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Nya onkologiska behandlingar för Ventrikelcancer

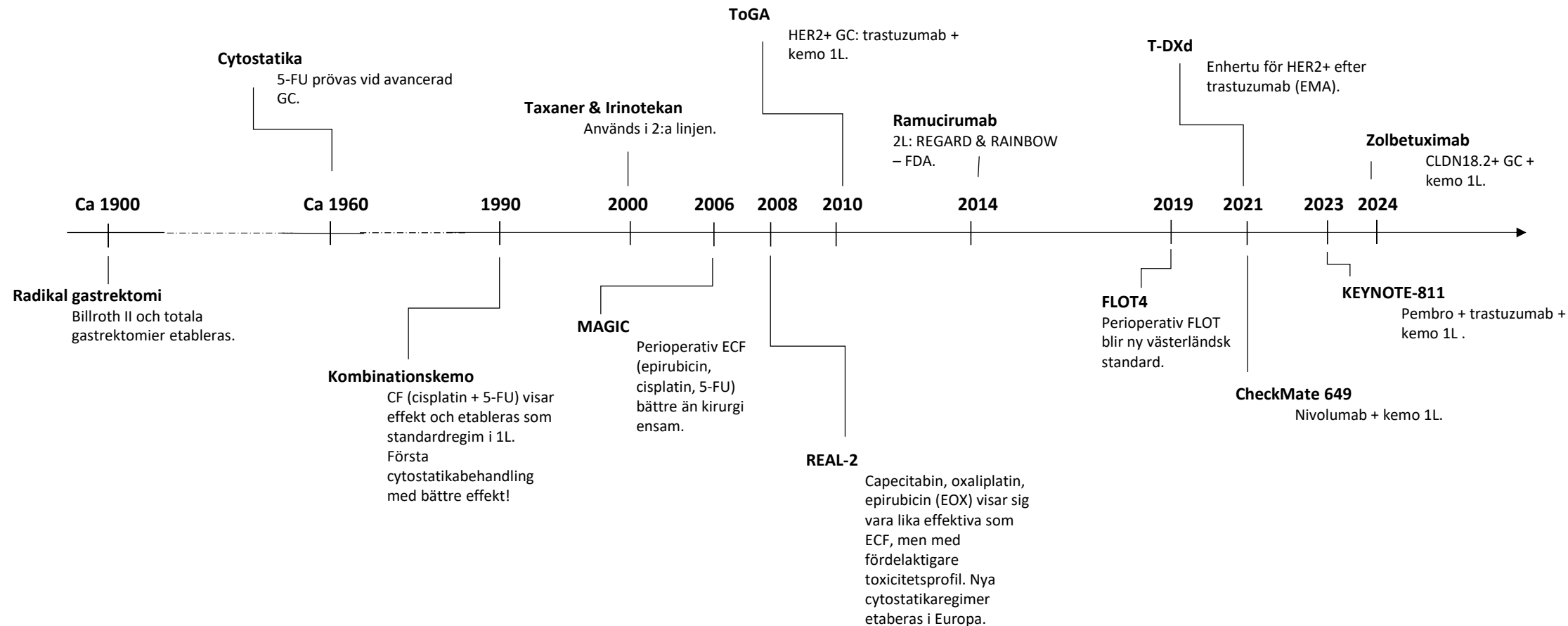
260925

Lisa Liu Burström, MD PhD

Specialistläkare onkologi

Tema Cancer, Karolinska Universitetssjukhuset

Ventrikelcancer – behandlingsutveckling över tid



Billroth T. 1881, Heidelberger C et al. Science 1957, Lokich J et al. J Clin Oncol 1980, Boku et al. J Clin Oncol. 1999, Cunningham D et al. N Engl J Med, 2006, Bang YJ et al. Lancet 2010. Cunningham D et al. N Engl J Med 2008, Fuchs CS et al, Lancet 2014. Al-Batran SE et al. Lancet. 2019. Shitara K et al. N Engl J Med. 2020, Janjigian YY et al. N Engl J Med. 2021. Sun JM et al. J Clin Oncol 2023, Shitara K et al. Lancet Oncol 2023.

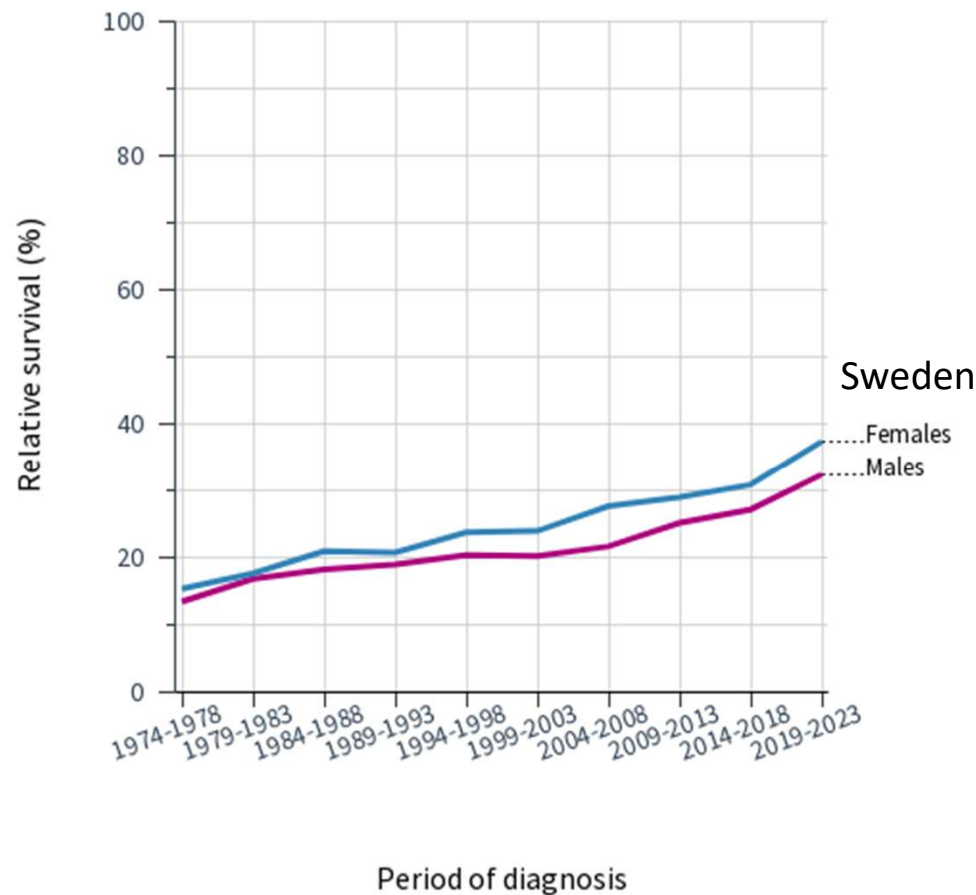
Relativ 5-årsöverlevnad över tid



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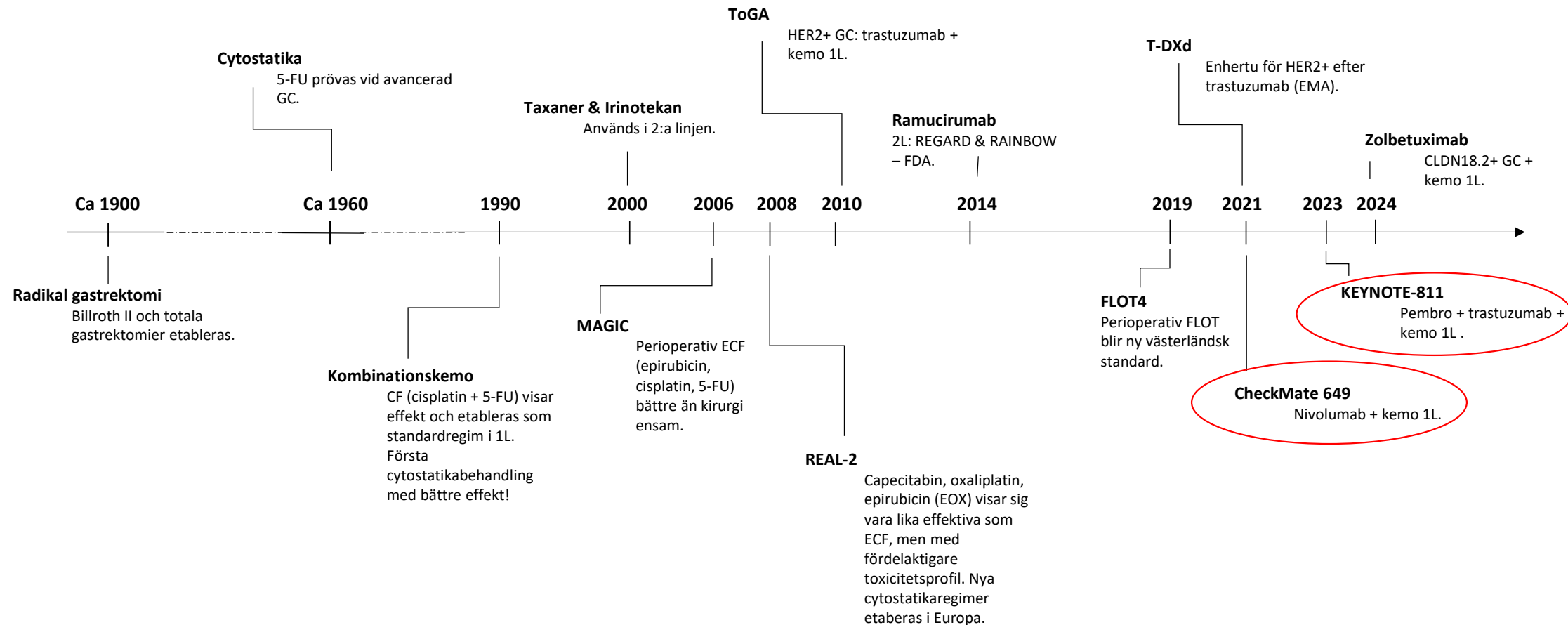


NORDCAN | IARC - <https://gco.iarc.who.int>

Data version: 9.5 - 06.2025

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Ventrikelcancer – behandlingsutveckling över tid



Billroth T. 1881, Heidelberger C et al. Science 1957, Lokich J et al. J Clin Oncol 1980, Boku et al. J Clin Oncol. 1999, Cunningham D et al. N Engl J Med, 2006, Bang YJ et al. Lancet 2010. Cunningham D et al. N Engl J Med 2008, Fuchs CS et al, Lancet 2014. Al-Batran SE et al. Lancet. 2019. Shitara K et al. N Engl J Med. 2020, Janjigian YY et al. N Engl J Med. 2021. Sun JM et al. J Clin Oncol 2023, Shitara K et al. Lancet Oncol 2023.



