Practical Perspectives: Clinical Investigators Review Actual Cases of Patients with HER2-Positive Gastrointestinal Cancers

A CME/MOC-Accredited Live Webinar

Tuesday, October 21, 2025
5:00 PM – 6:00 PM ET

Faculty

Tanios Bekaii-Saab, MD
Kristen K Ciombor, MD, MSCI

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Faculty

Tanios Bekaii-Saab, MD
David F and Margaret T Grohne Professor of Novel Therapeutics for Cancer Research I
Chair and Consultant, Division of Hematology and Medical Oncology
Co-Leader, Advanced Clinical and Translational Science Program
Mayo Clinic Comprehensive Cancer Center (All Sites)
Professor, Mayo Clinic College of Medicine and Science
Mayo Clinic in Arizona
Phoenix, Arizona

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

Kristen K Ciombor, MD, MSCI
Associate Professor of Medicine
Division of Hematology/Oncology
Vanderbilt-Ingram Cancer Center
Nashville, Tennessee

Commercial Support

This activity is supported by an educational grant from Jazz Pharmaceuticals 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: Aadi Bioscience, AbbVie Inc, ADC Therapeutics, Agendia Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Arvinas, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeOne, Black Diamond Therapeutics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Clovis Oncology, Coherus BioSciences, Corcept Therapeutics Inc, CTI BioPharma, a Sobi Company, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, Exact Sciences Corporation, Exelixis Inc, Genentech, a member of the Roche Group, Genmab US Inc, Geron Corporation, Gilead Sciences Inc, GSK, Helsinn Therapeutics (US) Inc, Hologic Inc, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Jazz Pharmaceuticals Inc, Johnson & Johnson, Karyopharm Therapeutics, Kite, A Gilead Company, Kura Oncology, Legend Biotech, Lilly, 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, Nuvalent, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Rigel Pharmaceuticals Inc, R-Pharm US, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Stemline Therapeutics Inc, Sumitomo Pharma America, Syndax Pharmaceuticals, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSera Therapeutics LLC, and Tesaro, A GSK Company.

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 Bekaii-Saab — Disclosures

Consulting Agreements (to Institution)	Arcus Biosciences, Bayer HealthCare Pharmaceuticals, Eisai Inc, Genentech, a member of the Roche Group, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Merck, Merck KGaA, Merus, Pfizer Inc, Revolution Medicines, Seagen Inc, Servier Pharmaceuticals LLC
Consulting Agreements (to Self)	AbbVie Inc, Aptitude Health, AstraZeneca Pharmaceuticals LP, BeOne, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Celularity, Daiichi Sankyo Inc, Deciphera Pharmaceuticals Inc, Exact Sciences Corporation, Exelixis Inc, Foundation Medicine, GSK, Illumina, Janssen Biotech Inc, Kanaph Therapeutics, Lisata Therapeutics, Natera Inc, Sanofi, Sobi, Stemline Therapeutics Inc, Takeda Pharmaceuticals USA Inc, Treos Bio, Xilio Therapeutics, Zai Lab
Data and Safety Monitoring Boards/Committees	1Globe Health Institute, AstraZeneca Pharmaceuticals LP, Eisai Inc, Exelixis Inc, FibroGen Inc, Merck, Suzhou Kintor
Inventions/Patents	WO/2018/183488 licensed to Imugene, WO/2019/055687 licensed to Recursion
Research Funding (to Institution)	Agios Pharmaceuticals Inc, AltruBio, Arcus Biosciences, Arrys Therapeutics, a wholly owned subsidiary of Kyn Therapeutics, Atreca, Bayer HealthCare Pharmaceuticals, Bristol Myers Squibb, Celgene Corporation, Eisai Inc, Genentech, a member of the Roche Group, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Lilly, Merus, Mirati Therapeutics Inc, Novartis, Pfizer Inc, pharmaand GmbH, Seagen Inc, Sumitomo Pharma America
Scientific Advisory Boards	Artiva Biotherapeutics Inc, Immuneering Corporation, Imugene, Panbela Therapeutics Inc, Replimune, Xilis
Nonrelevant Financial Relationships	MJH Life Sciences, Pancreatic Cancer Action Network, The Valley Hospital

RTP RESEARCH TO PRACTICE

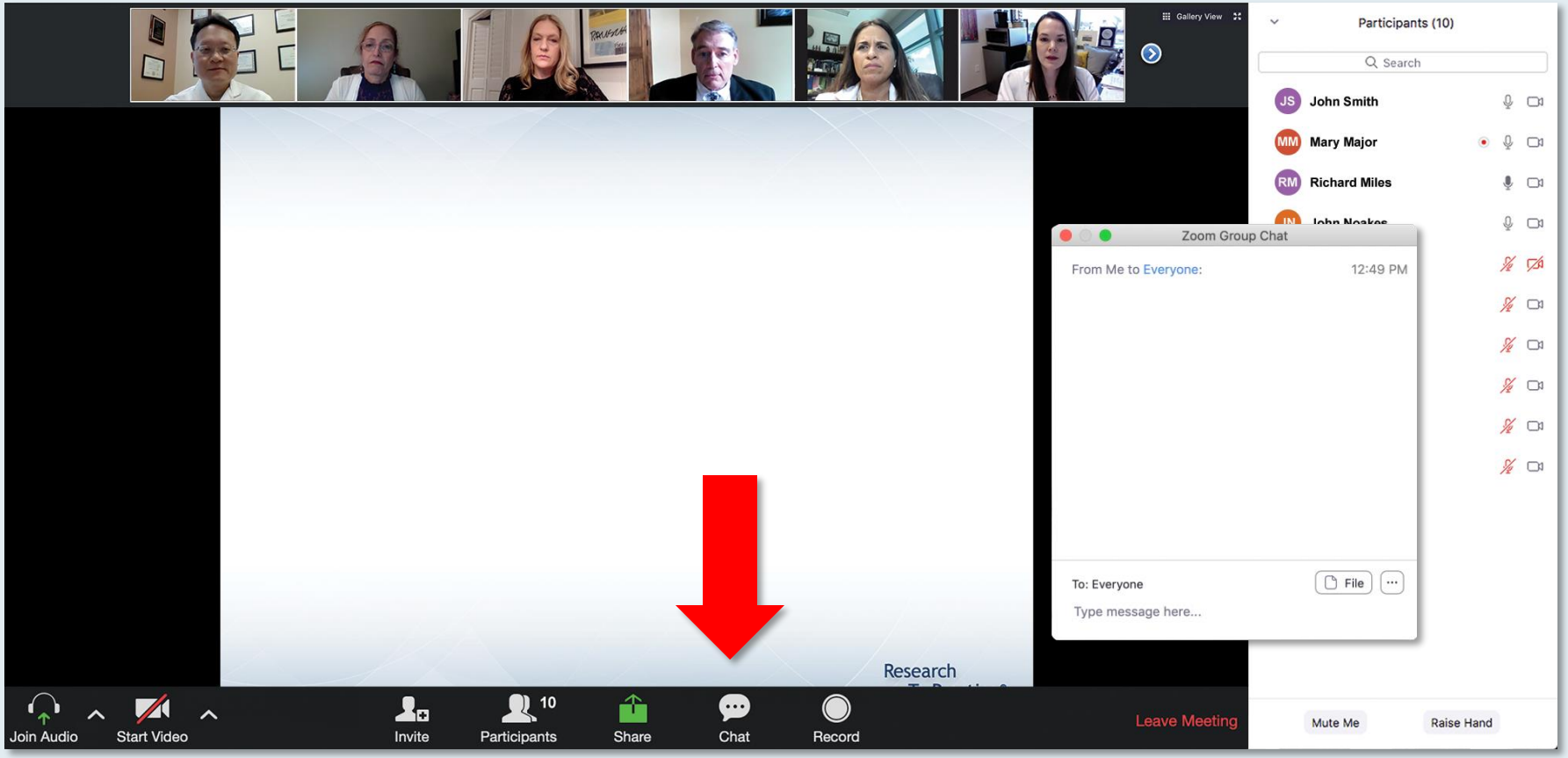
Dr Ciombor — Disclosures

Advisory Committees and Consulting Agreements	Agenus Inc, ALX Oncology, Bayer HealthCare Pharmaceuticals, BeOne, Exact Sciences Corporation, Exelixis Inc, Incyte Corporation, Merck, Pfizer Inc, Summit Therapeutics, Taiho Oncology Inc, Tempus
Contracted Research	Array BioPharma Inc, a subsidiary of Pfizer Inc, Biomea Fusion Inc, Bristol Myers Squibb, Calithera Biosciences, Genentech, a member of the Roche Group, Incyte Corporation, Merck, NuCana, Pfizer Inc, Seagen Inc, Syndax Pharmaceuticals
Data and Safety Monitoring Boards/Committees	AstraZeneca Pharmaceuticals LP

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

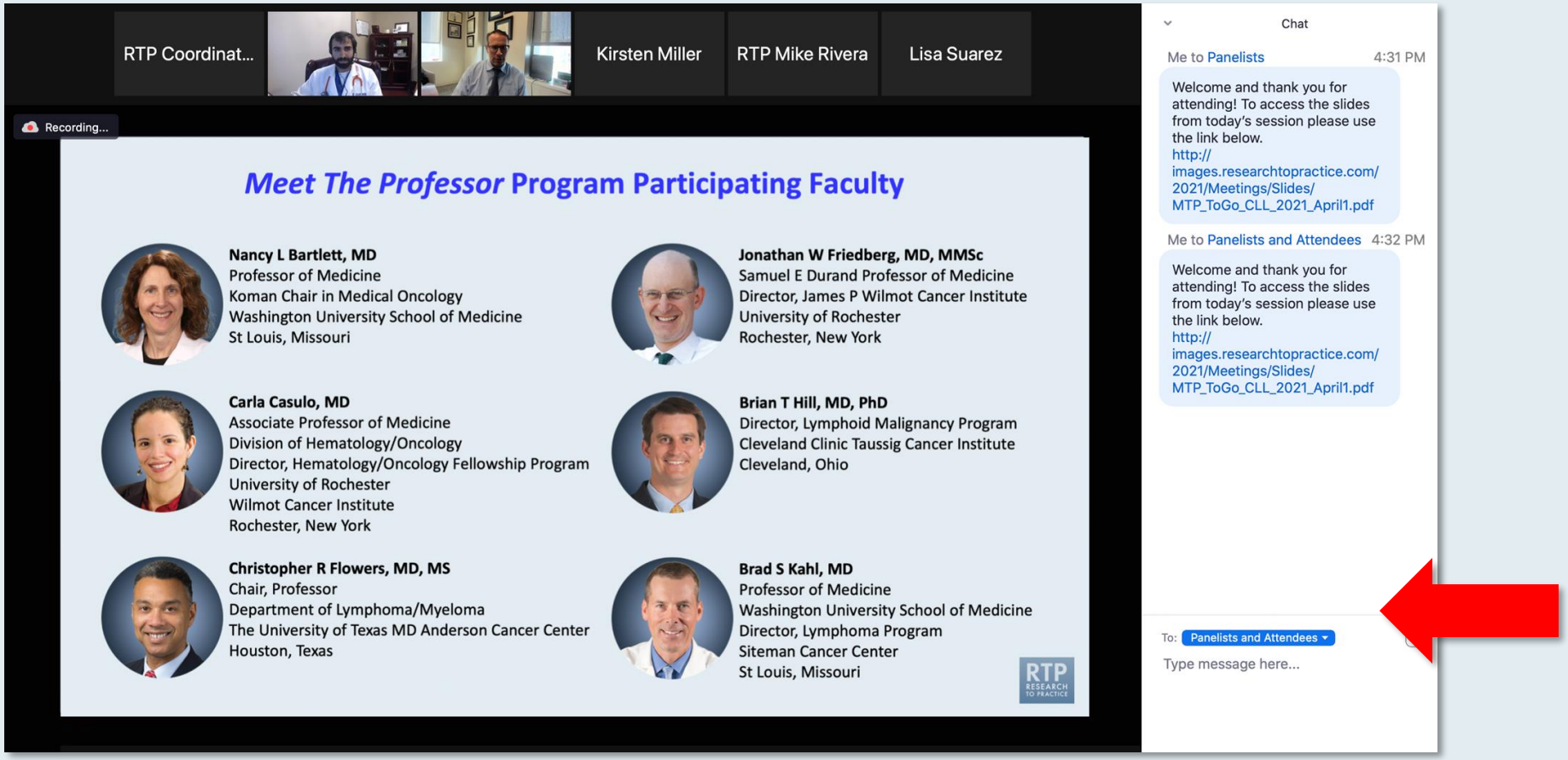
We Encourage Clinicians in Practice to Submit Questions



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

Familiarizing Yourself with the Zoom Interface

Expand chat submission box

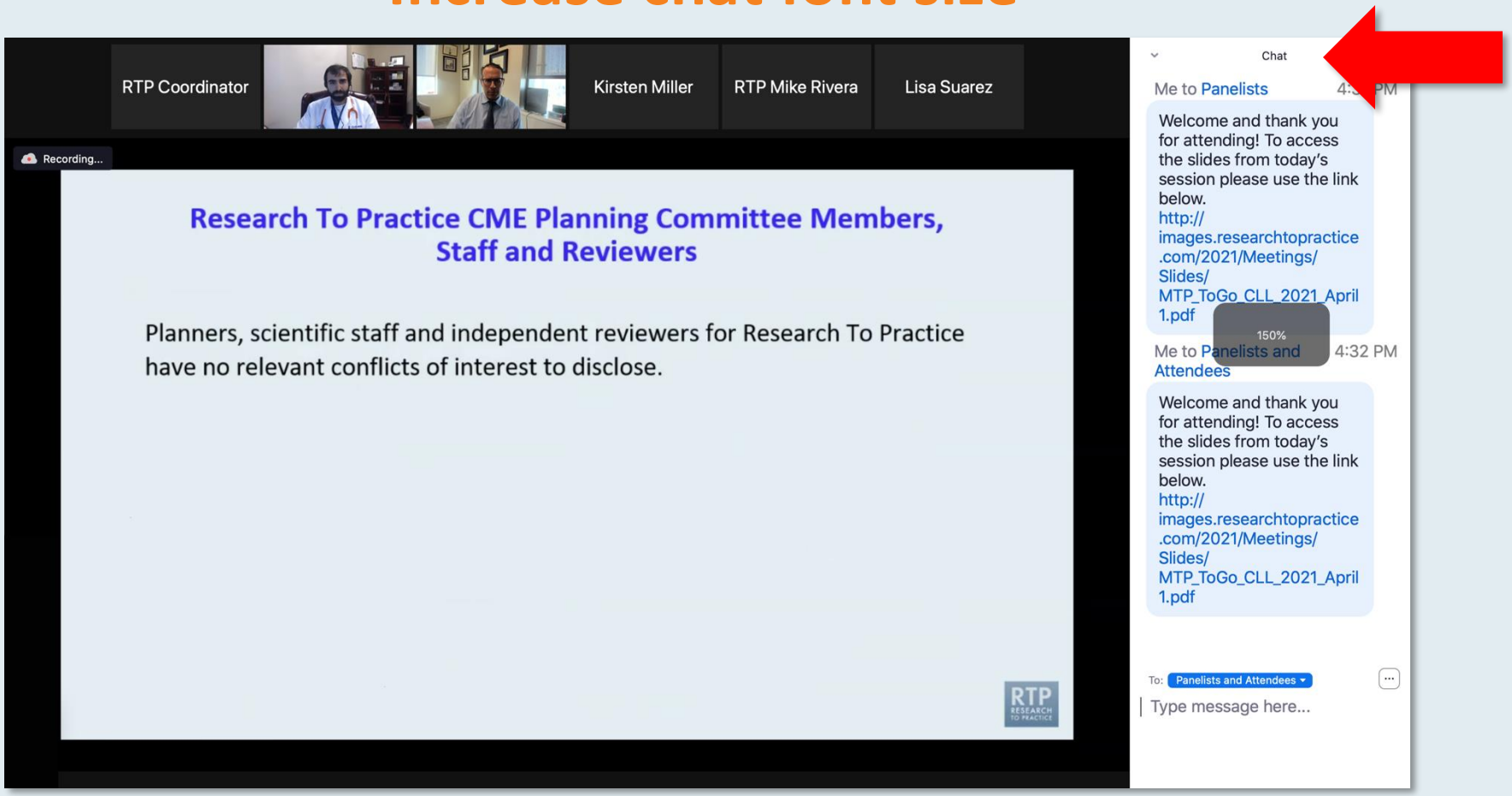


Drag the white line above the submission box up to create more space for your message.

RTP RESEARCH TO PRACTICE

Familiarizing Yourself with the Zoom Interface

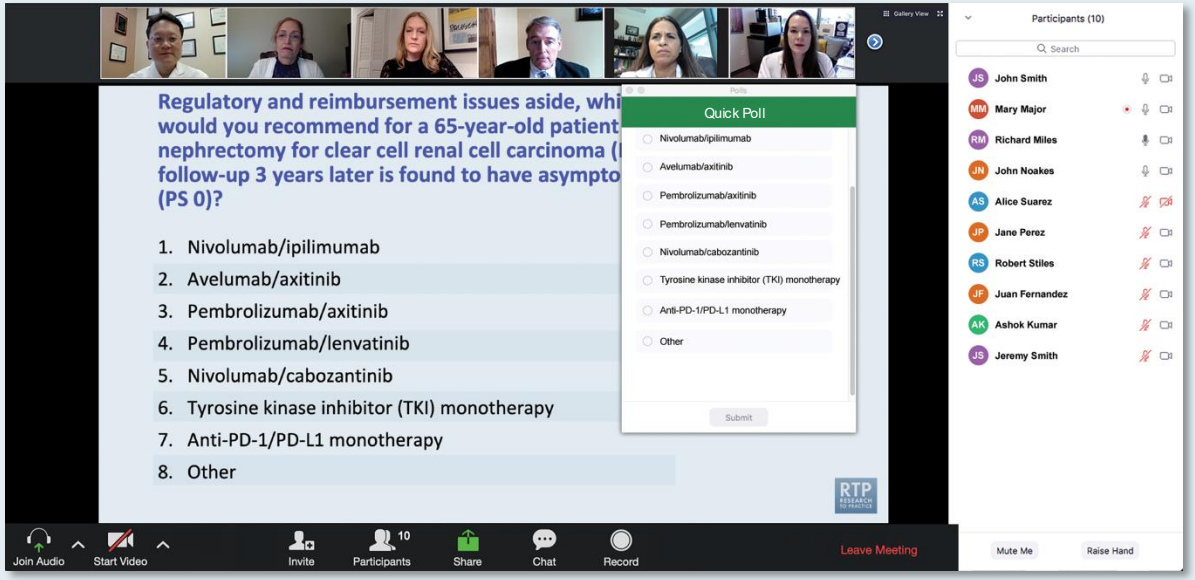
Increase chat font size



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

RTP RESEARCH TO PRACTICE

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



Advanced Gastroesophageal Cancers — Expert Perspectives on Actual Patient Cases

DR GEOFFREY Y KU
MEMORIAL SLOAN KETTERING CANCER CENTER

DR ZEV WAINBERG
UCLA SCHOOL OF MEDICINE

Listen on Apple Podcasts

Spotify

Listen on Google Podcasts

Cancer Q&A: Understanding the Role and Reality of CAR (Chimeric Antigen Receptor) T-Cell Therapy for Non-Hodgkin Lymphoma

A Webinar Series for Clinicians and Patients,
*Developed in Partnership with Cancer*Care®

Patients

Wednesday, October 22, 2025
6:00 PM – 7:00 PM ET

Clinicians

Wednesday, November 12, 2025
5:00 PM – 6:00 PM ET

Faculty

Jeremy S Abramson, MD, MMSc
Loretta J Nastoupil, MD

Moderator

Neil Love, MD

RTP
RESEARCH TO PRACTICE

Exploring Current Patterns of Care in the Community: Optimizing the Use of Oral Selective Estrogen Receptor Degraders for HR-Positive Metastatic Breast Cancer

A CME/MOC-Accredited Live Webinar

Wednesday, October 29, 2025

5:00 PM – 6:00 PM ET

Faculty

Rinath M Jeselsohn, MD

Joyce O'Shaughnessy, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Integrating New Advances into the Care of Patients with Cancer

A Multitumor Symposium in Partnership with the American Oncology Network

Saturday, November 8, 2025

Lung Cancer

Faculty

Justin F Gainor, MD

Corey J Langer, MD

Chronic Lymphocytic Leukemia

Faculty

Kerry A Rogers, MD

Moderator

Stephen “Fred” Divers, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Integrating New Advances into the Care of Patients with Cancer

A Multitumor Symposium in Partnership with the American Oncology Network

Saturday, November 8, 2025

Ovarian Cancer

Faculty

To be announced

Gastroesophageal Cancers

Faculty

Manish A Shah, MD

Moderator

Stephen “Fred” Divers, MD

RTP RESEARCH TO PRACTICE

What Clinicians Want to Know: First-Line and Maintenance Therapy for Patients with Extensive-Stage Small Cell Lung Cancer

A CME/MOC-Accredited Live Webinar

Tuesday, November 11, 2025
5:00 PM – 6:00 PM ET

Faculty

Luis Paz-Ares, MD, PhD
Misty Dawn Shields, MD, PhD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Cancer Conference Update: 2025 ESMO Annual Meeting — Breast Cancer Highlights

CME/MOC-Accredited Live Webinar

Thursday, November 13, 2025
5:00 PM – 6:00 PM ET

Faculty

Professor Giuseppe Curigliano, MD, PhD
Priyanka Sharma, MD

Moderator

Neil Love, MD

RTP
RESEARCH TO PRACTICE

Practical Perspectives: Clinical Investigators Review Actual Cases of Patients with Advanced Gastroesophageal Cancers

A CME/MOC-Accredited Live Webinar

Tuesday, November 18, 2025
5:00 PM – 6:00 PM ET

Faculty

Yelena Y Janjigian, MD

Moderator

Neil Love, MD

RTP
RESEARCH TO PRACTICE

Exciting CME Events You Do Not Want to Miss

A Friday Satellite Symposium Series Preceding the 67th ASH Annual Meeting

Friday, December 5, 2025

Acute Myeloid Leukemia
7:30 AM – 9:30 AM ET

Myelofibrosis and Systemic Mastocytosis
3:15 PM – 5:15 PM ET

Chronic Lymphocytic Leukemia
11:30 AM – 1:30 PM ET

Follicular Lymphoma and Diffuse Large B-Cell Lymphoma
7:00 PM – 9:00 PM ET

RTP RESEARCH TO PRACTICE

Cases from the Community: Investigators Discuss the Optimal Management of Breast Cancer

A 3-Part CME Satellite Symposium Series

Antibody-Drug Conjugates for Metastatic Breast Cancer

Tuesday, December 9, 2025

7:00 PM – 8:30 PM CT

HER2-Positive Breast Cancer

Wednesday, December 10, 2025

7:00 PM – 9:00 PM CT

Endocrine-Based Therapy

Thursday, December 11, 2025

7:00 PM – 9:00 PM CT

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Optimizing Treatment for Patients with Relapsed/Refractory Chronic Lymphocytic Leukemia

A CME/MOC-Accredited Interactive Grand Rounds Series

October 2025 to March 2026

Steering Committee

Catherine C Coombs, MD
Matthew S Davids, MD, MMSc
Bita Fakhri, MD, MPH
Nicole Lamanna, MD
Jeff Sharman, MD
Jennifer Woyach, MD

Host a 1-hour session at your institution:
Email Meetings@ResearchToPractice.com
or call (800) 233-6153

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.

