show limited and inconsistent efficacy with high toxicity rates
- Nirogacestat, a γ-secretase inhibitor (GSI), 150 mg twice daily was approved in November 2023 for systemic treatment of progressing desmoid tumors in adults

AL102 Investigational Drug

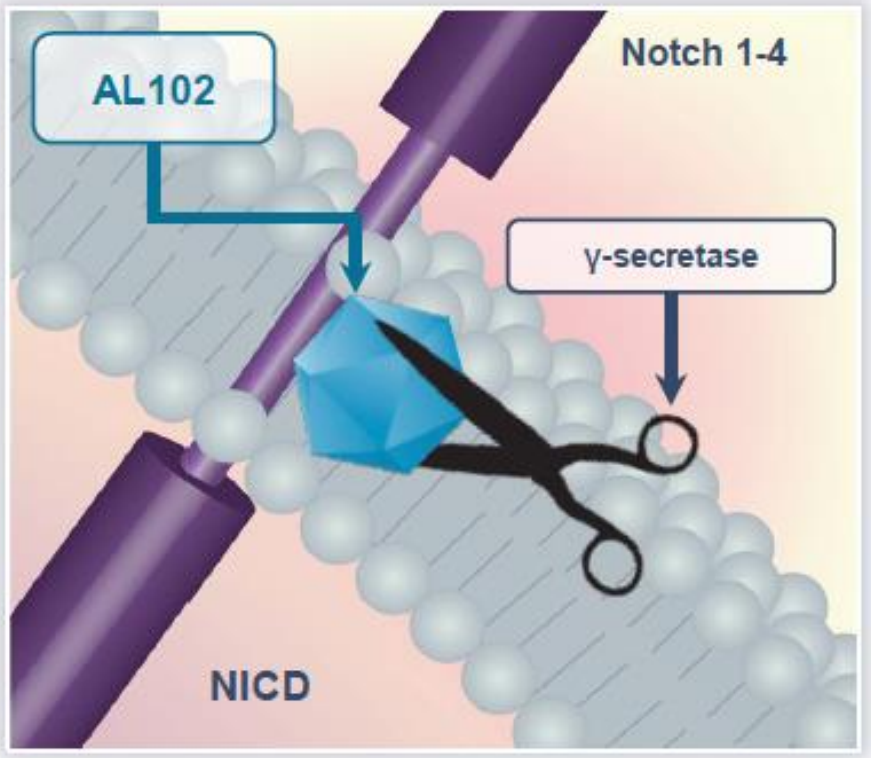
- AL102 1.2 mg once daily is a GSI currently under investigation in the Phase 3 RINGSIDE trial (fully enrolled as of February 2024) as a treatment for desmoid tumors

Kasper B et al. ESMO 2024;Abstract 1766P.

RTP RESEARCH TO PRACTICE

Desmoid Tumors: Pathophysiology

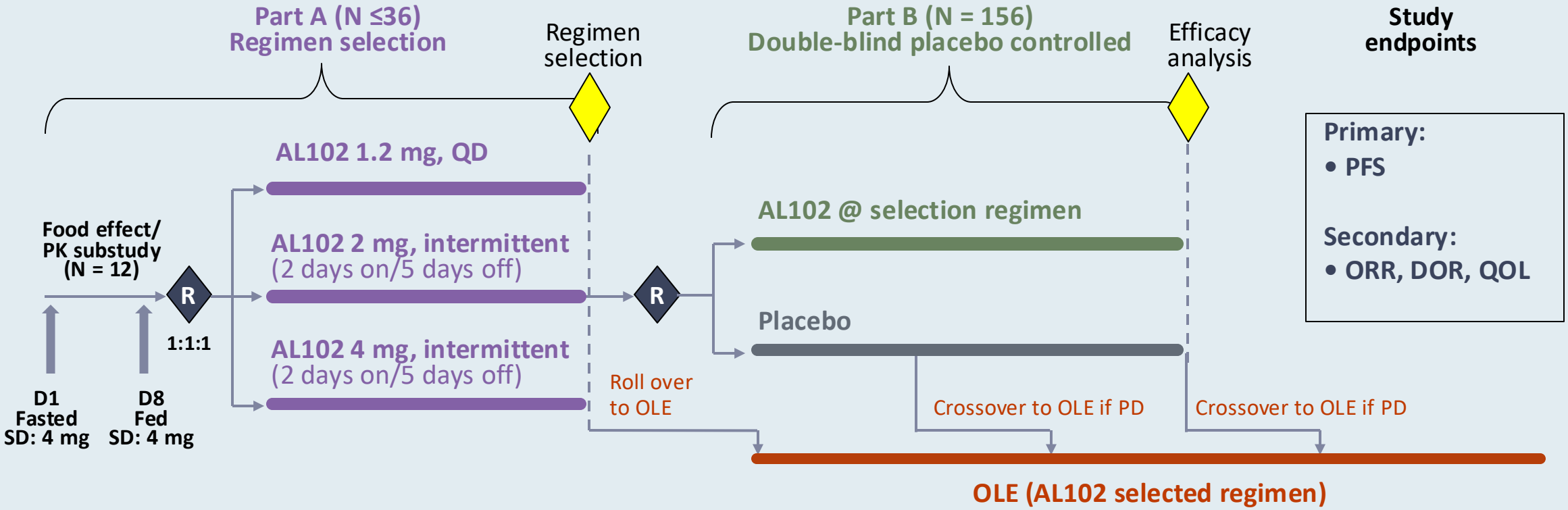
- Desmoid tumors are driven by CTNNB1 (somatic) mutations (~85%) or APC (germline) mutations (10-15%)—both result in activation of the Wnt Pathway
- There is overlap and direct cross talk between Notch target gene activation and the Wnt Pathway
- γ-secretase inhibitors (GSIs) are potent modulators of Notch
- Investigational AL102 is a selective inhibitor of γ-secretase-mediated Notch signaling in vitro



Kasper B et al. ESMO 2024;Abstract 1766P.

RTP RESEARCH TO PRACTICE

RINGSIDE Phase II/III Study Design



Part A Key Inclusion Criteria

- R/R or TN DT with ≥10% unidimensional growth ≤18 mo or DT-related pain
- Age ≥18
- Measurable lesion - MRI