© Nobel Media AB. Photo: A. Mahmoud

James P. Allison

Prize share: 1/2



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Tasuku Honjo

Prize share: 1/2

Immunterapi – hur fungerar det?

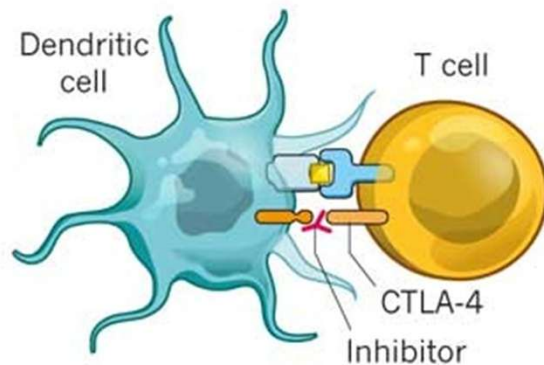


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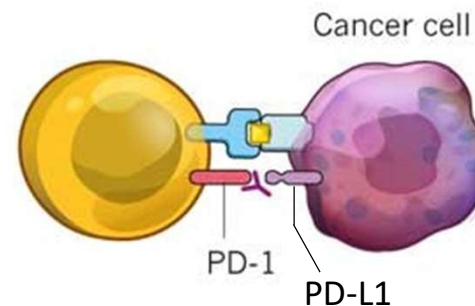
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- Anti-CTLA-4 (ipilimumab)
- Anti-PD-1/PD-L1 (nivolumab, pembrolizumab)



The CTLA-4 checkpoint protein prevents dendritic cells from priming T cells to recognize tumours. Inhibitor drugs block the checkpoint.



The PD-1 checkpoint protein prevents T cells from attacking cancer cells. The inhibitor drug allows T cells to act.

Ledford H. Nature 2014.

Timeline of Anti-PD-1/L1 Antibody Approvals by EU, Japan, and China

Updated April 29, 2022

Sources: CRI, CRI Analytics, EMA, PMDA, and NMPA



Drug & Company

- Pembrolizumab, Merck Co.
- Nivolumab, Bristol-Myers Squibb
- Atezolizumab, Roche
- Durvalumab, AstraZeneca
- Avelumab, Pfizer/Merck KGaA
- Camrelizumab, Jiangsu HengRui Med.
- Cemiplimab, Regeneron
- Sintilimab, Innovent Biologics and EI.
- Tislelizumab, Beigene
- Toripalimab, Junshi Biosciences Co.



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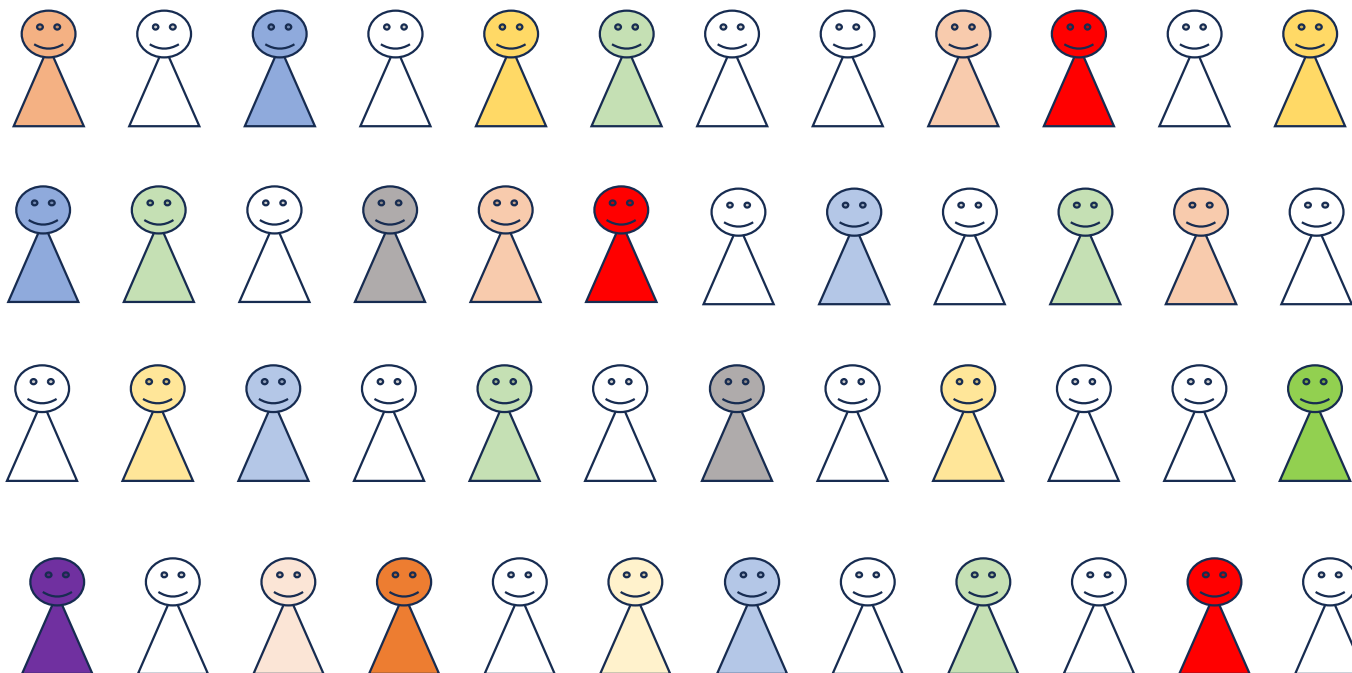
Vilka patienter kan få immunterapi för sin magsäckscancer?



