ESMO congress
Milan, 8–12 October 2010

www.esmo.org

CongressDaily

Saturday Sunday **Monday**

Monday 11 October, 2010

THE WORLD CANCER DECLARATION

PUTTING CANCER ON THE GLOBAL AGENDA

In 2008, at the Union for International Cancer Control (UICC) World Cancer Congress, leaders in the cancer world approved and issued the World Cancer Declaration articulating their desire to see cancer eliminated as a life-threatening disease for future generations. The Declaration presented 11 Targets which, if achieved by 2020, would establish momentum towards their longer-term ambition.

The Declaration calls on leaders around the world to develop and implement National Cancer Control Plans, to build and use population-based cancer registries, to implement policies to reduce the burden of cancer risk factors and prevent those cancers which can be prevented, to enhance screening and early detection capabilities, improve access to diagnosis and treatment, improve training and support for cancer health workers and to ensure that palliative care and pain relief is made available to all patients in need, but especially in the last days of life.

In early 2009, UICC joined forces with the International Diabetes Federation (IDF) and the World Heart Federation (WHF) to form the Non-Communicable Disease (NCD) Alliance. This unique, common interest alliance was established as an advocacy group to raise political awareness of the worldwide socioeconomic and health impact of NCDs, which account for 60% of deaths in the world each year.

Inspired by the success of the HIV/Aids United Nations Assembly Special Session which took place in 2001, the NCD Alliance's initial focus of attention has been to secure a similar UN event to address efficacious and cost-effective interventions to NCDs. A second ambition of the NCD Alliance has been to seek inclusion of NCDs in the Millennium Development Goals (MDGs). Sadly, NCDs do not feature explicitly in the Goals, nor are there indicators which are related directly to the diseases. These resulted in a skewed distribution of Overseas Development Aid with less than 2% of more than $44bn actually helping developing countries in their fight against NCDs. Given that NCDs have become a significant issue and trends are predicted to increase in the next two decades with the greatest increase in low and middle income countries, the absence of NCDs in the MDGs appears to be an important obstacle.

The September 2011 UN high-level meeting will be only the second such meeting of its kind since World War II to discuss a global disease issue. The results from the HIV/Aids meeting in 2001 give us cause to be optimistic that Governments will give greater priority to cancer and the other NCDs after September 2011. Since NCDs are now being considered as an MDG agenda issue, we can also assume that more overseas development aid will be earmarked to address cancer and the other NCDs in developing countries.

Prof Eduardo Cazap, President, International Union Against Cancer (UICC), Geneva, Switzerland

President, Latin American and Caribbean Society of Medical Oncology (SLACOM)

The next 12 months could deliver a new paradigm for cancer and other NCDs. Momentum is certainly growing. Let's hope that the outcomes lead us to a position where future generations do indeed feel that the current generation sought to eliminate cancer as a life-threatening disease.

Prof Eduardo Cazap is presenting at the Special Session 'Oncology mentors Forum' which takes place today at 10:45-12:15 in Yellow Hall 2.

He will also Chair and present at the ESMO DCTF/UICC/WHO Joint Symposium on Tuesday 11:15-12:45 in Silver Hall.

Practice-changing studies at today's Presidential Symposium... see page 3

Congress Highlights Tuesday, 12 October **10:15-13:00** Gold Hall

PROGRESS IN ONCOLOGY: WHERE ARE WE AT?

With such a high volume of excellent data being presented at this year's ESMO Congress, we realize that you couldn't possibly attend all the sessions that you'd like to. To make sure that you have the opportunity to hear important 'take-home' messages from the meeting, we've introduced a Congress Highlights session into tomorrow's program. This 'not-to-be-missed' session will showcase the progress made in oncology using data that will have been presented for the first time at this year's meeting. Speakers have been selected by our Scientific Committee and asked to select and present important findings related to their specialty and covering all major tumor types. The session, chaired by Professor Rolf Stahel, ESMO Scientific Chair, aims to put these findings into perspective and highlight those questions which can now be answered, along with those that cannot.

Join us at the Congress Highlights session for the opportunity to catch up on any key data that you might have missed!

This 'not-to-be-missed' session will showcase the progress made in oncology...

Presidential Symposium Monday, 11 October **15:00–17:30** Gold Hall

PROGRESS IN PROSTATE?

Don't miss the eagerly awaited results from a phase III study in patients with metastatic castration-resistant prostate cancer (MCRPC) treated with abiraterone which will be presented at this year's Presidential Symposium. Full data will be presented by Prof Johann de Bono from The Institute of Cancer Research and The Royal Marsden NHS Foundation Trust in London.

Prof Johann De Bono

Today's Top Picks!

Proffered Paper Session	Proffered Paper Session	Proffered Paper Session	Awards Session	Presidential Symposium
Late-breaking abstract session	Gynecological cancer	Head and Neck cancer		Breast Cancer, advanced
10:30-12.15 Gold Hall	**10:45-12:30** Pink Hall	**13:30-14:45** Blue Hall	**13:30-15:15** Silver Hall	**15:00-17:30** Gold Hall

ESMO Awards Session Monday, 11 October **13:30-15:15** Silver Hall

CONGRATULATIONS TO THIS YEAR'S ESMO AWARDS WINNERS

Come and join us as we honor three eminent cancer specialists this year for their contribution to the advancement of medical research and hear them give presentations about their work.

ESMO Award

Dr. Alberto Costa
European School of Oncology - Milan, Italy

Dr. Alberto Costa received the 2010 ESMO Award on Friday for his key role in the development of international guidelines for breast cancer and his ongoing commitment to the education of oncologists. This distinction is conferred on one of our members who has made an outstanding contribution to the development of oncology in Europe and who recognizes the importance of promoting oncology as a specialty within the international community.

Alberto's many achievements include participation in both the famous Milan Trial (local control and survival in early breast cancer) and in the St Gallen Consensus Report, and the development of chemoprevention. Scientific communication has also been an important part of his work and as co-founder and director of the European School of Oncology (ESO) since 1982, he has launched a number of initiatives dedicated to advance the education of oncologists in different areas. "By improving the skills of all health professionals dealing with cancer patients, ESO shortens the length of time needed to transfer knowledge from research centers to daily practice, combining advanced technology with humanism in care" commented Alberto. Professor Josep Tabernero, Chair of the ESMO Fellowship & Awards Committee, added "Alberto's work through the ESO has been outstanding, spreading excellence in oncology and educating worldwide, particularly in countries where access to high-quality education is still limited". "Alberto is a leader in his field and has changed clinical standards" concluded Josep, "which makes him an outstanding candidate for the ESMO award".

Alberto is currently the Coordinator of the Breast Surgery Unit at the Maugeri Foundation in Pavia, Italy, and Coordinator of the Canton Ticino Breast Unit, Lugano, Switzerland.

