Gastro Esophageal Cancer Update

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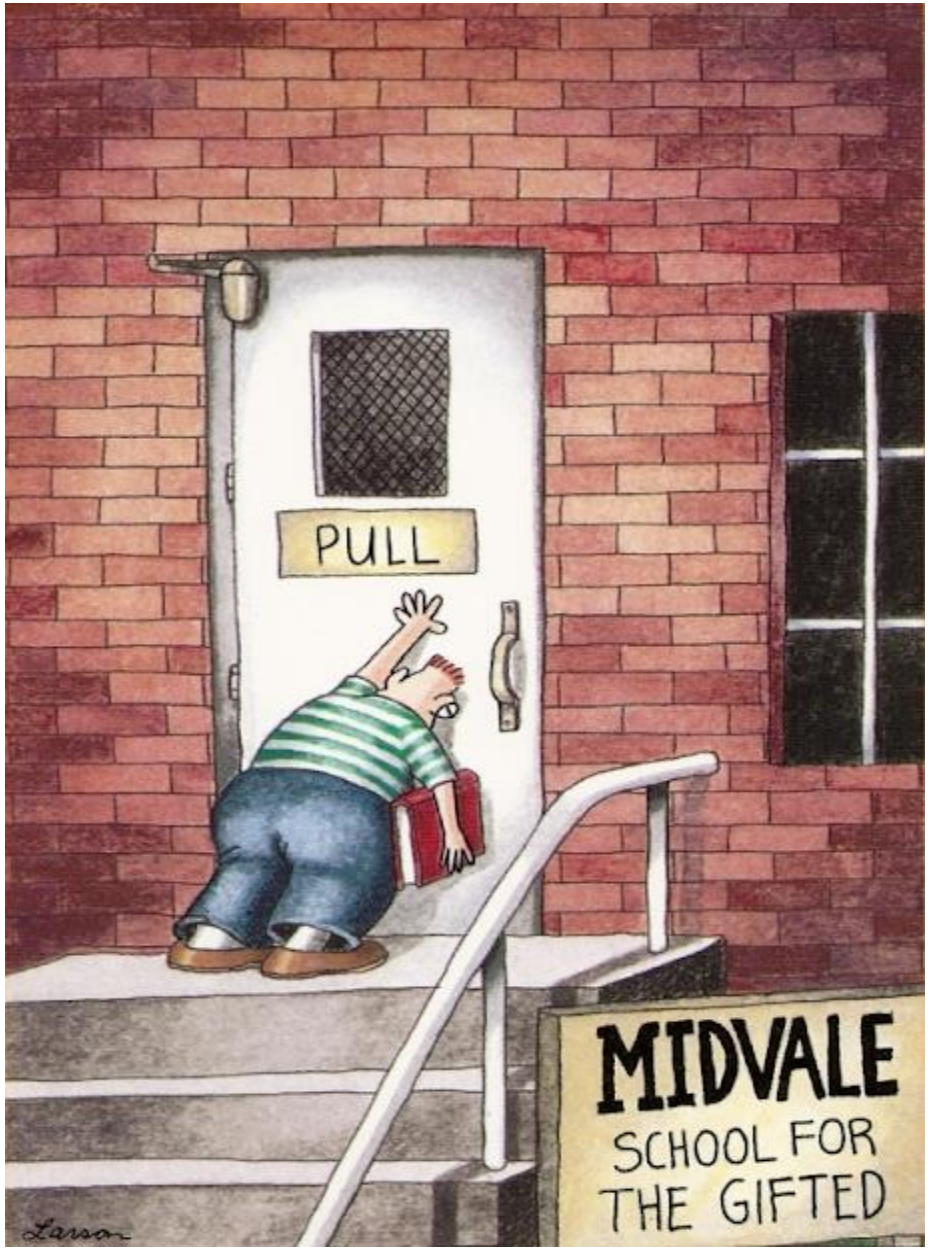
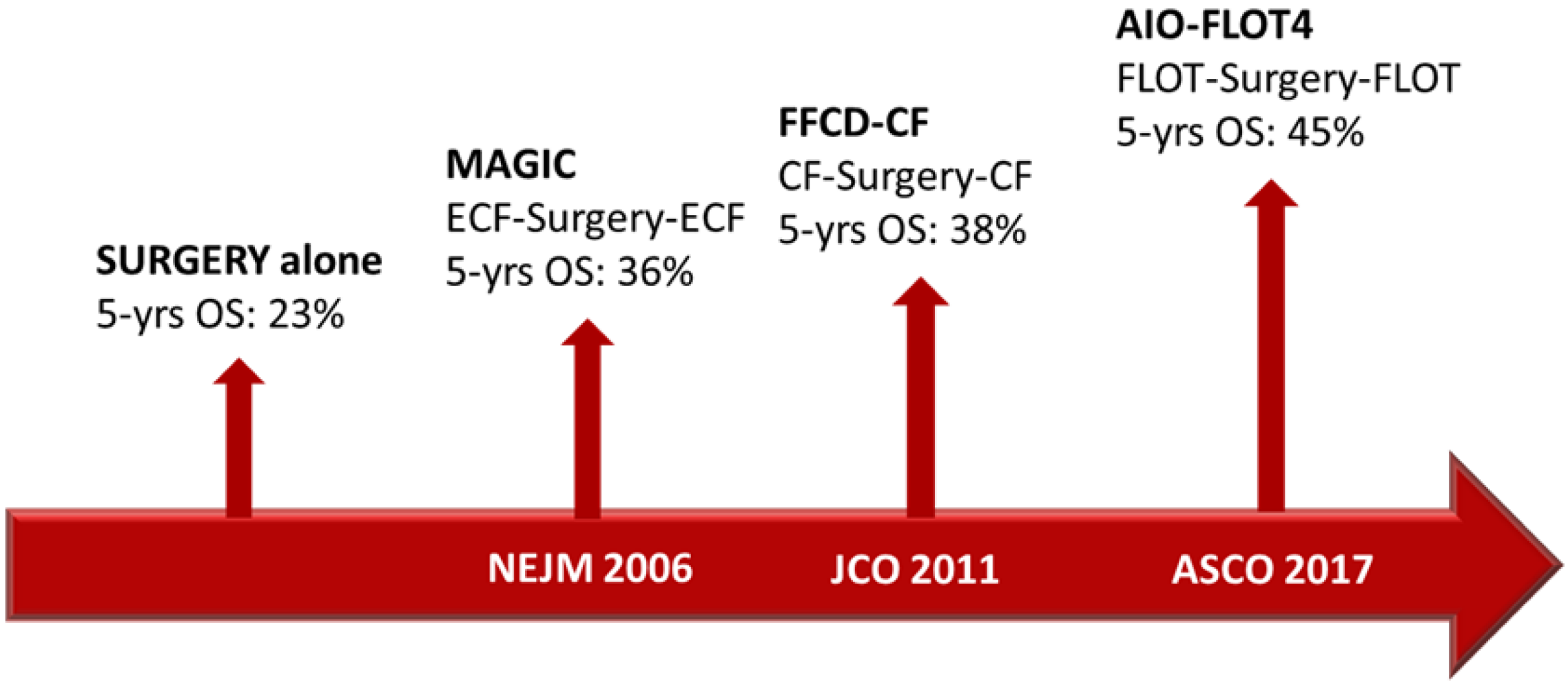
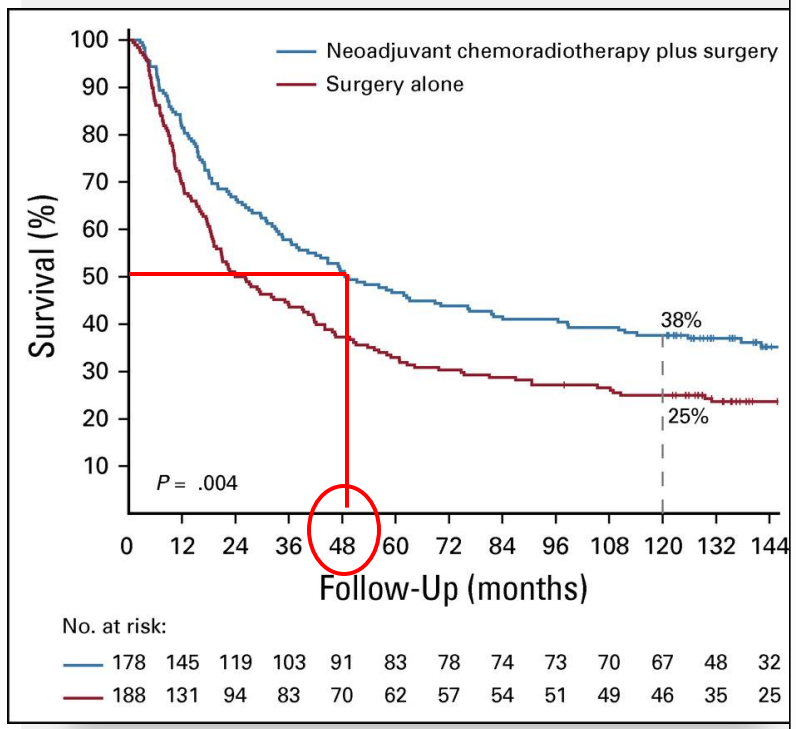
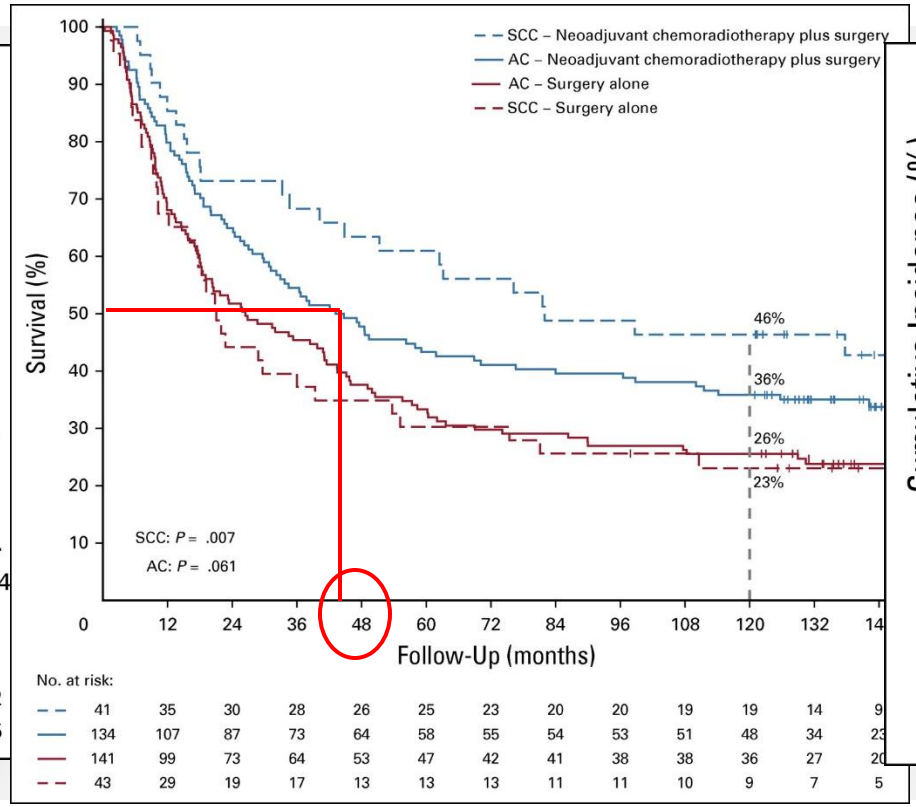
MEDICAL CENTER

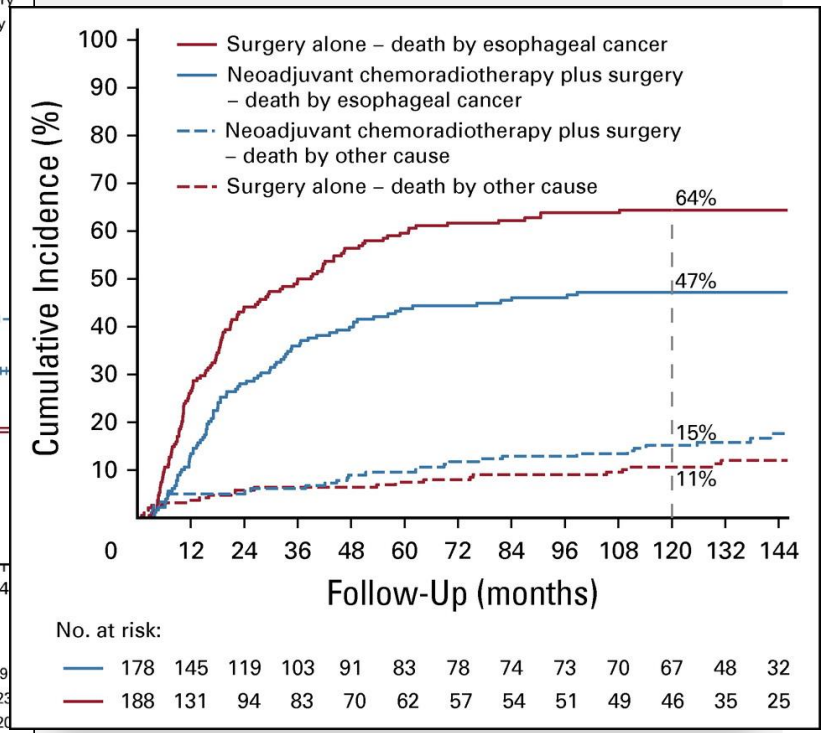

PULL
MIDVALE
SCHOOL FOR
THE GIFTED
Larson

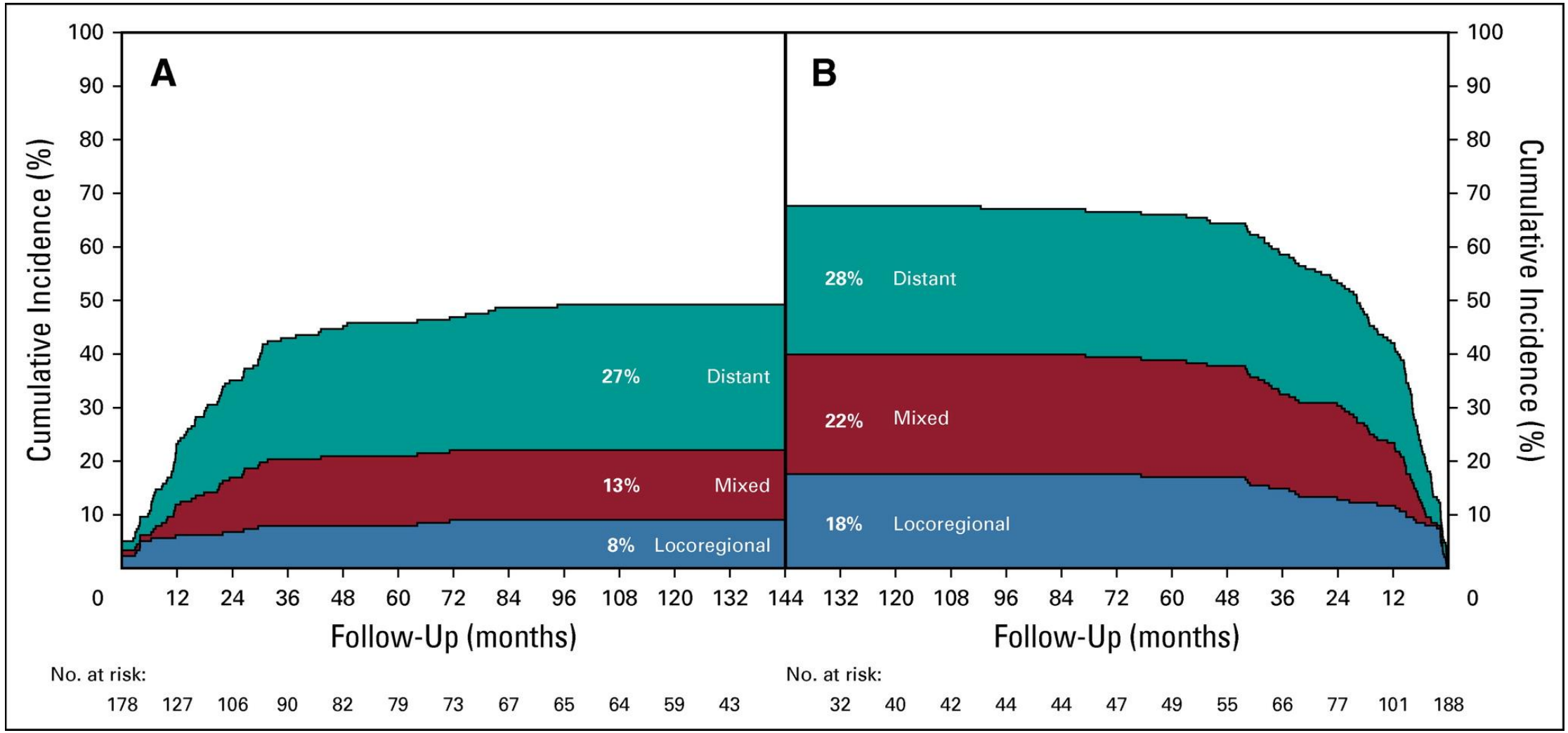

SURGERY alone
5-yrs OS: 23%
MAGIC
ECF-Surgery-ECF
5-yrs OS: 36%
FFCD-CF
CF-Surgery-CF
5-yrs OS: 38%
AIO-FLOT4
FLOT-Surgery-FLOT
5-yrs OS: 45%
NEJM 2006
JCO 2011
ASCO 2017

