

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 Tel/Fax: +44 (0)288 289 7023, Email: patricia@oncologynews.biz

11th Meeting of the International Society of Geriatric Oncology

Date: 4-5 November, 2011. Venue: Paris, France.

PREVIEW

The 11th meeting of the International Society of Geriatric Oncology (SIOG) will be held in Paris in November. This Society, founded in the year 2000, is dedicated to the education of physicians about the care of the older cancer patient. The Society has a number of activities including task forces which have published important position statements about various aspects of Geriatric Oncology care. These have included chemotherapy, renal dysfunction, surgery, geriatric assessment and others. The meeting is structured so that clinicians with varying interests can benefit. The meeting is comprehensive and will include basic science of aging, review of therapeutic modalities (surgery, radiation therapy), and disease specific sessions (gastrointestinal, breast, ovary, head and neck). There is now an evolving consensus about how clinicians can best use geriatric assessment. The investigators at the forefront of this effort will present their data on validated measures. This will include an evaluation of preoperative assessment, measures including the GFI, G8, studies of the Cancer and Aging Research Group and the CRASH score from the University of South Florida. Dr Lodovico Balducci will summarize by offering his view of the optimal way clinicians can use these tools. To highlight the international nature of the meeting there will be a session dealing with resources devoted to Geriatric Oncology in the US with a focus on the American Society of Clinical Oncology, as well as in Europe, emphasizing the French Geriatric Group and the EORTC. As one of its efforts, SIOG has a National Representative Group which is charged with developing the awareness of the needs of older cancer patients in their respective countries.

A particular demonstration of advances that have been made in the field is the large number of research presentations which will be offered in both oral and poster presentations. The initial SIOG meetings were primarily educational



Stuart M Lichtman



Brian Etienne



Riccardo Audisio



Matti Aapro

sessions discussing the basics of geriatrics and what was known at that time in the emerging field of Geriatric Oncology. Through the work of SIOG and investigators worldwide, both in individual institutions and cooperative oncology groups, there has been a marked increase in the amount of clinical investigations being performed to advance the field. This 11th meeting in Paris will provide the opportunity for these presentations as well as interaction among investigators to stimulate further study. The meeting is an ample demonstration of how far the field

of Geriatric Oncology has come and will help provide direction for the future. The aging of the population makes this endeavor particularly important. Those interested in caring for the older cancer patient, whether physician, nurse or allied profession, should attend.

The current SIOG President is Riccardo Audisio, MD in the United Kingdom, and the Executive Director is Matti Aapro, MD in Switzerland. ■

*Stuart M Lichtman, Scientific Chair,
Etienne Brain, Meeting Chair.*

American Society of Clinical Oncology 2011

Date: 3-7 June, 2011. Venue: Chicago, USA.

Almost 32,000 delegates from 120 countries, 4,300 exhibitors, thousands of abstracts and a daily newspaper covering events, The American Society of Clinical Oncology 2011 was a giant of a conference.

ASCO's annual meeting is so huge that only two cities in the USA are believed to have the hotel room capacity and venue space to stage what is the premier gathering of cancer specialists.

The sheer scale is both intimidating and reassuring. An enviable collection of expertise, research findings, clinical trial results and innovative, progressive approaches but you need to navigate round what seems a small city to find them.

Travelling from downtown hotels on a seemingly endless flow of shuttle buses, delegates arrive at the McCormick Place conference centre that straddles an eight-lane highway. Legions of helpers and maps signpost the myriad of walkways, lecture theatres, and poster board mazes but it still takes a while to find your bearings to home in on the desired presentation.

I was invited to a briefing in Room 431a and imagined that the high number and appendix 'a' indicated a cosy gathering. Wrong. The door opened onto ranks of chairs filled with 1,500-plus delegates peering at a rostrum in the distance.

The set-piece sessions took place in the main hall and attracted huge audiences. But, thankfully, the distant speakers were visible on 18 giant TV screens hanging from the rafters at strategic intervals so even delegates at the rear had a good view.

This leviathan of medical congress is made human by the astonishing array of scientific advances that tackle the different strains of cancer. And ASCO is an opportunity to get a grandstand view of the incredible efforts, novel thinking and tireless questing of the medical and scientific professions in their hunt for any advantage.

From speculative poster to the most expensive and lengthy trials, there was an



George Sledge, MD speaking at ASCO 2011 Annual Meeting.
Photo © GMG/Phil McCarten 2011

uplifting, shared enthusiasm about the crusade against cancer.

The teeming conference highlights the multiple fronts on which the war is being waged. It is often grinding research work with progress slow and breakthroughs a distant dream.

But ASCO had many stand-out moments, among them two successful clinical trial results that were unveiled. Ipilimumab, which treats skin cancer, was hailed "as important a step forward as chemotherapy" by Dr Renzo Canetta, of Bristol-Myers Squibb.

"This is the future and it will become the mainstay of cancer treatment," he said, revealing that Ipilimumab was shown to extend life expectancy in patients from six months to three years and beyond. There is also great hope that the drug could

supercharge the immune system and help it overpower the rogue cells of many cancers.

Roche also delivered great news with results on its landmark Verumafenib, a smart pill that significantly extends life expectancy for terminally ill melanoma patients.

