

Panel discussion: Immunotherapy in digestive cancers - Where are we heading?

UEG Postgraduate Teaching Programme Berlin 2025

Presentation

Digestive Oncology

Immunology

Mechanisms & Personalised Medicine

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Panel discussion on immune checkpoint inhibitors in gastrointestinal cancers addressed trial results, biomarker-driven treatment selection, and management of immune-related colitis.

KEY POINTS

- The Checkmate 8HW trial in MSI-high/dMMR metastatic colorectal cancer showed significant progression-free survival improvement with nivolumab plus ipilimumab versus chemotherapy, with median PFS not reached versus 5.9 months and a 79% risk reduction as stated by the speaker, though overall survival data are awaited.
- The Vestige trial of adjuvant nivolumab plus ipilimumab did not show improvement in disease-free survival and actually performed worse than no treatment, according to the speaker.
- For gastric cancer, panelists discussed managing triple biomarker positivity (CPS, HER2, Claudin 18.2); MSI status takes priority, and for CPS 1–2 with high Claudin expression speakers favor zolbetuximab, while CPS ≥5–6 favors immunotherapy, though country-specific reimbursement restrictions apply.
- Oral budesonide is the treatment of choice for grade 2 checkpoint inhibitor-related lymphocytic colitis; it is not a contraindication to resume immunotherapy once clinical remission is achieved, even while on budesonide.
- Immune-related colitis can begin up to six months after stopping checkpoint inhibitors, and chronic forms occur in about 14% of patients in the speaker's practice; for refractory cases, faecal transplantation showed response in about half to two-thirds of patients in open-label studies.
- Mediterranean or fiber-rich diet is recommended during immunotherapy based on microbiota data, though the evidence grade is small; during active colitis, a low-fiber diet is advised, then return to fiber-rich intake.

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