

CONGRESS HIGHLIGHTS

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**HEAD AND NECK
CANCERS ARE
RISING IN
ASIA AND EUROPE**

page 04

**GASTRIC CANCER
IS STILL AN
UNMET MEDICAL
NEED IN BOTH
EUROPE AND ASIA**

page 05

**IMMUNOTHERAPY
CONTINUES TO
MAKE STRIDES
IN LUNG CANCER**

page 06

FOR CLINICIANS IT'S TIME TO COME 'OUT OF THE CAVE'

«CANCER IS A SERIOUS DISEASE THAT IS EVEN MORE TERRIBLE WHEN YOU ARE POOR OR SOCIALLY UNDERPRIVILEGED», SAYS CHRISTOPH ZIELINSKI, ESMO BOARD MEMBER

Oncologists worldwide have stared at rising costs of drugs used for the treatment of cancer for more than a decade. Many concepts have been put forth on how these costs could be approached and controlled. All of these considerations fall short, however, by failing to include other aspects linked to cancer, since problems of not only high drug costs, but also of

cancer posing a social challenge have to be considered. **In fact, cancer is not only 'just' a disease which generates high costs of treatment.** It is also linked to morbidity resulting from treatment side-effects, involvement of the underlying disease resulting in the inability to follow basic tasks of daily life requiring support by the immediate surroundings, and even terminally severe restrictions in work abilities. **Some or many of these aspects can be neutralised by appropriate social programmes, albeit lots of problems remain or become only slightly alleviated by even the best social systems.** Thus, we as clinicians are confronted in cancer with something similar to Plato's Allegory of the Cave – one of the best-known, most insightful attempts to explain the nature of reality, interpreting shadows as the real world.

Continues on page 03

ESMO ASIA 2015 SCIENTIFIC COMMITTEE TRACK CHAIRS

Breast cancer

Fabrice André,
Villejuif, France

CNS tumours

Roger Stupp,
Zurich, Switzerland

Developmental therapeutics

Tony S.K. Mok,
Hong Kong, China

Gastrointestinal tumours

Yung-Jue Bang,
Seoul, Korea

Genitourinary tumours

Johann S. de Bono,
Sutton, UK

Gynaecological cancers

Keiichi Fujiwara,
Saitama-ken, Japan

Haematological malignancies

Michele Ghilmini,
Bellinzona, Switzerland

Head and neck cancer

Anthony T. C. Chan,
Hong Kong, China

Melanoma and immunotherapy

Ignacio Melero,
Pamplona, Spain

Sarcoma

Jean-Yves Blay,
Lyon, France

Supportive & palliative care

Mario Dicato,
Luxembourg

Thoracic cancers

Yi-Long Wu,
Guangzhou, China

To view the full scientific committee,
go to esmoasia.org

BEST CARE IS ON THE EUROPE ASIA BRIDGE

THE FIRST ESMO ASIA CONGRESS IS A UNIQUE OPPORTUNITY TO SHARE DIFFERENT EXPERTISE IN TREATING CANCER

"Learning about the differences in cancer care between such distant continents could help to make the best treatments accessible to all patients worldwide," states Professor Fortunato Ciardiello, ESMO Asia 2015 Scientific Chair and ESMO President Elect 2016-2017 as the very first congress of the European Society for Medical Oncology in the region opens its doors to over 2,600 attendees in Singapore.

Continues on page 02



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BEST CARE IS ON THE EUROPE-ASIA BRIDGE

THE FOUR-DAY CONGRESS IS A CHANCE
TO BUILD A BRIDGE BETWEEN CONTINENTS
TO LET BEST CANCER CARE SPREAD

[Following from page 1]

Cancer knows no boundaries, and so it must be for all professionals who deal with this challenging disease on a daily basis. **Networking, collaboration and promoting the international exchange of expertise are crucial today** as oncology demands a more multidisciplinary integrated approach, and this congress represents a unique opportunity to share knowledge. "Some cancers such as nasopharynx, liver and stomach malignancies are less prevalent in Europe, but have a high incidence in Asia," Ciardiello highlights. **"Looking at the Asian strategy for treating these diseases could be helpful for approaching our patients in Europe and addressing our unmet medical needs."**

The four-day congress is a chance to build a bridge between continents to let best cancer care spread. "Of course there is also a gap between Asia and Europe that rises from geographical distance and different culture and education," Professor Anthony T.C. Chan, Scientific Co-Chair of the congress, says. **"Besides, there are**

discrepancies within Asian borders too: for some areas, such as Hong Kong and Singapore, clinical practice, research and funding are in line with the best in the world, whereas in many areas they are not."