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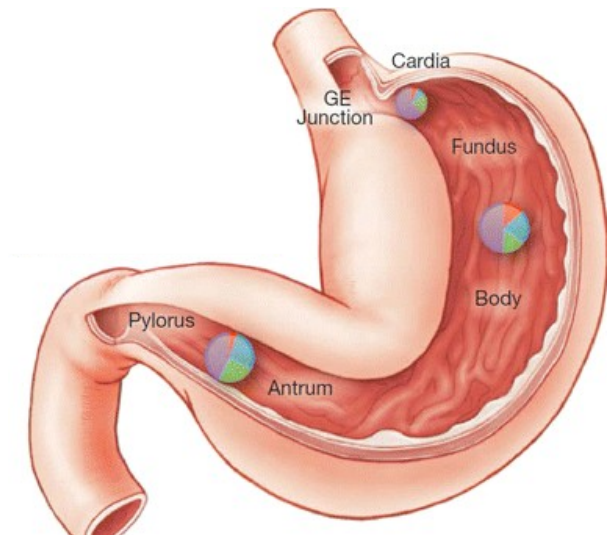
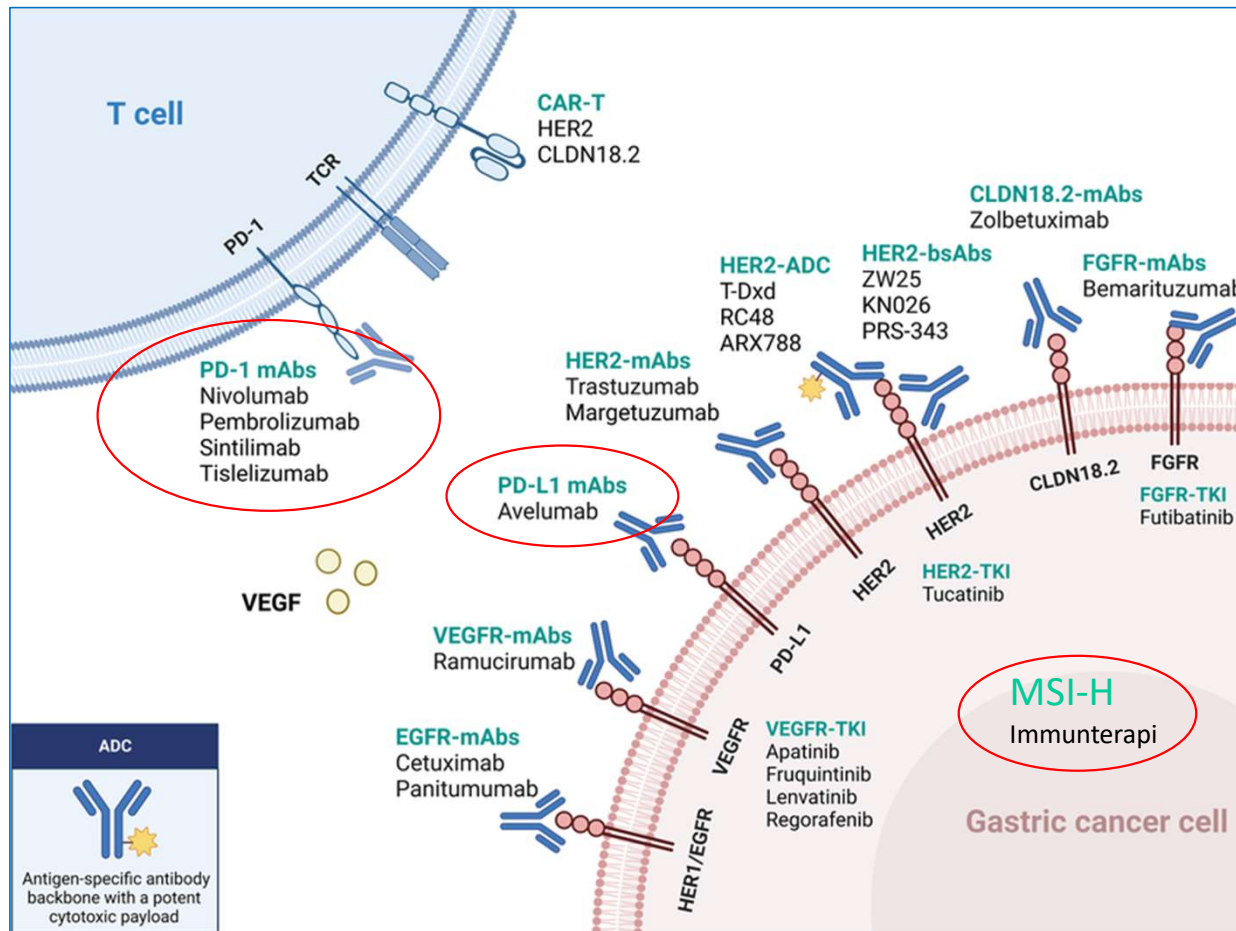
Prediktiva biomarkörer som stöd för behandlingsval



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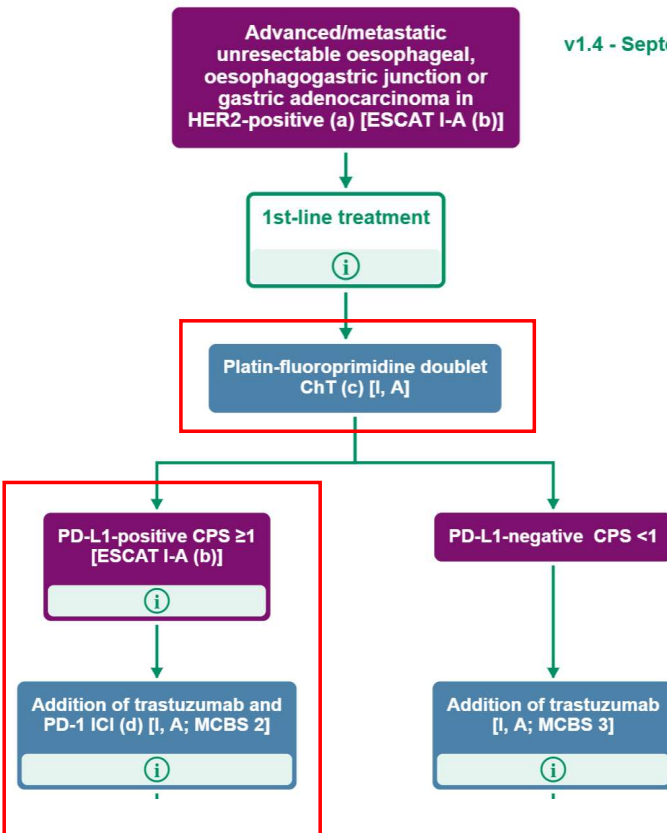


Wen-Long et al. Journal of Hematology & Oncology 2023

Behandlingslandskap - metastaserad ventrikelcancer

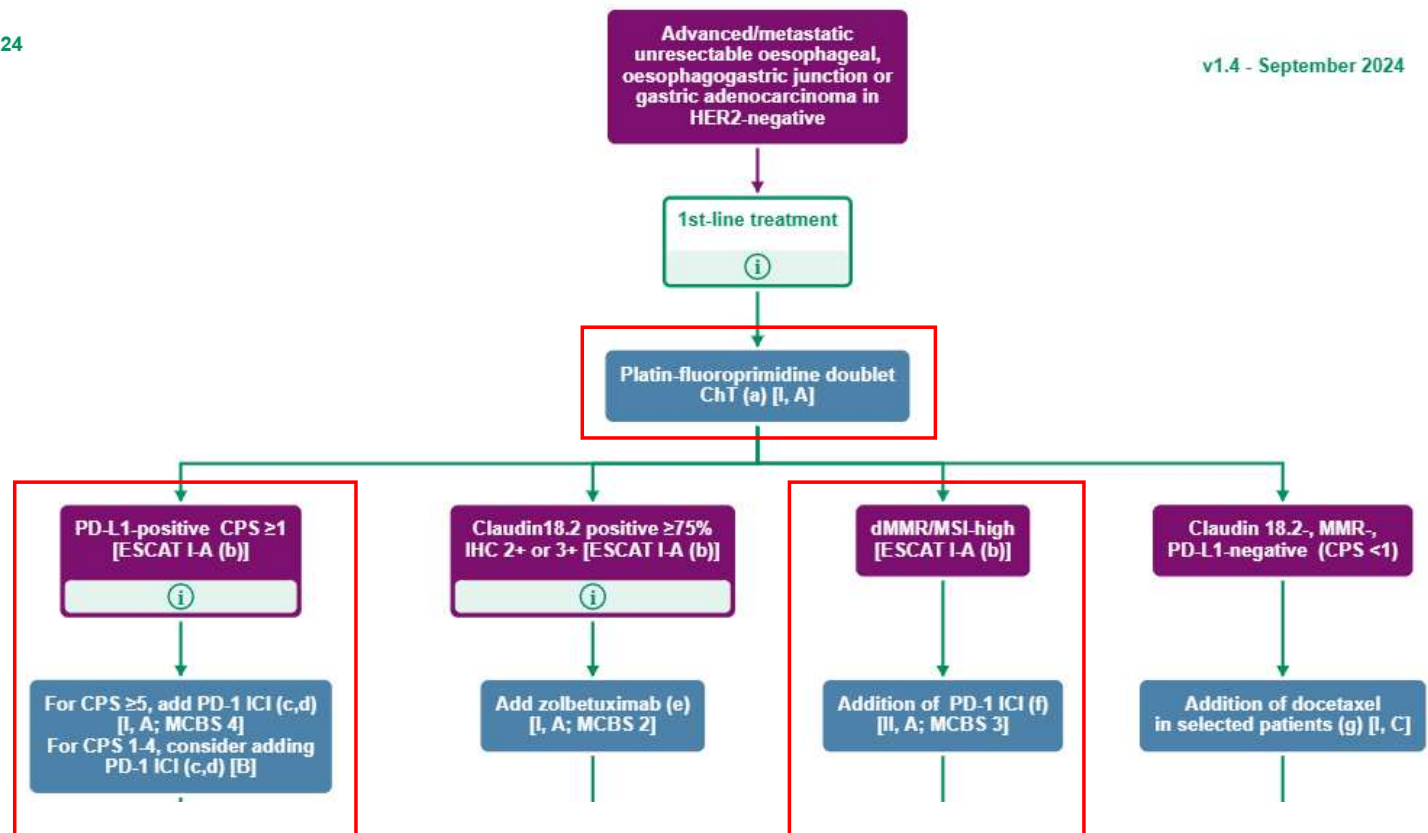
HER2+ ventrikelcancer

v1.4 - September 2024



HER2- ventrikelcancer

v1.4 - September 2024



Avgörande immunterapistudier



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Pembrolizumab plus trastuzumab and chemotherapy for HER2-positive gastric or gastro-oesophageal junction adenocarcinoma: interim analyses from the phase 3 KEYNOTE-811 randomised placebo-controlled trial

Yelena Y Janjigian, Akihito Kawazoe, Yuxian Bai, Jianming Xu, Sara Lonardi, Jean Philippe Metges, Patricio Yanez, Lucjan S Wyrwicz, Lin Shen, Yuriy Ostapenko, Mehmet Bilici, Hyun Cheol Chung, Kohei Shitara, Shu-Kui Qin, Eric Van Cutsem, Josep Tabernero, Kan Li, Chie-Schin Shih, Pooja Bhagia, Sun Young Rha, on behalf of the KEYNOTE-811 Investigators*

Clinical Trial > [Lancet](#). 2021 Jul 3;398(10294):27-40. doi: 10.1016/S0140-6736(21)00797-2.

Epub 2021 Jun 5.