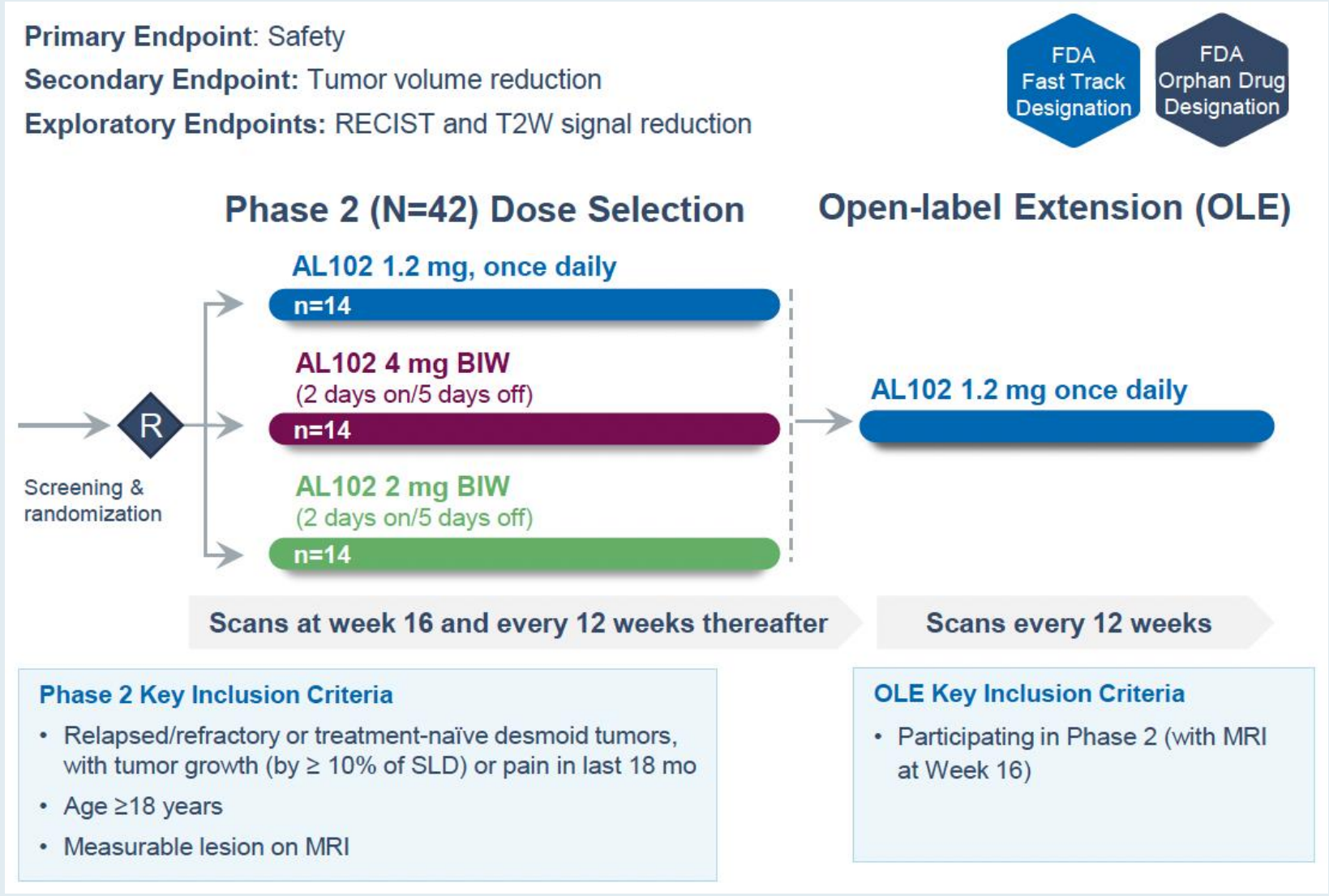
Part B Key Inclusion Criteria

- R/R or TN DT RECIST progression ≤12 mo
- Age ≥12
- Measurable lesion – MRI/CT

ORR = overall response rate; DOR = duration of response; SD = study dose; OLE = open-label extension; PD = progressive disease; R/R = relapsed/refractory; TN = treatment-naïve; DT = desmoid tumor

Kasper B et al. ESMO 2024;Abstract 1766P;
https://www.sec.gov/Archives/edgar/data/1797336/000121390022015423/f10k2021_ayalapharma.htm.

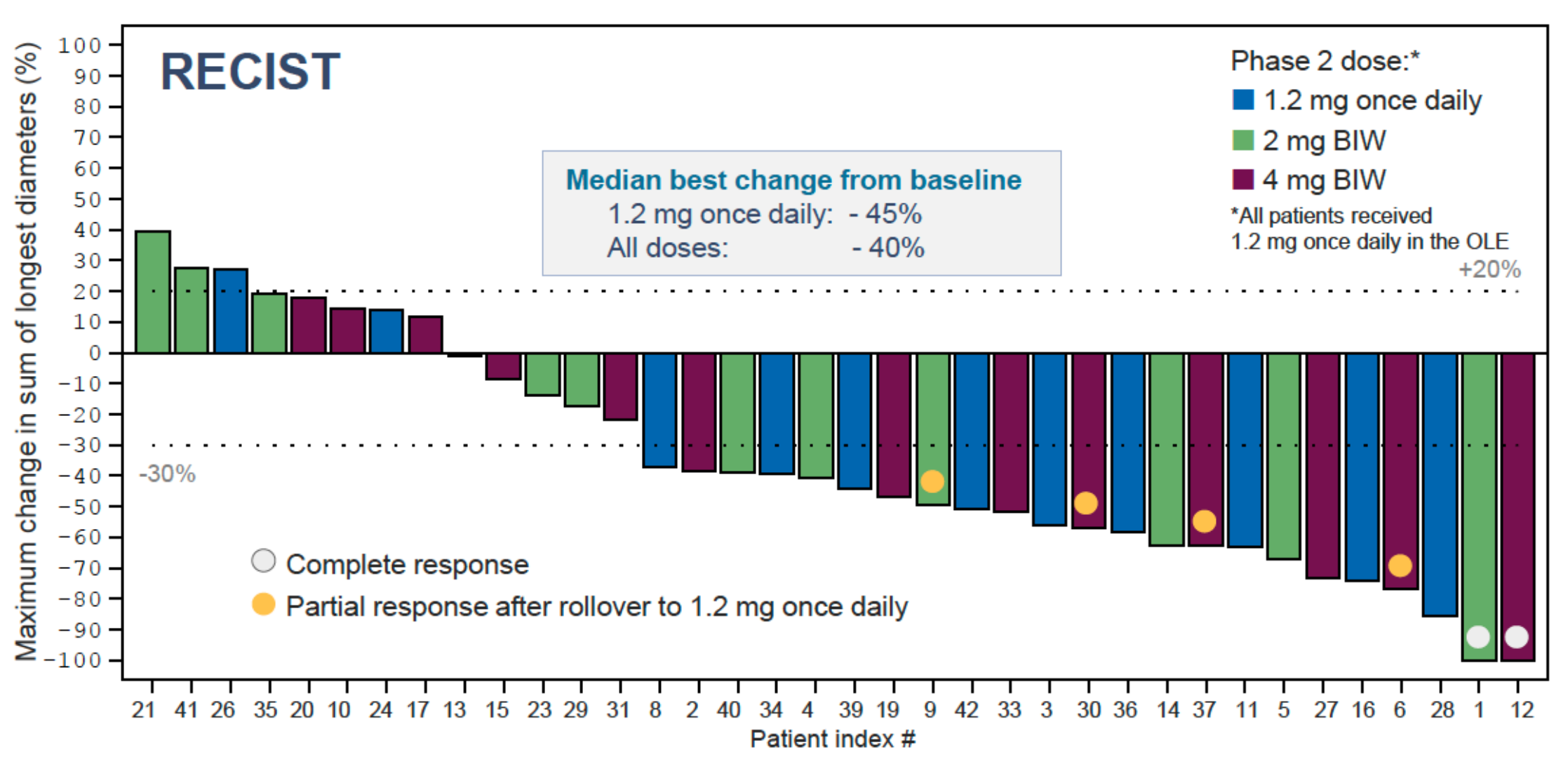
RINGSIDE Phase II Study Design (Part A)



SLD = sum of the largest diameters of target lesion(s)

Kasper B et al. ESMO 2024;Abstract 1766P.

RINGSIDE: Best Overall Response by RECIST per BICR



BICR = blinded independent central review

Kasper B et al. ESMO 2024;Abstract 1766P.

RINGSIDE: Treatment-Emergent Adverse Events

TEAEs reported in ≥25% of all patients, n (%)	1.2 mg once daily (N=14)		All patients all doses (N=42)	
	All Grades	Grade ≥3*	All Grades	Grade ≥3*
Any preferred term	14 (100.0)	6 (42.9)	42 (100.0)	23 (54.8)
Diarrhea	14 (100.0)	2 (14.3)	36 (85.7)	5 (11.9)
Nausea	8 (57.1)	0	23 (54.8)	0
Fatigue	8 (57.1)	0	22 (52.4)	1 (2.4)
Dry skin	7 (50.0)	0	15 (35.7)	0
Headache	3 (21.4)	0	15 (35.7)	0
Hypophosphatemia	7 (50.0)	0	15 (35.7)	0
Cough	3 (21.4)	0	14 (33.3)	1 (2.4)
Rash	1 (7.1)	0	14 (33.3)	1 (2.4)
Stomatitis	7 (50.0)	1 (7.1)	14 (33.3)	1 (2.4)
Alopecia	7 (50.0)	0	13 (31.0)	0
Hot flush	3 (21.4)	0	13 (31.0)	0
Dry mouth	6 (42.9)	0	12 (28.6)	0
Rash maculo-papular	5 (35.7)	0	11 (26.2)	1 (2.4)
Vomiting	3 (21.4)	0	11 (26.2)	1 (2.4)

*No Grade 4 or Grade 5 events were reported

Kasper B et al. ESMO 2024;Abstract 1766P.

