CLINICAL INVESTIGATION

INTERVIEW

Clin. Invest. (2013) 3(1), 17–19

European Society for Medical Oncology 2012 annual meeting: update on oncology trials

Christoph Zielinski*

"...the most pressing areas of debate were first of all the awareness of personalized medicine for cancer patients, and second, targeted treatments with targeted agents in particular diseases..."

Clinical Investigation **editorial board member Christoph Zielinski speaks to Alexandra Hemsley, Assistant Commissioning Editor, about the 2012 annual meeting of the European Society for Medical Oncology (ESMO) held in Vienna (Austria) from 28 September to 2 October 2012.**
Christoph Zielinski is Director of the Division of Clinical Oncology and Chairman of the Department of Medicine at the Medical University of Vienna (Austria). He is the coordinator of the Comprehensive Cancer Centre in Vienna and President of the Central European Cooperative Oncology Group (Vienna, Austria). His current research encompasses a range of cancer therapies. Zielinski is a member of the American Society of Clinical Oncology **and the** European Society for Medical Oncology, **and has published over 400 original research papers and reviews. Zielinski was also the local officer for the European Society for Medical Oncology conference.**

Q You recently attended the European Society for Medical Oncology (ESMO) conference in Vienna, Austria. What would you say were the most pressing areas of debate?

I would say the most pressing areas of debate were first of all the awareness of personalized medicine for cancer patients, and second, targeted treatments with targeted agents in particular diseases, for instance the combination of tyrosine kinase inhibitors for metastatic melanoma or the treatment of ALK-positive lung cancer examined in controlled trial of crizotinib versus chemotherapy. Furthermore, I would say that the debate on the duration of trastuzumab treatment in the adjuvant setting in patients with breast cancer corroborating our current strategy of the administration of trastuzumab for 1 year was particularly important. Finally, the demonstration of the feasibility and possibilities of conducting molecular biological analyses in a defined patient population on a wider basis, as shown in the study presented by Fabrice Andre in patients with breast cancer [101], was remarkable.

Q What about other discussion raised at the ESMO conference? Were any areas highlighted as being important areas for future investigation?

I think that we would probably also have to consider other aspects for future investigation; for example, those that would include genetic analyses based on genome sequencing for patients with breast cancer with various characteristics. The other thing that would be quite interesting for future investigation would be biological markers for malignant diseases, including circulating tumor cells

*Clinical Division of Oncology, Department of Medicine I, Medical University of Vienna, Vienna, Austria
Tel.: +43 1 40400 4445
Fax: +43 1 40400 4451
E-mail: christoph.zielinski@meduniwien.ac.at

ISSN 2041-6792
10.4155/CLI.12.134

and circulating tumor RNA. Such considerations are particularly valid for breast cancer, but also for other malignancies such as prostate cancer. Similarly, the analysis of various genetic aspects for the definition of patients with certain necessities for treatment would also be important.

Q Recently, there has been discussion about treating the cancer microenvironment – would you say there are now new approaches to treating cancer?

The cancer microenvironment is a very important component of treatment. This includes angiogenesis targeted by sorafenib, sunitinib or pazopanib. Thus, it is quite important to see the study shown by Motzer on renal cancer, where Pazopanib was compared with Sunitinib in patients with advanced disease showing that both drugs presented with an equal result in the chosen end point [102]. Other trials seemed to suggest that combinations of different anti-angiogenetic compounds could be quite interesting, which again could be an important new approach for treating cancer. Another aspect that is important when considering the microenvironment is, of course, immunomodulation where ipilimumab or the anti-PD1 antibody could be exciting new developments by positively influencing the body's immune mechanisms against emerging tumor cells.

Q Were the current approaches for treating soft tissue sarcoma discussed, given the recent findings that do not support the use of doxorubicin and ifosfamide?

Soft tissue sarcoma was an important area of debate because of the presentation of a study on doxorubicin and ifosfamide in this disease. This study showed that doxorubicin and ifosfamide are of no additional benefit compared with monotherapy with an anthracycline. Thus, we will have to try to further analyze and subclassify soft tissue sarcoma, as we are still treating this multitude of diseases in a largely identical way by a 'one-size-fits-all' strategy. In contrast, gastrointestinal stromal tumors have shown us how beneficial and effective targeted treatment might evolve once a drugable target, including its various characteristics, is identified.

