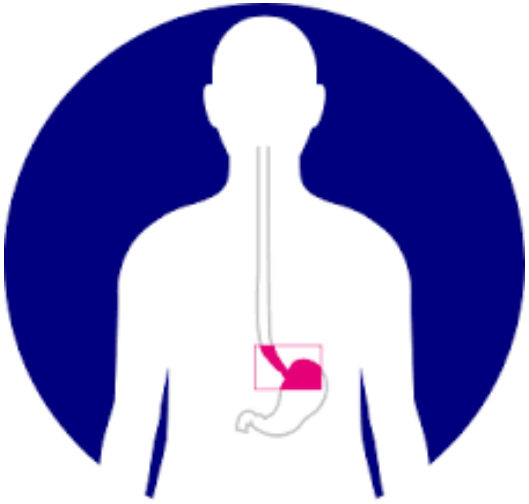


The Hidden Burden of Peritoneal Disease in GOJ Cancer

Alana Fitzgibbon
CNC GI Cancers

DISCLOSURE

- Astellas Pharma Inc.

ACKNOWLEDGEMENT

- Pancare Foundation

Learning Objectives

DISCUSS STAGING AND TREATMENT PATHWAYS FOR GOJ CANCER

DESCRIBE THE ROLE OF PERIOPERATIVE FLOT CHEMOTHERAPY

RECOGNISE LIMITATIONS OF RADIOLOGICAL STAGING

EXPLORE PSYCHOSOCIAL IMPLICATIONS WHEN TREATMENT INTENT CHANGES

IDENTIFY NURSING PRIORITIES IN ADVANCED UPPER GI CANCER CARE

Patient Introduction

“I thought it was just the reflux getting worse”

“I was skipping meals when not at home because eating was getting a chore”

54-year-old Australian male

Progressive dysphagia and reflux symptoms

12 kg unintentional weight loss

Fatigue and early satiety

Previously fit and working full time

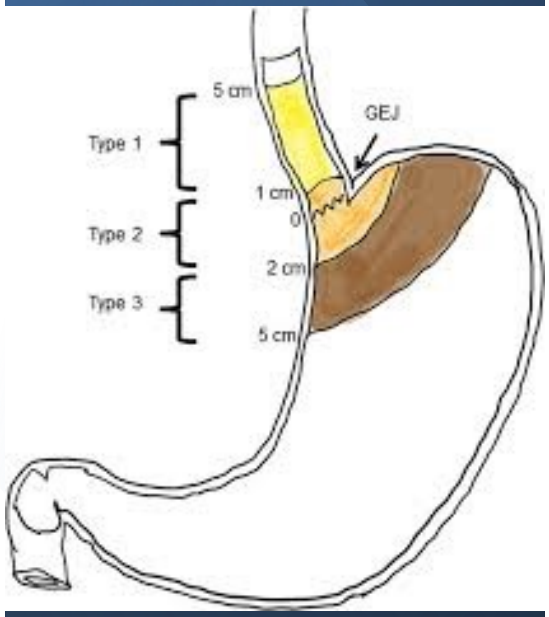
Diagnostic Workup

You have cancer!

"Everything after the word cancer became a blur"

- Gastroscopy identified ulcerated GOJ lesion
- Biopsies confirmed poorly differentiated adenocarcinoma
- HER2 negative, PD-L1 CPS 8
- CLDN18.2 positive
- Clinical stage cT3N1M0

Siewert III Classification



Tumour extends from proximal stomach into GOJ

Behaves biologically like gastric cancer

Higher risk of peritoneal spread

Impacts surgical and treatment planning

Initial Imaging

CT showed GOJ thickening and regional nodes

PET scan demonstrated FDG-avid primary tumour

No distant metastatic disease identified

Disease initially considered operable

Curative Intent Treatment Plan

“I was terrified of chemotherapy, but more terrified of doing nothing.”