CROSS Trial

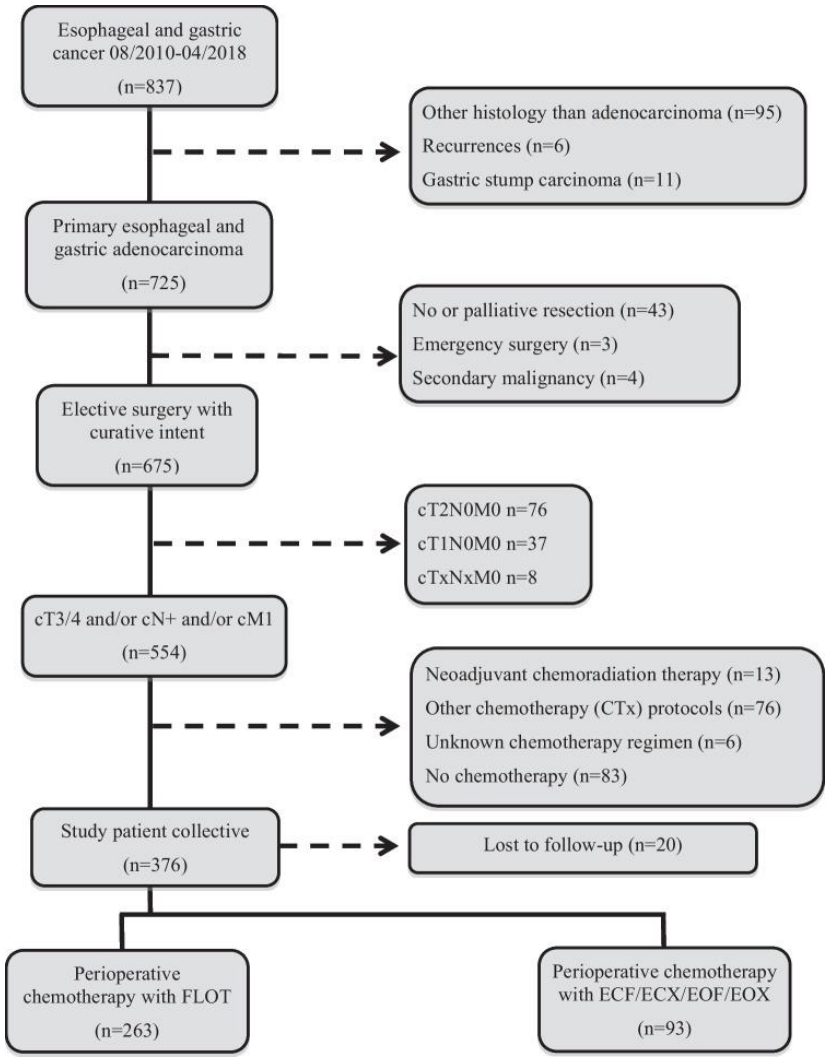

Neoadjuvant chemoradiotherapy plus surgery
Surgery alone
Survival (%)
P = .004
38%
25%
Follow-Up (months)
No. at risk:
178 145 119 103 91 83 78 74 73 70 67 48 32
188 131 94 83 70 62 57 54 51 49 46 35 25

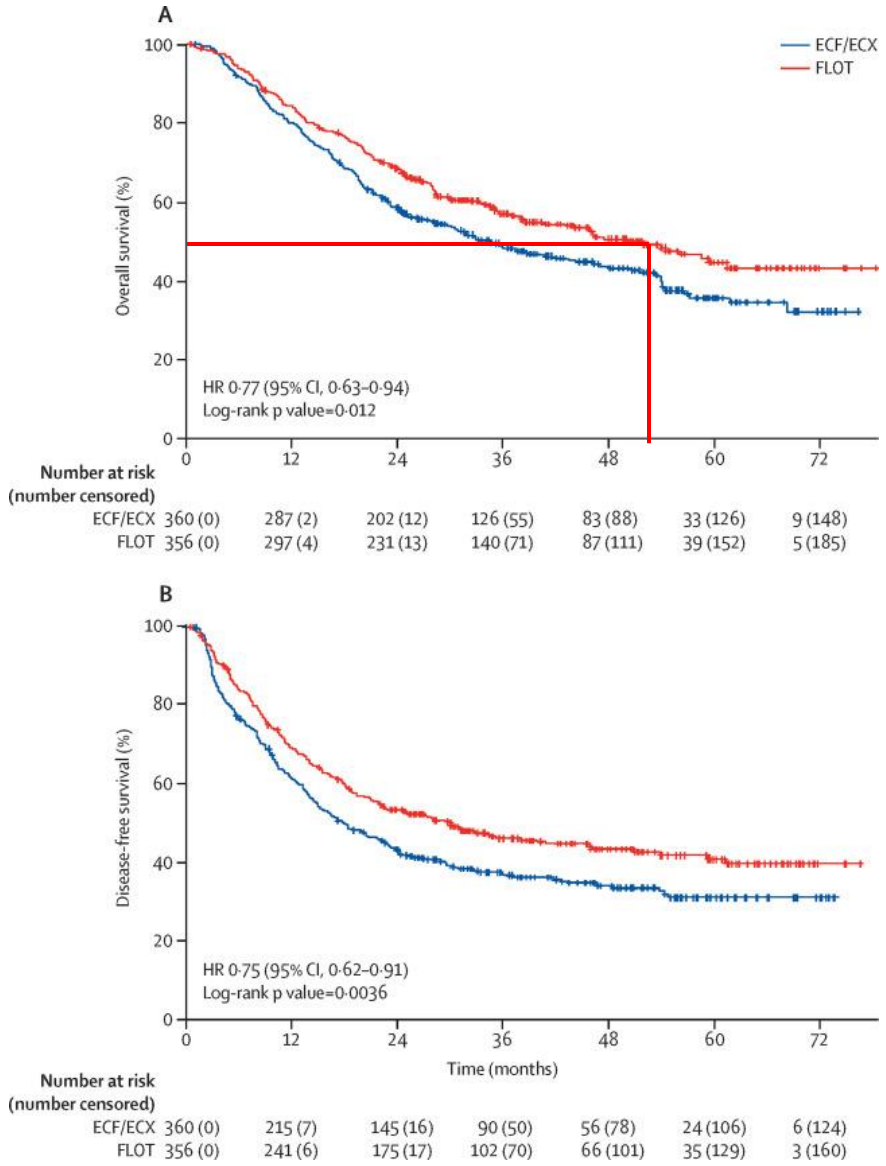

SCC – Neoadjuvant chemoradiotherapy plus surgery
AC – Neoadjuvant chemoradiotherapy plus surgery
AC – Surgery alone
SCC – Surgery alone
Survival (%)
SCC: P = .007
AC: P = .061
46%
36%
26%
23%
Follow-Up (months)
No. at risk:
41 35 30 28 26 25 23 20 20 19 19 14 9
134 107 87 73 64 58 55 54 53 51 48 34 23
141 99 73 64 53 47 42 41 38 38 36 27 20
43 29 19 17 13 13 13 11 11 10 9 7 5


Surgery alone – death by esophageal cancer
Neoadjuvant chemoradiotherapy plus surgery – death by esophageal cancer
Neoadjuvant chemoradiotherapy plus surgery – death by other cause
Surgery alone – death by other cause
Cumulative Incidence (%)
64%
47%
15%
11%
Follow-Up (months)
No. at risk:
178 145 119 103 91 83 78 74 73 70 67 48 32
188 131 94 83 70 62 57 54 51 49 46 35 25


A
B
Cumulative Incidence (%)
100
90
80
70
60
50
40
30
20
10
0
27% Distant
13% Mixed
8% Locoregional
28% Distant
22% Mixed
18% Locoregional
12 24 36 48 60 72 84 96 108 120 132 144
132 120 108 96 84 72 60 48 36 24 12
Follow-Up (months)
No. at risk:
178 127 106 90 82 79 73 67 65 64 59 43
32 40 42 44 44 47 49 55 66 77 101 188

FLOT4

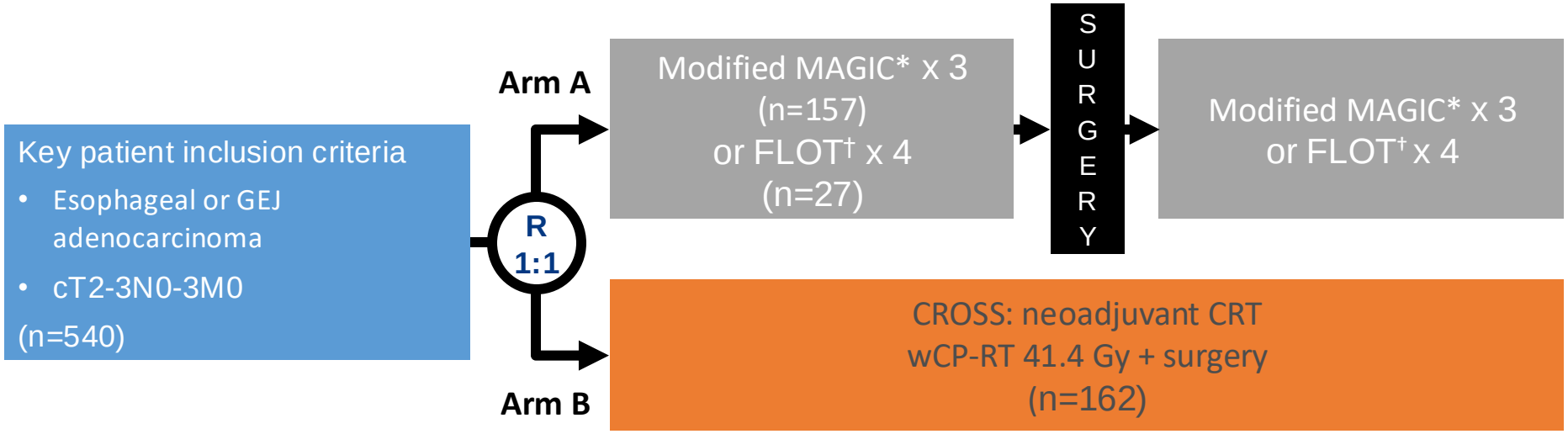

Esophageal and gastric cancer 08/2010-04/2018 (n=837)
Other histology than adenocarcinoma (n=95)
Recurrences (n=6)
Gastric stump carcinoma (n=11)
Primary esophageal and gastric adenocarcinoma (n=725)
No or palliative resection (n=43)
Emergency surgery (n=3)
Secondary malignancy (n=4)
Elective surgery with curative intent (n=675)
cT2N0M0 n=76
cT1N0M0 n=37
cTxNxM0 n=8
cT3/4 and/or cN+ and/or cM1 (n=554)
Neoadjuvant chemoradiation therapy (n=13)
Other chemotherapy (CTx) protocols (n=76)
Unknown chemotherapy regimen (n=6)
No chemotherapy (n=83)
Study patient collective (n=376)
Lost to follow-up (n=20)
Perioperative chemotherapy with FLOT (n=263)
Perioperative chemotherapy with ECF/ECX/EOF/EOX (n=93)


A
ECF/ECX
FLOT
Overall survival (%)
HR 0·77 (95% CI, 0·63–0·94)
Log-rank p value=0·012
Number at risk (number censored)
ECF/ECX 360 (0) 287 (2) 202 (12) 126 (55) 83 (88) 33 (126) 9 (148)
FLOT 356 (0) 297 (4) 231 (13) 140 (71) 87 (111) 39 (152) 5 (185)
B
Disease-free survival (%)
HR 0·75 (95% CI, 0·62–0·91)
Log-rank p value=0·0036
Time (months)
Number at risk (number censored)
ECF/ECX 360 (0) 215 (7) 145 (16) 90 (50) 56 (78) 24 (106) 6 (124)
FLOT 356 (0) 241 (6) 175 (17) 102 (70) 66 (101) 35 (129) 3 (160)

4004: Neo-AEGIS (Neoadjuvant trial in Adenocarcinoma of the Esophagus and Esophago-Gastric Junction International Study): Preliminary results of phase III RCT of CROSS versus perioperative chemotherapy (Modified MAGIC or FLOT protocol) – Reynolds JV, et al

Study objective

- To evaluate the efficacy and safety of the CROSS regimen vs. perioperative chemotherapy (either modified MAGIC or FLOT regimen) in patients with esophageal or GEJ adenocarcinoma in the Neo-AEGIS study



PRIMARY ENDPOINT

- OS

SECONDARY ENDPOINTS

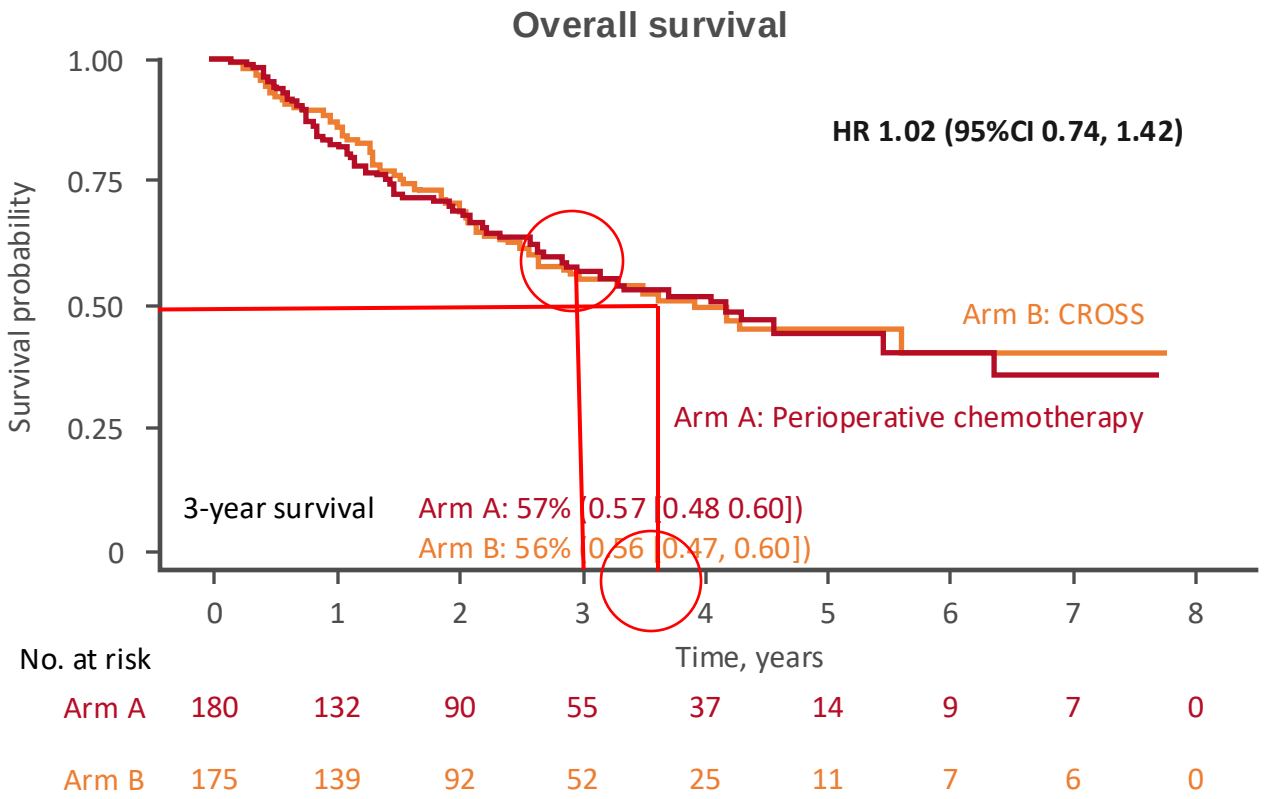
- DFS, TTF, TRG, R0 rate, postoperative complications, HR-QoL, safety