Q What do you perceive as being the most important developments for personalized medicine for hepatocellular carcinoma?

Well, hepatocellular carcinoma is still one of the most challenging areas, because we still do not really have many therapeutic options for the condition. Most probably, we will still have to wait for an improved understanding of the molecular shifts that trigger the disease to grow. Sorafanib has been such a major breakthrough based upon our molecular understanding of the disease. However, we are still waiting for other treatments to emerge, which might be for instance combination treatments with tyrosine kinase inhibitors.

Q Were any new drugs for ovarian cancer discussed at the ESMO conference? Was there a great deal of interest in any of the drugs in particular?

I think one of the major things for ovarian cancer treatment is the introduction of bevacizumab, the administration of which has been shown recently to be suitable at all the different developmental stages of the disease, with a major and statistical benefit for progression-free survival [103]. What is coming up here, of course, are new PARP inhibitors that have reemerged to major clinical attention recently.

Q The updated results of the herceptin adjuvant (HERA) study were presented at the ESMO conference. Were the results surprising?

There were two trials presented that attempted to study a possible amelioration of treatment duration of trastuzumab in the adjuvant setting of Her-2-/neu-positive early breast cancer. One – the PHARE trial- was 6 months versus 1 year [104]. This was a non- inferiority trial resulting in the demonstration that 6 months of treatment duration were not non-inferior to 1 year thus arriving at the conclusion that 1 year would be the treatment of choice when compared with 6 months. However, the trial is still being updated, and we are eagerly awaiting the final data. The second trial was the HERA study [105]. This trial showed that there was no difference between a treatment duration with trastuzumab administered for 2 years versus 1 year, thus corroborating the current strategy and treatment duration with trastuzumab in the adjuvant setting. In summary, taking both studies together, the conclusion seems defendable that 1 year is the optimal treatment duration of adjuvant trastuzumab in early Her-2-/neu-overexpressing breast cancer.

Q What would you say are the most pressing innovations in oncology at present?

No doubt: targeted treatment and optimized molecular testing resulting in individualized treatment of drugable targets.

Q Do you have any final comments you would like to make?

I have of course a conflict of interest (I was the local officer of ESMO 2012) when I say that I consider this to be the best ESMO conference hitherto made possible by an excellent crew of the ESMO head office, but of course even more so by the ESMO President, the Chairman of the scientific committee as well as the entire scientific committee and the warm atmosphere of friendship and affection between all of us. It was a really magnificent conference and wonderful experience.

Financial & competing interests disclosure

C Zielinkski has received honoraria from the following companies: Roche, Bristol-Myers Squibb, Sanofi-Aventis and Celgene. The author has no other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript apart from those disclosed.

No writing assistance was utilized in the production of this manuscript.

References

1 Pierceall WE, Olaussen KA, Rousseau V. Cisplatin benefit is predicted by immunohistochemical analysis of DNA repair proteins in squamous cell carcinoma but not adenocarcinoma: theranostic modeling by NSCLC constituent histological subclasses. *Ann. Oncol.* 23(9), Abstract LBA13 (2012).

2 Randomized, open-label, Phase III trial of pazopanib versus sunitinib in first-line treatment of patients with metastatic renal cell carcinoma (MRCC): results of the COMPARZ trial. *Ann. Oncol.* 23(9) Abstract LBA8 (2012).

3 Perren TJ, Swart AM, Pfisterer J *et al.* A Phase 3 Trial of Bevacizumab in Ovarian Cancer. *N. Engl. J. Med.* 365, 2484–2496 (2011).

4 AURELIA: A randomized phase III trial evaluating bevacizumab (BEV) plus chemotherapy (CT) for platinum (PT)-resistant recurrent ovarian cancer (OC). *J. Clin. Oncol.* 30, Abstract LBA5002 (2012).

5 Goldhirsch A, Piccart M, Procter M. HERA trial: 2 years versus 1 year of trastuzumab after adjuvant chemotherapy in women with HER2-positive early breast cancer at 8 years of median follow up. *Ann. Oncol.* 23(9) Abstract LBA6 (2012).