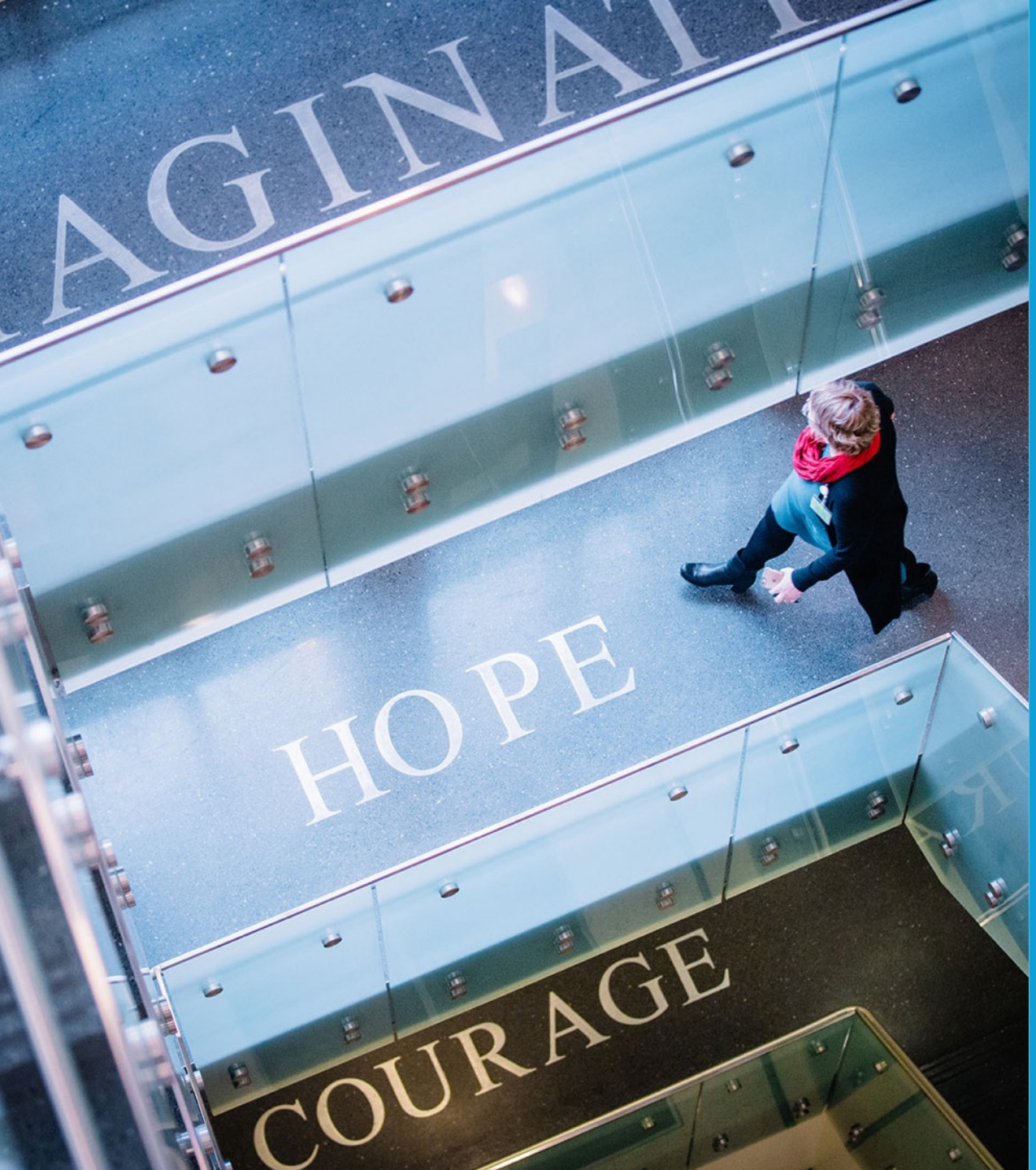


Where Science Becomes Hope

Patient-Based Panel Discussion
Gastrointestinal Malignancies

All Speakers: Drs. Hannan, Gbolahan, Miao, Alese, Halperin, Sullivan, Emiloju

Case presented by Emory University Hematology-Oncology fellow: Mosun Oyenuga MD MPH

July 26th, 2025

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

NCI Designated Comprehensive Cancer Center

Clinical Course

- 70M with history of HCV infection admitted in the hospital in Feb 2013 for increasing tremors and alcohol use
- CT and MRI abdomen with liver mass and tumor thrombus in the main portal vein. Liver biopsy confirmed HCC
- Started on sorafenib 400 mg daily in Feb 2013
- Scans with PD in the liver and new adrenal lesion in Feb 2015