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: Clinical Investigators Review Actual Cases of Patients with HER2-Positive Gastrointestinal Cancers

A CME/MOC-Accredited Live Webinar

Tuesday, October 21, 2025
5:00 PM – 6:00 PM ET

Faculty

Tanios Bekaii-Saab, MD
Kristen K Ciombor, MD, MSCI

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

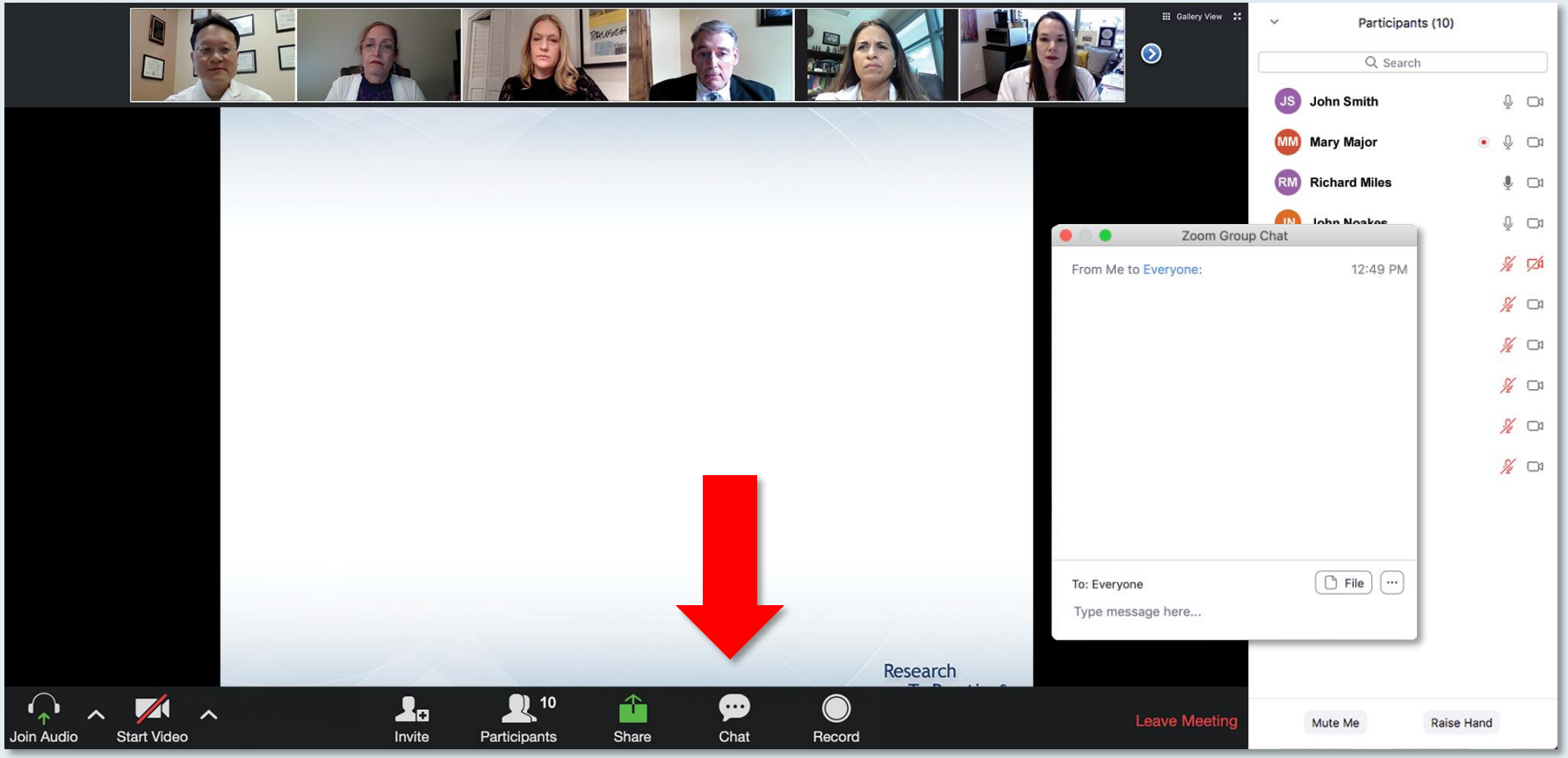
Faculty

Tanios Bekaii-Saab, MD
David F and Margaret T Grohne Professor of Novel Therapeutics for Cancer Research I
Chair and Consultant, Division of Hematology and Medical Oncology
Co-Leader, Advanced Clinical and Translational Science Program
Mayo Clinic Comprehensive Cancer Center (All Sites)
Professor, Mayo Clinic College of Medicine and Science
Mayo Clinic in Arizona
Phoenix, Arizona

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

Kristen K Ciombor, MD, MSCI
Associate Professor of Medicine
Division of Hematology/Oncology
Vanderbilt-Ingram Cancer Center
Nashville, Tennessee

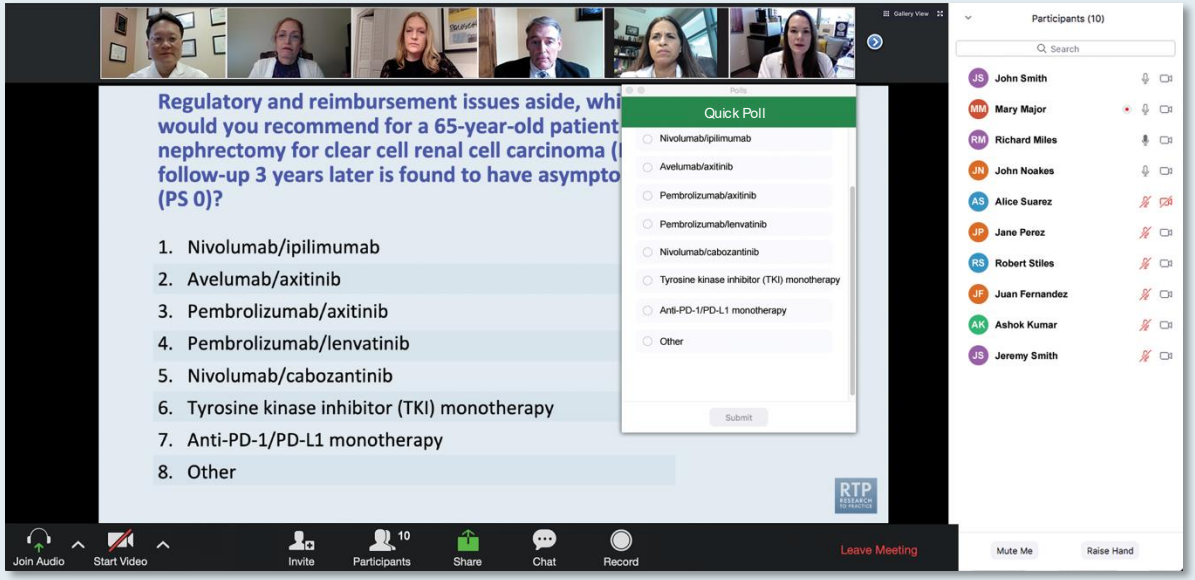
We Encourage Clinicians in Practice to Submit Questions



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

RTP RESEARCH TO PRACTICE

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



Advanced Gastroesophageal Cancers — Expert Perspectives on Actual Patient Cases

DR GEOFFREY Y KU
MEMORIAL SLOAN KETTERING CANCER CENTER

DR ZEV WAINBERG
UCLA SCHOOL OF MEDICINE

Listen on Apple Podcasts

Spotify

Listen on Google Podcasts

Cancer Q&A: Understanding the Role and Reality of CAR (Chimeric Antigen Receptor) T-Cell Therapy for Non-Hodgkin Lymphoma

A Webinar Series for Clinicians and Patients,
*Developed in Partnership with Cancer*Care®

Patients

Wednesday, October 22, 2025
6:00 PM – 7:00 PM ET

Clinicians

Wednesday, November 12, 2025
5:00 PM – 6:00 PM ET

Faculty

Jeremy S Abramson, MD, MMSc
Loretta J Nastoupil, MD

Moderator

Neil Love, MD

RTP
RESEARCH TO PRACTICE

Exploring Current Patterns of Care in the Community: Optimizing the Use of Oral Selective Estrogen Receptor Degraders for HR-Positive Metastatic Breast Cancer

A CME/MOC-Accredited Live Webinar

Wednesday, October 29, 2025

5:00 PM – 6:00 PM ET

Faculty

Rinath M Jeselsohn, MD

Joyce O'Shaughnessy, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Integrating New Advances into the Care of Patients with Cancer

A Multitumor Symposium in Partnership with the American Oncology Network

Saturday, November 8, 2025

Lung Cancer

Faculty

Justin F Gainor, MD

Corey J Langer, MD

Chronic Lymphocytic Leukemia

Faculty

Kerry A Rogers, MD

Moderator

Stephen “Fred” Divers, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Integrating New Advances into the Care of Patients with Cancer

A Multitumor Symposium in Partnership with the American Oncology Network

Saturday, November 8, 2025

Ovarian Cancer

Faculty

To be announced

Gastroesophageal Cancers

Faculty

Manish A Shah, MD

Moderator

Stephen “Fred” Divers, MD

RTP RESEARCH TO PRACTICE

What Clinicians Want to Know: First-Line and Maintenance Therapy for Patients with Extensive-Stage Small Cell Lung Cancer

A CME/MOC-Accredited Live Webinar

Tuesday, November 11, 2025
5:00 PM – 6:00 PM ET

Faculty

Luis Paz-Ares, MD, PhD
Misty Dawn Shields, MD, PhD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Cancer Conference Update: 2025 ESMO Annual Meeting — Breast Cancer Highlights

CME/MOC-Accredited Live Webinar

Thursday, November 13, 2025
5:00 PM – 6:00 PM ET

Faculty

Professor Giuseppe Curigliano, MD, PhD
Priyanka Sharma, MD

Moderator

Neil Love, MD

RTP
RESEARCH TO PRACTICE

Practical Perspectives: Clinical Investigators Review Actual Cases of Patients with Advanced Gastroesophageal Cancers

A CME/MOC-Accredited Live Webinar

Tuesday, November 18, 2025
5:00 PM – 6:00 PM ET

Faculty

Yelena Y Janjigian, MD

Moderator

Neil Love, MD

RTP
RESEARCH TO PRACTICE

Exciting CME Events You Do Not Want to Miss

A Friday Satellite Symposium Series Preceding the 67th ASH Annual Meeting

Friday, December 5, 2025

Acute Myeloid Leukemia
7:30 AM – 9:30 AM ET

Myelofibrosis and Systemic Mastocytosis
3:15 PM – 5:15 PM ET

Chronic Lymphocytic Leukemia
11:30 AM – 1:30 PM ET

Follicular Lymphoma and Diffuse Large B-Cell Lymphoma
7:00 PM – 9:00 PM ET

RTP RESEARCH TO PRACTICE

Cases from the Community: Investigators Discuss the Optimal Management of Breast Cancer

A 3-Part CME Satellite Symposium Series

Antibody-Drug Conjugates for Metastatic Breast Cancer

Tuesday, December 9, 2025

7:00 PM – 8:30 PM CT

HER2-Positive Breast Cancer

Wednesday, December 10, 2025

7:00 PM – 9:00 PM CT

Endocrine-Based Therapy

Thursday, December 11, 2025

7:00 PM – 9:00 PM CT

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Optimizing Treatment for Patients with Relapsed/Refractory Chronic Lymphocytic Leukemia

A CME/MOC-Accredited Interactive Grand Rounds Series

October 2025 to March 2026

Steering Committee

Catherine C Coombs, MD
Matthew S Davids, MD, MMSc
Bita Fakhri, MD, MPH
Nicole Lamanna, MD
Jeff Sharman, MD
Jennifer Woyach, MD

Host a 1-hour session at your institution:
Email Meetings@ResearchToPractice.com
or call (800) 233-6153

RTP RESEARCH TO PRACTICE

Practical Perspectives: Clinical Investigators Review Actual Cases of Patients with HER2-Positive Gastrointestinal Cancers

A CME/MOC-Accredited Live Webinar

Tuesday, October 21, 2025
5:00 PM – 6:00 PM ET

Faculty

Tanios Bekaii-Saab, MD
Kristen K Ciombor, MD, MSCI

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Dr Bekaii-Saab — Disclosures

Consulting Agreements (to Institution)	Arcus Biosciences, Bayer HealthCare Pharmaceuticals, Eisai Inc, Genentech, a member of the Roche Group, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Merck, Merck KGaA, Merus, Pfizer Inc, Revolution Medicines, Seagen Inc, Servier Pharmaceuticals LLC
Consulting Agreements (to Self)	AbbVie Inc, Aptitude Health, AstraZeneca Pharmaceuticals LP, BeOne, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Celularity, Daiichi Sankyo Inc, Deciphera Pharmaceuticals Inc, Exact Sciences Corporation, Exelixis Inc, Foundation Medicine, GSK, Illumina, Janssen Biotech Inc, Kanaph Therapeutics, Lisata Therapeutics, Natera Inc, Sanofi, Sobi, Stemline Therapeutics Inc, Takeda Pharmaceuticals USA Inc, Treos Bio, Xilio Therapeutics, Zai Lab
Data and Safety Monitoring Boards/Committees	1Globe Health Institute, AstraZeneca Pharmaceuticals LP, Eisai Inc, Exelixis Inc, FibroGen Inc, Merck, Suzhou Kintor
Inventions/Patents	WO/2018/183488 licensed to Imugene, WO/2019/055687 licensed to Recursion
Research Funding (to Institution)	Agios Pharmaceuticals Inc, AltruBio, Arcus Biosciences, Arrys Therapeutics, a wholly owned subsidiary of Kyn Therapeutics, Atreca, Bayer HealthCare Pharmaceuticals, Bristol Myers Squibb, Celgene Corporation, Eisai Inc, Genentech, a member of the Roche Group, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Lilly, Merus, Mirati Therapeutics Inc, Novartis, Pfizer Inc, pharmaand GmbH, Seagen Inc, Sumitomo Pharma America
Scientific Advisory Boards	Artiva Biotherapeutics Inc, Immuneering Corporation, Imugene, Panbela Therapeutics Inc, Replimune, Xilis
Nonrelevant Financial Relationships	MJH Life Sciences, Pancreatic Cancer Action Network, The Valley Hospital

RTP RESEARCH TO PRACTICE

Dr Ciombor — Disclosures

Advisory Committees and Consulting Agreements	Agenus Inc, ALX Oncology, Bayer HealthCare Pharmaceuticals, BeOne, Exact Sciences Corporation, Exelixis Inc, Incyte Corporation, Merck, Pfizer Inc, Summit Therapeutics, Taiho Oncology Inc, Tempus
Contracted Research	Array BioPharma Inc, a subsidiary of Pfizer Inc, Biomea Fusion Inc, Bristol Myers Squibb, Calithera Biosciences, Genentech, a member of the Roche Group, Incyte Corporation, Merck, NuCana, Pfizer Inc, Seagen Inc, Syndax Pharmaceuticals
Data and Safety Monitoring Boards/Committees	AstraZeneca Pharmaceuticals LP

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: Aadi Bioscience, AbbVie Inc, ADC Therapeutics, Agendia Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Arvinas, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeOne, Black Diamond Therapeutics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Clovis Oncology, Coherus BioSciences, Corcept Therapeutics Inc, CTI BioPharma, a Sobi Company, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, Exact Sciences Corporation, Exelixis Inc, Genentech, a member of the Roche Group, Genmab US Inc, Geron Corporation, Gilead Sciences Inc, GSK, Helsinn Therapeutics (US) Inc, Hologic Inc, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Jazz Pharmaceuticals Inc, Johnson & Johnson, Karyopharm Therapeutics, Kite, A Gilead Company, Kura Oncology, Legend Biotech, Lilly, 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, Nuvalent, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Rigel Pharmaceuticals Inc, R-Pharm US, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Stemline Therapeutics Inc, Sumitomo Pharma America, Syndax Pharmaceuticals, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSera Therapeutics LLC, and Tesaro, A GSK Company.

RTP
RESEARCH
TO PRACTICE

Commercial Support

This activity is supported by an educational grant from Jazz Pharmaceuticals 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

Contributing General Medical Oncologists

Susmitha Apuri, MD
Florida Cancer Specialists
& Research Institute
Inverness and Lecanto, Florida

Sunil Gandhi, MD
Florida Cancer Specialists
& Research Institute
Lecanto, Florida

Ranju Gupta, MD
Lehigh Valley Topper Cancer Institute
Bethlehem, Pennsylvania

Jeremy Lorber, MD
Cedars-Sinai Medical Center
Beverly Hills, California

Brian P Mulherin, MD
American Oncology Network
Indianapolis, Indiana

Shachar Peles, MD
Florida Cancer Specialists
& Research Institute
Lake Worth, Florida

Priya Rudolph, MD, PhD
Georgia Cancer Specialists
Northside Hospital Cancer Institute
Athens, Georgia

RTP
RESEARCH
TO PRACTICE

Management of HER2-Positive GI Cancers

Introduction: Assessment of HER2 Status

Case 1: Dr Lorber – 50-year-old woman

Case 2: Dr Mulherin – 67-year-old man

■ Data Review: Biliary Tract Cancers

Case 3: Dr Gandhi – 56-year-old man

Case 4: Dr Gupta – 62-year-old woman

■ Data Review: Colorectal Cancer

Case 5: Dr Peles – 55-year-old man

Case 6: Dr Apuri – 62-year-old man

Case 7: Dr Rudolph – 61-year-old man

■ Data Review: Gastroesophageal Cancer

RTP
RESEARCH TO PRACTICE

Management of HER2-Positive GI Cancers

Introduction: Assessment of HER2 Status

Case 1: Dr Lorber – 50-year-old woman

Case 2: Dr Mulherin – 67-year-old man

■ Data Review: Biliary Tract Cancers

Case 3: Dr Gandhi – 56-year-old man

Case 4: Dr Gupta – 62-year-old woman

■ Data Review: Colorectal Cancer

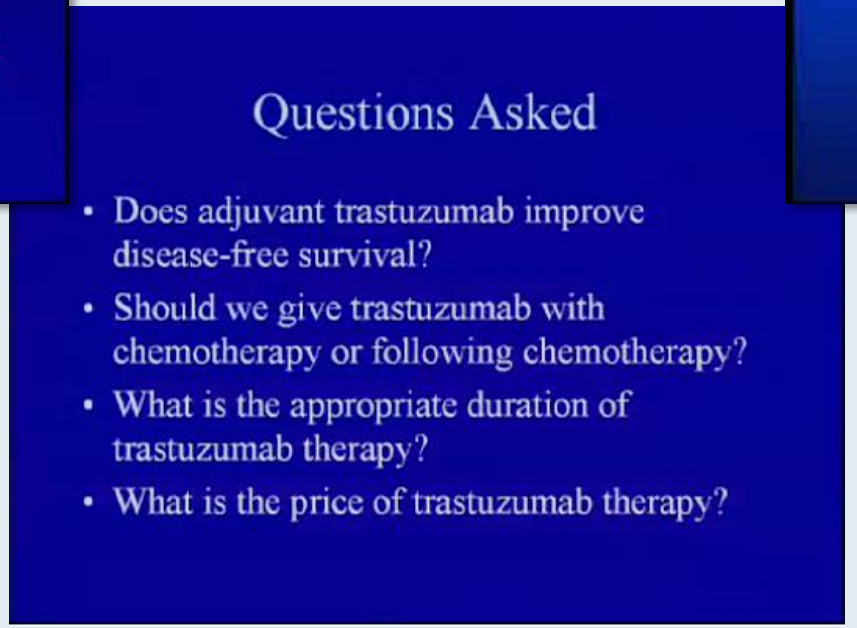
Case 5: Dr Peles – 55-year-old man

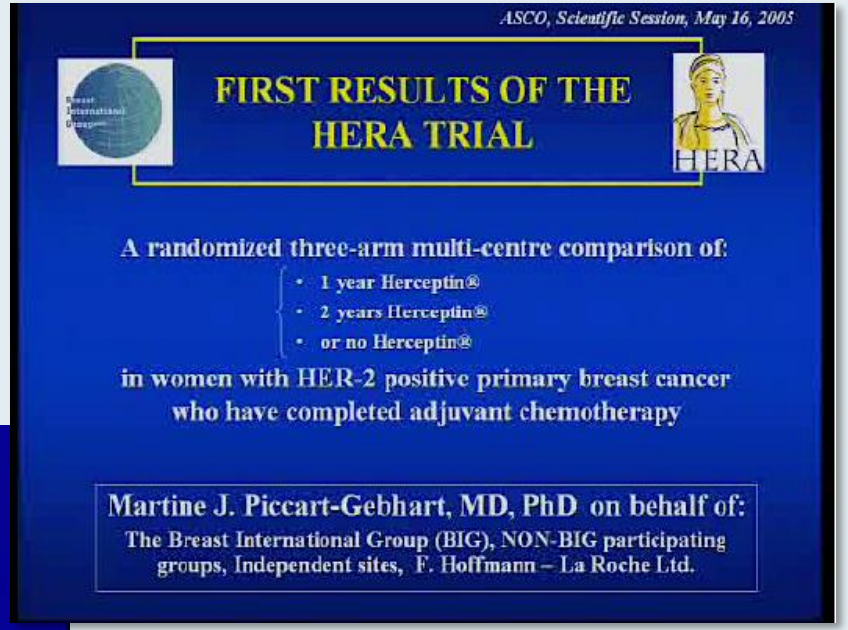
Case 6: Dr Apuri – 62-year-old man

Case 7: Dr Rudolph – 61-year-old man

■ Data Review: Gastroesophageal Cancer

ASCO 2005: Initial Presentations of Adjuvant Trastuzumab





Discussant: George W Sledge Jr, MD

RTP RESEARCH TO PRACTICE

BCU | 2005 VOL 4 | ISSUE 6

Breast Cancer™ UPDATE

Conversations with Oncology Research Leaders

Bridging the Gap between Research and Patient Care

EDITOR

Neil Love, MD

FACULTY

George W Sledge Jr, MD

Edward H Romond, MD

Jack Cuzick, PhD

POWERPOINT JOURNAL CLUB

CME Certified

www.BreastCancerUpdate.com

Trastuzumab Deruxtecan (T-DXd) vs Trastuzumab Emtansine (T-DM1) in Patients with High-Risk Human Epidermal Growth Factor Receptor 2–Positive (HER2+) Primary Breast Cancer with Residual Invasive Disease After Neoadjuvant Therapy: Interim Analysis of DESTINY-Breast05

Geyer CE et al.

ESMO 2025;Abstract LBA1.

PROFERRED PAPER | SUNDAY, OCTOBER 18 | 16:30 CEST

DESTINY-Breast11: Neoadjuvant Trastuzumab Deruxtecan Alone (T-DXd) or Followed by Paclitaxel + Trastuzumab + Pertuzumab (T-DXd-THP) vs SOC for High-Risk HER2+ Early Breast Cancer (eBC)

Harbeck N et al.

ESMO 2025;Abstract 291O.

PROFERRED PAPER | SUNDAY, OCTOBER 18 | 16:30 CEST

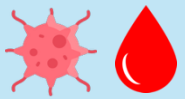
HER2 testing in BTC: who, when, and how

✅ **WHO:** All patients with locally advanced or metastatic BTC (GBC, eCCA, iCCA)

✅ **WHEN:** At diagnosis

- 1st line trials!
- Future direction: consider earlier testing for neoadjuvant/perioperative strategies

✅ **HOW:**

	Immunohistochemistry (IHC)	*In situ* hybridization (ISH)	Next-generation sequencing (NGS)
What it detects	HER2 **protein**	*ERBB2* **DNA**	*ERBB2* **DNA**
What it indicates	HER2 **overexpression**	*ERBB2* **amplification**	*ERBB2* **amplification**
Tissue and/or blood-based			

Courtesy of Haley Ellis, MD

Javle et al. Cancer 2016 | Jacobi et al. Oncol Res Treat 2021

Management of HER2-Positive GI Cancers

Introduction: Assessment of HER2 Status

Case 1: Dr Lorber – 50-year-old woman

Case 2: Dr Mulherin – 67-year-old man

- Data Review: Biliary Tract Cancers

Case 3: Dr Gandhi – 56-year-old man

Case 4: Dr Gupta – 62-year-old woman

- Data Review: Colorectal Cancer

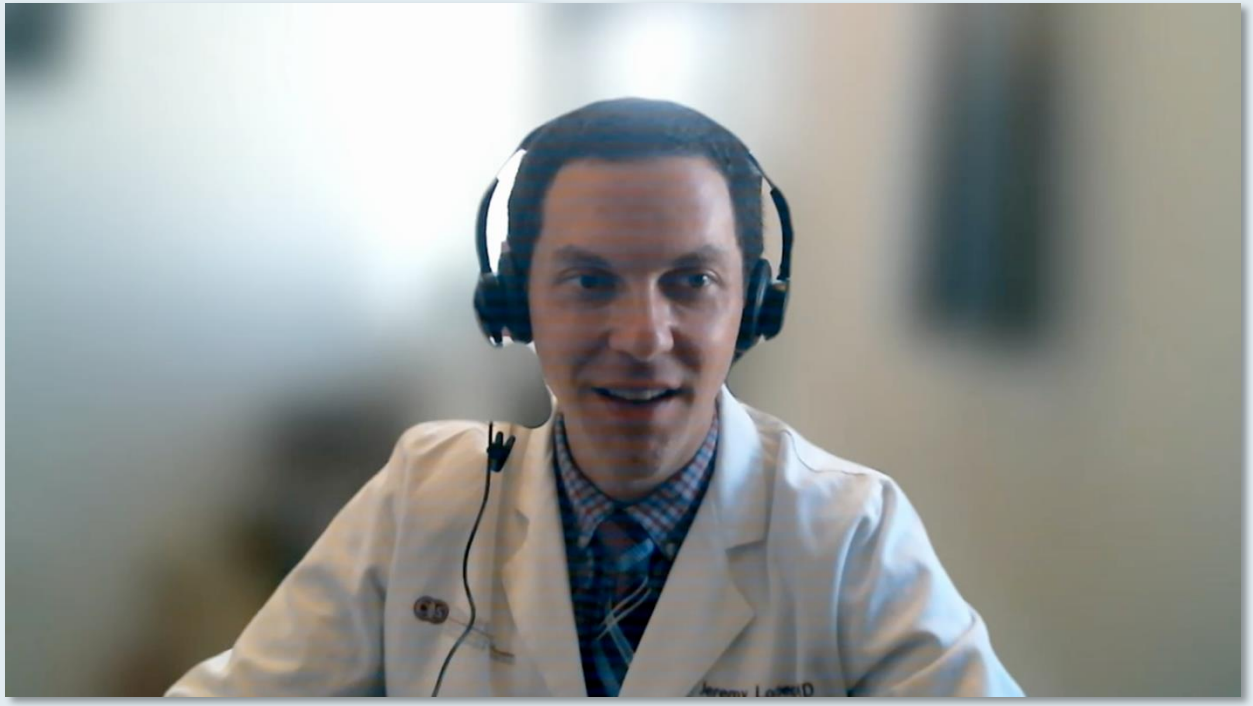
Case 5: Dr Peles – 55-year-old man

Case 6: Dr Apuri – 62-year-old man

Case 7: Dr Rudolph – 61-year-old man

- Data Review: Gastroesophageal Cancer

Case Presentation: 50-year-old woman with metastatic HER2-positive gallbladder cancer who receives gemcitabine/cisplatin/durvalumab with partial response



Dr Jeremy Lorber (Beverly Hills, California)

RTP RESEARCH TO PRACTICE

Management of HER2-Positive GI Cancers

Introduction: Assessment of HER2 Status

Case 1: Dr Lorber – 50-year-old woman

Case 2: Dr Mulherin – 67-year-old man

- Data Review: Biliary Tract Cancers

Case 3: Dr Gandhi – 56-year-old man

Case 4: Dr Gupta – 62-year-old woman

- Data Review: Colorectal Cancer

Case 5: Dr Peles – 55-year-old man

Case 6: Dr Apuri – 62-year-old man

Case 7: Dr Rudolph – 61-year-old man

- Data Review: Gastroesophageal Cancer

RTP RESEARCH TO PRACTICE

Case Presentation: 67-year-old man with metastatic HER2-low (IHC 2+) gallbladder cancer who receives pembrolizumab/cisplatin/gemcitabine

Dr Brian Mulherin (Indianapolis, Indiana)

