

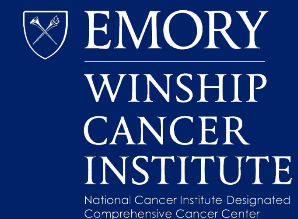


# PATIENT-BASED PANEL DISCUSSION

## GASTROINTESTINAL CANCER

Speakers: Drs. Gbolahan, George,  
Shaffer, and Alese

Presented by Emory University  
Heme/Onc Fellow:  
Sarah Jeanne Wood, MD



## CASE PRESENTATION

- 50 yo F presenting to establish care for cholangiocarcinoma.
- 9 months prior to presentation, developed vague upper abd pain, nausea/vomiting, weight loss, and fatty food intolerance.
- RUQ US demonstrated left liver lesion with an MRI abd ~3 months prior to presentation positive for a 4x5cm left lateral hepatic lobe mass.
- Biopsy positive for moderately differentiated cholangiocarcinoma.
- MRI abd demonstrated 5cm segment 3 mass along with a 0.6cm nodule in segment 4b and 4mm signal abnormality on L3 endplate. CT chest negative for metastatic disease.
  - T2bNxMx disease

## PATIENT MEDICAL HISTORY

**PMHx:** HTN, obesity s/p gastric sleeve

**FHx:** H/o unspecified cancer in father

**Social Hx:** No tobacco, EtOH, or recreational drug use.

**Allergies:** Fluconazole, banana, sulfadiazine, gabapentin

### **Medications:**

Lorazepam 1mg PRN

Biotin PO daily

Calcium/vitamin D daily

Melatonin PRN

Oxycodone 5mg PO q6h PRN

Prochlorperazine 10mg PO q6h PRN

Tramadol 50mg PO q12h PRN

Triamterene PO BID

Vitamin B12 daily

Ondansetron 8mg PO q8h PRN

## CASE PRESENTATION

- Started gemcitabine/cisplatin. Completed 4 cycles followed by surgical resection. Path as follows:
  - Gallbladder: cholelithiasis
  - Left partial hepatectomy: intrahepatic cholangiocarcinoma with 2 foci (5.0 and 1.6cm) well to moderately differentiated.
    - Confined to liver with lymphovascular invasion but no perineural invasion.
    - Margins negative.
  - Common hepatic artery LN and portal LN negative for malignancy.
  - pT2b pN0 M0, stage IIB

## CASE PRESENTATION

- Continued with 2 additional cycles gemcitabine/cisplatin and was monitored for 9 months.
- Discovered new multifocal hepatic mets in segments 5, 6, and 7 (2.2cm in greatest dimension) with no other disease noted on CT CAP.
- Started FOLFIRI and completed 6 cycles prior to progression.
- Foundation One testing at progression positive for FGFR mutation.
- Enrolled in the TAPUR trial, receiving sunitinib 1 year before disease progression.

## CASE PRESENTATION

- Enrolled on FIDES-01, phase 2 trial evaluating efficacy of derazantinib, a pan-FGFR inhibitor. Received for about 17 months prior to disease progression.
- Repeat liver biopsy sent for Caris.
  - MSS and TMB 3. IDH, BRCA, and HER2 WT. PD-L1 negative (0%).
  - FGFR2 mutations: N549H (VAF 10%) and M538I (VAF 13%)
- Started FOLFOX which she received for 1 cycle before developing a STEMI.
- Started on futibatinib (TAS-120, an irreversible pan-FGFR inhibitor) ~6 weeks after her STEMI.

## CASE PRESENTATION

- Received futibatinib for ~6 months which was complicated by hypotension, falls, and failure to thrive for which it was stopped.
- Started on nivolumab, received for ~6 months before progression.
- Off systemic therapy for ~3 months while being worked up for Y-90 which she received to her right sided liver segment 7 for local control.
- 1 month later noted to have new/enlarging liver lesions.
- 2 months later, enrolled on AIS-B02, open-label study of ALPN-202 (davoceticept, a PD-L1-dependent CD28 costimulatory and dual-checkpoint inhibitor) combined with PD-1 inhibition.
  - Only received 1 cycle as trial was suspended d/t significant toxicities.

## CASE PRESENTATION

- 1 month after coming off trial, started gemcitabine/cisplatin/durvalumab.
- Received gem/cis/durva for ~5 months before progression.
- Started on pemigatinib 2 weeks later which she received for 2 weeks before holding d/t developing diffuse bullous pemphigoid.
- She is now awaiting resolution of her skin lesions to determine if pemigatinib could be restarted with dose reductions vs. switching to 5FU/ Irinotecan



## CASE PRESENTATION

- Would repeat molecular testing be warranted in this case? If so, when?
- Thoughts on pembrolizumab vs. durvalumab in combination with gemcitabine/cisplatin in the metastatic setting?
- How would your care change if there was biliary obstruction during the treatment course?
- Could you discuss the barriers towards clinical trial enrollment from patients within the community and strategies to overcome those barriers?

## Treatment Summary

Neoadjuvant gemcitabine/cisplatin

Resection

Adjuvant gemcitabine/cisplatin

FOLFIRI

Sunitinib

Derazantinib

FOLFOX

Futibatinib

Nivolumab

Y-90

Davoceticept/Pembrolizumab

Gemcitabine/cisplatin/durvalumab

Pemigatinib

# QUESTIONS OR COMMENTS?

Thank you to the patient and family involved in this case.

Thank you to Dr. Olatunji Alese for providing this case.

Thank you to the panelists for their insight.

**AND THANK YOU!!!**