ESMO Hamilton Fairley Award

Professor Bengt Glimelius
Akademisk Sjuhuset - Uppsala, Sweden

The recipient of this year's ESMO Hamilton Fairley Award will be Professor Bengt Glimelius in recognition of his dedicated work on malignant lymphomas, gastrointestinal cancer, radiotherapy and psychosocial care. This distinction commemorates the founding fathers of Medical Oncology in Europe and is presented to candidates who are recognized for lifetime achievements in science and clinical/laboratory research. Bengt has been instrumental in the substantial improvements in locoregional control of rectal cancer through a systematic approach to all details in staging, treatment and long-term follow-up, particularly in developing the 'Swedish Model' exploring the pros and cons of preoperative short-course radiotherapy. He has also helped the survival and well being of metastatic gastrointestinal cancer patients by using systemic chemotherapy, as seen in randomized trials. "It is a great honor for me to receive the 2010 prestigious ESMO Hamilton Fairley Award" says Bengt, "ESMO is an important and very active organization that facilitates the distribution of evidence-based knowledge and the exchange of ideas between basic and clinical scientists and clinicians". "Bengt's major scientific achievements lie within clinical research and in making a difference for patients through clinical studies" comments Josep Tabernero.

Bengt is Professor in Oncology at the Department of Oncology, Radiology and Clinical Immunology at the University of Uppsala and at the Department of Oncology and Pathology, Karolinska Institutet, Stockholm, Sweden. He is also responsible for the care of patients with gastrointestinal cancer at the University Hospital in Uppsala.

ESMO Lifetime Achievement Award

Professor Alan H. Calvert
UCL Cancer Institute - University College London - London, United Kingdom

Professor Hilary Calvert will receive this year's ESMO Lifetime Achievement Award. Hilary has had a long involvement in anticancer drug development starting while he was working at the Institute for Cancer Research/Royal Marsden Hospital in London many moons ago. He was responsible for the introduction of carboplatin into clinical practice, the development of a dosing formula based on its pharmacokinetics and its subsequent clinical development in ovarian cancer. Hilary also led the group developing folate-based inhibitors of thymidylate synthase, leading to the licensing of raltitrexed (and subsequent interest generated in this drugs class led to the development of pemetrexed!). After moving to the University of Newcastle in 1989, Hilary implemented a program of drug development, aimed at using the molecular pathology of human cancers to define targets, developing drugs aimed at those targets, and performing preclinical and early clinical trials. With Ruth Plummer he developed the first PARP inhibitors which have been highlighted so well at this ESMO meeting. He established a Clinical Trials program with up to eight phase I studies of anticancer drugs open at a time. In 2005, Hilary was awarded the Pfizer Research Innovation Award – an annual award within Europe but encompassing all areas of science – for his work on developing new anticancer drugs. In 2009 he was also the recipient of the British Oncological Association/Pfizer Lifetime Achievement Award.

Hilary was recently appointed as Director of Anticancer Drug Discovery and Development by University College London Partners and is currently based in the UCL Cancer Institute where his role is to foster a clinical program of new drug trials in cancer and drug discovery initiatives within UCL and Partners.

The 2010 ESMO Lifetime Achievement Award is awarded to international research teams/individuals with demonstrated commitment to cancer research and is supported by an unrestricted grant from GSK.

Proffered Paper Head and neck cancer Monday, 11 October **13.30–14.45** Blue Hall

SPECTRUM: CAN PANITUMUMAB REALLY IMPROVE PATIENT SURVIVAL?

Professor Jan Vermorken will present eagerly awaited results from SPECTRUM, a global phase III study which is investigating the use of chemotherapy (cisplatin + 5-FU) with or without panitumumab in patients with recurrent and/or metastatic squamous cell carcinoma of the head and neck. Panitumumab is a fully human monoclonal antibody against the epidermal growth factor receptor (EGFR). As the largest global study conducted so far in this setting, SPECTRUM included 657 patients from Western Europe, Eastern Europe, Asia Pacific, South America and North America. Jan will present data for the primary study endpoint, overall survival, along with secondary endpoints which included progression-free survival, overall response rate and safety.

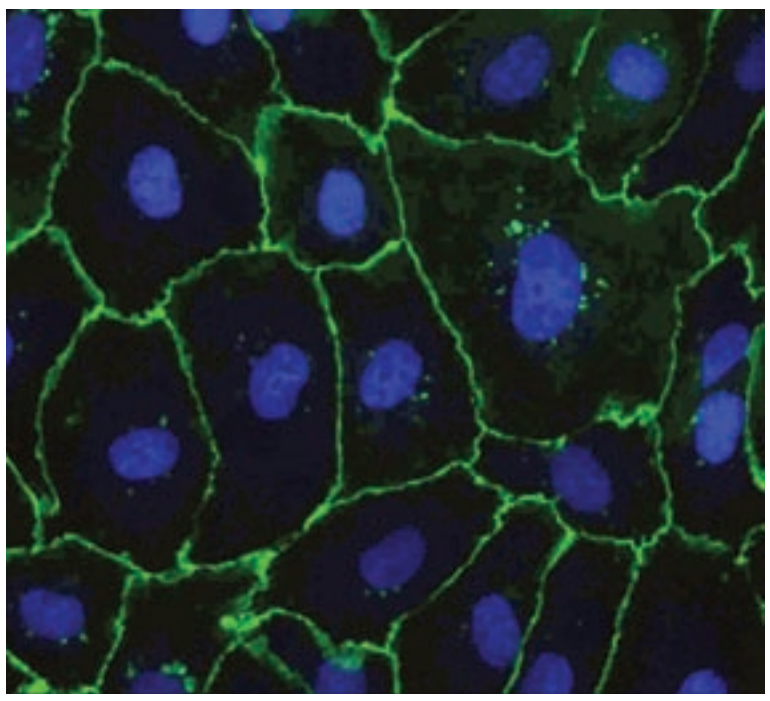
Special Symposium Monday, 11 October **10.45–12.15**
ESMO/ASCO Joint Symposium: The future of antiangiogenesis therapy Violet Hall

WHAT IS THE FUTURE OF DRUGS TARGETING ANGIOGENESIS?

Drugs targeting angiogenesis have been approved for use in several human cancers, yet many questions remain about their use. Are they worth their cost in diseases where they prolong disease progression without improving survival? What will be their role in the adjuvant disease setting? Are we combining these agents with the best partners? And finally, can we turn antiangiogenic therapy into true targeted therapy by identifying those most likely to benefit? These questions will be addressed during this Special Symposium.

IMAGE OF THE DAY

Endothelial cells lining a blood vessel



Thanks to Dr. F Bertolini for providing this image and the angiogenesis image printed in Saturday's edition of Congress Daily.

Daily Editorial

Gordon McVie, Editor-in-Chief, ESMO Congress Daily
(gordon.mcvie@ieo.it)

TRANSLATIONAL GAPS

Bridging the gap?

