# Conference Digest

## Reports from the European Cancer Congress (ECCO-ESMO-ESTRO)

**Date: 27 September - 1 October 2013; Amsterdam, The Netherlands.**

### Cetuximab improves overall survival in RAS-wild type mCRC

Treatment with cetuximab plus FOLFIRI is associated with a median increase in overall survival of 7.5 months in patients with metastatic colorectal cancer (mCRC) with RAS wild-type tumours compared to treatment with bevacizumab, according to new data from a pre-planned analysis of the FIRE-3 study reported during a late-breaking session at the congress.

The independently led study included 752 patients with mCRC; 592 of these had confirmed KRAS exon 2 wild-type tumours and were randomised to treatment with cetuximab plus FOLFIRI or to bevacizumab plus FOLFIRI. Further analysis of the 407 patients with samples available for further RAS mutation analysis revealed that 84% had RAS wild-type tumours and 16% had RAS mutant tumours other than KRAS exon 2.

Results showed that median overall survival was 33.1 months in mCRC patients with RAS wild type tumours given first-line treatment with cetuximab plus FOLFIRI compared to 25.6 months in those randomised to bevacizumab plus FOLFIRI (hazard ratio 0.70, 95% confidence interval 0.53-0.92, p = 0.011). The overall response rate was higher with cetuximab (65.5%) than with bevacizumab (59.6%).


Prof Volker Heinemann

"The most important endpoint – overall survival – showed a significant 7.5 month increase with first-line cetuximab plus FOLFIRI compared to bevacizumab plus FOLFIRI," said lead investigator Professor Volker Heinemann, from the Ludwig-Maximilians University, Munich, Germany. He added, "Such a prolongation is a paradigm shift in mCRC treatment since the introduction of monoclonal antibodies." He considered that, taken together with findings from other studies, the results suggest that first-line treatment of RAS wild-type patients should include an anti-EGFR therapy. ■

*Susan Mayor PhD, Medical Journalist.*

### Study shows 'irrefutable' evidence that colorectal cancer screening reduces deaths

Screening for colorectal cancer (CRC) achieves major reductions in deaths from the disease, shows a major review of data from European countries.

Professor Philippe Autier, Vice-President, Population Studies at the International Prevention Research Institute, Lyon, France reported results from data collected as part of the Survey of Health, Ageing and Retirement in Europe (SHARE) project on the impact of screening in men and women aged 50 and over in 11 European countries between 1989 and 2010. His research group used the World Health Organization database on cause of death to calculate changes in death from colorectal cancer in different countries, relating these to CRC screening activities.

"We saw quite clearly that the greater proportions of men and women who were screened, the greater the reductions in mortality," Professor Autier told the congress. "Reduced death rates from CRC were not seen in countries where screening was low even though healthcare in those countries was similar to countries where screening was more widespread."

Deaths from CRC fell by 39% in men and 47% in women in Austria, where 61% of people included in the survey had undertaken a faecal occult blood test during the study period. In contrast, CRC deaths increased by 30% in men and 2% in women over the same time, where only 8% of males had an endoscopic examination compared to 35% in Austria.

Overall, 73% of the decrease in CRC mortality in males and 82% in females could be explained by their having undergone one or more endoscopic examinations of the large bowel over the last ten years. "The evidence could not be clearer. CRC screening reduces mortality and probably also CRC incidence and is as effective in prevention as cervical screening," concluded Professor Autier. "It is therefore very disappointing that national differences in the availability of CRC screening programmes are still so pronounced." ■

*Susan Mayor PhD, Medical Journalist.*

## Cancer survival is associated with government health care spending

The more a government spends on health, the fewer deaths from cancer, according to a major study across 27 EU countries.

Researchers at the Breast European Adjuvant Studies Team, Belgium, analysed information on populations, cancer incidence and mortality from the World Health Organization at the same time as health care spending based on information from the International Monetary Fund and the World Bank. They compared wealth and health expenditure indicators with estimates of the proportion of patients dying after a cancer diagnosis.

