Congress of the European Society of Medical Oncology, ESMO, in Madrid, Spain, September 26 to 30, 2014

REPORT

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ABSTRACT

The Congress of the European Society of Medical Oncology was celebrated on September 26 to 30, 2014, in the Fairground Institution of Madrid (IFEMA). In that meeting, the new scientific advances on cancer studies were presented. Advances in clinical trials of several aggressive cancer types were presented, including the Cleopatra clinical trial phase III in HER2 positive breast cancer. Detailed practices, policies and financial aspects relevant for the advancement of the collaboration between clinical researchers and healthcare personnel were also discussed. The need to provide an optimal care to cancer patients was debated as well.

Keywords: ESMO 2014, congress, cancer clinical trials

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RESUMEN

Congreso de la Sociedad Europea Médica Oncológica, ESMO, en Madrid, España, 2014. Del 26 al 30 de septiembre de 2014 se celebró el Congreso de la Sociedad Europea de Oncología Médica, ESMO 2014, en las instalaciones de la Institución Ferial de Madrid (IFEMA). Se presentaron las novedades y avances científicos en el estudio del cáncer, en particular los resultados de estudios clínicos en tipos de cáncer muy agresivos, entre ellos los del estudio clínico fase III Cleopatra en cáncer de mama positivo a HER2 positivo. También se expusieron detalladamente las cuestiones prácticas, políticas y financieras que dificultan la colaboración entre investigadores y personal de la salud. También se debatió sobre necesidad de una atención óptima a cada paciente de cáncer.

Palabras clave: ESMO 2014, congreso, ensayos clínicos contra el cáncer

*T*he congress

The Congress of the European Society for Medical Oncology was celebrated on September 26 to 30, 2014, in the Fairground Institution of Madrid (IFEMA). In that meeting, the new scientific advances on cancer studies were presented.

Dr. Rolf A. Stahel, from the Hospital University of Zürich, Switzerland, inaugurated the congress with the theme "Precision medicine in cancer care".

The congress summoned more than 18 000 specialists on cancer research, oncologists and professionals of related medical specialties, to discuss the last scientific advancements in the improvement of cancer disease prognosis. Molecular targets and immunotherapy treatments were the main focus of the meeting, with more than 1550 studies presented which fostered the knowledge on the evolution of the disease.

Particularly in women, one out of five diagnosed with breast cancer carries a variant denominated HER2-positive, a very aggressive form of the disease that is associated with decreased survival if unattended. The HER2 receptor is found in many normal cells and in the surface of HER2 positive tumor cells in higher amounts. For these reasons, a new treatment modality was presented against this disease, showing unprecedented benefits by extending in five years the life of women suffering from Her2 positive breast cancer. The Swiss lab of the firm Roche showed their definitive results of the Cleopatra clinical trial phase III on this type of cancer, which enrolled more than 800 women and evaluated the combination of the monoclonal antibodies Perjeta® (Pertuzumab) and Herceptin® (Trastuzumab), also combined with docetaxel chemotherapy (standard therapy). The treatment prolonged patients' survival up to 15.7 months [1].

As pointed out by the clinical researcher Sandra Swain, from the Washington Hospital Center, on her talk, these are great results, in fact, the highest extension of patients' life ever provided by a medicine studied in cases of metastatic breast cancer, and also for any metastatic cancer type when the disease spreads throughout the body. The increased survival in almost 16 months is unprecedented in breast metastatic cancer.

Additionally, the results of the IMELDA trial were presented, testing for the very first time the benefits of using Avastin® (Bevacizumab) plus Xeloda® (Capecitabine) as sequencial maintenance treatment. It increased survival of advanced HER2 negative breast cancer patients in approximately 15 months [2].

New data were also presented on the CALGB/SWOG 80405 phase III trial in metastatic colorectal cancer patients bearing the native RAS type [3]. The trial compared two biological drugs in the first line of treatment: the antiangiogenic Avastin® (Bevacizumab) by Roche and the anti-epidermal growth factor receptor (anti-EGFR) drug Erbitux® (Cetuximab) by Merck, both combined in the commonly used chemotherapeutic schedules (Folfox and Folfiri). During the trial,

1. Baselga J, Cortés J, Kim SB, Im SA, Hegg R, Im YH, et al. CLEOPATRA Study Group. N Engl J Med. 2012;366(2):109-19.

2. Gligorov J, Doval D, Bines J, Alba E, Cortes P, Pierga JY, et al. Maintenance capecitabine and bevacizumab versus bevacizumab alone after initial first-line bevacizumab and docetaxel for patients with HER2-negative metastatic breast cancer (IMELDA): a randomised, open-label, phase 3 trial. Lancet Oncol. 2014;15(12):1351-60.