Much emphasis has correctly been placed on bridging the "Translational Gap", and this is taken to mean lab to clinic. Papers have been presented at this ESMO meeting on accelerating the pace of taking novel treatments based on discovery of cancer genomic or epigenomic targets or new biological insights into angiogenesis or metastasis to the bedside. And many experts and opinion leaders have bemoaned the shortage of trained medical oncologists who understand lab-speak, and can take clinical problems to their science colleagues and demand solutions. This meeting is certainly addressing this "Translational Gap" and the number and quality of the presentations and posters underlines this. But ESMO has also identified and emphasized a second "Translational Gap", namely, getting best practice and improved new methodology into all medical oncologists' daily practice. The large referral centers at national or regional levels may be involved in clinical trials and the development of guidelines, but translating, or disseminating them to all hospitals treating cancer patients remains a challenge. This Gap has not been systematically identified and ESMO is making its best effort to bridge it. So please look carefully at the excellent educational sessions at this meeting. At least I think they're excellent, but I'm an academic! Do you find them interesting and useful in your clinical practice? And then, of course, ESMO is trying to bridge the Gap between conferences, with improved educational sessions online and the development of new guidelines. Are they helpful? Comments please.

But what of the medical oncologists who aren't members? What do you think ESMO should do to attract them? David Kerr wants the membership to hit 10,000 in his Presidency, so please help him do so. There was a hint in an interview in the Saturday edition of the Congress Daily with Dr. Robert Eckert, Chair of the ESMO Educational Committee's Community Oncology Group, that in his region more than half his colleagues would like more from ESMO. Joint effort is required here, from leadership and membership.

The hurdles are many. Language plays a role, as it does from lab to clinic. So academic oncologists work with new drugs, CT/PET scanners, molecular pathology probes, clinical protocols, considerable Pharma financial support, research nurses, data managers and so on. Many of these assets disappear in greater numbers the further away you travel from the comprehensive cancer center. Native language is another issue. Most clinical cancer journals publish in English, but not all medical oncologists are fluent enough to pick up nuances carelessly written by academics, and many essential cancer professionals including most nurses, radiation and surgical technicians in Europe speak negligible English.

We are notoriously slow in medicine to exploit existing solutions to these communication problems. Telemedicine for instance has been around for years, but who is using second opinions in histopathology or radiodiagnosis down the line? How many medical oncologists use Google translational tools? Why don't we have one web address in Europe through which to signpost to resources and databases already available like www.nci.gov, or www.clinicaltrials.gov, which are used daily in North America.

Well ESMO has some answers, and is working on providing more. ESMO members are welcome to contact us with comments at gordon.mcvie@ieo.it and esmo@esmo.org.

MEET THE HOME TEAM

Marco Pierotti is Scientific Director of the National Cancer Institute (INT) in Milan. Although there are several institutes in Italy, Marco's is the original, started several decades ago by Umberto Veronesi. Marco is an MD PhD and has a big interest in genetics of familial cancers and in chemoprevention. He is also currently President of the OECI Organization. His is the largest cancer hospital in Italy and it has a major emphasis on rare tumors particularly specializing in molecular signatures to provide tailor-made treatments, and early clinical and pharmacology trials led by Professor Luca Gianni (see papers at this ESMO). Another important piece of translational research at INT has led to an increase in 8-year survival from 40% to 70% in children with medulloblastoma treated with chemoradiotherapy.

The INT leads the consensus debate which developed the "Milan criteria" for deciding on the eligibility of hepatocellular carcinoma patients for liver transplantation, a fast rising European problem. And Marco is keen to display his priority for research in prevention, which includes a study of the area of Chromosome 15 which codes for the cholinergic nicotine receptor, likely to differentiate true nicotine addicts from social smokers.

Marco Pierotti

Presidential Symposium Monday, 11 October **15:00-17:30** Gold Hall

PRESIDENTIAL SYMPOSIUM

ESMO is proud to highlight the very best late-breaking abstracts containing cutting-edge and significant clinical practice-changing studies at the upcoming Presidential Symposium.

LBA1 Vincent Miller from the Memorial Sloan-Kettering Cancer Center, New York, US, will present results of a double-blind, randomized, phase IIb/III trial investigating the efficacy of afatinib (an irreversible EGFR/HER1 and HER2 tyrosine kinase inhibitor [TKI]) and best supportive care (BSC) versus placebo plus BSC in patients with non-small cell lung cancer (NSCLC). Eligible patients (n=585) had failed chemotherapy and reversible EGFR TKIs, erlotinib or gefitinib. Patients were randomized 2:1 to BSC + oral afatinib or placebo. The primary endpoint was overall survival (OS), and secondary endpoints were progression free survival (PFS), objective response rate (ORR), disease control rate and quality of life (QoL).

LBA2 Chi-Hsin Yang from National Taiwan University Hospital and College of Medicine, Taipei, Taiwan, will discuss the final OS results from a randomized, open-label, phase III, first-line study of gefitinib versus carboplatin/cisplatin in patients with NSCLC in Asia (IPASS). A pre-planned evaluation of the secondary endpoint OS was evaluated overall (ITT, n=1217) and in EGFR mutation (n=437 known: n=780 unknown), EGFR gene copy number (n=406 [FISH]; n=811 unknown), and EGFR protein expression subgroups (n=365 [ICH]; n=852 unknown).

2740 José Baselga from Val d'Hebron Hospital, Barcelona, Spain, will present the results of a phase II study that investigated the addition of the EGFR monoclonal antibody cetuximab to cisplatin for metastatic triple-negative breast cancer (TNBC). A total of 173 patients were randomized 2:1 to receive cetuximab and up to 6 x 3-weekly cycles of cisplatin, or up to 6 x 3-weekly cycles of cisplatin alone with the option upon disease progression (DP) to switch to cetuximab plus cisplatin (DP during the 6 cisplatin cycles) or cetuximab alone (DP after the 6 cisplatin cycles). The primary endpoint was best overall response. Secondary endpoints included PFS, OS and safety.

LBA3 Edith Perez from the Mayo Clinic, Florida, US, will describe preliminary results from the first randomized, multicenter, open-label, phase II study designed to investigate the efficacy and safety of trastuzumab-DM1 (T-DM1) versus trastuzumab (T) plus docetaxel (D) in HER2-positive metastatic breast cancer patients (MBC) with no prior chemotherapy for metastatic disease. Patients (n=137) were randomized 1:1 to receive T-DM1 or T plus D until disease progression or unacceptable toxicity. Primary endpoints were PFS and safety. Secondary endpoints included ORR, OS and clinical benefit rate.

