APTITUDE HEALTH®

EPICS

Conference Coverage: ESMO 2024 – Focus on Gastrointestinal (GI) Malignancies

19 September 2024

8.00 AM – 11.00 AM MST/17.00 – 20.00 CEST

Report Contents

EPICS

Content	Slide
Meeting Snapshot	
Faculty Panel	
Meeting Agenda	
Key Insights and Strategic Recommendations	
Metastatic Colorectal Cancer (mCRC) – Including Targeted Therapy	
Microsatellite Stable (MSS) and Microsatellite Instability-High (MSI-H) CRC	
Rectal Cancer	
Gastric and Gastroesophageal Junction (GEJ) Cancers	
Pancreatic Cancer and Biliary Tract Cancer	
Hepatocellular Carcinoma (HCC)	

Meeting Snapshot

EPICS

EPICS

LIVE ROUNDTABLE

DATE:
19 September 2024

DISEASE-STATE AND DATA PRESENTATIONS
by key experts

INSIGHTS REPORT
including postmeeting analyses and actionable recommendations

PANEL: Key experts in GI malignancies
> 5 from the US
> 2 from Europe

GI-SPECIFIC DISCUSSIONS
on therapeutic advances and their application in clinical decision-making

Panel Consisting of 5 US and 2 European GI Cancer Experts

EPICS

Nataliya Uboha, MD, PhD
University of Wisconsin
Carbone Cancer Center

Philip A. Philip, MD, PhD, FRCP, FABC
Henry Ford Cancer Institute

Dirk Arnold, MD, PhD
Asklepios Tumor Center,
University of Hamburg

Alan Venook, MD, FASCO
Helen Diller Family
Comprehensive Cancer Center

Julien Taieb, MD, PhD
Georges Pompidou European Hospital

Cathy Eng, MD, FACP, FASCO
Vanderbilt-Ingram Cancer Center

CHAIR:
Tanios S. Bekaii-Saab, MD
Mayo Clinic Cancer Center

APTITUDE HEALTH®

Meeting Agenda (1/2)

EPICS

Time (MST/CEST)	Topic	Speaker/Moderator
8.00 AM – 8.05 AM/17.00 – 17.05	Welcome and Introductions	Tanios S. Bekaii-Saab, MD
8.05 AM – 8.15 AM/17.05 – 17.15	**Metastatic Colorectal Cancer (mCRC) – Including Targeted Therapy**	Julien Taieb, MD, PhD
8.15 AM – 8.25 AM/17.15 – 17.25	Discussion	All
8.25 AM – 8.35 AM/17.25 – 17.35	**Microsatellite Stable (MSS) and High Microsatellite Instability (MSI-H) CRC**	Dirk Arnold, MD, PhD
8.35 AM – 8.50 AM/17.35 – 17.50	Discussion	All
8.50 AM – 8.55 AM/17.50 – 17.55	Key Takeaways	Julien Taieb, MD, PhD, and Dirk Arnold, MD, PhD
8.55 AM – 9.05 AM/17.55 – 18.05	**Rectal Cancer**	Cathy Eng, MD, FACP, FASCO
9.05 AM – 9.15 AM/18.05 – 18.15	Discussion	All
9.15 AM – 9.20 AM/18.15 – 18.20	Key Takeaways	Cathy Eng, MD, FACP, FASCO
9.20 AM – 9.25 AM/18.20 – 18.25	BREAK	

Meeting Agenda (2/2)