*ECF/ECX/EOF/EOX; †5FU 2600 mg/m^2 iv 24 h infusion D1 + leucovorin 200 mg/m^2 iv D1 + oxaliplatin 85 mg/m^2 iv D1 + docetaxel 50 mg/m^2 iv D1 q2w

Reynolds JV, et al. J Clin Oncol 2021;39(suppl):abstr 4004

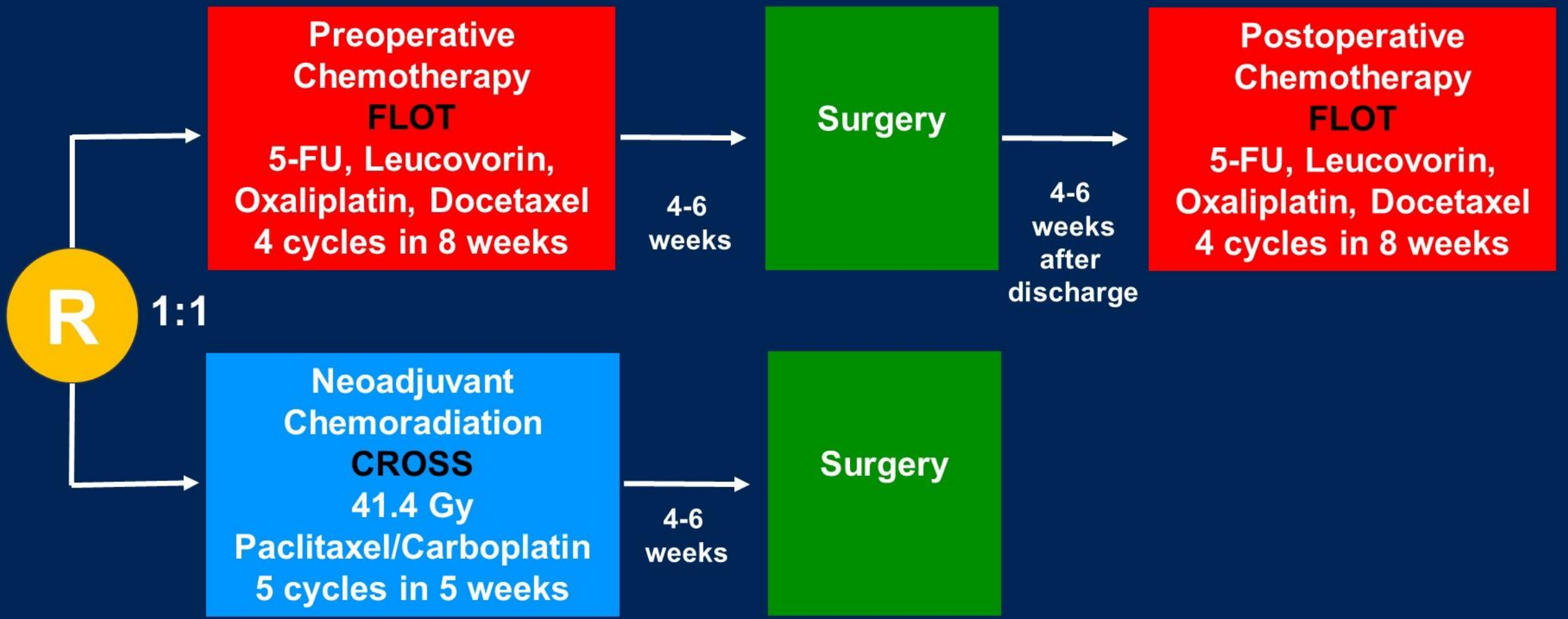
4004: Neo-AEGIS (Neoadjuvant trial in Adenocarcinoma of the Esophagus and Esophago-Gastric Junction International Study): Preliminary results of phase III RCT of CROSS versus perioperative chemotherapy (Modified MAGIC or FLOT protocol) – Reynolds JV, et al

Key results



Reynolds JV, et al. J Clin Oncol 2021;39(suppl):abstr 4004

ESOPEC Trial Scheme



Statistical Planning

Intention to treat (ITT) analysis of overall survival (primary endpoint) in all randomized patients

Sample size planning:

- To show superiority of FLOT vs. CROSS for overall survival at one-sided significance level of 2.5%
- Assumptions on 3-year overall survival rates:

  CROSS 55%, FLOT 68% (hazard ratio 0.645)
- 218 events needed for power 90%
- 438 patients needed

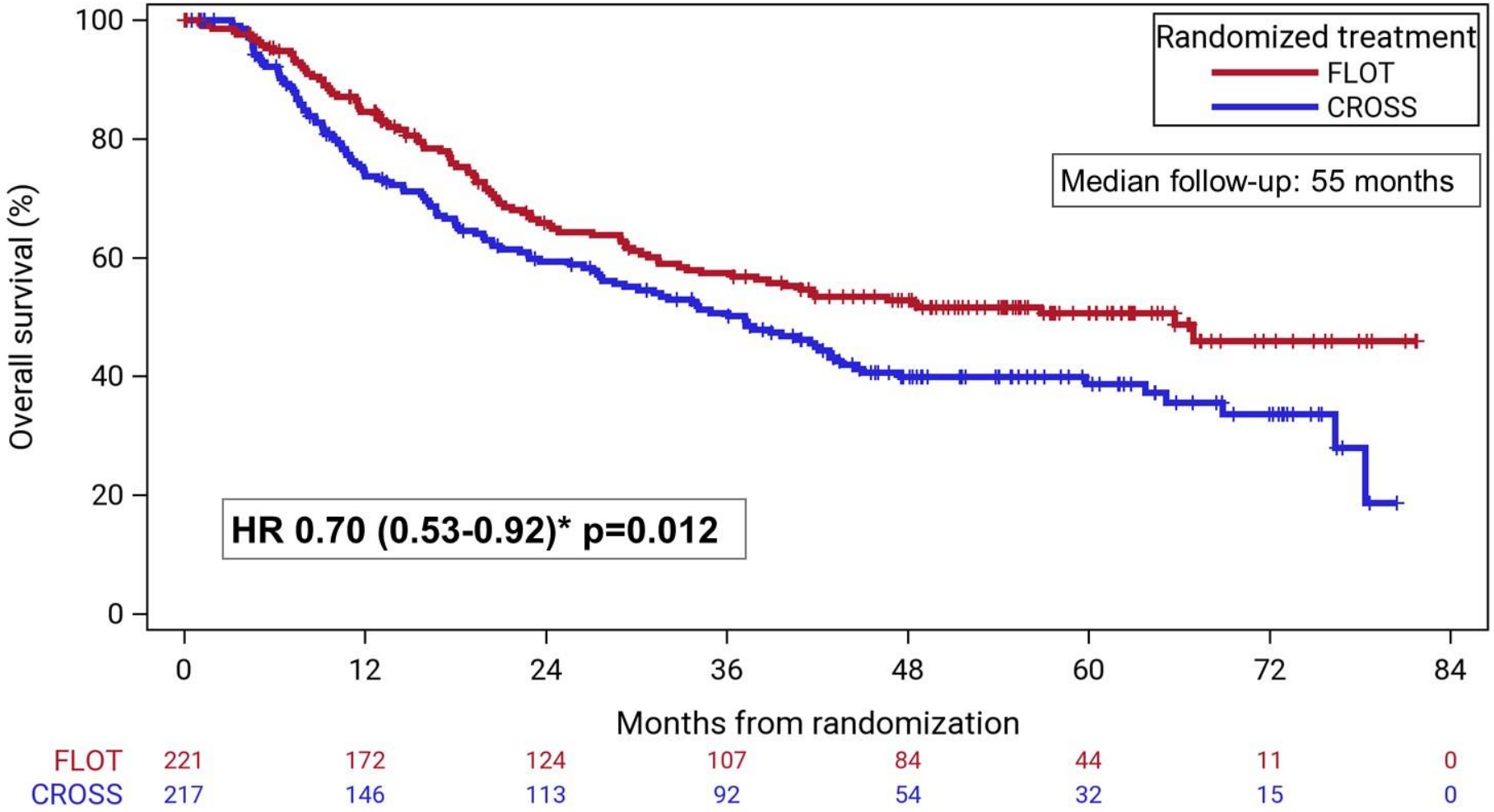
Treatment Exposure

	FLOT Group	CROSS Group
N	221	217
Started neoadjuvant treatment (PP population*)	**93.7 %**	**90.3 %**
Completed neoadjuvant treatment	**87.3 %**	**67.7 %#**
Received neoadjuvant treatment plus surgery	**86.0 %**	**82.9 %**
Received adjuvant treatment	**63.3 %**	
Completed adjuvant treatment	**52.5 %**	

*Per protocol population according to Clinical Trial Protocol and Statistical Analysis Plan

#Completion rate (41.4Gy) of radiotherapy **98%**

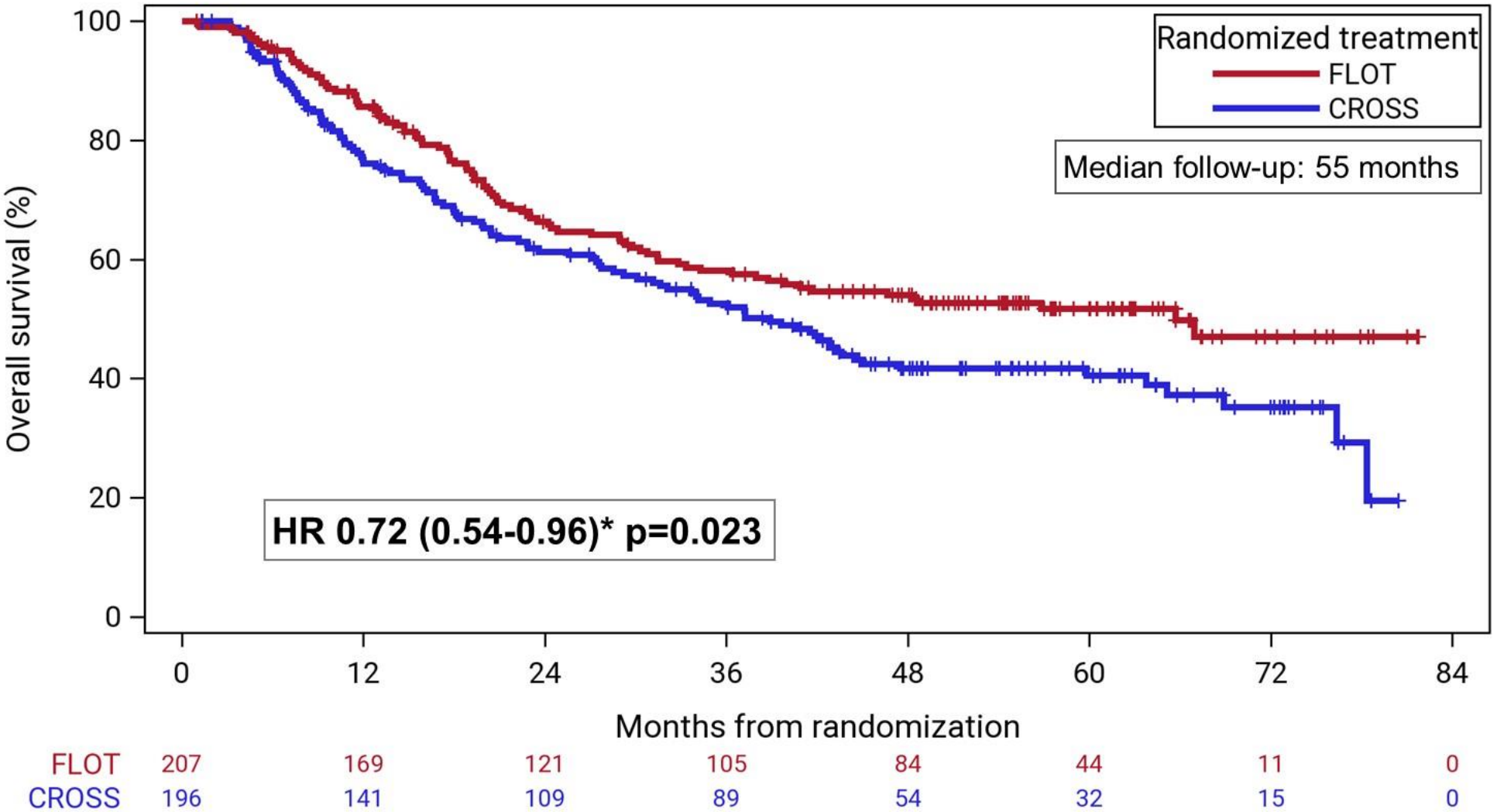
Overall Survival - ITT Population



	FLOT	CROSS
Events	97	121
Median OS time (months)	66 95% CI 36 – n.e	37 95% CI 28 – 43
3-year OS rate	57.4%	50.7%
5-year OS rate	50.6%	38.7%

*Two-sided 95% confidence interval; Cox regression adjusted for N stage and age, stratified for trial site

Overall Survival – PP Population

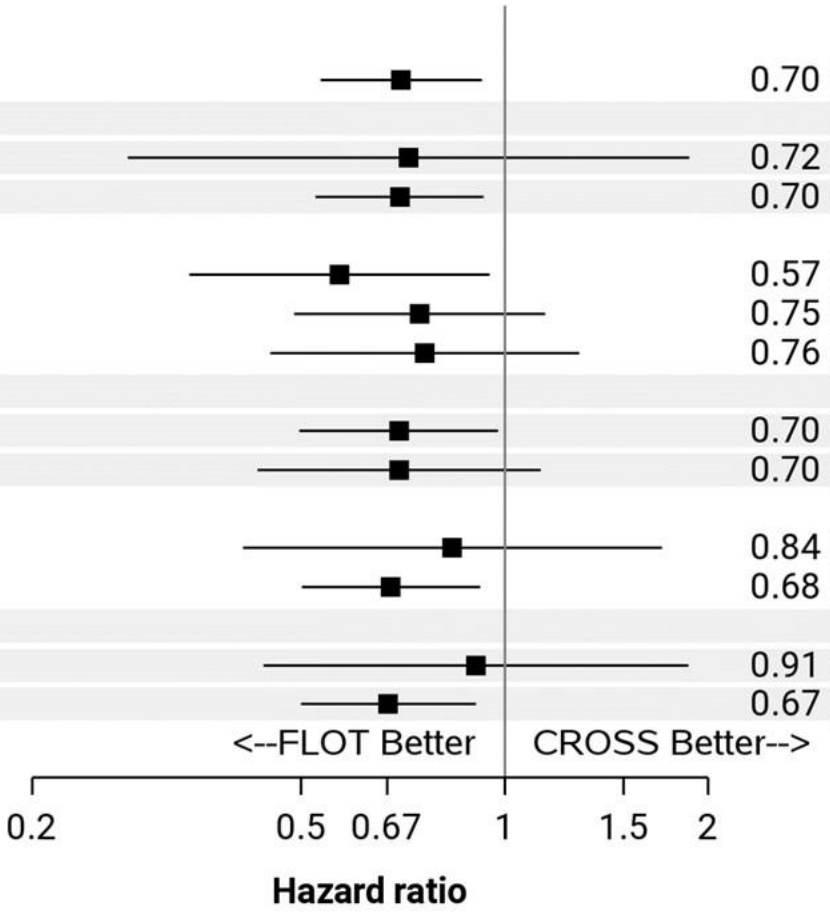


	FLOT	CROSS
Events	**92**	**110**
Median OS time (months)	**66** 95% CI 38 – n.e	**39** 95% CI 29 – 45
3-year OS rate	**58.1%**	**52.6%**
5-year OS rate	**51.8%**	**40.5%**