RTP RESEARCH TO PRACTICE

Management of HER2-Positive GI Cancers

Introduction: Assessment of HER2 Status

Case 1: Dr Lorber – 50-year-old woman

Case 2: Dr Mulherin – 67-year-old man

Data Review: Biliary Tract Cancers

Case 3: Dr Gandhi – 56-year-old man

Case 4: Dr Gupta – 62-year-old woman

Data Review: Colorectal Cancer

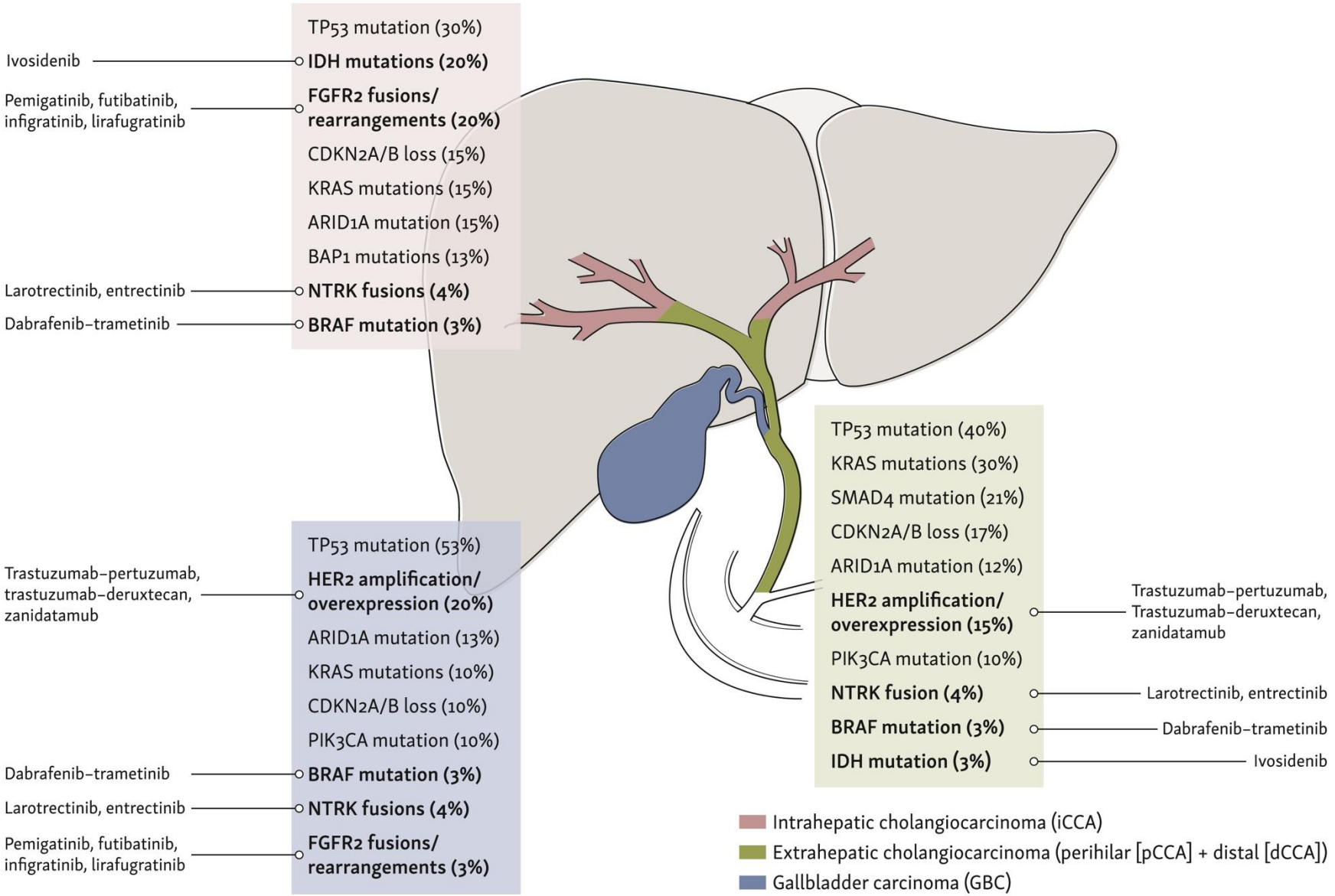
Case 5: Dr Peles – 55-year-old man

Case 6: Dr Apuri – 62-year-old man

Case 7: Dr Rudolph – 61-year-old man

Data Review: Gastroesophageal Cancer

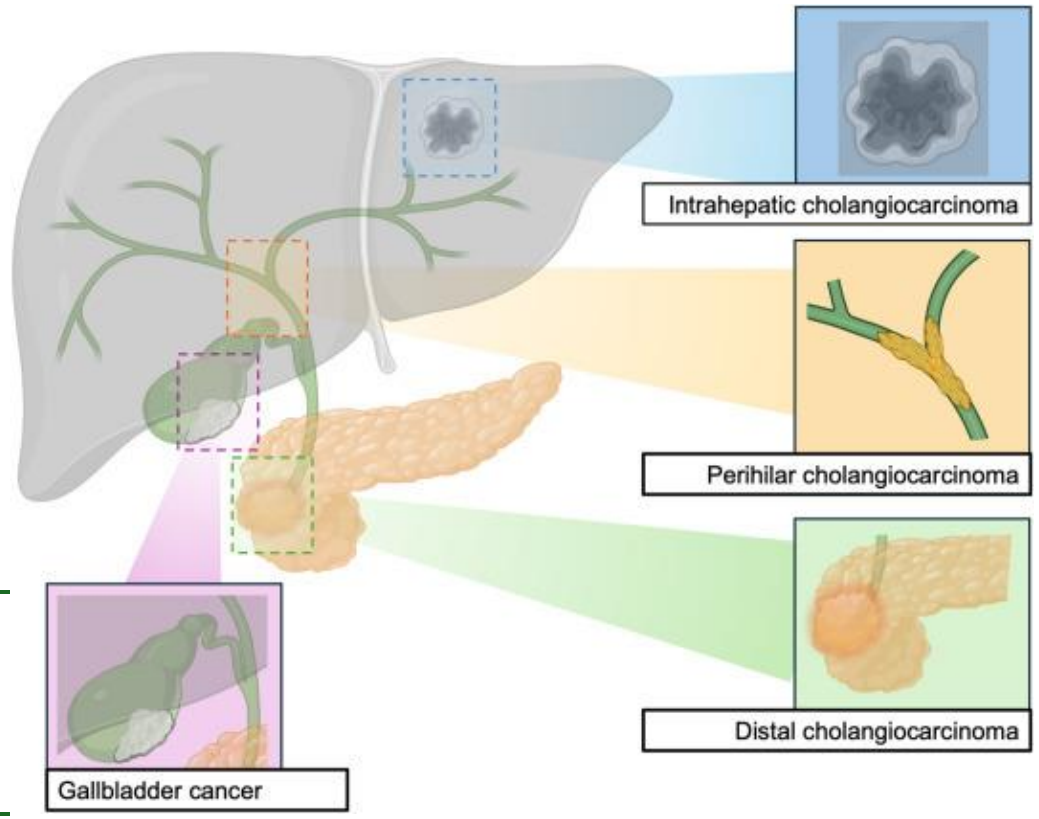
BTC harbor targetable genomic alterations



Courtesy of Haley Ellis, MD

Kehmann et al. ESMO Open 2024C

HER2 amplification/overexpression spans all BTC subtypes



Intrahepatic cholangiocarcinoma (iCCA)
~3-5%

Extrahepatic cholangiocarcinoma (eCCA)
~10-20%

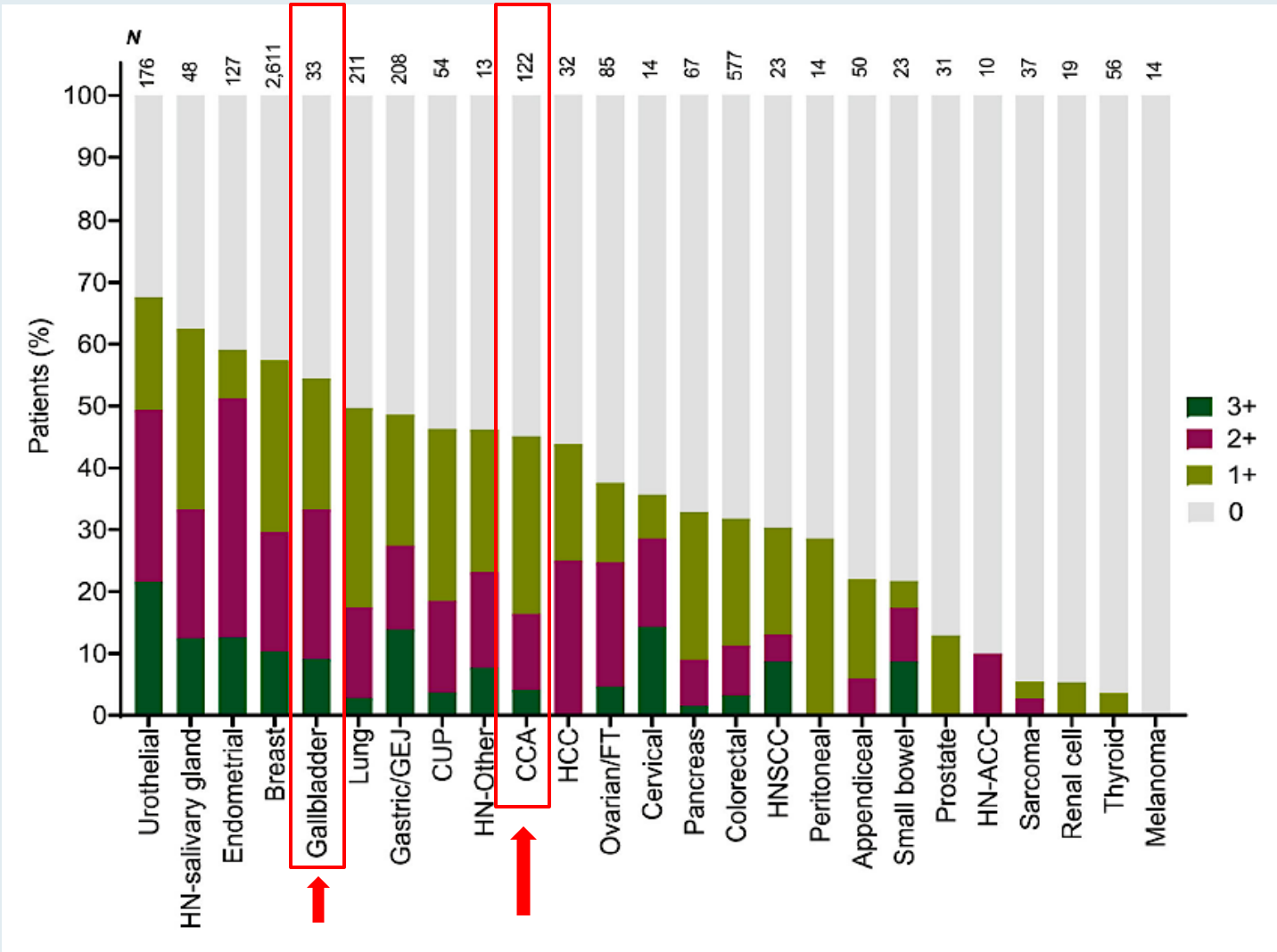
Gallbladder cancer (GBC)
~15-35%

HER2 positivity is associated with a **worse prognosis** in advanced BTC

Courtesy of Haley Ellis, MD

Galdy et al. Cancer Metastasis Rev 2017 | Ayasun et al. Cancers 2023 | Lee et al. ASCO GI 2025 | Soreide et al. Eur J Surg Oncol 2025

Distribution of HER2 IHC Expression Levels Across Cancer Types

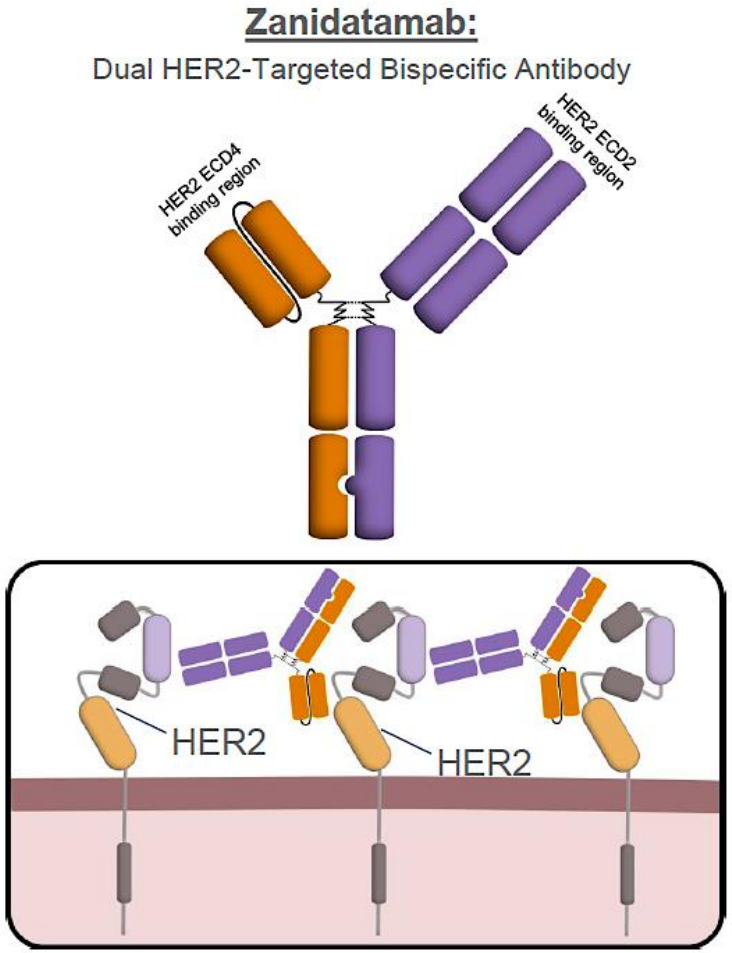


CUP = cancer of unknown primary; HN = head and neck; CCA = cholangiocarcinoma; HCC = hepatocellular carcinoma; FT = fallopian tube; HNSCC = head and neck squamous cell carcinoma; HN-ACC = adenoid cystic carcinoma of head and neck

Uzunparmak B et al. *Ann Oncol* 2023 November;34(11):1035-46.

RTP RESEARCH TO PRACTICE

HERIZON-BTC-01 Trial: Zanidatamab Mechanism of Action and Background

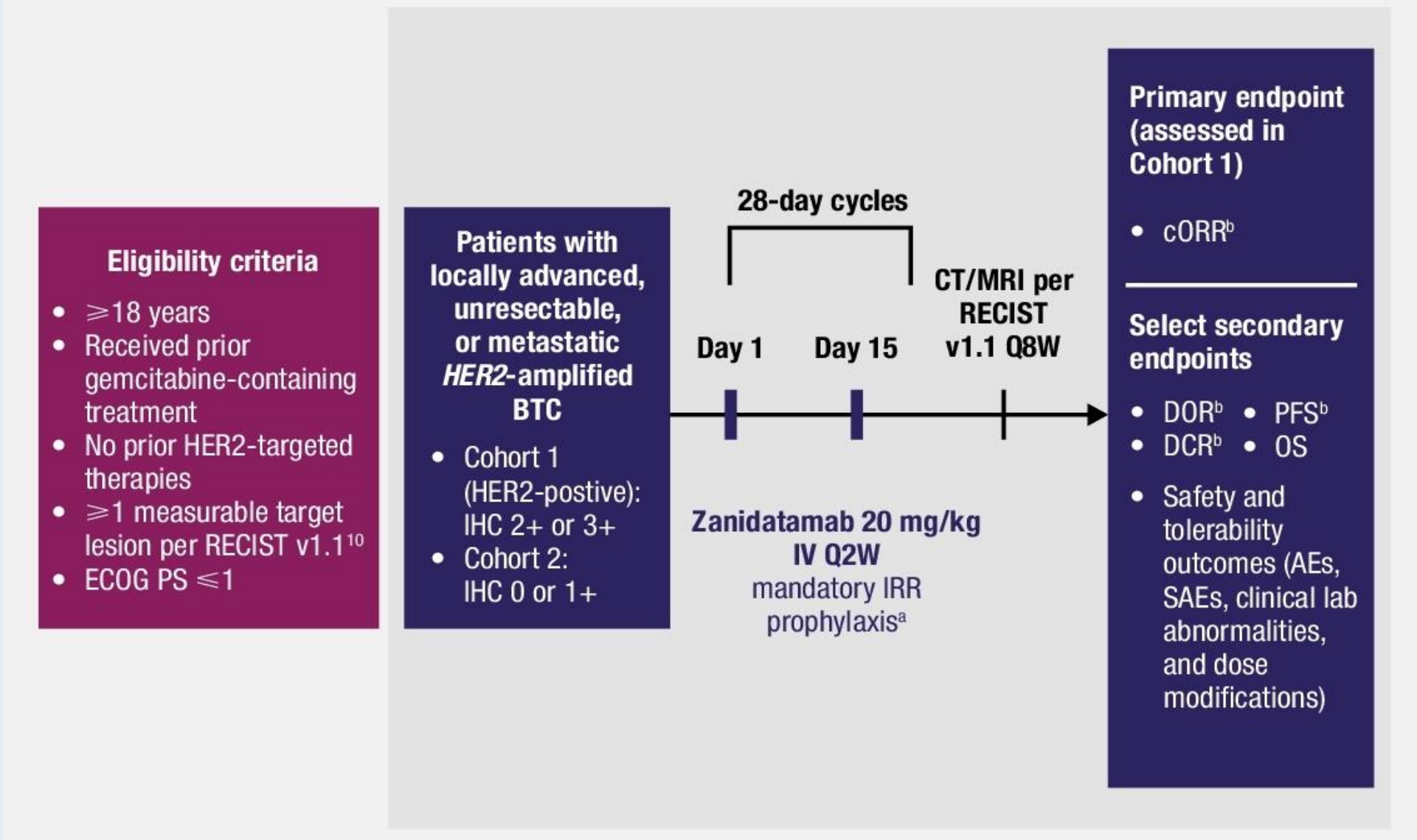


- BTC accounts for less than 1% of adult cancers and is associated with a poor prognosis[1,2]
- After failure of first-line treatment, subsequent chemotherapy is associated with a median OS of approximately 6-9 months and poor tolerability[3,4]
- Zanidatamab is a humanized, IgG1-like, HER2-targeted bispecific antibody that binds to 2 distinct domains on HER2[5]
- After a median follow-up of 12.4 months (data cutoff: October 10, 2022), zanidatamab showed encouraging antitumor activity (41.3% cORR) with rapid and durable responses and a manageable safety profile in patients with previously treated HER2-positive BTC[6]

cORR = confirmed objective response rate; OS = overall survival

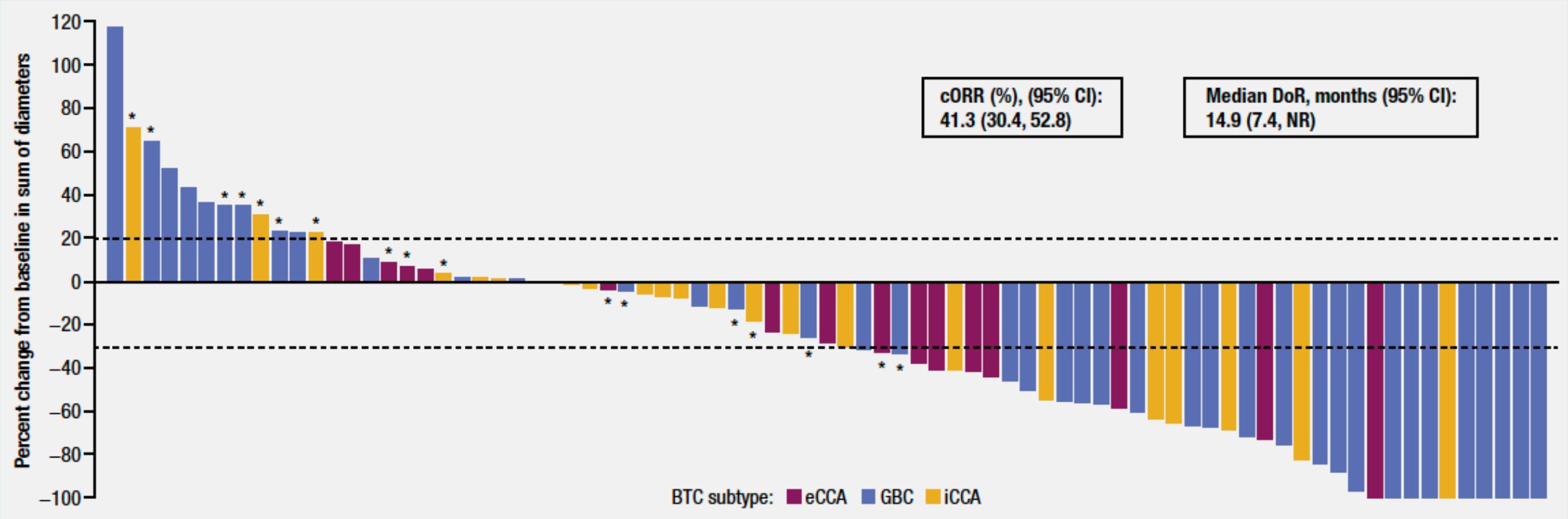
Pant S et al. ASCO 2024;Abstract 4091; Rha SY et al. ESMO 2024;Abstract 516MO.

Phase IIb HERIZON-BTC-01 Study Design



Pant S et al. ASCO 2024;Abstract 4091.

HERIZON-BTC-01: Tumor Responses with Zanidatamab



eCCA = extrahepatic cholangiocarcinoma; GBC = gallbladder cancer; iCCA = intrahepatic cholangiocarcinoma

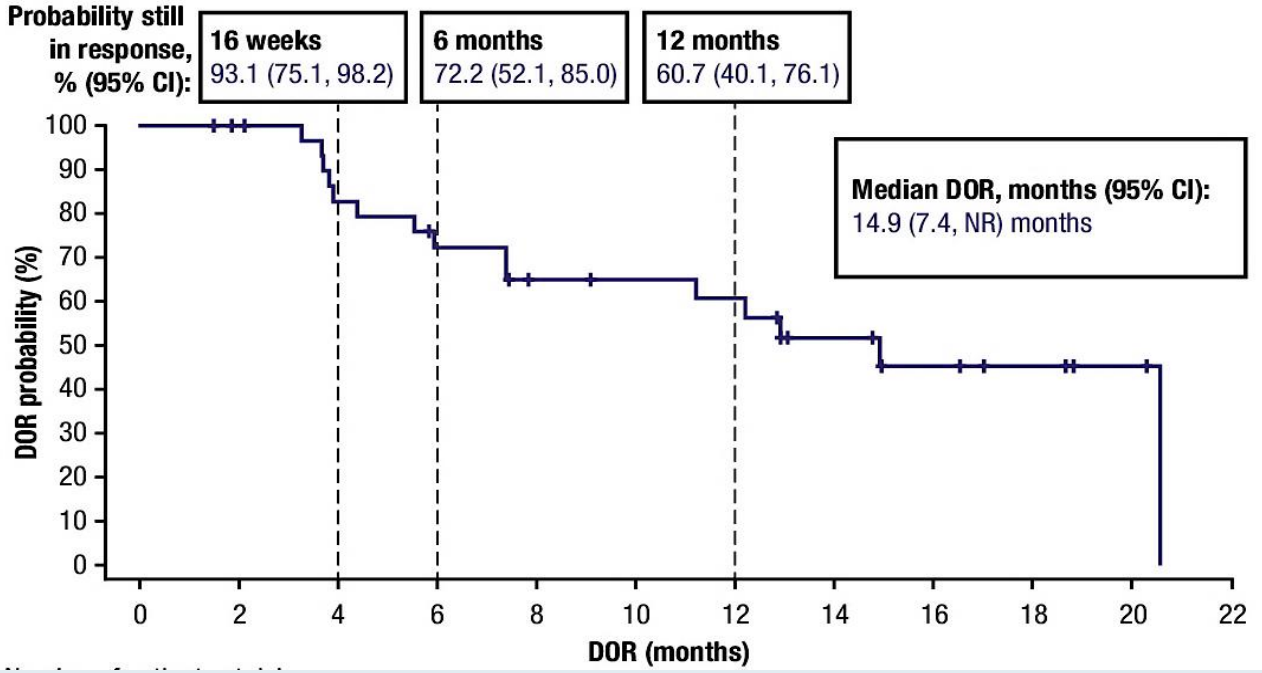
Mercade TM et al. ESMO 2024;Abstract 62TiP.

Phase IIb HERIZON-BTC-01: Objective Response Rate and Duration of Response (DOR) (Cohort 1 – HER2 IHC 2+ or 3+)

Disease Response Endpoints[a]	n=80
cORR,[b] n (%) [95% CI]	33 (41.3) [30.4, 52.8]
Complete response, n (%)	2 (2.5)
Partial response, n (%)	31 (38.8)
Stable disease, n (%)	22 (27.5)
Progressive disease, n (%)	24 (30.0)
DCR,[c] n (%) [95% CI]	55 (68.8) [57.4, 78.7]
CBR,[d] n (%) [95% CI]	38 (47.5) [36.2, 59.0]

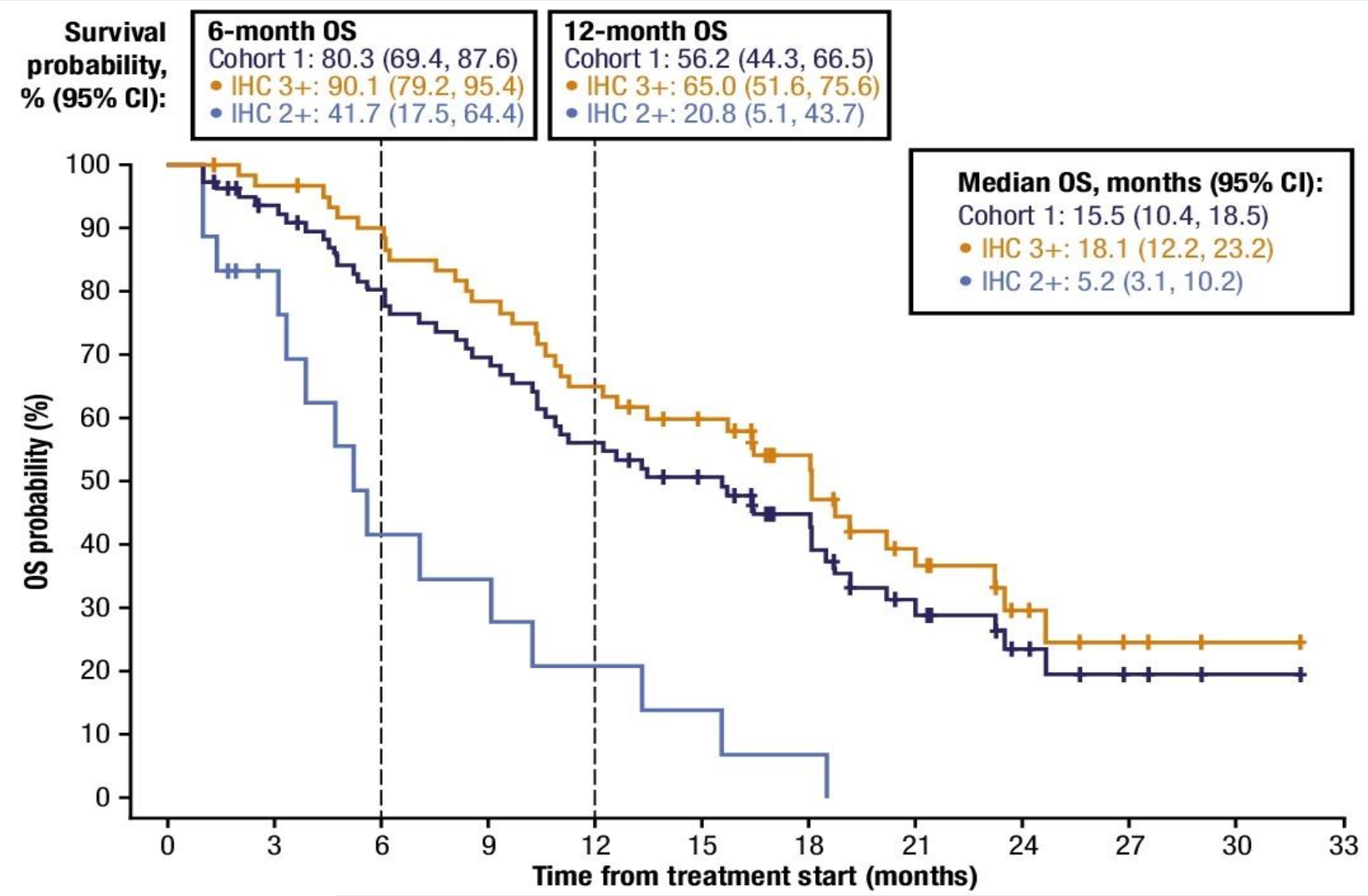
[a]Efficacy analysis (i.e., all patients in Cohort 1 who received any dose of zanidatamab) per ICR. [b]One patient was not evaluable. [c]Best overall response of stable disease or confirmed complete response or partial response. [d]Stable disease ⩾24 weeks or confirmed best overall response of complete response or partial response.

