

Exploiting the immune response in GI cancer: Next chapter

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Presentation

Digestive Oncology

Hepatobiliary

Immunology

Mechanisms & Personalised Medicine

Small Intestine & Nutrition

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The speaker reviewed immune checkpoint inhibitors in gastrointestinal cancers, highlighting established efficacy in MSI-high colorectal cancer and PD-L1-expressing upper GI tumors, while emphasizing the need for better patient selection markers and emerging approaches including CAR-T therapy and cancer vaccines.

KEY POINTS

- The speaker stated that in metastatic colorectal cancer, MSI-high tumors respond to checkpoint inhibitors while MSS tumors do not, with keynote 177 reporting doubled progression-free and overall survival with pembrolizumab versus chemotherapy.
- For advanced gastric and gastroesophageal junction cancer, the speaker reported that nivolumab plus chemotherapy in Checkmate 0649 showed clear overall survival benefit in patients with PD-L1 CPS score of five or higher, leading to EMA approval.
- The speaker presented an unpublished case of a patient with metastatic gastric cancer (MSS, EBV-negative, CPS zero) who achieved 93% tumor reduction and six-year survival on nivolumab, with single-cell analysis suggesting inflammatory macrophages and cancer-associated fibroblasts as potential predictive markers.
- The speaker stated that a recent CAR-T cell therapy trial targeting claudin 18 in approximately 300 gastric cancer patients after at least two prior lines doubled progression-free survival.
- The speaker reported a phase 1 trial of mutant KRAS-specific vaccine in KRAS-mutated pancreatic and colon cancers published in Nature Medicine showed efficacy correlated with KRAS-specific immune responses at approximately 20 months follow-up.

- In the Q&A, the speaker stated that immune-mediated colitis from checkpoint inhibitors can be recognized and treated, allowing resumption of therapy, and recommended biopsying hepatocellular carcinoma for molecular profiling, noting liquid biopsy as a future less-invasive option.

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