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GI learning, personalised

Summary

Navigating new GI cancer therapies: Beyond checkpoint blockade

Pieter-Jan Cuyle

UEG Week Barcelona 2026 | Presentation

Digestive Oncology | Mechanisms & Personalised Medicine | Immunology | Gut Microbiota

October 18, 2026

The speaker presented three novel drug classes transforming GI oncology: Ras inhibitors, bispecific antibodies, and antibody-drug conjugates, each with distinct mechanisms and toxicity profiles.

KEY POINTS

- The speaker reported that a Ras-targeting drug in the resolute 302 study showed improved median overall survival with a hazard ratio of 0.40 in second-line metastatic pancreatic ductal adenocarcinoma, with the drug advancing to phase three trials in first-line and adjuvant settings
- Dll3-targeting bispecific T-cell engagers are being evaluated in phase three studies in first-line dll3-positive extrapulmonary neuroendocrine carcinoma, combined with platinum-etoposide chemotherapy
- Trastuzumab deruxtecan, an Her2-targeted antibody-drug conjugate, is available as second-line treatment in Her2-positive gastric and GE junction cancer and received tumour-agnostic FDA and EMA approval for Her2 3-plus solid tumours
- The speaker stated that cytokine release syndrome and immune effector cell-associated neurotoxicity syndrome are specific toxicities of T-cell engagers requiring early recognition and treatment with tocilizumab or corticosteroids
- Interstitial lung disease is a class-specific, potentially life-threatening toxicity of antibody-drug conjugates that requires screening
- The speaker indicated that PD-L1/VEGF bispecific antibodies showed positive phase three results in first-line biliary tract cancer and are being investigated to render microsatellite stable colorectal cancer more responsive to immunotherapy

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