*Two-sided 95% confidence interval; Cox regression adjusted for N stage and age, stratified for trial site

Overall Survival in Exploratory Subgroups

Subgroup	% of patients	Hazard ratio (95% CI)	p-value for interaction
Overall	100%	0.70 (0.53, 0.92)	
Sex			0.95
female	10.7%	0.72 (0.28, 1.88)	
male	89.3%	0.70 (0.53, 0.93)	
Age			0.67
<60 years	36.3%	0.57 (0.34, 0.95)	
60-69 years	38.1%	0.75 (0.49, 1.15)	
>=70 years	25.6%	0.76 (0.45, 1.29)	
ECOG			1.00
0	72.6%	0.70 (0.50, 0.98)	
>0	27.4%	0.70 (0.43, 1.13)	
Clinical T-stage			0.60
T1-2	18.3%	0.84 (0.41, 1.71)	
T3-4	80.5%	0.68 (0.50, 0.92)	
Clinical N-stage			0.45
N0	20.3%	0.91 (0.44, 1.87)	
N+	79.7%	0.67 (0.50, 0.91)	



Pathology Results – Surgery Population

	FLOT Group	CROSS Group
N	191	180
Resection status		
No resection	0.5%	1.1%
R0	94.2%	95.0%
R1	5.2%	3.9%
Postoperative N-Stage		
ypN-	50.8%	54.4%
ypN+	48.7%	44.4%
Pathological complete remission		
ypT0 ypN0	16.8%	10.0%
Tumor regression grade (Becker[1])		
Complete regression	18.3%	13.3%
Near complete regression (<10% vital tumor)	25.1%	39.4%

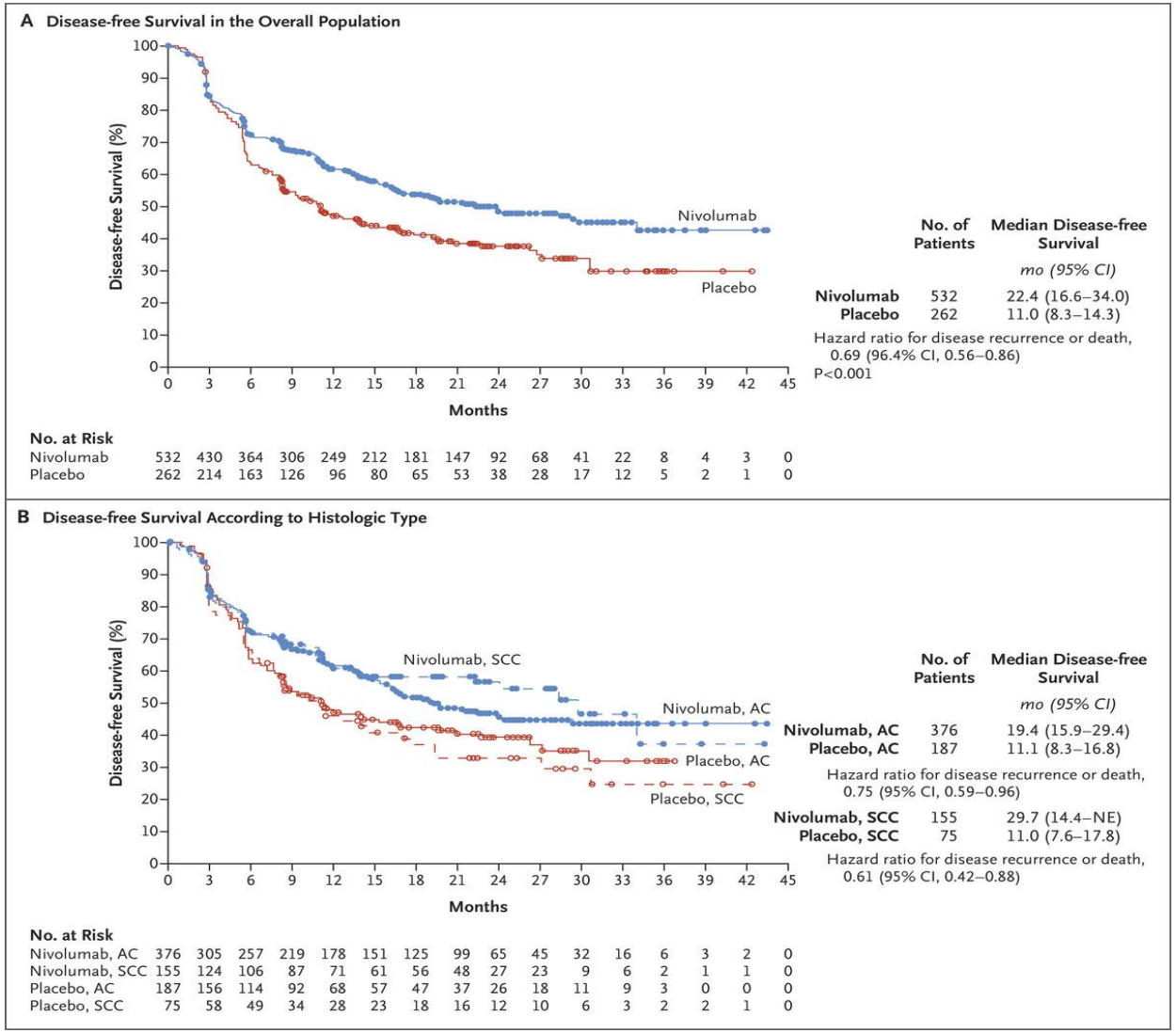
per local pathology assessment

1. Becker K Cancers 2003

Postoperative Complications – Surgery Population

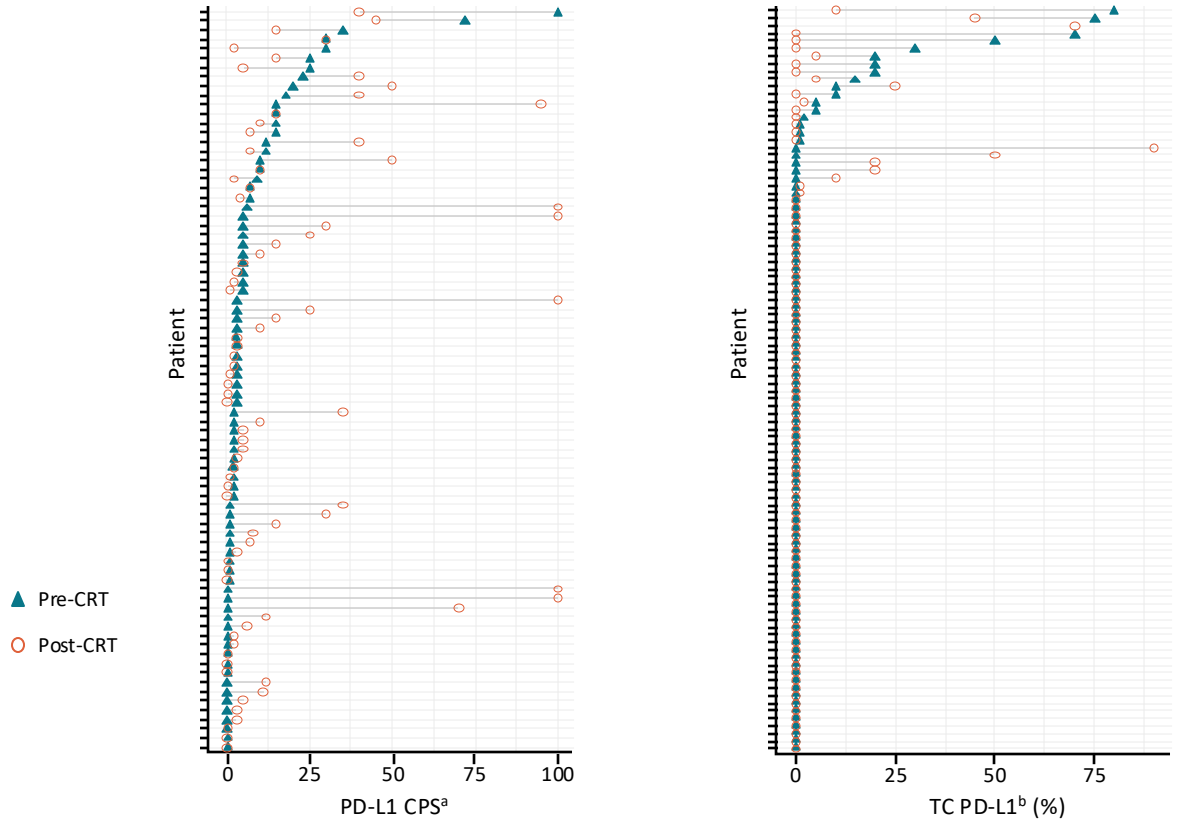
	FLOT Group	CROSS Group
N	191	180
Postoperative morbidity		
Clavien Dindo I	20.9%	20.0%
Clavien Dindo II	13.6%	15.0%
Clavien Dindo III	23.0%	23.3%
Clavien Dindo IV	6.8%	4.4%
Postoperative mortality		
30-days	1.0%	1.7%
90-days	3.2%	5.6%

Disease-free Survival in the Intention-to-Treat Population CHECKMATE 577.



RJ Kelly et al. N Engl J Med 2021;384:1191-1203.

Post-CRT changes in PD-L1 expression



- Increases in PD-L1 CPS expression after neoadjuvant CRT (and prior to study treatment) were observed in 51% of PD-L1 CPS-evaluable patients[c], while TC PD-L1 expression remained unchanged in 76% of TC PD-L1-evaluable patients[d]

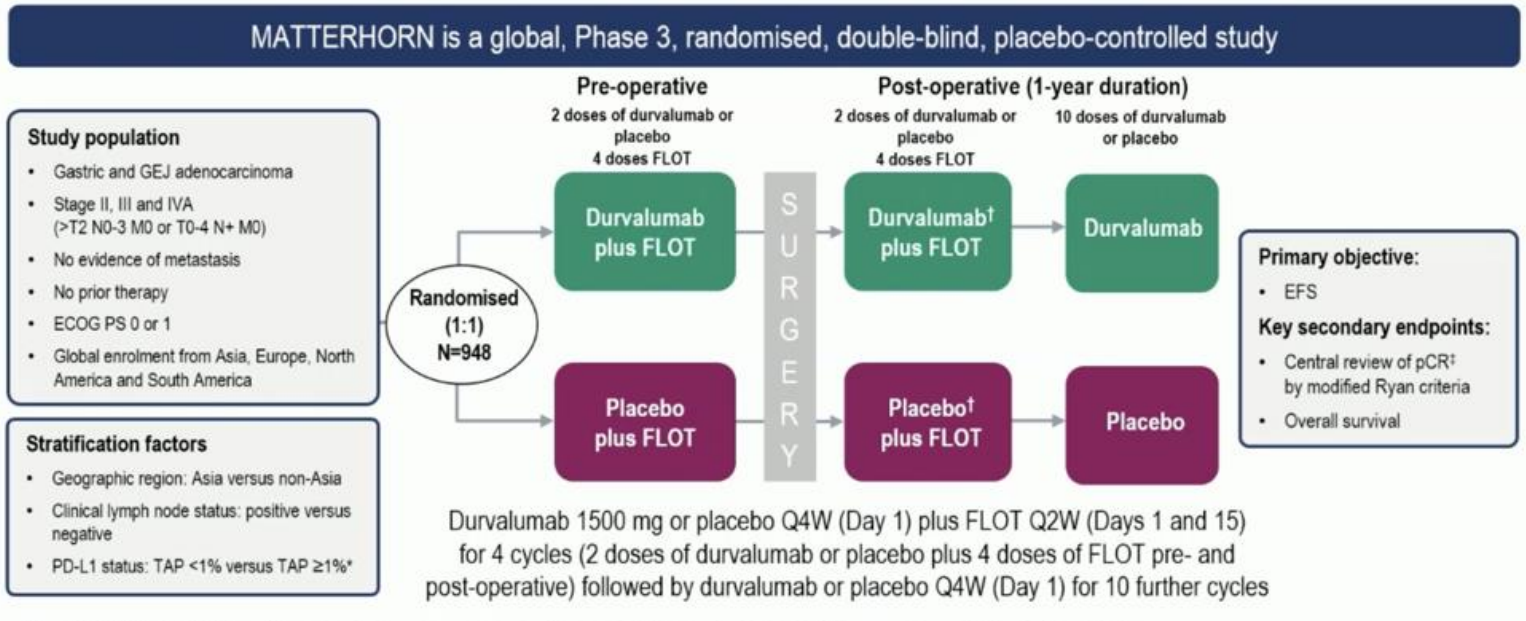
[a]Defined as the number of PD-L1–positive tumor cells, lymphocytes, and macrophages divided by the total number of viable tumor cells multiplied by 100; [b]Defined as the number of positive tumor cells divided by the total number of viable tumor cells multiplied by 100; [c]PD-L1 CPS-evaluable patients were defined as patients with paired pre-CRT and post-CRT tumor tissue that was evaluable for PD-L1 CPS (n = 80); [d]TC PD-L1–evaluable patients were defined as patients with paired pre-CRT and post-CRT tumor tissue that was evaluable for TC PD-L1 (n = 98).

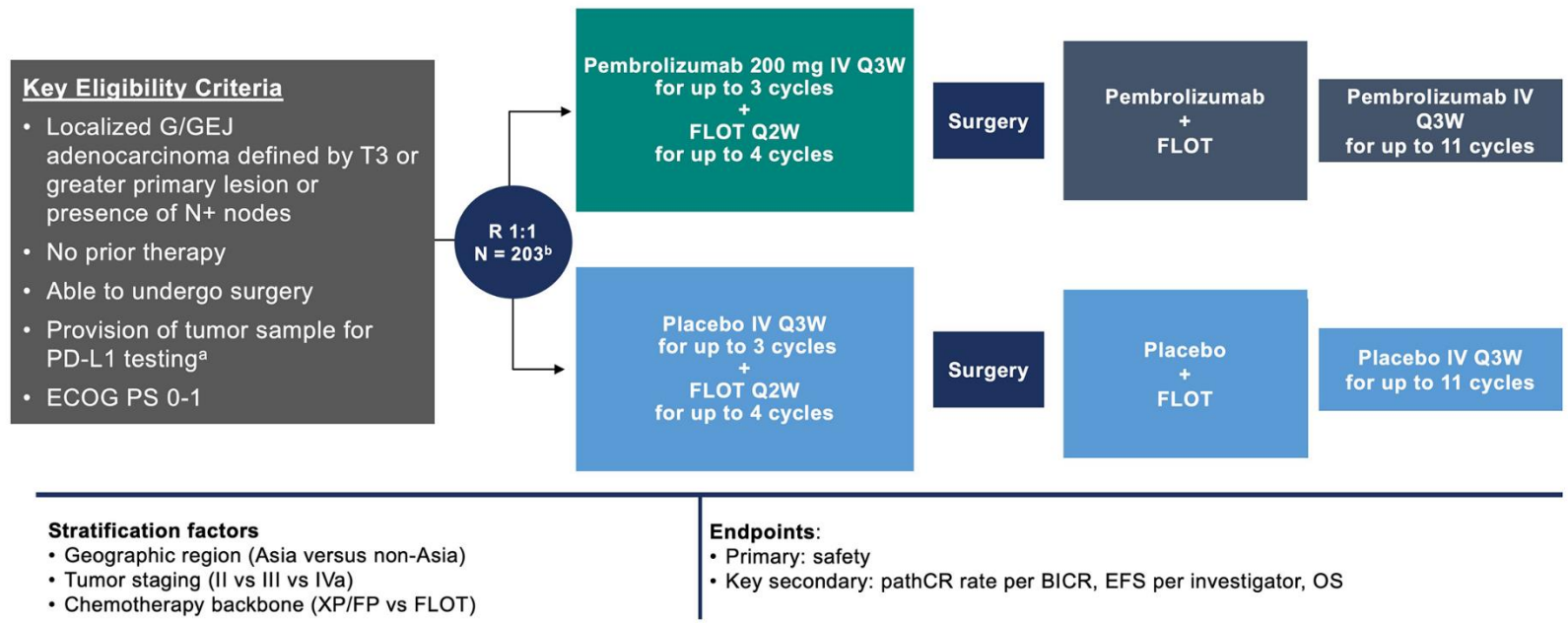
Post-CRT changes in PD-L1 expression

	Nivolumab	Placebo	Total
PD-L1 CPS[a] evaluable,[b] n	**51**	**29**	**80**
Median DFS (95% CI), mo	25.1 (14.5–NE)	9.3 (5.6–26.3)	–
HR (95% CI)	**0.64 (0.36–1.15)**		–
PD-L1 CPS change > 0, n (%)	23 (45)	18 (62)	41 (51)
Median DFS (95% CI), mo	NR (27.1–NE)	8.9 (5.6–NE)	–
HR (95% CI)	**0.30 (0.11–0.78)**		–
PD-L1 CPS change = 0, n (%)	7 (14)	4 (14)	11 (14)
Median DFS (95% CI), mo	16.0 (1.9–NE)	5.5 (5.4–22.8)	–
HR (95% CI)	NA[c]		–
PD-L1 CPS change < 0, n (%)	21 (41)	7 (24)	28 (35)
Median DFS (95% CI), mo	8.3 (2.8–19.4)	15.1 (2.8–NE)	–
HR (95% CI)	NA[c]		–
TC PD-L1[d] evaluable,[e] n	**65**	**33**	**98**
Median DFS (95% CI), mo	25.1 (14.5–NE)	7.1 (5.6–15.1)	–
HR (95% CI)	**0.56 (0.33–0.96)**		–
TC PD-L1 change > 0, n (%)	6 (9)	2 (6)	8 (8)
Median DFS (95% CI), mo	19.8 (2.8–NE)	NA	–
HR (95% CI)	NA[c]		–
TC PD-L1 change = 0, n (%)	49 (75)	25 (76)	74 (76)
Median DFS (95% CI), mo	23.4 (9.8–NE)	5.6 (5.4–15.1)	–
HR (95% CI)	**0.51 (0.28–0.91)**		–
TC PD-L1 change < 0, n (%)	10 (15)	6 (18)	16 (16)
Median DFS (95% CI), mo	39.2 (3.6–NE)	NR (2.9–NE)	–
HR (95% CI)	NA[c]		–