Around 60% of patients died after a diagnosis of cancer in countries spending less than 2000 US dollars per capita on health care per year, including Romania, Poland and Hungary. This fell to 40-50% of patients dying in countries spending 2500-3500 US dollars in countries such as Portugal, Spain and the UK. Fewer than 40% of patients died in countries spending around 4000 US dollars per year, including France, Belgium and Germany.

The difference in death rates was even marked when the group analysed data for breast cancer, as an example of a cancer with effective screening methods.

"Our research demonstrates that despite initiatives to make healthy policy more uniform across EU member states there are still marked differences between Eastern and Western Europe in regards to cancer indicators," said lead investigator Dr Felipe Ades, a medical oncologist from the study team. "We conclude that the more a country spends on health, the lower the risk of death after a cancer diagnosis. This is particularly the case for cancers with effective screening and treatment options, such as breast cancer." ■

*Susan Mayor PhD, Medical Journalist.*

## PV-10 continues to show robust effect in cutaneous Stage III-IV melanoma

Injecting cutaneous lesions in Stage III-IV melanoma patients refractory to other treatments with PV-10 provides a viable strategy to maintain long-term locoregional control, concluded the final analysis of an open label phase 2 trial. The study, presented at ECC2013, found both the number of lesions injected and presence of blistering to be prognostic for outcome.

"Our take home message is that if you inject cutaneous lesions with PV10 there's a one in two chance that you'll achieve a clinical response, and an additional one in two chance of a non injected lesion responding," said study presenter Dr Sanjiv Agarwala, from St Luke's Hospital, Bethlehem, Pennsylvania. Such results, he added, were remarkable in a patient population refractory to a median of six previous interventions, over half of whom were aged over 70 years.

PV-10, a 10% solution of Rose Bengal, has been developed to selectively target and destroy cancer cells without harming surrounding healthy tissue, minimizing the potential for systemic side effects.

In the open label single arm trial, 80 patients with stage III-IV melanoma received up to four courses of PV-10 injected in up to 20 cutaneous or subcutaneous lesions on the extremities and, or torso. Furthermore, up to two bystander lesions with confirmed melanoma that did not receive treatment. The primary endpoint was best overall response rate (BORR) judged by modified RECIST (mRECIST) in each subject's target lesions.

Results showed that for all subjects, BORR was 51% (26% complete response, 25% partial response) with the amount of tumour burden accessible to PV-10 injections prognostic for outcome. Subjects who had uninjected bystander lesions achieved a BORR of 54%, while subjects who had all their lesions injected achieved a BORR of 71%.

Locoregional blistering, which generally occurred within seven days of PV-10 injection and typically resolved within four weeks, affected 40% of subjects. BORR was 66 % for subjects with blisters versus 42 % for those without.

"If blistering occurs you can reassure patients they're likely to achieve a good response. It provides further evidence for an immunological basis for the mechanism of action," said Dr Agarwala.

Based on the immune mechanism of action, he added, PV-10 was likely to work well in combination with other immunotherapies, such as ipilimumab. Provectus Pharmaceuticals, Inc, (Knoxville, Tennessee, USA), the company developing PV-10, believes they now have sufficient information to seek regulatory approval. ■

*Janet Fricker, Medical Journalist.*

## Cediranib increases survival in recurrent ovarian cancer

Cediranib plus chemotherapy significantly increased survival in patients with recurrent ovarian cancer, reported the phase III ICON6 study at the ECC2013 meeting.

Cediranib, which is taken orally, is a tyrosine kinase inhibitor which blocks VEGF receptors controlling the development of blood vessels required for tumour growth. "This is the first trial to demonstrate a significant improvement in the progression-free and overall survival with an oral VEGF tyrosine kinase inhibitor in ovarian cancer, and these results suggest that cediranib has a clinically meaningful role in the treatment of recurrent ovarian cancer," said Professor Jonathan Ledermann, the study presenter from the University College London(UCL) Cancer Institute.