LBA4 Tim Perren from St James's Institute of Oncology, Leeds, UK, presents the results of a randomized, phase III trial to evaluate the safety and efficacy of adding bevacizumab to standard chemotherapy (carboplatin and paclitaxel) in the first-line treatment of epithelial ovarian (EOC), primary peritoneal (PPC) or fallopian tube cancer (FTC). Eligible women with high-risk early or advanced EOC, PPC or FTC were randomized 1:1 to 6 x 3-weekly cycles of carboplatin and paclitaxel alone or the same chemotherapy plus concurrent bevacizumab followed by maintenance bevacizumab 3-weekly for 12 additional cycles or until progression (whichever was earlier). The primary outcome was RECIST defined PFS and secondary outcomes included response, OS and QoL.

LBA5 Johann de Bono from the Institute of Cancer Research and the Royal Marsden Hospital, Sutton, UK, will present the results of COU-AA-301, a randomized, double-blind, placebo-controlled phase II study. The study was designed to confirm the hypothesis that targeting persistent androgen synthesis (PAS) and androgen receptor (AR) signaling would improve OS in metastatic castration-resistant prostate cancer (mCRPC). Patients from 147 centers in 13 countries were included in the study. A total of 1195 patients with mCRPC previously treated with docetaxel were randomized 2:1 to abiraterone (a selective androgen biosynthesis inhibitor) plus prednisone (P) or placebo plus P. The primary endpoint was OS. Secondary endpoints included time to prostate-specific antigen (PSA) progression, radiographic PFS and PSA response rate.

We look forward to seeing you at the Presidential Symposium to hear this eagerly awaited data.

JOINT SYMPOSIA

Monday, 11 October

ESMO/ASCO Joint Symposium

The future of antiangiogenesis therapy

This joint symposium will cover the biology of antiangiogenic therapy in the adjuvant setting, preclinical biology as it relates to adjuvant therapy, an analysis of currently available adjuvant colorectal data, and possible antiangiogenic effect of COX-2 inhibition in the adjuvant setting for colorectal cancer.

10:45-12:15 Violet Hall

Tuesday, 12 October

ESMO DCTF/UICC/WHO Joint Symposium

Meeting the challenge of managing cervical cancer in the developing world

This joint symposium will cover optimal screening of cervical cancer in developing countries, current knowledge from practical experience of HPV vaccination, costs of treating cervical cancer, and a Health Minister's response to managing cervical cancer in low-income countries.

11:15-12:45 Silver Hall

RECIPIENTS OF THE BEST POSTER AWARD

Sunday, 10 October

Poster Session	Poster number	Author
Breast cancer, early	227P	Justin Doan, South San Francisco, USA
Colorectal cancer	599P	Miriam Koopman, Nijmegen, Netherlands
Palliative care	1188P	Barbro Norrstrom, Alvsjo, Sweden
Supportive care	1258P	Indranil Ghosh, New Delhi, India

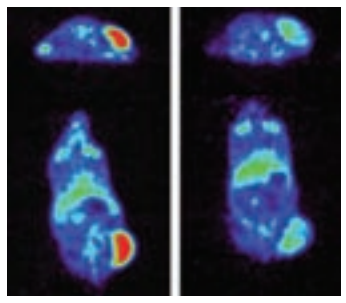
Poster abstracts published in the Abstract USB (distributed at the Pfizer exhibition stand).

In partnership: esso · EACR European Association for Cancer Research · European Oncology Nursing Society · SIOP Europe

Special Symposium Monday, 11 October **13.15-14:45**
Ovarian cancer: New biology, new targets Red Hall

RIGHT DRUG, RIGHT OVARIAN PATIENT?

Standard treatment of advanced ovarian cancer has been carboplatin plus paclitaxel for many years. However, long-term overall survival with this treatment could still be greatly improved. We urgently need new additional approaches to support effective tumor management. For this insight in ovarian tumor biology is critical, particularly as it is becoming increasingly clear that ovarian cancer consists of several subtypes which may require different treatment approaches in the future. This Special Symposium addresses our current knowledge of the biology of ovarian cancer along with new pathway-driven treatments and functional imaging. New imaging techniques increasingly allow us to non-invasively visualize targets for a given drug along with its biodistribution. Therefore, these techniques may potentially support the selection of patients for certain treatments and provide insight into the effects of a specific drug. I hope that over the coming years, we'll be able to select the right drug for the right ovarian patient.



^{89}Zr-bevacizumab scan before & after 2x/week HSP90 inhibitor in ovarian A2780 tumor xenograft

Dr. Elizabeth De Vries

Special Symposium Monday, 11 October **15.30-17:00**
Tailoring treatment of metastatic colorectal cancer Pink Hall

BEST STRATEGY IN COLORECTAL CANCER - A TAILORED TREATMENT APPROACH?

The natural history of metastatic colorectal cancer has dramatically evolved in the recent years thanks to the introduction of modern chemotherapy, increasing the response rate to 50%, the progression-free survival to 12 months and the overall survival to longer than 2 years, and more importantly offering us the possibility to integrate surgery in the treatment of metastasis. In spite of this progress, many questions remain unanswered, particularly concerning the use of predictive factors and the best strategy for the individual patient, not only in first-line treatment but also in the continuum of care.

Prof Eduardo Díaz-Rubio

SPECIAL SYMPOSIA

Monday, 11 October

Special Symposium:

Overcoming disparities in cancer control in Europe

This session covers the differences in cancer survival in Europe, social inequalities and cancer, cancer control plans in Europe and moving forward with cancer control.

10:45-12:15 Blue Hall

Special Symposium:

Ovarian cancer: New biology, new targets

This session covers the molecular classification of ovarian cancer, new pathology of ovarian cancer, pathway-driven treatments of ovarian cancer and functional imaging of ovarian cancer.

13.15-14:45 Red Hall

Special Symposium:

Tailoring treatment of metastatic colorectal cancer

This session covers aggressive versus non-aggressive treatment, intermittent or continuous therapy, personalizing treatment based on biomarkers and future combination of targeted agents.

15.30-17:00 Pink Hall

Special Symposium:

MicroRNA's: The new genes involved in cancer

This session covers the microRNA identification in plasma and serum, the role of microRNAs in regulating metastasis, miRNA in lymphomas and the involvement of microRNAs in tumor migration and invasion.

15.30-17:00 Red Hall

Tuesday, 12 October

Special Symposium:

Emerging concepts in head and neck cancer diagnostics and therapy

This session looks at biomarkers in molecular classification and diagnostics of head and neck squamous cell carcinoma, new signaling pathway inhibitors and EGFR resistance, therapeutic implications of HPV positive tumors and molecularly targeted therapies in thyroid cancer.

09.15-10:45 Silver Hall

Special Symposium:

The use of biomarkers to guide treatment in hematological malignancies

This session covers the use of biomarkers to guide treatment in chronic lymphocytic leukemia, multiple myeloma, mantle cell lymphoma and chronic myeloid leukemia.

