Welcome to ESMO 2017, in partnership with the EACR

In recognition of the crucial role of scientific research in advancing cancer care, the congress is to be held in partnership with the European Association for Cancer Research (EACR). This exciting collaboration, which facilitates an integrated approach to cancer management, also reflects the overarching goal of the congress, ‘Integrating science into oncology for a better patient outcome.’

By providing a unique platform for the exchange of ideas between researchers and clinicians, and with a huge scientific reach, the congress truly does have the potential to improve the lives of patients with cancer.

The congress truly has the potential to improve patients’ lives.

This year’s scientific and educational programme reflects a truly integrated congress.

In addition to hearing about the latest clinical advances that directly impact daily practice, delegates can look forward to broadening their knowledge of the many cellular and molecular changes contributing to the development of cancer with the help of our colleagues from the basic science community who will be widely represented this year.

As in previous years, ESMO 2017 promises to be a hugely popular event that has something for everyone. In addition to the many and varied sessions created by ESMO, there is quality science to be enjoyed in the numerous abstract presentations, including >50 important late-breaking abstracts that could turn out to be practice-changing and should not be missed.

Please enjoy this fantastic opportunity to network and learn from colleagues across all oncology disciplines and, in keeping with the congress goal, equip yourself with knowledge to benefit your patients!

It’s ESMO Congress time again—welcome to Madrid! The team at the Daily Reporter is really excited about this year’s partnership with the European Association for Cancer Research (EACR), which represents a true marriage of clinical practice and laboratory science.

The official newspaper for ESMO Congresses, the Daily Reporter is your guide to all the hottest information being presented at Europe’s most influential oncology congress. During the course of the meeting, we will bring you a whole variety of articles capturing the range of information and activities on offer at ESMO 2017—from hot topics and session highlights to specialist commentaries on key data presentations and disease area summaries, which help to contextualise the findings.

A popular feature of the newspaper are its editorials on current issues in oncology, penned by our own Editorial Board, which this year has been expanded to welcome two new members, bringing an even greater breadth of expertise to the content. The Associate Editors—Evandro de Azambuja, Markus Joerger, Floriana Morgillo, Stefan Zimmermann, Angela Lamarca and Rodrigo Dienstmann—and I look forward to being your constant companions throughout the Congress and to help you make the most of this unmissable experience.
A pivotal role for preclinical models in drug development

Gastric cancer is among the leading causes of cancer-related deaths. While surgical resection offers the potential for cure of early gastric cancer, relapse is common, highlighting the need for combined treatment modalities. Unfortunately, many patients have metastatic or locally inoperable disease at diagnosis. Clinical trials in the past decade have helped to define optimal treatment strategies for this challenging disease, although survival remains poor.

In Europe, peri-operative platinum/fluoropyrimidine combination therapy has been adopted as the standard of care for resectable gastric cancer. The largest pivotal trial demonstrated that peri-operative cisplatin/fluoropyrimidine/epirubicin triplets improved outcome in resectable gastric adenocarcinoma. It was shown more recently that a peri-operative cisplatin/fluorouracil doublet also had a survival benefit similar to that with the epirubicin-containing triplet. Initial results from the FLOT4 trial indicate a benefit of replacing epirubicin with docetaxel (Abstract LBA227, PR). The 3-year overall survival (OS) rate was 48% with epirubicin, cisplatin and 5-fluorouracil or capetecitabine (ECF/ECX) and 57% with docetaxel, cisplatin and fluorouracil/leucovorin (FLOT). The median OS improved from 35 to 50 months (hazard ratio [HR] 0.77; p=0.012). FLOT also improved progression-free survival compared with ECF/ECX (30 months versus 18 months, respectively; HR 0.75; 95% confidence interval 0.62-0.91; p=0.001). Peri-operative complications occurred at a similar rate with both regimens. In contrast to the strategy of peri-operative chemotherapy in Europe, in Japan and East Asia post-operative chemotherapy is usually proposed in high-risk patients, while in the USA post-operative chemotherapy is sometimes proposed.