EPICS

Time (MST/CEST)	Topic	Speaker/Moderator
9.25 AM – 9.35 AM/18.25 – 18.35	**Gastric and Gastroesophageal Junction (GEJ) Cancers**	Nataliya Uboha, MD, PhD
9.35 AM – 9.50 AM/18.35 – 18.50	Discussion	All
9.50 AM – 9.55 AM/18.50 – 18.55	Key Takeaways	Nataliya Uboha, MD, PhD
9.55 AM – 10.05 AM/18.55 – 19.05	**Pancreatic Cancer and Biliary Tract Cancer**	Philip A. Philip, MD, PhD, FRCP, FABC
10.05 AM – 10.20 AM/19.05 – 19.20	Discussion	All
10.20 AM – 10.25 AM/19.20 – 19.25	Key Takeaways	Philip A. Philip, MD, PhD, FRCP, FABC
10.25 AM – 10.40 AM/19.25 – 19.40	**Hepatocellular Carcinoma (HCC)**	Alan Venook, MD, FASCO
10.40 AM – 10.55 AM/19.40 – 19.55	Discussion	All
10.55 AM – 11.00 AM/19.55 – 20.00	Key Takeaways	Alan Venook, MD, FASCO
11.00 AM/20.00	Summary and Closing Remarks	Tanios S. Bekaii-Saab, MD

APTITUDE HEALTH®

EPICS

Congress Highlights

mCRC – Including Targeted Therapy

Sotorasib (soto), panitumumab (pani) and FOLFIRI in the first-line (1L) setting for KRAS G12C–mutated metastatic colorectal cancer (mCRC): Safety and efficacy analysis from the phase 1b CodeBreaK 101 study

Siena S, et al. Abstract 505O

EPICS

STUDY POPULATION

- [illegible]

OUTCOMES

- [illegible]

EXPERT CONCLUSIONS

[illegible]

Encorafenib + Cetuximab (EC) + FOLFIRI for BRAF V600E-Mutant Metastatic Colorectal Cancer (mCRC): Updated Results From the BREAKWATER Safety Lead-In (SLI)

Tabernero J, et al. Abstract 515MO

EPICS

BACKGROUND

Zanidatamab (Zani) + Chemotherapy (CT) in First-Line (1L) Human Epidermal Growth Factor Receptor 2-Positive (HER2+) Advanced/Metastatic Colorectal Cancer (mCRC)

Rha SY, et al. Abstract 516MO

EPICS

BACKGROUND

Amivantamab plus FOLFOX or FOLFIRI in metastatic colorectal cancer: Results from OrigAMI-1, an open-label, phase 1b/2 study

Pietrantonio F, et al. Abstract 513MO

EPICS

BACKGROUND

Randomized Phase III trial of Ramucirumab in combination with TAS102 (Trifluridin/Tipiracil) vs. TAS102 monotherapy in heavily pretreated metastatic colorectal cancer: The RAMTAS/IKF643 trial of the German AIO (AIO-KRK-0316)

Kasper-Virchow S, et al. Abstract LBA25

EPICS

Third line rechallenge with cetuximab (Cet) and irinotecan in circulating tumor DNA (ctDNA) selected metastatic colorectal cancer (mCRC) patients: the randomized phase II CITRIC trial

Santos Vivas C, et al. Abstract 511MO

EPICS

BACKGROUND

APTITUDE HEALTH®

EPICS

Key Insights

mCRC – Including Targeted Therapy

mCRC – Including Targeted Therapy

EPICS

First-line treatment of mCRC

Dr Pegram

We used to run out of good options and we would just regress to the mean of chemotherapy plus trastuzumab in the salvage setting, but now we have so many great choices that that really takes a backseat. It's really been exciting to have multiple options for patients after T-DM1 — again, practice changing, unprecedented.

APTITUDE HEALTH®

mCRC – Including Targeted Therapy

EPICS

First-line treatment of mCRC

Dr Pegram

We used to run out of good options and we would just regress to the mean of chemotherapy plus trastuzumab in the salvage setting, but now we have so many great choices that that really takes a backseat. It's really been exciting to have multiple options for patients after T-DM1 — again, practice changing, unprecedented.

mCRC – Including Targeted Therapy

EPICS

Later-line treatment of mCRC

and irinotecan (CAIRO) confirm what is already observed in clinical practice

APTITUDE HEALTH®

EPICS

Congress Highlights

MSS and MSI-H CRC

The efficacy and safety of ivonescimab with or without ligufalimab in combination with FOLFOXIRI as first-line (1L) treatment for metastatic colorectal cancer (mCRC)