In the three arm study 456 patients with relapsed platinum-sensitive ovarian cancer were randomized to receive 20 mg a day of cediranib during chemotherapy followed by placebo for 18 months (concurrent arm of the trial); or 20 mg a day of cediranib during chemotherapy followed by cediranib as maintenance treatment (maintenance arm); or to receive platinum based chemotherapy together with a placebo (reference arm). Patients were enrolled from 63 centres in the UK, Canada, Australasia and Spain, with the primary analysis comparing the maintenance and reference arms.

Results show that median progression free survival (PFS) was 11.1 months in the cediranib maintenance arm versus 8.7 months in the chemotherapy arm (HR 0.57; P = .00001). Due to non proportional hazards in the two treatment groups, Ledermann and colleagues went on to perform a restricted means analysis, which resulted in a median PFS of 12.5 months in the maintenance arm versus 9.4 months in the reference arm.

Median overall survival was 26.3 months for the cediranib maintenance arm versus 20.3 months for the chemotherapy arm (HR 0.70; P = 0.042). The most common adverse events were hypertension, fatigue, diarrhoea, and nausea, which could be controlled with dose reductions or interruptions.

Despite such favourable results the future of cediranib in ovarian cancer remains uncertain since the manufacturer AstraZenica ceased its development in September 2011 following disappointing results in first-line metastatic colorectal cancer and non-small cell lung cancer. ■

*Janet Fricker, Medical Journalist.*

## Combination approach shows promise in glioblastoma

Combining radiotherapy with a new fusion protein anti-cancer drug APG101 improved survival for patients with recurrent glioblastoma, reported a phase 2 study at the ECC2013 meeting.

APG101 is a fusion protein similar to an antibody that blocks the CD95 cell-signalling pathway that plays a crucial role in enabling migration and invasiveness of cancer cells. The molecule was designed to inhibit interaction between the CD95 ligand and CD95 receptor. "It was already known that APG101 might be an innovative approach for treating glioblastoma, but the size of the protein molecule was potentially too large to cross the protective blood-brain barrier and target the tumour. Radiotherapy opens up this barrier and may therefore be an effective vehicle for this compound," said study presenter Wolfgang Wick from the German Cancer Research Centre at the University of Heidelberg. The study, he added, was the first controlled trial of re-irradiation.

In the study 84 glioblastoma patients who had already received initial treatments including radiotherapy and showed cancer recurrence, were randomized to receive either radiotherapy (RT)alone or RT together with an intravenous dose of 400 mg APG101 once a week. The trial was carried out between December 2009 and September 2011 in 25 centres in Germany, Austria and Russia.

Results showed that six months after treatment 21% of patients treated with the combination of RT and APG101 were alive compared to 4% of those treated with radiotherapy alone. Median overall survival (OS) was 11.5 months in the RT arm versus 11.8 months in the APG101 arm.

A subgroup analysis of patients with CD95L positive tumours showed that median overall survival was 8.2 months in the RT arm versus 11.5 months in the APG101 arm. But for patients with CD95L negative tumours median overall survival was 15 months in the RT arm versus 13.5 months in the APG101 arm.

"This implies that CD95L would be one of the first predictive markers in neuro-oncology, which may help to define patients with glioblastoma deriving benefit from the new therapeutic strategy. At present there is paucity of predictive markers that tell us how to treat patients in the glioma field," said Professor Wick. ■

*Janet Fricker, Medical Journalist.*

# Diary of Events

*To have your event listed in the Oncology News diary e: Patricia@oncologynews.biz by December 10th 2013.*

## November

NEW
**6th Royal Marsden Pain and Opioid Conference**
1 November 2013; London, UK
W: www.royalmarsden.nhs.uk/painconference
E: conferencecentre@rmh.nhs.uk
T: +44 (0)20 7808 2921

NEW
**Gynaecological Cancers Study Day**
6 November 2013; London, UK
W: www.royalmarsden.nhs.uk/gynaestudy
E: conferencecentre@rmh.nhs.uk
T: +44 (0)20 7808 2921