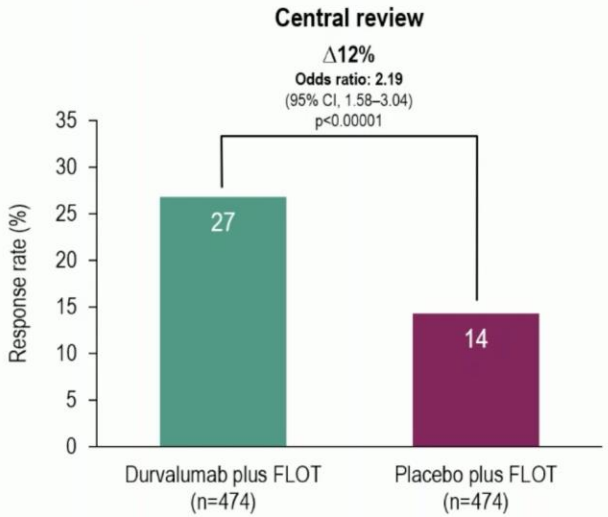
- The magnitude of DFS benefit appeared to be greater with nivolumab vs placebo in patients with an increase in PD-L1 CPS post-CRT (HR, 0.30 [95% CI, 0.11–0.78]) compared with the overall PD-L1 CPS-evaluable population[b] (HR, 0.64 [95% CI, 0.36–1.15])

[a]Defined as the number of PD-L1–positive tumor cells, lymphocytes, and macrophages divided by the total number of viable tumor cells multiplied by 100; [b]PD-L1 CPS–evaluable patients were defined as patients with paired pre-CRT and post-CRT tumor tissue that was evaluable for PD-L1 CPS (n = 80); [c]HR was not computed for subsets with fewer than 10 patients per treatment group; [d]Defined as the number of positive tumor cells divided by the total number of viable tumor cells multiplied by 100; [e]TC PD-L1–evaluable patients were defined as patients with paired pre-CRT and post-CRT tumor tissue that was evaluable for TC PD-L1 (n = 98).


MATTERHORN is a global, Phase 3, randomised, double-blind, placebo-controlled study
Study population
Gastric and GEJ adenocarcinoma
Stage II, III and IVA (>T2 N0-3 M0 or T0-4 N+ M0)
No evidence of metastasis
No prior therapy
ECOG PS 0 or 1
Global enrolment from Asia, Europe, North America and South America
Stratification factors
Geographic region: Asia versus non-Asia
Clinical lymph node status: positive versus negative
PD-L1 status: TAP <1% versus TAP ≥1%*
Randomised (1:1) N=948
Pre-operative
2 doses of durvalumab or placebo
4 doses FLOT
Post-operative (1-year duration)
2 doses of durvalumab or placebo
4 doses FLOT
10 doses of durvalumab or placebo
Durvalumab plus FLOT
Durvalumab† plus FLOT
Durvalumab
Placebo plus FLOT
Placebo† plus FLOT
Placebo
SURGERY
Primary objective:
EFS
Key secondary endpoints:
Central review of pCR‡ by modified Ryan criteria
Overall survival
Durvalumab 1500 mg or placebo Q4W (Day 1) plus FLOT Q2W (Days 1 and 15) for 4 cycles (2 doses of durvalumab or placebo plus 4 doses of FLOT pre- and post-operative) followed by durvalumab or placebo Q4W (Day 1) for 10 further cycles


Key Eligibility Criteria
Localized G/GEJ adenocarcinoma defined by T3 or greater primary lesion or presence of N+ nodes
No prior therapy
Able to undergo surgery
Provision of tumor sample for PD-L1 testing[a]
ECOG PS 0-1
R 1:1
N = 203[b]
Pembrolizumab 200 mg IV Q3W for up to 3 cycles + FLOT Q2W for up to 4 cycles
Surgery
Pembrolizumab + FLOT
Pembrolizumab IV Q3W for up to 11 cycles
Placebo IV Q3W for up to 3 cycles + FLOT Q2W for up to 4 cycles
Surgery
Placebo + FLOT
Placebo IV Q3W for up to 11 cycles
Stratification factors
• Geographic region (Asia versus non-Asia)
• Tumor staging (II vs III vs IVa)
• Chemotherapy backbone (XP/FP vs FLOT)
Endpoints:
• Primary: safety
• Key secondary: pathCR rate per BICR, EFS per investigator, OS

Combined complete and near-complete pathological response

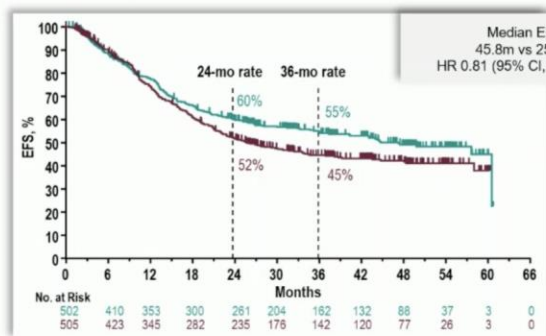


Near-complete pathological response = single or rare small groups of cancer cells at time of resection per modified Ryan criteria

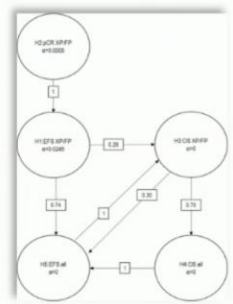
Participants achieve pCR if there is no residual viable tumour cells found at primary tumour and resected lymph nodes at the time of resection, meaning a pathological regression of -100%, based on central (or local) assessment. CI, confidence interval; FLOT, fluorouracil, leucovorin, oxaliplatin, and docetaxel; pCR, pathological complete response.

KEYNOTE 585 event free survival

Improved pCR fails to translate into better EFS for most patients

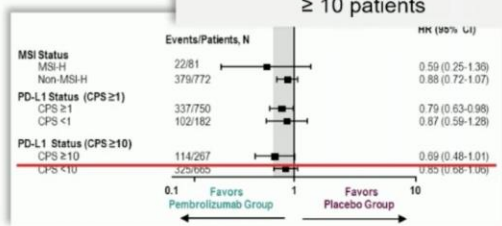


Median EFS
45.8m vs 25.7m
HR 0.81 (95% CI, 0.68-0.97)



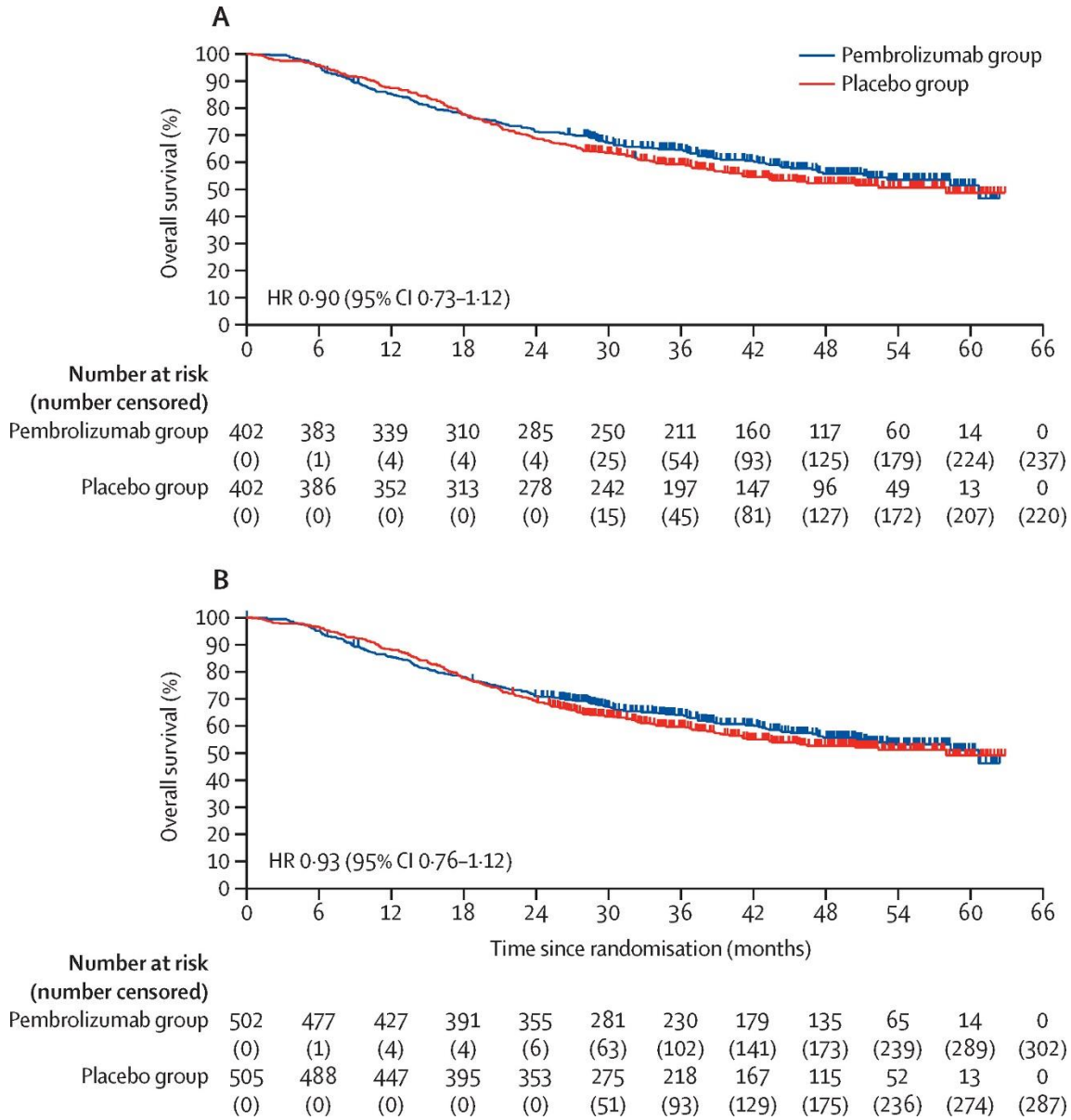
Statistical failure
α loss & multiplicity

Chemo+PD-1 ↑↑EFS in PD-L1 CPS ≥ 10 patients



20 month ↑ in EFS could be clinically meaningful
But….

1) Comparing to inferior baseline than standard of care
2) Driven by PD-L1 positive/high subgroup
3) Has a "head-start" because of 9 months extra adjuvant treatment



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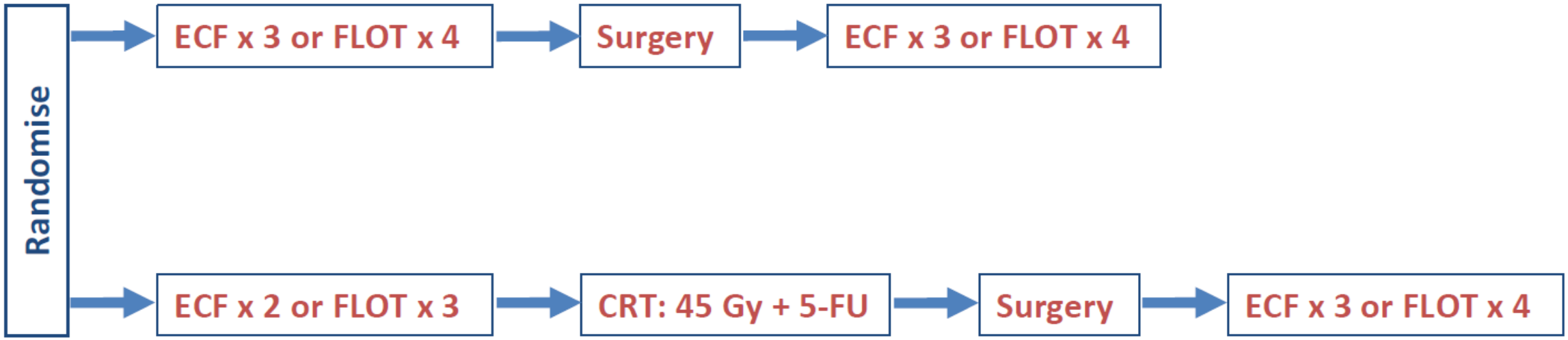
TOPGEAR

Key eligibility criteria: resectable adenocarcinoma of stomach or GOJ (Siewert type II ≤ 2cm oesophageal involvement, and Siewert type III); stage IB–IIIC, ie.T3–T4 and/or N-positive



ECF = epirubicin, cisplatin, 5-FU
FLOT = 5-FU, leucovorin, oxaliplatin, docetaxel

