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Summary

Targeted therapies beyond immunotherapy

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UEG Week Barcelona 2026 | Presentation

Digestive Oncology | Surgery | Stomach & H. Pylori | Oesophagus | Endoscopy

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The speaker reviewed targeted therapy advances in palliative gastroesophageal cancer, emphasizing mandatory biomarker testing for PD-L1, claudin 18.2, and HER2 before treatment initiation to guide selection among emerging antibody-based therapies.

KEY POINTS

- Biomarker testing for PD-L1, claudin 18.2, and HER2 must be completed before starting treatment, with approximately 38% of European patients having claudin 18.2 scores above 75%, 15-20% HER2 positive, and most having CPS scores above one.
- The speaker stated that zanidatamab, a bispecific HER2 antibody targeting two epitopes, appears to outperform trastuzumab in first-line therapy and will likely become the new treatment standard for HER2-positive disease.
- Trastuzumab deruxtecan, an antibody-drug conjugate with bystander effect, showed improvement in overall survival and progression-free survival compared to ramucirumab-paclitaxel and is now the second-line therapy standard for HER2-positive patients.
- Zolbetuximab for claudin 18.2 positive tumours demonstrated modest survival benefit in the Spotlight trial, with the speaker reporting overall survival of 18.2 months versus 15.5 months with chemotherapy alone.
- The FGFR2 inhibitor trial showed good treatment response but had to be stopped due to extreme toxicity and will not be used clinically.
- The speaker noted that targeted therapies typically add 3-4 months of survival benefit and allow some patients to reduce chemotherapy and continue maintenance therapy with antibodies alone.

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