09.15-10:45 Pink Hall

ESMO Awards Session Monday, 11 October **13:30-15:15** Silver Hall

RECOGNITION FOR CENTERS OF EXCELLENCE IN PALLIATIVE CARE

This year we are pleased to announce that 18 cancer centers will be formally recognized for their commitment to providing excellent palliative care as part of the care they offer to patients. As a new 'ESMO Designated Center of Integrated Oncology and Palliative Care', each has proven that they provide closely integrated oncology and palliative care clinical services. The ESMO Palliative Care Working Group (PCWG), chaired by Dr. Nathan Cherny, carefully reviewed all blinded applications and identified that these centers met the 13 established criteria. "As a leader in the field of palliative care, ESMO is committed to excellence in all aspects of oncological care and this unique accreditation program is probably one of the most important initiatives, helping to make palliative care visible across Europe and the World," comments Nathan. "Palliative care is not something that should be offered in an ad hoc way. At ESMO, we believe providing the best quality palliative care is both a moral and a clinical imperative. Given this, we are extremely encouraged to see the number of accredited centers continuing to grow."

"At ESMO, we believe providing the best quality palliative care is both a moral and a clinical imperative".

There continues to be a high level of interest in this unique accreditation program demonstrating that our members are motivated to building and developing palliative care services within oncology programs. Criteria for new applications have been re-evaluated over the last two years and the application process has become more structured to enable centers to clearly know what is required of them.

The accreditation program also serves to expand cooperation between ESMO and other existing professional medical associations and organizations in different geographic regions. Since the program was endorsed in 2003, 91 centers are currently accredited after a rigorous evaluation process, including centers in Europe, India, Argentina, Hong Kong, Canada, the USA and Australia. Currently, Germany and Italy have the most accredited centers with 17 each.

Nathan Cherny
Chair, ESMO Palliative Care Working Group

The 18 centers accredited in 2010 for the period 2011-2013 are:

Center	Country
Center for Tumor Diagnostics and Therapy, Department of Hematology/Oncology, Paracelus Klinik	Osnabrück, Germany
Clinical Oncology Unit, S. Anna University Hospital	Ferrara, Italy
Hôpital Mignot	Le Chesnay, France
Hospital Universitario La Paz	Madrid, Spain
Hospital Universitari Sant Joan de Reus	Tarragona, Catalonia, Spain
Institute of Oncology "Prof. Alexandru Trestioreanu Bucharest"	Bucharest, Romania
Intitut Català d'Oncologia (Badalona)	Barcelona, Catalonia, Spain
Istituto Neurotraumatologico Italiano (I.N.I) Divisione Grottaferrate, Unità di Oncologia Medica	Grottaferrata, Rome, Italy
Massey Cancer Center of Virginia Commonwealth University	Richmond, Virginia, USA
Medical Oncology Unit - Policlinico A Gemelli - Università Cattolica del Sacro Cuore	Rome, Italy
Onkologisches und Palliativmedizinisches Zentrum Landshut	Landshut, Germany
"S. Giovanni Calibita", Fatenbenefratelli Hospital	Rome, Italy
Tata Memorial Centre	Mumbai, India
Unità Operativa Complessa, Oncologia Medica 1, Azienda Ospedaliero Universitaria di Cagliari	Cagliari, Italy
University Clinic for Respiratory and Allergic Diseases Golnik	Golnik, Slovenia
University Medical Center Groningen	Groningen, The Netherlands
University of Massachusetts Memorial Medical Center	Worcester, Massachusetts, USA
Vivantes Klinikum Spandau	Berlin, Germany

The ESMO PCWG is also pleased to re-accredit the following centers for 2011:

Center	Country
Velindre Cancer Center, Velindre NHS Trust*	Cardiff, United Kingdom
Ziekenhuisnetwerk Antwerpen-Middleheim*	Antwerp, Belgium
Palliative Care Services, Oncology Institute of Southern Switzerland IOSI*	Bellinzona, Switzerland
Department for Medical Oncology and Hematology, Center for Palliative Care, Kliniken Essen-Mitte*	Essen, Germany
Cork University Hospital*	Wilton, Cork, Ireland
Klinik Dr. Hancken GmbH*	Stade, Germany
O.D.O. AVAPO, Oncology Department, SS. Giovanni e Paolo Hospital*	Venice, Italy
Oncology Center Jessa Ziekenhuis	Hasselt, Belgium
Andaolu Medical Center	Gebeze, Kocaeli, Turkey
University Hospital of Lord's Transfiguration	Pozan, Poland
Institut Català d'Oncologia - L'Hospitalet	Barcelona, Spain
Abteilung Palliativmedizin; Dr. Horst Schmidt Kliniken	Wiesbaden, Germany

*Previously re-accredited in 2007

How does my center apply? Please visit the 'patients' section of **www.esmo.org** for more information on what your center needs to do to become an 'ESMO Designated Center of Integrated Oncology and Palliative Care'. Cancer Centers anywhere in the world can apply to receive accreditation, which is valid for 3 years after which centers can reapply. The deadline for next year's application process is 15 April 2011.

Can I join ESMO PCWG? Membership of ESMO PCWG is open to Full and Junior members with particular interest in palliative care. Please visit **www.esmo.org** for more information.

JOIN ESMO TODAY!

Be quick – ESMO trial membership registration ends Tuesday!

"Trial membership – that's a great idea!"

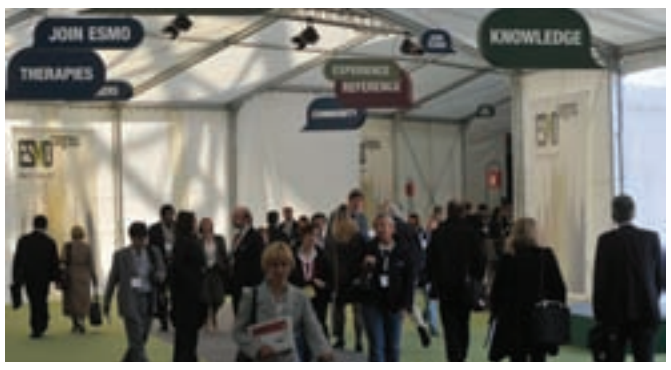
Are you an ESMO member? If not, what are you waiting for? There isn't long left to take advantage of the exclusive opportunity to sign up for the free ESMO membership trial (valid until 30th June 2011).

Join all the people who have so far registered at the Congress and gain access to the latest research and clinical data as well as a number of great benefits including online access to Annals of Oncology, E-Learning, and online practice tools. You'll also have access to the ESMO Handbooks, comprehensive guides on specific treatment strategies, and the ESMO Highlights: Putting Progress in Context.

Remember that you can upgrade your membership at any time during the trial period and receive additional benefits including discounted fees at ESMO events, full free access to OncologyPRO and the opportunity to sit the CME accredited ESMO examination. There are three levels of membership – Associate, Junior and Full – so you can choose the option that suits you best.

Visit the new Membership Services Center, located in the Registration Hall and join our growing European community of medical oncologists today!