Agenda
Management of Desmoid Tumors

Introduction: Biology and Clinical Presentation

Module 1: Tyrosine Kinase Inhibitors

Module 2: Gamma Secretase Inhibitors

Module 3: Faculty Case Presentations

RTP
RESEARCH TO PRACTICE

Case Presentation – Dr Alcindor: A 65-year-old man with desmoid fibromatosis

Presentation

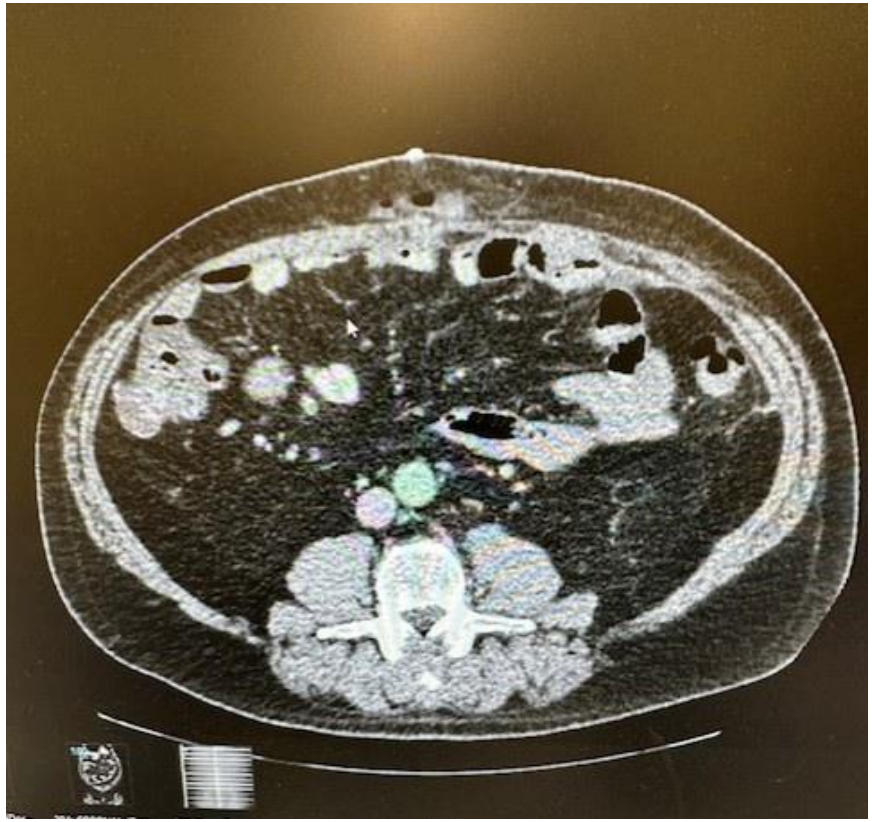
- 65-year-old man worked up for intermittent abdominal pain

- Abdominal imaging shows 5-cm mass in mesentery:
  - Suggestive of desmoid fibromatosis
  - No sign of bowel compression
  - In retrospect, had been present for at least 6 months, when it measured 2.5 cm

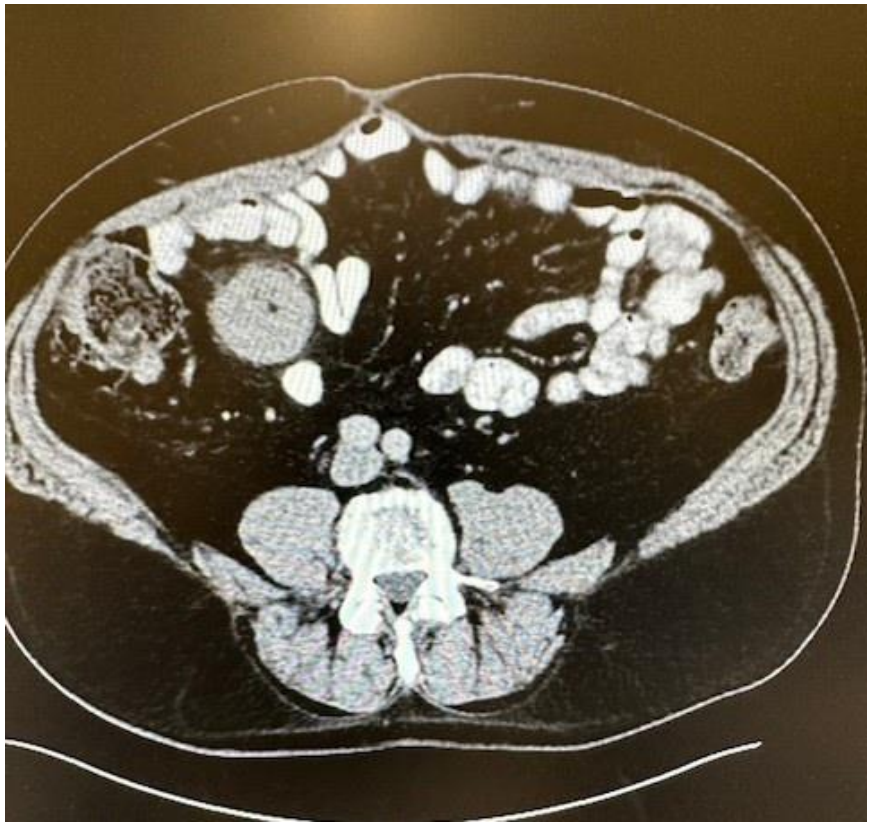
Case Presentation – Dr Alcindor: A 65-year-old man with desmoid fibromatosis (continued)

Baseline imaging

6 months before diagnosis



At diagnosis



Case Presentation – Dr Alcindor: A 65-year-old man with desmoid fibromatosis (continued)