**Supportive & palliative care for cancer patients**
5 November 2013; Middlesex, UK
E: anni.hall@nhs.net

**PRiMa Conference: Pain and Symptom Management in Supportive and Palliative Care**
7 November 2013; Manchester, UK
W: www.christie.nhs.uk/school-of-oncology/education-events
T: +44 (0)161 446 3773
E: education.events@christie.nhs.uk

**Essential Communications Skills**
7 November 2013; Middlesex, UK
E: anni.hall@nhs.net

**Thoracic Imaging - Hot Topics 2013**
8 November 2013; London, UK
W: www.rcr.ac.uk

**Biological Basis of Cancer Therapy – Pharmacology, Chemotherapy, Molecular Biology**
11-15 November 2013; Manchester, UK
W: www.christie.nhs.uk/school-of-oncology/education-events
T: +44 (0)161 446 3773
E: education.events@christie.nhs.uk

NEW
**17th Russian Oncological Congress**
12-14 November 2013; Moscow, Russia
E: congress@russco.org
W: www.ronc.ru

**Practical Developments in Skin Cancer Treatment: Brachytherapy & PDT**
14 November 2013; Manchester, UK
W: www.christie.nhs.uk/school-of-oncology/education-events,
T: +44 (0)161 446 3773 or
E: education.events@christie.nhs.uk

NEW
**5th Annual Royal Marsden Head and Neck Conference**
15 November 2013; London, UK
W: www.royalmarsden.nhs.uk/headneckconference

**Breast Cancer Care Annual Conference 2013**
15 November 2013; London, UK
E: nursingnetwork@breastcancercare.org.uk
W: www.breastcancercare.org.uk/annualconference
#BCCAnnualConference

NEW
**UK Breast Cancer Meeting (UKBCM)**
15-16 November 2013; London, UK
Janis Troup
T: +44 (0)7885 020828
E: info@rightangleuk.com
W: www.ukbcm.org.uk

NEW
**Advances in the Diagnosis and Treatment of Lung Cancer**
21 November 2013; London, UK
W: www.royalmarsden.nhs.uk/lungadvances

**1st Indian Cancer Congress**
21-24 November 2013; Delhi, India
W: http://indiancancercongress2013.org

NEW
**Royal Marsden Haemato-Oncology Study Day**
25 November 2013; London, UK
W: www.royalmarsden.nhs.uk/haematooncology
E: conferencecentre@rmh.nhs.uk
T: +44 (0)20 7808 2921

NEW
**Advances in the Nutritional Care of Cancer Patients**
26 November 2013; London, UK
W: www.royalmarsden.nhs.uk/nutritionalcare
E: conferencecentre@rmh.nhs.uk
T: +44 (0)20 7808 2921

NEW
**Transfusion Awareness**
26 November 2013; Manchester, UK
www.christie.nhs.uk/school-of-oncology/education-events
T: +44 (0)161 446 3773
E: education.events@christie.nhs.uk

**Rehabilitation in Cancer Care**
28-29 November 2013; Manchester, UK
www.christie.nhs.uk/school-of-oncology/education-events
T: +44 (0)161 446 3773
E: education.events@christie.nhs.uk

## December

NEW
**Molecular Mechanisms of Targeted Cancer Treatments**
5 December 2013; London, UK
W: www.royalmarsden.nhs.uk/molecular
E: conferencecentre@rmh.nhs.uk
T: +44 (0)20 7808 2921

**Controversies in The Management of Head & Neck and Thyroid Cancer**
5-6 December 2013; London, UK
E: gemma.jones@inhanse.org

**Cardiology & Cancer in Primary Care**
9 December 2013; Manchester, UK
W: www.christie.nhs.uk/school-of-oncology/education-events
T: +44 (0)161 446 3773 or
E: education.events@christie.nhs.uk

NEW
**Challenges and Opportunities in Non-Medical Prescribing**
9 December 2013; London, UK
W: www.royalmarsden.nhs.uk/nonmedicalprescribing
E: conferencecentre@rmh.nhs.uk
T: +44 (0)20 7808 2921

NEW
**15th Anniversary Britain Against Cancer Conference**
10 December 2013; London, UK
E: BAC@macmillan.org.uk