

## Highlights from ASCO **Gastrointestinal Cancers Symposium** By Norman Cohen, M.D., Volunteer Panel Physician

*(This symposium held January 20-22, 2022 is a specialized oncology event that allows for the exchange of the latest research and science in the prevention, diagnosis, and multidisciplinary treatment of gastrointestinal cancers.)*

In January, I participated as the second opinion's volunteer medical oncologist for a virtual second opinion for three patients. One patient presented with intrahepatic cholangiocarcinoma (IHCC). IHCC is a type of liver/bile duct cancer. The patient's cancer had a mutation in the Fibroblast Growth Factor Receptor gene (FGFR2). A mutation is when a DNA gene is damaged. The FGFR2 gene provides instructions for making a protein that is involved in an important process of cell growth, division and maturation. Coincidentally that day was Day 2 of the ASCO GI Symposium being held in San Francisco. The theme of this day's meeting was Hepato Biliary tract cancers!

There were several important presentations with one most directly related to the particular type of cancer of the TSO patient. Dr. Katie Kelley from UCSF presented updated research on the FGFR2 mutants of IHCC. Her talk covered a wide range of inhibitors of the FGFR2 mutants. Inhibitors are a type of targeted cancer drug used to block the growth factors that trigger cancer cells to divide and grow. Dr. Kelly covered the early nonselective generation inhibitors to the more selective, newer inhibitors, such as Pemigatinib and Infigratinib which have had clinical trial experience showing response rates of 20-30% and extension of overall survival (OS). Both of these drugs are approved by the FDA for special circumstances and are included in the National Comprehensive Cancer Network (NCCN) Guidelines. She also alluded to a drug with a slightly different way of inhibiting growth called, Futibatinib (TAS-120).

Interestingly, the TSO patient had been referred to Dr. Kelley for consultation prior to the TSO session and the TSO chair for this meeting reinforced the recommendation that the patient follow-up with a consultation with Dr. Kelley.

Another study that was presented by Do-Yuan Oh, MD, PhD was the TOPAZ -1 Trial. This study employed Duvalumab with Gemcitabine and Cisplatin, versus Gemcitabine, Cisplatin and a placebo in the treatment of advanced Biliary Tract Cancer (BTC). Duvalumab is an immunotherapy drug in a class known as a check point inhibitor. This was a double blind study which randomized 685 patients with previously untreated, inoperable locally advanced, recurrent or metastatic cancer. The Trial was held in the United States and 17 other countries many of which were in Asia. This study is the first to demonstrate the benefit of adding an immunotherapy drug in a Phase 3 trial for newly diagnosed patients with advanced biliary tract cancer. The results showed a 20% reduction in the risk of death in the Durvalumab arm as well as extension of the median overall survival (OS) at 13.7 months follow up as well as increased overall survival at 18 months and 24 months compared to the Gemcitabine and Cisplatin arm.

The details of the Topaz-1 Trial can be found at the ASCO post meeting resources site or at the links below:

TOPAZ-1 Trial:

<https://ascopost.com/news/january-2022/durvalumab-plus-gemcitabinecisplatin-improves-survival-in-patients-with-advanced-biliary-tract-cancer-topaz-1/>

[https://dailynews.ascopubs.org/doi/10.1200/ADN.22.200807/full/?cmpid=an\\_ascodn\\_gi\\_dailynews\\_s\\_no\\_twitter\\_giattendeas\\_011922\\_021622\\_twt](https://dailynews.ascopubs.org/doi/10.1200/ADN.22.200807/full/?cmpid=an_ascodn_gi_dailynews_s_no_twitter_giattendeas_011922_021622_twt)