BTC, biliary tract cancer; CI, confidence interval; CBR, clinical benefit rate; cORR, confirmed objective response rate; DCR, disease control rate; HER2, human epidermal growth factor receptor 2; ICR, independent central review.



Pant S et al. ASCO 2024;Abstract 4091.

Phase IIb HERIZON-BTC-01: Overall Survival (OS) (Cohort 1 – HER2 IHC 2+ or 3+)



Pant S et al. ASCO 2024;Abstract 4091.

Phase IIb HERIZON-BTC-01: Overall Safety (Cohorts 1 and 2) N = 87

	All grades	Grades 3-4
Most common TRAEs,[d] n (%)		
Diarrhea	32 (36.8)	4 (4.6)
Infusion-related reaction	29 (33.3)	1 (1.1)
Ejection fraction decreased	9 (10.3)	3 (3.4)
Nausea	8 (9.2)	1 (1.1)
Alanine aminotransferase increased	6 (6.9)	1 (1.1)
Aspartate aminotransferase increased	6 (6.9)	2 (2.3)
Vomiting	6 (6.9)	0 (0)
Fatigue	5 (5.7)	0 (0)
Anemia	4 (4.6)	3 (3.4)
AESI, n (%)		
Infusion-related reaction	29 (33.3)	1 (1.1)
Confirmed cardiac events	5 (5.7)	3 (3.4)
Non-infectious pulmonary toxicities	1 (1.1)	1 (1.1)

[a]One patient experienced a grade 4 TRAE (aspartate aminotransferase increased). [b]Included alanine aminotransferase increased and aspartate aminotransferase increased (both occurred in 1 patient), anemia, diarrhea, ejection fraction decreased, enteritis, infusion-related reaction, oral candidiasis, and pneumonitis (each occurred in 1 patient). [c]One was due to pneumonitis and the other was due to ejection fraction decreased. [d]Any-grade TRAE reported in ⩾5% of patients or grade ⩾3 TRAE in ⩾2 patients.

AESI, adverse event of special interest; TEAE, treatment-emergent adverse event; TRAE, treatment-related adverse event.

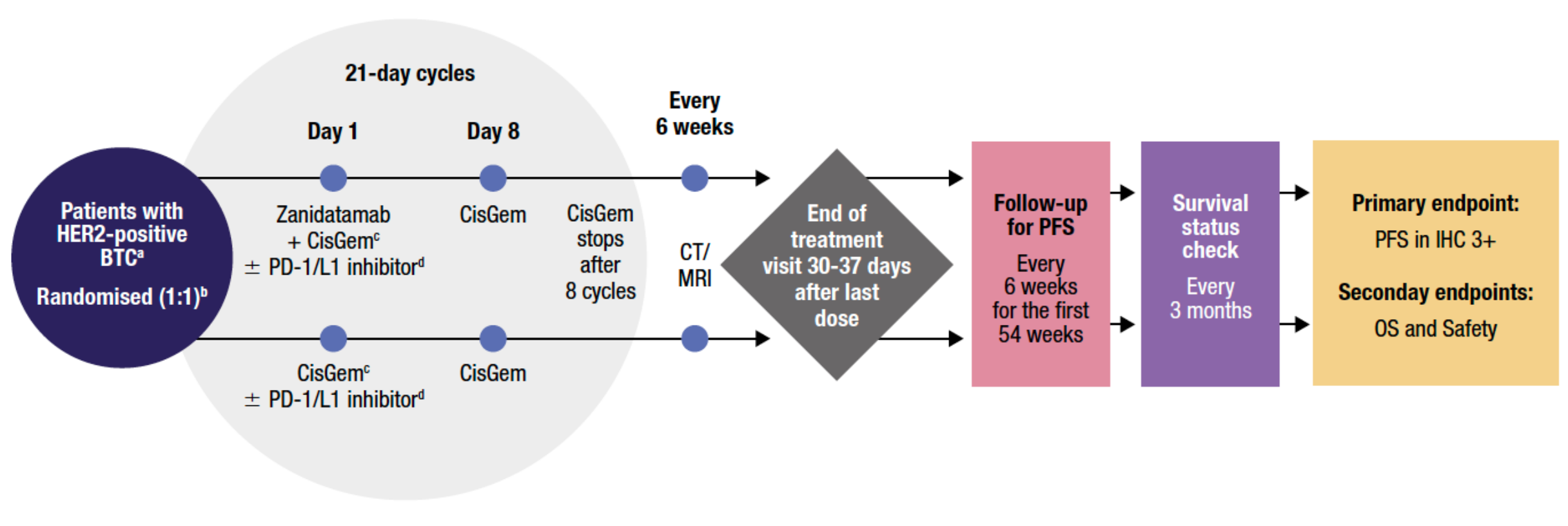
Pant S et al. ASCO 2024;Abstract 4091.

HERIZON-BTC-01: Author Conclusions

- In this long-term analysis, zanidatamab monotherapy demonstrated durable and sustained antitumor activity in previously treated patients with HER2-positive unresectable, locally advanced, or metastatic BTC; these results support the clinically meaningful benefit of continued treatment with zanidatamab
  - The cORR was maintained (41.3%) and there are now 2 complete responses
  - The median DOR increased to 14.9 months from the prior analysis
  - Zanidatamab led to a median OS of 15.5 months (18.1 months in patients with IHC 3+ tumors)
- The safety profile remained manageable with favorable tolerability and infrequent discontinuations
- The efficacy (including OS) and manageable safety profile of zanidatamab is notable in this patient population who historically have had poor outcomes and high unmet needs
- The clinical development of zanidatamab in the treatment of HER2-positive BTC continues with the ongoing, global, randomized phase 3 study (HERIZON-BTC-02; NCT06282575) that is investigating zanidatamab in combination with standard-of-care therapy in the first-line setting for patients with HER2-positive BTC

Pant S et al. ASCO 2024;Abstract 4091.

HERIZON-BTC-302 Ongoing Pivotal Phase III Trial Design



Harding J et al. Gastrointestinal Cancers Symposium 2025;Abstract TPS648.

DiscovHER PAN-206: Phase 2 Tumour-Agnostic Study of Zanidatamab in Patients With Previously Treated Human Epidermal Growth Factor Receptor 2–Overexpressing Solid Tumours

Subbiah V et al.

ESMO 2025;Abstract 1028eTiP.

POSTER SESSION

1028eTiP

DiscovHER PAN-206: Phase 2 Tumour-Agnostic Study of Zanidatamab in Patients With Previously Treated Human Epidermal Growth Factor Receptor 2–Overexpressing Solid Tumours

Vivek Subbiah[1]*, Vicky Makker[2,3], Do-Youn Oh[4], Elizabeth Gardener[5], Elaina Gartner[6], Funda Meric-Bernstam[7]

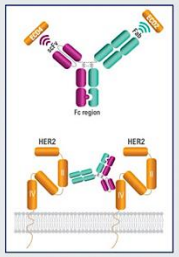
*Presenting author

[1]Sarah Cannon Research Institute, Nashville, TN, USA; [2]Memorial Sloan Kettering Cancer Center, New York, NY, USA; [3]Weill Cornell Medical Center, New York, NY, USA; [4]Seoul National University Hospital, Seoul National University College of Medicine, Seoul National University Graduate School, Seoul, Republic of Korea; [5]Jazz Pharmaceuticals, Oxford, UK; [6]Jazz Pharmaceuticals, Palo Alto, CA, USA; [7]University of Texas, MD Anderson Cancer Center, Houston, TX, USA

Background

- Human epidermal growth factor receptor 2 (HER2) overexpression and/or amplification is observed across many solid tumour types,[1] making tissue-agnostic evaluation of HER2-targeted therapy a valuable strategy for assessing potential clinical benefit in HER2-expressing cancers that are too rare to study individually[2-4]
- While trastuzumab deruxtecan (T-DXd) has a tissue-agnostic indication for previously treated patients with advanced HER2-positive (immunohistochemistry [IHC] 3+) solid tumours, its use may be limited by a safety profile that includes a risk for interstitial lung disease[2,5,6]
- There is an ongoing need for new, effective, and well-tolerated therapies that target HER2-expressing solid tumours

Zanidatamab Structure and Targeted Binding



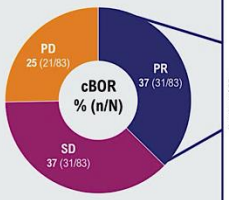
ECD, extracellular domain; Fab, fragment antigen-binding; Fc, fragment crystallisable; HER2, human epidermal growth factor receptor 2; scFv, single chain variable fragment.

- Zanidatamab is a dual HER2-targeted bispecific antibody that binds to 2 distinct sites on HER2, promoting HER2 receptor crosslinking and driving multiple antitumour mechanisms of action, including[7]:
  - Facilitation of HER2 internalisation and subsequent degradation
  - Reduction of HER2 cell surface expression and inhibition of HER2 signalling pathways
  - Activation of immune-mediated effects (complement-dependent cytotoxicity as well as antibody-dependent cellular cytotoxicity and phagocytosis)
- Zanidatamab received US Food and Drug Administration accelerated approval for previously treated, unresectable, or metastatic HER2-positive (IHC 3+) biliary tract cancer (BTC) and conditional authorisations in the EU and China based on the phase 2 HERIZON-BTC-01 trial (confirmed objective response rate [cORR], 52%)[8-11]

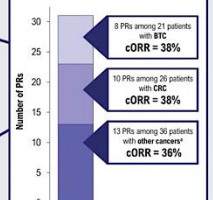
Tissue-Agnostic Activity of Zanidatamab

- In a first-in-human phase 1 study of heavily pretreated patients with HER2-expressing (IHC 3+, 2+ or 1+) or *HER2*-amplified (fluorescence in situ hybridization-positive) solid tumours, zanidatamab demonstrated promising antitumour activity and manageable safety across multiple tumour types, including BTC (cORR, 38%), colorectal cancer (cORR, 38%), and a mixed group of other cancers (cORR, 36%)[12]
  - The similar efficacy across tumour types supports a tissue-agnostic approach for the ongoing clinical development of zanidatamab

FIH Phase 1 Study

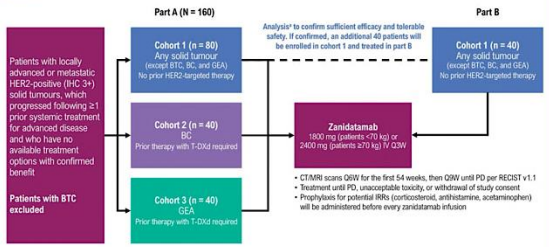


Overall cORR = 37% (31/83)



Data from Meric-Bernstam F, et al. *Lancet Oncol.* 2022;23(12):1558-70.
[a]Other cancer types: ampullary, bladder, duodenum, endometrial, fallopian tube, hepatocellular carcinoma, lacrimal gland, non-small cell lung, ovarian, pancreatic, parotid gland, salivary gland, small bowel, vulval, and cancer of unknown origin.
BTC, biliary tract cancer; cBOR, confirmed best overall response; cORR, confirmed objective response rate; CRC, colorectal cancer; FIH, first-in-human; PD, progressive disease; PR, partial response; SD, stable disease.

DiscovHER PAN-206 Study Design



[a]Two interim analyses will be performed in this study. The first and second interim analyses will take place approximately 3 months after 25 and 50 patients have been treated in cohort 1, respectively. During these analyses, the study may continue enrolling patients.
BC, breast cancer; BTC, biliary tract cancer; CT, computed tomography; GEA, gastro-oesophageal adenocarcinoma; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; IRR, infusion-related reaction; IV, intravenously; MRI, magnetic resonance imaging; PD, progressive disease; Q3W, every 3 weeks; Q6W, every 6 weeks; Q9W, every 9 weeks; RECIST v1.1, Response Evaluation Criteria in Solid Tumours version 1.1; T-DXd, trastuzumab deruxtecan.

- DiscovHER PAN-206 (NCT06695845) is an ongoing, open-label, single-arm, multicentre, phase 2 study evaluating the efficacy and safety of zanidatamab in patients with previously treated HER2-positive (IHC 3+) locally advanced, unresectable, or metastatic solid tumours (except BTC)

Select DiscovHER PAN-206 Study Endpoints

Primary Endpoint

- cORR per RECIST v1.1 as assessed by ICR
  - The proportion of patients with a best overall response of CR or PR

Select Secondary Endpoints

- cORR per RECIST v1.1 as assessed by the investigator
- Duration of response per RECIST v1.1 as assessed by ICR and by the investigator
- Time to response as assessed by ICR and by the investigator
- Disease control rate as assessed by ICR and by the investigator
- Progression-free survival as assessed by ICR and by the investigator
- Overall survival
- Safety and tolerability as assessed by the frequency of TEAEs, SAEs, dose reductions, and treatment discontinuations as well as patient-reported impact of treatment toxicity

cORR, confirmed objective response rate; CR, complete response; ICR, independent central review; PR, partial response; RECIST v1.1, Response Evaluation Criteria in Solid Tumours version 1.1; SAE, serious adverse event; TEAE, treatment-emergent adverse event.

- Responses will be evaluated by cohort and tumour type
- Time-to-event measurements will be summarised using Kaplan-Meier estimates

Key Eligibility Criteria for DiscovHER PAN-206

Inclusion Criteria

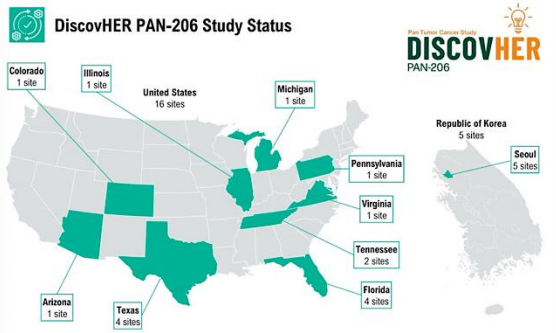
- Aged ≥18 years at the time of signing the informed consent
- Locally advanced, unresectable, or metastatic solid tumours (except BTC, defined as gallbladder cancer or cholangiocarcinoma) that progressed following ≥1 prior systemic treatment for metastatic or advanced disease and have no available treatment options with confirmed benefit
- Cohorts 2 (BC) and 3 (GEA): prior therapy with T-DXd is required
- HER2 IHC 3+ status, determined by a designated central laboratory
- Adequate tumour sample to submit for central HER2 testing
- Presence of ≥1 measurable lesion as assessed by ICR based on RECIST v1.1
- ECOG PS of 0 or 1
- Life expectancy ≥3 months per the investigator's opinion

Exclusion Criteria

- Cohort 1: prior HER2-targeted therapy
- Prior treatment with zanidatamab
- Prior treatment with systemic antineoplastic therapy, including hormonal therapies for BC, or any investigational therapy within 4 weeks or 5 half-lives (whichever is longer) before cycle 1 day 1, except in the case of antibody-based anticancer therapy, which requires ≥4 weeks of washout
- Known or suspected leptomeningeal disease and/or untreated brain metastasis
- Uncontrolled or significant cardiovascular disease
- Ongoing toxicity related to prior cancer therapy
- History of life-threatening hypersensitivity to monoclonal antibodies or to recombinant proteins or excipients in the drug formulation of zanidatamab
- CRC with known *KRAS*/*NRAS* and *BRAF* mutations
- NSCLC with known *ALK* and *EGFR* mutations and *ROS1* fusion

ALK, anaplastic lymphoma kinase; BC, breast cancer; *BRAF*, v-raf murine sarcoma viral oncogene homolog B; BTC, biliary tract cancer; CRC, colorectal cancer; ECOG PS, Eastern Cooperative Oncology Group performance status; *EGFR*, epidermal growth factor receptor; GEA, gastro-oesophageal adenocarcinoma; HER2, human epidermal growth factor receptor 2; ICR, independent central review; IHC, immunohistochemistry; *KRAS*, *KRAS* proto-oncogene, GTPase; *NRAS*, *NRAS* proto-oncogene, GTPase; NSCLC, non-small cell lung cancer; RECIST v1.1, Response Evaluation Criteria in Solid Tumours version 1.1; *ROS1*, *ROS* proto-oncogene 1; T-DXd, trastuzumab deruxtecan.

DiscovHER PAN-206 Study Status



- This trial is actively enrolling patients at multiple sites in the US and the Republic of Korea, with plans to potentially expand recruitment to additional countries across Europe

References: 1. Zhu K, et al. *Biomark Res.* 2024;12(1):16. 2. Subbiah V, et al. *Ca Cancer J Clin.* 2024;74:433-52. 3. Uzunparmak B, et al. *Ann Oncol.* 2023;34(11):1035-46. 4. Abelman R, et al. *Ann Oncol.* 2023;34(11):P968-9. 5. ENHERTU (fam-trastuzumab deruxtecan-nxki) for injection, for intravenous use. Package insert. Daiichi Sankyo, Inc. and AstraZeneca Pharmaceuticals LP; 2025. Accessed 29 July 2025. https://daiichisankyo.us/prescribing-information-portlet/getPIContent?productName=Enhertu&inline=true. 6. Meric-Bernstam F, et al. *J Clin Oncol.* 2024;42(1):47-58. 7. Wesser NE, et al. *Nature Commun.* 2023;14(1):1394. 8. Harding JJ, et al. *Lancet Oncol.* 2023;24(7):772-82. 9. Zihera (zanidatamab-hrii) for injection, for intravenous use. Package insert. Jazz Pharmaceuticals, Inc.; 2025. Accessed 29 July 2025. https://pp.jazzpharma.com/pi/zihera.en.USPI.pdf. 10. Jazz Pharmaceuticals, Inc. Jazz Pharmaceuticals receives European Commission marketing authorization for Zihera® (zanidatamab) for the treatment of advanced HER2-positive biliary tract cancer. Updated 1 July 2025. Accessed 6 August 2025. https://investor.jazzpharma.com/node/2195/pdf. 11. Pant S, et al. Presented at ASCO; 31 May-4 June 2024; Chicago, IL, USA. Poster 4091. 12. Meric-Bernstam F, et al. *Lancet Oncol.* 2022;23(12):1558-70.

Support and Acknowledgements: This trial is funded by Jazz Pharmaceuticals. Under the direction of the authors, Marita Chakhtoura, MS, PhD, of Red Nucleus (Yardley, PA, USA), provided medical writing and editorial support, which was funded by Jazz Pharmaceuticals, in accordance with Good Publication Practice (GPP 2022) guidelines (https://www.ismpp.org/gpp-2022). Jazz Pharmaceuticals also reviewed and edited the poster for scientific accuracy. The authors would like to thank all of the study investigators, study staff, nursing team, and patients for their participation in this research.
Disclosures: Vivek Subbiah has served in a consulting or advisory role for AbbVie, Bayer HealthCare Pharmaceuticals, Illumina, Incyte Corporation, Jazz Pharmaceuticals, LabCorp, Regeneron Pharmaceuticals, Relay Therapeutics, and Roche; has received support for other professional activities from Adi Biosciences, Clinical Care Communications, Illumina, Jazz Pharmaceuticals, Med Learning Group, Medscape, and Pheron Therapeutics; received grants/contracts from AbbVie, AgenSys, Alfa-Sigma, Altum, Amgen, Bayer HealthCare Pharmaceuticals, Berghealth, Blueprint Medicines, Boston Biomedical, Boston Pharmaceuticals, Celgene Corporation, Dragonfly Therapeutics, Exelixis, FUJIFILM Medical Systems USA, Genentech USA, GlaxoSmithKline, Idera Pharma, Incyte Corporation, Inhibrx, LOXO Oncology, MedImmune, MultiVir, Nanocarrier, the National Cancer Institute; the National Comprehensive Cancer Network, Novartis Pharma, OncLive, Oncusp, PERS, Pfizer, PharmaMar, Relay Therapeutics, Roche, and Takeda Oncology; and has received travel accommodations and expenses from the American Society of Clinical Oncology, the European Society of Medical Oncology, Helsinn Healthcare SA, and Incyte Corporation outside the submitted work.

Corresponding author: Vivek Subbiah, MD
vivek.subbiah@scri.com

Poster presented at the 2025 ESMO Congress; 17–21 October 2025; Berlin, Germany and Online

Subbiah V et al. ESMO 2025;Abstract 1028eTiP

Zanidatamab Clinical Development Across Multiple Tumor Types

Author/Unique Protocol Id; Phase; Trial No	Drugs	Zanidatamab Dose	Tumors Included	Number of Patients	Investigations
Harding et al. (HERIZON-BTC-01); phase IIb; NCT04466891 [44]	Zanidatamab	20 mg/kg IV every 2 weeks	locally advanced or metastatic, HER2+ve BTC (IHCh, ECC and GBC)	87	IHC
Lumish et al.; phase II; NCT04513665 [50]	Zanidatamab	20 mg/kg IV every 2 weeks	recurrent or persistent HER2+ve endometrial carcinoma and carcinosarcoma	16	IHC, FISH
Lee et al.; Phase 1b/2; NCT04276493 [48]	Zanidatamab + chemotherapy / Zanidatamab + chemotherapy + Tislelizumab	Cohort A: 30 mg/kg IV, Cohort B: 1800 mg IV (weight < 70 kg) or 2400 mg IV (weight ≥ 70 kg)	unresectable, locally advanced, recurrent, or metastatic HER2+ve Breast Cancer or Gastric cancer or GEJA	71	IHC, FISH
ZWI-ZW25-202, phase II; NCT04224272 [46]	Zanidatamab + Palbociclib + Fulvestrant	NR	unresectable, locally advanced, or metastatic disease HER2+ve breast cancer	51	NR

Kanwal W et al. *BMC Cancer* 2025;25(1):382.

Zanidatamab Ongoing Studies

Author/Unique Protocol Id; Phase; Trial No	Drugs	Zanidatamab Dose	Tumors Included	Number of Patients
Meric-Bernstam et al.; phase I; NCT02892123 [49]	Zanidatamab + chemotherapy	5 mg/kg to 30 mg/kg every 1, 2, or 3 weeks	locally advanced or metastatic, unresectable HER2 + ve tumors, received all available approved therapies, BTC, colorectal cancer, breast cancer, ovarian cancer, GEA, NSCLC	132
Tabernero et al.; phase III; NCT05152147 [51]	Zanidatamab + chemotherapy / trastuzumab + chemotherapy / Zanidatamab + chemotherapy + tislelizumab	1,800 mg (patients < 70 kg at baseline) or 2,400 mg (patients ≥ 70 kg at baseline), intravenously on day 1 of each cycle	locally advanced or metastatic, unresectable, nonresponsive to chemoradiationHER2 + ve GEA (gastroesophageal functional tumor, gastric neoplasms, and esophageal adenocarcinoma)	714
Elimova et al.; phase II; NCT06043427 [52]	Zanidatamab + Paclitaxel and Ramucirumab	assigned at enrollment	metastatic or unresectable HER2 + ve GEA (stomach, gastroesophageal junction, or esophagus)	168
Garfin et al.; phase II; NCT03929666 [53]	Zanidatamab + chemotherapy	NR	locally advanced, recurrent, or metastatic, unresectable HER2 + ve GEA, BTC (ICC, ECC, and GBC), and colorectal cancer	74
JZP598-303; phase III; NCT06435429 [54]	Zanidatamab + chemotherapy	NR	unresectable or metastatic, HER2 + ve breast cancer	550
JZP598-302; phase III; NCT06282575 [55]	Zanidatamab + Cisplatin ± PD-1/L1 inhibitor	NR	Locally advanced unresectable or metastatic HER2 + ve BTC (ICC, ECC, and GBC)	286
RHA et al.; phase II; NCT05270889 [56]	Zanidatamab and tislelizumab	1800 mg IV (weight < 70 kg) or 2400 mg IV (weight ≥ 70 kg)	advanced HER2 + ve gastric cancer or GEJA after first-line treatment	50

Kanwal W et al. *BMC Cancer* 2025;25(1):382.

