

Targeted sessions for targeted therapies at ASCO

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It's likely that you have just returned from ASCO 2014 in Chicago with 33,000 of your closest oncology friends, or that you have at least heard all about the meeting and some of the exciting presentations. Either way, you must be wondering how best to sift through the mountain of data and information that came out of the meeting so that you can organize it, absorb it, and – here's the real challenge – apply it in the real-clinic setting going forward. Perhaps I can help a little by reviewing the 4 plenary papers as they were quite significant to current practice, but first I wanted to pose the question: Why is ASCO no longer your mother or father's ASCO? In years past, you would attend the meeting for a comprehensive update on how to treat breast, colon, or lung cancers, other solid tumors, and some of the hematologic malignancies in hour-and-a-half-long educational sessions for each cancer type. Unfortunately, that is no longer the case. It's as if we are the victims of our success. The educational sessions this year were highly focused, with such sub-specialized titles as “ER/HER2-positive breast cancer” or “lung cancer with molecular testing” – you get the idea: targeted sessions for targeted therapies. The meeting still has great value as a one-stop platform for us to gather great data and give us access to the complicated diagnostic and therapeutic modalities presented, but how is one to distill this into a treatment plan for the next patient when you get home? It's a challenge.

The first plenary paper was a combined presentation by Olivia Pagani of data from the SOFT and TEXT studies. She and her co-investigators reported that the aromatase inhibitor exemestane is more effective than tamoxifen in preventing breast cancer recurrence in premenopausal women who are also receiving ovarian function suppression as adjuvant treatment for hormone-sensitive early breast cancer (disease-free survival at 5 years: 91% vs 87%, for exemestane and tamoxifen, respectively). However, that gain comes with some more significant side effects. The question of tamoxifen alone without ovarian function suppression will be answered when the SOFT trial is presented at San Antonio Breast Conference later this year.



Christopher Sweeney presented the findings of a phase 3 trial in which he and his colleagues found that adding docetaxel to initial hormone therapy (androgen deprivation therapy, ADT) in men with metastatic, hormone-sensitive prostate cancer can extend overall survival (OS) by more than a year. Men who received ADT plus docetaxel had a median overall survival of 57.6 months, compared with 44.0 months for men who received only ADT. Dr Sweeney noted that this was especially the case for men with visceral or at least 4 or more metastatic lesions.

Findings from a third large trial in metastatic colon cancer were presented by Alan P Venook. He and his colleagues compared OS in KRAS wild type patients who received FOLFIRI (irinotecan, 5-fluorouracil, leucovorin) or FOLFOX (oxaliplatin, 5-fluorouracil, leucovorin) based on physician/patient choice and were then randomized to receive either cetuximab or bevacizumab. I found it interesting that there was no significant difference in either OS (cetuximab, 29.9 months; bevacizumab, 29.0 months) or progression-free survival (10.45 and 10.84 months, respectively), suggesting that FOLFIRI and FOLFOX have similar efficacy for this patient population. However, data on response rates, therapy duration, dose, surgery details, and subsequent therapies are pending and should become available in the next few months.

A second of the plenary presentation trials to yield a “no difference” result came from the much-anticipated ALTTO trial in HER2-positive early breast cancer. In that trial, women were randomized to receive either lapatinib and trastuzumab, or trastuzumab followed by lapatinib, and each arm was then compared with trastuzumab alone. Dr Martine Piccart-Gebhart reported that she and her colleagues found no difference in disease-free survival between the therapies despite the doubling of the pathologic complete response rate previously reported in the NeoALTTO trial.

In our upcoming issues, we will try to triage the key presentation findings and practice changers for you and feature them as “ASCO at a glance” reports and video interviews both in the journal and on our Web site

(www.jcso-online.com). The reports and videos are the work of the news team sent to the ASCO meeting by our sister publication, *THE ONCOLOGY REPORT*. But for now, in this issue, we bring you a report on page 205 by Meisenberg and colleagues, in which they describe how embedding a supportive care clinic run by a nurse practitioner within their practice markedly reduced the number of symptom-related problems and emergency department visits among their patients.

In the last 10 years, we have gone from having no successful therapies for renal cell carcinomas to the current wealth of choices (with potential side effects, though). On page 197, Hayes and colleagues note that many of us need a broader understanding of which agents have which side effects and how those side effects should be addressed. Still with renal tumors, a review by Fracchia and colleagues (p. 212) follows on the contemporary management of small

renal tumors, which are now more readily identified as diagnostic imaging tools improve and the population ages. The authors note that many of these tumors may not need any therapy.

Perhaps one of the newest and most exciting therapies approved for lymphoid malignancies, in particular chronic lymphocytic leukemia, is the Bruton's tyrosine kinase and B-cell inhibitor, which will open many pathways for use in different B-cell lymphoid malignancies. De Lartigue contributes a detailed and colorful review of how this BTK agent works in B-cell signaling pathways (p. 222). And finally, to test your knowledge of the recent literature, Mason presents our newest feature, Journal Club (p. 228), on the topic of screening for lung and breast cancers, complete with summation of the key articles, related multiple choice questions, and of course, the answers.