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In the news

FROM ESMO 2016

The ESMO 2016 Congress, held in Copenhagen, Denmark, was attended by ~20,000 members of the oncology community from >120 countries. This meeting provided an excellent forum for health-care professionals from a range of disciplines to discuss their work, share ideas, and build networks, with the shared goal of improving the lives of individuals affected by cancer. Patient advocates added their important perspectives, and policy makers were also in attendance, including the Danish Prime Minister, Lars Løkke Rasmussen, who discussed his country's 4th National Cancer Plan, which he called the 'patients' plan'.

As expected, the remarkable advance of immunotherapy continued. In the phase III CheckMate 141 trial, nivolumab was shown to improve the overall survival and, importantly, quality of life of patients with recurrent head and neck cancer, compared with standard therapy. Considering the costs of immunotherapy, having a choice of agents, and the competition this creates, might be a good thing. In this regard, the anti-PD-L1 antibody atezolizumab is likely to join the anti-PD-1 antibodies pembrolizumab and nivolumab as second-line treatment options for advanced-stage non-small-cell lung cancer (NSCLC) after an overall survival advantage over docetaxel chemotherapy was demonstrated in the phase III OAK trial. Conversely, it is nivolumab that seems set to join atezolizumab in the therapeutic armamentarium for recurrent bladder cancer, in light of data from CheckMate 275, in which the objective response rate (ORR) was 19.6% — higher than that observed in the trial that led to approval of atezolizumab (15%). Of note, immunotherapy is poised to move into the first-line setting in both of these diseases: the CheckMate 032 and KEYNOTE-052 trials of nivolumab and pembrolizumab, respectively, both demonstrated ORRs of ~24% in the first-line treatment of bladder cancer, whereas the CheckMate 026 and KEYNOTE-021/-024 trials provided insight into the efficacy of these agents in newly diagnosed NSCLC.

Other studies presented have opened avenues to move immunotherapy beyond the advanced-stage treatment setting. First, nivolumab was shown to have considerable activity in the neoadjuvant treatment of stage I–IIIA NSCLC. Second, in a phase III trial, 5-year recurrence-free, distant-metastasis-free, and overall survival rates were all increased by ~10% after treatment of patients with completely resected stage III melanoma with the anti-CTLA-4 antibody ipilimumab, compared with placebo. Of note, however, a separate study found that, each year, around 5,000 European patients with melanoma do not have access to the currently approved drugs, including immunotherapies, and expanding the indications for these agents could compound this issue.

Numerous other important therapeutic developments were reported, including combination of the anti-CD38 antibody daratumumab with lenalidomide and dexamethasone in multiple myeloma, maintenance poly[ADP-ribose] polymerase inhibitor therapy with niraparib in platinum-sensitive ovarian cancer, and BRAF inhibition in paediatric low-grade glioma. The results presented at ESMO 2016 will, no doubt, lead to changes in oncology practice. We look forward to ESMO 2017.

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