First-line nivolumab plus chemotherapy versus chemotherapy alone for advanced gastric, gastro-oesophageal junction, and oesophageal adenocarcinoma (CheckMate 649): a randomised, open-label, phase 3 trial

Yelena Y Janjigian¹, Kohei Shitara², Markus Moehler³, Marcelo Garrido⁴, Pamela Salman⁵, Lin Shen⁶, Lucjan Wyrwicz⁷, Kensei Yamaguchi⁸, Tomasz Skoczylas⁹, Arinilda Campos Bragagnoli¹⁰, Tianshu Liu¹¹, Michael Schenker¹², Patricio Yanez¹³, Mustapha Tehfe¹⁴, Ruben Kowalyszyn¹⁵, Michalis V Karamouzis¹⁶, Ricardo Bruges¹⁷, Thomas Zander¹⁸, Roberto Pazo-Cid¹⁹, Erika Hitre²⁰, Kynan Feeney²¹, James M Cleary²², Valerie Poulart²³, Dana Cullen²³, Ming Lei²³, Hong Xiao²³, Kaoru Kondo²³, Mingshun Li²³, Jaffer A Ajani²⁴

Clinical Trial > [Lancet Oncol](#). 2023 Nov;24(11):1181-1195. doi: 10.1016/S1470-2045(23)00515-6.

Epub 2023 Oct 21.

Pembrolizumab plus chemotherapy versus placebo plus chemotherapy for HER2-negative advanced gastric cancer (KEYNOTE-859): a multicentre, randomised, double-blind, phase 3 trial

Sun Young Rha¹, Do-Youn Oh², Patricio Yañez³, Yuxian Bai⁴, Min-Hee Ryu⁵, Jeeyun Lee⁶, Fernando Rivera⁷, Gustavo Vasconcelos Alves⁸, Marcelo Garrido⁹, Kai-Keen Shiu¹⁰, Manuel González Fernández¹¹, Jin Li¹², Maeve A Lowery¹³, Timuçin Çil¹⁴, Felipe Melo Cruz¹⁵, Shukui Qin¹⁶, Suxia Luo¹⁷, Hongming Pan¹⁸, Zev A Wainberg¹⁹, Lina Yin²⁰, Sonal Bordia²¹, Pooja Bhagia²¹, Lucjan S Wyrwicz²²; KEYNOTE-859 investigators

CheckMate 649



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CheckMate 649 study design

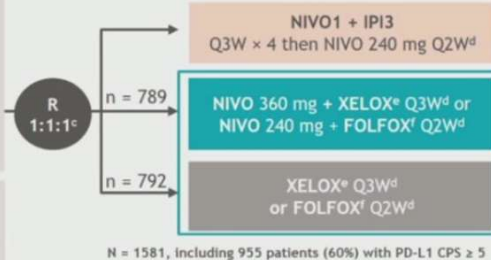
- CheckMate 649 is a randomized, open-label, phase 3 study^a

Key eligibility criteria

- Previously untreated, unresectable, advanced or metastatic gastric/GEJ/esophageal adenocarcinoma
- No known HER2-positive status
- ECOG PS 0-1

Stratification factors

- Tumor cell PD-L1 expression ($\geq 1\%$ vs $< 1\%$)
- Region (Asia vs United States/Canada vs ROW)
- ECOG PS (0 vs 1)
- Chemo (XELOX vs FOLFOX)

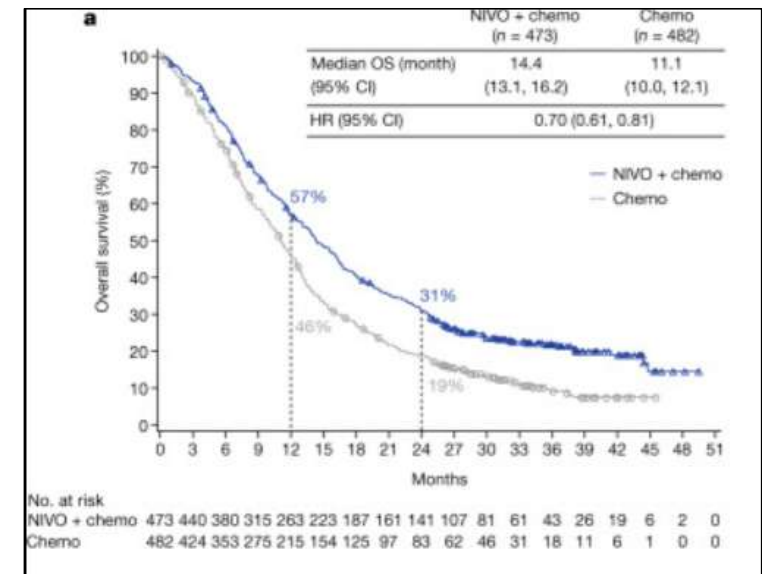


Dual primary endpoints:

- OS and PFS[§] (PD-L1 CPS ≥ 5)

Secondary endpoints:

- OS (PD-L1 CPS ≥ 1 or all randomized)
- OS (PD-L1 CPS ≥ 10)
- PFS[§] (PD-L1 CPS ≥ 10 , 1, or all randomized)
- ORR[§]



Nivo + kemo vs kemo.

All randomized patients,
CPS ≥ 5

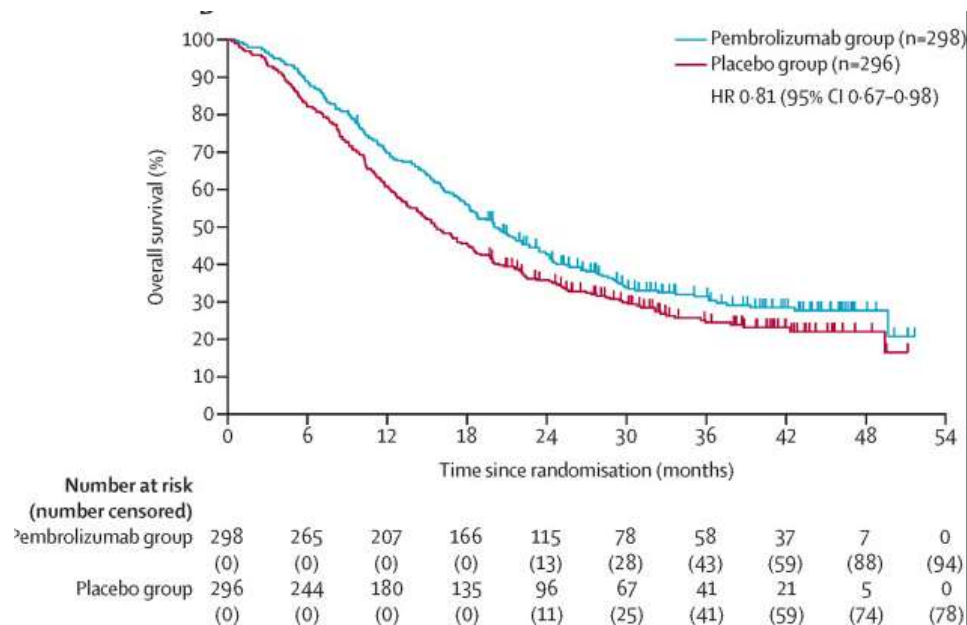
KEYNOTE-811



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CPS ≥ 1

HR 0.79, mOS 20.1 vs 15.7 mån

A

Key eligibility criteria

- Histologically or cytologically confirmed diagnosis of previously untreated, locally advanced unresectable or metastatic HER2-positive gastric or GEJ adenocarcinoma
- Measurable disease per RECIST v1.1
- ECOG performance status of 0 or 1
- Adequate tissue sample

Stratification

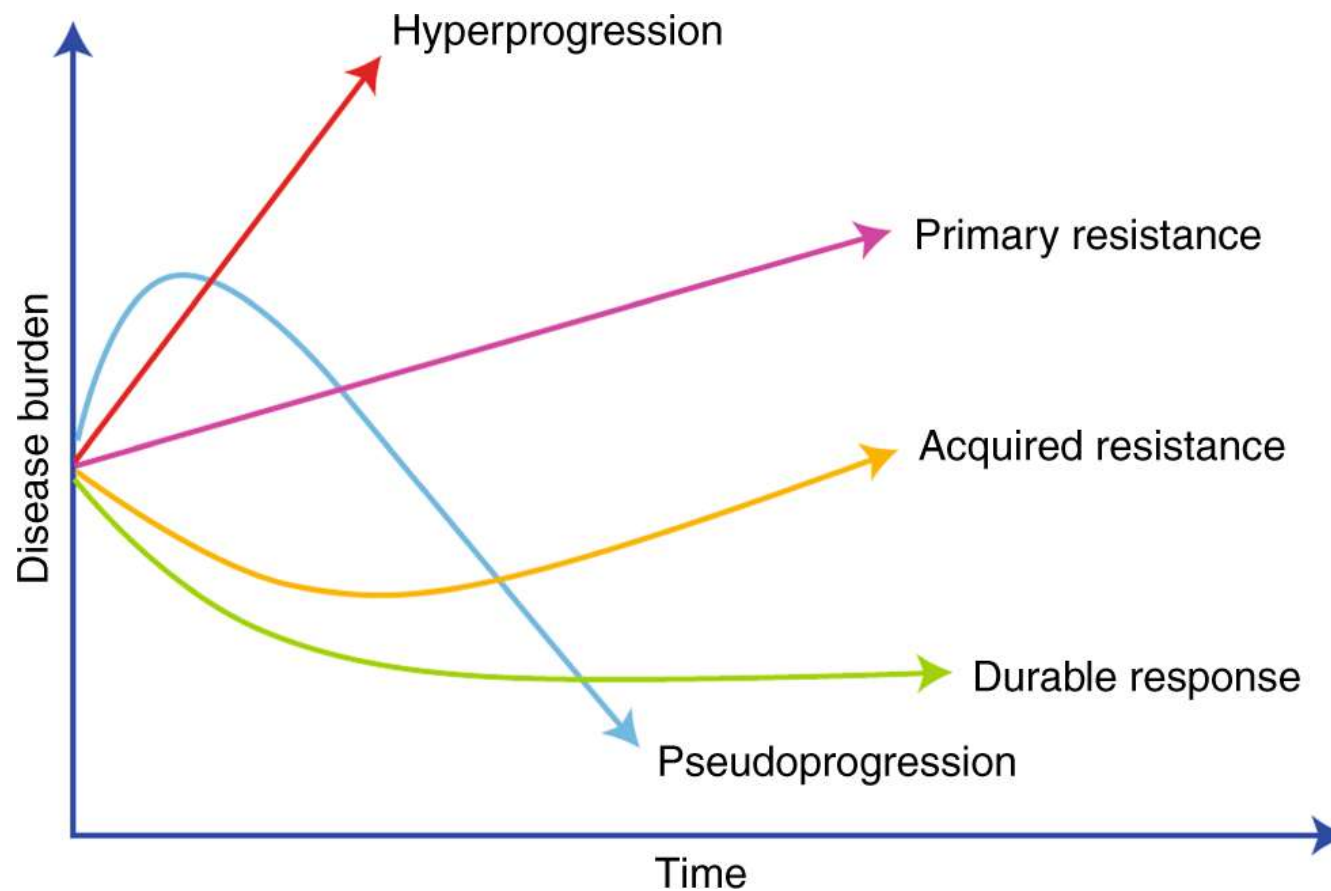
- Geographic region
- PD-L1 status
- Chemotherapy regimen