The landscape is similar in Europe, where the availability and accessibility of novel promising drugs is unequally distributed over the different EU countries. "It is therefore helpful to bring high-level research closer to practitioners from those countries, and ESMO could have a key role in decreasing this gap," Chan adds.

Ciardiello concludes: **"ESMO's presence in Asia consolidates its relationship with the region's medical oncology community, which provides more than 20% of ESMO membership.** With an annual congress in Asia we get close to our members' needs, in particular the many young oncologists who have never had the opportunity to travel and reach us in Europe." ♦



Fortunato Ciardiello
Second University of Naples,
Naples, Italy



Anthony T.C. Chan
Hong Kong Cancer Institute,
Hong Kong, China

OPENING SESSION & KEYNOTE ADDRESSES 18 DECEMBER, 11:00 TO 12:30, HALL 406

"Cancer immunotherapy by PD-1 blockade"
Tasuku Honjo

"Lung cancer: From nihilism to great advances"
Frances A. Shepherd



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FOR CLINICIANS IT'S TIME TO COME 'OUT OF THE CAVE'

PROBLEMS OF NOT ONLY HIGH DRUG COSTS
BUT ALSO OF CANCER POSING A SOCIAL
CHALLENGE HAVE TO BE CONSIDERED

[Following from page 1]

In the ancient Greek philosopher's book, the semi-darkness of the cave represents the state of most human beings, whose perception of reality is anchored to seeing shadows on the cave's walls. The tale of a dramatic exit from the cave is the source of true understanding: those who escape the twisted truth of the cave can understand what reality is and it is their duty to help others embrace the same challenge.

These considerations are under a magnifying glass when reading the study presented by Dr Bhoo-Pathy from Kuala Lumpur who undertook the huge and remarkable task of analysing the medical, financial and social fate of 9513 patients from 47 hospitals located in 8 countries of the Association of Southeast Asian Nations (ASEAN). Results point to a massive problem on the personal and social level in patients with cancer: one year after diagnosis, 29% of patients had died, 48% had experienced a financial catastrophe and 5% were pushed into poverty, with only 23% of patients being alive without such heavy financial consequences. **Interestingly, and supporting the assumptions and considerations put forth above, cancer stage rather than therapy was responsible for the so-called 'financial catastrophe.'**

ASEAN is population-wise (8% of world population) and area-wise (1% of world area) comparable to the European Union (EU). However, the similarities end here, as ASEAN countries have a completely different social insurance and security structure, compared to the EU.

Although economic growth is impressive, individual income structures are quite restricted, as Bhoo-Pathy points out. This reminds us of structural problems in countries of Europe and the EU which suffer from

financial restrictions. **Thus, we arrive to an important insight: cancer is a terrible disease, but it is even more terrible when patients are poor or socially underprivileged, with cancer treatment costs constituting only a portion of the problem.**

Thus, the Allegory of the Cave applies also to cancer with many aspects of our judgements depending on where the cave is. It is high time to recognise that shadows do not reflect reality in our fight against this disease in a worldwide patient population. ESMO has very much accepted this challenge when addressing worldwide issues related to oncology. ♦



Christoph Zielinski
Cancer Center Medical University
Vienna, Vienna, Austria

PRESIDENTIAL SYMPOSIUM

20 DECEMBER, 16:30 TO 18:00, HALL 406

520_ Prioritizing strategies to address the economic impact of cancer in Southeast Asia



Evandro de Azambuja
Institut Jules Bordet,
Brussels, Belgium

Editor-in-Chief, ESMO Asia 2015 Congress Highlights
ESMO Press and Media Committee Member

**ESMO
ASIA 2015**

**A SUCCESSFUL
PARTNERSHIP**

«The ESMO Asia Congress represents such a collaborative effort that for the first time brings many of the brightest minds in the oncology world to Asia. The conference also sees the largest number of regional oncology societies in Asia to join and endorse the initiative. The scientific knowledge will hopefully translate into clinical changes in daily practice, healthcare systems and to improved access to drugs and cost effective oncology in the region.»

