Even with progress, there are opportunities for advancement in GC/GEJC/EAC[1,2]

GC/GEJC/EAC

~40%
diagnosed as metastatic[3-6]

Patients with metastatic GC/GEJC/EAC

~6%
survive 5 years after diagnosis[5,6]

Although better outcomes may be associated with HER2-targeted therapies,[7]

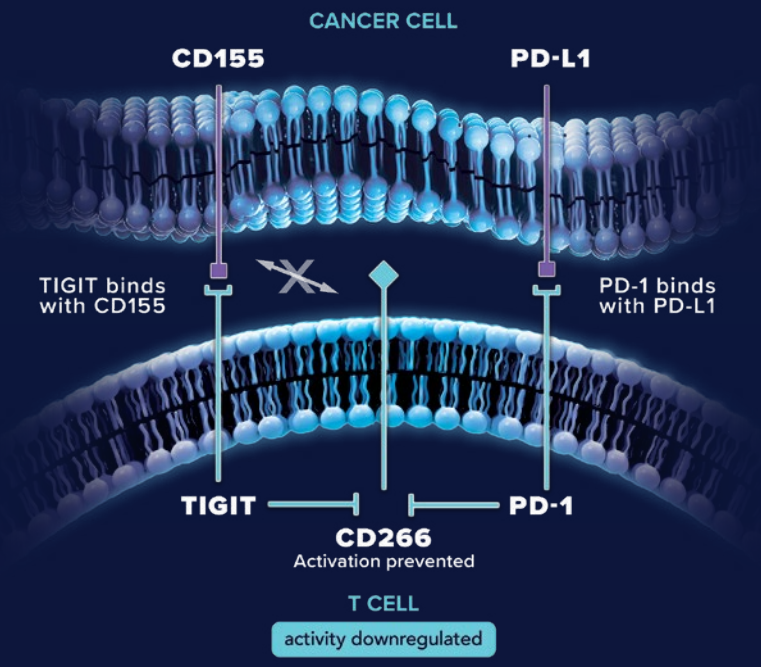
~80%
of gastroesophageal adenocarcinoma is HER2-negative[8]

MEDIAN OS
MEDIAN PFS

Currently available anti-PD-1 + chemotherapy regimens result in median OS of ~13-15 months and median PFS of ~7-8 months[9-11]

Illuminating potential for HER2-negative metastatic GC/GEJC/EAC through 2 pathways[1,9,12,13]

TIGIT and PD-1 are among the immune checkpoints often distinctly co-expressed on activated immune cells. While PD-1 pathway activation and its associated downstream effects on immune response have been well studied in GC/GEJC/EAC, there may be opportunity for further impact. Preclinical data indicate that combined inhibition of the TIGIT and PD-1 pathways may improve T cell proliferation and may increase cytokine secretion to enhance T cell activity, potentially addressing the body's downregulated antitumor response.



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Exploring the TIGIT and PD-1 pathways together may offer a novel path forward for new possibilities in HER2-negative metastatic GC/GEJC/EAC

EAC=esophageal adenocarcinoma; GC=gastric cancer; GEJC=gastroesophageal junction cancer; HER2=human epidermal growth factor receptor 2; OS=overall survival; PD-1=programmed cell death protein 1; PD-L1=programmed cell death ligand 1; PFS=progression-free survival; TIGIT=T cell immunoglobulin and ITIM domain.

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