Zanidatamab Ongoing Studies (Continued)

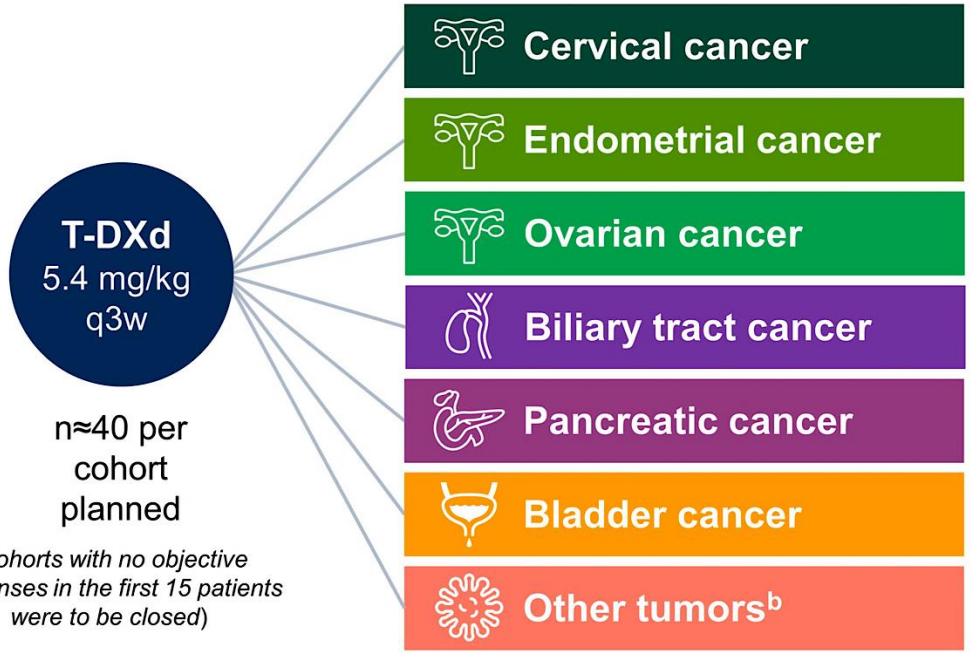
Author/Unique Protocol Id; Phase; Trial No	Drugs	Zanidatamab Dose	Tumors Included	Number of Patients
Hurvitz et al.; phase 1b/2; NCT05027139 [57]	Zanidatamab + Evorpacept	not provided	unresectable, locally advanced, or metastatic HER2 + ve breast, HER2 + ve breast cancer and HER2 overexpressing breast cancer cancer	52
Valero et al.; phase II; NCT05035836 [58]	Zanidatamab	every 2 weeks (± 3 days) for up to 6 doses	early stage, low-risk HER2 + ve breast cancer	20
Pohlmann et al.; phase I; NCT05868226 [59]	Zanidatamab + Tucatinib	NR	Metastatic HER2 + ve Breast Cancer	54
David et al.; phase III; NCT05615818 [60]	Zanidatamab + Futibatinib + Ivosidenib + Trastuzumab + Neratinib + Encorafenib + Binimetinib + Niraparib	1800 mg IV (weight < 70 kg) or 2400 mg IV (weight ≥ 70 kg)	De novo or recurrent, locally advanced unresectable or metastatic intrahepatic, HER2 + ve perihilar or distal cholangiocarcinoma, or GBC (ampullary carcinoma excluded)	800
BGB-A317-290-LTE1; phase III; NCT04164199 [48]	Zanidatamab or Tislelizumab or Pamiparib or Sitravatinib or BGB-15025 and others	NR	advanced malignancies	300

Kanwal W et al. *BMC Cancer* 2025;25(1):382.

DESTINY-PanTumor02 Study Design

An open-label, multicenter study (NCT04482309)

- Advanced solid tumors not eligible for curative therapy
- 2L+ patient population
- HER2 expression (IHC 3+ or 2+)
  - Local test or central test by HercepTest if local test not feasible (ASCO/CAP gastric cancer guidelines[1])[a]
- Prior HER2-targeting therapy allowed
- ECOG/WHO PS 0–1



Primary endpoint

- Confirmed ORR (investigator)[c]

Secondary endpoints

- DOR[c]
- DCR[c]
- PFS[c]
- OS
- Safety

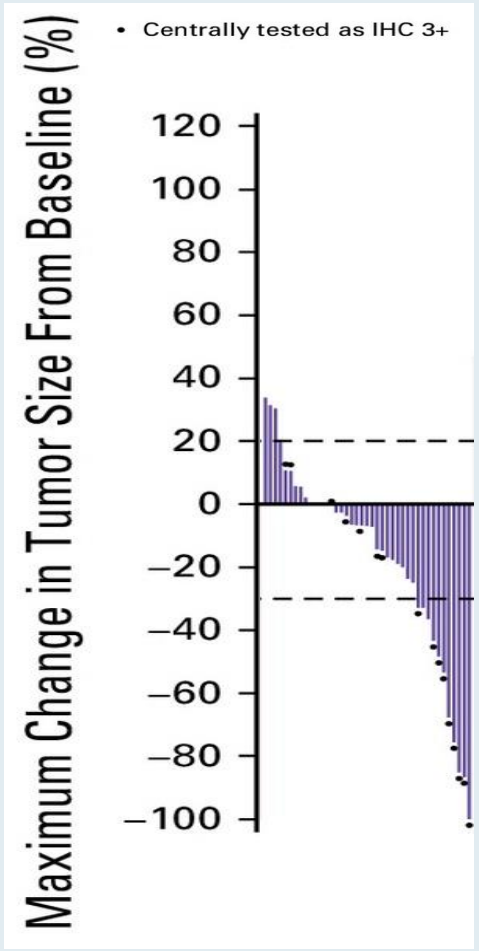
Data cut-off for analysis:

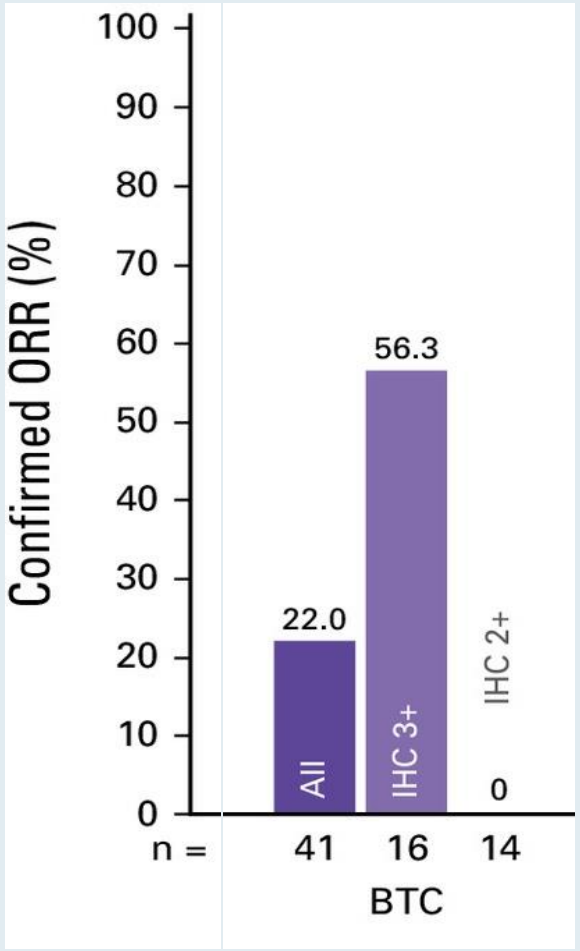
- Nov 16, 2022

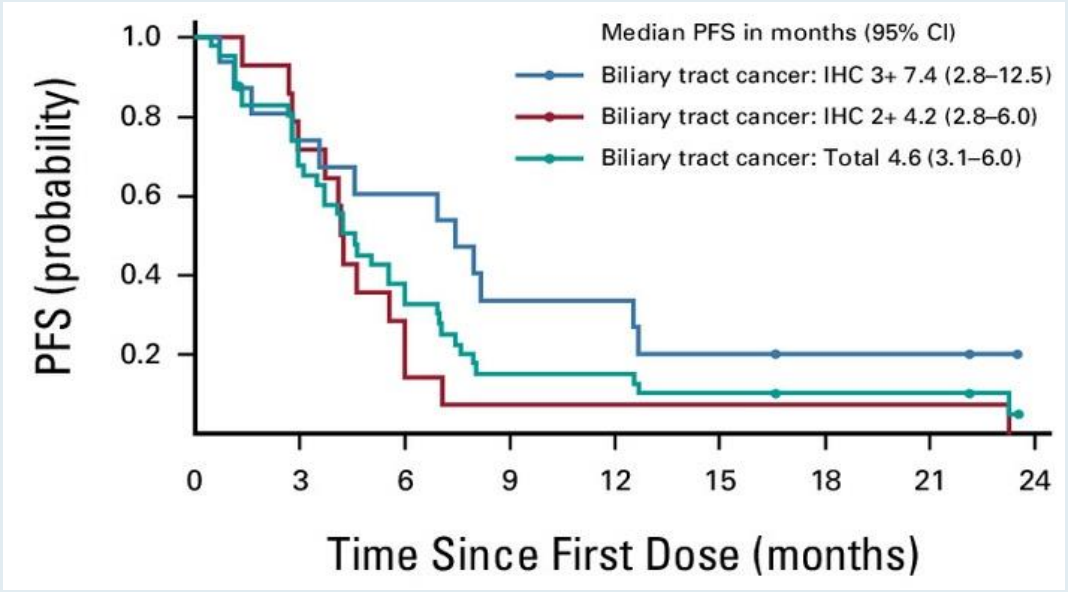
[a]Patients were eligible for either test. All patients were centrally confirmed. [b]Patients with tumors that express HER2, excluding tumors in the tumor-specific cohorts, and breast cancer, non-small cell lung cancer, gastric cancer, and colorectal cancer.
[c]Investigator-assessed per Response Evaluation Criteria In Solid Tumors version 1.1.
2L, second-line; ASCO, American Society of Clinical Oncology; DCR, disease control rate; CAP, College of American Pathologists; DOR, duration of response; ECOG, Eastern Cooperative Oncology Group; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PS, performance status; q3w, every 3 weeks; T-DXd, trastuzumab deruxtecan; WHO, World Health Organization.
1. Hofmann M, et al. *Histopathology 2008*;52(7):797–805.

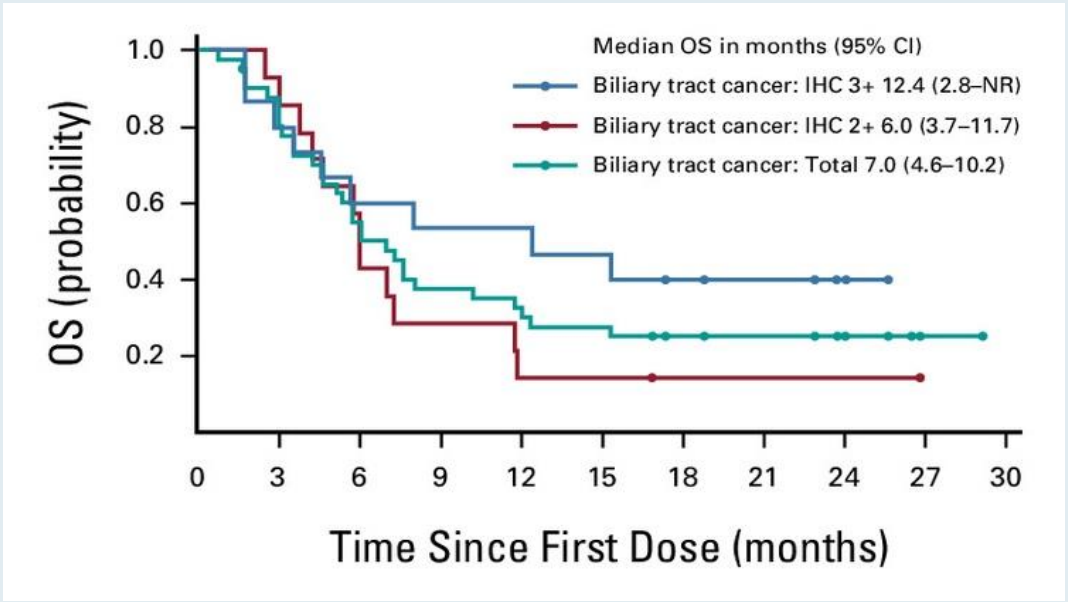
Meric-Bernstam F et al. ASCO 2023;Abstract LBA3000.

DESTINY-PanTumor02: Survival and Efficacy in Biliary Tract Cancer (BTC)









Meric-Bernstam F et al. *J Clin Oncol* 2024 January 1;42(1):47-58.

Management of HER2-Positive GI Cancers

Introduction: Assessment of HER2 Status

Case 1: Dr Lorber – 50-year-old woman

Case 2: Dr Mulherin – 67-year-old man

- Data Review: Biliary Tract Cancers

Case 3: Dr Gandhi – 56-year-old man

Case 4: Dr Gupta – 62-year-old woman

- Data Review: Colorectal Cancer

Case 5: Dr Peles – 55-year-old man

Case 6: Dr Apuri – 62-year-old man

Case 7: Dr Rudolph – 61-year-old man

- Data Review: Gastroesophageal Cancer

RTP RESEARCH TO PRACTICE

Case Presentation: 56-year-old man with HER2-positive metastatic rectal cancer who experiences disease progression on T-DXd and on capecitabine/tucatinib/trastuzumab

Dr Sunil Gandhi (Lecanto, Florida)

RTP RESEARCH TO PRACTICE

Management of HER2-Positive GI Cancers

Introduction: Assessment of HER2 Status

Case 1: Dr Lorber – 50-year-old woman

Case 2: Dr Mulherin – 67-year-old man

- Data Review: Biliary Tract Cancers

Case 3: Dr Gandhi – 56-year-old man

Case 4: Dr Gupta – 62-year-old woman

- Data Review: Colorectal Cancer

Case 5: Dr Peles – 55-year-old man

Case 6: Dr Apuri – 62-year-old man

Case 7: Dr Rudolph – 61-year-old man

- Data Review: Gastroesophageal Cancer

RTP RESEARCH TO PRACTICE

Case Presentation: 62-year-old woman with recurrent HER2-positive rectal adenocarcinoma who receives T-DXd

Dr Ranju Gupta (Bethlehem, Pennsylvania)

RTP
RESEARCH
TO PRACTICE

Management of HER2-Positive GI Cancers

Introduction: Assessment of HER2 Status

Case 1: Dr Lorber – 50-year-old woman

Case 2: Dr Mulherin – 67-year-old man

Data Review: Biliary Tract Cancers

Case 3: Dr Gandhi – 56-year-old man

Case 4: Dr Gupta – 62-year-old woman

Data Review: Colorectal Cancer

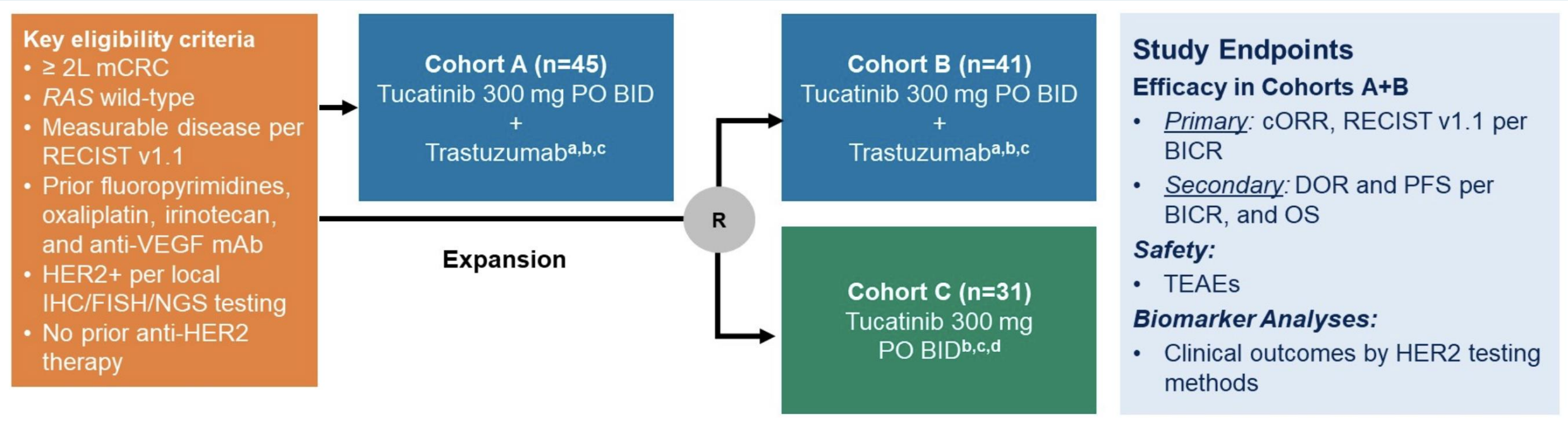
Case 5: Dr Peles – 55-year-old man

Case 6: Dr Apuri – 62-year-old man

Case 7: Dr Rudolph – 61-year-old man

Data Review: Gastroesophageal Cancer

MOUNTAINEER Phase II Study Design

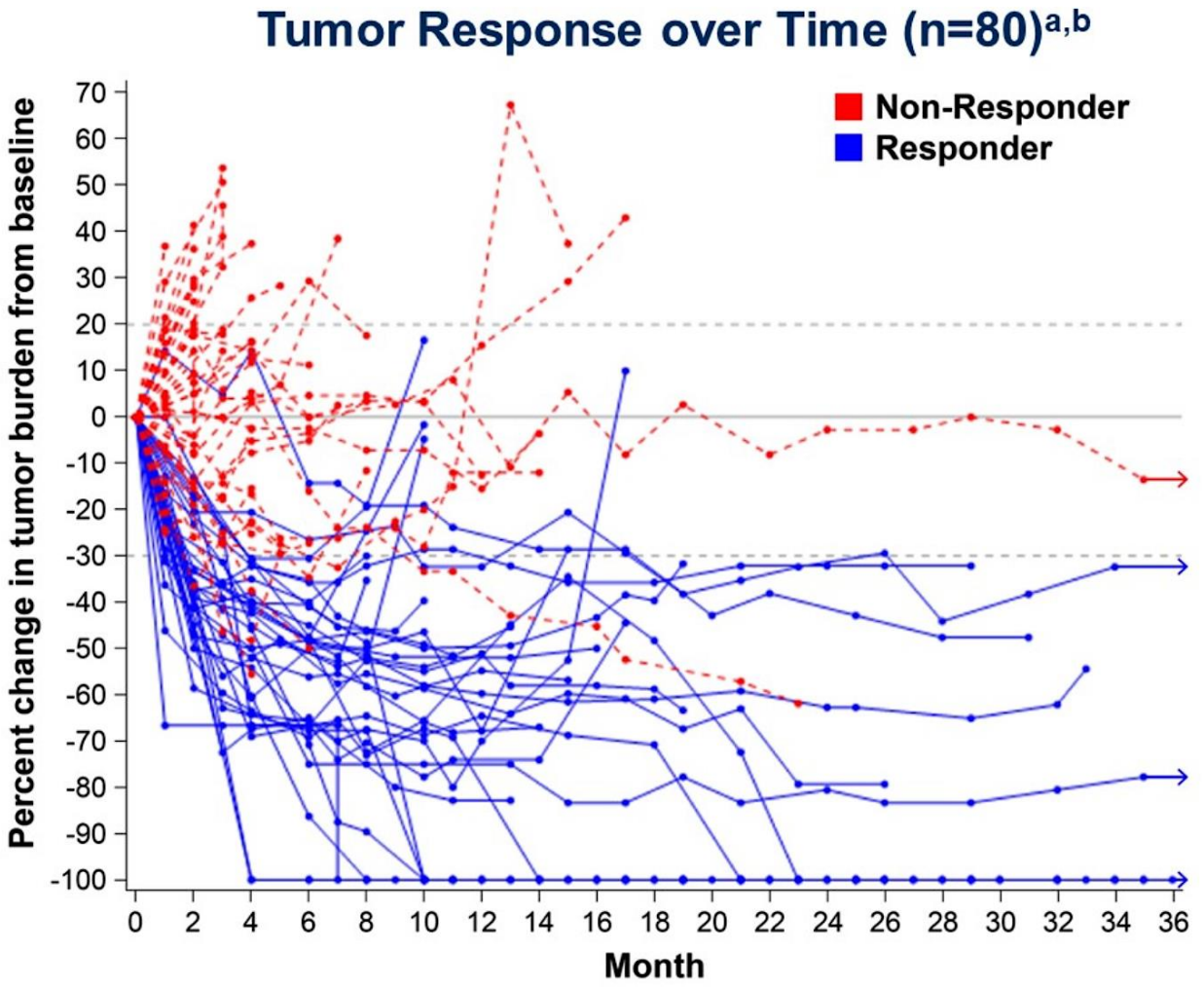


Strickler J et al. ASCO 2024;Abstract 3509.

MOUNTAINEER: Final Efficacy Outcomes

	Cohorts A+B Final analysis (n=84)
cORR, % (95% CI)	**39.3** (28.8–50.5)
Median DOR, mo (95% CI)	**15.2** (8.9–20.5)
Median PFS, mo (95% CI)	**8.1** (4.2–10.2)
Median OS, mo (95% CI)	**23.9** (18.7–28.3)

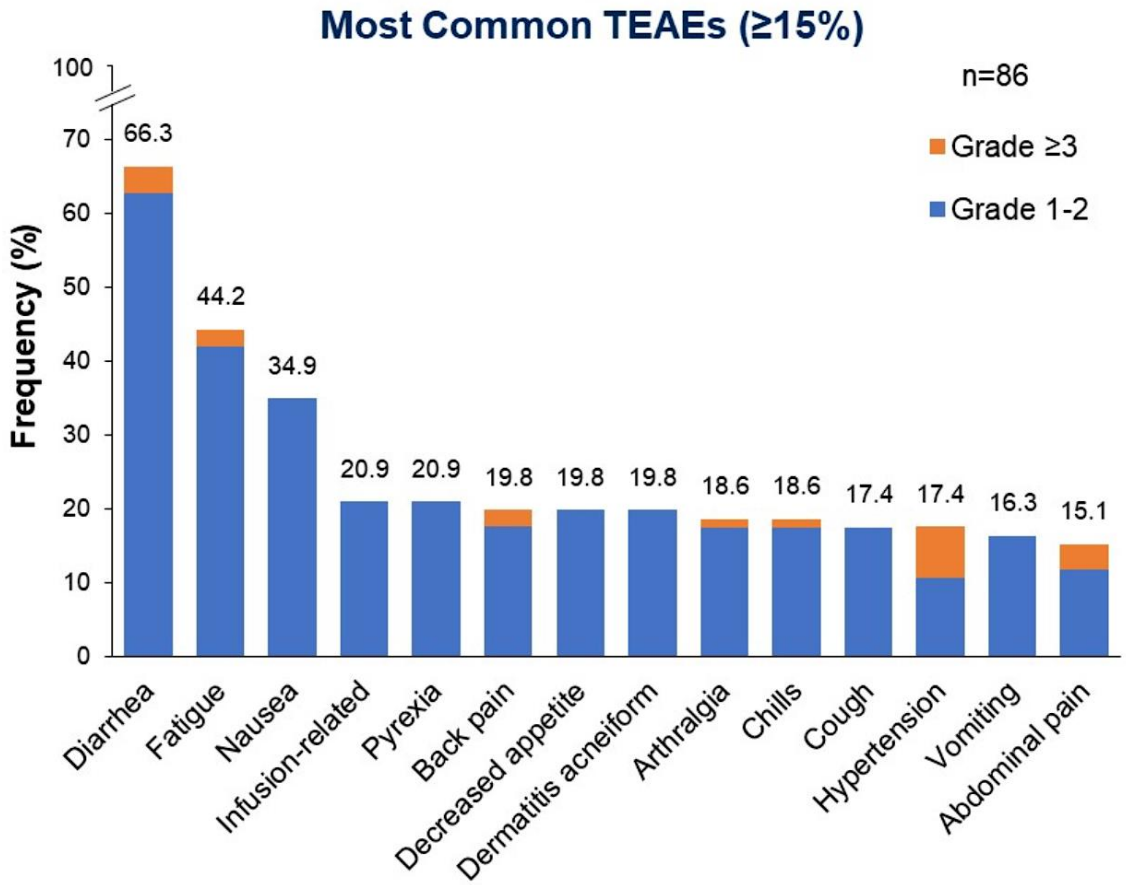
- Median follow-up: 32.4 months



Strickler J et al. ASCO 2024;Abstract 3509.

