

BOPA Bursary Scheme

ASCO Daily Blog: Day 3

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We are reporting from day 3 at ASCO, this is one of the busiest days as the plenary session occurs today. This is basically the big session where any research is presented which will likely change clinical practice. Everyone wants to hear this information presented, and subsequently it is very very busy! (Take a look on twitter at the [video of people leaving](#) the plenary session to see the scale!)

With this in mind, we woke up ready to eagerly read the abstracts for the plenary when they were first released, and were planning our day around getting to the plenary session in good time to get a seat!!

So, feeling excited having read the abstracts, Marcus, Joe, Kumud and Debra met to discuss their initial thoughts and brainstormed the potential outcomes for us back in the UK. Check out their video of this debate on the BOPA website.

So details...for the plenary there were four big pieces of research; TAILORx, CARMENA, EpSSG and KEYNOTE 042. I'm sure you have all read the [tweets](#) as they were plentiful, and please take a look at the videos on the BOPA website where we in turn visually describe the key results from each study. Using sketch notes was a new idea for us, so do let us know what you thought (and whether you prefer this or seeing our lovely faces!). To summarise each study;

TAILORx

6711 patients were randomised between oestrogen blockade and oestrogen blockade + chemotherapy (standard of care) when they had an oncotype score between 11-25. Results showed patients over 50 years with an oncotype score <25 do not require chemotherapy. For patients <50 years there maybe a cohort of patients who would benefit from chemotherapy.

So what does this mean? - Some patients with ER +ve node -ve breast cancer can be spared chemotherapy. However this isn't as clear cut as the headlines might suggest. Pharmacy services will want to work with their local clinical teams, to better understand the local impact.

CARMENA

450 patients with metastatic renal cancer were randomised to surgery + sunitinib or sunitinib alone. The results demonstrate that there is no benefit from cytoreductive surgery.

So what does this mean? In terms of pharmacy do we know how much sunitinib we need to give? Will this result in patients being treated for longer which could have a cost implication.

EpSSG

670 children with rhabdomyosarcoma were randomised between standard of care followed by maintenance with vinorelbine + cyclophosphamide and standard of care alone. Results showed a 10% absolute increase in three year overall survival and are only the third study to ever show a benefit in these patients.

So what does this mean? After the session this caused a healthy discussion (between Calum and Joel!) Calum feels that patient numbers are very small and probably will result in only one life saved in the UK/year. Joe however was more concerned about the toxicity of maintenance treatment, in patients who will already have undergone intensive treatment.

KEYNOTE 042

1274 patients with first line PDL1>1% NSCLC were randomised between pembrolizumab until progression and chemotherapy (taxol + carbo/pem + carbo). This demonstrated a 19% reduction in risk of death for patients on pembrolizumab.

So what does this mean? There is now a case for the use of first line immunotherapy for the majority of NSCLC cases however there are some concerns with the data that will need addressing before UK funding is likely to be granted. These include an increase in early progression and death on the pembrolizumab arm and the inclusion of patients who had a PDL1>50% in the sample who would currently receive pembrolizumab. This cohort needs excluding to fully understand the benefit in the patients who don't currently receive immunotherapy. If these data concerns are resolved this would increase the number of patients being treated until progression which will have a capacity and cost impact for pharmacy. Other data presented recently shows benefits from adding chemotherapy to pembrolizumab in patients with PDL1 >50% and therefore we can expect this to be a period of rapidly evolving data.

Despite the plenary being the focus of the day, the team did manage to squeeze in lots of other useful sessions!

Hannah attended 'patient and survivor care' in the early morning. This session covered many aspects of supportive care, one interesting discussion was regarding the use of omega-3 to reduce aromatase-inhibitor induced arthralgia. The study showed that omega-3 may reduce pain in obese patients and could be successfully used in this patient group. A good one for pharmacy to consider if questioned on this by patients.

Debra went to an oral session covering haematological malignancies - lymphoma and chronic lymphocytic leukaemia whilst Charlie went to a session on checkpoint inhibition and cell-based therapy in NHL. See twitter for highlights of the [Leukaemia](#) and [Lymphoma](#) sessions!

Calum attended a session on metastatic breast cancer which threw up lots of ideas. He is concerned about the increasing appearance of fulvestrant in control arms of hormone studies which will make interpretation of data in the UK difficult as we do not have access to fulvestrant in this patient group.

James and Kelly produced two great videos looking at health service research, with them being questioned by Steve.

Kelly also attended and tweeted about an interesting discussion on patient reported outcomes and the benefit they may have for patients using web based symptom reporting. This highlighted the value of PROMs and the importance of study.

Alkis attended various sessions and made some good points on twitter, in particular the need for oncology pharmacists to ensure safe and proper prescribing and administration of TKIs.

Steve had a busy day, covering the early morning highlights session, managing to fit in a networking session with HOPA, and finishing with the 3 hour plenary!

Finishing up, everyone headed home digesting the informative day. Monday ahead of us, we are all looking forward to supporting Alkis in his poster presentation, hearing about the results of the Persephone data, and of course the little matter of celebrating Joe's birthday! (29!!)

That's it for now! We'd love to hear what you think of our coverage, this is the first year of the BOPA bursary in ASCO and is a learning curve for everyone involved so get in touch!

Hannah, Charlie and Calum