The OncoAlert Network:	"Hello everyone, thank you for joining us"
The OncoAlert Network:	WE are 15 min away from the colloquium
The OncoAlert Network:	"We will be Joined by Dr. McCollom, OncoAlert GI and Geriatric Oncology Faculty"
The OncoAlert Network:	We will also be joined by Dr. Morgan
The OncoAlert Network:	"Throughout the presentations, our speakers will be available for questions from the audience"
Dr Joseph McCollom DO:	Good morning from Denver. Excited to help host this incredible #GIonc session
Gil Morgan:	"Greetings Joe, Welcome !!"
The OncoAlert Network:	"Greetings Dr. McCollom, welcome!"
The OncoAlert Network:	Greetings Dr. Morgan
Ben Westphalen:	Hi All!
Gil Morgan:	Hi Ben
The OncoAlert Network:	"Greetings Dr. Westphalen, a pleasure to have you here!"
Dr Joseph McCollom DO:	"Welcome everyone and thank you for joining. Feel free to introduce yourselves and engage with our speakers, asking any questions during their presentations as you can and we will try to respond dynamically after their presentations have completed."
Dr Joseph McCollom DO:	"Hey Ben, great to have you join! Can't wait for @OncoAlert5K this coming May/June again with you!"
Gil Morgan:	Its going to be great fun
Ben Westphalen:	I have a little trouble with my knee but hope to get going by then :)
Gil Morgan:	A warm invite to All of our colleagues in Chicago for ASCO25
Gil Morgan:	Join us for the OncoAlert 5k
The OncoAlert Network:	"Dear Colleagues, the Colloquium is about to begin"
Beliz Bahar Karaoğlan	"Hi everyone, hi Joe! Excited about the Colloquium! :)"
The OncoAlert Network:	We welcome Dr. Sharlene Gill
Gil Morgan:	Greetings Beliz
The OncoAlert Network:	"Dear Colleagues, we remind you that the chat option is to be used freely and casually"

Dr Joseph McCollom DO:	"Welcome Dr Karaoglan, all star future #GIonc #PallOnc from Turkey, going to join us in NE Indiana this spring. Excited to have you here!"
The OncoAlert Network:	here you can discuss with speakers and moderators and colleagues alike
Gil Morgan:	Perioperative Chemotherapy or Preoperative Chemoradiotherapy in Esophageal Cancer
Gil Morgan:	https://www.nejm.org/doi/full/10.1056/NEJMoa2409408
Beliz Bahar Karaoğlan	"Can't wait to meet you and the team personally Joe :)) Hello Dr Morgan, nice to meet you!"
Gil Morgan:	In Summary for ESOPEC: Perioperative chemotherapy with FLOT improved survival in patients with resectable esophageal adenocarcinoma compared to preoperative chemoradiotherapy
Gil Morgan:	I will be adding here the different trials discussed and the literature that goes with it
Dr Joseph McCollom DO:	"Please join me in welcome Dr Sharlene Gill. Dr Gill is a professor of medical oncology from the University of British Columbia with a research focus on he development and adoption of new treatments and treatment approaches for Gastrointestinal malignancies, through clinical trials and real-world studies."
Gil Morgan:	Preoperative Chemoradiotherapy for Resectable Gastric Cancer
Gil Morgan:	https://www.nejm.org/doi/full/10.1056/NEJMoa2405195
Gil Morgan:	In summary for TOPGEAR: The addition of preoperative chemoradiotherapy to perioperative chemotherapy did not improve overall survival compared to perioperative chemotherapy alone in patients with resectable gastric and gastroesophageal junction adenocarcinoma.
Beliz Bahar Karaoğlan	Welcome Dr. Gill
Gil Morgan:	Effect of chemotherapy/targeted therapy alone vs. chemotherapy/targeted therapy followed by radical surgical resection on survival and quality of life in patients with limited-metastatic adenocarcinoma of the stomach or esophagogastric junction: The IKF-575/RENAISSANCE phase III trial.
Gil Morgan:	https://ascopubs.org/doi/10.1200/JCO.2024.42.17_suppl.LBA4001
Gil Morgan:	"In Summary RENAISSANCE: The negative IKF-575/RENAISSANCE trial highlights the need for future research to focus on patients with RPLN-only disease, exclude non-responders or those with peritoneal disease, and address early mortality due to chemotherapy interruption."