3. Venook A, Niedzwiecki D, Lenz HJ, Innocenti F, Mahoney MR, O-Neil B, *et al*. Abstract 501O - CALGB/SWOG 80405: PHASE III trial of Irinotecan/5-FU/leucovorin (FOLFIRI) or Oxaliplatin/5-FU/Leucovorin (mFOLFOX6) with Bevacizumab (BV) or Cetuximab (CET) for patients (pts) with expanded ras analyses untreated metastatic adenocarcinoma of the colon or rectum (MCRC). 2014 [cited 2014 July 16]. Available from: http://www.esmo.org/Conferences/Past-Conferences/ESMO-2014-Congress/News-Articles/Results-From-the-CALGB-SWOG-80405-and-FIRE-3-AIO-KRK-0306-Studies-In-All-RAS-Wild-Type-Population

a statistically significant difference was detected in the overall survival, higher in the trial branch treated with Avastin® plus chemotherapy as compared to the one receiving Erbitux® plus chemotherapy (32 vs. 31.2, respectively). Therefore, the treatment with Roche's Avastin® retains its leading position at the therapeutic setting.

Other results from this company, based on Basilea, were presented, such as the coBRIM phase III trial [4], using Cobimetinib in advanced melanoma. The results showed that the combination of the MEK inhibitor Cobimetinib with the BRAF inhibitor Zelboraf® (Vemurafenib) contribute to increase the progression-free survival in patients carrying the BRAF V600 mutation, compared to monotherapy with Vemurafenib (9.9 vs. 6.2 months). These encouraging results could lay the foundations for a new treatment of reference I this aggressive skin cancer.

Also, new details were brought about the innovative immunotherapy MPDL3280A in bladder cancer, which results were the breaking news on the last edition of the American Society of Clinical Cancer (ASCO), held in June 2014 in Chicago. After 30 years without hope for this type of cancer, personalized anti-PDL1 immunotherapy effectively reduced tumor size in 43 % of the patients suffering from a specific type of metastatic bladder cancer.

Other results were presented, in patients with uterus neck (cervix) cancer which reappeared after treatment or spread to other body regions. In those patients, tumor incidence can be decreases by using the experimental drug Cediranib developed by AstraZeneca, compared to the standard chemotherapy treatment, with a moderate improvement in progression-free survival. As remarked by Dr. Paul Symonds, from the Department of Cancer Studies and Molecular Medicine at the University of Leicester and leading researcher on this type of tumors, uterus neck tumors showing a well developed blood irrigation network are of bad prognosis. The Cediranib experimental drug advantageously blocks the vascular endothelial growth factor on the cell surface of the tumor, impeding by these means the growth of new blood vessels for tumor blood irrigation.

Significantly, about 70 % of uterus neck cancer patients in Europe are treated with surgery or chemotherapy. Those presenting recurrent or secondary cancer are of bad prognosis, and only 20-30 % of patients reduce tumors following conventional chemotherapy, also showing a survival of less than a year [5].

Reena Khanna, specialist from the International Medical Society (IMS) consultation in London stressed out that 7 % of oncology patients interrupt treatment due to the secondary effects of therapies, according to a recent survey conducted in Europe among 7899 patients in France, Germany, Italy, the United Kingdom and Spain which was presented at the Congress. Taking this into account, a new treatment was announced to reduce nausea and vomiting in patients receiving a chemotherapy regime using the drug Cisplatin®.

Concluding remarks

Detailed practices, policies and financial aspects relevant for the advancement of the collaboration between clinical researchers and healthcare personnel were also discussed at the Congress of the European Society of Medical Oncology, ESMO 2014. The need to provide an optimal care to cancer patients was debated as well.

The leading role of ESMO in fighting cancer disease associated to more than 200 different tumor types is part of its programmatic platform. The challenge in oncology resides on the availability of treatments able to fit patient properties and tumor specificities at the same time. In fact, 70 % of breast cancer, 50 % of advanced colon cancer and 20 % of lung cancer cases are currently being treated precisely.

The tree major messages of this Congress, which next meeting was officially announced for 2016 in Copenhagen, Denmark, were: 1) immunotherapy as emergent treatment with great potential; 2) targeted therapies as consolidated treatment; and 3) the advances in the molecular knowledge of tumors as basic research to develop precision medicine.

4. Larkin J, Ascierto PA, Dreno B, Atkinson V, Liszkay G, Maio M, *et al*. Combined vemurafenib and cobimetinib in BRAF-mutated melanoma. N Engl J Med. 2014;371(20):1867-76.

5. National Cancer Institute. 2014 [cited 2014 July 16]. Available from: www.cancer.gov