Ravindran Kanesvaran
Singapore Society of Oncology
President

«Oncology is dramatically changing on a global scale and cutting-edge scientific discussions have often yielded innovative works. The ESMO Asia Congress provides a timely opportunity for Asian/ Western investigators to share innovative ideas, which are expected to establish new global evidences.»

Yuichiro Ohe
Japanese Society of Medical
Oncology President



**ESMO
ASIA 2015**

**A SUCCESSFUL
PARTNERSHIP**

«ESMO Asia is a unique networking platform for Australian oncology professionals to not only learn from our professional colleagues, but also to work with them in generating and sharing innovative solutions to important issues that are impacting on the medical oncology workforce, training in medical oncology and indeed all oncology disciplines, as well as the region's oncology research programs and clinical trials activities.»

Rosemary A. Harrup
Medical Oncology Group
of Australia Chair

«ESMO Asia provides a platform that would allow Asian doctors to communicate together. To some extent, it facilitates cooperation among Asian countries themselves to carry out high standards of clinical research and it helps to reduce the imbalance between them. It is the first ESMO Asia Congress, just a beginning.»

Yi-long Wu
Chinese Society of Clinical Oncology
Chairman

«Globalization of clinical oncology is advancing at a very rapid pace. We are already reaching the point at which advanced medical research will be almost impossible in the absence of cooperation studies. We hope that ESMO Asia would be a platform for our new collaborations.»

Masahiko Nishiyama
Japanese Society of Clinical Oncology
Immediate-past Chairman

HEAD AND NECK CANCERS ARE RISING IN ASIA AND EUROPE

INCIDENCE IS CHANGING DUE TO INFECTIONS AND LIFESTYLE.
MORE EFFORTS ARE NEEDED TO STRENGTHEN PREVENTION
STRATEGIES AND TO DEVELOP EFFECTIVE TREATMENTS

The incidence of head and neck cancers varies substantially between different parts of the world. Although nasopharyngeal cancer (NPC) and oropharyngeal cancer (OPC) are the least common cancer types, their frequency in some areas is increasing, which will lead to an important clinical impact.

Recently, **OPC incidence has been rising in economically developed countries (e.g. United States, Japan and certain European countries) due to the human papilloma virus (HPV) epidemic.** The infection has been proposed as a potential aetiological factor for head and neck squamous cell carcinoma in India, as research will report at ESMO Asia 2015 (333P). "Studies with accurate subsite classification that also include HPV detection in tumours are necessary to determine the incidence of HPV-associated OPC in India," says Dr Amanda Psyrrri, Scientific Committee member.

Today, prevention is having a crucial role and the incidence of tobacco-associated head and neck cancers is decreasing in countries that have adopted successful smoking cessation programmes. NPC is endemic in Asia and is Epstein-Barr virus (EBV) related. Although rare in Europe, it represents a major health issue in South Eastern Asia and China. "NPC is not a totally unmet need but because its higher incidence is limited to few regions, the attention on this disease is not as high as it should be," says Professor Anthony TC Chan, Scientific Co-Chair.

Immunotherapy appears very promising in head and neck cancer. **"Now we have encouraging data from early studies with immune checkpoint inhibitors",** Psyrrri reports. **"Pembrolizumab has shown promising activity in PD-L1 positive NPC, suggesting that its combination with chemoradiotherapy could be tested in a curable setting"** (3150). Chan comments: "Currently, in 20-30% of the metastatic recurrence patients, there isn't effective treatment beyond first-line combination chemotherapy: we really should multiply our efforts to identify the newer generation of treatment".