There has been much excitement over the recent development of novel in vitro 3D organoids: tumour models that may be more representative of patient cancers than many existing models. In the organoid culture system, tumour tissue obtained from the original cancer instead of from immortalized cancer cell lines can be grown efficiently and used to test for drug sensitivity and clinical response. Models are also being developed from patient specimens to determine specific mechanisms of resistance to targeted agents, such as EGFR and ALK inhibitors, and to identify specific drug combinations able to overcome them. Models are also being developed from patient specimens to determine specific mechanisms of resistance to targeted agents, such as EGFR and ALK inhibitors, and to identify specific drug combinations able to overcome them.

In the future, organoid models with high-throughput drug screening could provide clinicians with patient-specific information to inform personalised treatment decisions for those with resistant disease.

Progress has also been made with new agents in metastatic gastric cancer. Today, two targeted agents are approved: the HER2-targeting antibody trastuzumab in combination with cisplatin/fluoropyrimidine in first-line treatment of HER2-positive patients and the VEGFR2-targeting antibody ramucirumab in the second-line treatment as monotherapy or in combination with paclitaxel. Moreover, activity has been shown in different studies of the anti-PD1 antibodies nivolumab and pembrolizumab in metastatic gastric cancer. At ESMO 2017, results from the JACOB study demonstrate no survival benefit with the addition of HER2-targeting pertuzumab to trastuzumab and chemotherapy in patients with HER2-positive metastatic gastric cancer (Abstract 6160). Although OS was increased by 3.3 months with the pertuzumab-containing regimen, this improvement was not statistically significant. Updated results from KEYNOTE-059 (Abstract LBA28, PR) demonstrate promising findings for pembrolizumab—either alone or in combination with platinum/fluoropyrimidine. Patients with confirmed PD-L1-expressing tumours had better results than those with PD-L1-negative tumours: respective response rates were 16% and 6% with pembrolizumab alone and 73% and 38% with pembrolizumab in combination with platinum/fluoropyrimidine chemotherapy, respectively.

The session will also present potentially practice-changing results of a trial in patients with oesophageal cancer, in whom surgery performed using hybrid minimally invasive oesophagectomy was shown to significantly reduce post-surgical morbidity, primarily from pulmonary complications, compared with open oesophagectomy (Abstract 6150, PR).

Practice-changing data on peri-operative treatment of gastric cancer are presented in 2017. Further progress in the management of advanced gastric cancer will come from better understanding of the molecular biology of gastric cancer and the role of new targets, and from the development of new agents.


YOUNG ONCOLOGIST EVENTS NOT TO MISS TOMORROW!

Brunch
Communicating with cancer patients in the era of personalised medicine 11.00 – 11.45, Salamanca

Special Session
Clinical cases of solid tumours: Discussion forum for practicing and young oncologists 09.30 – 10.30, Room 1 & 2

Special Session
Y0 for medical students and new physicians 15.00 – 16.00, Room 55

Find out more about ESMO activities for young oncologists at esmo.org/Career-Development/Young-Oncologists-Corner/About-ESMO-for-Young-Oncologists

Learn more about this important topic at the ESMO–EACR Joint Symposium ‘Preclinical models for developing combination therapeutics’ to be held today (14.00 – 15.30, Granada).


#ESMO17
Innovative and personal international cancer research conferences

The European Association for Cancer Research (EACR) organises a series of excellent cancer research conferences covering the latest research topics and breakthroughs. Varied networking opportunities encourage interaction between participants and speakers and can lead to exciting new collaborations. These are deliberately small, focused meetings of between 100 and 200 participants and take place throughout Europe.

The Conference Series is extremely popular: 99% of participants would recommend the conference they attended to others, and satisfaction with the quality of the scientific content is also more than 90%. Popular new features have been introduced to enhance networking opportunities at the meetings: speed networking events, round table discussion forums and Meet the Expert sessions. Most recently, poster spotlights have been introduced to enable early career researchers to present their work.

“One of the best and most useful conferences I have attended recently. Excellent top-level scientific content, plenty of opportunities for networking.”


