

Conference News

Are you organising an annual meeting or conference which you would like to tell our readers about? Or would you like to write a report on a meeting or conference of particular interest? If so, contact Patricia McDonnell at Oncology News on T/F: +44 (0)288 289 7023, E: patricia@oncologynews.biz

3rd ICHNO

Date: 24-26 February, 2011. **Venue:** Barcelona, Spain.

The 3rd International Conference on innovative approaches in Head and Neck Oncology (ICHNO) took place in Barcelona in February 2011. A gentle sun provided a warm multi-disciplinary welcome away from rainy home and Gaudi rapidly became the hallmark of the meeting. The spread of participants was slightly skewed with 33% clinical oncologists, 12% head and neck surgeons, 46% radiation oncologists and 9% from other groups.

We started off with a keynote lecture by Kian Ang who gave an overview of randomised trials and the background for the chosen experimental arms. HPV positive patients do better (or more reliably: HPV negative, P16, do worse) and as in 2009 the question remains: can we decrease treatment and side effects for the prognostically more favorable group? An interesting observation was the continued anti-tumour effect of prolonged Cetuximab administration after chemoradiation.

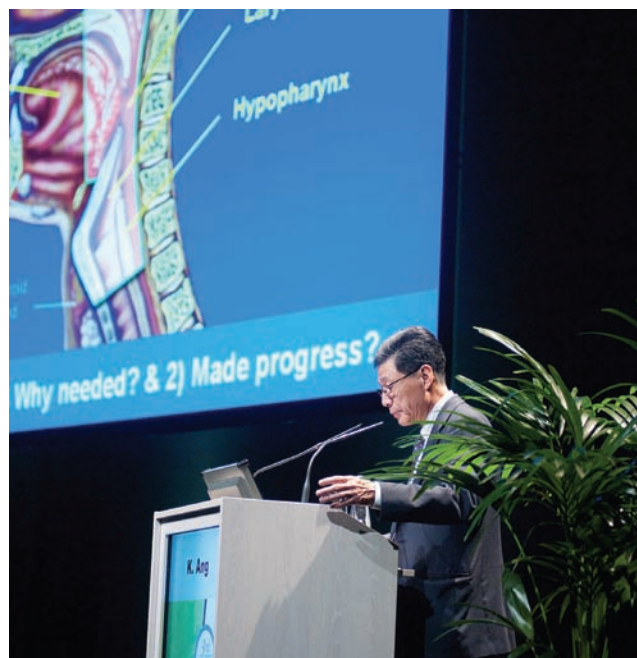
Kaanders reported on the, overall negative, ARCON trial. In the case of hypoxia Arcon was effective. The Danish group proved the value of a sustained database on trials in head and neck cancer: not surprisingly, but clear from the data, co-morbidity is a determining prognostic factor for patients suffering from head and neck cancer, more so than in other tumour regions. Overall: the days that treatment selection was based upon classic TNM criteria are over. We need to do better than that. P16 positivity, less than 10 pack years... Trials testing more specific tumour criteria with tailored treatment are ongoing.

In the afternoon proffered papers were presented. Dr Takes demonstrated that microarray evaluation better predicts nodal metastasis than conventional investigations. Furthermore, the case was made for nimorazole in combination with radiotherapy especially in hypoxic tumours. Given the few side effects, why isn't it used more widely? Dr Nuyts reported on P16 and HPV-ve patients, they do as well as HPV+ve patients. The question that remains is: Is 80% good enough?

Friday stressed the multidisciplinary approach with technological advances on imaging, radiotherapy, nuclear imaging and robotic surgery. Exciting possibilities emerge for the tiny virtual surgeon. Operating from what would otherwise be impossible positions provides new possibilities with minimal side effects. Care should be taken to select patients without the need for adjuvant treatment.

Imaging gradually improves and diffusion MRI predicts response earlier than conventional MRI. Current PET imaging is 95% FDG based. This is likely to change; more tailored agents can better distinguish between tumour and inflammation.

In the afternoon the swallowcopies for wing problem after radiotherapy was addressed. The main factors for late swallowing toxicity are chemotherapy with radiation and the dose to the upper pharyngeal constrictor. Langendijk demonstrated the need for standardisation in delineating the swallowing organs at risk. With different, published, guidelines the dose to the upper pharyngeal constrictor muscle varied from more than 60 to less than 40 Gy. However, a clear improvement in predicted normal tissue complications is possible with swallowing-sparing radiation



Keynote lecture from Kian Ang: "Don't forget the HPV negative patients!" – 650 professionals of radiation oncology participated to the 3rd ICHNO.

techniques. Cleverly designed trials are needed to validate this assumption.

Mucositis in radiation remains a large concern. New drugs are being tested in phase II trials to accelerate regeneration of the mucosa. Given the high prevalence and impact on the quality of life this is an important field to watch.

