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Summary

# Mastering immune checkpoint inhibition

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

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**Immune checkpoint inhibitors are now standard of care across multiple GI cancer types, with expanding use in curative-intent settings and potential for organ preservation in select patients.**

KEY POINTS

- The speaker stated that in metastatic mismatch repair-deficient (dMMR) MSI-high colorectal cancer, first-line immunotherapy with pembrolizumab or nivolumab plus ipilimumab is the clear standard, superior to chemotherapy with durable responses in this 5% subset of patients.
- In localized dMMR colon cancer, the speaker reported that preoperative nivolumab plus ipilimumab for four weeks in the Landmark Initiative trial yielded 68% complete pathological response and 100% three-year disease-free survival.
- The speaker emphasized that dMMR/MSI-high status should be tested in every colorectal cancer because it has major impact on treatment decisions, including potential for organ preservation.
- In advanced gastro-oesophageal cancers, the speaker stated that PD-L1 expression level guides use of anti-PD-1 antibodies combined with chemotherapy, with higher expression correlating with higher likelihood of response.
- The speaker reported that in advanced hepatocellular carcinoma, atezolizumab plus bevacizumab is the gold standard first-line regimen, with dual immunotherapy alternatives for patients with contraindications to anti-angiogenic therapy.
- In advanced biliary tract cancers, the speaker stated that adding pembrolizumab or durvalumab to chemotherapy provides a modest 1.5-month median overall survival gain, but no biomarkers exist to select patients for immunotherapy.

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