And don't forget to try out OncologyPRO, our new educational portal for oncologists. OncologyPRO has previewed to great praise – you've told us that "it's easy to navigate and saves time on research" and "it helps me as everything you need is available in one place".



"I can see the benefits of joining..."

"Even though I'm not from Europe it's great to be part of your community."

EDUCATIONAL SESSIONS: KEY LEARNING POINTS FROM SUNDAY

Diagnostic and management issues in gastroesophageal cancer

- There are currently no predictive markers available to guide multidisciplinary treatment in localized esophageal cancer, particularly those of squamous cell histology, and surgical resection continues to play an important role.
- Multimodality therapy for localized gastroesophageal cancer remains largely determined by tumor site, histological subtype, patient co-morbidities and performance status.
- Current data indicate that FDG-PET refines the staging accuracy in localized gastroesophageal cancer, the main indication being the exclusion of distant metastases with a relevant impact on therapy management, although pathology checking remains highly recommended.

Towards an individualized approach of advanced non-small cell lung cancer

- Identification of the major NSCLC types (adenocarcinoma and squamous carcinoma) is important for a number of predictive and prognostic reasons, including pemetrexed treatment, anti-angiogenic therapy and administration of tyrosine kinase inhibitors.
- The majority of NSCLC patients present with advanced disease at diagnosis. The development of effective strategies to implement personalized medicine will soon include tumor genotyping, which may change first-line treatment in subgroups of NSCLC patients in the near future.
- The changing paradigm in first-line treatment of NSCLC is inevitably changing the second-line strategy. In addition, the emerging role of maintenance therapy is leading to early use of all agents potentially active in a second- or third-line setting, with the consequence that very few options are available at disease progression.

Advances in head and neck cancer

- HPV16 is the most common genotype in head and neck squamous cell cancer, particularly oropharyngeal cancer tumors, but HPV6 and HPV11 can also be found in a minority of these cancers, implying that these low-risk HPV types are not entirely benign in the head and neck region.
- A multidisciplinary and collaborative approach for each head and neck cancer patient at the start of decision making and planning is the absolute standard of medical treatment for excellent patient care.
- Although previous trials have failed to show any survival benefit with aggressive platinum-based combination chemotherapy compared with single-agent methotrexate, cisplatin or 5-FU in relapsing or metastatic disease, adding cetuximab to a standard chemotherapy regimen (platinum–5-FU) provides survival benefit.

Soft tissue sarcoma: From molecular diagnosis to selection of treatment

- Differential diagnosis of soft tissue tumors has improved due to novel molecular diagnostic tools, and the recognition of specific molecular aberrations may also help to identify novel therapeutic targets.
- Even if doxorubicin, with or without ifosfamide, is still regarded as the main chemotherapeutic drug in most cases of soft tissue sarcomas, other drugs may be defined as the first- or second-line choice for certain histotypes. The most important of these drugs seem to be trabectedin, gemcitabine and taxanes, but others, such as etoposide, dacarbazine and temozolomide, may also play an important role.
- Molecularly-targeted therapies are increasingly being tested against sarcomas owing to their frequent association with a relatively restricted oncogenic genetic event, such as KIT mutation in GIST.

Missed yesterday's educational sessions? We offer you repeated educational sessions so that you get a second chance to attend. Repeated sessions are shown below:

Tuesday, 12 October

Towards an individualized approach of advanced non-small cell lung cancer
09.00-10:30 Red Hall

Soft tissue sarcoma: From molecular diagnosis to selection of treatment
09.00-10:30 Blue Hall

Diagnostic and management issues in gastroesophageal cancer
11.20-12:30 Red Hall

Advances in head and neck cancer
11.15-12:45 Blue Hall

MELANOMA BRAIN METASTASES: ANSWERING AN UNMET NEED

Brain metastases resulting from melanomas are a major unsolved problem as they are prevalent at initial diagnosis and are notoriously resistant to drug therapy. Furthermore, the median overall survival for patients with melanoma brain metastases is 16 weeks from diagnosis of brain involvement.

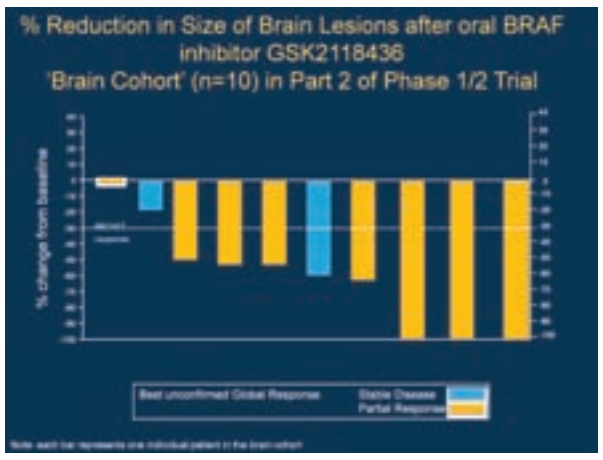
However, Dr. Georgina Long from the Melanoma Institute Australia and Westmead Hospital in Sydney yesterday presented results from a subgroup of 10 patients with previously untreated brain metastases taken from a phase I/II trial treated with the novel BRAF kinase inhibitor GSK2118436. GSK2118436 targets a particular mutation (V600) in the BRAF kinase enzyme which is present in approximately 50% of all human melanomas.

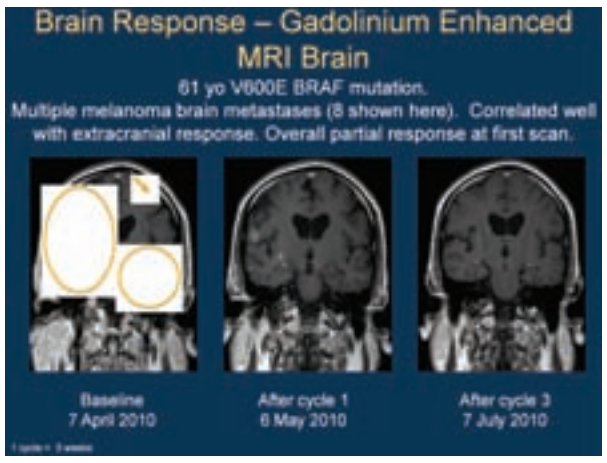
All patients experienced control, and almost all experienced reductions in the overall size, of their brain metastases (Figures 1 and 2). The overall reductions ranged from 20–100% of brain metastases that were 3mm or larger in diameter before treatment. This same trial also showed GSK2118436 to be effective in patients with melanoma outside of the brain with a response rate of 60%.

Dr. Long said that "The ability to inhibit oncogenic BRAF is the most important development in the history of drug treatment of melanoma". She went on to say that "Providing these early data are supported in larger cohorts of patients, and durable responses are confirmed, this activity in the brain may assist in addressing a large unmet need in patients with metastatic melanoma".

Dr. Long and colleagues are planning to open a phase II study of GSK2118436 in melanoma patients with the V600 BRAF mutant metastatic melanoma involving the brain in November or December of this year.