Diagnosis

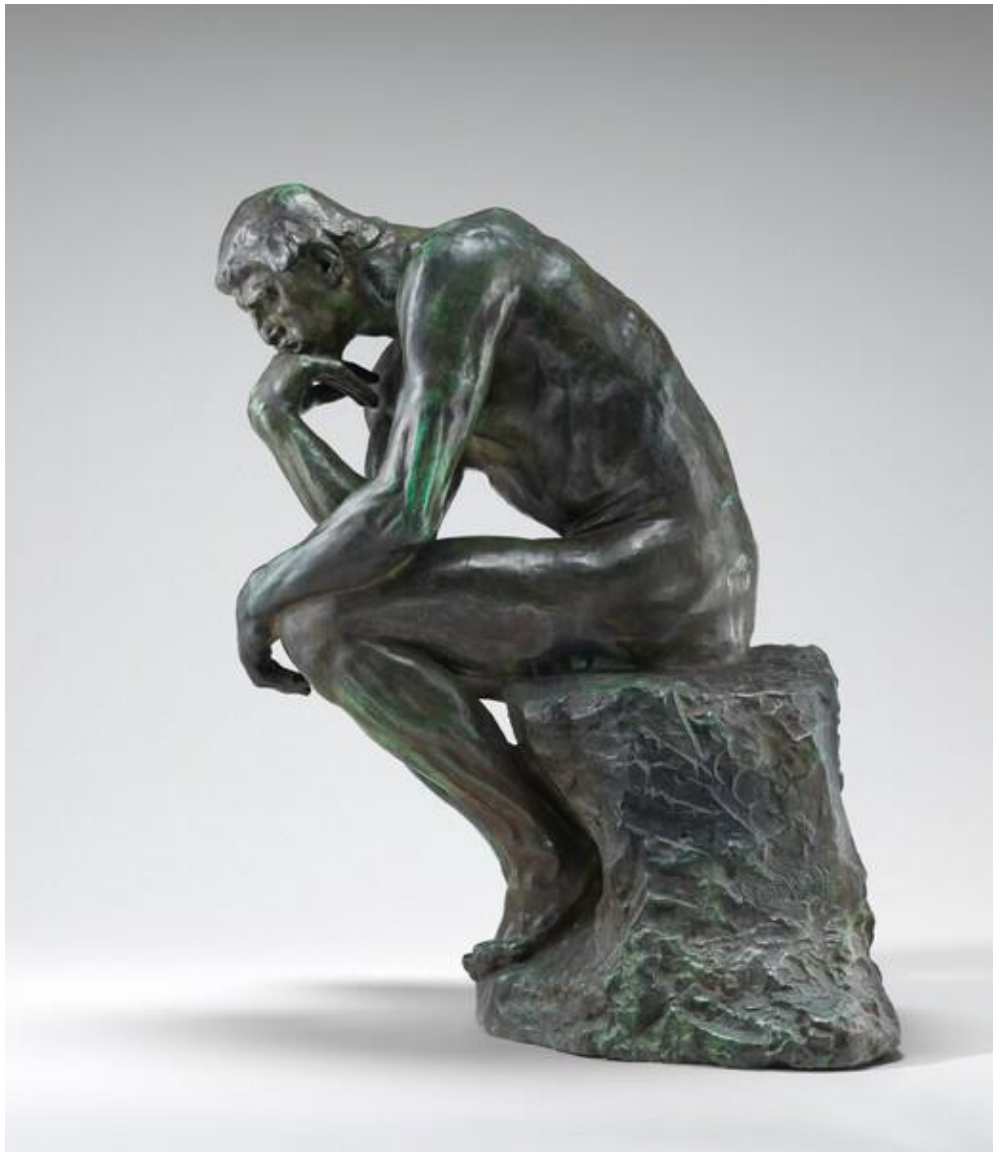
- DESMOID FIBROMATOSIS with keloidal hyalinization.

  Immunohistochemistry :

  Positive - beta-catenin (nuclear), desmin (focal)
  Negative - DOG1, S100, AE1/3

Case Presentation – Dr Alcindor: A 65-year-old man with desmoid fibromatosis (continued)

Discussion with patient: to treat or not to treat? That is the question.



Case Presentation – Dr Alcindor: A 65-year-old man with desmoid fibromatosis (continued)

In favor of surveillance

- Non-malignant disease
- Few symptoms
- Possibility of spontaneous regression

Case Presentation – Dr Alcindor: A 65-year-old man with desmoid fibromatosis (continued)

In favor of immediate treatment

- Presence of symptoms
- Active growth
- Wide range of therapeutic options

Case Presentation – Dr Alcindor: A 65-year-old man with desmoid fibromatosis (continued)

Which options?

- Cytotoxic chemotherapy
  - Methotrexate-based regimen
  - Liposomal doxorubicin
- Tyrosine kinase inhibitor
  - Sorafenib
  - Pazopanib
- Nirogacestat
- No indication for surgery

Case Presentation – Dr Alcindor: A 65-year-old man with desmoid fibromatosis (continued)

Discussion and decision

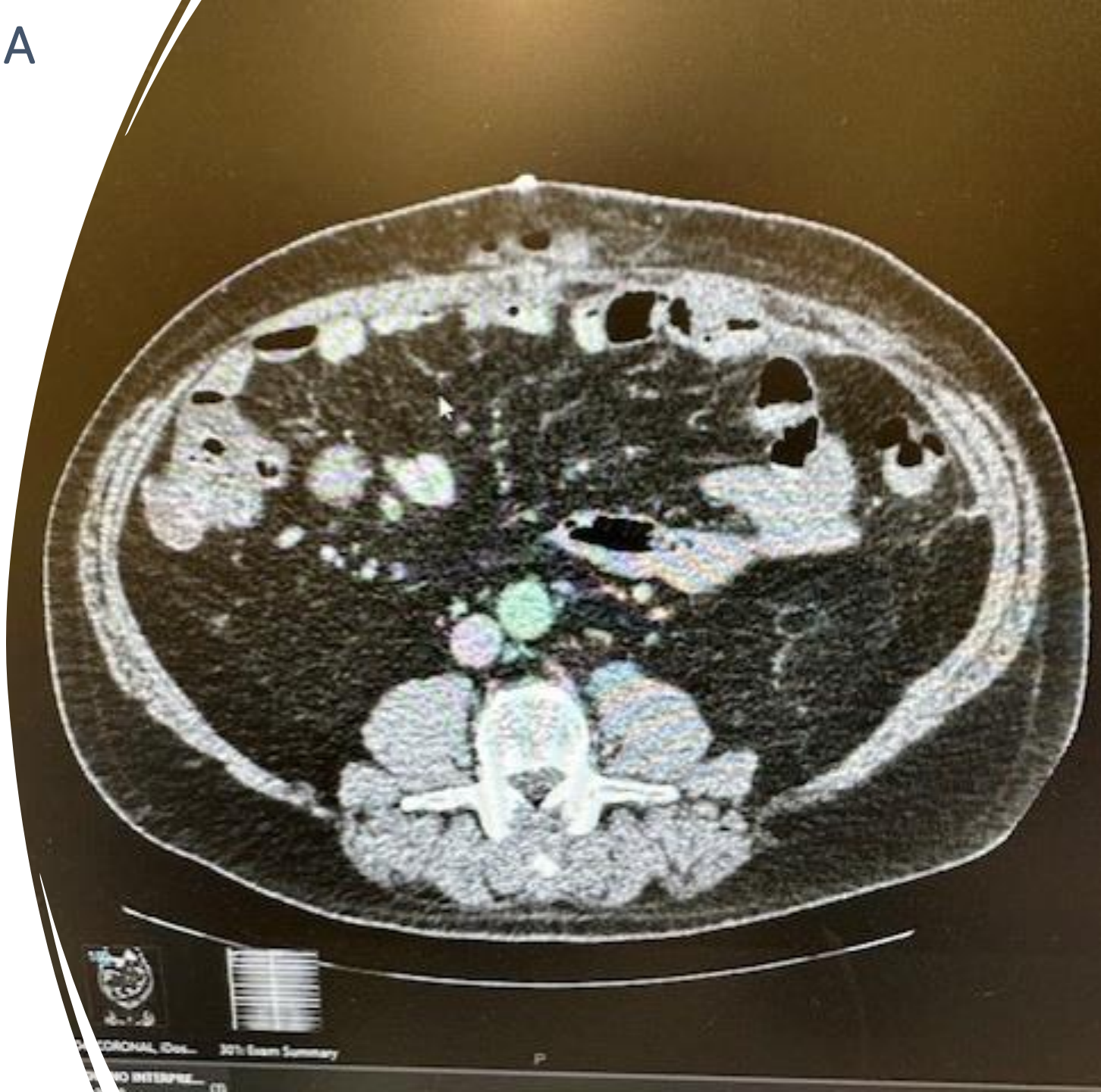
- He wished to avoid cytotoxic chemotherapy
  - IV route
  - Side effect profile
  - “Stigma”
- I was concerned about sorafenib
  - Antiangiogenic properties
  - Risk of abdominal complications?
  - Side effect profile
- We chose nirogacestat: 150 mg po bid