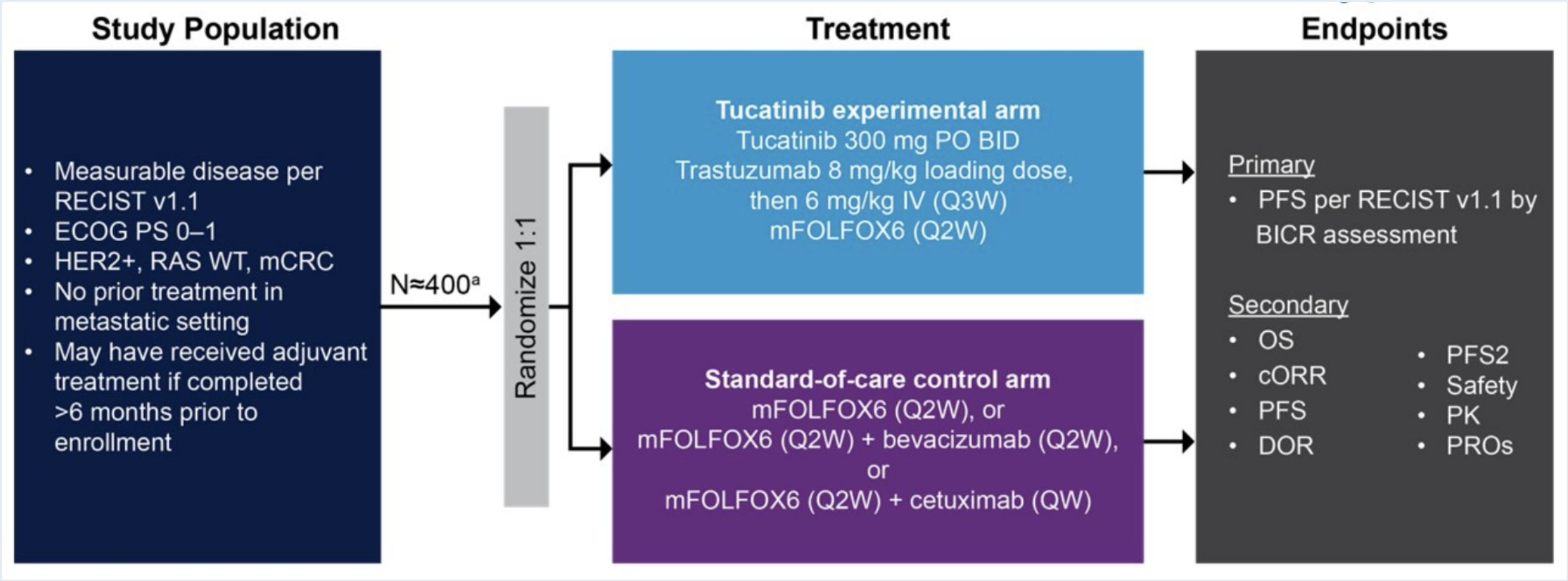
MOUNTAINEER: Safety Summary

TEAE, n (%)	Cohorts A+B (n=86)
Any TEAE	82 (95.3)
≥ Grade 3 TEAE	35 (40.7)
Any serious TEAE	20 (23.3)
Grade 5 TEAE	0
Tucatinib-related TEAE	64 (74.4)
Trastuzumab-related TEAE	59 (68.6)
TEAE leading to discontinuation of any study treatment	5 (5.8)
Discontinued tucatinib	5 (5.8)
Discontinued trastuzumab	3 (3.5)
TEAE leading to tucatinib dose modification	25 (29.1)
Held	23 (26.7)
Reduced	9 (10.5)



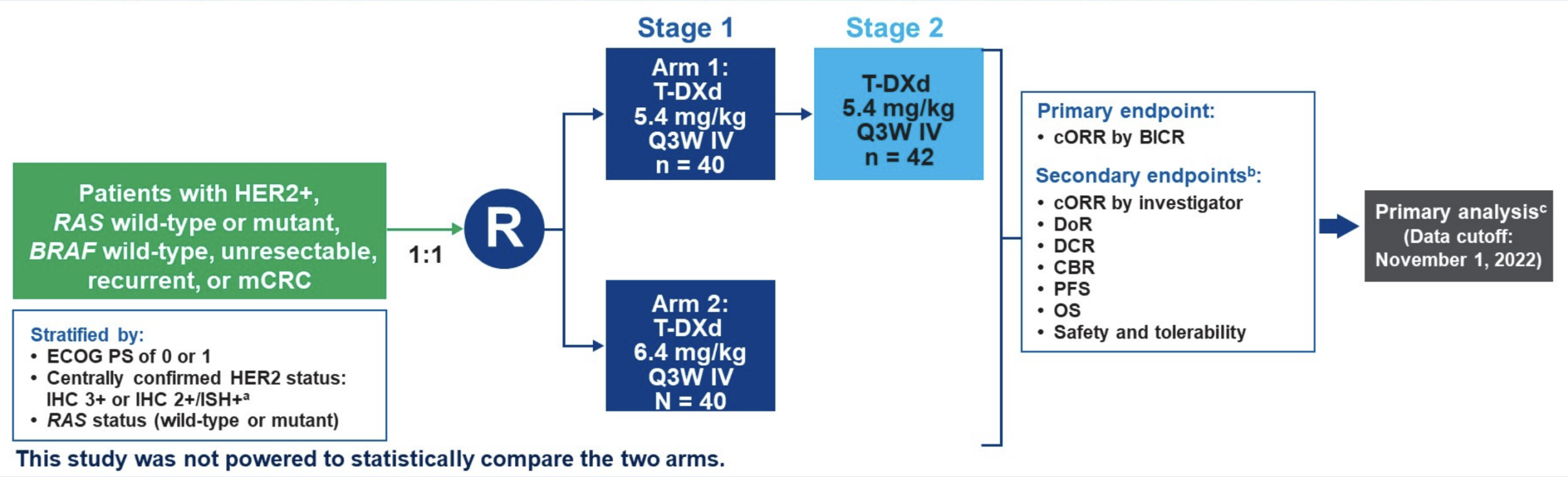
Strickler J et al. ASCO 2024;Abstract 3509.

MOUNTAINEER-03 Phase III Study Design



Bekaii-Saab T et al. ASCO 2023;Abstract TPS3631.

DESTINY-CRC02 Phase II Study Design



Raghav K et al. ASCO 2023;Abstract 3501.

DESTINY-CRC02: Incidence of Interstitial Lung Disease (ILD)

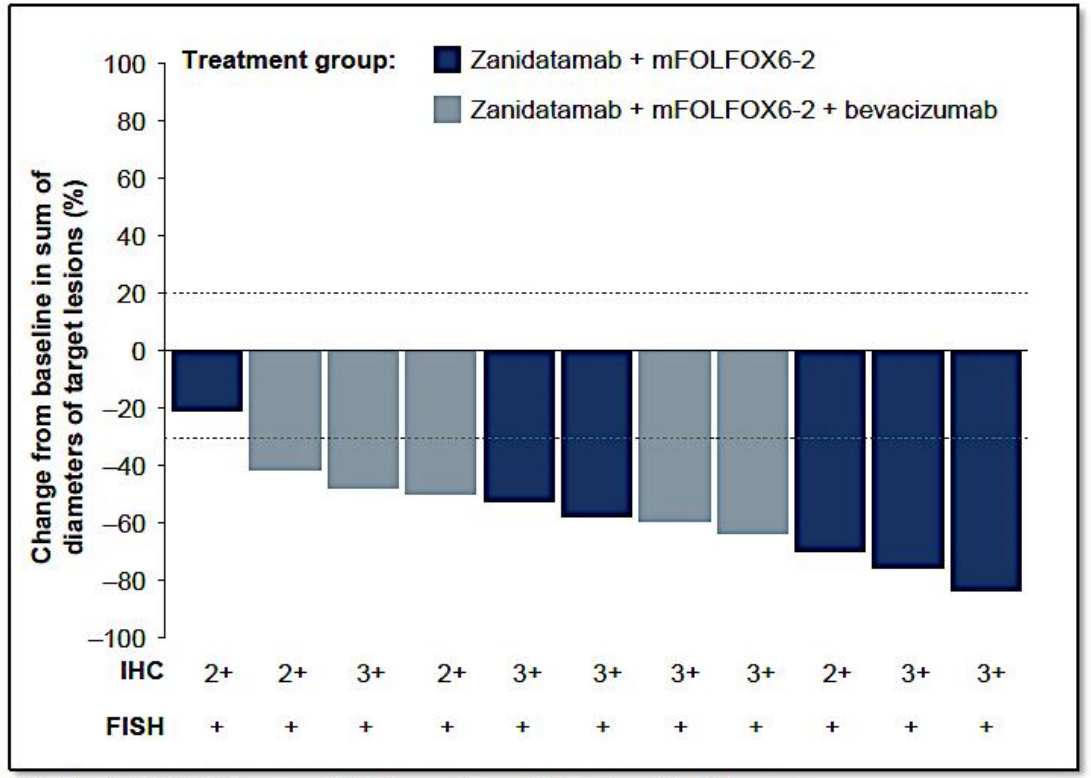
Adjudicated as drug-related ILD/pneumonitis, n (%)	T-DXd 5.4 mg/kg Q3W			T-DXd 6.4 mg/kg Q3W
	Stage 1 n = 41[a]	Stage 2 n = 42	Total N = 83	Stage 1 N = 39
Any grade	4 (9.8)	3 (7.1)	7 (8.4)	5 (12.8)
Grade 1	1 (2.4)	0	1 (1.2)	2 (5.1)
Grade 2	3 (7.3)	3 (7.1)	6 (7.2)	2 (5.1)
Grade 3	0	0	0	0
Grade 4	0	0	0	0
Grade 5	0	0	0	1 (2.6)[b]

Raghav K et al. ASCO 2023;Abstract 3501.

First-Line Zanidatamab and Chemotherapy for Patients with HER2-Positive Metastatic Colorectal Cancer

	Zanidatamab + mFOLFOX6-2 (n=6)	Zanidatamab + mFOLFOX6-2 + bevacizumab (n=5)	Total (N=11)
cORR			
n (%)	5 (83.3)	5 (100)	10 (90.9)
95% CI	35.9, 99.6	47.8, 100	58.7, 99.8
cBOR, n (%)			
CR	0 (0)	0 (0)	0 (0)
PR	5 (83.3)	5 (100)	10 (90.9)
SD	1 (16.7)	0 (0)	1 (9.1)
PD	0 (0)	0 (0)	0 (0)
DCR[b]			
n (%)	6 (100)	5 (100)	11 (100)
95% CI	54.1, 100	47.8, 100	71.5, 100

Median (range) duration of response:
Not reached (2.9+-16.7+) months



Dotted lines indicate 20% increase or 30% decrease in sum of diameters of target tumours.

cORR = confirmed objective response rate; cBOR = confirmed best overall response; DCR = disease control rate

Rha SY et al. ESMO 2024;Abstract 516MO.

Adverse Events with First-Line Zanidatamab in Combination with Chemotherapy for Patients with HER2-Positive Metastatic Colorectal Cancer

	Zanidatamab + mFOLFOX6-2 (n=6)		Zanidatamab + mFOLFOX6-2 + bevacizumab (n=7)[a]		Total (N=13)	
Any TEAE, n (%)	6 (100)		7 (100)		13 (100)	
Any TRAE,[b] n (%) Grade 1-2 Grade 3-4 Grade 5	6 (100) 4 (66.7) 2 (33.3) 0 (0)		7 (100) 4 (57.1) 3 (42.9) 0 (0)		13 (100) 8 (61.5) 5 (38.5) 0 (0)	
Serious TRAE,[b] n (%)	1 (16.7)		1 (14.3)		2 (15.4)	
TRAEs leading to zanidatamab discontinuation, n (%)	0 (0)		0 (0)		0 (0)	
Most common TRAEs,[b,c] n (%)	**Any grade**	**Grade 3-4**	**Any grade**	**Grade 3-4**	**Any grade**	**Grade 3-4**
Diarrhoea	4 (66.7)	1 (16.7)	7 (100)	2 (28.6)	11 (84.6)	3 (23.1)
Nausea	4 (66.7)	0 (0)	5 (71.4)	1 (14.3)	9 (69.2)	1 (7.7)
Peripheral sensory neuropathy	4 (66.7)	0 (0)	3 (42.9)	1 (14.3)	7 (53.8)	1 (7.7)
Fatigue	1 (16.7)	0 (0)	3 (42.9)	1 (14.3)	4 (30.8)	1 (7.7)
Infusion-related reaction	2 (33.3)	0 (0)	2 (28.6)	0 (0)	4 (30.8)	0 (0)
Stomatitis	3 (50.0)	0 (0)	1 (14.3)	0 (0)	4 (30.8)	0 (0)
Ejection fraction decreased	2 (33.3)	0 (0)	1 (14.3)	1 (14.3)	3 (23.1)	1 (7.7)
Vomiting	1 (16.7)	0 (0)	2 (28.6)	1 (14.3)	3 (23.1)	1 (7.7)

- Two of 12 DLT-evaluable patients had DLTs (diarrhoea) – 1 in each regimen
  - ✓ Diarrhoea resolved with concomitant medication
- Three serious TRAEs in 2 patients
  - ✓ One patient experienced dehydration[d]
  - ✓ One patient experienced colitis and acute kidney injury
- No discontinuations of zanidatamab due to TRAEs and no treatment-related deaths

Rha SY et al. ESMO 2024;Abstract 516MO.

A 2-Year Follow-Up of Zanidatamab + mFOLFOX6 ± Bevacizumab in First-Line Treatment of Patients with Human Epidermal Growth Factor Receptor 2 (HER2)-Positive Advanced/Metastatic Colorectal Cancer

Rha SY et al.

ESMO 2025;Abstract 746P.

POSTER SESSION

746P A 2-Year Follow-Up of Zanidatamab + mFOLFOX6 ± Bevacizumab in First-Line Treatment of Patients With Human Epidermal Growth Factor Receptor 2 (HER2)-Positive Advanced/Metastatic Colorectal Cancer

Sun Young Rha[1], Keun-Wook Lee[2]*, Soohyeon Lee[3], Yoon-Koo Kang[4], Sreenivasa Chandana[5], Anrried Escalante[6], Chengzhi Xie[7], Phillip M Garfin[8], Syma Iqbal[9]

*Presenting author

[1]Yonsei Cancer Center, Yonsei University College of Medicine, Yonsei University Health System, Seoul, Republic of Korea; [2]Seoul National University Bundang Hospital, Seoul National University College of Medicine, Seongnam, Republic of Korea; [3]Korea University Anam Hospital, Korea University College of Medicine, Seoul, Republic of Korea; [4]Asan Medical Center, University of Ulsan College of Medicine, Seoul, Republic of Korea; [5]The Cancer & Hematology Centers, Grand Rapids, MI, USA; [6]ICEGCLINIC, Santiago, Chile; [7]Jazz Pharmaceuticals, Philadelphia, PA, USA; [8]Jazz Pharmaceuticals, Palo Alto, CA, USA; [9]University of Southern California Norris Comprehensive Cancer Center, Los Angeles, CA, USA

Plain Language Summary

Why did we perform this research?
- People with advanced colorectal cancer that has too much of a protein called HER2 often have a short life expectancy and limited treatment options when first diagnosed

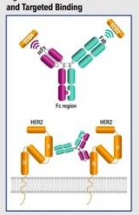
How did we perform this research?
- This study looked at whether a medicine called zanidatamab, which targets HER2, added to standard chemotherapy (a mix of 5-fluorouracil [5-FU], oxaliplatin, and leucovorin), could help treat these patients

What were the results of this research?
- After 2 years of follow-up, the study showed that patients may benefit from the addition of zanidatamab to their treatment
- Nearly all patients who received treatment in the study had their tumours shrink and survived for many months without any extra safety concerns
- Side effects were usually manageable and did not cause any of the patients to stop zanidatamab treatment

Background

- HER2 is amplified and/or overexpressed in approximately 2%–6% of colorectal cancer (CRC) cases and is a treatment target[1-3]
- Although HER2 testing is encouraged, ESMO guidelines only recommend HER2-directed therapy, such as trastuzumab, for the treatment of HER2-positive metastatic CRC (mCRC) in second-line and beyond[4]; in separate studies, trastuzumab plus tucatinib and trastuzumab deruxtecan each demonstrated a confirmed objective response rate (cORR) of 38% in patients with pretreated HER2-positive mCRC[5,6]
- With promising results in later lines of treatment, there is justification for broader incorporation of HER2-targeted therapies in the first-line (1L) setting for patients with HER2-positive mCRC

Figure 1. Zanidatamab Structure and Targeted Binding



ECD, extracellular domain; Fab, fragment antigen-binding; Fc, fragment crystallizable; HER2, human epidermal growth factor receptor 2; scFv, single-chain variable fragment.

- Zanidatamab is a dual HER2-targeted bispecific antibody that binds to 2 distinct domains on HER2, promoting HER2 crosslinking not observed with trastuzumab or trastuzumab plus pertuzumab[7]
- In preclinical studies, zanidatamab drove multiple antitumour mechanisms of action, including[7]
  - Facilitation of HER2 internalisation and degradation
  - Reduction of HER2 on the cell surface and inhibition of HER2 signalling pathways
  - Activation of immune-mediated antitumour effects (complement-dependent cytotoxicity as well as antibody-dependent cellular cytotoxicity and phagocytosis)
- Zanidatamab received accelerated approval in the US and conditional approvals in China and the EU for adults with previously treated, unresectable, or metastatic HER2-positive (immunohistochemistry [IHC] 3+) biliary tract cancer (BTC) based on the phase 2 HERIZON-BTC-01 trial[8-10]
- In a first-in-human, phase 1 study across a range of HER2-positive solid tumours, zanidatamab monotherapy demonstrated promising antitumour activity (cORR, 38%) and a manageable safety profile in 26 patients with heavily pretreated mCRC[11]
- This study evaluated zanidatamab plus 5-FU plus oxaliplatin and the folinic acid leucovorin (mFOLFOX6) ± bevacizumab for the 1L treatment of patients with HER2-expressing mCRC
  - At an earlier data cutoff (31 October 2023), the cORR was 91%; 23% of patients experienced dose-limiting toxicities (DLTs), and grade 3–4 treatment-related adverse events (TRAEs) were reported in 38% of patients[12]

Objective

- To present updated (2 years of follow-up) antitumour activity and safety of 1L zanidatamab combined with mFOLFOX6-2 with or without bevacizumab in patients with HER2-expressing mCRC

Methods (CRC Cohort)

- This is a global, open-label, phase 2 trial (NCT03929666) evaluating zanidatamab plus standard combination chemotherapy for HER2-expressing gastrointestinal cancers, including gastro-oesophageal adenocarcinoma,[13] BTC,[14] and CRC

Figure 2. Study Design

*Acetaminophen, diphenhydramine, and corticosteroid. †Leucovorin. Pre-protocol, chemotherapy was required for 6 cycles unless patients experienced unacceptable toxicity, withdrew consent, had clinical disease progression, or had radiological progression per RECIST v1.1. Continuation of chemotherapy was at the discretion of the investigator and patient after cycle 6. Patients who stopped oxaliplatin without disease progression and for reasons that were not related to zanidatamab toxicity could continue on to receive 5-FU with zanidatamab with or without bevacizumab. Patients who discontinued 5-FU also had to discontinue oxaliplatin. When both 5-FU and oxaliplatin were discontinued, bevacizumab was also stopped. Patients could continue on zanidatamab monotherapy if chemotherapy was discontinued due to toxicity unrelated to zanidatamab. 5-FU, 5-fluorouracil; AE, adverse event; BRAF, v-Raf murine sarcoma viral oncogene homolog B; CRC, colorectal cancer; CT, computed tomography; DCR, disease control rate; DLT, dose-limiting toxicity; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; FISH, fluorescence in situ hybridization; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; IRR, infusion-related reaction; KRAS, Kirsten rat sarcoma viral oncogene homolog; MRI, magnetic resonance imaging; NRAS, neuroblastoma RAS viral oncogene homolog; OS, overall survival; PFS, progression-free survival; Q2W, every 2 weeks; Q8W, every 8 weeks; RAS, RAS type GTPase family of genes; RECIST v1.1, Response Evaluation Criteria in Solid Tumours version 1.1; SAE, serious AE.

- Patients received a modified dose of FOLFOX6 (mFOLFOX6-2) that does not include the 5-FU 400 mg/m² intravenous bolus

Results

Table 1. Demographics and Baseline Disease Characteristics in Patients With HER2-Positive mCRC

	Zanidatamab + mFOLFOX6-2 (n = 6)	Zanidatamab + mFOLFOX6-2 + bevacizumab (n = 7)	Total (N = 13)
Age, median, years (range)	50.5 (35–64)	58.0 (36–83)	55.0 (35–83)
<65 years, n (%)	6 (100)	5 (71)	11 (85)
≥65 years, n (%)	0	2 (29)	2 (15)
Male, n (%)	3 (50)	6 (86)	9 (69)
Race, n (%)			
Asian	4 (67)	6 (86)	10 (77)
White	2 (33)	1 (14)	3 (23)
Ethnicity, n (%)			
Hispanic or Latino	1 (17)	0	1 (8)
Not Hispanic or Latino	5 (83)	7 (100)	12 (92)
ECOG PS, n (%)			
0	2 (33)	2 (29)	4 (31)
1	4 (67)	5 (71)	9 (69)
Primary diagnosis, n (%)			
Colon adenocarcinoma	3 (50)	4 (57)	7 (54)
Rectal adenocarcinoma	3 (50)	3 (43)	6 (46)
Disease stage at initial diagnosis, n (%)			
IIB	0	1 (14)	1 (8)
IIIA	0	1 (14)	1 (8)
IV	6 (100)	5 (71)	11 (85)
Centrally confirmed HER2 status, n (%)			
IHC 2+/FISH+	2 (33)	3 (43)	5 (38)
IHC 3+	4 (67)	4 (57)	8 (62)
Measurable disease per RECIST v1.1, n (%)	6 (100)	6 (86)	12 (92)

ECOG PS, Eastern Cooperative Oncology Group performance status; FISH, fluorescence in situ hybridization; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; mCRC, metastatic colorectal cancer; mFOLFOX6-2, modified dose of 5-fluorouracil and leucovorin and oxaliplatin; RECIST v1.1, Response Evaluation Criteria in Solid Tumours version 1.1.

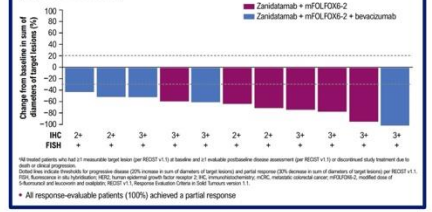
- The trial enrolled patients at investigational sites in 4 countries (Canada, Chile, Republic of Korea, and the US)
- Between 3 May 2022 and 21 August 2023, 13 patients with mCRC were enrolled and treated (zanidatamab + mFOLFOX6-2, n = 6; zanidatamab + mFOLFOX6-2 + bevacizumab, n = 7)
- As of the last patient last visit (30 August 2025), the median (range) duration of follow-up was 39.2 (24.3–40.0) months for zanidatamab in combination with mFOLFOX6-2 and 33.6 (26.8–39.5) months for zanidatamab in combination with mFOLFOX6-2 and bevacizumab
  - Nine (69%) patients were still on study at time of termination by the sponsor; prior to study end, 3 (23%) patients withdrew consent and 1 (8%) patient from the zanidatamab + mFOLFOX6-2 group died
- The median (range) duration of zanidatamab treatment was 22.7 (8.1–39.6) months for the zanidatamab + mFOLFOX6-2 group and 10.2 (0–34.7) months when bevacizumab was included; the median (range) number of zanidatamab treatment cycles was 23.5 (9–42) for the zanidatamab + mFOLFOX6-2 group and 11.0 (1–37) when bevacizumab was included

Table 2. Disease Response in Patients With HER2-Positive mCRC by Investigator Assessment per RECIST v1.1 (Response-Evaluable Patients)[a]

	Zanidatamab + mFOLFOX6-2 (n = 6)	Zanidatamab + mFOLFOX6-2 + bevacizumab (n = 5)	Total (n = 11)
Confirmed objective response rate, n (%)	6 (100)	5 (100)	11 (100)
(95% CI)	(54–100)	(48–100)	(72–100)
Confirmed best overall response, n (%)			
Partial response	6 (100)	5 (100)	11 (100)
Disease control rate,[b] n (%)	6 (100)	5 (100)	11 (100)
(95% CI)	(54–100)	(48–100)	(72–100)

[a]All treated patients who had ≥1 measurable target lesion (per RECIST v1.1) at baseline and ≥1 evaluable postbaseline disease assessment (per RECIST v1.1) or discontinued study treatment due to death or clinical progression. [b]Disease control rate was defined as a best overall response of stable disease, partial response, or complete response. CI, confidence interval; HER2, human epidermal growth factor receptor 2; mCRC, metastatic colorectal cancer; mFOLFOX6-2, modified dose of 5-fluorouracil and leucovorin and oxaliplatin; RECIST v1.1, Response Evaluation Criteria in Solid Tumours version 1.1.

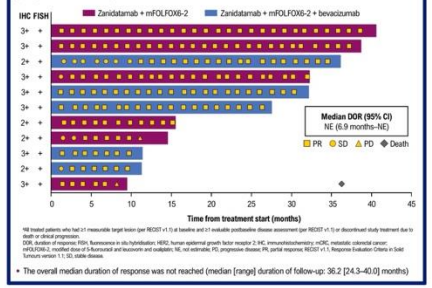
Figure 3. Change in Target Lesion Size in Patients With HER2-Positive mCRC (Response-Evaluable Set)[a]



[a]All treated patients who had ≥1 measurable target lesion (per RECIST v1.1) at baseline and ≥1 evaluable postbaseline disease assessment (per RECIST v1.1) or discontinued study treatment due to death or clinical progression. Dotted lines indicate thresholds for progressive disease (20% increase in sum of diameters of target lesions) and partial response (30% decrease in sum of diameters of target lesions) per RECIST v1.1. FISH, fluorescence in situ hybridization; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; mCRC, metastatic colorectal cancer; mFOLFOX6-2, modified dose of 5-fluorouracil and leucovorin and oxaliplatin; RECIST v1.1, Response Evaluation Criteria in Solid Tumours version 1.1.

- All response-evaluable patients (100%) achieved a partial response

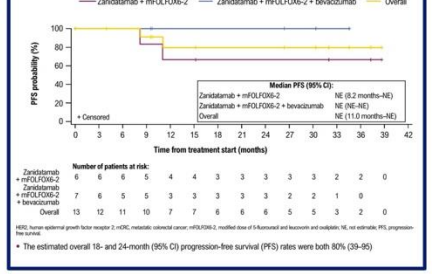
Figure 4. Treatment Duration and Response in Patients With HER2-Positive mCRC (Response-Evaluable Set)[a]



[a]All treated patients who had ≥1 measurable target lesion (per RECIST v1.1) at baseline and ≥1 evaluable postbaseline disease assessment (per RECIST v1.1) or discontinued study treatment due to death or clinical progression. DOR, duration of response; FISH, fluorescence in situ hybridization; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; mCRC, metastatic colorectal cancer; mFOLFOX6-2, modified dose of 5-fluorouracil and leucovorin and oxaliplatin; NE, not estimable; PD, progressive disease; PR, partial response; RECIST v1.1, Response Evaluation Criteria in Solid Tumours version 1.1; SD, stable disease.

- The overall median duration of response was not reached (median [range] duration of follow-up: 36.2 [24.3–40.0] months)

Figure 5. Kaplan-Meier Analysis of PFS in Patients With HER2-Positive mCRC



HER2, human epidermal growth factor receptor 2; mCRC, metastatic colorectal cancer; mFOLFOX6-2, modified dose of 5-fluorouracil and leucovorin and oxaliplatin; NE, not estimable; PFS, progression-free survival.