R (1:1)

Pembrolizumab 200 mg Q3W +
trastuzumab 8 mg/kg loading dose,
and 6 mg/kg thereafter Q3W +
investigator's choice of FP or CAPOX

Placebo (normal saline) Q3W +
trastuzumab 8 mg/kg loading dose,
and 6 mg/kg thereafter Q3W +
investigator's choice of FP or CAPOX

Behandlingsutfall vid behandling med immunterapi



Pseudoprogress vid immunterapi

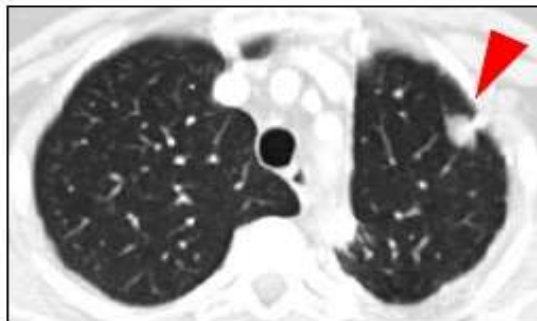


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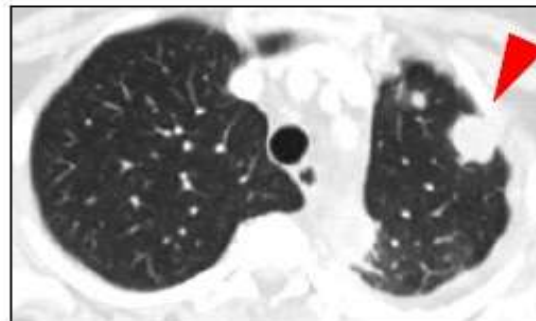
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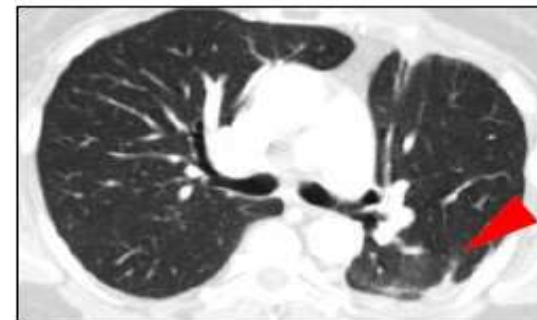
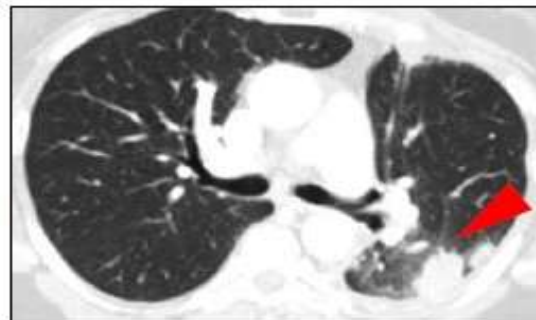
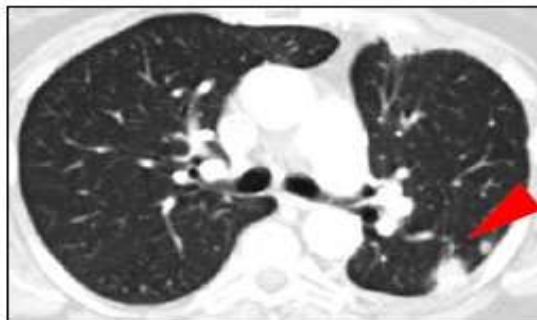
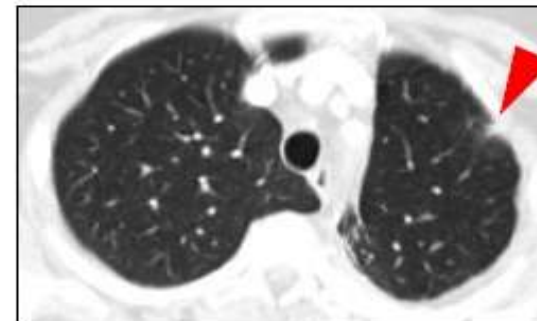
Pretreatment