Although squamous cell carcinoma is the most common type of head and neck cancer, there is not an effective

second-line strategy and prognosis remains poor. **In recurrent metastatic head and neck squamous cell carcinoma, a biomarker analysis will be presented from a phase III randomised study comparing afatinib to methotrexate as second-line therapy (3140).** The results suggest that patients with p16 negative, EGFR-amplified, Her3 low and PTEN high tumours derived greater benefit from afatinib. Psyrrri adds: "The identification of biomarkers predictive for response to afatinib is an interesting research area and validation of this biomarker signature is required." Chan concludes: **"Certainly, more efforts are needed to identify an effective treatment in second-line. Methotrexate only has a modest activity, so if afatinib shows clinically meaningful efficacy with acceptable tolerance, it would be an attractive alternative."** ♦



Anthony T.C. Chan
The Hong Kong Cancer
Institute, Hong Kong, China



Amanda Psyrrri
Attikon University Hospital,
Athens, Greece

PROFFERED PAPER SESSION

Head and neck cancer

18 DECEMBER, 14:30 TO 15:30, HALL 332

3140_ Second-line afatinib vs methotrexate (MTX) in patients (pts) with recurrent and/or metastatic head and neck squamous cell carcinoma (R/M HNSCC): Subgroup/biomarker analysis of LUX-head and neck 1 (LUX-H&N1)

3150_ Antitumor activity and safety of pembrolizumab in patients with PD-L1-positive nasopharyngeal carcinoma: Interim results from a phase 1b study

GASTRIC CANCER IS STILL AN UNMET MEDICAL NEED IN BOTH EUROPE AND ASIA

RECENT STUDIES SUGGEST NEW WAYS TO TREAT PATIENTS AND TO IDENTIFY THOSE WITH HIGH RISK OF RELAPSE

Today the treatment of upper gastrointestinal malignancies still represent an unmet medical need, both in European and Asian countries, despite their incidence rate is increasing globally. While oncologists could count on wider tools of treatment for colorectal cancer, generally a limited number of biological drugs have shown to be effective in gastric cancer and early detection is limited. **“The attention on gastric cancer though is rising in Western countries as a large amount of new cases is reported”**, states Prof Roberto Labianca, Director of the Cancer Center at Ospedale Giovanni XXIII, Bergamo, Italy. “Research efforts are focusing on immunotherapy, which is providing evidence of benefit for different types of tumours, and on the development of novel drugs. We are now looking with interest to a new monoclonal antibody, ramucirumab, which has been tested in the last 2-3 years.”

Effective chemotherapy with mild toxicity for treatment of advanced gastric cancer is limited too. **Combining paclitaxel and capecitabine as first-line chemotherapy followed by**

capecitabine monotherapy as maintenance therapy might improve quality of life and lower toxicity in patients with advanced gastric cancer, according to data from a multicentre, randomised, Phase III study (1440) presented at the ESMO Asia Congress. “Although this is not yet a new standard of care, the combination therapy followed by maintenance treatment versus the standard treatment, which is cisplatin and capecitabine, appears to be slightly better in terms of tolerance, quality of life, toxicity and also in terms of response rate”.

A major critical issue is to identify patients with high risk of relapse after gastric cancer resection. “Adjuvant chemotherapy can be useful after surgery, but currently there is no standard to select patients who could benefit the most from this strategy”. A Chinese research evaluating plasma miRNA-based signatures as prognostic tools for predicting 3-year postoperative recurrence risk for patients with stage II and III gastric cancer (27PD), found that 7 mRNA could have a predictive effect. “The study doesn't define a new

standard classification of patients but it suggests a very helpful way to identify those with high risk of relapse”, says Labianca.

