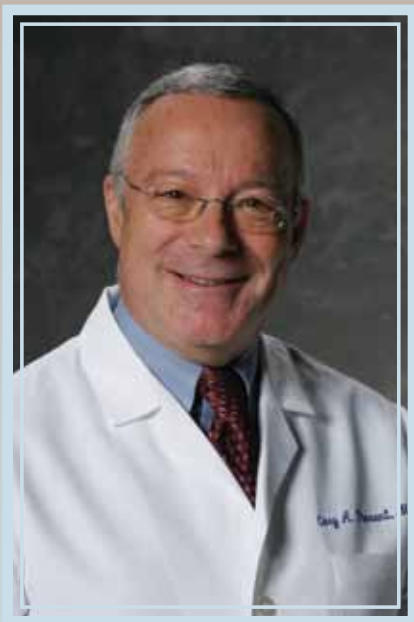


Messages to Take Home from ASCO 2010

Perspectives from a community oncologist

by Cary A. Presant, MD, FACP



The scene was Chicago in early June, as 30,000 oncologists, vendors, payers, pharmaceutical representatives, and investors filled the halls at ASCO 2010. Foreign languages were often heard rather than English, and it was difficult to find colleagues you were used to seeing at this annual meeting. But through it all, each attendee was able to hear many important advances to take home, and to possibly change the way cancer patients would be treated in the future. By disease site, here is my list of what I took back to my practice, Wilshire Oncology Medical Group, a 10 physician practice in La Verne, California.

Breast Cancer

- TDM1 is a highly active Herceptin conjugate. *Abstract 1016* showed a 35 percent response rate, and the compassionate use program for TDM1 is still open. Take home message—oncologists should find out where this is available locally.
- *Abstract 1023* showed that prolongation of palliative chemotherapy in breast cancer is associated with an increase in progression free survival and an increase in overall survival, indicating that prolonged maintenance may be useful, rather than stopping after 3 or 6 cycles.
- In *Abstract 605*, investigators showed that patients with fatigue have a very high frequency of sleep disorders. Take home message—fatigue patients should be considered for sleep studies.
- *Abstract CRA504* indicated that immunohistochemistry (IHC) is not needed on sentinel lymph node biopsies. Disease-free survival and overall survival were equal whether or not IHC was positive or negative.
- Radiation therapy following lumpectomy is not required if a patient is over age 70, if the margins of the lumpectomy are clear, if the patient is clinically Stage I, and if lymph nodes are uninvolved (*Abstract 507*).
- *Abstract CRA506* indicated that no axillary lymph node dissection is needed even in the presence of a positive sentinel node if there are less than two nodes involved, and if lumpectomy plus radiation therapy is planned (Note: this finding does not apply if a mastectomy is planned).
- Partial breast radiation therapy was found equal to external beam radiation therapy, with no difference in local reactions and no difference in recurrence rates (*Abstract LBA517*).
- *Abstract 527* showed that cognitive function was decreased more after tamoxifen than after letrozole, but 1 year later all cognitive function was improving. This finding impacts choices of tamoxifen versus letrozole. Even 2 years of tamoxifen plus 3 years of letrozole demonstrated a reduced cognitive function.
- *Abstract 533* demonstrated again that adjuvant Zoladex decreased the recurrence rate with a hazard ratio of 0.68.
- Pre-menopausal patients treated with LHRH plus anastrozole had a worse outcome compared to pre-menopausal patients treated with LHRH and tamoxifen in an adjuvant setting. The hazard ratio was 1.68 (*Abstract 534*).
- *Abstract 1009* evaluated repeat biopsy of recurrent cancer. Estrogen and progesterone receptors changed in one-third of cases, and 10 percent of patients with negative ER and PR in the breast tissue were positive in the metastasis when biopsied.
- The use of denosumab was superior to Zometa, with a reduction in new bone event (*Abstract 1024*). This finding was also demonstrated to be superior in prostate cancer (*Abstract LBA4507*).