The OncoAlert Network:	Greetings everyone
Ben Westphalen:	The one and only Mr. OncoAlert
Ben Westphalen:	Sorry - Dr. OncoAlert
The OncoAlert Network:	Unfortunately Dr. Eng was not able to make it for the Live version of the colloquium
Dr Joseph McCollom DO:	Thank you so much Dr Gill for these excellent summary. One question we would have for you is the nuanced role of chemoRT in the setting of resectable esophageal cancer in light of ESOPEC data
The OncoAlert Network:	However Dr Morgan has stepped in for the Live version and the On Demand will be done by Dr. Enga
The OncoAlert Network:	Eng
The OncoAlert Network:	WE apologise for this
Gil Morgan:	Greetings to all
Gil Morgan:	Here to answer any questions or discuss
Dr Joseph McCollom DO:	"Welcome our fearless OncoAlert leader Gilberto Morgan, MD is a medical oncologist at the division of Medical and Radiation Oncology at Skåne University Hospital in Lund, Sweden. He is a clinician and researcher with a background in molecular biology."
Gil Morgan:	":-) Fearless, I am not sure about all that"
Gil Morgan:	Such an honor to be here
Gil Morgan:	Loads of changes in CRC
Ben Westphalen:	"Dear Gil, thanks for highlighting 8HW"
The OncoAlert Network:	a complete pleasure
Ben Westphalen:	"In clinical practice, in dMMR/MSI CRC, we now have two PHIII trial based, approved ICI options"
Ben Westphalen:	w/o cross trial comparison - any suggestion how to choose in real life?
Ben Westphalen:	would you consider differences in ORR rates important when considering Nivo/Ipi vs. Pembro?
Dr Joseph McCollom DO:	"These are always difficult conversations in the community oncology setting. Given the increase in toxicity of dual ICI agents, discussion of PFS advantage alongside the patient's ability to tolerate worsening toxicity is important in a shared decision."
Ben Westphalen:	(so asking for cross trial comparison)

Dr Joseph McCollom DO:	One question that remains for me is will ctDNA play a role in determining likelihood of response or allow for de-escalation?
Gil Morgan:	indeed
Ben Westphalen:	"thats a great question, from my view as a "precision oncologist", I believe there is ample (!) potential for implementing liquid biopsies into patient care"
Dr Joseph McCollom DO:	Seeing trials like CodeBreak 300 in the formerly "undruggable" space gives me hope for all other areas of GI oncology where we have sparse targets.
Gil Morgan:	coming up is NICHE2 which showed the important role that ctDNA is taking in alot of these trials
Ben Westphalen:	then: We really need clinical trials that have liquid biopsies integrated in a prospective fashion
Ben Westphalen:	with clear endpoints attached to it.
Gil Morgan:	Yes we do and I think liquid biopsies are definitely being adopted (at least on trials) at a fast speed
Gil Morgan:	Love hearing about the FDA approval for sotorasib panitumumab for KRAS G12c mCRC due to CodeBreak 300
Gil Morgan:	ah there it is NICHE 2
Gil Morgan:	Wish Dr. Chalabi was here to give her another standing ovation
S H Waqar:	are liquid biopsies being used in clinical practice?
Gil Morgan:	a great trial and here looking at the 3 year DFS which was one of the primary endpoints
Gil Morgan:	from what I know we are mostly using them in clinical trials
Dr Joseph McCollom DO:	"Great question Dr Waqar. The data in colorectal cancer shows there is great prognostic value of ctDNA with + results increased relapse rate. What remains in question is if altering surveillance, treatment escalation or de-escalation of therapy based on results changes quantity or quality of life."
Gil Morgan:	What have my other friends here say
Dr Joseph McCollom DO:	So rare to see outstanding waterfall plots like that in GI oncology
Gil Morgan:	They were beautiful
Gil Morgan:	and here we have the Anal cancer trial POD1IUM