Several conferences are planned for this year, next year and beyond, covering topics as diverse as cell death, immuno-oncology, epigenetics and DNA damage. Bursaries are available for every conference to support early career researchers in need of assistance with travel costs and registration fees. Visit the EACR website at www.eacr.org/conference-series to view forthcoming conferences and to register your interest.
Our thanks to the Scientific Committee for an outstanding ESMO 2017 programme

The ESMO 2017 programme reflects this year’s partnership with the European Association for Cancer Research (EACR), ESMO President Professor Fortunato Ciardiello and ESMO 2017 Scientific Co-Chairs Professors Alberto Sobrero (ESMO) and Richard Marais (EACR) are grateful to the ESMO 2017 Scientific Committee for creating such an outstanding scientific and educational programme. This international, multidisciplinary event will help bridge the gap between research and advances in clinical practice.

The ESMO 2017 Scientific Committee is to be commended on selecting content for such a comprehensive, relevant and high quality programme.

An impressive amount of new data was submitted to the ESMO Congress this year, linking bench to bedside and combining first findings on novel anticancer treatment approaches with eagerly anticipated results. Overall, 1,736 abstracts were accepted, including 55 late-breaking abstracts and a number of potentially practice-changing studies. The scientific programme alone includes more than 20 tracks, with multiple sessions per track, each featuring several presentations and discussion sessions.

In the rapidly changing field of oncology, collaborations such as those between ESMO and the EACR are vital to deepen our understanding of cancer, share and discuss findings and in turn, foster novel treatment approaches to provide optimal care for our patients. “The annual ESMO Congress is the most prestigious and influential event in the oncology arena in Europe. As always, the Congress programme incorporates the very latest knowledge from the cutting edge of advances in oncology. This is the perfect platform to forge new collaborations and build on existing evidence,” commented Professor Sobrero.
Significant 5-year survival benefit with neratinib after trastuzumab in early breast cancer

Neratinib significantly improves invasive disease-free survival (iDFS) compared with placebo in patients with early-stage HER2-positive breast cancer previously treated with 1 year of adjuvant trastuzumab. These findings are confirmed in 5-year analysis of the randomised, double-blind, placebo-controlled, phase III (ExteNET) trial in which patients received oral neratinib (240 mg/day) or placebo for 1 year.

The estimated 5-year iDFS rate (intent-to-treat population; N=2,840) was 90.2% in the neratinib arm versus 87.7% with placebo (hazard ratio 0.73; 95% confidence interval 0.57–0.92; p=0.008). A statistical significance in favour of adjuvant neratinib was maintained particularly in the hormone receptor-positive population, in which more than 94% of the patients received concurrent endocrine therapy.

This analysis provides important evidence of the sustained clinical benefits neratinib can offer women with HER2-positive operable breast cancer previously treated with adjuvant chemotherapy and trastuzumab,” says Prof Martin.

Recently, neratinib received US FDA approval as extended adjuvant therapy for patients with early-stage HER2-positive breast cancer based on the ExteNET results. Of note, diarrhoea is a frequent cause of treatment discontinuation with this regimen, occurring in 16.8% of patients. The full updated analysis will be presented this afternoon (Proffered Paper Session ‘Breast cancer, early’, 14:00 – 15:30, Pamplona; Abstract 1480).

Previously published 3-year results from the APHINITY trial revealed a modest benefit for the addition of pertuzumab to trastuzumab in women with early-stage HER2-positive breast cancer, with an iDFS rate of 94.1% in the combination group compared with 93.2% in the group who received trastuzumab alone. In neratinib and pertuzumab, we appear to have two drugs that provide a slight improvement on trastuzumab alone, but further study is needed to determine which patients would benefit the most from these treatments.

While adjuvant trastuzumab significantly improves overall survival and DFS in early breast cancer, a substantial proportion of patients (24% of those in the HERA trial at 11 years) also experience disease recurrence in the longer-term and new treatments are required.

This 5-year analysis therefore provides important new evidence that 1 year of neratinib administered after adjuvant chemotherapy and trastuzumab can have sustained clinical benefits in women with HER2-positive operable breast cancer.

