SESSION 2A: OPTIMIZING PERIOPERATIVE TREATMENT REGIMENS
Optimizing the Regimen: Cooperative Group Perspective

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Disclosure Information

Jhanelle E. Gray, M.D.

I have the following relevant financial relationships to disclose:

Employee of: Moffitt Cancer Center

Consultant/Honoraria for: Abbvie, AstraZeneca, Blueprint Medicines, Daiichi Sankyo, EMD Serono-Merck KGaA, Gilead Sciences, IDEOlogy Health, Janssen Scientific Affairs, Jazz Pharmaceuticals, Loxo Oncology, Merck & Co, Novartis, OncoCyte Biotechnology, Regeneron, Spectrum ODAC, Takeda Pharmaceuticals, Triptych Health Partners

Speaker’s Bureau for: None

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Stockholder in: None

My Additional Financial Relationship Disclosures: None
Toxicity from Immunotherapy-Based Regimens

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Disclosure Information

Mark Yarchaon

I have the following relevant financial relationships to disclose:

- Cofounder with equity: Adventris Pharmaceuticals
- Grant/Research support (to Johns Hopkins) from: Bristol-Myers Squibb, Exelixis, Incyte, and Genentech
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A Case Of Fatal Irae

- 76-year-old male with NASH cirrhosis and advanced hepatocellular carcinoma (HCC) received ipilimumab (3 mg/kg) plus nivolumab (1 mg/kg) for advanced HCC in October of 2020
  - Tolerated Cycle 1 and Cycle 2 without any complications
  - 5 weeks after starting therapy, patient called to report itching and dark urine
    - Referred to the ER where he was found to have elevated liver enzymes (500s) and bilirubin (5.7)
    - Received pulse dose steroids (1 g of methylprednisolone daily) with progressively rising liver enzymes; IVIG and Thymoglobulin added
    - Bilirubin continued to rise; patient opted for comfort care and expired
MODERATOR

Elizabeth M. Jaffee, MD
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SPEAKERS

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Evidence gaps for perioperative treatment regimens
Regulatory perspective on the shift in the landscape of perioperative regimens
Incorporation of patient voice to inform perioperative trial designs
Considerations for relapse risk
Actionable next steps to optimize perioperative regimens