

EPICS

Global Perspectives in Gastrointestinal Malignancies in 2023 and Beyond

Day 1: Monday, July 10, 9.00 AM – 12.00 PM (EST) / 15.00 – 18.00 (CEST)

Day 2: Tuesday, July 11, 9.00 AM – 12.00 PM (EST) / 15.00 – 18.00 (CEST)

Virtual

Faculty DAY 1 and DAY 2

- **Chair:** Howard Hochster, MD, FACP
- **Faculty EU**
 - Dirk Arnold, MD, PhD (Germany)
 - Dominik Modest, MD (Germany)
 - Gerald Prager, MD, PhD (Austria)
 - Julien Taieb, MD, PhD (France)
- **Faculty US**
 - Efrat Dotan, MD – Day 1 only
 - Tanios S. Bekaii-Saab, MD, FACP
 - Scott Kopetz, MD, PhD, FACP
 - Christopher Lieu, MD

AGENDA Day 1 (3 hours)

Time	Topic	Speaker/Moderator
9.00 AM – 9.05 AM 15.00 – 15.05 (5 min)	Welcome and Introductions	Howard Hochster, MD, FACP
9.05 AM – 9.15 AM 15.05 – 15.15 (10 min)	Metastatic Colorectal Cancer – Chemotherapy, Targeted Therapies, and Biomarker-Driven Treatments	Efrat Dotan, MD
9.15 AM – 9.50 AM 15.15 – 15.50 (35 min)	Key Questions and Topics for Discussion <ul style="list-style-type: none"> • What are the most impactful data recently presented in this field, and are any of these data considered practice changing? • Should right- and left-sided colon cancer be treated differently? • Why does left-sided vs right-sided colon cancer yield the greatest prognostic factor for survival at this time? • Which biomarkers should be tested for CRC, and when? <ul style="list-style-type: none"> - What barriers to biomarker testing currently exist in the community? - Do you see an emerging role, and in what context, for circulating tumor (ct)DNA and MRD in CRC? In which setting? 	All

	<ul style="list-style-type: none"> • What is the role of biomarker-driven personalized treatment of patients with mCRC: <i>BRAF</i> mutation, <i>KRAS</i> G12C mutation, <i>RAS</i> mutations, <i>HER2</i> amplification? <ul style="list-style-type: none"> - How will recent data impact the treatment landscape for HER2+ mCRC? - Is there a role for ADCs in HER2-low-expressing CRC? - What is the role for ADCs in <i>RAS</i>-mutated CRC? • How do you see the field evolving over the next 5 years? <ul style="list-style-type: none"> - What are the most promising emerging agents and strategies? 	
9.50 AM – 9.55 AM 15.50 – 15.55 (5 min)	Summary of Key Takeaways	Gerald Prager, MD, PhD
9.55 AM – 10.05 AM 15.55 – 16.05 (10 min)	Metastatic Colorectal Cancer – Immunotherapy	Dirk Arnold, MD, PhD
10.05 AM – 10.40 AM 16.05 – 16.40 (35 min)	Key Questions and Topics for Discussion <ul style="list-style-type: none"> • What are the most impactful data recently presented in this field, and are any of these data considered practice changing? • What is your current approach for using and sequencing immune checkpoint inhibitors (ICIs) in different mCRC subsets? What about immunotherapy combinations? Do you use anti-CTLA-4 antibodies with anti-PD-(L)1? How many doses? <ul style="list-style-type: none"> - Do you routinely test for PD-L1 expression and MSI in your mCRC patients? - Optimal sequencing strategies in <i>BRAF</i> V600E-mutant MSI-H and MSS tumors - Optimal sequencing strategies in HER2-expressing tumors • Can MSS tumors be made more immunogenic? • How do you see the field evolving over the next 5 years? <ul style="list-style-type: none"> - What are the most promising emerging agents and strategies? 	All
10.40 AM – 10.45 AM 16.40 – 16.45 (5 min)	Summary of Key Takeaways	Dirk Arnold, MD, PhD
10.45 AM – 10.55 AM 16.45 – 16.55 (10 min)	Break	
10.55 AM – 11.05 AM 16.55 – 17.05 (10 min)	Rectal Cancer	Scott Kopetz, MD, PhD, FACP