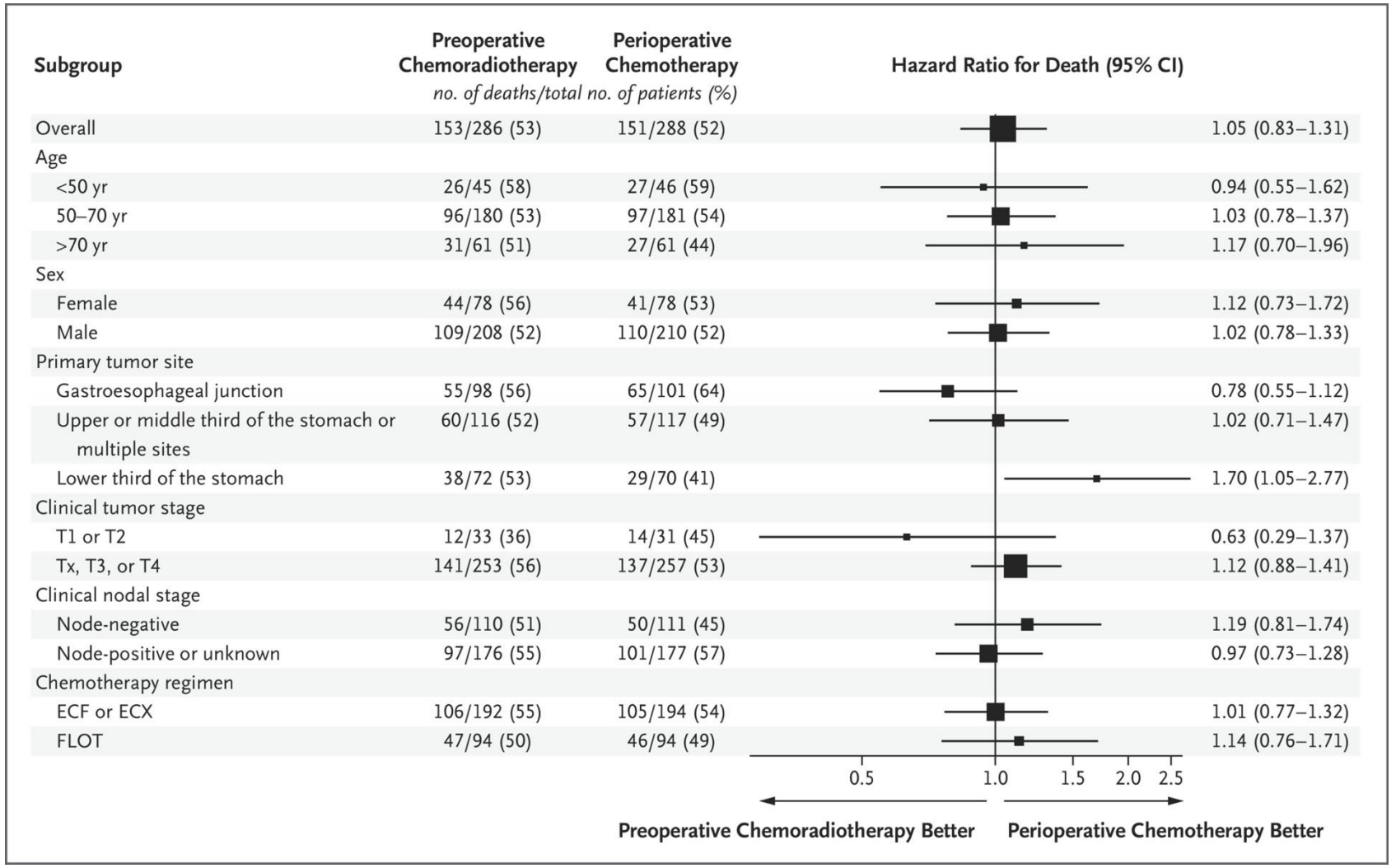
Treatment compliance

Treatment	Preop CRT		Periop CT		P-value
	N	n (%)	N	n (%)	
Received preop chemotherapy	286	270 (94.4%)	288	263 (91.3%)	0.15
Received postop chemotherapy					
patients undergoing surgery	241	115 (47.7%)	256	151 (59.0%)	0.01
all randomised patients	286	159 (56%)	288	190 (66%)	0.01
Received chemoradiotherapy	286	259 (90.6%)			
completed 45Gy	259	238 (91.9%)			
Received surgery					
all randomised patients	286	241 (84.3%)	288	256 (88.9%)	0.10
curative intent	286	228 (79.7%)	288	244 (84.7%)	

Surgical and pathological outcomes

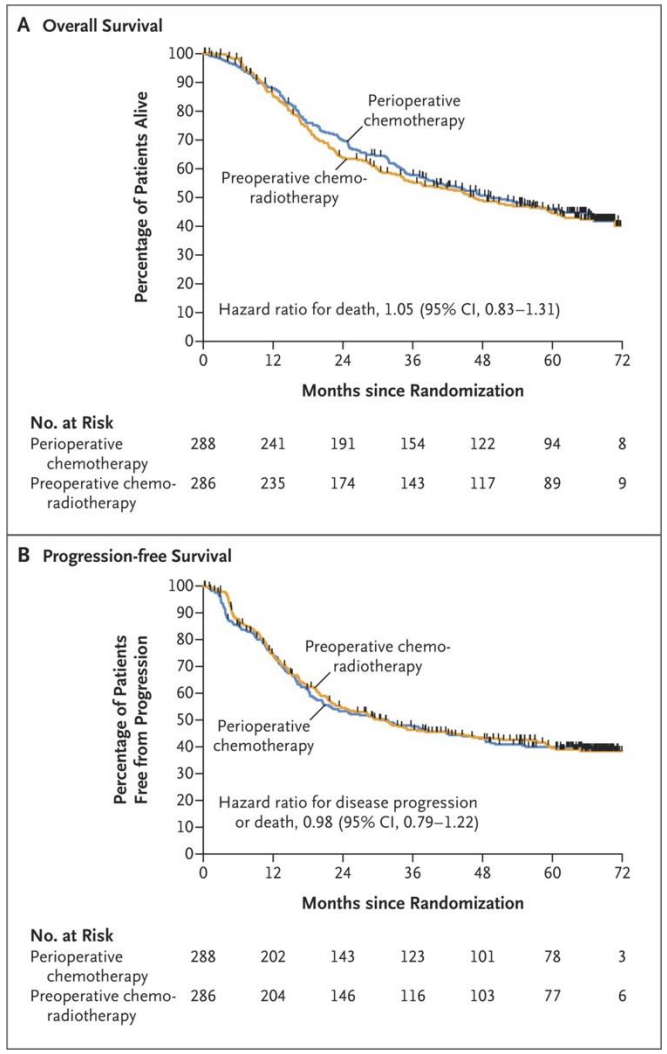
	Preop CRT N=286	Periop CT N=288	P-value
D1+ or D2 lymphadenectomy	188 (83.6%)	192 (81.0%)	
RO resection	208 (92.4%)	206 (87.7%)	0.09
R1 resection	15 (6.7%)	29 (12.3%)	
ypTNM stage:	(N=231)	(N=247)	
ypT0, ypTis	38 (16.5%)	18 (7.3%)	<0.001
ypT1/2	73 (31.6%)	62 (25.2%)	
ypT3/4	120 (51.9%)	166 (67.5%)	
ypN negative	125 (54.1%)	104 (42.3%)‡	<0.01
ypN positive	106 (45.9%)	142 (57.7%)	
Pathological Response:			
Grade 1a: 0% residual tumour (pCR)	36 (16.8%)	18 (8.0%)	<0.0001
Grade 1b: <10% residual tumour	70 (32.7%)	48 (21.3%)	
Grade 2: 10-50% residual tumour	61 (28.5%)	69 (30.7%)	
Grade 3: >50% residual tumour	47 (22.0%)	90 (40.0%)	

Treatment Effect on Overall Survival According to Prespecified Subgroups.



Leong T et al. N Engl J Med2024;391:1810-1821

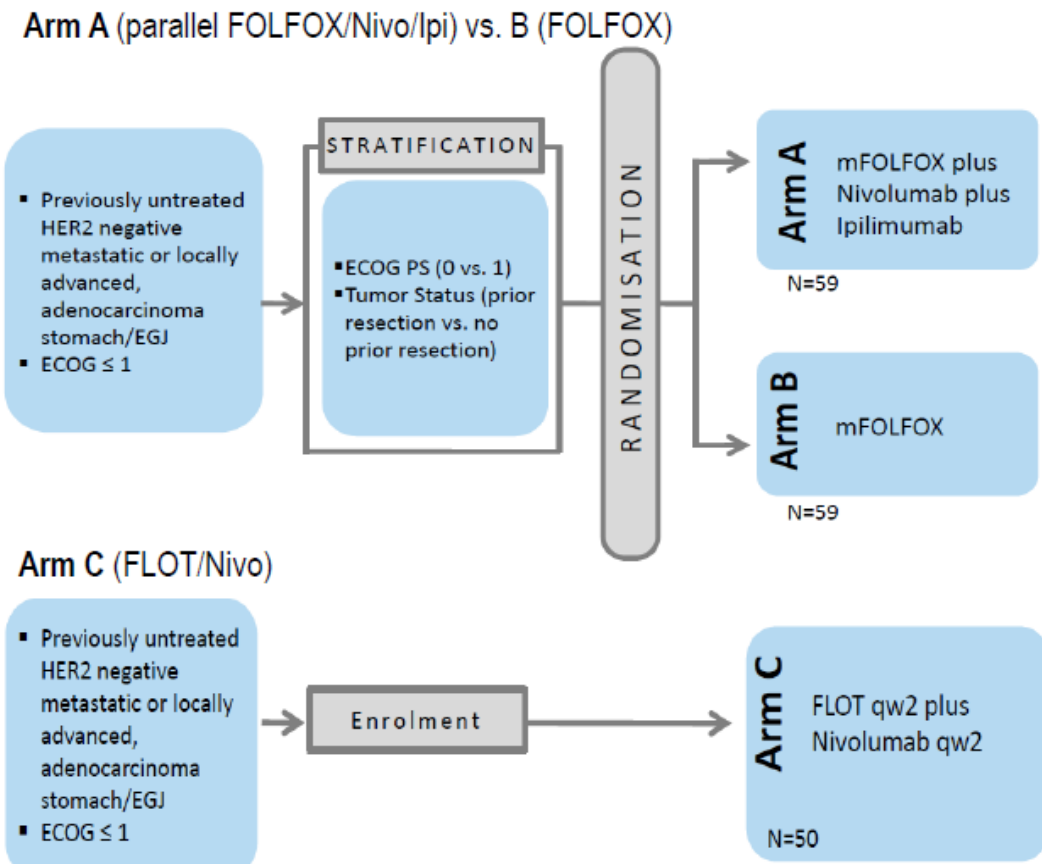
Overall Survival and Progression-free Survival.