Deng Y, et al. Abstract 514MO

EPICS

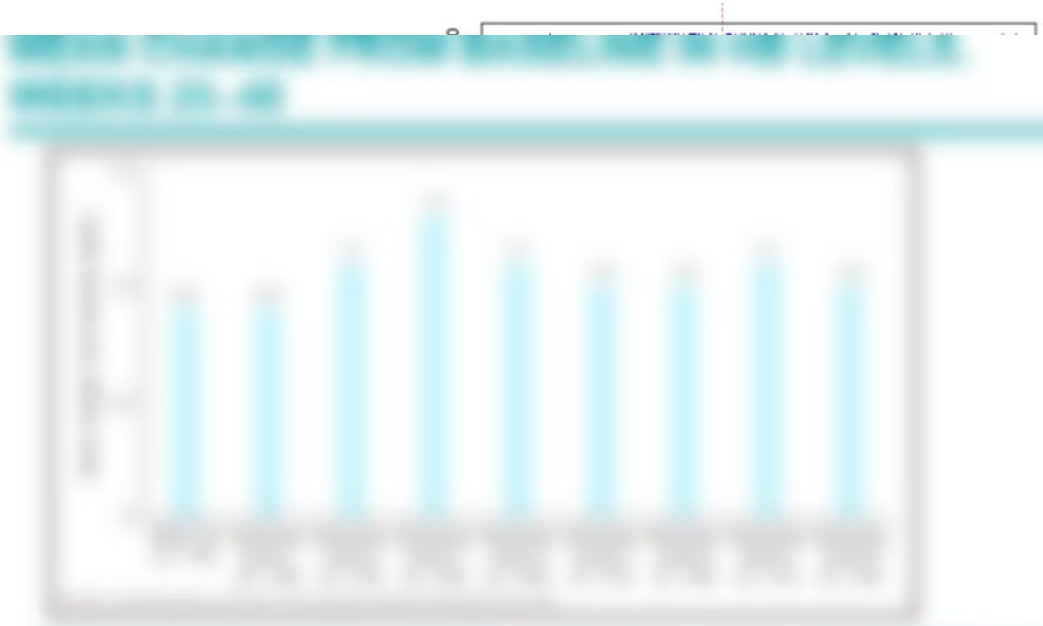
BACKGROUND

Neoadjuvant immunotherapy in locally advanced MMR-deficient colon cancer: 3-year disease-free survival from NICHE-2

Chalabi M, et al. Abstract LBA24

EPICS

BACKGROUND



Neoadjuvant nivolumab (nivo) plus relatlimab (rela) in MMR-deficient colon cancer: Results of the NICHE-3 study

De Gooyer PG, et al. Abstract 503O

EPICS

BACKGROUND

IMHOTEP Phase II trial of neoadjuvant pembrolizumab in dMMR/MSI tumors: results of the colorectal cancer cohort

De la Fouchardiere C, et al. Abstract 504O

EPICS

BACKGROUND

Pembrolizumab in combination with CAPOX and bevacizumab in patients with microsatellite stable metastatic colorectal cancer and a high immune infiltrate: preliminary results of FFCD 1703 POCHI trial