<p>11.05 AM – 11.30 AM 17.05 – 17.30 (25 min)</p>	<p>Key Questions and Topics for Discussion</p> <ul style="list-style-type: none"> • What are the most impactful data recently presented in rectal cancer, and are any of these data considered practice changing? • Are the PROSPECT study data useful? • Is TNT the actual standard of care now? Is there a role for conventional CRT-surgery-chemo sequence? • What is your current treatment approach for rectal cancer? <ul style="list-style-type: none"> – What is the role of anti-PD-1 in dMMR rectal cancer? Is there a need for multimodality treatment? – Non-operative management – what is the best testing and schedule to follow these patients? – Sequencing of neoadjuvant chemotherapy and radiation therapies • Where do your therapy decisions diverge for colon cancer and rectal cancer? • Biomarkers in advanced rectal cancer – what is new? <ul style="list-style-type: none"> – ctDNA – is it useful yet for the adjuvant setting? Is it useful for monitoring in organ preservation? • What are your thoughts on a “watch-and-wait” approach after neoadjuvant therapy with complete response? How do you assess complete response? • How do you see the field evolving over the next 5 years? <ul style="list-style-type: none"> – What are the most promising emerging agents and strategies? • What is the role of immunotherapy in this field? 	<p>All</p>
<p>11.30 AM – 11.35 AM 17.30 – 17.35 (5 min)</p>	<p>Summary of Key Takeaways</p>	<p>Scott Kopetz, MD, PhD, FACP</p>
<p>11.35 AM – 11.50 AM 17.35 – 17.50 (15 min)</p>	<p>Discussion of Adjuvant Therapy in CRC (no presentation)</p> <ul style="list-style-type: none"> • How will ctDNA change the approach to adjuvant therapy? • What is the role of neoadjuvant therapy for colon cancer? What group(s) should be included for clinical trials? • Is irinotecan appropriate for adjuvant regimens (on the basis of prior studies of FOLFIRI)? 	<p>Howard Hochster, MD, FACP</p>
<p>11.50 AM – 11.55 AM 17.50 – 17.55 (5 min)</p>	<p>Summary of Key Takeaways</p>	<p>Howard Hochster, MD, FACP</p>
<p>11.55 AM – 12.00 PM 17.55 – 18.00 (5 min)</p>	<p>Meeting Close</p>	<p>Howard Hochster, MD, FACP</p>

AGENDA Day 2 (3 hours)

Time	Topic	Speaker/Moderator
9.00 AM – 9.05 AM 15.00 – 15.05 (5 min)	Welcome	Howard Hochster, MD, FACP
9.05 AM – 9.15 AM 15.05 – 15.15 (10 min)	Gastroesophageal Junction (GEJ) and Gastric Cancer	Julien Taieb, MD, PhD
9.15 AM – 9.55 AM 15.15 – 15.55 (40 min)	<p>Key Questions and Topics for Discussion</p> <ul style="list-style-type: none"> • What are the most impactful data recently presented for GEJ and gastric cancer, and are any of these data considered practice changing? • What is your current treatment strategy for metastatic GEJ and gastric cancer? <ul style="list-style-type: none"> – How do you use biomarkers (eg, TMB, EBV, PD-L1 Combined Positive Score [CPS], PD-L1+ tumor proportion score [TPS]; HER2 discussed below)? Which of these are validated and clinically meaningful? <ul style="list-style-type: none"> ▪ What is your view on the current CPS scoring in gastric cancer? ▪ What percentage of your metastatic patients do you test for CPS score? • What is the current role of ICIs <ul style="list-style-type: none"> – In neo/adjuvant therapy? – With/without targeted therapies in the treatment of metastatic GEJ cancer? – Do you consider treating all comers or the high CPS-only or high TPS-only subgroups? In case of the latter, what CPS/TPS cutoff do you use? – How do you treat patients for whom anti-PD-1 therapy has failed in first line? Are there particular agents or strategies that look promising and/or exciting in this setting? – What is the role of anti-PD-1 single agent vs combo with anti-CTLA-4 antibody? • What are the key updates on the choice and sequencing of agents in HER2+ gastric and GEJ cancer? <ul style="list-style-type: none"> – Role of ICIs in HER2+ disease – Role of ADCs in HER2+ and HER2-low gastric cancer <ul style="list-style-type: none"> ▪ Is it necessary to rebiopsy before starting ADCs in second line? ▪ Is ctDNA blood-based testing helpful here? – Is there a need to reassess HER2 status? If so, what test? 	All