Gil Morgan:	very exciting to see what we can do with the addition of immunotherapy
Gil Morgan:	giving hope to orphan diseases
Dr Joseph McCollom DO:	"I love these synergistic trials showing upfront benefit in rare disease, however we have limited additional options beyond 2nd line. More excellent research is definitely needed."
Gil Morgan:	"Joe, quick question, how much SCAC do you see"
Gil Morgan:	in your practice
Gil Morgan:	Ben I know you are mostly pancreas
Gil Morgan:	And speaking of Pancreas
Gil Morgan:	Joining us now is the amazing Dr. Westphalen
Ben Westphalen:	Hi everyone!
Dr Joseph McCollom DO:	Great work Dr Morgan. You are an honorary GI oncologist with that stunning summary!
Gil Morgan:	"Oh wow, gonna hang that title right up my wall, a great honor"
Dr Joseph McCollom DO:	I feel SCAC comes in surges in our community practice. I may have months without a case and then 3 or 4 new chemoRT in locally advanced disease
Dr Joseph McCollom DO:	"I have several patients with excellent metastatic control on carbo/taxol, 2 patients who are undergoing ICI therapy in 2nd line and dozens of survivors I'm following many years out from treatment."
Gil Morgan:	3-4 even feels more than I thought
Gil Morgan:	Great to see these outcomes
Gil Morgan:	"Joe did you know, In 2018, he joined the ESMO Translational Research and Precision Medicine Working Group He has received research support from the German Research Foundation, the Universities of Hamburg and Munich and young investigator awards from the AACR and GRG/AGA. Dr Westphalen has authored and co-authored more than fifty research papers and serves as a reviewer for various international journals."
Gil Morgan:	This is Dr. Westphalen
Ben Westphalen:	Too much honour here...
Gil Morgan:	"Ben, Can you tell us something about ALPACA"
Ben Westphalen:	"I believe that, especially in a disease as devastating as PDAC"

Dr Joseph McCollom DO:	He was also always one step ahead of me during the OncoAlert 5K but gave me something to aspire for!
Ben Westphalen:	we fear side effects
Gil Morgan:	Yes
Dr Joseph McCollom DO:	"As a palliative oncologists, I appreciate ALPACA design looking to reduce toxicity without compromising outcomes."
Gil Morgan:	and hence de escalation is taking a bigger role in the conversation
Ben Westphalen:	So showing that you can safely de-escalate SOC treatment (Gem nab-pac) after stabilising)
Ben Westphalen:	is important
Ben Westphalen:	could work well in elderly patients
Ben Westphalen:	you lower the risk of bone marrow tox and neuropathy
Gil Morgan:	I still remember the days when I was a resident
Gil Morgan:	I FEARED 100% forlfirinox
Dr Joseph McCollom DO:	Toxicity concerns me in combining all the active agents with this trial with concern about additional remaining options remaining at progression.
Ben Westphalen:	"100% agreed - in terms of the label, you have pretreated with Gem"
Ben Westphalen:	so second line NAPOLI / FOLFIRI is open
Dr Joseph McCollom DO:	We've seen that regimens like NALRIFOX reduces 5FU bolus exposure and empirically reduces oxaliplatin doses without a significant difference in OS (though a cross trial comparison 😅)
Ben Westphalen:	the french are always asking the important questions
Dr Joseph McCollom DO:	This is an important trial especially in older and more frail patients to know that single agent gem is not necessarily a worse salvage treatment.
Ben Westphalen:	Joe: I could not agree more!
Gil Morgan:	and there is FOLFIRINOX
Gil Morgan:	https://ascopubs.org/doi/10.1200/JCO.2024.42.16_suppl.4133
Ben Westphalen:	"There is other data, also from France, which shows that you can do Gem/nab-Pac after FOLFIRINOX"
Ben Westphalen:	and that it is effective.