MDT recommended perioperative FLOT chemotherapy

Goal: tumour downstaging and improved R0 resection

Pre-treatment education and supportive care commenced

Understanding FLOT

- Fluorouracil
- Leucovorin
- Oxaliplatin
- Docetaxel
- Common toxicities include nausea, fatigue and neuropathy

“People kept telling me I looked well… but I felt like I was disappearing.”

Patients’ experience during FLOT

- Progressive fatigue and nutritional decline
- Significant nausea and dysgeusia
- Cycle 3 delayed due to neutropenia
- Increasing emotional distress during treatment

"When they said the scans looked better, I finally let myself believe I might survive this."

Restaging Imaging

- Partial radiological response identified
- Reduced metabolic activity on PET
- No radiological evidence of metastatic disease
- Proceeding to surgery with curative intent

Pre-Operative Phase

"For the first time in months, we started talking about the future again."

- Anaesthetic and surgical review completed
- Nutritional optimisation attempted
- Patient and family hopeful for cure

This Photo by Unknown Author is licensed under CC BY

Emotional Impact

“I went into surgery expecting them to remove the cancer… instead I woke up being told it had spread everywhere.”

- Shock and devastation
- Sudden loss of curative hope
- Fear regarding prognosis
- Major psychological transition for patient and family

Occult Peritoneal Disease

CT and PET have limitations detecting microscopic disease

Siewert III and poorly differentiated tumours are higher risk

Discussion point: role of staging laparoscopy

Transition to Palliative Intent

- Goals of care discussions commenced
- Systemic therapy recommenced
- Focus shifted to quality of life and symptom management

“I wasn’t ready for people to start talking about palliative care.”

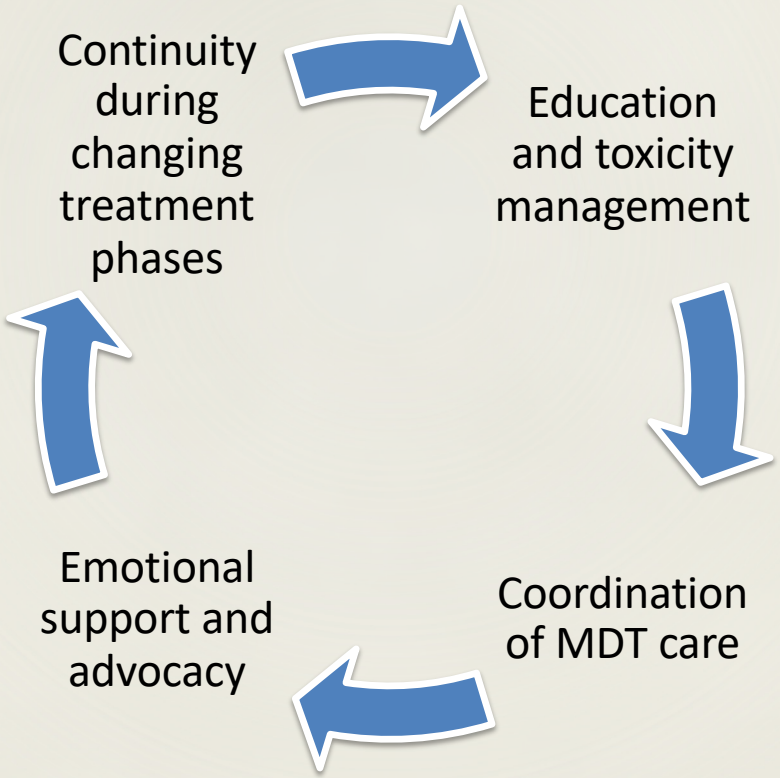
Supportive Care Priorities

“I didn’t know how to go from fighting for a cure to living with incurable cancer.”

- Nutrition and dysphagia management
- Pain and fatigue management
- Psychological support
- Advance care planning
- Family support and coordination

“The nurses became the people we trusted most when everything changed.”

Role of the GI Cancer Nurse



“Hope did not disappear — it simply changed shape.”