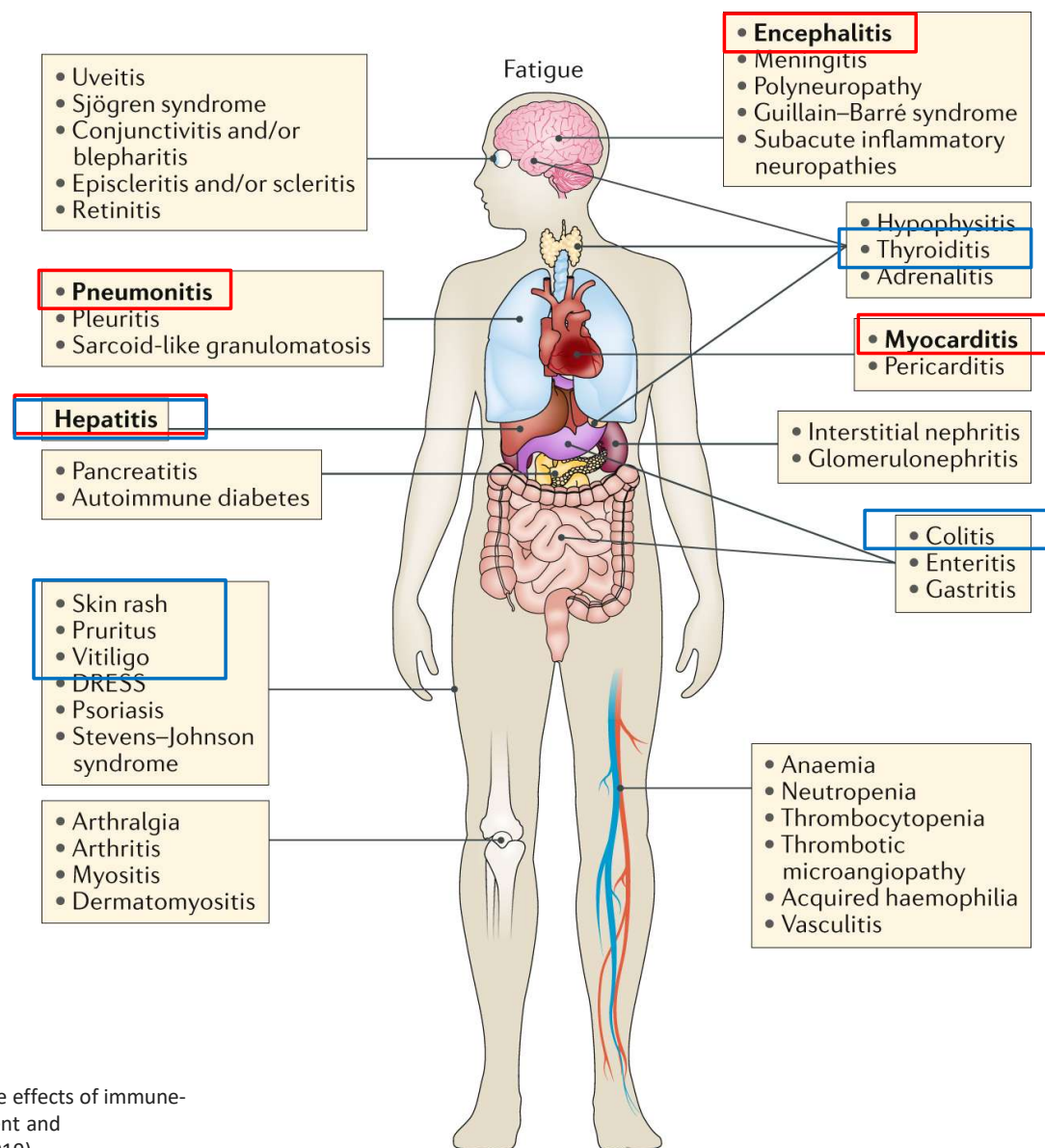
2 months



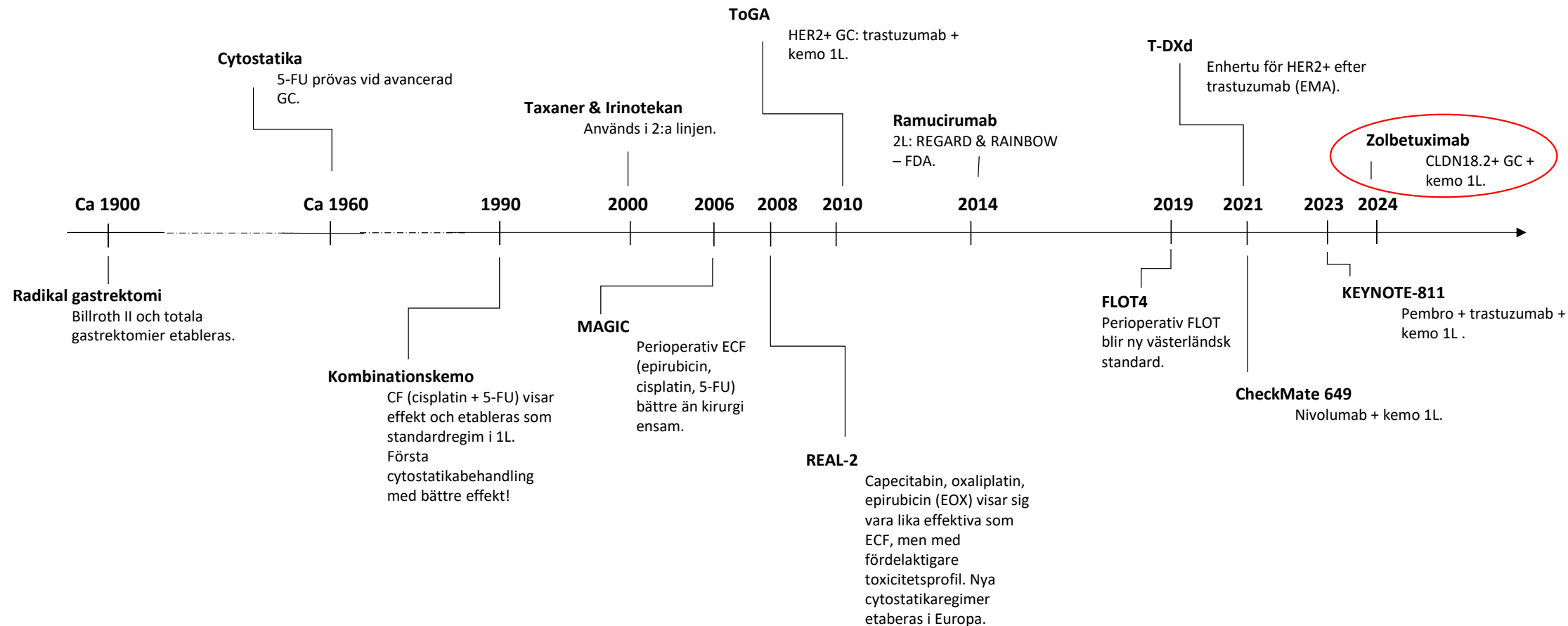
4 months



Pseudoprogression is seen in 7-10% of the patients



Ventrikelcancer – behandlingsutveckling över tid



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Anti-claudin18.2 i ESMO behandlingsriktlinjer

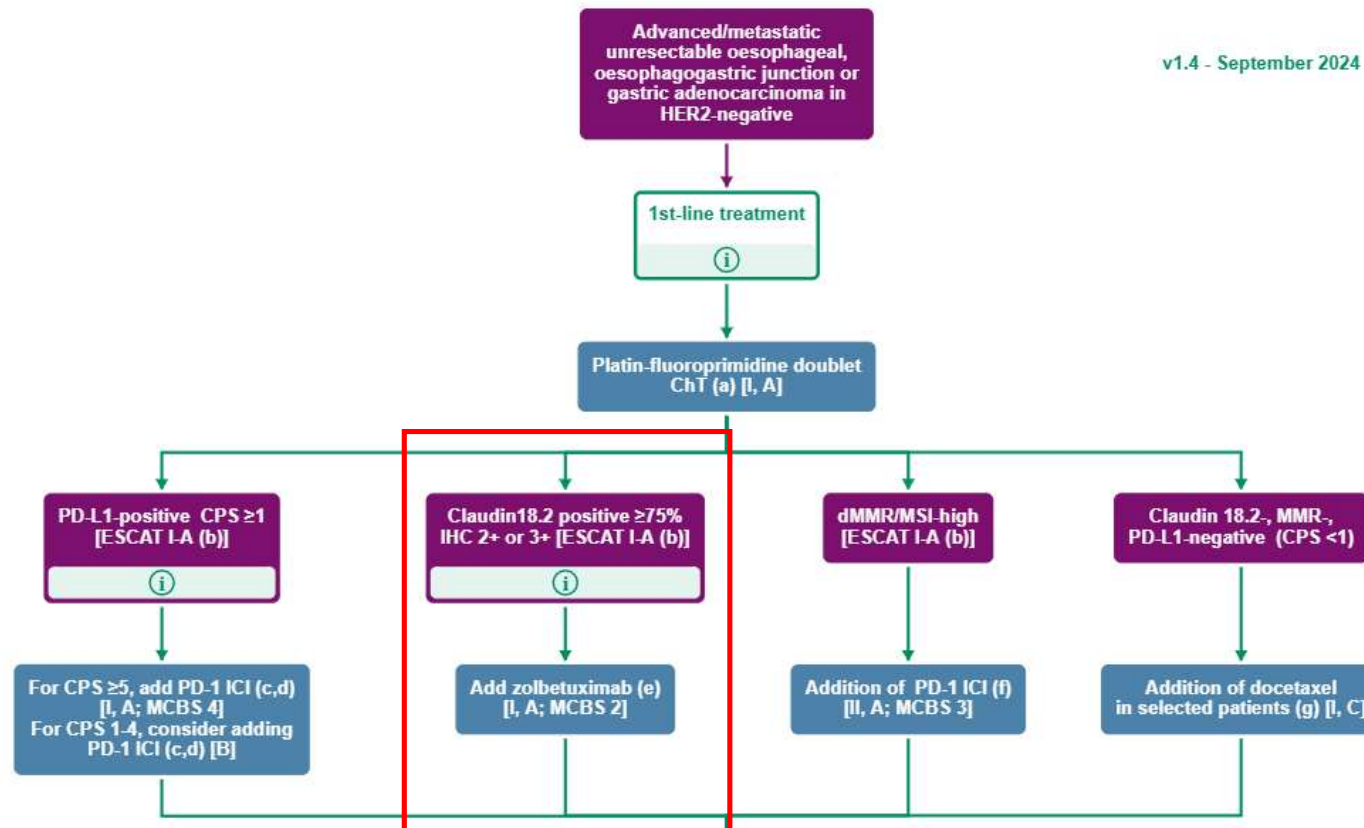


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v1.4 - September 2024





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Article | [Open access](#) | Published: 31 July 2023

Zolbetuximab plus CAPOX in CLDN18.2-positive gastric or gastroesophageal junction adenocarcinoma: the randomized, phase 3 GLOW trial

[Manish A. Shah](#), [Kohei Shitara](#), [Jaffer A. Ajani](#), [Yung-Jue Bang](#), [Peter Enzinger](#), [David Ilson](#), [Florian Lordick](#), [Eric Van Cutsem](#), [Javier Gallego Plazas](#), [Jing Huang](#), [Lin Shen](#), [Sang Cheul Oh](#), [Patrapim Sunpaweravong](#), [Hwoei Fen Soo Hoo](#), [Haci Mehmet Turk](#), [Mok Oh](#), [Jung Wook Park](#), [Diarmuid Moran](#), [Pranob Bhattacharya](#), [Ahsan Arozullah](#) & [Rui-Hua Xu](#)

Nature Medicine **29**, 2133–2141 (2023) | [Cite this article](#)

64k Accesses | 702 Altmetric | [Metrics](#)

Zolbetuximab plus mFOLFOX6 in patients with CLDN18.2-positive, HER2-negative, untreated, locally advanced unresectable or metastatic gastric or gastro-oesophageal junction adenocarcinoma (SPOTLIGHT): a multicentre, randomised, double-blind, phase 3 trial

[Kohei Shitara](#), [Florian Lordick](#), [Yung-Jue Bang](#), [Peter Enzinger](#), [David Ilson](#), [Manish A Shah](#), [Eric Van Cutsem](#), [Rui-Hua Xu](#), [Giuseppe Aprile](#), [Jianming Xu](#), [Joseph Chao](#), [Roberto Pazo-Cid](#), [Yoon-Koo Kang](#), [Jianning Yang](#), [Diarmuid Moran](#), [Pranob Bhattacharya](#), [Ahsan Arozullah](#), [Jung Wook Park](#), [Mok Oh](#), [Jaffer A Ajani](#)

Summary

Background Zolbetuximab, a monoclonal antibody targeting claudin-18 isoform 2 (CLDN18.2), has shown efficacy in patients with CLDN18.2-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced unresectable or metastatic gastric or gastro-oesophageal junction adenocarcinoma. We report the results of the SPOTLIGHT trial, which investigated the efficacy and safety of first-line zolbetuximab plus mFOLFOX6 (modified folinic acid [or levofolinate], fluorouracil, and oxaliplatin regimen) versus placebo plus mFOLFOX6 in patients with CLDN18.2-positive, HER2-negative, locally advanced unresectable or metastatic gastric or gastro-oesophageal junction adenocarcinoma.