Non-small Cell Lung Cancer (NSCLC)

- *Abstract 7000* showed that endosonography was useful to detect mediastinal metastases. Futile thoracotomy was reduced from 18 percent to 7 percent, and there was a 94 percent sensitivity for detecting mediastinal metastases with fine needle aspirates via endosonography.
- In *Abstract LBA3*, patients with ALK mutations were evaluated, and there was a progression free survival on the new drug crizotinib with a progression-free survival in 6 months of 70 percent.
- *Abstract LBA2* compared elderly patients following therapy with carboplatin plus Taxol, or with gemcitabine, or with Navelbine. The progression-free survival was superior with the combination, with an improvement from 3 months to 6 months, and overall survival was improved from 6 months to 10 months.
- Patients who were given early palliative care with doctor's choice of chemotherapy had a better survival compared to patients who had just chemotherapy, with early palliative care improving the overall survival from 8.9 to 11.6 months (*Abstract 7509*).
- In *Abstract LBA7511*, the use of carboplatin plus Abraxane was found to be equal or better than the use of carboplatin plus Taxol. The response rate increased from 24 to 33 percent. In squamous cell carcinoma, the improvement was 24 percent to 41 percent, but there was no improvement in adenocarcinoma. Note: there was no progression free survival or overall survival report at ASCO 2010, which is important before concluding that this regimen is superior.

Colon Cancer

- In *Abstract 3526*, radiofrequency ablation for liver metastases increased progression free survival from 10 months to 17 months. Patients also received chemotherapy, just as in the control arm. Take home message—for patients with somewhat limited but unresectable liver metastases, use of RFA may be very advisable.

Ovarian Cancer

- The addition of bevacizumab to carboplatin and Taxol increased progression free survival by 3.8 months (*Abstract LBA1*). This finding was felt to be highly significant, but was extremely expensive on a cost per progression free year of life saved of \$250,000. There was no change in overall survival.
- *Abstract LBA5033* found the use of first line carboplatin plus Doxil to be equal to the use of carboplatin plus Taxol.
- *Abstract LBA5008* found the use of first line gemcitabine plus cisplatin to be equal to the use of carboplatin plus Taxol with different toxicities.
- *Abstract 5112* showed that the DiaTech MiCK assay can predict which chemotherapy will give the longest survival and highest response rates in ovarian cancer patients.

Non-Hodgkin's Lymphoma

- Follicular lymphoma treated with chemotherapy plus Rituxan upfront showed an increased progression-free survival if Rituxan was added in maintenance phase, compared to those who had no Rituxan maintenance. Progression-free survival increased from 67 percent to 82 percent (*Abstract 8004*).

Skin Cancer

- In patients with squamous cell carcinoma of the skin, the use of cetuximab showed an 81 percent clinical benefit rate (*Abstract 8510*).

Gastric Cancer

- In *Abstract 4014*, modified DCF (lower doses) was superior to standard DCF with a decrease in hospitalizations and an increase in the number of responses. Take home message—this regimen should become the standard of care.
- *Abstract LBA4007* indicated that the use of 5-FU plus cisplatin plus bevacizumab increased the overall survival from 10 months to 12 months. This response was markedly better in Americans, but not in Europeans. Take home message—it is possible that this regimen could become a new standard of care for gastric cancer.

Pancreatic Cancer

- *Abstract 4010* showed that FOLFIRINOX increased progression-free survival compared to gemcitabine from 3.4 months to 6.4 months and overall survival from 6.9 months to 10.5 months. Take home message—this regimen should become a standard of care for pancreatic cancer.

GIST Tumors

- *Abstract 10006* showed that certain CKIT mutations were associated with better response to Gleevec in GIST patients, and mutation analysis should be routinely performed. Gleevec benefits were increased if exon 11 mutations or PDGFRA mutations were present. For other mutations, the suggestion was that Gleevec therapy be extended beyond 1 year. They also identified patients at low-risk for recurrence as gastric GIST, tumor less than 5.0 cm, with less than 5 mitoses per HPF.