Gil Morgan:	"OPTIMIZE-1 primary analysis: Safety, efficacy and biomarker results of a phase 1b/2 study combining CD40 agonist mitazalimab with mFOLFIRINOX in previously untreated metastatic pancreatic ductal adenocarcinoma (mPDAC)."
Gil Morgan:	https://ascopubs.org/doi/10.1200/JCO.2024.42.16_suppl.4133
Ben Westphalen:	But it has not been done in a randomised fashion against Gem
Gil Morgan:	"Combining CD40 agonist mitazalimab with mFOLFIRINOX in previously untreated metastatic pancreatic ductal adenocarcinoma (OPTIMIZE-1): a single-arm, multicentre phase 1b/2 study"
Gil Morgan:	https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(24)00263-8/abstract
Dr Joseph McCollom DO:	Median disease control of 12m is quite impressive given median OS approximately a year in this difficult disease.
Dr Joseph McCollom DO:	Eager to see if these remains in Ph3 trials.
Ben Westphalen:	"I agree with you there, then - we have seen a lot promising Ph1 data in PDAC"
Gil Morgan:	"Ben, question, why did you decide to look at RMC 6236 out of everything out there"
Ben Westphalen:	Thanks Gil: A) an interesting mode of action
Dr Joseph McCollom DO:	MultiRAS inhibitor is an excited novel agent where we have had very limited to no breakthroughs in targeted options for patient suffering from PDAC
Ben Westphalen:	overcoming the notion that KRAS was undruggable
Noha Rashad:	How to interpret the data on Gem/nap-paclitaxel in the adjuvant setting? With early result showing no benefit of the combo but the updated analysis is showing improvement in OS?
Ben Westphalen:	B) there was a very recent update of the RMC6236 trial being presented
Ben Westphalen:	and more than 100 patients treated
Gil Morgan:	"Hi Noha, great question"
Gil Morgan:	"Ben, want to take this one"
Noha Rashad:	"Hi Gil, happy to join"
Dr Joseph McCollom DO:	Great question Dr Rashad. Given the updated data in ESPAC4 https://ascopubs.org/doi/10.1200/JCO.24.01118 We have been offering gemcitabine + capecitabine to most of our PDAC patients in the adjuvant setting.

Ben Westphalen	Hi Noha
Noha Rashad:	Hi Prof Ben
Ben Westphalen	"So, this trial was negative - as DFS (central) was the primary endpoint)"
Ben Westphalen	the OS is then affected by the post relapse therapy
Ben Westphalen	so I would say:
Ben Westphalen	We have a randomised trial (FOLFIRINOX vs. Gem))
Dr Joseph McCollom DO:	Excellent summary for providing tangible hope in this difficult disease. Bravo!
Ben Westphalen:	"If patients tolerate FOLFIRINOX, go for it"
Gil Morgan:	"A great Job Dr. Westphalen, as always!"
Dr Joseph McCollom DO:	"Please join me in welcome Dr Nina Sanford, M.D., Associate Professor and Chief of Gastrointestinal Radiation Oncology Service She joined UT Southwestern's Department of Radiation Oncology where she treats patients with gastrointestinal cancers, including the pancreas, liver and bile ducts, colorectum, anus, esophagus, and stomach."
Ben Westphalen:	"if not, looking at the tox of ESPAC4 and the outcome achieve here"
The OncoAlert Network:	A great welcome to Dr Sanford!
Ben Westphalen:	we offer Gem Monotherapy
Gil Morgan:	Perioperative Chemotherapy or Preoperative Chemoradiotherapy in Esophageal Cancer
Gil Morgan:	https://www.nejm.org/doi/full/10.1056/NEJMoa2409408
Gil Morgan:	Perioperative chemotherapy with FLOT improved survival in patients with resectable esophageal adenocarcinoma compared to preoperative chemoradiotherapy.
Noha Rashad:	"Totally agree, also Gem/capecitabine in patients with a good PS but not that good to receive mFOLFIRINOX, and we have updated results from that trial as well with a consistent benefit as well"
Dr Joseph McCollom DO:	"FLOT is a challenging regimen and in the community we have been offering ESOPEC to locally advanced, N+ disease and CROSS considered in individuals who would be limited by toxicity and predominantly bulky local tumor with limited or no LN and T4 disease. We don't know how much adjuvant Nivo adds to CROSS"
Gil Morgan:	I am always in Awe with Dr. Sanford's ability to give educational presentations