From *Clinical Correlations*, Apr 2023

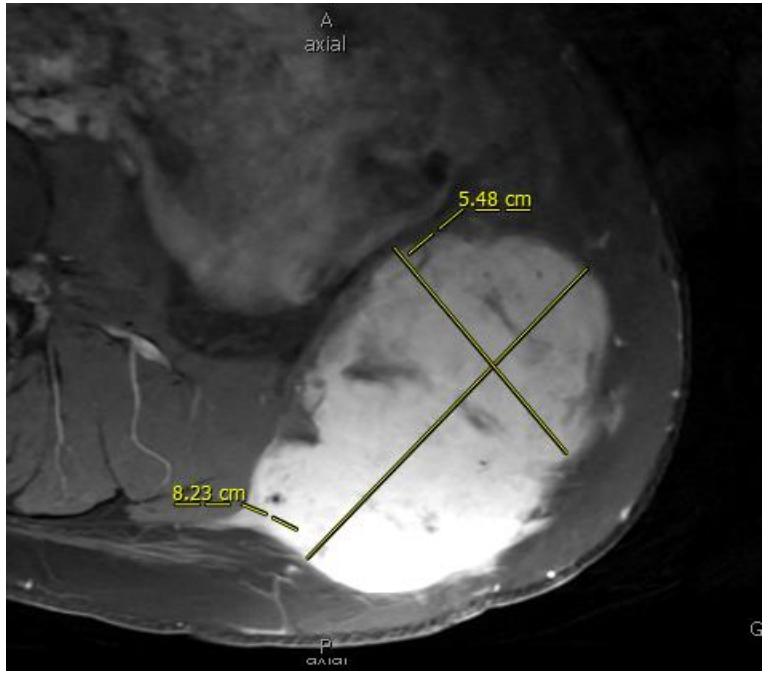
Case Presentation – Dr Alcindor: A 65-year-old man with desmoid fibromatosis (continued)

Evolution

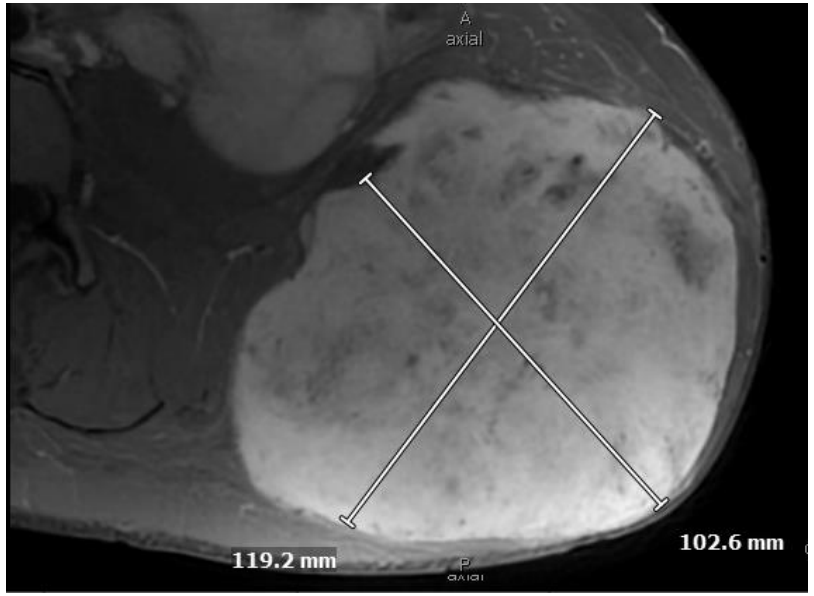
- Good tolerance, but occasional diarrhea:
  - Treated with loperamide prn
  - No need for dose adjustment
- Tumor shrinkage: 5 cm to 2 cm in 6 months
- Plan: continue to maximal size reduction but for defined time?



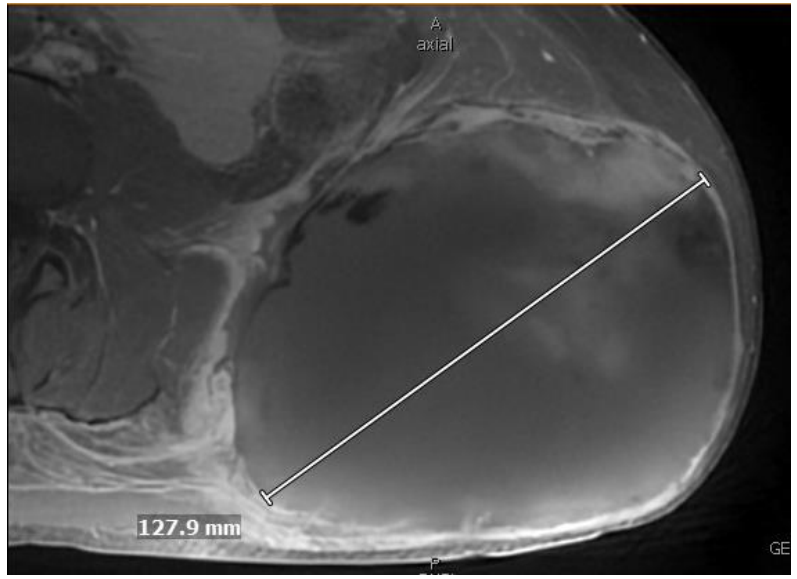
Case Presentation – Dr Gounder: A 43-year-old woman with desmoid tumor treated with a gamma secretase inhibitor on a clinical trial