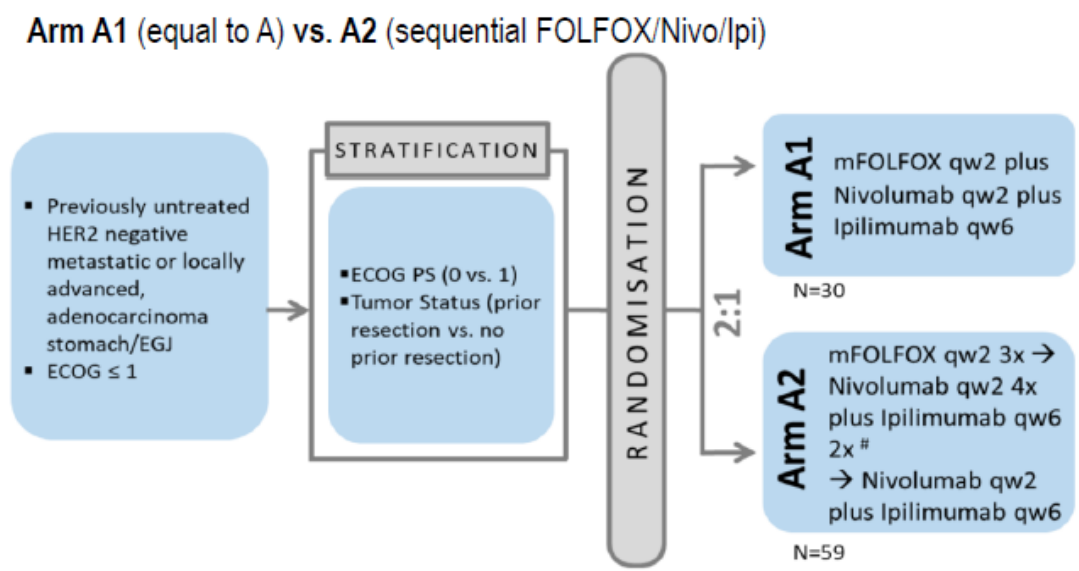


Leong T et al. N Engl J Med2024;391:1810-1821

IKF-AIO-Moonlight Study Design

The IKF-AIO-Moonlight study is a four-arm investigator-initiated phase II trial

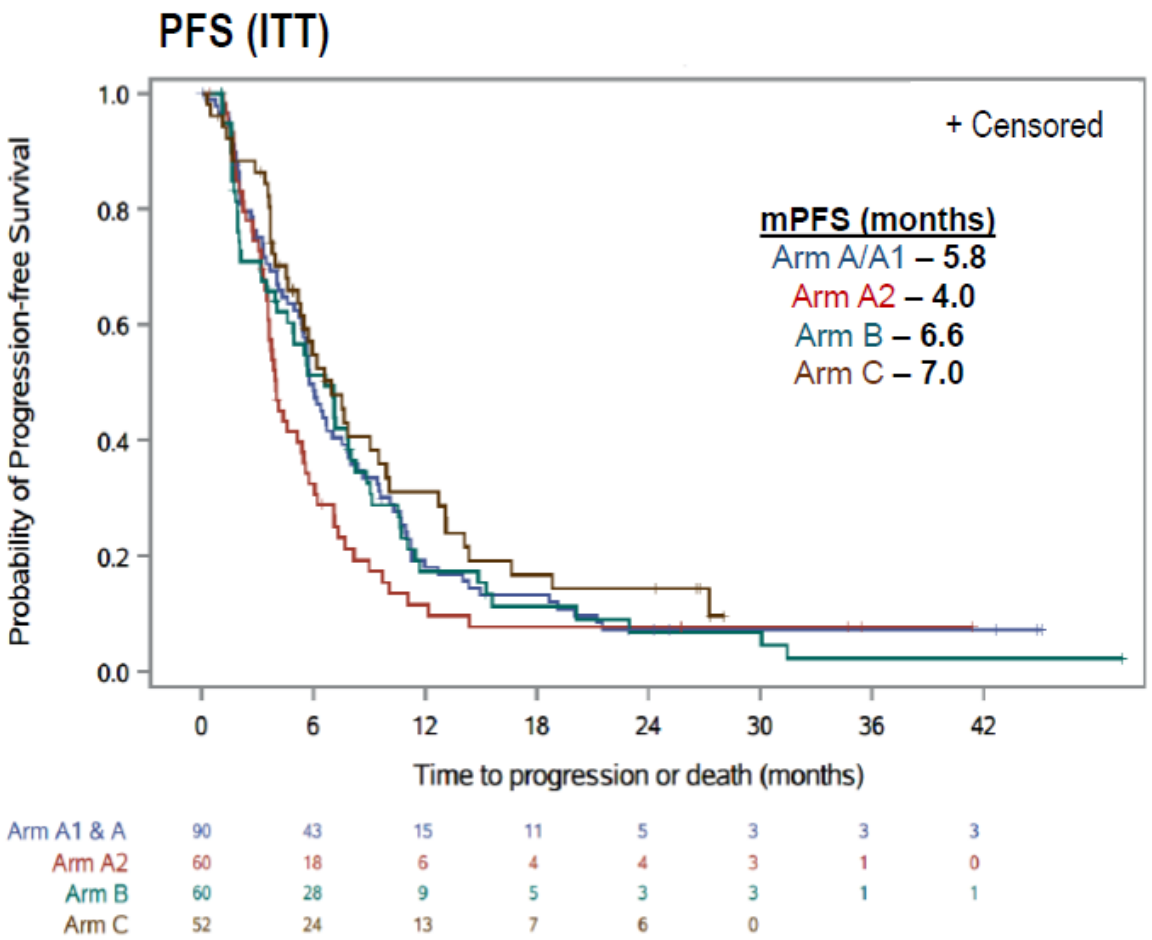


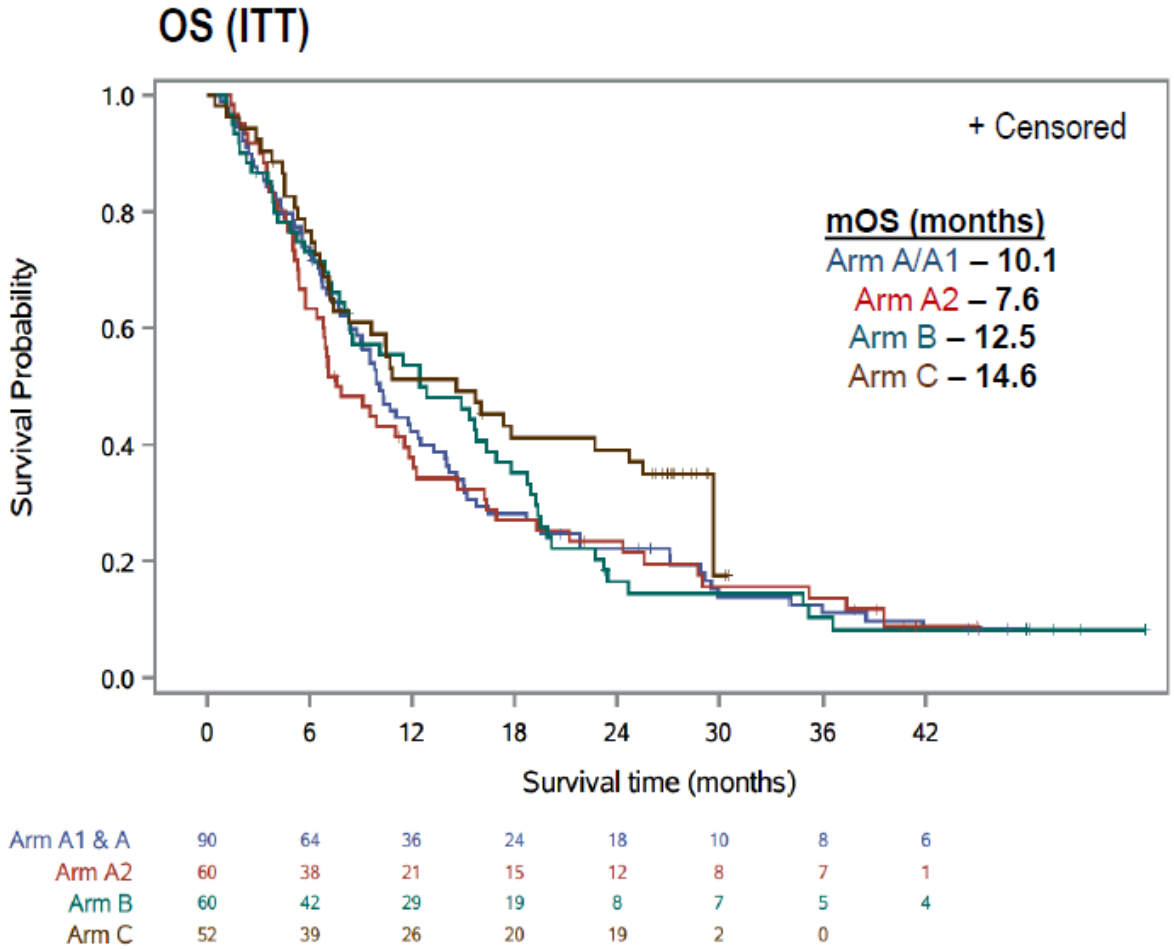


Note: Arm A and A1 were pooled in the analyses presented here

Supported with a Grant from BMS

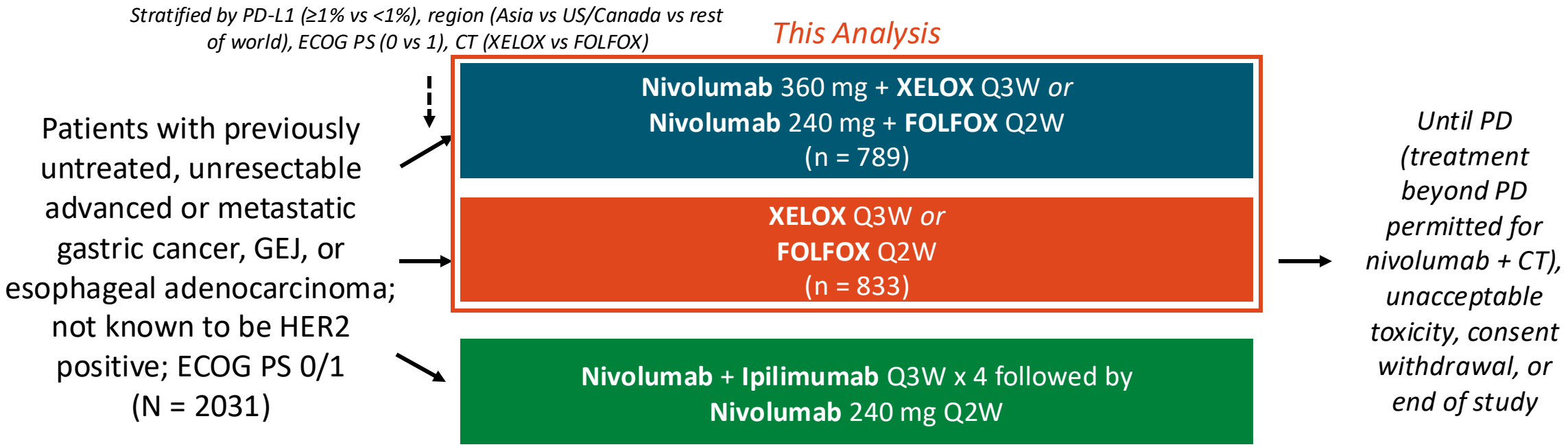
Progression-free and Overall Survival all arms





Updated Results From 1L Nivolumab + CT vs CT for Advanced GEJ Cancers (CheckMate 649): Study Design

- International, randomized, open-label phase III trial



- **Coprimary endpoints:** OS and PFS in patients with PD-L1 CPS ≥5
- **Secondary endpoints:** OS and PFS in all randomized patients and patients with PD-L1 CPS ≥10 and ≥1, BICR-assessed ORR

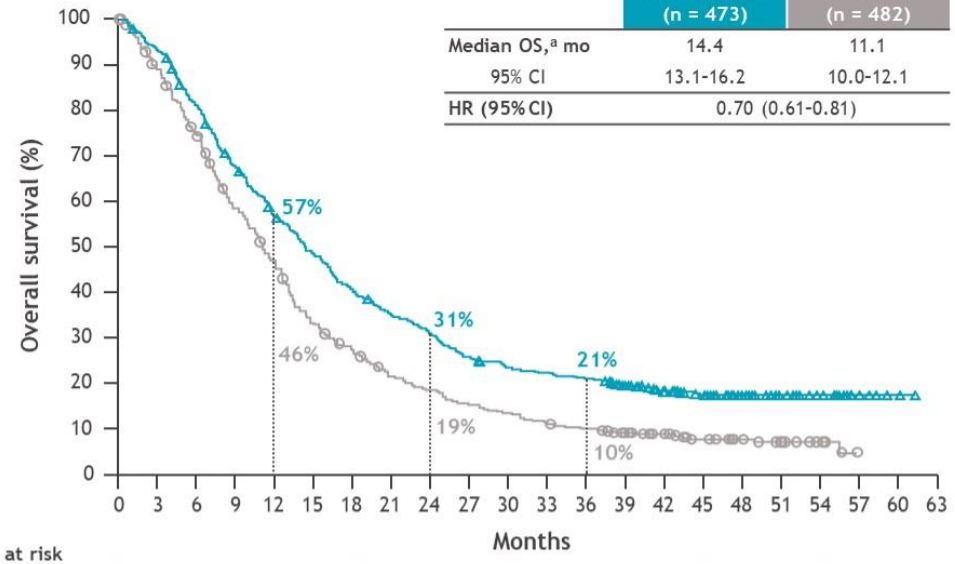
Median follow-up: 24.0 mo in nivolumab + CT arm

Janjigian. Lancet. 2021;398:27. Shitara. ASCO GI 2022. Abstr 240.

Overall survival: 36-month follow-up

PD-L1 CPS ≥ 5

	NIVO + chemo (n = 473)	Chemo (n = 482)
Median OS,[a] mo	14.4	11.1
95% CI	13.1-16.2	10.0-12.1
HR (95% CI)	0.70 (0.61-0.81)	

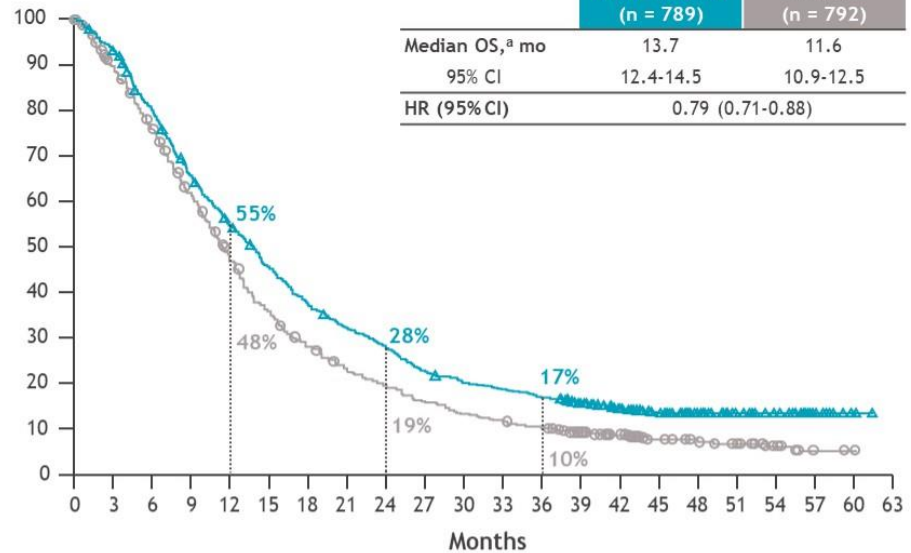


No. at risk

NIVO + chemo	473	440	380	315	263	223	187	161	141	118	105	100	94	81	66	53	37	24	17	6	2	0
Chemo	482	424	353	275	215	154	125	97	83	69	60	51	44	35	28	18	14	10	5	0	0	0

All randomized

	NIVO + chemo (n = 789)	Chemo (n = 792)
Median OS,[a] mo	13.7	11.6
95% CI	12.4-14.5	10.9-12.5
HR (95% CI)	0.79 (0.71-0.88)	

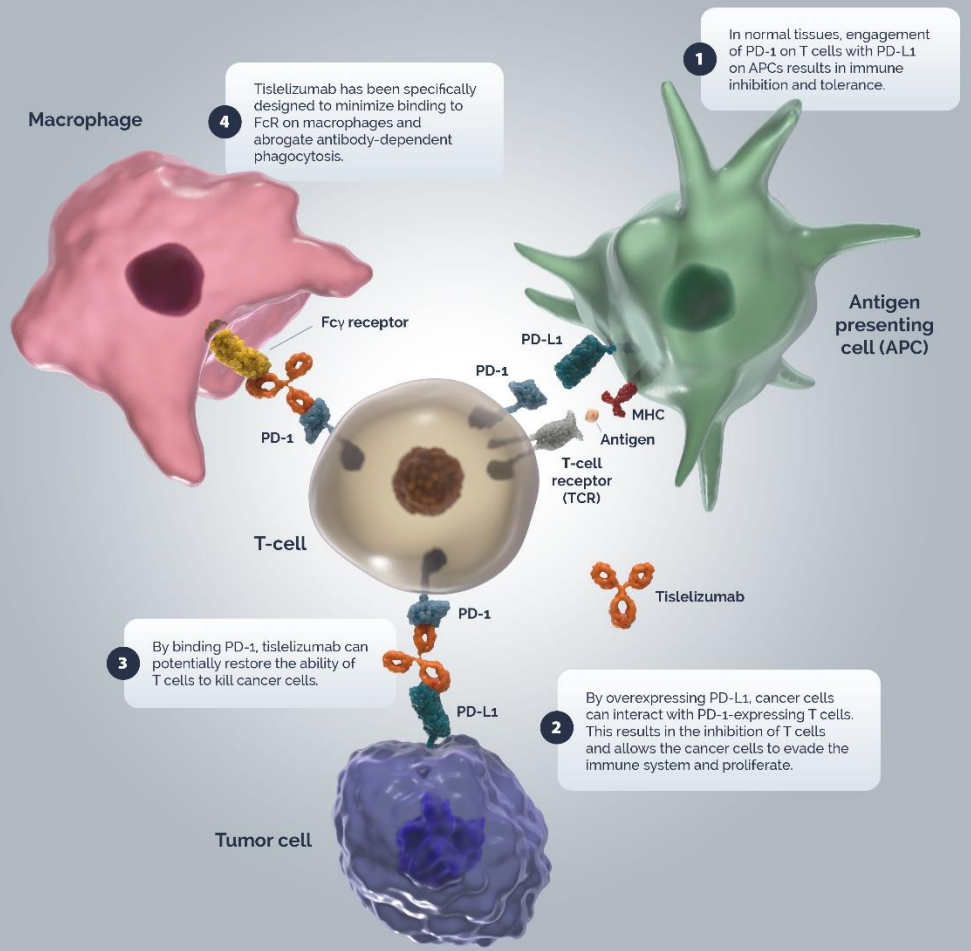


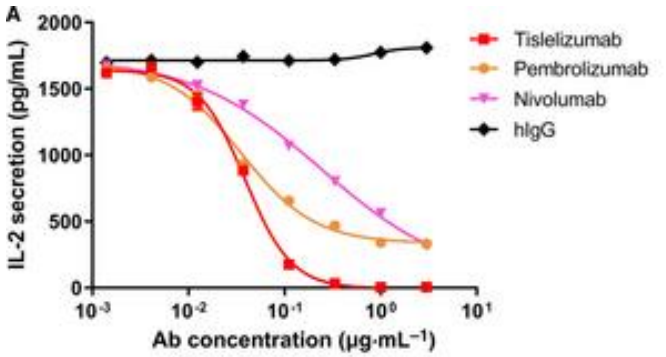
NIVO + chemo	789	733	625	509	422	349	287	246	212	175	154	143	129	106	87	67	48	30	23	9	2	0
Chemo	792	701	591	475	364	273	215	170	144	118	98	87	75	57	45	27	21	17	9	3	1	0

- Clinically meaningful improvement in OS with NIVO + chemo vs chemo was maintained with longer follow-up in PD-L1 CPS ≥ 5 and all randomized populations

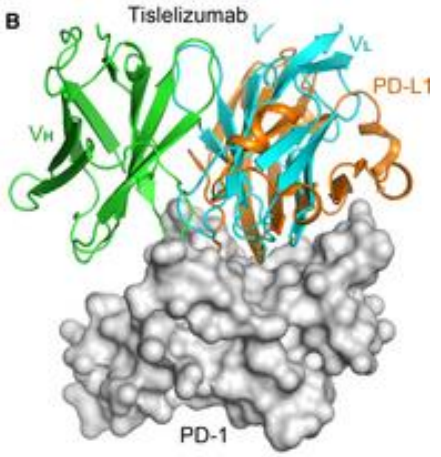
[a]Minimum follow-up, 36.2 months.