2. www.fda.gov/Drugs/InformationOnDrugs/ApprovedDrugs/ucm567259.htm
3. www.ascopost.com/News/55710
What is the optimal therapy for localised rectal cancer?

Recent research on the most appropriate management strategy for localised rectal cancer has focused on the chemotherapy regimen, radiation dose and time interval to surgery. Modification of CRT regimens has included the addition of targeted agents, such as bevacizumab or cetuximab. Bevacizumab, rather than cetuximab, is potentially linked to improved pathological complete response (pCR) in locally advanced disease, but risks enhancing surgical morbidity. Furthermore, varying the radiation dose could be important for organ or tissue preservation.

After CRT, delaying surgery for longer than the standard 6–8 weeks may be beneficial when using long-course 5-fluorouracil-based CRT regimens. SCPRT with delayed surgery is also a useful alternative to conventional CRT. However, the delay should be balanced between allowing sufficient time to express maximal radiotherapy effects and to achieve pCR, and for post-treatment acute reaction to settle prior to surgery, while not allowing time for the tumour to regrow. While delayed surgery improved pCR by 6% in patients with locally advanced disease, overall survival, disease-free survival and surgical complication outcomes were similar to those in patients who did not delay surgery. A recent review suggests that the timeframe from CRT to surgery could be modified according to patient characteristics, with no detriment to outcomes.

As survival has increased and local recurrence rates have fallen, long-term outcomes regarding function, late effects and quality of life have become more relevant endpoints to evaluate new treatments.

Hence, the absolute indications for pre-operative radiotherapy should be continuously re-examined.

Current clinical trials (e.g. the Alliance for Clinical Trials in Oncology group’s PROSPECT study) are assessing the possibility of avoiding pre-operative radiotherapy in selected patients with rectal cancer.

Workforce requirements for cancer care

ESMO welcomes the World Health Organization’s (WHO) Cancer Resolution, which aims to ensure universal access to effective and affordable cancer care, and provide an adequate oncology workforce.1 Sustainability of cancer care is a pillar of the ESMO 2020 Vision,2 and as treating medical oncologists we strongly advocate for equal access to quality treatment. ESMO’s educational programmes and evidence-based practice guidelines aim to ensure that the most appropriate cancer care is provided by highly skilled professionals.

ESMO regularly gathers data on inequalities, gaps and shortages in the provision of cancer medications and makes recommendations to address these issues. ESMO also helped to collate the updated-catalogue of cancer agents for the 2015 WHO Essential Medicines List, and has provided input into the 2017 WHO Priority List of Medical Devices for Cancer. We have a duty to ensure that national cancer plans have a duty to ensure that national cancer plans will use these medications and devices effectively. As such, ESMO is proud to partner with the WHO in evaluating current and future needs among the oncology workforce.

Today’s ESMO—WHO Joint Symposium (14.00 – 15.30, Alicante) focuses on how this collaboration will establish the number of oncology professionals required to meet future needs.

1. www.esmo.org/content/download/109686/1929997/file/2017-WHO-Cancer-Resolution.pdf
2. www.esmo.org/content/download/68849/1233986/file/ESMO-2020-vision-brochure.pdf

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Should a family history of pancreatic cancer prompt a BRCA1/2 test?

In addition to breast, ovarian and prostate cancers, carriers of the germline BRCA1/2 mutation are at increased risk for pancreatic cancer (PC). NCCN guidelines therefore include a family history of PC among BRCA testing criteria.