Lancet 2023; 401: 1655–68

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This online publication has been corrected. The corrected version first appeared at [thelancet.com](https://www.thelancet.com) on December 12, 2023.

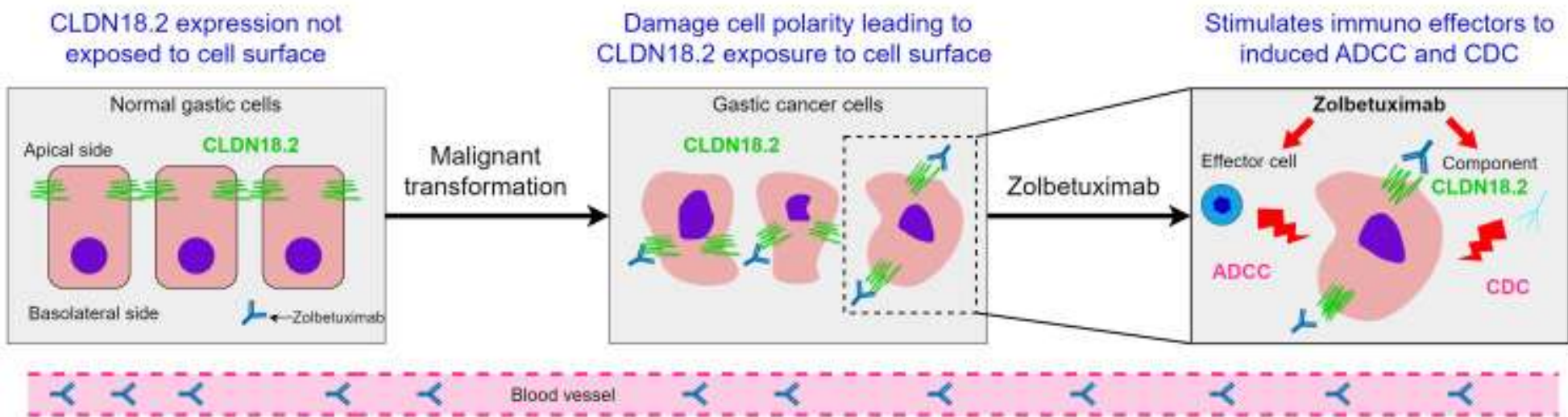
Verkningsmekanism för Zolbetuximab



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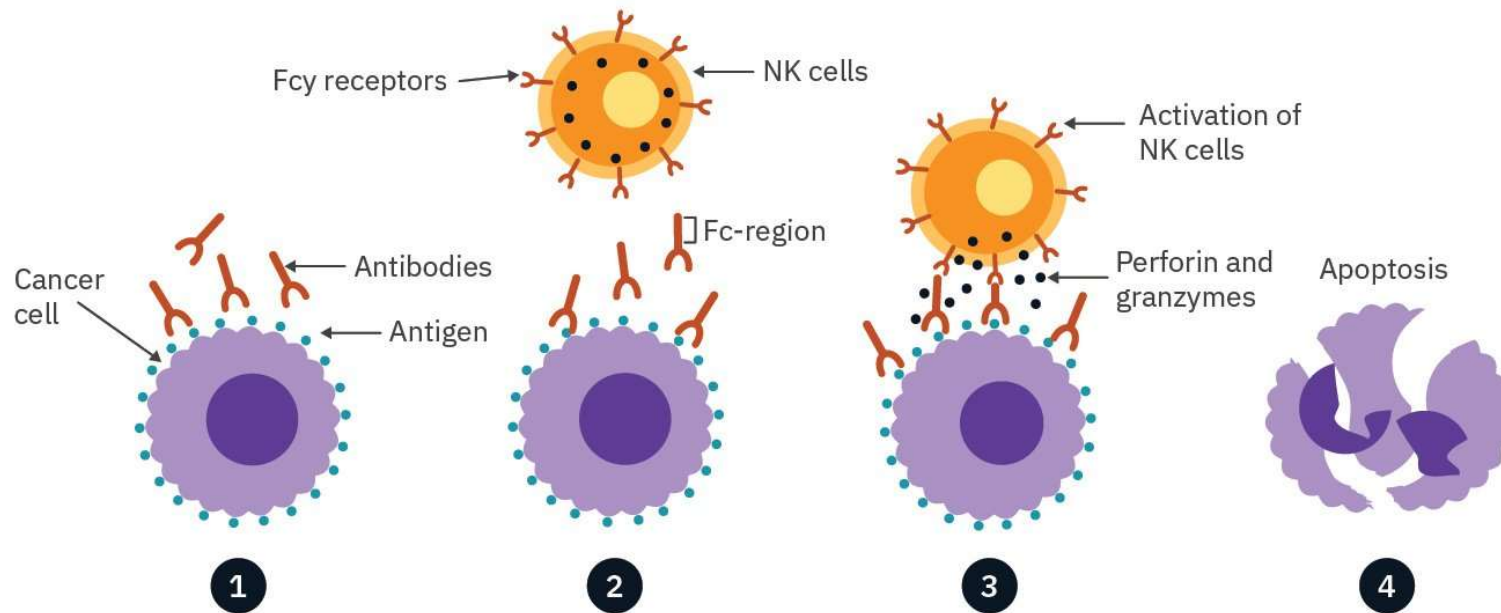
Antibody-dependent cellular toxicity (ADCC)



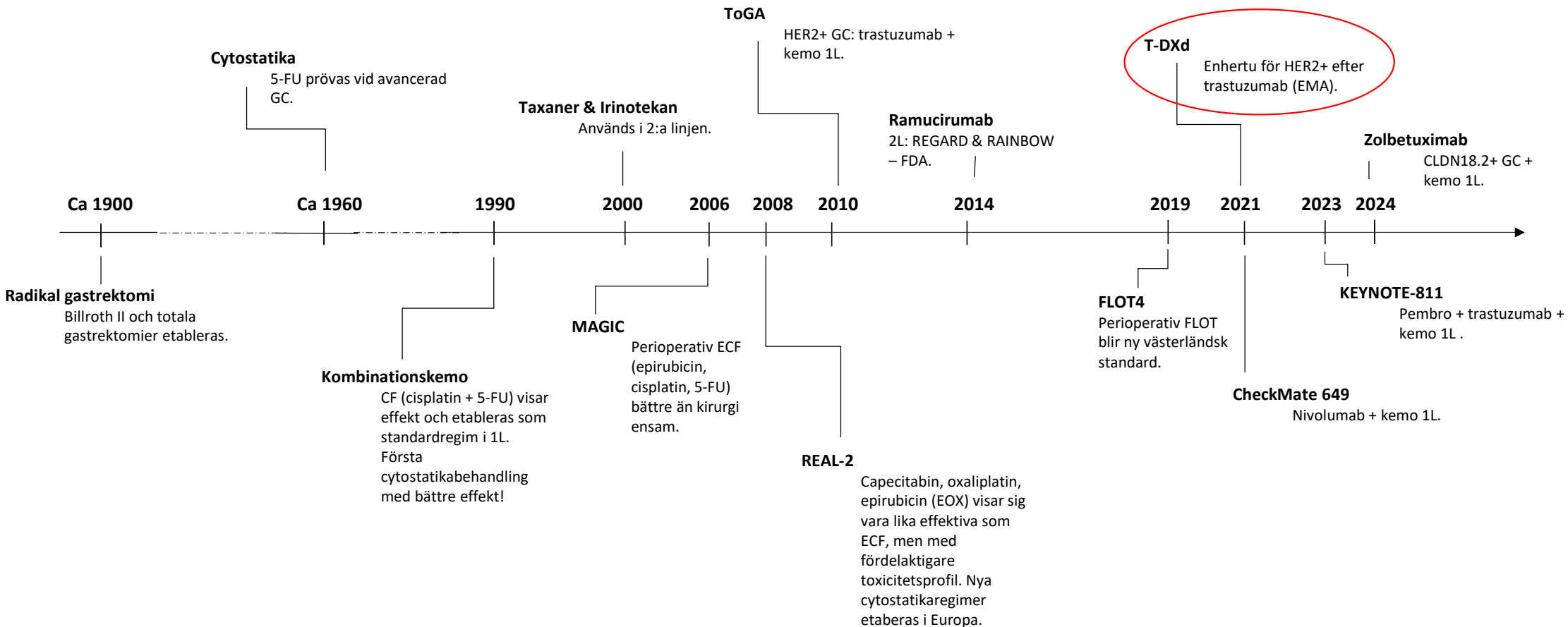
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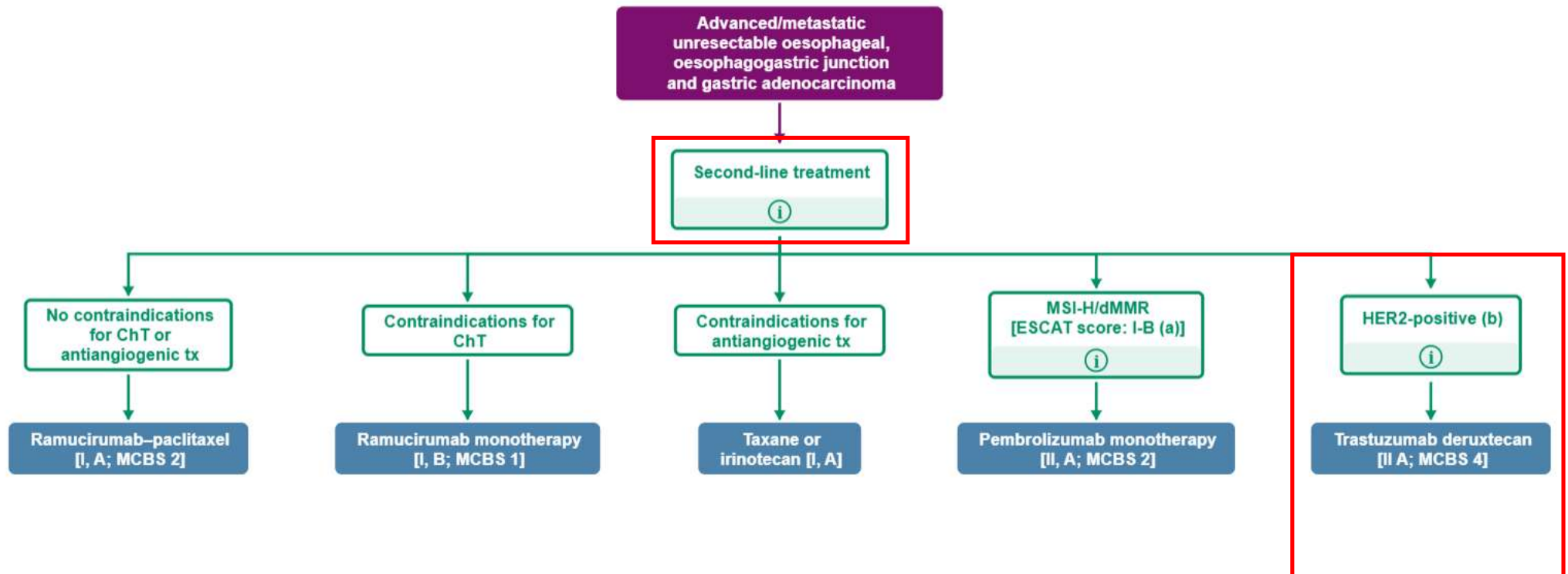