Future Therapies

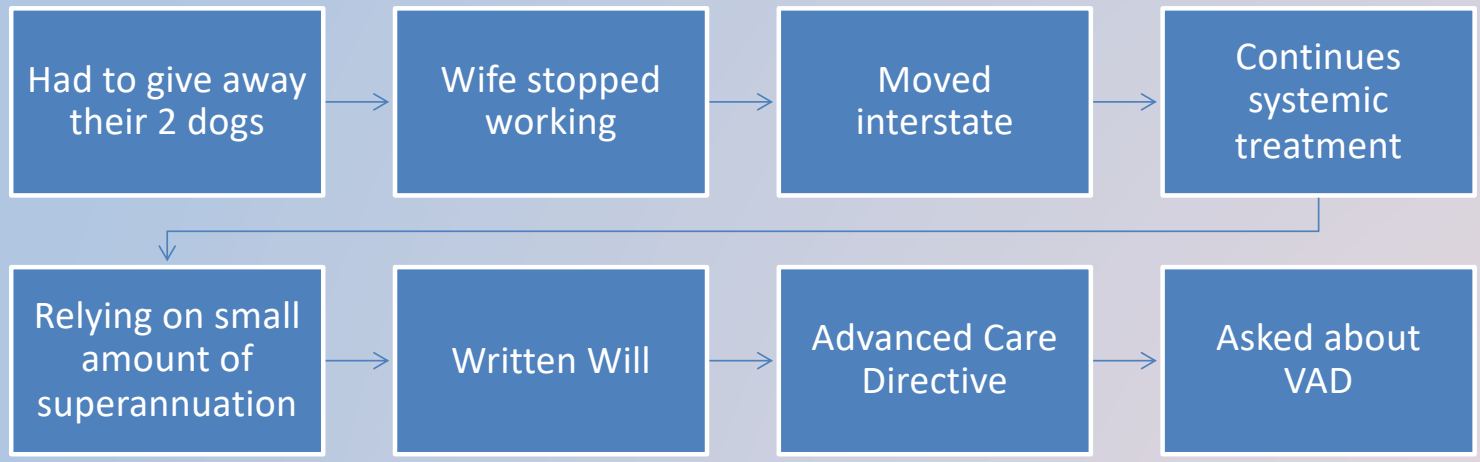
- Importance of biomarker testing
- Immunotherapy combinations
- HER2-directed therapies
- Potential role of Zolbetuximab for CLDN18.2 positive disease

Key Learning Points

NOT EVERY PATIENT REACHES SURGERY AS PLANNED

BUT EVERY PATIENT DESERVES SKILLED, COMPASSIONATE GUIDANCE WHEN THE PATH CHANGES

Where is Bob now?



In the future, what systemic treatment could be offered in this case?

Zolbetuximab: why it belongs in this case discussion

What it targets

Zolbetuximab is a monoclonal antibody directed at CLDN18.2, a tight-junction protein expressed in a subset of gastric/GOJ adenocarcinomas.

Where it fits internationally

Studied first-line with fluoropyrimidine/platinum chemotherapy in HER2-negative, CLDN18.2-positive locally advanced unresectable or metastatic gastric/GOJ adenocarcinoma.

Australian status wording

VYLOY, in combination with fluoropyrimidine- and platinum-containing chemotherapy, is indicated for the first-line treatment of adult patients with locally advanced unresectable or metastatic human epidermal growth factor receptor 2 (HER2)-negative gastric or gastro-oesophageal junction (GOJ) adenocarcinoma whose tumours are Claudin (CLDN) 18.2 positive.
Positive PBAC recommendation received Oct '25