Dr. Georgina Long





Poster Presentation (Display) Monday, 11 October **12.30-13.30**
Basic science and translational research Hall 3

ALL THAT GLITTERS NEED NOT BE GOLD

While photodynamic therapy (PDT) can be used clinically, and is a minimally invasive treatment, questions remain regarding its efficacy. Two papers at this year's congress highlight further developments in the field of PDT. Tanaka and colleagues have tested a new photosensitizer (glycoconjugated chlorine [GC]) against an established treatment (Talaporfin) in in vitro and in vivo models of stomach and colon cancer. GC was taken up by cancer cells at a greater rate, produced significantly higher levels of reactive oxygen species when exposed to light, and significantly inhibited tumor growth when compared with Talaporfin. In another presentation, Iwakuma and colleagues studied the effects of Gold-Speckled Silica nanoparticles (GSS) in in vitro and in vivo models of breast cancer. Intratumoral injection of GSS followed by illumination with near-infra-red light resulted in significant photothermal ablation of the tumor, which was not observed in control tumors. Although the data are at early stages, these presentations provide an exciting glimpse of what could be a minimally invasive, and targeted, therapy for a broad range of tumors.

ESMO General Assembly Monday, 11 October **17:45-19:15** Yellow Hall 1

ATTEND THE GENERAL ASSEMBLY - GET THE LATEST ESMO UPDATES

We encourage all our members to attend the General Assembly on Monday. This is your opportunity to receive first-hand feedback and the latest updates from key ESMO representatives.

We invite you take an active role in your oncology society by participating. Financial documents will be available for review by all our members outside the hall one hour prior to the General Assembly.

Special Symposium Monday, 11 October **10.45-12.15**
Breast cancer challenges in the setting of curable disease Silver Hall

USE OF BISPHOSPHONATES - EFFECTIVE TREATMENT OR RISKY BUSINESS?

Last month, the British Medical Journal reported data suggesting that patients who received oral bisphosphonates for five years or more were twice as likely to develop esophageal cancer than those who had not (BMJ 2010;341:c4444). The Medicines and Healthcare products Regulatory Agency collaborated with academics at Oxford University's Cancer Epidemiology Unit to look at data from the UK General Practice Research Database, which holds patient records for around six million people. Findings also suggested that the chance of esophageal cancer was 30 per cent higher in people with one or more previous prescriptions for oral bisphosphonates, compared with those who had never taken them. No links between oral bisphosphonates and stomach or bowel cancer were reported.

So, it is with interest that one of this year's presentations questions whether bone-targeted treatment should be used in the adjuvant setting for the treatment of cancer. Professor Robert Coleman, UK, highlights that bisphosphonates may modify the course of the disease and disrupt the metastatic process, reducing the risks of disease recurrence, and may also have a direct effect on the cancer.

"Although bisphosphonates hold great promise as anticancer agents, their routine use in the adjuvant setting cannot be recommended until data from recent clinical studies is fully analyzed" says Robert.

HEDGEHOG PATHWAY: DON'T OVERLOOK THIS PRICKLY TOPIC

Don't miss today's sessions featuring more information on the Hedgehog pathway.

Proffered Paper session
Gynecological cancer
10.45–12.30 Pink Hall

Poster Presentation
(Display) on Basic science and translational research
12.30–13.30 Hall 3

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ATTENTION

Educational Book of the 35th ESMO Congress
Milan, Italy
CD-ROM

Annals of Oncology

Due to a production error that occurred during the pressing of the ESMO 2010 Educational Book CD-ROM the auto-run function of the CD-ROM does not work.
To open and run the CD-ROM, please follow these steps:

1. Open your web browser and click the File tab
2. Select Open File, or Open; this may vary according to your browser
3. Browse your directories to find the CD-ROM, which is entitled ONCOLOGY
4. Open the ONCOLOGY directory and select the file index.html
5. The homepage of the CD-ROM will open and you will be able to browse the Book.

Oxford University Press apologises for this error and for any inconvenience it has caused to you, ESMO and Merck Serono.

Oxford University Press wishes to make it clear that this is a post-proofing production error for which ESMO and Merck Serono are not responsible.

Oxford University Press remains available to assist you with this product in any way they can. If you have any queries, please do not hesitate to contact me at phil.bishop@oup.com.

OXFORD UNIVERSITY PRESS

ESMO Awards Session Monday, 11 October **13:30-15:15** Silver Hall

ESMO FELLOWSHIPS

DEVELOPING YOUNG ONCOLOGISTS, IMPROVING PATIENT CARE

"...it is this expansion in knowledge which ultimately leads to better patient care."

We are pleased to announce that we will be celebrating the recipients of the seven Translational Fellowships and two Clinical Research Fellowships during this year's session. By offering comprehensive research and clinical training programs in Europe's pre-eminent cancer centers, the ESMO Fellowship Program continues to support the professional development of our young oncologists and aims to improve patient treatment and advance science. "The ESMO Fellowship Program is an exciting and well received program for ESMO members, providing an opportunity for extra education in a new institution" says Professor Josep Tabernero, Chair of the ESMO Fellowship & Awards Committee, "and it is this expansion in knowledge which ultimately leads to better patient care".

Translational Research Fellowships are designed to provide our young oncologists with training in translational research in a European center with an international reputation in the field, while Clinical Research Fellowships provide training in clinical research in a renowned European cancer center. Palliative Care Fellowships are also available which aim to provide an additional experience in palliative care training for oncologists or oncology fellows.

TRANSLATIONAL RESEARCH FELLOWSHIPS 2010

Dr. Hatem Azim
National Cancer Institute,Cairo, Egypt
Research Project
"Genomic profiling of breast cancer diagnosed during pregnancy"
Supported by an unrestricted educational grant from Roche.

Dr. Guilia Pasello
Istituto Oncologico Vento, Padova, Italy
Research Project
"Identification of Novel Molecular targets and biological agents for the chemotherapy of malignant pleural mesothelioma"
Supported by an unrestricted educational grant from Roche.

Dr. Michalis Karamouzis
Medical School, University of Athens, Athens, Greece
Research Project
"Molecular and genetic analysis of stromal fibroblasts in prostate cancer"
Supported by an unrestricted educational grant from Amgen.

Dr. Karina Tamas
Szent Laszlo Teaching Hospital, Budapest, Hungary
Research Project
"Exploring the tumor microenvironment with focus on PIGF and colon cancer"
Supported by an unrestricted educational grant from Roche.

Dr. Leticia De Mattos Arruda
Santa Casa de Misericórdia de Belo Horizonte, Brazil
Research Project
"Circulating tumor cells in metastatic breast cancer: it is time to detect and genotyping"
Supported by an unrestricted educational grant from Amgen.