In an attempt to determine whether a family history of PC should be included as a criterion for BRCA1/2 testing, Dr Marta Venturelli from the University of Modena and Reggio Emilia, Modena, Italy, reviews her institution’s Session; 13.15 – 14.15, Hall 8; Abstract 732P). In Modena, testing is offered exclusively to patients affected by breast and/or ovarian cancer. In an attempt to determine whether a family history guideline criterion is applied.1 Screening in healthy relatives from BRCA-mutated families could help in an earlier diagnosis and a higher chance of cure.1 Deleterious germline mutations were recently found in 3.9% of 854 sporadic PC patients, with BRCA1/2 mutations identified in 45%. Although therapeutically targetable, these are usually missed when a family history guideline criterion is applied.1 Screening in healthy relatives from BRCA-mutated families could help in an earlier diagnosis and a higher chance of cure.1 Genetic testing using sequencing panels of multiple genes—coupled with sophisticated bioinformatic tools—could be implemented in the clinic in a cost-effective manner.


A high rate of germline BRCA1/2 mutations was detected in a retrospective analysis of 393 families with at least one diagnosis of PC along with breast and/or ovarian cancer; the detection rate was 21.3% when applying NCCN Guidelines and 24.5% with Modena Criteria.

A high germline BRCA1/2-positive rate was detected in families with pancreatic cancer associated with breast and/or ovarian cancer.

PC is a deadly disease with a dismal prognosis. It is important to test for, and determine the frequency of germline BRCA mutations in these families, particularly when PC is diagnosed in those aged ≤50 years. Although classified as sporadic PC, these cases seem to have a genetic basis.

Deliberate germline mutations were recently found in 3.9% of 854 sporadic PC patients, with BRCA1/2 mutations identified in 45%. Although therapeutically targetable, these are usually missed when a family history guideline criterion is applied.1 Screening in healthy relatives from BRCA-mutated families could help in an earlier diagnosis and a higher chance of cure.1

ESMO 2017 Industry Satellite Symposium

BREAST CANCER BRAIN METASTASES: An integrated approach

18:30 Welcome and introduction
Professor Volker Müller (Germany) - Chairperson
18:40 Therapy of breast cancer brain metastases: Challenges, new therapies and the potential role of etirinotecan pegol
Professor Ahmad Awada (Belgium) - Chairperson
19:00 The BEACON trial: Results from pre-defined subgroups
Professor Chris Twelves (UK)
19:20 Breast cancer with brain metastases: Patient case studies
Professor Nadia Harbeck (Germany)
19:40 Panel discussion
All
19:55 Meeting summary and close
Professor Ahmad Awada
Lilly is committed to advancing the research for people living with cancer.


CDK4 and 6 play different roles?

Do CDK4 & 6 play different roles?

FIND OUT AT THE LILLY BOOTH

ESMO’s New & Updated Guidelines
Available now

Full Papers, Pocket Guidelines and Mobile App are available at esmo.org and Annals of Oncology
Hair loss remains a major concern for patients receiving chemotherapy

Many congratulations to all our truly exceptional award winners!

The distinguished annual ESMO awards honour outstanding oncologists

Four truly remarkable oncologists will receive their ESMO awards during the congress. Come along to the Opening Session today (12.00 – 13.20, Madrid) to see three awards being presented. The fourth will be awarded tomorrow at the Women for Oncology Session (Saturday 11.00 – 12.30, Alicante).

The ESMO Award goes to Professor Miguel Martin in recognition of his highly respected and important contribution to the field of breast cancer research and treatment. A world leader in his field, Professor Martin of the Complutense University and the General University Hospital Gregorio Marañon, Madrid, Spain, has designed and implemented numerous important clinical trials in breast cancer and contributed many major publications.

“IT is recognition not only of my personal contribution, but also of the work of the Spanish Society of Medical Oncology and the members of the Spanish Group for Breast Cancer Research.”

Professor Miguel Martin

The ESMO Lifetime Achievement Award is granted to Professor José Baselga of the Memorial Sloan Kettering Cancer Center and Weill Cornell Medical College, New York City, New York, USA. Described as a true giant of modern oncology, his immense contribution and commitment to breast cancer drug development has led to the approval of several important breast cancer therapies including trastuzumab, pertuzumab and everolimus.

“This highly prestigious award has a unique personal dimension since I have had the privilege to serve this wonderful and vibrant society for many years and I fully support its critical role.”