Gil Morgan:	Stereotactic Body Radiotherapy vs Sorafenib Alone in Hepatocellular Carcinoma: The NRG Oncology/RTOG 1112 Phase 3 Randomized Clinical Trial
Gil Morgan:	https://pubmed.ncbi.nlm.nih.gov/39699905/
S H Waqar:	Surgery or Surveillance in Ca Oesophagus: which is better?
Dr Joseph McCollom DO:	RTOG 1112 was an interesting trial design showing synergistic modalities. Challenge is sorafenib which is a challenging and less impactful treatment that IMBRAVE or STRIDE
Gil Morgan:	"In this phase 3 trial, SBRT showed a clinically meaningful but not statistically significant improvement in overall survival compared to sorafenib in patients with locally advanced HCC."
Gil Morgan:	NRG Oncology/RTOG 0848: Results after adjuvant chemotherapy +/- chemoradiation for patients with resected periampullary pancreatic adenocarcinoma (PA).
Gil Morgan:	https://ascopubs.org/doi/10.1200/JCO.2024.42.16_suppl.4005
Gil Morgan:	"Chemo combined with CRT improved DFS but not OS overall, with both OS and DFS improved in node-negative patients, and did not increase Grade 4 or 5 adverse events compared to chemo alone."
Dr Joseph McCollom DO:	"Great question Dr Waqar. Certainly in SCC predominant disease, chemoRT can spare surgical options. In adenocarcinoma, multiple factors play a role in our community decision for resection. Ideally patient characteristic, PET/CT and endoscopic response and performance status all play a role as well as of course shared decisions with patients."
Dr Joseph McCollom DO:	Multi-disciplinary conversations are key and we universally present our patients at tumor board to get everyone's input.
Gil Morgan:	Hear hear
Dr Joseph McCollom DO:	We have JANUS at our institute for patients who are desiring an organ preservation approach. Patients get chemoRT upfront with ctDNA randomizing patients to standard vs intensified chemotherapy (FOLFOX VS FOLFIRINOX).
Dr Joseph McCollom DO:	"Patient selection will be key in community practice for watch and wait strategies as post treatment surveillance is quite intense, 3-4 sigmoidoscopies/year for 3 years and CT scans q6m and MRI rectum the same."
Dr Joseph McCollom DO:	The challenge of locally recurrent radio refractory rectal cancer will be challenging to palliate if relapse presentation is delayed

Dr Joseph McCollom DO:	Excellent summary of ICI in local and metastatic SCAC. More hope on the horizon for this rare disease.
Ben Westphalen:	fantastic presentation
Ben Westphalen:	the interdisciplinary management of rectal cancer
Ben Westphalen:	and the quality of the trials and their outcome discussions are stunning
Gil Morgan:	as always, a great presentation by our Rad Onc Faculty Dr. Nina Sanford
Gil Morgan:	A warm welcome to Dr. Lorenzon!
Dr Joseph McCollom DO:	"Please join me in welcome DrLaura LorenzonMD PhD Surgeon General Surgery Unit, Fondazione Policlinico Universitario Agostino Gemelli, Catholic University, Rome, Italy ."
Gil Morgan:	we now move to the Surgical Oncology sessions
Gil Morgan:	Would like to remind everyone that the colloquium is in partnership with the European Society of Surgical Oncology
Gil Morgan:	These partnerships definitely add to multidisciplinary feel of the colloquium
Dr Joseph McCollom DO:	Love seeing an innovate trial matching our breast colleagues in surgical approach in upper GI malignancies.
Gil Morgan:	very innovative
Dr Joseph McCollom DO:	Clear and early seperation with mesogastric excision compared to D2 resection alone.
Gil Morgan:	I wonder who we have here
Gil Morgan:	we have opened the poll
The OncoAlert Network:	That cant be in, I know for a fact, Dr. Westphalen and Dr. McCollom are med oncs
Dr Joseph McCollom DO:	I can see results but I can't vote!
Dr Joseph McCollom DO:	We need med ones on the board!!
Gil Morgan:	you have to go to the top right corner of your chat
Gil Morgan:	it says polls
Bertha:	"can't vote, how?"
Dr Joseph McCollom DO:	Thanks Dr Lorenzon for that amazing presentation!
Dr Joseph McCollom DO:	"Please join me in welcoming Dr Jim Khan is a specialist colorectal cancer surgeon with comprehensive training in general and emergency