Tougeron D, et al. Abstract 502O

EPICS

APTITUDE HEALTH®

EPICS

Key Insights

MSS and MSI-H CRC

MSS and MSI-H CRC

EPICS

MSS tumors

ongoing trials will help clarify the optimal sequencing of agents

- Experts are still using a CLEOPATRA-like regimen (a taxane plus trastuzumab and pertuzumab) first-line, followed by T-DM1 second-line, for most patients
- Most experts are using trastuzumab deruxtecan third-line, but will prioritize the tucatinib triplet for patients with evidence of brain metastases
- The tucatinib triplet may also be used in the second-line setting, before T-DM1, for patients with documented brain metastases
  - If tucatinib is used second-line, experts are divided on whether they would currently use T-DM1 or trastuzumab deruxtecan third-line
    - Results of the ongoing DESTINY-Breast03 trial comparing trastuzumab deruxtecan vs T-DM1 will help to clarify the optimal sequence of these ADCs
- Trastuzumab deruxtecan and the tucatinib triplet may also be used earlier than third-line in patients who recur following treatment with trastuzumab, pertuzumab, and T-DM1 in the (neo)adjuvant setting, but this represents a small fraction of patients
- Patient preferences can also factor into the sequencing of these new agents (eg, 3 drugs vs 1 drug, concern about hair loss vs diarrhea)
- The impressive efficacy of trastuzumab deruxtecan and the tucatinib regimen have pushed other options, such as trastuzumab chemotherapy combinations, neratinib, and margetuximab, to later lines of therapy

Dr Pegram

We used to run out of good options and we would just regress to the mean of chemotherapy plus trastuzumab in the salvage setting, but now we have so many great choices that that really takes a backseat. It's really been exciting to have multiple options for patients after T-DM1 — again, practice changing, unprecedented

MSS and MSI-H CRC

EPICS

MSI-H tumors

ongoing trials will help clarify the optimal sequencing of agents

- Experts are still using a CLEOPATRA-like regimen (+ taxane plus trastuzumab and pertuzumab) first-line, followed by T-DM1 second-line, for most patients
- Most experts are using trastuzumab deruxtecan third-line, but will prioritize the tucatinib triplet for patients with evidence of brain metastases
- The tucatinib triplet may also be used in the second-line setting, before T-DM1, for patients with documented brain metastases
  - If tucatinib is used second-line, experts are divided on whether they would currently use T-DM1 or trastuzumab deruxtecan third-line
    - Results of the ongoing DESTINY-Breast03 trial comparing trastuzumab deruxtecan vs T-DM1 will help to clarify the optimal sequence of these ADCs
- Trastuzumab deruxtecan and the tucatinib triplet may also be used earlier than third-line in patients who recur following treatment with trastuzumab, pertuzumab, and T-DM1 in the (neo)adjuvant setting, but this represents a small fraction of patients
- Patient preferences can also factor into the sequencing of these new agents (eg, 3 drugs vs 1 drug, concern about hair loss vs diarrhea)
- The impressive efficacy of trastuzumab deruxtecan and the tucatinib regimen have pushed other options, such as trastuzumab chemotherapy combinations, neratinib, and margetuximab, to later lines of therapy

Dr Pegram:
We used to run out of good options and we would just regress to the mean of chemotherapy plus trastuzumab in the salvage setting, but now we have so many great choices that that really takes a backseat. It's really been exciting to have multiple options for patients after T-DM1 — again, practice changing, unprecedented

APTITUDE HEALTH®

EPICS

Congress Highlights

Rectal Cancer

Organ preservation in early rectal adenocarcinoma: 5-year results of the randomized opera trial

Ben Dhia S, et al. Abstract 508MO

EPICS

BACKGROUND

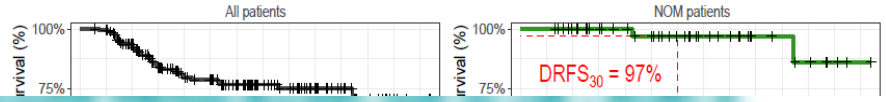
- The OPERA trial has shown that a contact X-ray brachytherapy 50kV

Total Neoadjuvant Treatment (TNT) with Non-Operative Management (NOM) for Proficient Mismatch Repair Locally Advanced Rectal Cancer (pMMR LARC): First Results of NO-CUT Trial

Amatu A, et al. Abstract 509O

EPICS

BACKGROUND



Neoadjuvant Chemotherapy, Excision, and Observation for Early Rectal Cancer: The Phase II NEO Trial (CCTG CO.28) Results After Minimum 3 years Follow Up