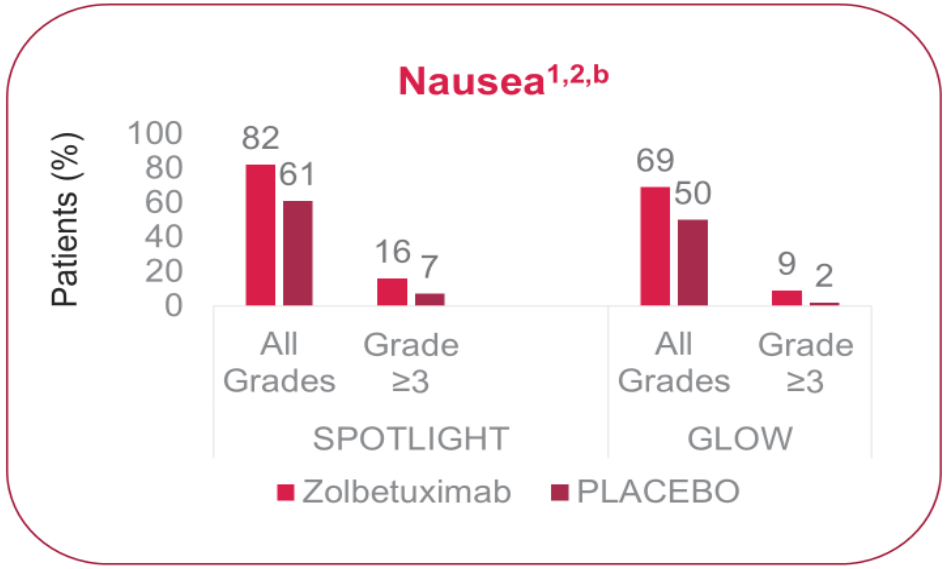
VYLOY™ (zolbetuximab) Product Information, Shitara K *et al. Lancet.* 2023;401(10389):1655–1668.
Shah MA *et al. Nat Med.* 2023;29(8):2133–2141

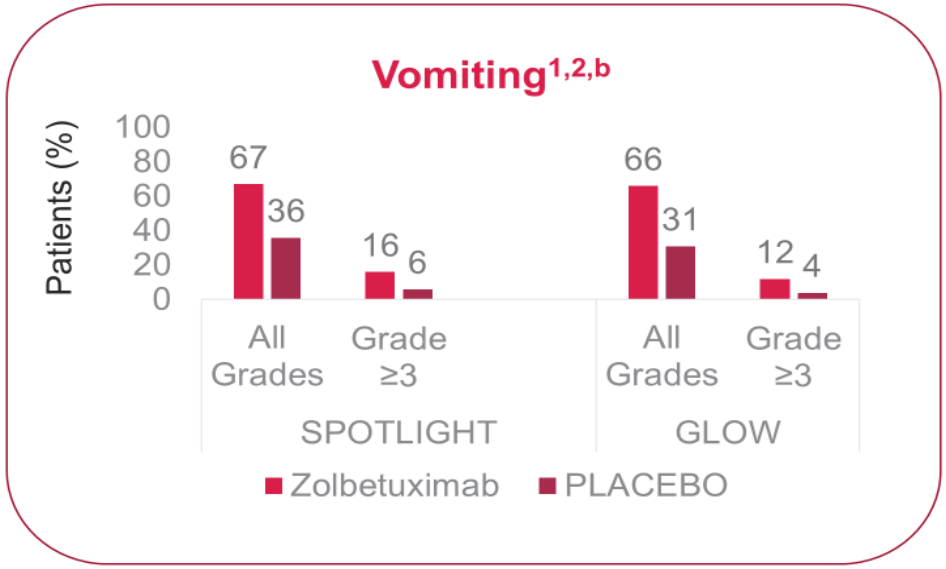
Case application

If PBS-listed with criteria matching the TGA indication, Michael would be an ideal candidate because his disease is advanced/unresectable/metastatic, HER2-negative and CLDN18.2-positive.