- The estimated overall 18- and 24-month (95% CI) progression-free survival (PFS) rates were both 80% (39–95)

Table 3. Summary of Safety in Patients With HER2-Positive mCRC

	Zanidatamab + mFOLFOX6-2 (n = 6)		Zanidatamab + mFOLFOX6-2 + bevacizumab (n = 7)		Total (N = 13)	
Any TRAE,[a] n (%)	6 (100)		7 (100)		13 (100)	
Grade 1–2	3 (50)		4 (57)		7 (54)	
Grade ≥3	3 (50)		3 (43)		6 (46)	
Serious TRAE,[a] n (%)	1 (17)		1 (14)		2 (15)	
AEs leading to zanidatamab dose reduction, n (%)	1 (17)		0		1 (8)	
AEs leading to zanidatamab dose discontinuation, n (%)	0		0		0	
AESI, n (%)	**Grade 1–2**	**Grade ≥3**	**Grade 1–2**	**Grade ≥3**	**Grade 1–2**	**Grade ≥3**
Infusion-related reaction	3 (50)	0	2 (29)	0	5 (38)	0
Noninfectious pulmonary toxicities	1 (17)	0	0	0	1 (8)	0
Left ventricular dysfunction	0	0	0	0	0	0

[a]TRAEs could be related to zanidatamab and/or mFOLFOX6-2 and/or bevacizumab.
AE, adverse event; AESI, AE of special interest; HER2, human epidermal growth factor receptor 2; mCRC, metastatic colorectal cancer; mFOLFOX6-2, modified dose of 5-fluorouracil and leucovorin and oxaliplatin; TRAE, treatment-emergent AE; TRAE, treatment-related AE.

- No new safety concerns were observed with longer-term follow-up
- No serious TRAEs occurred in more than 2 patients
- There were no zanidatamab discontinuations due to AEs of any cause, and 1 patient received a reduced zanidatamab dose due to AEs

Table 4. TRAEs Occurring in ≥20% of Patients With HER2-Positive mCRC

	Zanidatamab + mFOLFOX6-2 (n = 6)		Zanidatamab + mFOLFOX6-2 + bevacizumab (n = 7)		Total (N = 13)	
Preferred term, n (%)	**Grade 1–2**	**Grade ≥3**	**Grade 1–2**	**Grade ≥3**	**Grade 1–2**	**Grade ≥3**
Diarrhoea	3 (50)	1 (17)	5 (71)	2 (29)	8 (62)	3 (23)
Nausea	4 (67)	0	4 (57)	1 (14)	8 (62)	1 (8)
Peripheral sensory neuropathy	5 (83)	0	3 (43)	1 (14)	8 (62)	1 (8)
Ejection fraction decreased	2 (33)	0	2 (29)	1 (14)	4 (31)	1 (8)
Infusion-related reaction	3 (50)	0	2 (29)	0	5 (38)	0
Stomatitis	3 (50)	0	2 (29)	0	5 (38)	0
Fatigue	1 (17)	0	2 (29)	1 (14)	3 (23)	1 (8)
Vomiting	2 (33)	0	1 (14)	1 (14)	3 (23)	1 (8)
Neutrophil count decreased	0	1 (17)	1 (14)	1 (14)	1 (8)	2 (15)

HER2, human epidermal growth factor receptor 2; mCRC, metastatic colorectal cancer; mFOLFOX6-2, modified dose of 5-fluorouracil and leucovorin and oxaliplatin; TRAE, treatment-related adverse event.

- Diarrhoea was the most common grade ≥3 TRAE, occurring in 1/6 (17%) patients receiving zanidatamab + mFOLFOX6-2 and in 2/7 (29%) patients receiving zanidatamab + mFOLFOX6-2 + bevacizumab

Conclusions

- After 2 years of additional follow-up, zanidatamab plus chemotherapy ± bevacizumab continued to demonstrate encouraging antitumour activity and a generally manageable safety profile as 1L treatment for patients with HER2-positive mCRC
  - No patients discontinued zanidatamab due to TRAEs
  - At the last patient last visit, the cORR was 100%, with an additional partial response since the previously reported data cutoff (31 October 2023)[12]
  - Median PFS and duration of response were not reached; there was 1 death reported
- Clinical investigation of zanidatamab monotherapy in previously treated, HER2-positive mCRC is ongoing in the phase 2 tumour-agnostic DiscovHER PAN-206 study[15]

References: 1. Ingold Heppner B, *et al. Br J Cancer.* 2014;111(10):1977-84. 2. Siena S, *et al. Ann Oncol.* 2018;29(5):1108-19. 3. Seo AN, *et al. PLoS One.* 2014;9(5):e98528. 4. Cervantes A, *et al. Ann Oncol.* 2023;34(1):10-32. 5. Strickler JH, *et al. Lancet Oncol.* 2023;24(5):P496-508. 6. Raghav K, *et al. Lancet Oncol.* 2024;25(8):P1147-62. 7. Weisser NE, *et al. Nature Commun.* 2023;14(1):1394. 8. Harding JJ, *et al. Lancet Oncol.* 2023;24(7):772-82. 9. Zihieni (zanidatamab-hrii) for injection, for intravenous use. Package insert. Jazz Pharmaceuticals, Inc.; 2025. Accessed 28 May 2025. https://jazzpharma.com/pi/zihieni-eu.en.USPI.pdf. 10. Jazz Pharmaceuticals, Inc. Jazz Pharmaceuticals receives European Commission marketing authorization for Zanidatamab for the treatment of advanced HER2-positive biliary tract cancer. 1 July 2025. Accessed 7 August 2025. https://investor.jazzpharma.com/node/21901/pdf. 11. Mario-Bernstein I, *et al. Lancet Oncol.* 2022;23(12):1558-70. 12. Rha SY, *et al. Ann Oncol.* 2024;35(suppl 2):S436-7. 13. Elimova E, *et al. Lancet Oncol.* 2025;26(7):847-59. 14. Oh DY, *et al. Ann Oncol.* 2025;36(suppl 1):S123-4. 15. Jazz Pharmaceuticals. A phase 2 study of zanidatamab in patients with HER2-expressing tumors. ClinicalTrials.gov. Revised 11 August 2025. Accessed 12 August 2025. https://clinicaltrials.gov/study/NCT06695845.

Support and Acknowledgements: Clinical research was funded by Jazz Pharmaceuticals. Under the direction of the authors, Marita Chakhtoura, MS, PhD, of Red Nucleus (Yardley, PA, USA), provided medical writing and editorial support, which was funded by Jazz Pharmaceuticals, in accordance with Good Publication Practice (GPP 2022) guidelines (https://www.ismpp.org/gpp-2022). Jazz Pharmaceuticals also reviewed and edited the poster for scientific accuracy. The authors would like to thank all of the study investigators, study staff, nursing team, and patients for their participation in this research.

Disclosures: Sun Young Rha reports advisory roles for Astellas, Amgen, Astellas Pharma, AstraZeneca, Daiichi Sankyo, Eisai, Eutilex, Inducure, LG Chem, MSD Oncology, Ono Pharmaceutical, and Tong Industries; participation in speakers bureaus for Amgen, AstraZeneca, Bristol Myers Squibb/Ono Pharmaceutical, Daiichi Sankyo/UCB Japan, Eisai, and MSD Oncology; and receipt of research funding from Amgen, ASLAN Pharmaceuticals, Astellas Pharma, AstraZeneca, Bayer, BeiGene, Bristol Myers Squibb, Daiichi Sankyo, Eisai, Inducure, Lilly, MSD Oncology, Roche/Genentech, Sillajen, and Zymeworks. Keun-Wook Lee reports honoraria from Astellas Pharma, Bayer, Daiichi Sankyo, JW Pharmaceutical, Merck KGaA, and SanofiAventis; contribution in a consulting or advisory role for Astellas Pharma, Daiichi Sankyo, MetaFree and MSD; receipt of institutional research funding from ALX Oncology, Amgen, Arcus Biosciences, Astellas Pharma, AstraZeneca/Medimmune, BeiGene, Boll Biotherapeutics, Daiichi Sankyo, Dewar Therapeutics, Genome & Company, Kilong Pharmaceutical, Inventiblio, Lwap Therapeutics, MacroGenics, MetPeptic, Merck KGaA, MSD, Ono Pharmaceutical, Roche, Seagen, Taho Pharmaceutical, Trishula Therapeutics, 9 BIO, DOCS, and Zymeworks; and uncompensated relationships with ALX Oncology.

Poster presented at the 2025 ESMO Congress: 17–21 October 2025; Berlin, Germany, and Online

Corresponding author: Keun-Wook Lee, MD, endocter@snu.ac.kr

Rha SY et al. ESMO 2025;Abstract 746P

RTP RESEARCH TO PRACTICE

Management of HER2-Positive GI Cancers

Introduction: Assessment of HER2 Status

Case 1: Dr Lorber – 50-year-old woman

Case 2: Dr Mulherin – 67-year-old man

- Data Review: Biliary Tract Cancers

Case 3: Dr Gandhi – 56-year-old man

Case 4: Dr Gupta – 62-year-old woman

- Data Review: Colorectal Cancer

Case 5: Dr Peles – 55-year-old man

Case 6: Dr Apuri – 62-year-old man

Case 7: Dr Rudolph – 61-year-old man

- Data Review: Gastroesophageal Cancer

RTP RESEARCH TO PRACTICE

Case Presentation: 55-year-old man with HER2-positive metastatic GEJ adenocarcinoma who receives FOLFOX/trastuzumab and achieves CR by imaging and ctDNA testing

Dr Shachar Peles (Lake Worth, Florida)

RTP RESEARCH TO PRACTICE

Management of HER2-Positive GI Cancers

Introduction: Assessment of HER2 Status

Case 1: Dr Lorber – 50-year-old woman

Case 2: Dr Mulherin – 67-year-old man

- Data Review: Biliary Tract Cancers

Case 3: Dr Gandhi – 56-year-old man

Case 4: Dr Gupta – 62-year-old woman

- Data Review: Colorectal Cancer

Case 5: Dr Peles – 55-year-old man

Case 6: Dr Apuri – 62-year-old man

Case 7: Dr Rudolph – 61-year-old man

- Data Review: Gastroesophageal Cancer

RTP RESEARCH TO PRACTICE

Case Presentation: 62-year-old man with recurrent HER2-positive, claudin 18.2-positive metastatic esophageal adenocarcinoma (PD-L1 CPS 5)

Dr Susmitha Apuri (Inverness and Lecanto, Florida)

RTP RESEARCH TO PRACTICE

Management of HER2-Positive GI Cancers

Introduction: Assessment of HER2 Status

Case 1: Dr Lorber – 50-year-old woman

Case 2: Dr Mulherin – 67-year-old man

■ Data Review: Biliary Tract Cancers

Case 3: Dr Gandhi – 56-year-old man

Case 4: Dr Gupta – 62-year-old woman

■ Data Review: Colorectal Cancer

Case 5: Dr Peles – 55-year-old man

Case 6: Dr Apuri – 62-year-old man

Case 7: Dr Rudolph – 61-year-old man

■ Data Review: Gastroesophageal Cancer

RTP RESEARCH TO PRACTICE

Case Presentation: 61-year-old man with HER2-positive esophageal adenocarcinoma and isolated brain metastases s/p SBRT

Dr Priya Rudolph (Athens, Georgia)

RTP RESEARCH TO PRACTICE

Management of HER2-Positive GI Cancers

Introduction: Assessment of HER2 Status

Case 1: Dr Lorber – 50-year-old woman

Case 2: Dr Mulherin – 67-year-old man

■ Data Review: Biliary Tract Cancers

Case 3: Dr Gandhi – 56-year-old man

Case 4: Dr Gupta – 62-year-old woman

■ Data Review: Colorectal Cancer

Case 5: Dr Peles – 55-year-old man

Case 6: Dr Apuri – 62-year-old man

Case 7: Dr Rudolph – 61-year-old man

■ Data Review: Gastroesophageal Cancer

FDA Approves Pembrolizumab for HER2-Positive Gastric or Gastroesophageal Junction Adenocarcinoma Expressing PD-L1 (CPS ≥1)

Press Release: March 19, 2025

"The Food and Drug Administration granted traditional approval to pembrolizumab with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy for the first-line treatment of adults with locally advanced unresectable or metastatic HER2-positive gastric or gastroesophageal junction (GEJ) adenocarcinoma whose tumors express PD-L1 (CPS ≥1).

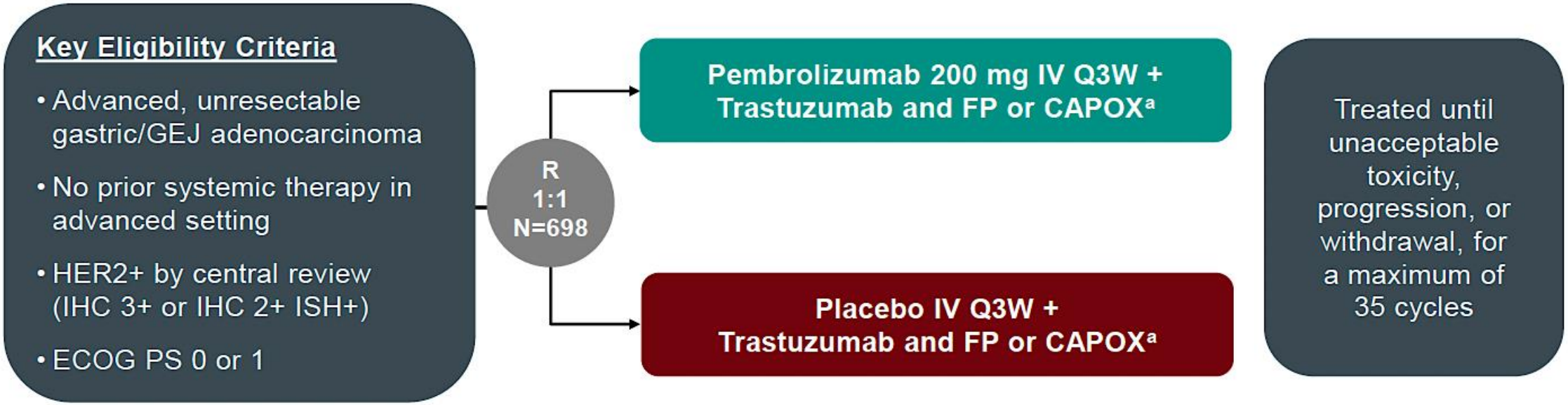
Pembrolizumab previously received accelerated approval for this indication on May 5, 2021.

Efficacy was evaluated in KEYNOTE-811 (NCT03615326), a multicenter, randomized, double-blind, placebo-controlled trial enrolling 698 patients with HER2-positive advanced gastric or GEJ adenocarcinoma not previously treated with systemic therapy for metastatic disease.

In patients with tumors that were PDL1 CPS ≥1, median PFS was 10.9 months (95% CI: 8.5, 12.5) in the pembrolizumab arm and 7.3 months (95% CI: 6.8, 8.4) in the placebo arm (Hazard ratio [HR] 0.72 [95% CI: 0.60, 0.87]). Median OS was 20.1 months (95% CI: 17.9, 22.9) and 15.7 months (95% CI: 13.5, 18.5) in the respective arms (HR 0.79 [95% CI: 0.66, 0.95])."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-pembrolizumab-her2-positive-gastric-or-gastroesophageal-junction-adenocarcinoma

KEYNOTE-811: A Phase III Study of First-Line Pembrolizumab with Trastuzumab and Chemotherapy for HER2-Positive Gastroesophageal Cancers



FP = fluorouracil and cisplatin; CPS = combined positive score; OS = overall survival; PFS = progression-free survival; ORR = objective response rate; DOR = duration of response

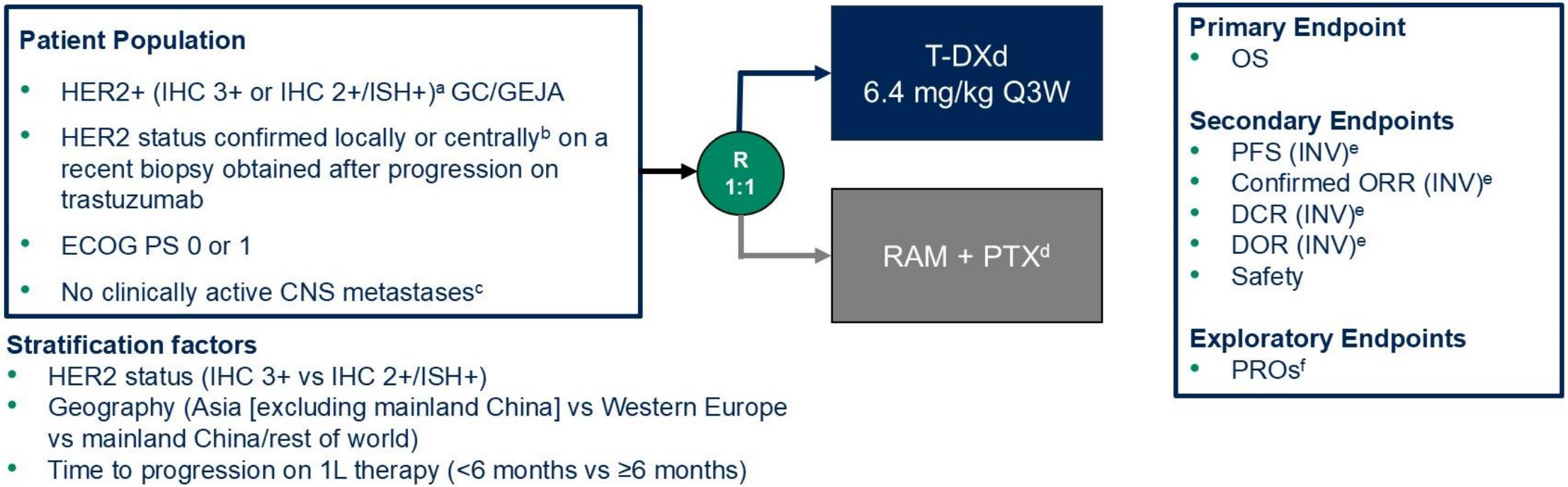
Rha S et al. ESMO 2024;Abstract 128MO.

KEYNOTE-811: Survival by PD-L1 Combined Positive Score (CPS)

	PD-L1 CPS ≥1		PD-L1 CPS <1	
	Pembrolizumab n = 298	Placebo n = 296	Pembrolizumab n = 52	Placebo n = 52
PFS, median (95% CI), mo	10.9 (8.5-12.5)	7.3 (6.8-8.4)	9.5 (8.3-12.6)	9.5 (7.9-13.0)
HR (95% CI)	0.72 (0.60-0.87)		0.99 (0.62-1.56)	
OS, median (95% CI), mo	20.1 (17.9-22.9)	15.7 (13.5-18.5)	18.2 (13.9-22.9)	20.4 (16.4-24.7)
HR (95% CI)	0.79 (0.66-0.95)		1.10 (0.72-1.68)	

Rha S et al. ESMO 2024;Abstract 128MO.

Phase III DESTINY-Gastric04 Study Design

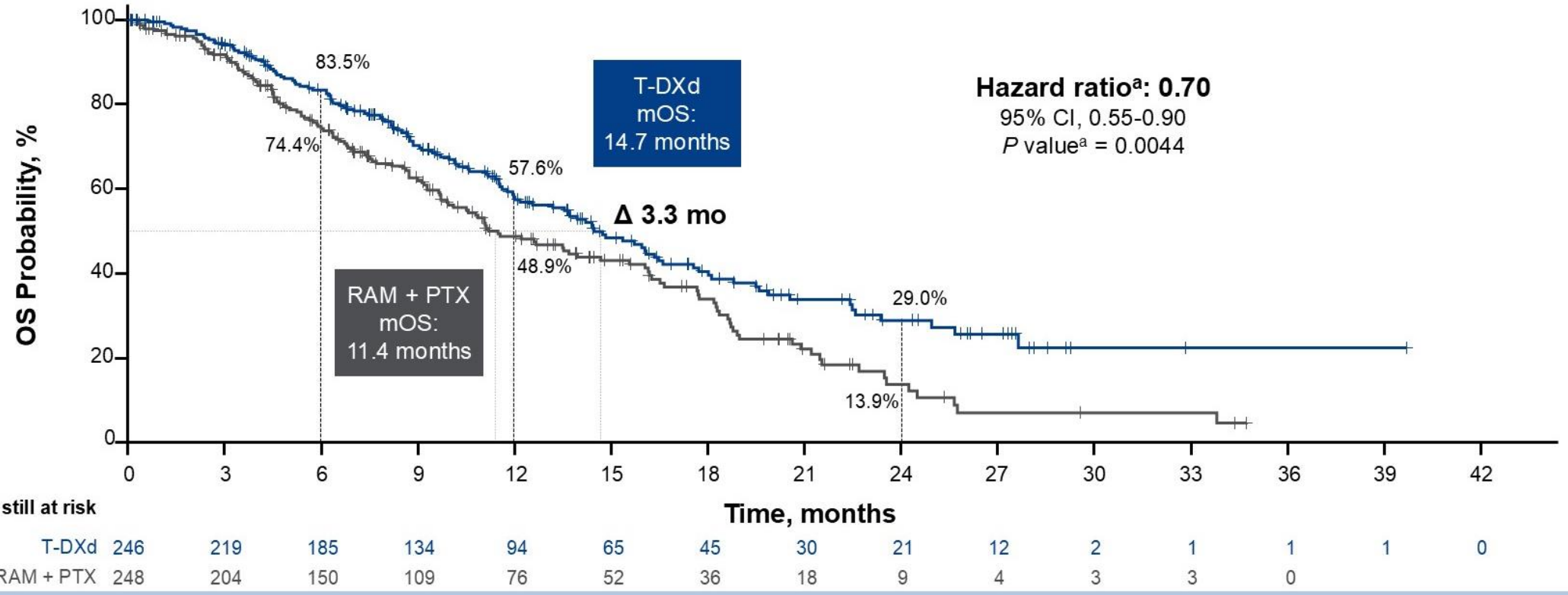


1L, first-line; ASCO/CAP, American Society of Clinical Oncology/College of American Pathologists; CNS, central nervous system; DCR, disease control rate; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; EORTC, European Organisation for Research and Treatment of Cancer; EQ-5D-5L, EuroQol 5-Dimension, 5-Level; FACT-Ga, Functional Assessment of Cancer Therapy-gastric; GC, gastric cancer; GEJA, gastroesophageal junction adenocarcinoma; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; INV, investigator; ISH, in situ hybridization; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PRO, patient-reported outcome; PTX, paclitaxel; Q3W, every 3 weeks; R, randomization; RAM, ramucirumab; RECIST v1.1, Response Evaluation Criteria in Solid Tumours, version 1.1; T-DXd, trastuzumab deruxtecan; VAS, visual analog scale.

[a]As classified by the 2017 ASCO-CAP guidelines for HER2 testing in gastroesophageal adenocarcinoma. [b]Study protocol originally mandated HER2 status be determined centrally but was later amended to allow local determination. [c]Clinically active CNS metastases were defined as being untreated and symptomatic or requiring therapy with corticosteroids or anticonvulsants. Patients with clinically inactive CNS metastases could be enrolled. [d]RAM administered as 8 mg/kg on days 1 and 15 of each 28-day cycle and PTX administered as 80 mg/m^2 on days 1, 8, and 15 of each 28-day cycle. [e]Determined by investigator-based assessment on RECIST v1.1. [f]Based on EORTC EQ-5D-5L VAS and FACT-Ga subscales.

Shitara K et al. ASCO 2025;Abstract LBA4002.

Phase III DESTINY-Gastric04: Overall Survival (Primary Endpoint)



Patients still at risk

T-DXd	246	219	185	134	94	65	45	30	21	12	2	1	1	1	0
RAM + PTX	248	204	150	109	76	52	36	18	9	4	3	3	0		

T-DXd demonstrated a statistically significant and clinically meaningful improvement in OS compared with RAM + PTX in HER2+ GC/GEJA, showing a 30% reduction in risk of death

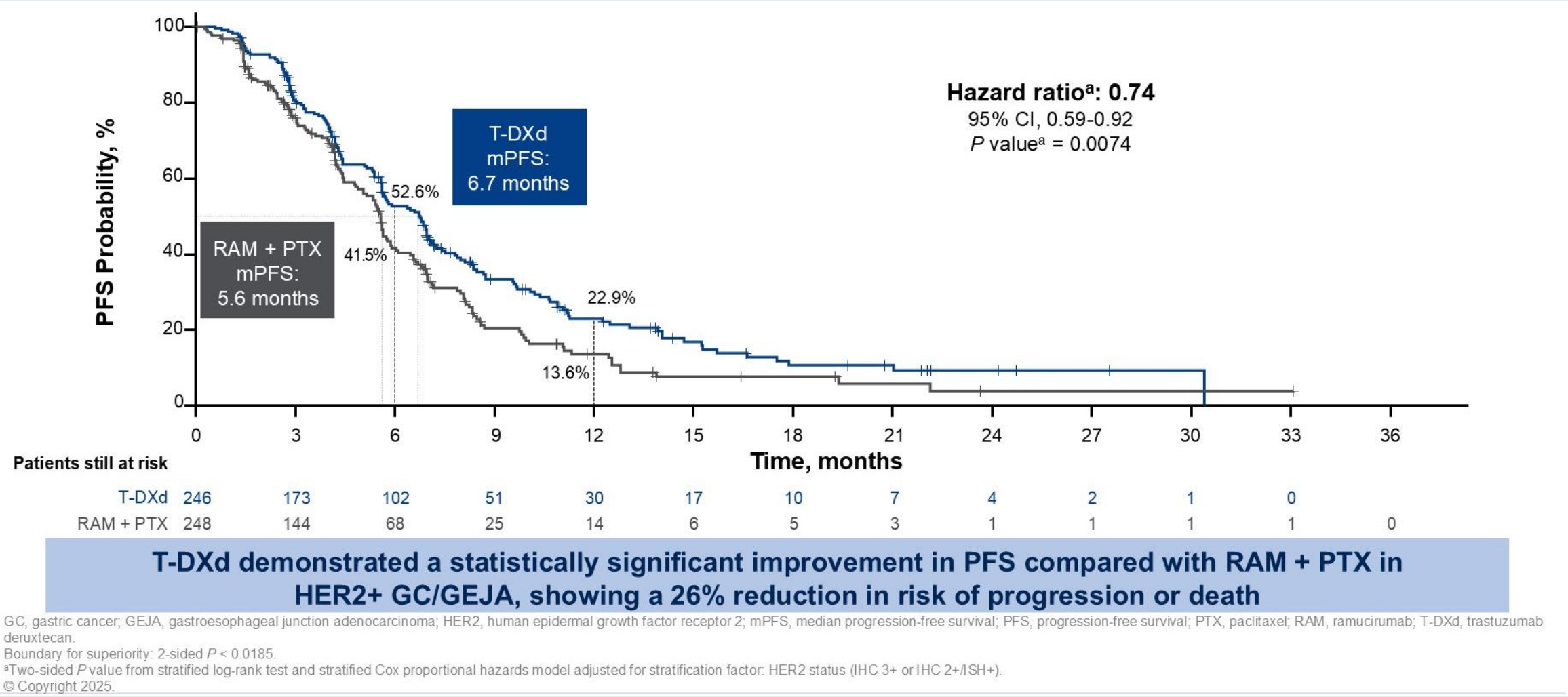
DCO, data cutoff; GC, gastric cancer; GEJA, gastroesophageal junction adenocarcinoma; HER2, human epidermal growth factor receptor 2; mOS, median overall survival; OS, overall survival; PTX, paclitaxel; RAM, ramucirumab; T-DXd, trastuzumab deruxtecan.

