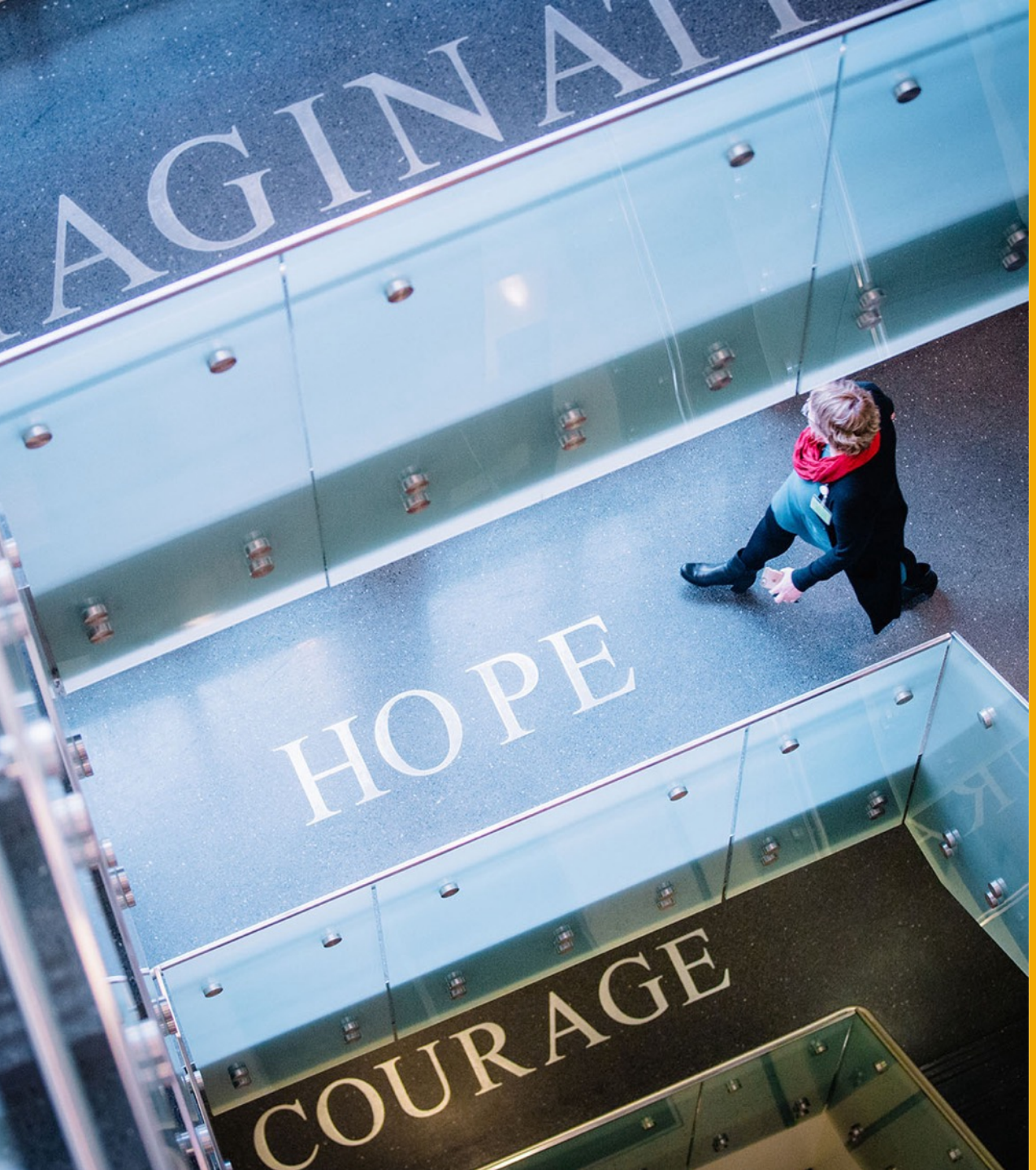


Where Science Becomes Hope

PATIENT-BASED PANEL DISCUSSION GASTROINTESTINAL MALIGNANCIES

All Speakers: Drs. Emiloju, Hannan, Halperin, Gbolahan, Russel, Berlin, Alese.