NAUSEA AND VOMITING IN SPOTLIGHT AND GLOW

Nausea and vomiting were the most common all grade TEAEs reported in the zolbetuximab arms in both SPOTLIGHT and GLOW.[1,2,a]





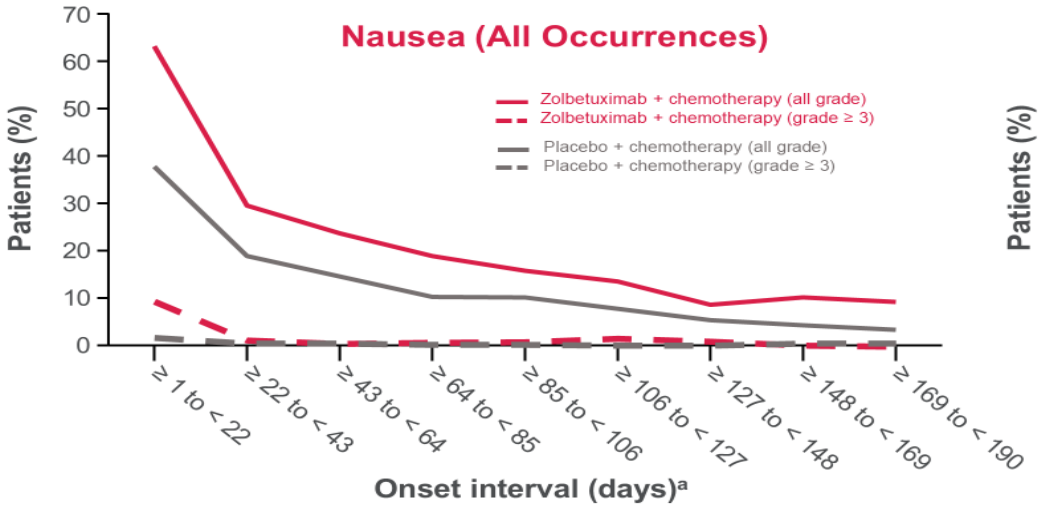
[a]SPOTLIGHT: zolbetuximab + mFOLFOX6; GLOW: zolbetuximab + CAPOX. [b]Adverse events were graded according to National Cancer Institute Common Terminology Criteria for Adverse Events version 4.03.
CAPOX capecitabine and oxaliplatin; **mFOLFOX6** modified folinic acid, fluorouracil, and oxaliplatin; **TEAE** treatment-emergent adverse event.

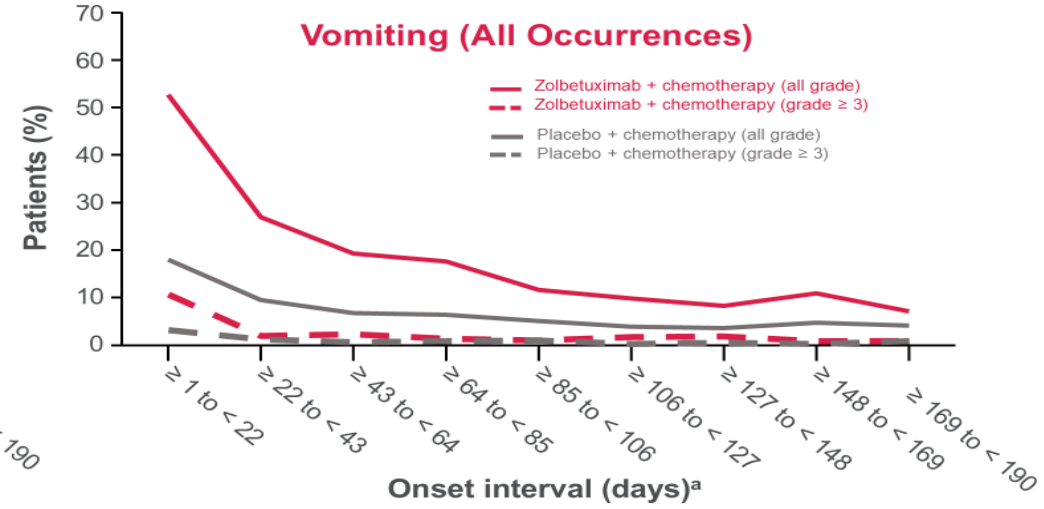
1. Shitara K et al. *Lancet*. 2023;401(10389):1655–1668; **2.** Shah MA et al. *Nat Med*. 2023;29(8):2133–2141;