Professor José Baselga

The ESMO Award for Translational Research is granted to Professor Alberto Bardelli of the University of Torino and the Cannobio Cancer Institute-IRCCS, Torino, Italy. A highly respected geneticist and world-renowned expert in the field of precision medicine, Professor Bardelli’s work on liquid biopsies has led to paradigm-changing applications in the clinic, particularly in relation to the diagnosis and treatment of colorectal cancer.

“This award acknowledges the work of my entire team. Our efforts have translated into new ideas for clinical trials, which has been extremely gratifying.”

Professor Alberto Bardelli

The ESMO Women for Oncology Award goes to Professor Frances Shepherd of the University of Toronto and Princess Margaret Hospital Cancer Centre, Toronto, Canada, in recognition of her devotion to the support of women oncologists over the last 30 years. Professor Shepherd is also known worldwide for her outstanding academic contributions to the field of lung cancer in which she has designed and led more than 100 clinical trials.

“I see it as a culmination of my very gratifying and rewarding career in medical oncology … I have seen women make enormous advances in medicine in general, and medical oncology in particular.”

Professor Frances Shepherd

You can visit us online at www.esmo.org. Follow us on Twitter @myesmo. Find us on Facebook www.facebook.com/esmo.org
The Young Oncologist Track: Current and future oncology leaders sharing insights and expertise

The ever-popular Young Oncologist (YO) Track continues to offer excellent opportunities for YOs to discuss the latest developments in cancer, network and cultivate their management and leadership skills.

New YO sessions at ESMO 2017, are:

- Clinical cases of solid tumours: Discussion forum for practicing and young oncologists are round table guided exchanges on solid tumour case studies (fully booked)
- YO for medical students and new physicians is a session offering details about the ESMO-ESO Medical Students Course as well as practical tips on preparing and presenting congress posters; the session will be followed by a poster walk.
- Limited seats available (Saturday 9 September, 15.00 – 16.00, Room 55. First-come, first-served)

Other exciting YO sessions include the YO Masterclass, Young oncologists and excellence in clinical research: ESMO YOC meets Methods in Clinical Cancer Research Workshop – MCCR (Sunday 10 September, 14.15 – 17.15, Cartagena), which features eminent speakers discussing trial designs, the inclusion of state-of-the-art treatments and diagnostics and future trial developments. Another key session is the Vesalius Talk, How active participation in ESMO has impacted my career (Sunday 10 September, 17.30 – 19.15, Foyer Ibiza) intended to encourage dialogue with opinion leaders on how YO membership and ESMO involvement have benefitted their professional development.

One of the highlights of the YO programme each year is the presentation of the ESMO Research Fellowship Awards, given alongside talks by previous ESMO Fellowship recipients (YO Special Session, Monday 11 September, 14.15 – 15.45, Salamanca). YO Committee member and recipient of a 2016 Translational Research Fellowship, Dr Matteo Lambertini from Institut Jules Bordet, Brussels, Belgium told the Daily Reporter how his involvement with ESMO has shaped his career. “My participation in ESMO educational initiatives and the fellowship programme from the beginning of my oncology training has played a crucial role in my career development.” He added that, “The YO Track serves as an ideal platform for all young members to be inspired, expand their research network and acquire new professional contacts with leading experts in a friendly environment.”

The YO Track promises to deliver practical tips and valuable insights from a broad range of oncologists at different stages in their careers, with unmissable sessions for medical students and newly qualified clinicians alike. The YO Committee hope that you enjoy and benefit from this carefully considered programme of sessions. If you would like to propose topics for discussion at future ESMO congresses, please send an e-mail with your suggestions to yoc@esmo.org.