Besides any progress in therapeutic approach, screening programmes for gastric cancer represent a challenge. “The best screening strategy would be to perform a gastroscopy every 2 or 3 years which is not well-accepted by healthy people. There are no screening programmes in Europe and US”, concludes Labianca. The situation is slightly different in Asia. **“In Japan, a large population-screening programme helped to detect many patients with early gastric cancer, with a positive impact on reducing cancer-related mortality.” ♦**



Roberto Labianca
Cancer Center Ospedale
Giovanni XXIII,
Bergamo, Italy

PROFFERED PAPER SESSION
Gastrointestinal tumours 2
20 DECEMBER, 14:30 TO 15:45, HALL 406

1440 Comparison of efficacy and safety of paclitaxel and capecitabine followed by capecitabine as maintenance therapy versus cisplatin and capecitabine therapy for advanced gastric cancer: A multicentre, randomised, active-controlled phase III study

**CONGRESS
WEBCASTS**

Includes all the sessions of the official programme, where speaker permission is granted, and will be made available within 48 hours on OncologyPRO (for ESMO members) and through the Congress Website for all delegates for 6 months after the Congress (Badge ID code and last name required).

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MEET
Professor Christoph Zielinski
Sunday 20th December
12.30pm - 13.30pm
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IMMUNOTHERAPY CONTINUES TO MAKE STRIDES IN LUNG CANCER

COMBINATION STRATEGIES PROVIDE CLEAR EFFICACY IN PATIENTS LESS LIKELY TO BENEFIT FROM SINGLE AGENT IMMUNOTHERAPEUTICS

Defining an algorithm of best practice for the treatment of lung cancer is an ever-changing endeavour as immunotherapy continues to reveal positive results. **“Immunotherapy is the answer to making further progress in lung cancer,”** says Dr. Stefan Zimmermann. **“It has found its place in second line and is rapidly affirming its role in first line, alone in some patient subsets, or combination strategies.”**

With activating mutations in metastatic lung being twice as high in Asia compared to Europe there is a need for different treatment algorithms. Unfortunately, huge discrepancies still exist within Asia as well as in Europe in the proportion of patients tested for molecular alterations. **“This is acutely problematic in Asia where the frequency of actionable alterations is high and patients would benefit from a given therapy if they were identified,”** says Zimmermann. **“But before novel drugs are approved in China or Japan, new clinical trials are needed, which seriously delays introduction to the market,”** adds Professor Yi-Long Wu, ESMO Asia track Chair.

A hot topic at the first ESMO Asia congress is the combination of two families of checkpoint inhibitors, the CTLA-4 inhibitors and PD-1 / PD-L1 inhibitors. The combination seems to provide a clear benefit in efficacy especially in PD-L1 negative patients despite a higher reported rate of toxicity (4180).

Results from the CheckMate 057 study confirm the overall survival benefit of nivolumab without compromising quality of life (4170). Health status including mobility, pain and discomfort nearly reaches levels of healthy individuals. Zimmermann says: **“Patients with lung cancer have now the prospect of a normal quality of life.”** Wu adds: **“If CheckMate 078 can repeat these results in Chinese patients it will change clinical practice.”**

Meanwhile, results from Phase 2/3 KEYNOTE-010 trial will reveal the results of pembrolizumab, a PD-1 inhibitor, versus docetaxel after platinum-based therapy (LBA3). **“If this trial is positive, it is expected to further establish anti-PD-1 inhibition as a standard of care rather than chemotherapy in pretreated patients,”** says Zimmermann.

Immunotherapy is not the only promising option on the horizon of lung cancer. Targeted therapies show exciting findings in ALK-rearranged non-small cell lung cancer patients, in whom there is an unmet need for controlling the development of brain metastases (4190).

ASCEND-2 and ASCEND-3 showed a 45% overall brain response rate and an 80% intracranial disease control rate with ceritinib as second-line therapy in patients with lung cancer and active brain metastases, similar to results seen with the approved ALK inhibitor alectinib. Zimmermann says: **“We now have two second generation ALK inhibitors with similar and impressive efficacy in treating this brain disease.”**

Further results suggest that EGFR deletion 19 and L858R mutations are distinctive diseases requiring different treatment strategies (445P, 446P). **“Patients aged >65 years and all race subgroups with exon 19 deletion, but not L858R mutations, had overall survival benefit with afatinib compared to chemotherapy,”** says Wu.