At DCO (October 24, 2024), the median duration of OS follow-up was 16.8 months for T-DXd and 14.4 months for RAM + PTX. Boundary for superiority: 2-sided $P < 0.0228$.

[a]Two-sided P value from stratified log-rank test and stratified Cox proportional hazards model adjusted for stratification factor: HER2 status (IHC 3+ or IHC 2+/ISH+).

Shitara K et al. ASCO 2025;Abstract LBA4002.

Phase III DESTINY-Gastric04: Progression-Free Survival

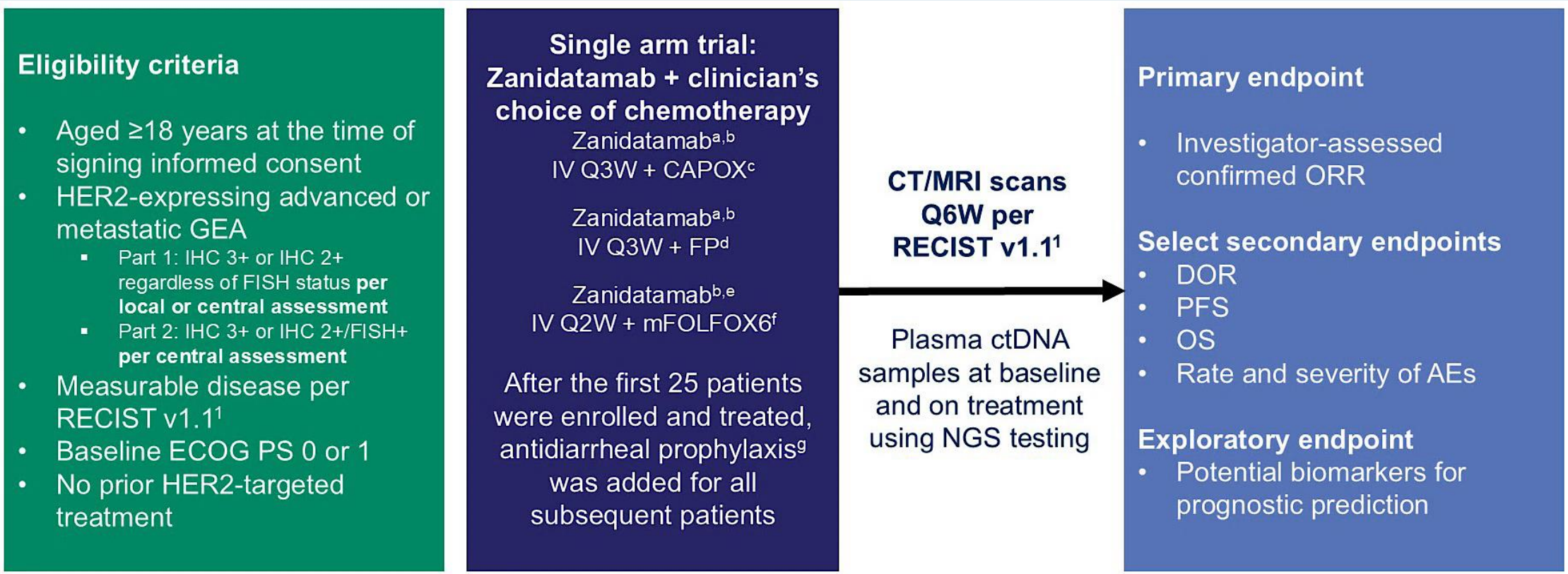


T-DXd demonstrated a statistically significant improvement in PFS compared with RAM + PTX in HER2+ GC/GEJA, showing a 26% reduction in risk of progression or death

GC, gastric cancer; GEJA, gastroesophageal junction adenocarcinoma; HER2, human epidermal growth factor receptor 2; mPFS, median progression-free survival; PFS, progression-free survival; PTX, paclitaxel; RAM, ramucirumab; T-DXd, trastuzumab deruxtecan.
Boundary for superiority: 2-sided $P < 0.0185$.
[a]Two-sided P value from stratified log-rank test and stratified Cox proportional hazards model adjusted for stratification factor: HER2 status (IHC 3+ or IHC 2+/ISH+).

Shitara K et al. ASCO 2025;Abstract LBA4002.

Phase II Study of First-Line Zanidatamab and Chemotherapy for HER2-Positive Advanced GEJ Cancers: 4-Year Follow-Up



[a]Zanidatamab 30 mg/kg, 1800 mg (patients <70 kg) or 2400 mg (patients ≥70 kg); [b]Chemotherapy was required for 6 cycles except for intolerability or disease progression. Patients who discontinued chemotherapy due to reasons not related to zanidatamab toxicity without disease progression could continue treatment with zanidatamab monotherapy; [c]Capecitabine 1000 mg/m^2 PO BID on days 1-14 Q3W + oxaliplatin 130 mg/m^2 IV Q3W; [d]Cisplatin 80 mg/m^2 IV Q3W + 5-FU 800 mg/m^2/day IV on days 1-5 Q3W; [e]Zanidatamab 20 mg/kg, 1200 mg (patients <70 kg) or 1600 mg (patients ⩾70 kg) IV Q2W; [f]Leucovorin 400 mg/m^2 IV Q2W + oxaliplatin 85 mg/m^2 IV Q2W + 5-FU 1200 mg/m^2/day continuous IV infusion for 48 hours Q2W; [g]Loperamide 4 mg BID starting on cycle 1 day 1 and continuing for ≥7 days.

5-FU, 5-fluorouracil; AE, adverse event; BID, twice daily; CAPOX, capecitabine plus oxaliplatin; CT, computed tomography; ctDNA, circulating tumor DNA; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; FP, 5-FU plus cisplatin; FISH, fluorescence in situ hybridization; GEA, gastroesophageal adenocarcinoma; IHC, immunohistochemistry; IV, intravenous; mFOLFOX6, modified 5-FU plus oxaliplatin; MRI, magnetic resonance imaging; PFS, progression-free survival; PO, by mouth; Q2W, every 2 weeks; Q3W, every 3 weeks; Q6W, every 6 weeks; RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1.

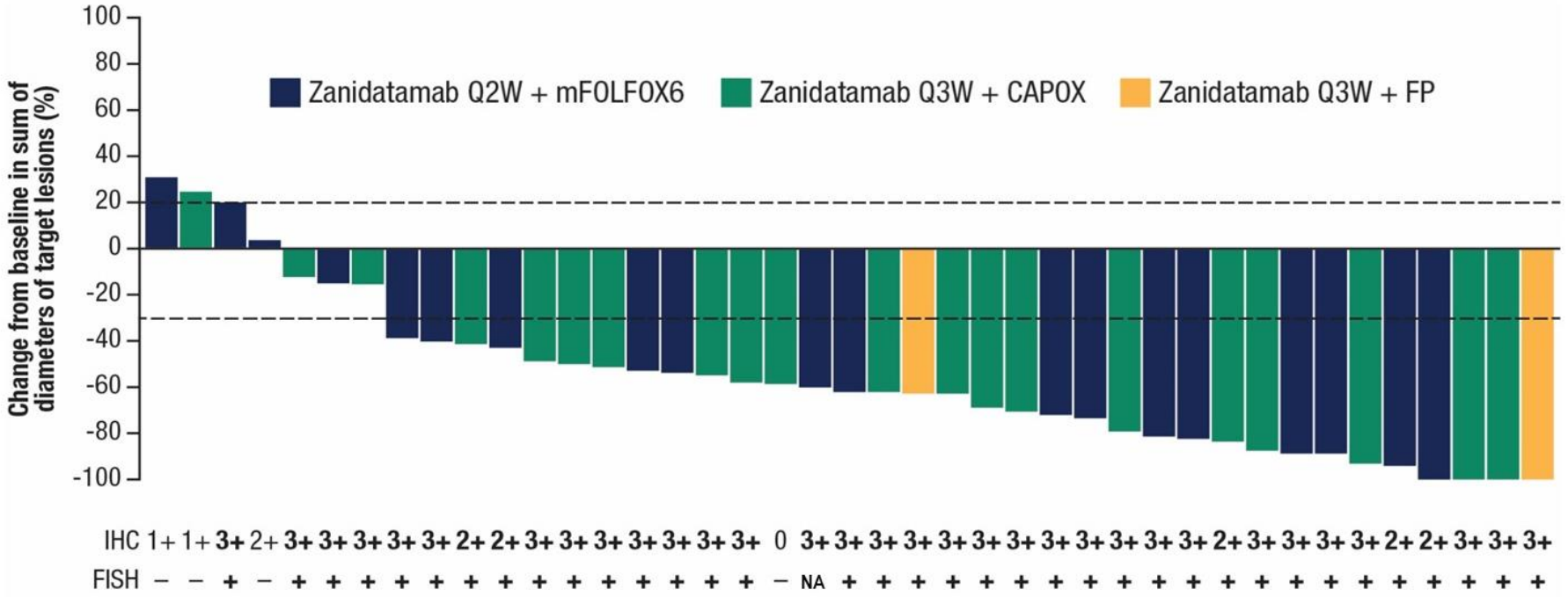
1. Eisenhauer EA et al. *Eur J Cancer*. 2009;45(2):228-247.

Elimova E et al. ASCO 2025;Abstract 4013.

Phase II Study of First-Line Zanidatamab and Chemotherapy for HER2-Positive Advanced GEJ Cancers: Objective Response Rate — 4-Year Follow-Up

- Nearly all response-evaluable patients (90%) had a decrease in target lesions from baseline

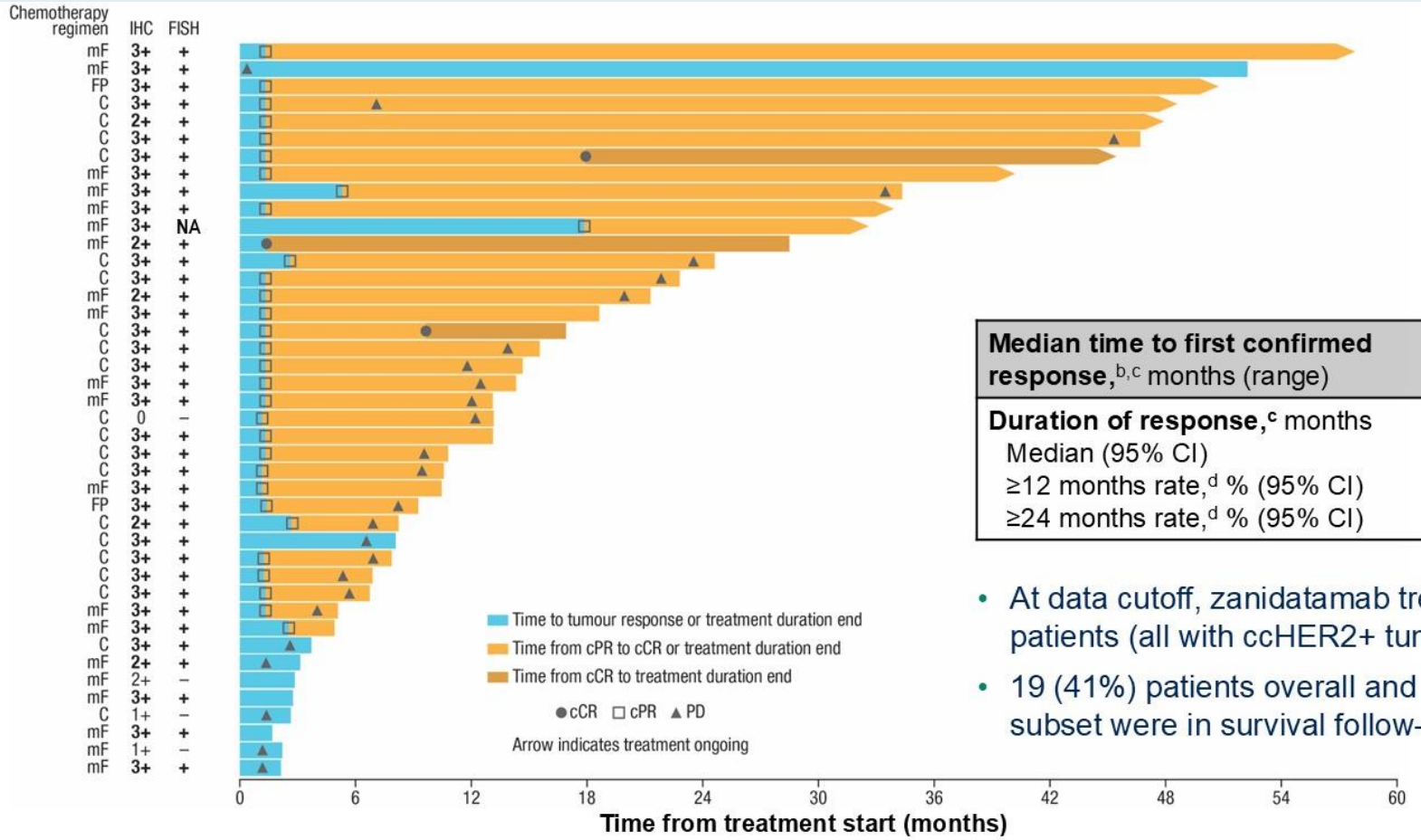
	All Patients (N = 42)	ccHER2+ Subset (n = 37)
cORR		
n (%)	32 (76)	31 (84)
95% CI	60, 88	68, 94
cBOR,[a] n (%)		
CR	3 (7)	3 (8)
PR	29 (69)	28 (76)
SD	5 (12)	4 (11)
PD	5 (12)	2 (5)
DCR[b]		
n (%)	37 (88)	35 (95)
95% CI	74, 96	82, 99
CBR[c]		
n (%)	33 (79)	32 (86)
95% CI	63, 90	72, 96



Response-evaluable patients were those who underwent at least 1 post-baseline response assessment per RECIST v1.1 or discontinued treatment due to clinical progression or death. One patient in the response-evaluable analysis set had a new lesion detected (deemed PD) on an unscheduled visit before the first scheduled tumor scan; however, measurements of this lesion were not available. Hence, this patient was not included in the waterfall plot given the missing post-baseline measurements.
[a]BOR is defined as the best response documented between the date of first dose and the date of investigator-assessed objectively documented progression, the date of subsequent anticancer therapy, any-cause death, loss to follow-up, or study discontinuation, whichever occurred first. Confirmed BOR is the BOR of a CR or PR per RECIST v1.1 confirmed ≥28 days after the first documentation; [b]Disease control was defined as a BOR of SD or confirmed CR or PR; [c]Defined as achieving a BOR of SD, non-CR, or non-PD for ≥24 weeks or confirmed CR or PR.
BOR, best overall response; cBOR, confirmed BOR; CBR, clinical benefit rate; CI, confidence interval; cORR, confirmed ORR; CR, complete response; DCR, disease control rate; PD, progressive disease; PR, partial response; NA, not available; SD, stable disease.

Elimova E et al. ASCO 2025;Abstract 4013.

Phase II Study of First-Line Zanidatamab and Chemotherapy for HER2-Positive Advanced GEJ Cancers: DOR — 4-Year Follow-Up



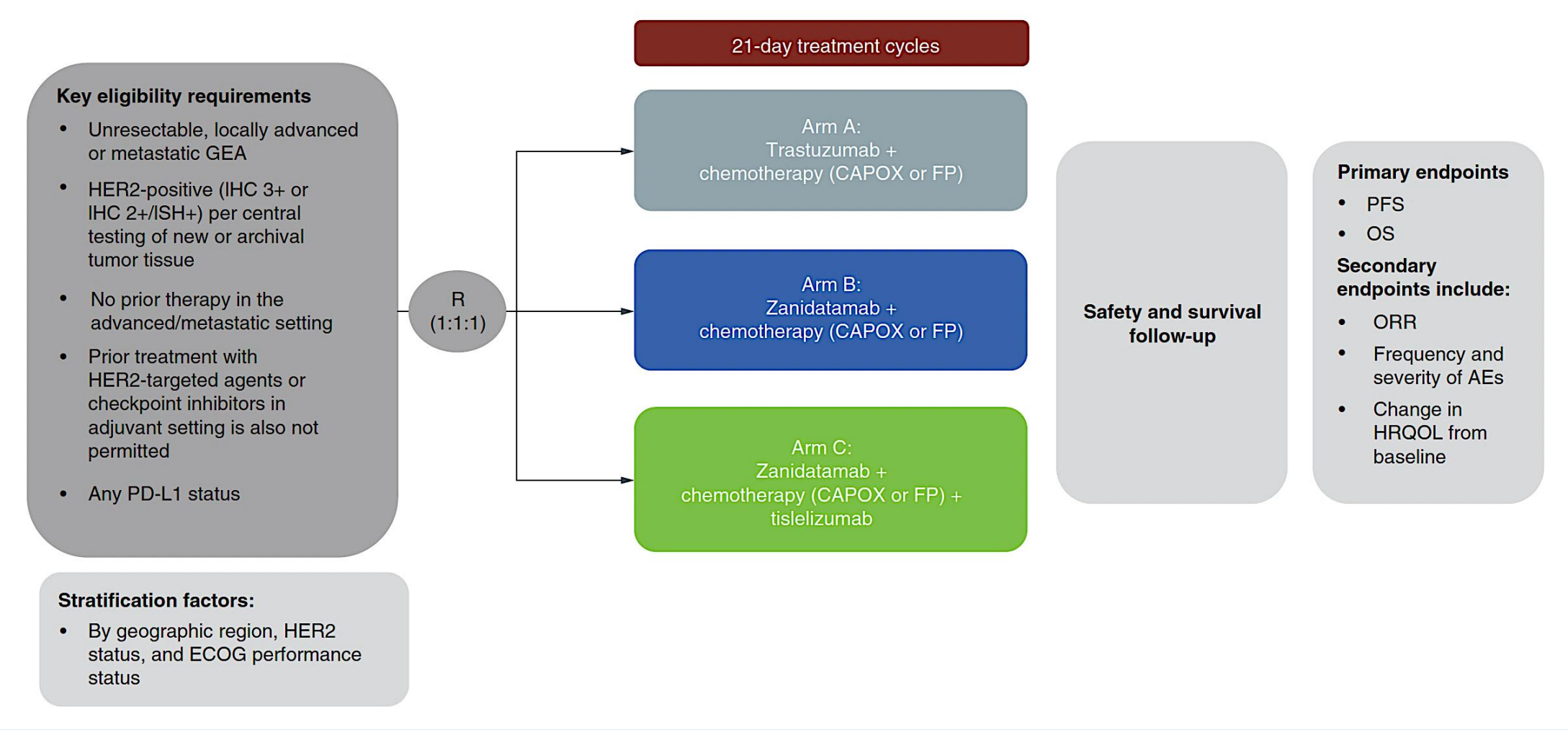
	All Patients[a] (N = 42)	ccHER2+ Subset[a] (n = 37)
Median time to first confirmed response,[b,c] months (range)	1.3 (1.3-1.4)	1.3 (1.3-1.4)
Duration of response,[c] months		
Median (95% CI)	18.7 (10.4, 44.1)	20.4 (8.3, 44.1)
≥12 months rate,[d] % (95% CI)	57 (37, 72)	59 (39, 74)
≥24 months rate,[d] % (95% CI)	40 (22, 58)	41 (22, 59)

- At data cutoff, zanidatamab treatment was ongoing in 8 (17%) of patients (all with ccHER2+ tumors)
- 19 (41%) patients overall and 18 (44%) patients in the ccHER2+ subset were in survival follow-up

[a]From the response-evaluable analysis set; response-evaluable patients were those who underwent at least 1 post-baseline response assessment per RECIST v1.1 or discontinued treatment due to clinical progression or death. One patient in the response-evaluable analysis set had a new lesion detected (deemed PD) on an unscheduled visit before the first scheduled tumor scan; however, measurements of this lesion were not available. Hence, this patient was not included in the waterfall plot given the missing post-baseline measurements. [b]Defined as the time from first dose to the first documented complete response or partial response per RECIST v1.1 confirmed ≥28 days after the first observed response; [c]Assessed in the 32 patients with a cCR or cPR (ccHER2+, n=31); [d]Kaplan-Meier probabilities.
C, capecitabine plus oxaliplatin; ccHER2+, centrally confirmed HER2-positive; cCR, confirmed complete response; cPR, confirmed partial response; mF, modified 5-fluorouracil/leucovorin plus oxaliplatin; NA, not available; PD, progressive disease.

Elimova E et al. ASCO 2025;Abstract 4013.

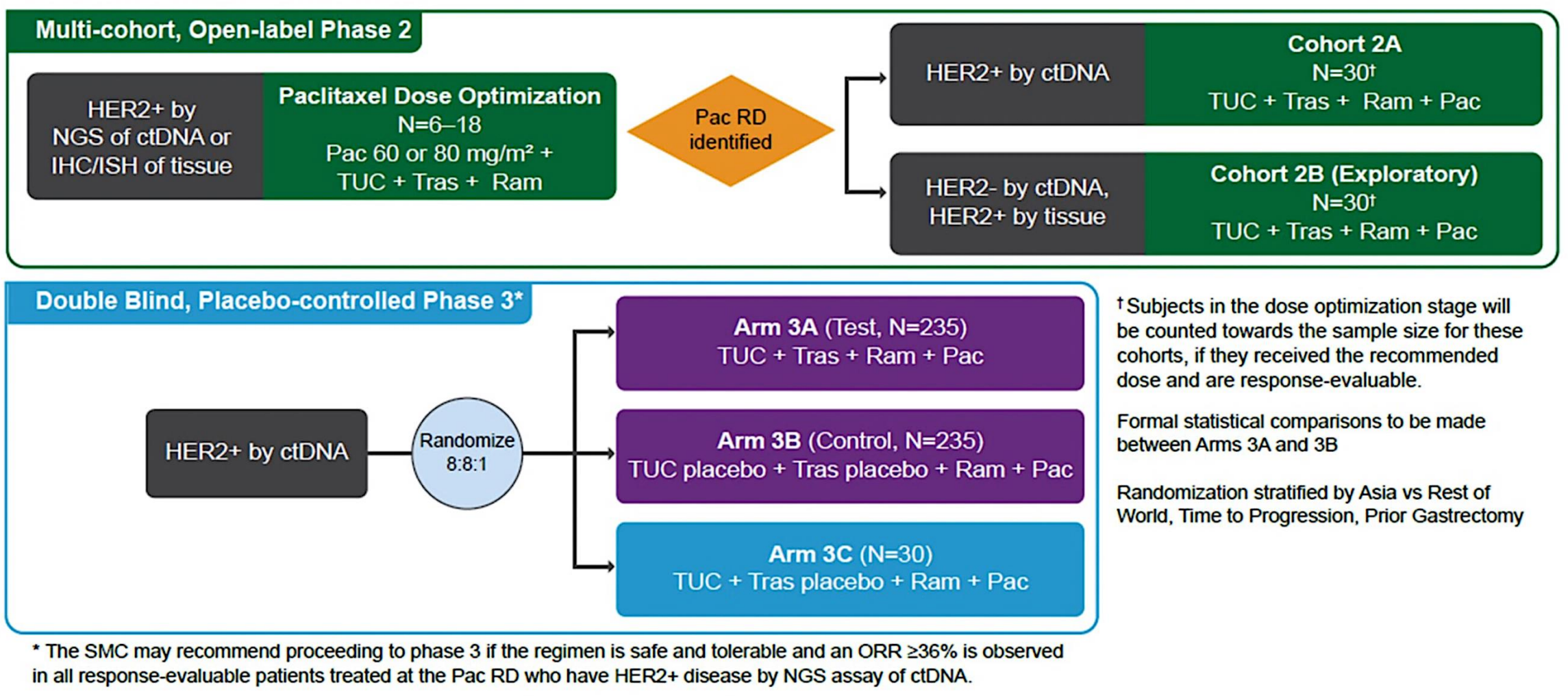
HERIZON-GEA-01: A Phase III Study of Zanidatamab with Chemotherapy with or without Tislelizumab for First-Line Treatment of HER2-Positive Gastric and Esophageal Cancers



Tabernero J et al. *Future Oncol* 2022;18(29):3255-66.

GEA = gastroesophageal adenocarcinoma

MOUNTAINEER-02: A Phase II/III Study of Second-Line Tucatinib, Trastuzumab, Ramucirumab and Paclitaxel for HER2-Positive Gastroesophageal Cancers



ctDNA = circulating tumor DNA

Catenacci D et al. Gastrointestinal Cancers Symposium 2022;Abstract TPS371.

Contributing General Medical Oncologists

Susmitha Apuri, MD
Florida Cancer Specialists
& Research Institute
Inverness and Lecanto, Florida

Sunil Gandhi, MD
Florida Cancer Specialists
& Research Institute
Lecanto, Florida

Ranju Gupta, MD
Lehigh Valley Topper Cancer Institute
Bethlehem, Pennsylvania

Jeremy Lorber, MD
Cedars-Sinai Medical Center
Beverly Hills, California

Brian P Mulherin, MD
American Oncology Network
Indianapolis, Indiana

Shachar Peles, MD
Florida Cancer Specialists
& Research Institute
Lake Worth, Florida

Priya Rudolph, MD, PhD
Georgia Cancer Specialists
Northside Hospital Cancer Institute
Athens, Georgia

RTP
RESEARCH
TO PRACTICE

Cancer Q&A: Understanding the Role and Reality of CAR (Chimeric Antigen Receptor) T-Cell Therapy for Non-Hodgkin Lymphoma

A Webinar Series for Clinicians and Patients,
*Developed in Partnership with Cancer*Care®

Patients

Wednesday, October 22, 2025
6:00 PM – 7:00 PM ET

Clinicians

Wednesday, November 12, 2025
5:00 PM – 6:00 PM ET

Faculty

Jeremy S Abramson, MD, MMSc
Loretta J Nastoupil, 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