After recurrent cancer, outcome is poor with radiation, surgery or chemotherapy. Surgical salvage treatment for recurrent cancer is possible but with a high complication rate of 72%. Good tumour control results were presented by C Leemans. What is promising is that with proper selection "once irresectable: always unresectable" 49% disease free survival can be achieved, with 31% DFS after chemoradiation. With new stereotactic radiation treatments re-irradiation with hypofractionation seems possible but control rates remain poor. In the case of metastatic disease, polychemotherapy provides higher response rates but no improvement in survival. The addition of anti-EGFR to chemotherapy provides higher response rates especially in the presence of acneiform rash as a treatment side effect.

New targeted agents provide yet more possibilities in treating head and neck tumours. More and more treatment selection will be based upon molecular imaging and predictors for treatment specific outcome. ■

*Dr Coen Rasch,
The Netherlands Cancer Institute,
Amsterdam, The Netherlands.*

12th International Breast Cancer Conference

Date: 16-19 March, 2011. **Venue:** St Gallen, Switzerland.

Gene expression testing works in Europe
Region specific data, presented at St Gallen, showed that gene expression testing was readily applicable to European patients with early stage breast cancer.

The Oncotype DX breast cancer test, developed by Genomic Health, provides a snap shot of tumour activity at the molecular level by measuring the expression of 21 genes using real time PCR on tumour blocks to measure levels of RNA. Readouts are then fed into mathematical equations to produce the patient's Recurrence Score® (RS), giving a numerical value to the woman's likelihood of benefitting from chemotherapy and experiencing a metastasis over the next 10 years on a scale 0 to 100.

"In the past we've used a one size fits all approach where all women with early stage breast cancer get offered chemotherapy," said Steven Shak, from Genomic Health. "But in reality only four out of 100 women actual benefit, with the remainder experiencing unnecessary toxicity."

The Oncotype X test is widely used in the US (where it was launched in 2004) and is now routinely offered to women with stage I or II node negative and oestrogen receptor positive disease. What has been less clear, however, is whether the Oncotype DX test would be valuable in European health care settings that traditionally use less chemotherapy.

At St Gallen Simon Holt, a surgical oncologist at the Prince Philip Hospital (Llanelli, Wales) presented a prospective analysis of 107 patients who had undergone testing at the South West Wales Breast Cancer Network (abstract P196). The team analysed how many women who had initially been evaluated with the Nottingham Prognostic Index (the current evaluation tool) had treatment decisions changed following evaluation with Oncotype DX technology.

Results showed that 33% of patients in the study had their treatment decisions changed, with 23.6% changing from receiving both chemotherapy and hormone therapy to just receiving hormone therapy and 9.4% changing from just receiving

hormone therapy to receiving hormone therapy plus chemotherapy. "From the clinical perspective it's probably more important to identify those patients who'll benefit from chemotherapy," said Holt, adding that patients were quite happy to undergo treatment once they appreciated its importance.

Scalp cooling does not pose a risk for scalp metastases

Scalp cooling offers a "viable and effective method" for preventing hair loss during cancer treatments and does not appear to pose a risk for scalp metastases, concluded a US overview of 83 papers, presented at St Gallen.

Hair loss is a distressing and common side effect of chemotherapy that can be reduced by scalp cooling, the concept being that low temperatures reduce blood flow to the scalp and the metabolism of chemotherapy.

In the overview study Hope Hugo and colleagues, from the UCSF Comprehensive Cancer (San Francisco, California), reviewed 83 papers published between 1972 and 2009 involving more than 4,000 patients and four cooling systems including DigniCap, Penguin, Paxman and Gel Caps.

The investigators found that seven randomised trials (including 12 to 77 patients) reported good hair preservation in 10 to 100% of patients, with six out of seven studies demonstrating a significant improvement for patients randomised to treatments over those randomised to the control group. In 12 non randomised trials, 46 to 100% of patients were reported to have good to excellent hair preservation. The six studies, involving 1593 patients, that evaluated the incidence risk of scalp metastases, showed that 10 patients (0.6%) developed scalp metastases. None, however, was found to be an isolated site of first metastasis. The success of scalp cooling in hair preservation, the investigators found, was dependant on the type of chemotherapy regimen used, with worse outcomes obtained for the combination of anthracyclines and taxanes.

Coffee protects against oestrogen receptor negative breast cancer

High intakes of coffee were found to be associated with a statistically significant decrease in the risk of oestrogen receptor negative (ER negative) breast cancers, concludes a joint Swedish and Singapore study presented at St Gallen (abstract P150).

While previous studies have suggested that high coffee consumption is associated with a modest reduction in breast cancer risk, a meta-analysis of over 500 papers relating the consumption of coffee to cancer in various sites reported a null association with breast cancer risk. "But the complex make-up of chemicals in coffee may differentially affect breast cancer of different oestrogen subtypes," explained Jingmei Li, first author of the study.

For example, trigonelline, a phytoestrogen present in coffee extract, has been suggested to activate oestrogen receptors through an oestrogen-independent mechanism.

In the current study Li and colleagues from the Karolinska Institute (Stockholm) and Genome Institute of Singapore, explored the association between coffee consumption and breast cancer (stratified according to oestrogen receptor tumour subtypes) among 2,818 cases of breast cancer and 3,111 controls.