	surgery and an experience that spans over 25 years since graduation as a doctor. He treats a wide range of disorders affecting the small intestine, colon and rectum, in particuar has considerable experience treating bowel cancer and performing robotic and laparoscopic surgery. He practices at PGH, QAH Portmsouth and Spire Portsmouth Hospitals"
Gil Morgan:	OK THE POLL HAS BEEN OPENED AGAIN
Dr Joseph McCollom DO:	Yes that works!!
Dr Joseph McCollom DO:	Med Oncs are in the running!!
Bertha:	now it's okay
Dr Joseph McCollom DO:	I love these looks at neoadjuvant protocols in colon cancer based on biology in reducing operative risks and improving outcomes. We are still using FOXTROT in community for T4 MSI-S colon cancer.
Gil Morgan:	"Haha, Med Oncs were starting to get scared"
Gil Morgan:	but loads of surgeons here
Dr Joseph McCollom DO:	Med onc taking a commanding lead!
Dr Joseph McCollom DO:	If only for a leader in voting in polls😀
Dr Joseph McCollom DO:	Although limited by small numbers and short follow up but an encouraging initial foray into the role of micro robotics in the resection of colorectal cancer. Hope to see this penetrate into my community practice as well.
The OncoAlert Network:	These robotic approaches are so fascinating
The OncoAlert Network:	The fact that we are a point where you dont have to be in the same country for a surgery
The OncoAlert Network:	is just incredible
The OncoAlert Network:	Thank you Dr. Khan
Dr Joseph McCollom DO:	Shield just FDA approved July 2024 for the screening of average risk population in the US for colorectal cancer. Just discussed this innovative cfDNA test to my internal medicine colleagues. I still support colonoscopy in average risk adults but the right screening test is the one the patient completes!
The OncoAlert Network:	Now we welcome Ms. Allison Rosen
The OncoAlert Network:	She is one of the leading Advocates in CRC
The OncoAlert Network:	and part of our OncoAlert faculty

Dr Joseph McCollom DO:	"My amazing colleague and friend Alison Rosen. Bold, beautiful and dynamic with an emboldened patient voice. She also knows how make the best GI onc catwalk at conferences 😀"
The OncoAlert Network:	"Although Ms Rosen is presenting as an Advocate, she is a prime example of the engaged advocates that focus on not only the oncology research but the education of other advocates"
The OncoAlert Network:	and also oncologists
The OncoAlert Network:	A REMINDER
The OncoAlert Network:	All videos are found on demand straight after this presentation
Dr Joseph McCollom DO:	Love how much patient advocates align with palliative oncology values underscoring not just new and innovative treatment modalities but also quality of life and symptom management. What an inspirational survivor.
The OncoAlert Network:	"Dr. Eng's presentation will be released in March 1, 2025 when we release the videos from behind the password"
The OncoAlert Network:	"As we are wrapping up, Thank you Drs. McCollom, Westphalen and Morgan"
The OncoAlert Network:	Thanks to our presenters!
The OncoAlert Network:	and most of all thanks to you all for supporting OncoAlert and our educational initiatives
The OncoAlert Network:	Thank you!