Brown CJ, et al. Abstract 565P

EPICS

BACKGROUND

LOCAL RECURRENCE FREE SURVIVAL

APTITUDE HEALTH®

EPICS

Key Insights

Rectal Cancer

Rectal Cancer

EPICS

Locally advanced rectal cancer (LARC)

ongoing trials will help clarify the optimal sequencing of agents

- Experts are still using a CLEOPATRA-like regimen (+ taxane plus trastuzumab and pertuzumab) first-line, followed by T-DM1 second-line, for most patients
- Most experts are using trastuzumab deruxtecan third-line, but will prioritize the tucatinib triplet for patients with evidence of brain metastases
- The tucatinib triplet may also be used in the second-line setting, before T-DM1, for patients with documented brain metastases
  - If tucatinib is used second-line, experts are divided on whether they would currently use T-DM1 or trastuzumab deruxtecan third-line
    - Results of the ongoing DESTINY-Breast03 trial comparing trastuzumab deruxtecan vs T-DM1 will help to clarify the optimal sequence of these ADCs
- Trastuzumab deruxtecan and the tucatinib triplet may also be used earlier than third-line in patients who recur following treatment with trastuzumab, pertuzumab, and T-DM1 in the (neo)adjuvant setting, but this represents a small fraction of patients
- Patient preferences can also factor into the sequencing of these new agents (eg, 3 drugs vs 1 drug, concern about hair loss vs diarrhea)
- The impressive efficacy of trastuzumab deruxtecan and the tucatinib regimen have pushed other options, such as trastuzumab chemotherapy combinations, neratinib, and margetuximab, to later lines of therapy

Dr Pegram

We used to run out of good options and we would just regress to the mean of chemotherapy plus trastuzumab in the salvage setting, but now we have so many great choices that that really takes a backseat. It's really been exciting to have multiple options for patients after T-DM1 — again, practice changing, unprecedented

Rectal Cancer

EPICS

LARC

ongoing trials will help clarify the optimal sequencing of agents

- Experts are still using a CLEOPATRA-like regimen (+ bevacizumab and pertuzumab) first-line, followed by T-DM1 second-line, for most patients
- Most experts are using trastuzumab deruxtecan third-line, but will prioritize the tucatinib triplet for patients with evidence of brain metastases
- The tucatinib triplet may also be used in the second-line setting, before T-DM1, for patients with documented brain metastases
  - If tucatinib is used second-line, experts are divided on whether they would currently use T-DM1 or trastuzumab deruxtecan third-line
    - Results of the ongoing DESTINY-Breast03 trial comparing trastuzumab deruxtecan vs T-DM1 will help to clarify the optimal sequence of these ADCs
- Trastuzumab deruxtecan and the tucatinib triplet may also be used earlier than third-line in patients who recur following treatment with trastuzumab, pertuzumab, and T-DM1 in the (neo)adjuvant setting, but this represents a small fraction of patients
- Patient preferences can also factor into the sequencing of these new agents (eg, 3 drugs vs 1 drug, concern about hair loss vs diarrhea)
- The impressive efficacy of trastuzumab deruxtecan and the tucatinib regimen have pushed other options, such as trastuzumab chemotherapy combinations, neratinib, and margetuximab, to later lines of therapy

Dr Pegram

We used to run out of good options and we would just default to the mean of chemotherapy plus trastuzumab in the salvage setting, but now we have so many great choices that that really takes a backseat. It's really been exciting to have multiple options for patients after T-DM1 — again, practice changing, unprecedented

APTITUDE HEALTH®

EPICS

Congress Highlights

Gastric and GEJ Cancers

A randomized phase III trial of perioperative chemotherapy (periop CT) with or without preoperative chemoradiotherapy (preop CRT) for resectable gastric cancer (AGITG TOPGEAR): final results from an intergroup trial of AGITG, TROG, EORTC and CCTG

Leong T, et al. Abstract LBA58

EPICS

STUDY POPULATION

- [illegible]

