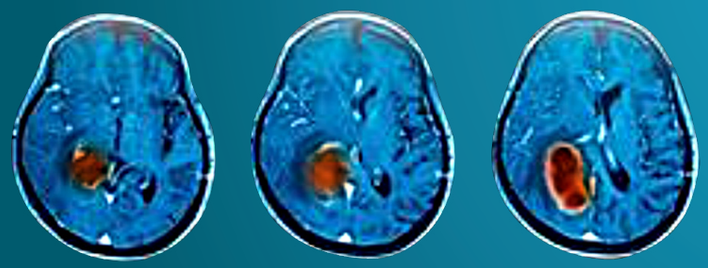


#SNO2016 @axiomlifesci

# SNO2016 *at-a-glance*

*powered by* Axiom Life Science

## UPDATED WHO CLASSIFICATION OF CNS TUMORS

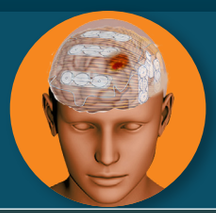
- First revision of the WHO classification since 2007
- Facilitates diagnosis in the "molecular era"
- Presents major restructuring of diffuse gliomas, medulloblastomas and other embryonal tumors
- Incorporates new entities that are defined by both histology and molecular features

## IMMUNOTHERAPY

- Two PD-1/PD-L1 antibodies demonstrate activity in bevacizumab-naïve recurrent GBM
- However, further proof of clinical efficacy of PD-1/PD-L1 checkpoint inhibitors as single-agents is needed
- Significance of tumoral PD-L1 expression remains to be determined
- Passive immunotherapies such as ADC demonstrate responses and disease stabilization in recurrent GBM

## TARGETED AGENTS

- IDH1 inhibitors demonstrate response and disease stabilization in IDH1 mutant glioma
- Novel mechanisms of action continued to be explored in GBM, including
  1. Kinase inhibitors
  2. CSF-1R inhibitors
  3. PARP inhibitors



## TUMOR TREATING FIELDS (TTF)

- Increased OS observed with TTF in combination with temozolomide (TMZ) vs TMZ alone
- TTF may be a part of the standard of care in newly diagnosed GBM
- Further data on compliance and quality of life (QOL) will determine widespread adoption of TTF

## UNMET NEEDS IN GBM

- Tumor heterogeneity – single agents target only one tumorigenic pathway
- Median survival remains low
- Lack of many FDA-approved therapies

## CONTACT US

**axiomlifescience.com**

*axiom - a boutique oncology think-tank*