Full details of the YO Track:
Older patients with cancer represent a treatment challenge: this population is growing exponentially and yet it is under-represented in clinical trials, and truly evidence-based guidelines are mostly lacking. These issues were highlighted in a recent report showing substantial variation across Europe in the use of surgery, hormone therapy and chemotherapy in elderly patients with breast cancer. An appropriate multidisciplinary approach to treating the growing population of elderly patients with cancer demands the consideration of dose adjustments, risk of drug–drug interactions (DDIs) due to frequent polypharmacy and additional supportive care needs for anaesthesia, surgery and cancer therapies. Such considerations are not simple, and elderly patients should not immediately be categorised as ‘frail’ and unsuitable for intensive treatments, when appropriate. Indeed, a number of abstracts presented at ESMO 2017 report that regimes of the anti-EGFR monoclonal antibody (Abstracts 525P and 526P), tyrosine kinase inhibitor (TKI; Abstract 1356P) and PD-1 immune checkpoint inhibitor (Abstract 1303PD) classes provide similar efficacy outcomes in older patients.

Careful evaluation of physiological—as opposed to chronological—age using a comprehensive geriatric assessment (Figure) enables multidisciplinary teams to provide support for common issues in elderly patients, including toxicity complications, DDIs and malnutrition, as well as adjusting treatments to accommodate related conditions such as sarcopenia (age-related skeletal muscle mass loss of quantity and quality). Supportive care in elderly patients endeavours to proactively avoid symptoms and conditions to which these individuals may be particularly vulnerable in order to maintain good QoL, improve treatment adherence and optimise outcomes.

In a Poster Discussion Session tomorrow (‘Supportive and palliative care,’ 09.15 – 10.45, Bilbao), Dr Sophie Kurk from University Medical Center Utrecht, Netherlands will show that, while patients diagnosed with metastatic colorectal cancer who have evidence of sarcopenia are more likely to undergo dose reductions at the beginning of treatment, the frequency of dose-limiting toxicities does not increase when compared to patients with normal skeletal muscle receiving standard-dose therapy (Abstract 1546PD). In the same session, Dr Markus Joerger of Cantonal Hospital, St. Gallen, Switzerland, will reveal that DDI severity was identified as a clinically relevant prognostic factor for overall survival in patients with advanced breast cancer (Abstract 1389PD). On a related subject, a poster on Sunday (10 September, 13.15 – 14.15, Hall 8; Abstract 1127P) will show that >90% of patients receiving a TKI also receive other concomitant medications. This high prevalence of polypharmacy presents potential issues, as TKIs are metabolised via the CYP450 pathway shared by other commonly used drugs. Indeed, >50% of patients in this analysis experienced DDIs when taking TKIs and other prescribed medications. The benefits and risks of dose adjustments and avoiding polypharmacy, particularly in older patients, remain to be fully characterised but are clearly an important area of future study.

1. Marosi C, Köller M. ESMO Open 2016;1:e000020
Giotrif®: Irreversible ErbB family blocker. Composition: Afatinib. Indications: Giotrif is indicated as monotherapy for patients with locally advanced or metastatic NSCLC with activating mutations of EGFR, not previously treated with EGFR TKIs. Posology: The recommended dose is 40 mg once daily, orally. Not recommended in patients with an eGFR <15ml/min and severe hepatic failure. Contraindications: Hypersensitivity to afatinib or any of the excipients. Interactions: Potent P-gp inhibitors may lead to increased afatinib exposure, concomitant treatment with potent P-gp inducers may lead to a reduction in afatinib exposure. Afatinib is not an inhibitor or inducer of CYP enzymes. Undesirable effects: Paronychia, cystitis, decreased appetite, dehydration, hypokalaemia, dysgeusia, conjunctivitis, dry eye, epistaxis, rhinorrhea, diarrhoea, stomatitis, nausea, vomiting, chills, dyspepsia, alanine aminotransferase increased, aspartate aminotransferase increased, rash, acneiform dermatitis, pruritus, dry skin, palmar-plantar erythrodysesthesia syndrome, Stevens-Johnson syndrome, toxic epidermal necrolysis, muscle spasms, renal dysfunction/renal failure, pyrexia, weight decrease, interstitial lung disease, keratitis, pancreatitis. Presentations: 20 mg, 30 mg, 40 mg and 50 mg film-coated tablets. For detailed information, please refer to the published Prescribing Information.

EGFR M+=epidermal growth factor receptor mutation positive; NSCLC=non-small cell lung cancer; TKI=tyrosine kinase inhibitor.

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