OUTCOME

- [illegible]

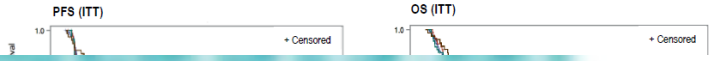
EXPERT CONCLUSIONS

[illegible]

Modified FOLFOX plus/minus Nivolumab and Ipilimumab vs FLOT plus Nivolumab in patients with previously untreated advanced or metastatic adenocarcinoma of the stomach or gastroesophageal junction – Final Results of the IKF-AIO-Moonlight trial

Lorenzen S, et al. Abstract LBA59

EPICS



Phase 3 study of SHR-1701 versus placebo in combination with chemo as first-line (1L) therapy for HER2-negative gastric/gastroesophageal junction adenocarcinoma (G/GEJA)

Peng Z, et al. Abstract LBA60

EPICS

BACKGROUND

Final overall survival for the phase 3, KEYNOTE-811 study of pembrolizumab plus trastuzumab and chemotherapy for HER2+ advanced, unresectable or metastatic G/GEJ adenocarcinoma

Janjigian YY, et al. Abstract 1400O

EPICS

BACKGROUND

Trastuzumab deruxtecan (T-DXd) monotherapy and combinations in patients (pts) with advanced/metastatic HER2-positive (HER2+) esophageal, gastric or gastroesophageal junction adenocarcinoma (GEJA): DESTINY-Gastric03 (DG-03)

Janjigian YY, et al. Abstract 1401O

EPICS

APTITUDE HEALTH®

EPICS

Key Insights

Gastric and GEJ Cancers

Gastric and GEJ Cancers

EPICS

Resectable gastric cancer

pembrolizumab

Gastric and GEJ Cancers

EPICS

CPS scoring

ongoing trials will help clarify the optimal sequencing of agents

- Experts are still using a CLEOPATRA-like regimen (+ taxane plus trastuzumab and pertuzumab) first-line, followed by T-DM1 second-line, for most patients
- Most experts are using trastuzumab deruxtecan third-line, but will prioritize the tucatinib triplet for patients with evidence of brain metastases
- The tucatinib triplet may also be used in the second-line setting, before T-DM1, for patients with documented brain metastases
  - If tucatinib is used second-line, experts are divided on whether they would currently use T-DM1 or trastuzumab deruxtecan third-line
    - Results of the ongoing DESTINY-Breast03 trial comparing trastuzumab deruxtecan vs T-DM1 will help to clarify the optimal sequence of these ADCs
- Trastuzumab deruxtecan and the tucatinib triplet may also be used earlier than third-line in patients who recur following treatment with trastuzumab, pertuzumab, and T-DM1 in the (neo)adjuvant setting, but this represents a small fraction of patients
- Patient preferences can also factor into the sequencing of these new agents (eg, 3 drugs vs 1 drug, concern about hair loss vs diarrhea)
- The impressive efficacy of trastuzumab deruxtecan and the tucatinib regimen have pushed other options, such as trastuzumab chemotherapy combinations, neratinib, and margetuximab, to later lines of therapy

Dr Pegram

We used to run out of good options and we would just regress to the mean of chemotherapy plus trastuzumab in the salvage setting, but now we have so many great choices that that really takes a backseat. It's really been exciting to have multiple options for patients after T-DM1 — again, practice changing, unprecedented

APTITUDE HEALTH®

EPICS

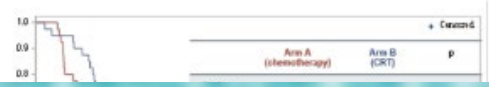
Congress Highlights

Pancreatic Cancer and Biliary Tract Cancer

Preoperative modified FOLFIRINOX (mFOLFIRINOX) with or without chemoradiation (CRT) in borderline resectable pancreatic cancer (BRPC): results from the randomized phase II trial PANDAS/PRODIGE 44