WHEN

NAUSEA AND VOMITING WERE MOST COMMON DURING 1ST INFUSION[1]

Integrated analysis for SPOTLIGHT and GLOW





62% (333/533) of patients experienced nausea and 52% (275/533) of patients experienced vomiting during the first zolbetuximab infusion

29% (156/533) of patients experienced nausea and 26% (140/533) of patients experienced vomiting during the second zolbetuximab infusion

[a]Zolbetuximab or placebo was administered every 3 weeks. Each onset interval represents a zolbetuximab or placebo infusion, where day 1 of the interval is the day of zolbetuximab or placebo administration. Nausea/vomiting may have occurred during infusion or on any subsequent day during the onset interval.

astellas

1. Shitara K et al. ASCO-GI 2024; Poster 372

Zolbetuximab

- 1st line therapy is important for patients with locally advanced unresectable or metastatic Gastric/GOJ adenocarcinoma

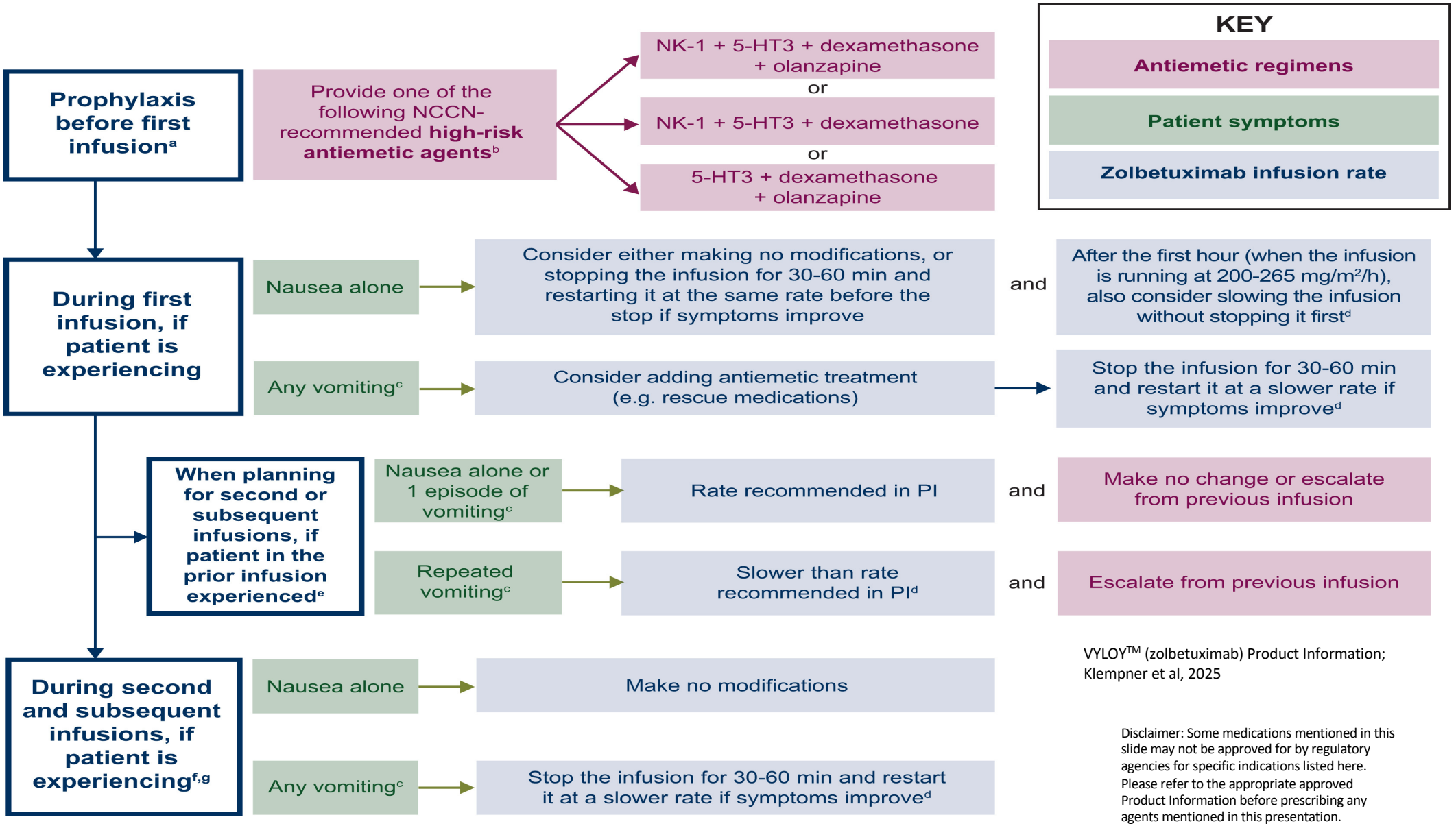
- Ensuring patients safely receive full Zolbetuximab dose is critical for maximising efficacy.