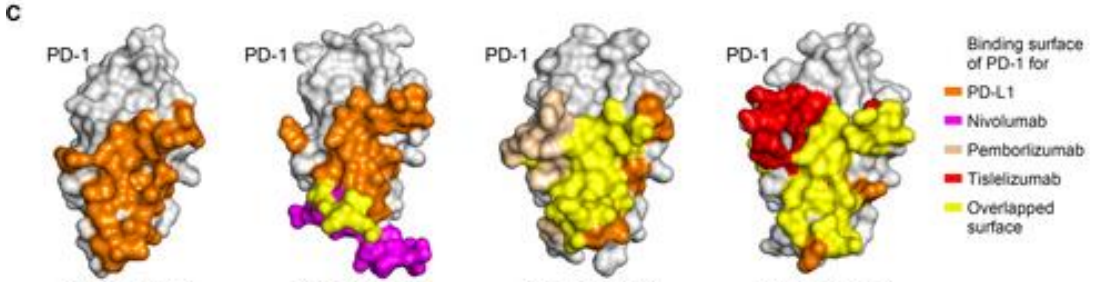
Tislelizumab (BGB-A317) — A humanized IgG4 anti–PD-1 monoclonal antibody



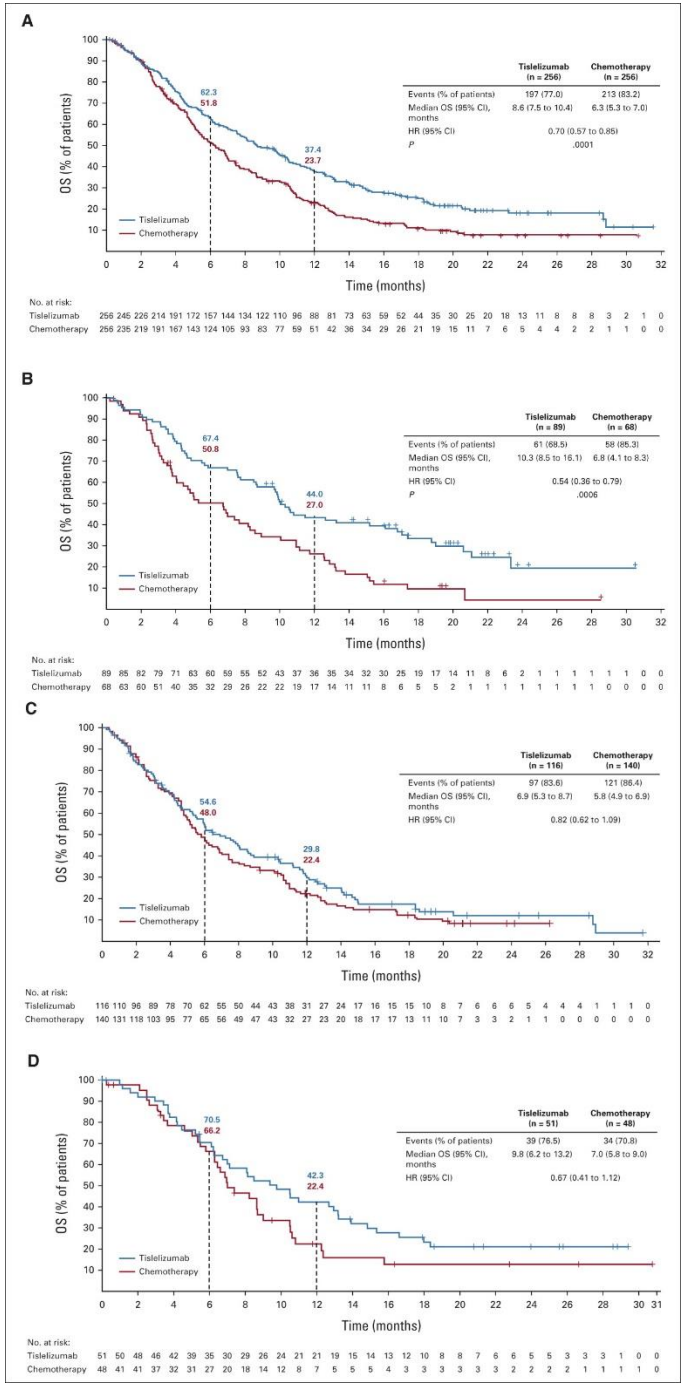


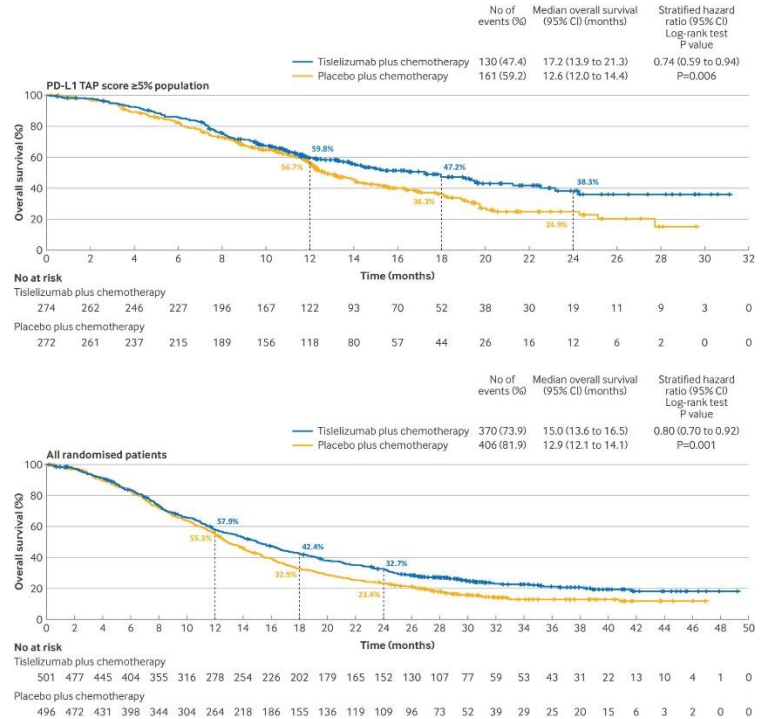
	Tislelizumab	Nivolumab	Pembrolizumab	hIgG
IC_{50} (μg·mL^{-1})	0.0387	0.243	0.0351	NA
Blockage percentage at the highest concentration (3 μg·mL^{-1})	> 99%	80%	81%	NA





	PD-L1	Nivolumab	Pembrolizumab	Tislelizumab
Binding surface on PD-1 (Å^2)	778.2	869.7	1120.4	1112.2
Surface overlapped with that for PD-L1 (%)	-	44	66	82





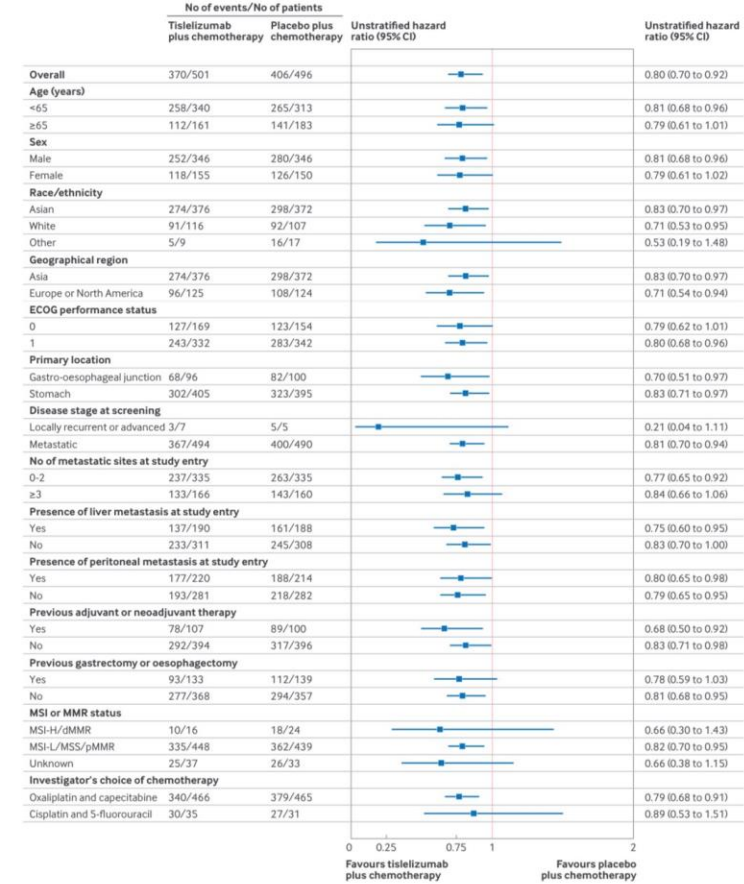
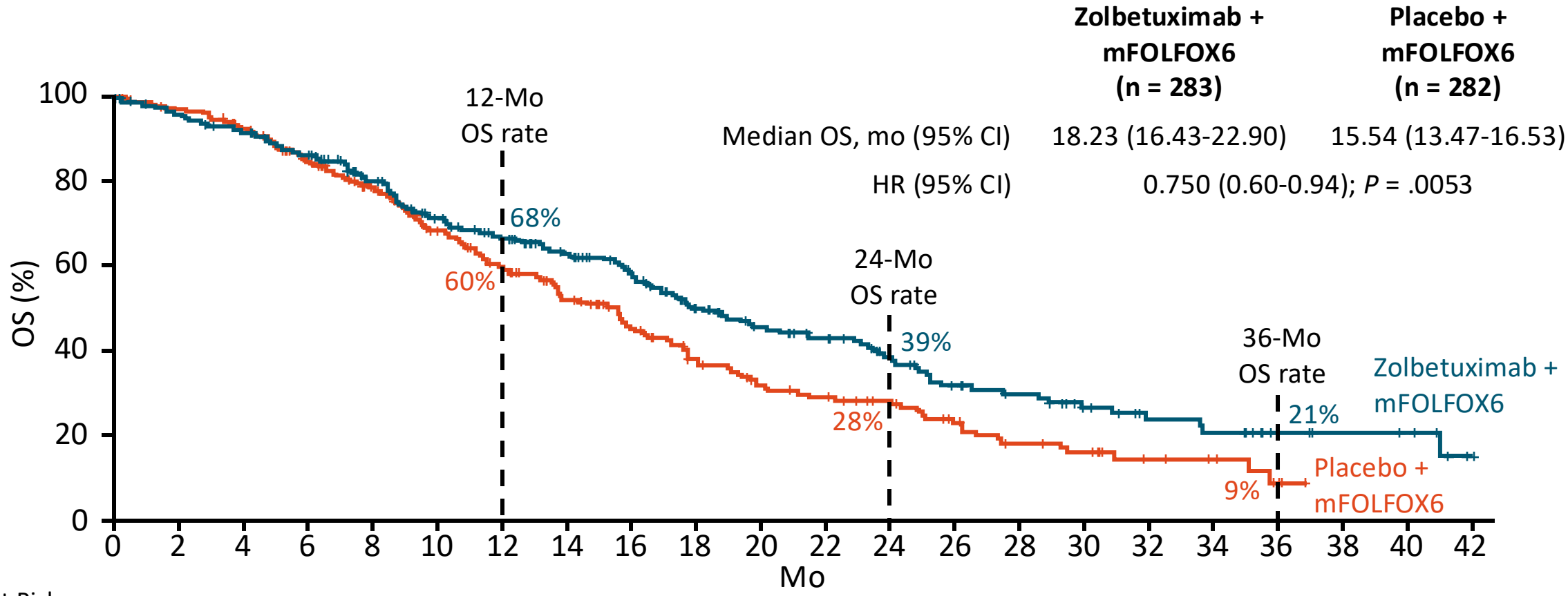


Fig 4 | Prespecified subgroup analysis of overall survival in all randomised patients (final analysis data cut-off: 28 February 2023). Medians were estimated by the Kaplan-Meier method with 95% CIs estimated using the method of Brookmeyer and Crowley using log-log transformation. Hazard ratios and corresponding 95% CIs were estimated from unstratified Cox regression model including treatment as covariate. The race subcategory "other" includes not reported, unknown, and other. CI=confidence interval; dMMR=mismatch repair-deficient; ECOG=Eastern Cooperative Oncology Group; MSI-L/H=microsatellite instability-low/high; MSS=microsatellite stable; MMR=mismatch repair-proficient

SPOTLIGHT: OS



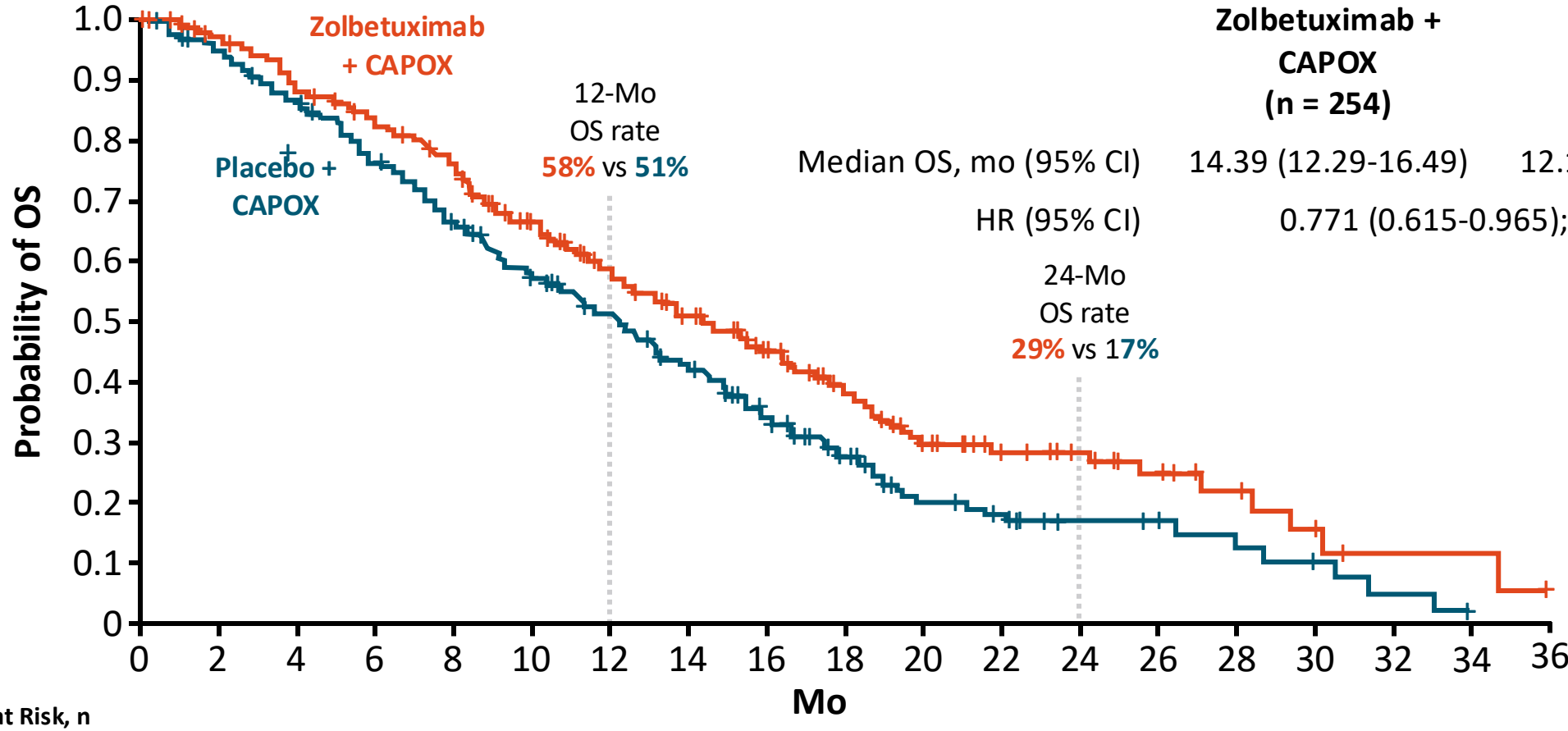
Patients at Risk, n

Zolbetuximab + mFOLFOX6	283	270	264	255	251	241	233	217	196	178	164	152	146	135	125	117	107	93	83	75	70	67	62	58	49	42	34	32	30	27	23	20	15	15	13	13	9	8	7	7	6	4	1	0
Placebo + mFOLFOX6	282	277	271	266	253	242	224	210	197	183	164	152	139	129	108	101	85	77	64	60	49	42	40	36	34	30	25	21	18	17	15	9	8	7	6	5	2	0	0	0	0	0	0	0

Data cut-off: September 9, 2022. Median follow-up: 22.14 mo (zolbetuximab + FOLFOX6) vs 20.93 mo (placebo vs FOLFOX6).

Shitara. Lancet. 2023.

GLOW: OS



	Zolbetuximab + CAPOX (n = 254)	Placebo + CAPOX (n = 253)
Median OS, mo (95% CI)	14.39 (12.29-16.49)	12.16 (10.28-13.67)
HR (95% CI)	0.771 (0.615-0.965); *P* = .0118	

Patients at Risk, n

Zolbetuximab + CAPOX	254	233	211	193	171	138	108	87	68	47	31	22	18	12	8	4	2	2	0
Placebo + CAPOX	253	235	210	181	152	125	104	82	59	40	22	16	10	8	6	4	2	0	0

Data cutoff: October 7, 2022. Median follow-up: 12.62 mo (zolbetuximab + CAPOX) vs 12.09 mo (placebo vs CAPOX).

Xu. ASCO Plenary 2023. Abstr 405736.

Slide credit: clinicaloptions.com

SPOTLIGHT: TEAEs in ≥20% of Patients

Adverse Event, %	Zolbetuximab + mFOLFOX6 (n = 279)		Placebo + mFOLFOX6 (n = 278)	
	All Grade	Grade ≥3	All Grade	Grade ≥3
Nausea	81.0	16.1	60.8	6.5
Vomiting	64.5	16.1	34.5	5.8
Decreased appetite	47.0	5.7	33.5	3.2
Diarrhea	38.7	4.3	43.9	3.2
Peripheral sensory neuropathy	38.0	3.9	42.4	5.4
Neutropenia	36.2	28.3	33.8	23.4
Anemia	35.5	8.6	37.1	9.4
Constipation	35.5	1.1	37.1	9.4
Neutrophil count decreased	34.1	24.7	32.0	24.8
Fatigue	28.0	6.1	32.0	5.0
Asthenia	24.7	7.2	22.3	2.5
Abdominal pain	23.3	4.3	28.8	2.2
Stomatitis	20.8	2.5	20.1	1.1

Shitara. ASCO GI 2023. Abstr LBA292.

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