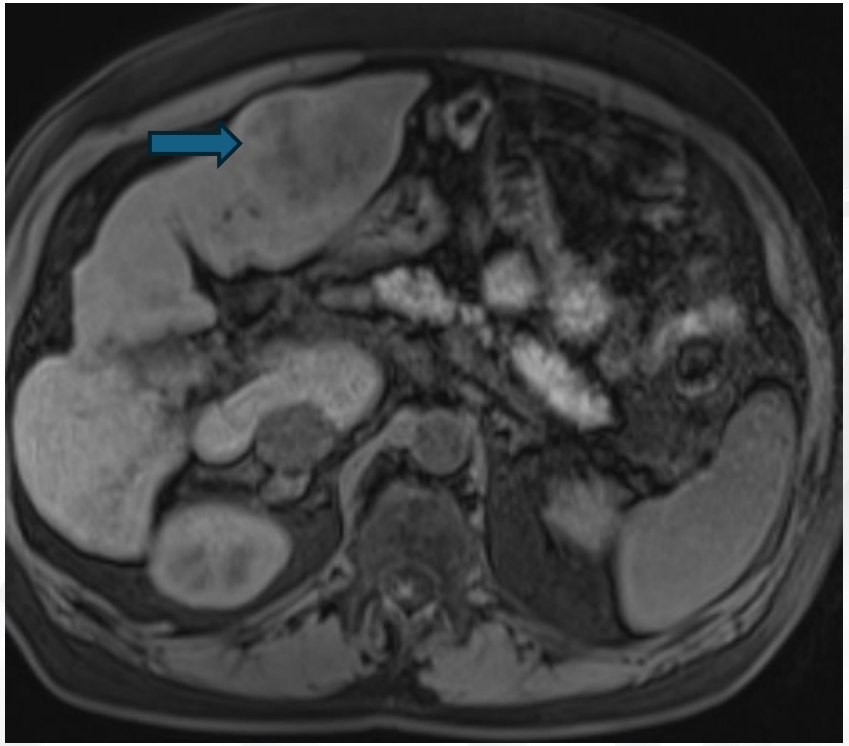
Panel discussion

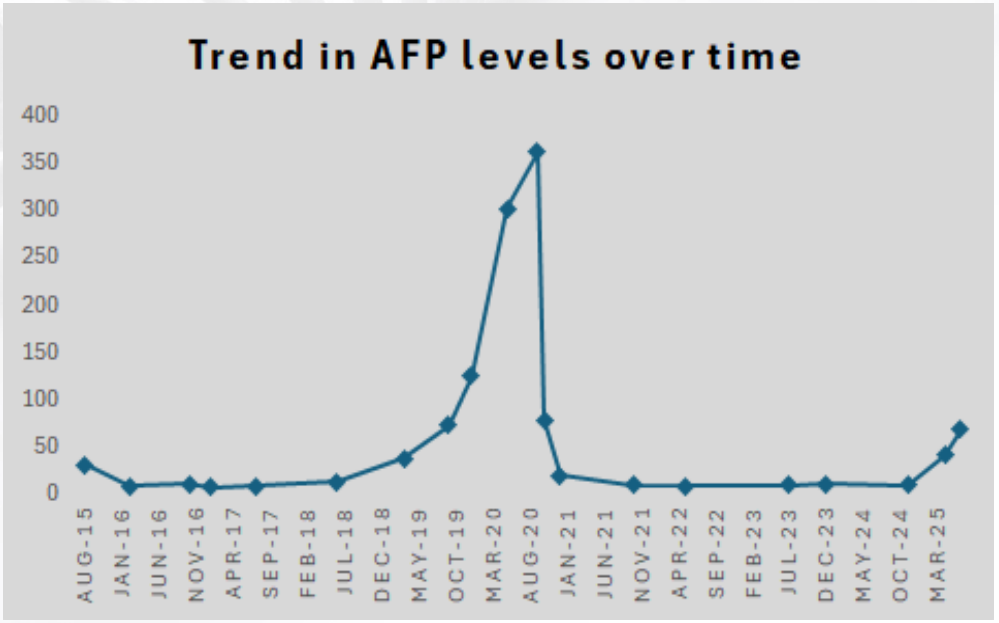
- In 2013, only sorafenib was available for unresectable locally advanced and metastatic HCC. Now with 3 frontline systemic options, how do you decide which options to choose?

- If this patient had underlying autoimmune disease, will all the frontline options be absolutely contraindicated? How do you decide the use of IO in these group of patients?

Clinical Course

4/2015 - 7/2015	Phase 1 carfilzomib trial
8/2015 -12/2015	Nivolumab – BMS CA209-040 clinical trial.
11/2015- 12/2015	CT chest with pneumonitis, repeat chest with similar finding. Nivo held. Steroids given with improvement
2/2016-2018	Resumed nivolumab, stopped 2018
2018- 3/2020	Scans with SD. AFP with increase noted in 3/2020. Repeat scan stable
8/2020	Scans with PD. Options with nivo vs len vs rego vs atezo/bev. Rechallenged with nivo
9/2020 -12/2020	Received 4C of nivo with treatment response. Nivo held due to prior hx of pneumonitis
1/2021- 11/2022	Surveillance scans with treatment response until scan in Nov with new liver lesion. Bx confirmed HCC
2/2023 - 3/2024	Restarted nivo and remained on it until 3/2024 due to recurrent of pneumonitis. Improved with steroids
11/2024	MRI abd with progressive disease. CARIS with no actionable mutation (MSS, TMB 4, BRAF WT, HER2 negative, PDL1 negative). Started on pembro
1/2025	Pembro stopped after 2C d/t skin lesions – leukocytoclastic vasculitis
2/2025	Started len but stopped due to extreme fatigue
2/21/25 -5/2025	Rechallenged with nivo, stopped after 2C for PD and recurrent pneumonitis
5/2025 - present	started len at a lower dose of 4 mg with plan to increase as tolerated





3/2020: MRI abdomen showing liver mass

Panel discussion

- In patients who progress on first line, what are your thoughts on 2L treatment? another 1L option vs 2L
- How do you decide 2L treatment between len vs carbo vs rego vs another IO
- In pts that develop side effects from IO, do you rechallenge vs change to another IO vs discontinue IO completely. What are the things to think about when making these decisions?