Case presented by Emory University Hematology-Oncology fellow: Rahul K Nayak, MD

July 27th, 2024

EMORY WINSHIP CANCER INSTITUTE
National Cancer Institute-Designated Comprehensive Cancer Center

NCI Designated Comprehensive Cancer Center

CLINICAL COURSE

- **A currently 57F with PMHx of a sleeve gastrectomy in 2015. She then developed symptoms abdominal pain, intolerance to fatty/greasy foods, nausea, and vomiting with about 120lbs weight loss since surgery.**

- **May 2016: Underwent MRI of abdomen which demonstrated 4 x 5 cm left lateral hepatic lobe mass.**

- **She underwent a biopsy which demonstrated moderately differentiated cholangiocarcinoma (CK7+, CEA-, TTF1-, CK20-, ER-).**

PANEL DISCUSSION

1. What is part of your initial work up for unresectable intrahepatic cholangiocarcinoma? Are you sending molecular testing on all patients?

2. Discuss your initial management considerations (e.g., systemic treatment, chemotherapy, and locoregional therapies)?

CLINICAL COURSE

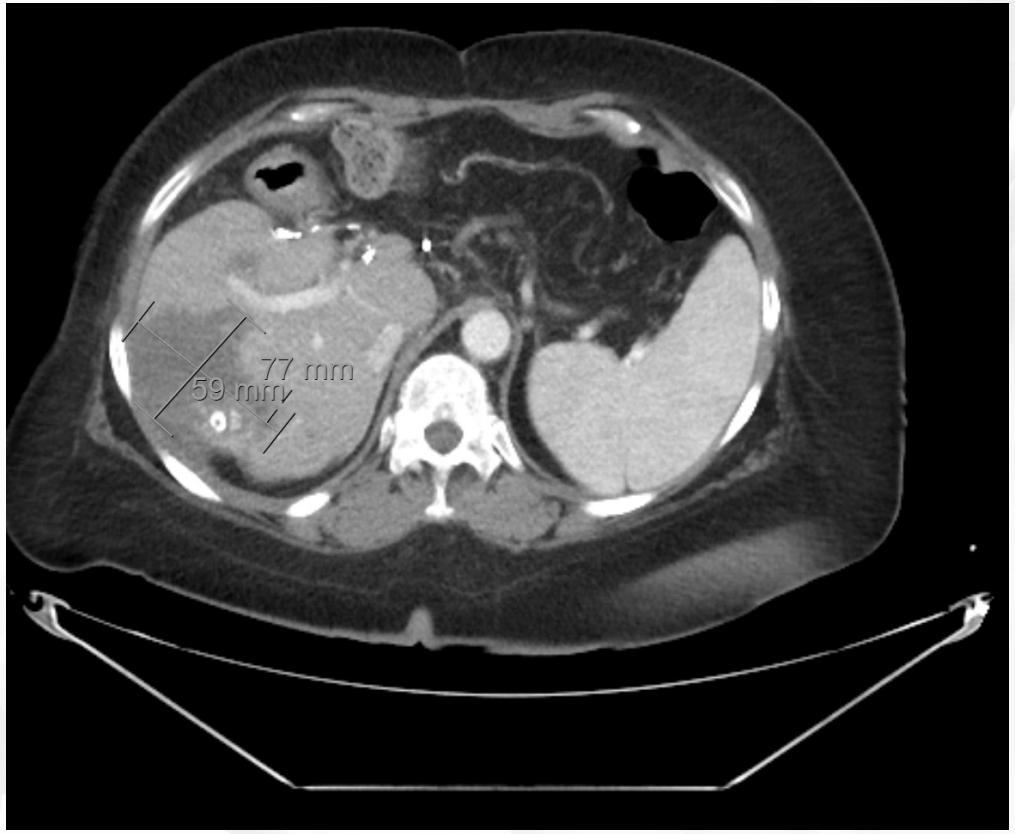
- **Sep 2016: The patient received perioperative Gemcitabine/Cisplatin for 4 cycles with response to therapy.**
- **Jan 2017: She underwent resection and then completed 2 additional cycles of Gemcitabine/Cisplatin.**
- **Dec 2017: Disease recurrence with new liver metastasis. She was started on FOLFIRI which was stopped due to disease progression June 2018.**
- **NGS sent which found an actionable FGFR2 fusion rearrangement.**

