

# Research highlights

## Gastrointestinal cancer

### Bemarituzumab enters the FIGHT

Patients with advanced-stage HER2-negative gastric or gastro-oesophageal junction (G/GEJ) cancers typically have poor survival outcomes with chemotherapy and limited alternative options. Now, the phase II FIGHT study provides promising data on the efficacy of the anti-FGFR2b antibody bemarituzumab in selected patients with G/GEJ cancers.

A total of 155 patients with unresectable and/or metastatic G/GEJ cancers harbouring FGFR2b overexpression and/or *FGFR* amplifications were randomly assigned 1:1 to mFOLFOX6 plus either bemarituzumab or placebo. A subset of patients (17.4%) had received prior adjuvant or neoadjuvant therapy. Progression-free survival (PFS) was the primary end point.

At a median follow-up duration of 10.9 months, patients receiving bemarituzumab plus mFOLFOX6 had a median PFS of 9.5 months versus 7.4 months in the mFOLFOX6 plus placebo group (HR 0.68, 95% CI 0.44–1.04;  $P=0.073$ ). Median overall survival was not reached versus 12.9 months (HR 0.58, 95% CI 0.35–0.95;  $P=0.027$ ). In a prespecified subgroup analysis, patients with FGFR2b overexpression had substantially improved median PFS, including 10.2 months and 14.1 months for those with FGFR2b overexpressed on >5% and >10% of tumour cells, respectively, whereas FGFR2b expression did not affect PFS in the placebo group.

Virtually all patients in both groups had at least one any-grade adverse event; 32% versus 36% of patients had clinically serious adverse events. Patients in the bemarituzumab group had a notable increase in any-grade corneal events (24% versus 0%).

Although this study failed to meet its primary end point, these data suggest a meaningful improvement in PFS among patients with FGFR2b expression on >10% of tumour cells. These findings are being further investigated in this biomarker-selected population in a phase III trial (NCT05052801).

**Peter Sidaway**

**Original article:** Wainberg, Z. A. et al. Bemarituzumab in patients with FGFR2b-selected gastric or gastro-oesophageal junction adenocarcinoma (FIGHT): a randomised, double-blind, placebo-controlled, phase 2 study. *Lancet Oncol.* [https://doi.org/10.1016/S1470-2045\(22\)00603-9](https://doi.org/10.1016/S1470-2045(22)00603-9) (2022)

## In the news

### From WCC 2022

In October 2022, delegates from 120 countries attended the World Cancer Congress (WCC) in Geneva. As the Union for International Cancer Control (UICC) decided not to hold a virtual congress during the COVID-19 pandemic, for many attendees this was the first opportunity to reconnect since WCC 2018.

Many presentations at WCC 2022 provided quantitative data demonstrating that the COVID-19 pandemic has challenged the ability of most health-care systems to provide adequate cancer management at every stage of the disease. Well-documented examples include prevention (owing to disruption of HPV vaccination programmes), screening (with delays in several colorectal and lung national programmes) and diagnosis (with a confirmed shift towards presentation at later disease stages for several cancer types). Other studies modelled the capacity of oncology services to adapt after the pandemic. The main message is that recovery could be possible, at least to a certain extent, if all stakeholders are committed.

Over 1,500 abstracts were presented at WCC 2022, all featuring initiatives for optimizing limited resources in oncology. These programmes addressed specific community needs across the whole spectrum of oncology care, from targeted screening to the delivery of palliative care.

Finally, WCC 2022 saw an announcement from The Access To Oncology Medicines (ATOM) coalition, which was established in May 2022 to improve access to essential cancer medicines in low and lower-middle income countries. ATOM has now facilitated the first voluntary agreement in which the patent holder of a cancer drug, nilotinib, authorizes its production as a generic. The Medicines Patent Pool will handle this authorization. This public health organization has already sublicensed generic drugs to treat infectious diseases from various patent holders. We await similar announcements from ATOM, hopefully well before the next WCC in 2024.

**Diana Romero**

## Haematological cancer

### Brentuximab vedotin improves outcomes

Around 80% of children and young adults with advanced-stage high-risk Hodgkin lymphoma have durable responses to chemotherapy; however, this approach can be associated with late-onset toxicities. Furthermore, the remaining ~20% of patients will require treatment intensification. Now, data from a phase III trial demonstrate the potential of brentuximab vedotin to improve efficacy.

In this study, a total of 600 paediatric patients (2–21 years of age) with newly diagnosed stage IIB–IVB Hodgkin lymphomas were randomly assigned (1:1) to receive chemotherapy (doxorubicin etoposide, cyclophosphamide, reduced-dose vincristine and prednisone) plus brentuximab vedotin or chemotherapy alone (the same regimen plus bleomycin and one additional vincristine dose per cycle) for 5 cycles. Patients with large mediastinal adenopathies and/or slow-responding lesions received site-directed radiotherapy following 5 cycles of chemotherapy. Event-free survival (EFS) was the primary end point.

At a median follow-up duration of 42.1 months, patients receiving brentuximab vedotin had a 3-year EFS of 92.1% versus 82.5% with standard therapy (HR 0.41, 95% CI 0.25–0.67;  $P<0.001$ ). Metabolic complete response rates (89.7% versus 86.7%) and percentages of patients receiving radiotherapy (53.4% versus 56.8%) were similar across both groups.

The incidence of grade  $\geq 3$  adverse events was slightly increased in patients receiving brentuximab vedotin plus chemotherapy (73.5% versus 68.2%), with similar profiles observed across both groups.

These data confirm the superior efficacy of brentuximab vedotin plus chemotherapy; however, this approach did not substantially reduce the need for radiotherapy and longer follow-up will be required to determine the risks of late-onset adverse events. Nonetheless, on 10 November, this regimen received full FDA approval on the basis of these data.

**Peter Sidaway**

**Original article:** Castellino, S. M. et al. Brentuximab vedotin with chemotherapy in pediatric high-risk Hodgkin's lymphoma. *N. Engl. J. Med.* **387**, 1649–1660 (2022)