In the stratified case-control analysis investigators found that the incidence of oestrogen receptor positive breast cancer was 66% less likely to occur among women who drank more than five cups of coffee a day in comparison to those who drank less than one cup. "We found no evidence that coffee consumption increases the overall risk of postmenopausal breast cancer. However, a high daily intake of coffee was found to be associated with a significant decrease in ER-negative breast cancer among postmenopausal women," said Li, adding that further studies are needed to confirm the effects of coffee consumption according to breast cancer subtypes. ■

Janet Fricker, Medical Journalist.

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**Registration
Here**

Progress In Vaccination Against Cancer – PIVAC-11

Date: 10-13 October, 2011. **Venue:** Copenhagen, Denmark.

PREVIEW

We welcome you all to the next PIVAC meeting "The Eleventh International Conference on Progress in Vaccination Against Cancer" (PIVAC-11) which will be held from 10th-13th October 2011, in Copenhagen, Denmark. The meeting will cover all aspects of therapeutic cancer vaccinations, and retain a relaxed and informal atmosphere for scientific discussions and interactions. PIVAC-11 will be held at the Radisson Blu Royal Hotel in the centre of Copenhagen, a convenient location in the heart of Copenhagen, the Radisson Blu Royal Hotel is regarded as the city's most harmonious high-rise.

The meeting will be up to a maximum of 100 participants and will provide much scope for close interactions among attendees in addition to offering an exciting programme of presentations.

Invited Speakers:

Hinrick Abken, Cologne, Germany
Else Marie Agger, Copenhagen, Denmark
Jim Allison, New York, USA tbc
Mads Hald Andersen, Herlev, Denmark
Sjoerd van der Burg, Leiden, Holland
Chen Dong, Texas, USA

Lindy Durrant, Nottingham, UK
Leisha Emens, Baltimore, USA
Victor Engelhard, Virginia, USA
Tom Gajewski, Chicago, USA
Federico Garrido, Granada, Spain
Cécile Gouttefangeas, Tübingen, Germany
Patrich Hwu, Texas, USA tbc
Joseph Lustgarten, USA
Sue Ostrand-Rosenberg, Baltimore, USA
Graham Pawelec, Tübingen, Germany
Anne Marie Rasmussen, Oslo, Norway
Ton Schumacher, Amsterdam, Holland
Barbara Seliger, Halle, Germany
Andy Sewell, Cardiff, UK
Jolanda de Vries, Nijmegen, Holland

Two EACR Poster Prizes of 100 EUR will also be awarded and certificates presented at the Conference Dinner and Awards Ceremony.

The Trade Exhibition will be open throughout on Tuesday 11th and Wednesday 12th October 2011 in room "Eggett" directly opposite the Meeting Auditorium "Svanen". We look forward to welcoming you to Copenhagen.

Scientific Organising Committee

Per thor Straten
Graham Pawelec
Lindy Durrant

For further information visit:
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14th World Conference on Lung Cancer

Date: 3-7 July, 2011. **Venue:** Amsterdam, The Netherlands.

PREVIEW

On behalf of the International Association for the Study of Lung Cancer (IASLC) and the Local Organising Committee we are pleased to invite you to the 14th World Conference on Lung Cancer, taking place from in July 2011 at the RAI Amsterdam Exhibition and Convention Centre, Amsterdam, The Netherlands.

The World Conference on Lung Cancer is the leading global forum for Lung Cancer and will welcome more than 7,000 experts from a wide range of disciplines from all regions of the world. The Amsterdam Conference will continue the extraordinary success of previous meetings in Seoul and San Francisco, and will provide a legacy and foundation for those to come in Sydney in 2013 and Denver in 2015.

The groundbreaking programme encompasses exciting discoveries in prevention, imaging and early detection of lung cancer, novel approaches to molecular biology and pharmacogenomics of lung cancer and their effect on personalised lung cancer treatment as well as many other topics at the cutting edge of thoracic

oncology. Results from recent clinical trials related to mesothelioma and thymoma, new palliative care options for individuals with lung cancer as well as the efficacy of tobacco control methods being used throughout the world will be discussed.

The 14th WCLC will provide a wonderful forum for you to explore innovations and advances in the treatment of lung cancer, and to meet and interact with colleagues and leaders in the field of thoracic oncology.

A special Young Investigator's Session will be held on 3rd July which is specifically designed for those in the early stages of their career. Hands-On Training Sessions are a brand new addition to the outstanding Programme. These courses will take place on Sunday, 3rd July and provide a fantastic opportunity to receive one-on-one guidance from leading international experts. Repeated self performances using various systems and models will guarantee a wonderful and valuable learning experience.

Amsterdam is home to some of the



world's most acclaimed artistic works and offers a great variety of historical and cultural treasures. There are plenty of ways for visitors of any age to explore Amsterdam and there is something for everyone to enjoy. We hope you will join us for a symphony of outstanding science.

Important Dates:

Abstract Submission Deadline
– 25 February 2011
Early Registration Deadline – 1 April 2011
Regular Registration Deadline
– 20 May 2011

Please visit the Conference website at
www.2011worldlungcancer.org
for further information.