ABSTRACT 9012 DEMONSTRATED THAT RELIGIOUS AND SPIRITUAL SUPPORT SUPPLIED BY THE MEDICAL TEAM WAS BETTER THAN RELIGIOUS AND SPIRITUAL SUPPORT GIVEN BY RELIGIOUS ORGANIZATIONS.

Melanoma

- The use of ipilimumab showed an increase in overall survival from 6 months up to 10 months, with 15 percent alive at 2 years compared to use of a vaccine alone (*Abstract 4*). Take home message—Ipilimumab should be on fast track for approval

Myeloma

- *Abstract 8014* demonstrated that Velcade plus thalidomide plus Decadron was better than Velcade plus Decadron.
- *Abstract 8017* found that lenalidomide showed high activity in the myeloma in time-to-progression.
- *Abstract 8016* demonstrated that RVD (Revlimid, Velcade, and Decadron) is an option for front-line therapy with 37 percent complete responses and a 2 year progression free survival of 68 percent.

Prostate Cancer

- In *Abstract CRA4504* and *4505*, the use of ADT (androgen deprivation therapy) plus radiation therapy was superior to the use of ADT alone. In the United States only 45 percent of patients get ADT.
- In *Abstract LBA4511*, the use of docetaxel with Avastin was found to be better than use of docetaxel alone with an increase in progression free survival from 7 months to 9.9 months, and an overall survival of 21.5 months. Take home message—overall survival was better than had previously been obtained historically.

Cervical Carcinoma

- *Abstract 1501* demonstrated that cervical cancer is a part of the Lynch syndrome, with a 5.4 fold increased risk of incidence of carcinoma of the cervix if the patient had Lynch mutations.

Supportive Care

- *Abstract 9012* demonstrated that religious and spiritual support supplied by the medical team was better than religious and spiritual support given by religious organizations. When given by the medical team, there was increased use of hospice and decreased admissions to ICU facilities.
- Use of yoga, a minimal amount of only 2 times per week for 4 weeks, was associated with an increase in sleep pattern and a decrease in fatigue (*Abstract 9013*).
- In *Abstract 9014*, patients who were receiving Neulasta and had bone pain as a side effect had an improvement in pain by pre-treatment with Naprosyn given at 500 mg twice per day for 5 to 8 days at the time of the Neulasta.

General Oncology Abstracts

- Take home message—high throughput technology has been found to be useful to identify additional chemotherapy targets. *Abstract 1047* showed an 80 percent success rate of the technology, and 100 out of 120 specimens demonstrated a suitable target, such as HER2, FGF-R1, PAK1, IGF-R1, JAK-2, AKT-3, PI-3K, and 20 patients received therapy based upon the presence of the target. However, authors did not reveal what the responses were in those 20 patients. More news coming, but CARIS does provide high-throughput technologies for patients, and some of their work was the subject of the Karnofsky lecture by Daniel Von Hoff, MD.
- Patients who were cancer survivors demonstrated decreased executive function in 72 percent of the individuals (*Abstract 9011*). Decreased executive function is not exactly equal to decreased cognitive function, and is detected using different methods. Execu-

tive function defines organization skills and problem solving.

- *Abstract 1504* referred to telomere shortening being present in smoking, as well as in obesity and stress situations. Take home message—this finding could possibly represent the association between stress, smoking, obesity, and shortened survival in cancer patients (and in other people as well).
- In *Abstract 9033*, the use of statins in solid tumor patients was associated with a decreased incidence of venous thromboembolic complications from 10.2 percent in controls down to 4.7 percent.

Final Take Home Message

My recommendation is to purchase the virtual meeting from ASCO and listen to the presentations of the abstracts you find important or interesting. If you have the time, attend a “Best of ASCO” meeting and talk with the faculty about the abstracts that could change your patterns of care. Email authors to get more information and answers to your questions. The most exciting part of our specialty continues to be the emerging science and clinical progress that offer hope to our patients, and improvements that make tomorrow better than today. 📧

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