2022 – refractory to GSI inhibitor



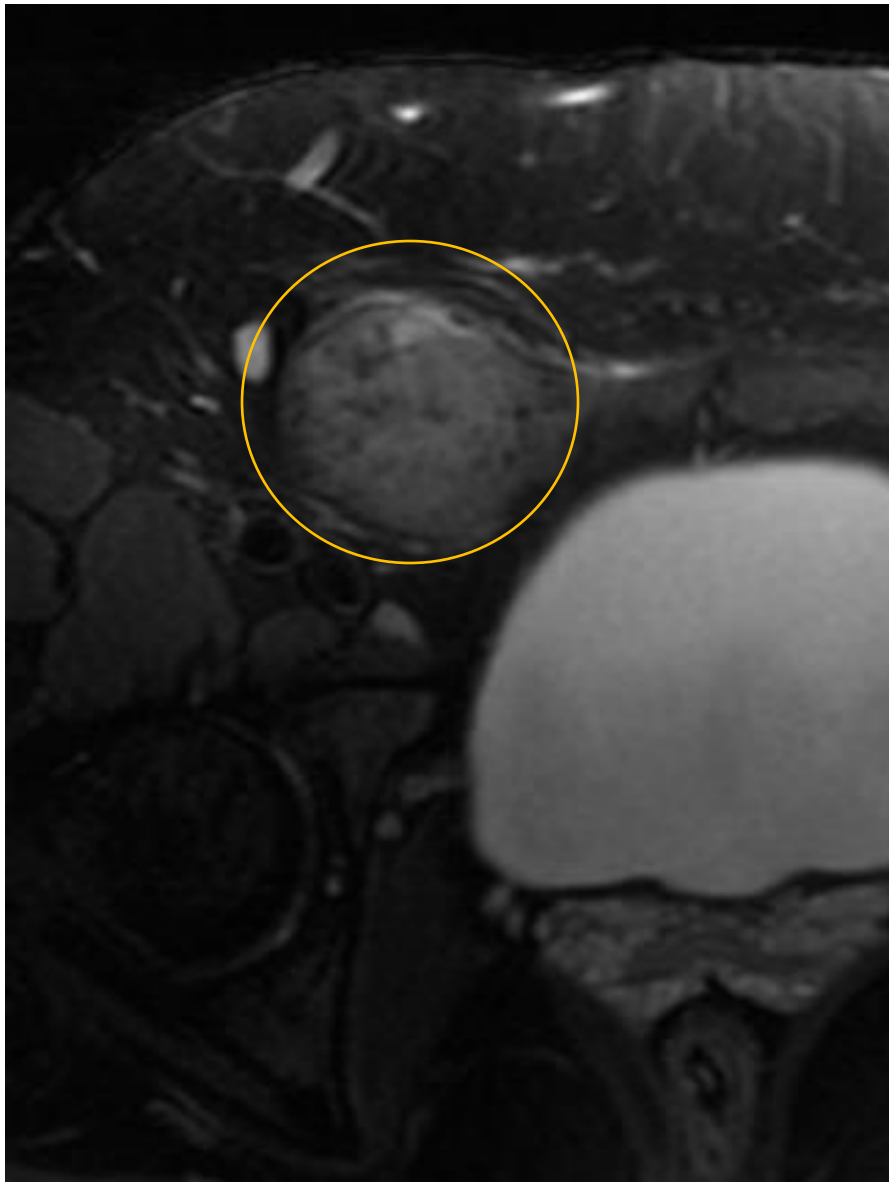
2024 – growth on observation



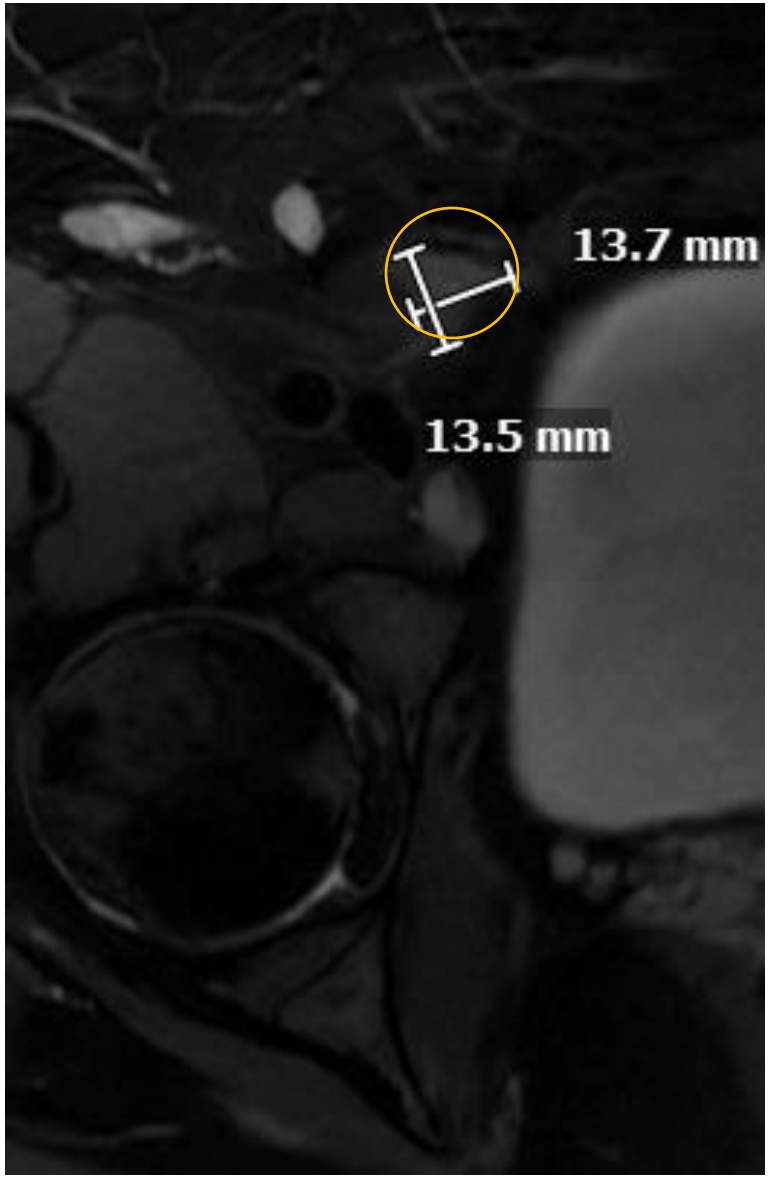
2024 – 1 month after **trans-arterial chemo-embolization with doxorubicin beads**

Case Presentation – Dr Gounder: A 38-year-old woman with a large groin desmoid tumor

Extremity desmoid treated on nirogacestat – decrease in size and cellularity of tumor



May 2020



Aug 2023

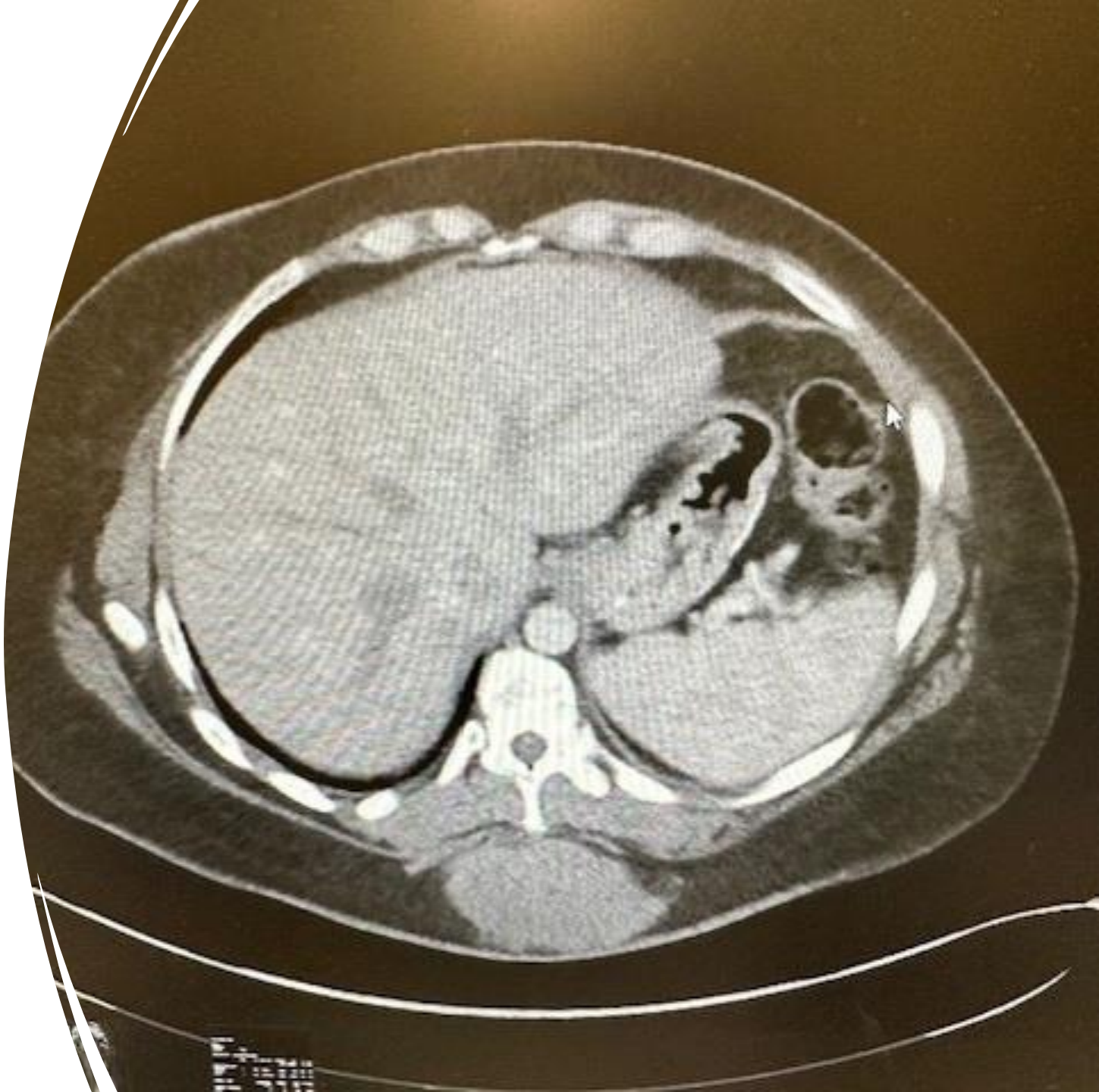
Case Presentation – Dr Alcindor: A 30-year-old woman with desmoid fibromatosis requiring treatment

Presentation

- 30-year-old woman with well-controlled hypothyroidism undergoes minor surgery for “lipoma” in back
- Specimen not sent to Pathology
- 3 months later, seen by other surgeon for recurrent mass with rapid growth: 11.5 cm!
- Painful mass preventing her from lying down

Case Presentation – Dr Alcindor: A 30-year-old woman with desmoid fibromatosis requiring treatment (continued)

Baseline imaging



Case Presentation – Dr Alcindor: A 30-year-old woman with desmoid fibromatosis requiring treatment (continued)

Diagnosis

- DESMOID FIBROMATOSIS.