Dr. Teresa Troiani
Medical Oncology, Second University of Naples, Naples, Italy
Research Project
"Use of MEK inhibitors to overcome primary and acquired resistance to anti-EGFR therapies"
Supported by an unrestricted educational grant from Amgen.

Dr. Konstantinos-Vellios Kamposioras
University Hospital of Larissa, Department of Medical Oncology, Larissa, Greece
Research Project
"Molecular characterization of the stromal microenvironment in pancreatic adenocarcinoma and its role in tumor progression and prognosis"
Supported by an unrestricted educational grant from Roche.

CLINICAL RESEARCH FELLOWSHIPS 2010

Dr. Michael Baumann
Department of Medical Oncology, St. Gallen, Switzerland
Research Project
"Treatment of naive and fludarabine-refractory CLL in the TCL-1 mouse model with IPI-926 and other hedgehog pathway inhibitors"
Supported by an unrestricted educational grant from MSD Oncology.

Dr. Elena Castro Marco
Centro de Investigación del Cáncer, Hospital Universitario de Salamanca, Universidad de Salamanca, Salamanca, Spain
Research Project
"Optimizing prostate screening in high risk populations: role and indications of prostatic biopsy and germline genetic profiling"
Supported by an unrestricted educational grant from Novartis.

What's in it for me? Please visit the 'career and grants' section of www.esmo.org for more information on how our Fellowship Program can benefit you and for testimonials from past ESMO Fellows on the benefits of participation. The application deadline for clinical fellowships is 1 May 2011.

ESMO CONGRESS 2010 PHOTO HIGHLIGHTS

REMINDER...

CME points: The 35th ESMO Congress Scientific Program has been designated for a maximum of 24 hours of European CME credits (ECMECs). The Congress has also been accredited with 28 Italian CME (crediti ECM) points. Application for Italian CME is possible onsite at the "Italian CME desk".

Certificate of attendance: As of today you can print your Certificate of Attendance from the Internet kiosks in the main entrance. You'll need to enter your badge ID code and last name to login, and then complete the Congress evaluation questionnaire before obtaining your Certificate.

Not able to print your certificate during the Congress? You have one month post-Congress to print it from home. Information can be found on the Congress section of the ESMO website www.esmo.org.

ESMO members: Avoid the lines at the Internet kiosks by printing your certificates from the comfort of the Members' Lounge!

FUTURE MEETINGS

ESMO-AIOM Joint Event 2010	Milan, Italy	7 October 2010
Cancer Biology for Clinicians Symposium	Nice, France	26-27 November 2010
Lung 2011 - European Multidisciplinary Conference in Thoracic Oncology (EMCTO)	Lugano, Switzerland	24-26 February 2011
9th International Symposium on Targeted Anticancer Therapies (TAT) 2011	Paris, France	7-9 March 2011
8th Symposium on Advanced Ovarian Cancer 2011 - GEICO	Valencia, Spain	4 March 2011
Breast 2011 - IMPAKT	Brussels, Belgium	5-7 May 2011
Stockholm 2011 ECCO-ESMO Congress	Stockholm, Sweden	23-27 September 2011
Metastases 2011 Symposium	Barcelona, Spain	Autumn 2011
Vienna 2012 ESMO Congress	Vienna, Austria	28 September- 2 October 2012

ESMO would like to thank our Congress Daily Editorial Team: Prof Gordon McVie, Dr. Fatima Cardoso and Springer Healthcare.

Springer Healthcare

Poster Presentation (Display) Monday, 11 October 2011 **10.45-11.45**
Basic science and translational research Red Hall

BIOLOGICAL SIGNPOSTS FOR TUMOR METASTASES

Primary tumors of different origins will preferentially give rise to metastases at different sites around the body, but why this occurs is unknown. In a very interesting presentation, Dr. Leonie Mekenkamp presents results from a study examining differences in clinicopathological features of 550 patients with metastatic colorectal cancer and either hepatic or extrahepatic metastases. Patients with hepatic disease were more likely to be female and have synchronous metastases, while patients with extrahepatic disease had fewer T3 tumors, and their tumors were more often mucinous carcinomas. Additionally, specific chromosomal abnormalities were associated with each metastatic pattern. Thus, it appears that certain biological signposts of the patient and tumor can determine where metastases occur - although in this study metastases location did not impact on survival.

Proffered Paper session Late-Breaking Abstract Session Monday, 11 October **10.30–12.15** Gold Hall

THE SUN SHINES ON NEUROENDOCRINE TUMORS: A RADIANT GLOW

Treatment options for patients with advanced neuroendocrine (NET) or pancreatic neuroendocrine (pNET) tumors are limited. In phase II trials everolimus has shown benefit in advanced NET. At this year's congress, data are presented from two phase III trials examining the benefits of everolimus+octreotide LAR versus placebo+octreotide LAR in NET patients (RADIANT-2, LBA 8) and everolimus monotherapy versus placebo in pNET patients (RADIANT-3, LBA 9). In both trials the use of everolimus provided a clinically significant increase in PFS over placebo, while providing an acceptable safety profile consistent with that known for everolimus in cancer patients. These data mark an important advancement in the treatment of patients with advanced NET or pNET.

Reaching Higher

Amgen Oncology is pursuing the benefits of Vectibix® across multiple indications.
We strive to extend and improve human lives through human therapy.

APRIL 2010

Submission of combination data to EMA

2009

September.
Presentation of prospective phase 3 studies of Vectibix® combination therapy as 1st- and 2nd-line treatment* for mCRC patients with wild-type *KRAS*[1]

2008

April.
Landmark Vectibix® data establish *KRAS* as a biomarker that improves patient selection in mCRC[2]

2007

December.
Vectibix® becomes the only EGFR inhibitor to receive approval in monotherapy for patients with wild-type *KRAS*[2]

As a 100% human antibody, Vectibix® has the potential to enhance efficacy, safety and ease of use[3]

Vectibix® (panitumumab)

AMGEN®

Amgen (Europe) GmbH
Zug, Switzerland

PMO-AMG-444-2010

Vectibix® is indicated as monotherapy for the treatment of patients with EGFR-expressing, metastatic colorectal carcinoma with nonmutated (wild-type) *KRAS* after failure of fluoropyrimidine-, oxaliplatin-, and irinotecan-containing chemotherapy regimens.
*Under Regulatory Authority Assessment

References: 1. Joint 15th Congress of the European Cancer Organization and 34th Congress of the European Society for Medical Oncologists. Colorectal cancer highlights from the 2009 joint ECCO/ESMO multidisciplinary congress. *Clin Adv Hematol Oncol.* 2009;7:631-632. **2.** Amado RG, Wolf M, Peeters M, et al. Wild-type *KRAS* is required for panitumumab efficacy in patients with metastatic colorectal cancer. *J Clin Oncol.* 2008;26:1626-1634. **3.** Weiner LM. Fully human therapeutic monoclonal antibodies. *J Immunother.* 2006;29:1-9.

AIFA submission date: 17 September 2010.