

In the news

FROM THE ASCO20 VIRTUAL MEETING

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This year, for the first time in its history, the ASCO Annual Meeting went entirely virtual. Although many will have missed out on networking opportunities and the collective excitement of witnessing the presentation of new, practice-changing data in person, the virtual format does have advantages. In addition to obvious environmental benefits, the virtual format potentially opens up the meeting to many more participants than usual (indeed, at least 42,700 attendees from 138 countries participated). The potential for increased engagement resonates with the theme of this year's meeting: 'unite & conquer: accelerating progress together'.

Underscoring this ethos, as well as the reason for holding the meeting virtually, 'attendees' were provided with updates from the international COVID-19 and Cancer Consortium (CCC-19) and from the Thoracic Cancers International COVID-19 Collaboration (TERAVOLT) on the interactions between cancer and COVID-19. It is becoming clear that patients with COVID-19 and active cancer, and perhaps particularly lung cancer, are at an increased

risk of hospitalization and death. However, no particular form of cancer therapy was associated with increased mortality in the CCC-19 cohort. These findings have potentially important implications for the care of patients with cancer during the current pandemic, with a need to balance the risks of exposure to COVID-19 and compromising the delivery of effective cancer therapy.

Paediatric and other rare cancers also warrant collaborative research efforts. In this regard, findings from the real world, multi-national INFORM registry study demonstrate the feasibility of a precision medicine target support algorithm for paediatric patients with poor-prognosis cancers. In patients with a 'very high priority' target identified (8% of the cohort), receipt of matched treatment seemed to improve progression-free survival (PFS), although not overall survival (OS). The very high priority targets included *NTRK* fusions and *ALK* alterations, with the STARTRK-NG trial also providing evidence that paediatric patients with cancers harbouring these aberrations benefit from molecularly targeted therapy, specifically, with entrectinib. Promising results were also reported for adults with rare cancers, including those of the FOENIX-CCA2 study of the FGFR1-4 inhibitor futibatinib for *FGFR2* fusion-positive intrahepatic cholangiocarcinoma and the ARROW study of the RET inhibitor pralsetinib for *RET*-altered cancers.

Turning to the plenum, this session notably featured two phase III trials with results that could perhaps be considered 'negative'. The ECOG-ACRIN 2108 study revealed that early local therapy targeting the primary tumour in women with de novo metastatic breast cancer does not improve PFS, OS or quality of life. Similarly, in ENDURANCE, replacing bortezomib with the

next-generation proteasome inhibitor carfilzomib in the initial treatment of multiple myeloma did not improve PFS or OS; thus, the bortezomib, lenalidomide and dexamethasone (VRd) regimen remains the standard of care. Although these studies are arguably not practice changing, they are practice confirming.

However, potentially practice-changing phase III studies also featured in the plenary session. The results of JAVELIN Bladder 100 suggest that maintenance avelumab after initial platinum-based chemotherapy might soon become a standard of care for patients with advanced-stage urothelial carcinoma. This approach was associated with a median OS duration of 21.4 months (probably the longest ever observed in a phase III trial in this setting) compared with 14.3 months with best supportive care. In KEYNOTE-177, frontline pembrolizumab substantially improved disease control in patients with microsatellite instability-high and/or DNA mismatch repair-deficient metastatic colorectal cancer (median PFS 16.5 months versus 8.2 months with standard chemotherapy regimens; 24-month PFS 48.3% versus 18.6%). Finally, impressive gains in disease-free survival in patients with stage IB-IIIa *EGFR*-mutant non-small-cell lung cancer were achieved with adjuvant osimertinib in the ADAURA trial (90% at 2 years versus 44% with placebo), although effects on OS are currently unclear.

As outgoing ASCO president Howard A. 'Skip' Burris III said: "Although the pandemic prevented us from gathering in Chicago, it didn't stop us from fulfilling our mission of sharing knowledge to accelerate progress for millions of people worldwide living with cancer." An additional ASCO20 Virtual Education Program will take place in August, and we wonder whether these virtual experiences might further contribute to promote unity and collaboration in oncology research and beyond.

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