Case Presentation – Dr Alcindor: A 30-year-old woman with desmoid fibromatosis requiring treatment (continued)

How to treat?

- This time, no debate about need to treat:
  - Pain and interference with daily life
  - Rapid growth after inappropriate surgery

- Options considered:
  - Surgery
  - Other local therapies
  - Systemic therapy

Case Presentation – Dr Alcindor: A 30-year-old woman with desmoid fibromatosis requiring treatment (continued)

Local treatment options

- Surgery
  - Risk for further recurrence even after 2nd operation
  - Would require extensive excision with large skin removal and risk of local complications
- Radiotherapy
  - Scarring/fibrosis in large field
  - Late complications (e.g. secondary malignancy)
- Cryotherapy
  - Tumor too voluminous

Case Presentation – Dr Alcindor: A 30-year-old woman with desmoid fibromatosis requiring treatment (continued)

Systemic treatment options

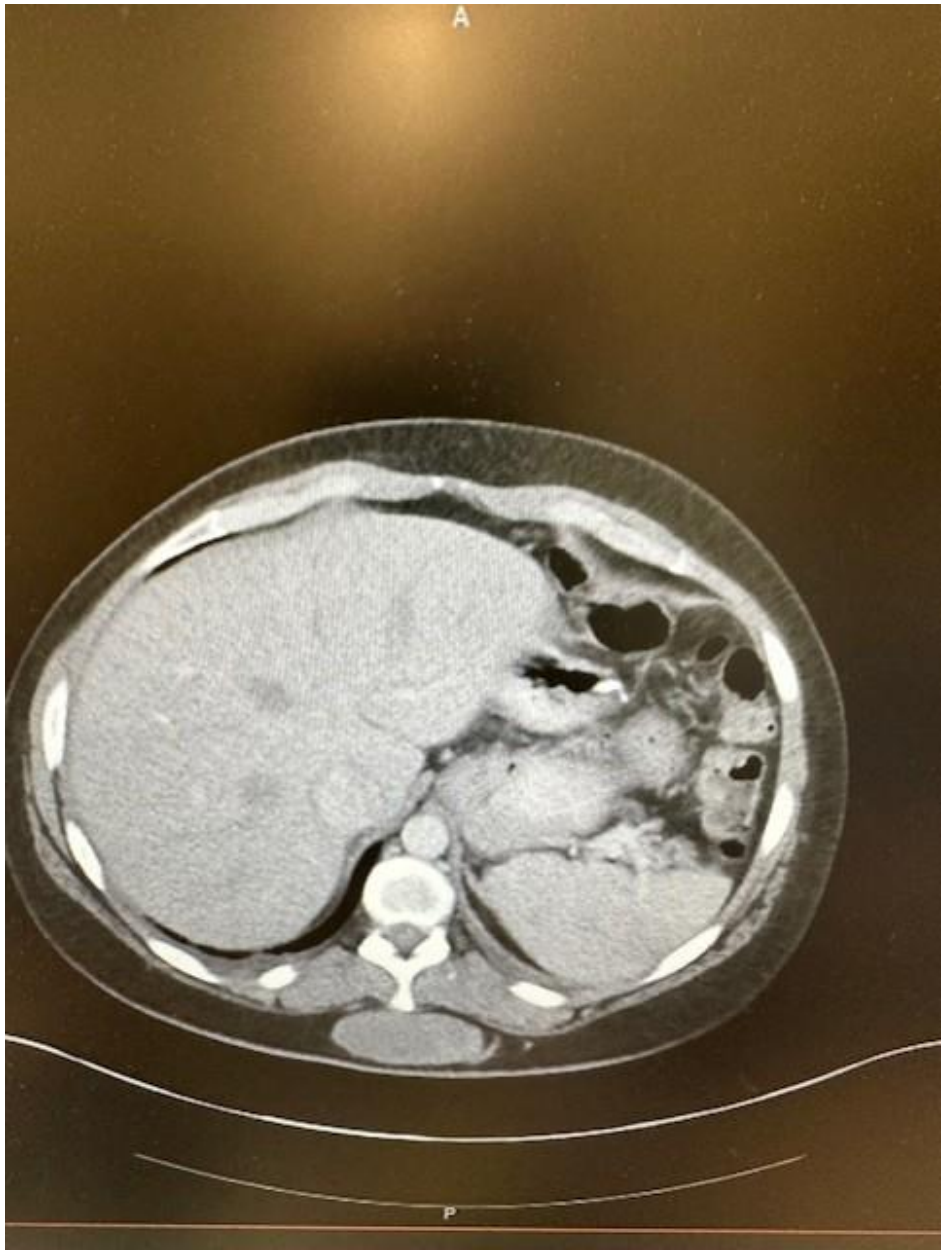
- Her preference:
  - Oral treatment
  - No or little risk for fertility

- We settled on sorafenib 400 mg po daily

Case Presentation – Dr Alcindor:
A 30-year-old woman with desmoid fibromatosis requiring treatment (continued)

Evolution

- No side effect!
- Subjective: tumor has become flatter over 3 months
- Objective:
  - 11.5 x 8.2 x 4.3 mm
  - 11.5 x 6.2 x 2.3 cm
- Duration of treatment undefined