Lambert A, et al. Abstract LBA62

EPICS



A randomized phase I/II study of second line treatment with liposomal irinotecan and S-1 versus liposomal irinotecan and 5-fluorouracil in patients with metastatic pancreatic cancer following gemcitabine-based chemotherapy

Gehrels A, et al. Abstract LBA63

EPICS

Phase 2 Trial of Pembrolizumab and OLApaRib (POLAR) Maintenance for Select Patients (pts) with Metastatic Pancreatic Cancer (mPC) with (A) Homologous Recombination Deficiency (HRD), (B) non-core HRD (ncHRD) and (C) Exceptional Response to Platinum

Park W, et al. Abstract 1504MO

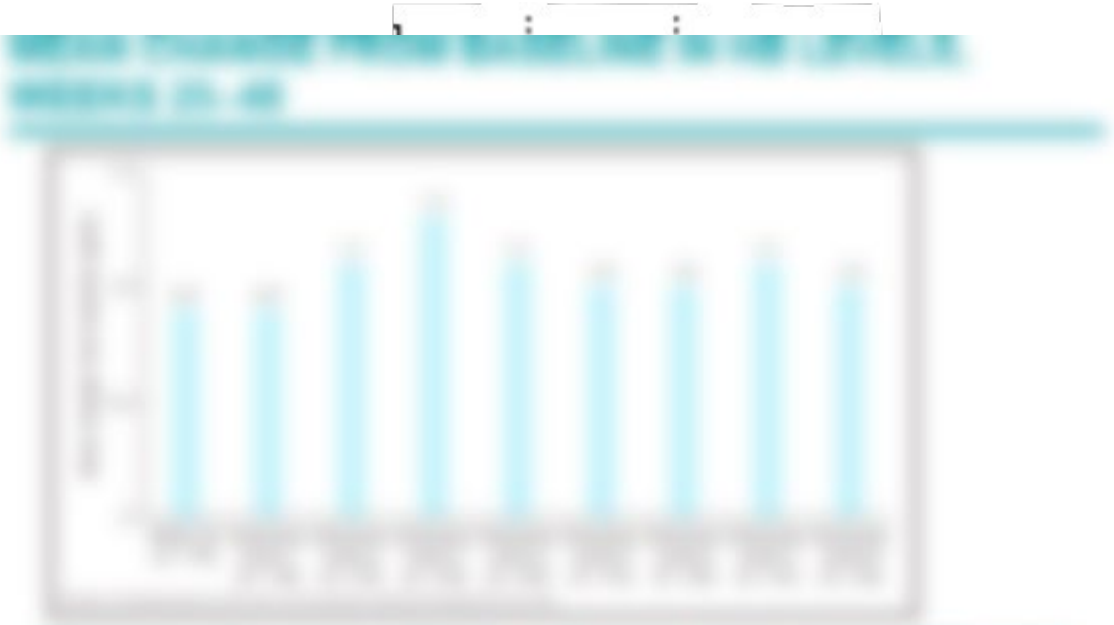
EPICS

Camrelizumab (Cam) combined with gemcitabine and cisplatin (GP) plus low-dose apatinib in first-line treatment of advanced biliary tract cancer (BTC)

Lu Y, et al. Abstract 50P

EPICS

BACKGROUND



Chemo-Immunotherapy combination of mFOLFOX6, bevacizumab and atezolizumab after first line therapy for advanced biliary tract cancer – the COMBATBIL imCORE trial

Ponz-Sarvise M, et al. Abstract 44P

EPICS

BACKGROUND

APTITUDE HEALTH®

EPICS

Key Insights

Pancreatic Cancer and Biliary Tract Cancer

Pancreatic Cancer (1/2)

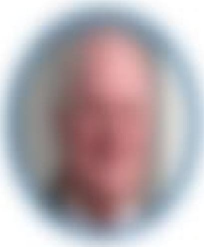
EPICS

Resectable pancreatic cancer

Pancreatic Cancer (2/2)