Eagerly awaited results from the global, randomized, open-label, Phase IIb trial **LUX-Lung 7 (LL7) will show the first head to head comparison of first and second generation EGFR inhibitors (LBA2).** Wu says: **“This trial may give us an answer on which EGFR TKI to choose.” ♦**



Yi-Long Wu
Guangdong Lung Cancer
Institute, Guangzhou, China



Stefan Zimmermann
HFR – Hôpital Cantonal,
Fribourg, Switzerland

PROFFERED PAPER SESSION

Thoracic cancers

19 DECEMBER, 14:30 TO 16:00, HALL 405

4180_Phase 1b study of the safety and antitumour activity of durvalumab (MEDI4736) +tremelimumab in advanced NSCLC

4170_Phase 3, randomized trial (CheckMate 057) of nivolumab vs docetaxel in advanced non-squamous (non-SQ) non-small cell lung cancer (NSCLC): Subgroup analyses and patient reported outcomes (PROs)

4190_Efficacy and safety of ceritinib in patients (pts) with ALK-rearranged (ALK+) non-small cell lung cancer (NSCLC) and baseline brain metastases (BM) – results from ASCEND-2 and ASCEND-3

PRESIDENTIAL SYMPOSIUM

20 DECEMBER, 16:30 TO 18:00, HALL 406

LBA2_Afatinib (A) vs gefitinib (G) as first-line treatment for patients (pts) with advanced non-small cell lung cancer (NSCLC) harboring activating EGFR mutations: results of the global, randomized, open-label, Phase IIb trial LUX-Lung 7 (LL7)

LBA3_KEYNOTE-010: Phase 2/3 Study of Pembrolizumab (MK-3475) vs Docetaxel for PD-L1–Positive NSCLC After Platinum-Based Therapy

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TAKING A GLOBAL APPROACH AND MAINTAINING FOCUS ON MEMBERS

Oncology is transforming. The rapid pace of progress is making new treatments available and bringing renewed optimism on an almost daily basis. Maintaining this pace of change demands an integrated and global approach, requiring oncologists from different backgrounds, specialties and geographies to collaborate more closely than ever before, learn from each other and share best practice in order to provide the best possible patient care.

ESMO is at the forefront of this change, having opened its membership to all professionals involved in cancer research, diagnosis and care across the globe. ESMO is now “Across oncology. Worldwide.” Members have access to a wide range of educational services and publications and also benefit from reduced registration fees to attend ESMO major scientific platforms – such as this inaugural Asia Congress and its annual meeting in Europe.

“I’m a surgeon of gastrointestinal tract cancer, but I also need to know the therapeutic principles of radiation therapy and chemotherapy,” says Dr Changhua Zhuo, Associate Chief Physician at the Fujian Provincial Cancer Hospital and Institute in China, who joined ESMO earlier this year. “In the past 10 years, a multidisciplinary team approach has become the standard of care for people with many different types of malignancies including gastric and colorectal cancer, so it’s important that I have the opportunity to meet with specialists from many other disciplines and share best practices,” he says. **“ESMO is not only a professional and educational**

organisation for medical oncologists, but also for oncology surgeons and other specialists as well.”

ESMO’s educational materials – many of which are available online – also played an important part in Dr Zhuo’s decision to join the Society. “I really benefit from the Continuing Medical Education (CME) tests, Handbooks, Clinical Practice Guidelines and other publications, especially the free subscriptions to *Annals of Oncology* and the online portal OncologyPRO,” he says. Looking to this congress, Zhuo believes that sharing the latest research results, advances in treatments and standards of care at the meeting will be important. **“We have a lot to learn from each other and patients will benefit in the long run,”** he says. “The congress will also enhance the recognition and reputation of ESMO in Asia and so everyone benefits, which is great!” ♦



Changhua Zhuo
Fujian Provincial Cancer Hospital,
and Institute, China

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IMPORTANT DEADLINES

17 August 2016	Abstract submission
21 September 2016	Early registration
2 November 2016	Late-breaking abstracts
9 November 2016	Late registration