- Need for proactive safety management related to GI toxicity which significantly influence tolerability and continuity.

- N&V most feared and distressing AEs in pts undergoing anticancer therapy.

- Early recognition and treatment is crucial, improve QoL and adherence

VYLOY™ (zolbetuximab) Product Information.; Klempner et al, ESMO. Volume 7, issue C. 2025. Narita et al, cancers 2025, 17, 1996; Speaker's Opinion



VYLOY™ (zolbetuximab) Product Information; Klempner et al, 2025

Disclaimer: Some medications mentioned in this slide may not be approved for by regulatory agencies for specific indications listed here. Please refer to the appropriate approved Product Information before prescribing any agents mentioned in this presentation.

Take home messages

- Be prepared / patient space
- Timing of treatment
- Patient education
- Consistent grading system
- Be aware of possible anticipatory nausea
- Window of 6 hours, chemo next day
- Anti-ulcer Rx for patients with intact stomach

Treat Zolbetuximab as “high risk” for emesis

most N/V to occur early (cycle 1)

use guideline-level prophylaxis (NK-1/5-HT3/steroid combinations where indicated).

Implement a stepwise infusion with clear rules to slow/interrupt

Monitor closely and use IV hydration/antiemetic rescue to avoid treatment discontinuation

Klempner et al, 2025; Speaker’s Opinion

VYLOY™ (zolbetuximab) Product Information
Scan the QR code to provide consent to receive ongoing educational materials and updates about VYLOY

CNSA is proudly partnering with GICaNN, Pancare Foundation and Bowel Cancer Australia to create this community of practice for cancer nurses looking to learn collaborate and share information in relation to gastro-intestinal cancers. The knowledge shared and gained through this CoP will improve patient outcome, reduce anxiety, and enhance survivorship experiences.

Purpose:

Upskill nurses working in gastro-intestinal cancers in specific symptom management, survivorship, and holistic care.

- **Build a community for nurses working with patients with gastro-intestinal cancers.**
- **Provide accessible education through multiple formats (podcasts, webinars, communities of practice, Congress presence).**
- **Increase visibility of gastro-intestinal cancers and available resources within the CNSA membership and wider cancer nursing community.**
- **Foster collaboration between CNSA, and the nursing workforce to improve long-term patient outcomes.**

GI CANCER TRIALS

Formerly AGITG

28th Annual Scientific Meeting

Nipaluna · Hobart
24 – 27 November 2026
gicancer.org.au/asm

In collaboration with AANZGOSA and CommNETs

Co-Convened by:
Associate Professor Sina Vatandoust
Associate Professor Margaret Lee