In summary

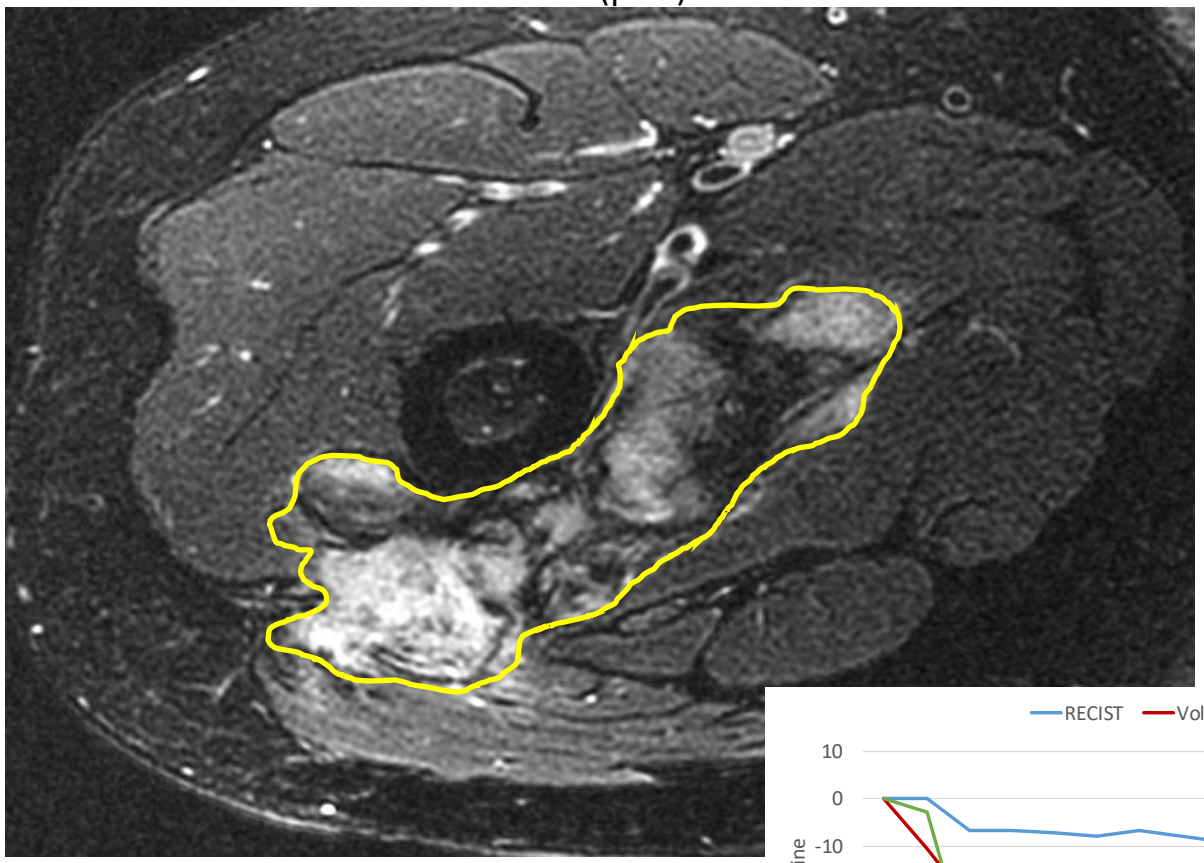
- First: does the patient need to be treated?
  - Size, location of tumor
  - Symptoms
  - Growth
- If treatment indicated, consider advantages and risks
  - Surgery: operative risk, mutilation
  - Radiotherapy: fibrosis, secondary cancers
  - Systemic therapy: individual toxicity profile of each regimen
- Shared decision-making with patient

Courtesy of Thierry Alcindor, MD, MSc

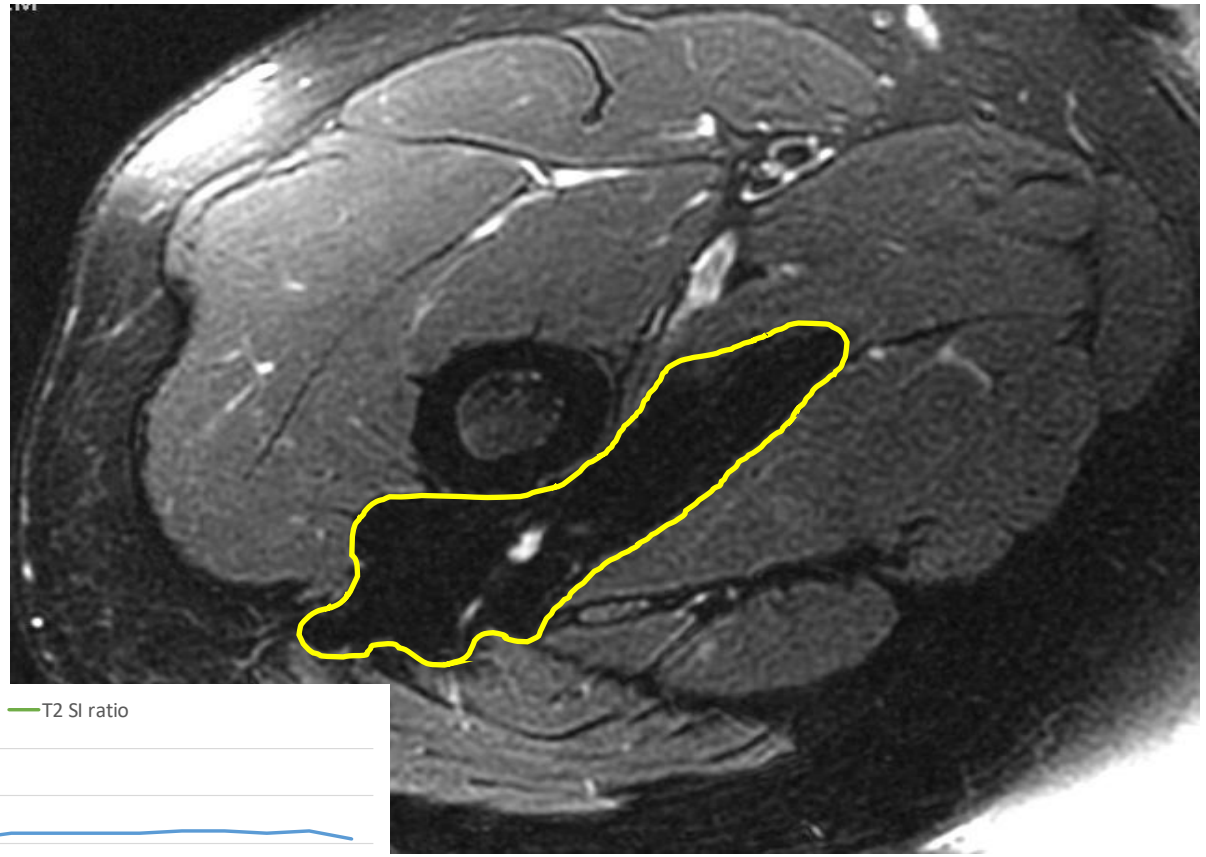
Case Presentation – Dr Gounder: A 48-year-old man with desmoid tumor of the lower extremity

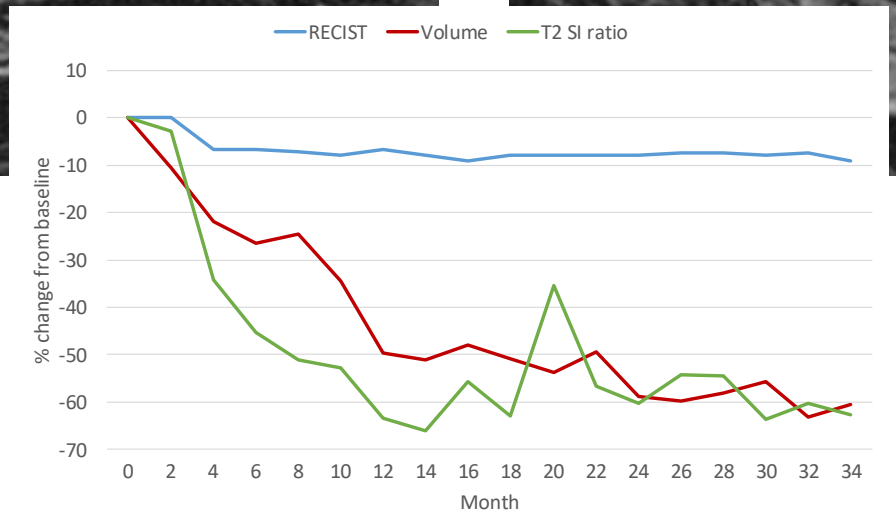
Extremity desmoid treated on sorafenib – change seen from cellular to collagenous tumor

Baseline (pain)



Best response (SD, pain significantly improved)





Gounder et al. NEJM, 2018 (Supplementary figure 2A)

Practical Perspectives: Optimizing the Role of BTK Inhibitors in the Management of Mantle Cell Lymphoma

A CME/MOC-Accredited Live Webinar

Wednesday, September 25, 2024
5:00 PM – 6:00 PM ET

Faculty

Tycel Phillips, MD
Michael Wang, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Thank you for joining us!

Please take a moment to complete the survey currently up on Zoom. Your feedback is very important to us. The survey will remain open for 5 minutes after the meeting ends.

Information on how to obtain CME, ABIM MOC and ABS credit is provided in the Zoom chat room. Attendees will also receive an email in 1 to 3 business days with these instructions.

RTP
RESEARCH TO PRACTICE