	<ul style="list-style-type: none"> • How do you see the field evolving over the next 5 years? <ul style="list-style-type: none"> – How do you see the role of anti-TIGIT therapies evolving? – What are other molecular subtypes of interest and therapies in development anticipated for the treatment of gastric and GEJ cancer? 	
9.55 AM – 10.00 AM 15.55 – 16.00 (5 min)	Summary of Key Takeaways	Julien Taieb, MD, PhD
10.00 AM – 10.10 AM 16.00 – 16.10 (10 min)	Hepatocellular Carcinoma (HCC)	Tanios S. Bekaii-Saab, MD, FACP
10.10 AM – 10.50 AM 16.10 – 16.50 (40 min)	Key Questions and Topics for Discussion <ul style="list-style-type: none"> • What are the most impactful data recently presented for HCC, and are any of these data considered practice changing? • What is your current treatment strategy for non-liver-directed therapy (LDT) HCC? <ul style="list-style-type: none"> – Which factors impact your treatment choice? – What is the role of combined anti-CTLA-4 with anti-PD-1 vs anti-PD-1 with bevacizumab? • How do you decide between frontline ICI vs TKI? <ul style="list-style-type: none"> – Are there patients who should not receive ICIs in front line? • Combination of local ablation and immunotherapy for HCC – what are the appropriate criteria for LDT? When do you add ICI? • What is your current sequencing approach in HCC? What factors impact your treatment choice? • How might frontline use of ICIs plus TKIs impact the sequence of agents in the treatment of HCC? • Is there a role for “adjuvant” immunotherapy-based treatment at this time? • How do you see the field evolving over the next 5 years? <ul style="list-style-type: none"> – What are the most promising emerging agents and strategies? 	All
10.50 AM – 10.55 AM 16.50 – 16.55 (5 min)	Summary of Key Takeaways	Tanios S. Bekaii-Saab, MD, FACP
10.55 AM – 11.05 AM 16.55 – 17.05 (10 min)	Break	

11.05 AM – 11.15 AM 17.05 – 17.15 (10 min)	Pancreatic Cancer and Biliary Tract Cancer	Gerald Prager, MD, PhD
11.15 AM – 11.50 AM 17.15 – 17.50 (35 min)	Key Questions and Topics for Discussion <i>Pancreatic</i> <ul style="list-style-type: none"> • What are the most impactful data recently presented for pancreatic cancer, and are any of these data considered practice changing? • Should every patient be screened for germline <i>BRCA</i> mutations? Other DNA repair mutations? What is the role for tumor NGS? • What is your current treatment strategy for metastatic pancreatic cancer? <ul style="list-style-type: none"> – Which factors impact your treatment choice? • Importance of molecular profiling in pancreatic cancer • How do you see the field evolving over the next 5 years? <ul style="list-style-type: none"> – What are the most promising emerging agents and strategies in the neoadjuvant setting? In the metastatic setting? <i>Biliary tract</i> <ul style="list-style-type: none"> • What are the most impactful data recently presented for biliary tract cancer, and are any of these data considered practice changing? • What is your current treatment strategy for biliary tract cancer? <ul style="list-style-type: none"> – Is there a role for first-line targeted therapies? • What are the options beyond gemcitabine and cisplatin in first-line biliary tract cancer? • Importance of molecular profiling, when to test, and considerations for treatment sequencing in biliary tract cancer? • Do you use ctDNA for profiling? Is this as good as tissue NGS? What about for detection of fusion proteins? • How do you see the field evolving over the next 5 years? <ul style="list-style-type: none"> – What are the most promising emerging agents and strategies? 	All
11.50 AM – 11.55 AM 17.50 – 17.55 (5 min)	Summary of Key Takeaways	Efrat Dotan, MD
11.55 AM – 12.00 PM 17.55 – 18.00 (5 min)	Meeting Close	Howard Hochster, MD, FACP