CLINICAL COURSE

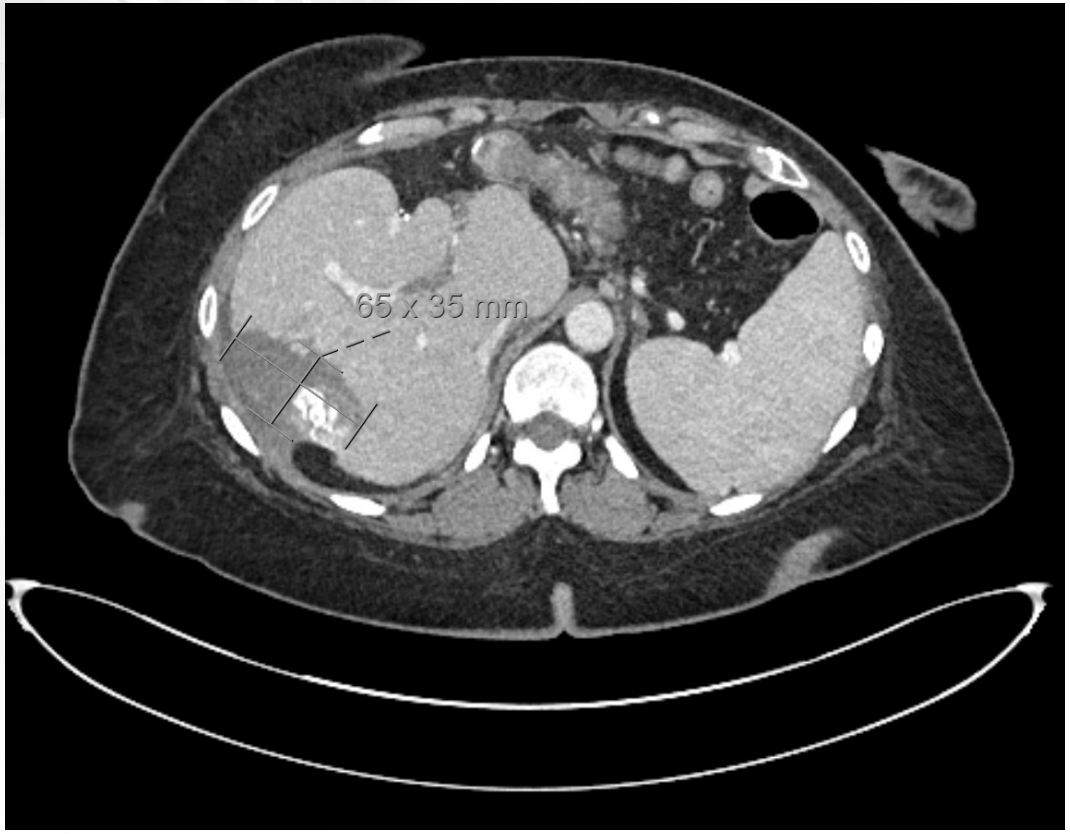
9/2016-12/2016	Gemcitabine/Cisplatin four cycles
1/2017-3/2017	Underwent resection and completed addition two cycles of Gemcitabine/Cisplatin
12/2017-6/2018	Recurrent disease. Started FOLFIRI. Stopped for PD.
6/2018	Molecular testing showed FGFR2 rearrangement
7/2018-7/2019	Sutinib (clinical trial). Stopped for PD
8/2019-1/2021	Derazantinib (clinical trial). Stopped for PD.
2/2021	FOLFOX. Developed STEMI after first cycle.
3/2021-9/2021	Futibatinib (single pt IND). Stopped for adverse effects (weakness, falls, repeated hospitalization)
10/2021-3/2022	Nivolumab. Stopped due PD.
7/2022	Y90 to segment 7.
11/2022-4/2023	Gemcitabine/Cisplatin/Durvalumab, stopped for PD.
5/2023-9/2023	Pemigatinib, held due mouth source, vision changes and bullous pemphigoid. Started steroid course with taper and received dupilumab. Resumed pemigatinib at lower dose. Stopped due to PD.
11/2023-4/2024	Pembrolizumab/Lenvatinib, stopped for PD.
5/2024-Present	Started on Futibatinib 12mg (dose reduced).

CLINICAL COURSE

- **May 2024**
- **Largest lesion: 7.7 x 5.9 cm**



- **July 2024**
- **Largest lesion: 6.6 x 4.5 cm**
- **Treatment response in all lesions**



PANEL DISCUSSION

1. If this patient presented in 2024, what would be your initial approach for a patient with a FGFR2 fusion rearrangement?

2. What are your considerations when sequencing therapies? Are there FGFR inhibitors that you are excited about in the pipeline?

3. Toxicities can be significant with the FGFR inhibitors. What toxicities have you run into and how do you manage the toxicities (e.g., retinopathy, stomatitis, hyperphosphatemia, etc.)

4. When would you consider repeat NGS testing in a long-term survivor?