Patient-Based Panel Discussion Gastrointestinal Malignancies

All Speakers: Drs. Hannan, Gbolahan, Alese, Halperin, Emiloju, Kodia

Case Presented by: Tyler Kristoff, MD

Initial Presentation

Locally Advanced GE Junction Adenocarcinoma

- 62-year-old male with progressive dysphagia and weight loss
- EGD: GE junction adenocarcinoma
- Staging PET/CT: Locally advanced GEJ primary with regional nodal involvement
- No distant metastatic disease
- ECOG 0

Biomarker Testing

- MSS
- HER2-negative
- PD-L1 CPS 0
- CLDN18.2 100%

Surgical Pathology & Postoperative Evaluation

Treatment

- Neoadjuvant FLOT × 4
- Esophagectomy

Surgical Pathology

- ypT3 adenocarcinoma
- ypN3
- 14/22 lymph nodes positive
- R1 radial margin
- Poor pathologic response

Postoperative Imaging

- No evidence of residual or metastatic disease

Panel Discussion

What is your preferred postoperative management?

- Complete FLOT?
- Postoperative chemoradiation?
- FLOT followed by chemoradiation?
- Clinical trial?

How much does the R1 margin influence your recommendation?

- Is this primarily a local control problem?
- Or does ypN3 disease suggest occult metastatic disease regardless of local therapy?

Would ctDNA change your management?

Does CLDN18.2 positivity have any role today?

- Any role outside a clinical trial?
- How do you see CLDN18.2-directed therapy moving into earlier-stage disease?

Case 2: Initial Presentation

Metastatic Gastric Adenocarcinoma

- 49-year-old male with epigastric pain, early satiety, and weight loss
- EGD: poorly differentiated gastric adenocarcinoma
- CT/PET:
  - Large gastric primary
  - Regional lymphadenopathy
  - Multiple liver metastases

Biomarker Testing

- HER2 IHC 2+ (FISH negative)
- PD-L1 CPS 0
- MSS
- ERBB2 amplification identified on tumor NGS

Treatment Course

1L Therapy

- FOLFOX initiated
- Transitioned to CAPOX per patient preference
- Oxaliplatin discontinued for Grade 3 neuropathy
- Continued capecitabine monotherapy

Outcome

- Initial response followed by prolonged disease control
- Progression after approximately 12 months from diagnosis

Current Status

- ECOG 2
- Persistent oxaliplatin-induced neuropathy, grade 2
- Repeat ctDNA showed a persistent ERBB2 amplification detected

Panel Discussion

How do you interpret persistent ERBB2 amplification on liquid biopsy?

At progression, would you obtain a repeat tissue biopsy?

What is your preferred next-line therapy?

- Paclitaxel + ramucirumab, HER2 directed therapy, FOLFIRI, other?

When do you discontinue oxaliplatin in responding patients?

Q&A