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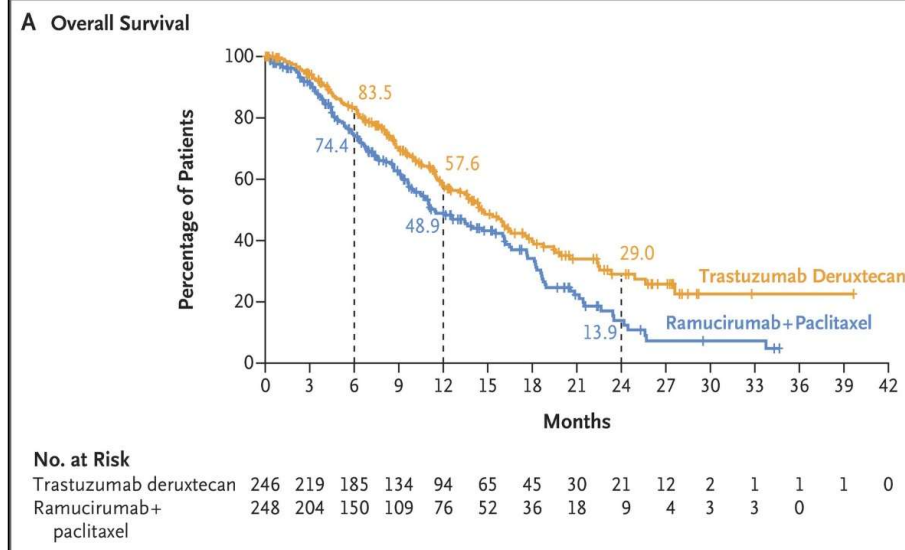
Trastuzumab deruxtecan i ESMOs behandlingsriktlinjer



ORIGINAL ARTICLE

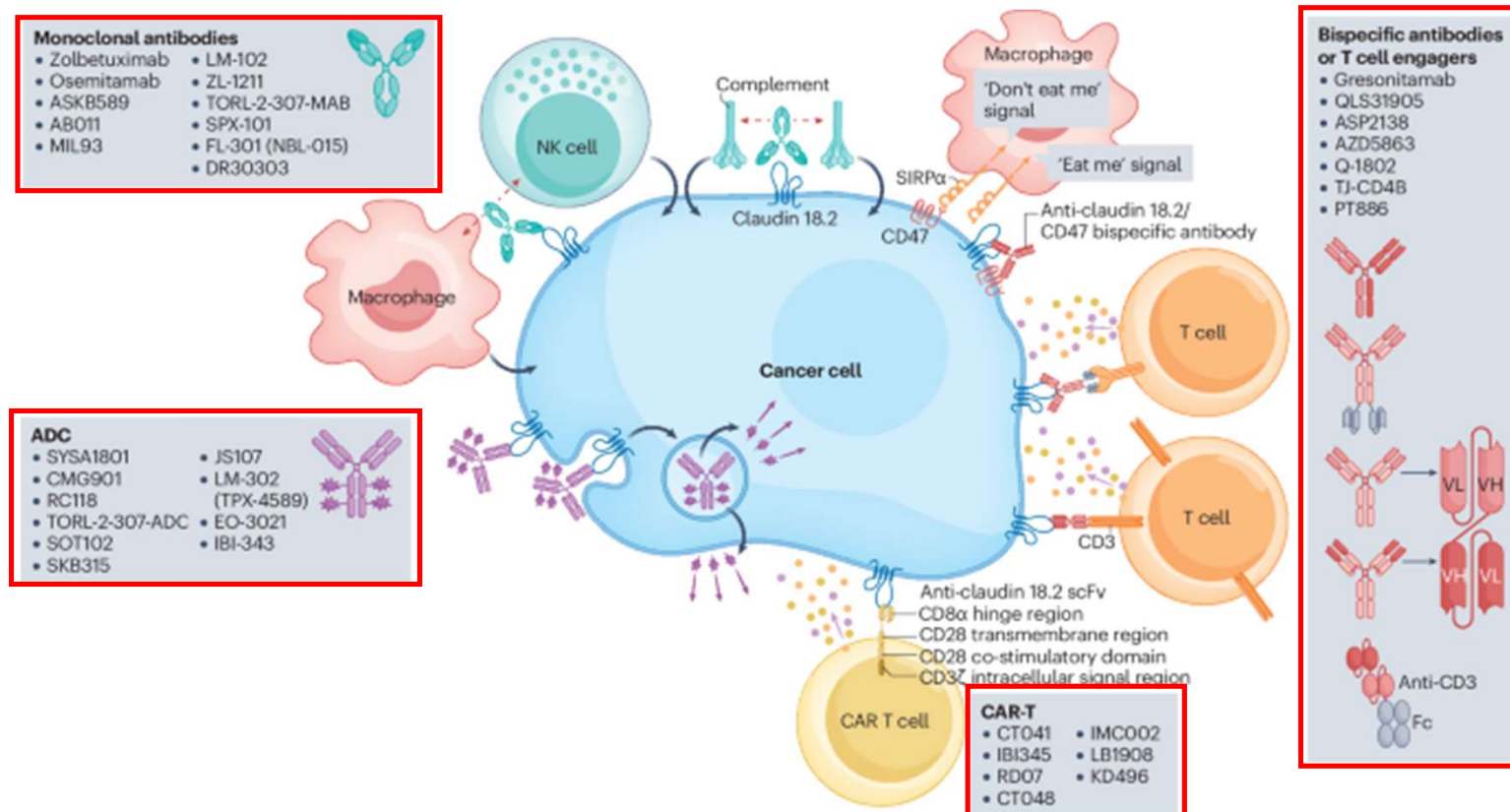
Trastuzumab Deruxtecan or Ramucirumab plus Paclitaxel in Gastric Cancer

K. Shitara,¹ E. Van Cutsem,^{2,3} M. Gümüş,^{4,5} S. Lonardi,⁶ C. de la Fouchardière,⁷ C. Coutzac,⁷ J. Dekervel,^{2,3} D. Hochhauser,⁸ L. Shen,^{9,10} W. Mansoor,¹¹ B. Liu,¹² L. Fornaro,¹³ M.-H. Ryu,^{14,15} J. Lee,¹⁶ C. Faustino,¹⁷ J.-P. Metges,¹⁸ J. Tabernero,^{19,20} F. Franke,²¹ Y.Y. Janjigian,²² F. Souza,²³ L. Jukofsky,²³ Y. Zhao,²³ T. Kamio,²³ A. Zaanani,^{24,25} and F. Pietrantonio,²⁶ for the DESTINY-Gastric04 Trial Investigators*



Median OS, 14.7 vs. 11.4 months; HR 0.70

Potentiella framtida målsökande behandlingar





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Tack för uppmärksamheten!