EPICS

Metastatic pancreatic cancer



Biliary Tract Cancer

EPICS

Advanced biliary tract cancer

ongoing trials will help clarify the optimal sequencing of agents

- Experts are still using a CLEOPATRA-like regimen (a taxane plus trastuzumab and pertuzumab) first-line, followed by T-DM1 second-line, for most patients
- Most experts are using trastuzumab deruxtecan third-line, but will prioritize the tucatinib triplet for patients with evidence of brain metastases
- The tucatinib triplet may also be used in the second-line setting, before T-DM1, for patients with documented brain metastases
  - If tucatinib is used second-line, experts are divided on whether they would currently use T-DM1 or trastuzumab deruxtecan third-line
    - Results of the ongoing DESTINY-Breast03 trial comparing trastuzumab deruxtecan vs T-DM1 will help to clarify the optimal sequence of these ADCs
- Trastuzumab deruxtecan and the tucatinib triplet may also be used earlier than third-line in patients who recur following treatment with trastuzumab, pertuzumab, and T-DM1 in the (neo)adjuvant setting, but this represents a small fraction of patients
- Patient preferences can also factor into the sequencing of these new agents (eg, 3 drugs vs 1 drug, concern about hair loss vs diarrhea)
- The impressive efficacy of trastuzumab deruxtecan and the tucatinib regimen have pushed other options, such as trastuzumab chemotherapy combinations, neratinib, and margetuximab, to later lines of therapy

Dr Pegram

We used to run out of good options and we would just default to the mean of chemotherapy plus trastuzumab in the salvage setting, but now we have so many great choices that that really takes a backseat. It's really been exciting to have multiple options for patients after T-DM1 — again, practice changing, unprecedented

APTITUDE HEALTH®

EPICS

Congress Highlights

HCC

Transarterial Chemoembolization (TACE) With or Without Lenvatinib (len) + Pembrolizumab (pembro) for Intermediate-Stage Hepatocellular Carcinoma (HCC): Phase 3 LEAP-012 Study

Llovet J, et al. Abstract LBA3

EPICS

BACKGROUND

Iparomlimab and tuvonralimab (QL1706) with bevacizumab and/or chemotherapy in first-line (1L) treatment of advanced hepatocellular

Quin S, et al. Abstract LBA38

EPICS

BACKGROUND

Primary results from the phase III ALTN-AK105-III-02 study: Anlotinib plus penpulimab versus sorafenib as first-line (1L) therapy for advanced hepatocellular carcinoma (aHCC)

Zhou J, et al. Abstract LBA40

EPICS

BACKGROUND

Updated efficacy and safety data from IMbrave050: Phase 3 study of adjuvant atezolizumab (atezo) + bevacizumab (bev) vs active surveillance in patients (pts) with resected or ablated high-risk hepatocellular carcinoma (HCC)

Yopp A, et al. Abstract LBA39

EPICS

Lenvatinib (L) and sorafenib (S) in patients (pts) with advanced or unresectable hepatocellular carcinoma (uHCC): An international, multicenter, phase 4 study (STELLAR)

Peck Radosavljevic M, et al. Abstract 964P

EPICS

BACKGROUND

Analysis of antidrug antibodies (ADA) to camrelizumab in CARES-310: the pivotal phase 3 study of camrelizumab + rivoceranib in unresectable hepatocellular carcinoma (uHCC)

Kaseb AO, et al. Abstract 985P

EPICS

BACKGROUND

APTITUDE HEALTH®

EPICS

Key Insights

HCC

HCC

EPICS

Adjuvant treatment for patients with resected or ablated high-risk HCC

HCC

EPICS

Advanced-stage HCC

APTITUDE HEALTH®

US 5901-B Peachtree Dunwoody Road
Suite 415, Atlanta, GA 30328, US

EU Laan van Nieuw Oost-Indië 133 F
2593 BM The Hague, the Netherlands

UK 6th Floor, 2 Kingdom Street
London, W2 6BD, United Kingdom

aptitudehealth.com