Oncologists can be accused of delivering their work in a lab-coat monotone of understatement but their pride, hope and enthusiasm shone out of some of ASCO presentations – highly specialized data translating into benefits the public can understand and appreciate.

For every trial that reached fruition, there were dozens taking their first tentative steps. Each will have their day in the spotlight at future ASCOs.

The event seems to have grown every year since the organisation was founded in 1964 and its home appears to set in Chicago. No hardship, the city is buzzing and the numerous bridges over the Chicago River that snakes through the centre accentuate its rich heritage. The best view of the old and new and the coastline of Lake Michigan is from the restaurant and bar on the 95th and 96th floor of the Hancock Tower, an ear-popping express elevator ride for a dizzying panorama of the city.

Chicago enjoyed a mini heatwave during ASCO with one day hitting 35+ temperatures as the Lake shimmered invitingly despite locals having forbidding tales of storms and the trademark breeze that gives Chicago its Windy City name.

ASCO prides itself on fostering research, encouraging excellence and new lines of thought and experiment. The exhibition floor was peppered with the big beasts of pharma vying to attract attention with giant TV screens, motor-show style stands and a conveyer belt of gimmicks. There were constant queues for coffee from a gleaming samovar and all white chill-out zone also proved popular.

But ASCO ensures there is space for charities and pressure groups so that the slick displays were balanced with grass-roots information.

ASCO will be back to Chicago in 2012. It will be big, bold, at times overwhelming, but ultimately irresistible. ■

Danny Buckland,
Health Writer.

www.health-journo.blogspot.com



Photo © GMG/Phil McCarten 2011

British Neuro-Oncology Society Meeting

Date: 29 June-1 July 2011. **Venue:** Cambridge, UK.

This year's meeting of the British Neuro-Oncology Society (BNOS) 2011, took place in the historical city of Cambridge and was attended by approximately 250 delegates from the multidisciplinary neuro-oncology community, with contributors from as far afield as Russia, New Zealand and Canada. The theme of this year's conference was "Targeting Heterogeneity and Individualising Therapy" and all events took place within the beautiful grounds of Homerton College. After the success of BNOS2010 delegates were looking forward to three days packed with educational talks, scientific sessions and networking with other trainees and junior scientists.

The meeting opened with an address from Dr Mary Archer, Deputy Chairman Addenbrookes Charitable Trust, who welcomed delegates to the conference and stressed the importance of collaborative teamwork and national networking in oncological research. The remainder of the first day provided an educational update on "Essential Advances In Neuro-Oncology" including presentations on a wide range of topics from drug trial design to next generation sequencing and glioma stem cell biology. This session lived up to its expectations and provided myself and the other delegates with the latest information in this vast research field. A highlight of this educational session was Raj Jena (Cambridge) who gave an excellent overview of recent advances in radiotherapy, which complemented the preceding talk on the use of imaging in surgical assessment and planning by Steven Price. Kathy Oliver also (International Brain Tumour Alliance) gave a compelling account of the patient and carers perspective of recent developments in prognostic markers and individualised therapies.

After a full day of informative talks, delegates were treated to a barbeque and a glass of Pimms on the lawn, whilst enjoying the glorious weather Cambridge had to offer. This provided a relaxed environment for delegates to socialise and prepare for the main conference. The posters were displayed within a large marquee on the lawn which became the focal point for all activities during the main conference.

Day 2 of the conference was opened by Professor Tim Elsen, who provided a brief introduction to current cancer research in



British Neuro-Oncology Society

Cambridge. This was followed by a plenary lecture by Professor Roy Rampling on the management of brain cancer in which he emphasised the importance of translational science in directing future therapies. The scientific sessions that followed included oral presentations on molecular neuro-oncology and "rapid fire" poster presentations on a diverse range of topics. Following a lunchtime symposium on fluorescence guided resection in high grade gliomas, there was a plenary lecture by Professor David Walker on the early detection of brain tumours in children. The afternoon sessions were then dedicated to presentations by a number of charity organisations. The final session of the day included a wide range of talks on the difficulties in management of low grade gliomas including prognostic biomarkers, imaging modalities and surgical options for treatment. After a full day of scientific sessions, myself and the other representatives of the newly formed BNOS Junior Postgraduate Forum chose 'punting' along the River Cam as the

perfect activity to inspire our inaugural meeting.

The evening black tie gala dinner events kicked off with champagne and canapés in the marquee. This was followed by a choir recital and formal dinner in the grand hall of Homerton College; providing further opportunities for informal discussions and networking opportunities.

The final day began with a plenary lecture by Professor Wolfgang Wick who explained the difficulties with current drug trials in high grade glioma. Following lunch there was also an update of the many clinical trials currently on-going within the UK. During the final day of conference we also welcomed Professor Geoff Pilkington, who has taken over from Professor Charles Davis as the new President of BNOS. We also congratulated the 2011 BNOS / BTS Young Investigator Dr Alasdair Rooney, from Edinburgh, who gave an excellent presentation of his research into depression in patients with glioma.

The annual BNOS conference goes from strength to strength each year and is a great example of the importance of collaboration between all disciplines involved in treatment and research in neuro-oncology. As a relatively junior member of BNOS I was inspired by the quality of research presented at this meeting, the mix of delegates and plenary speakers and the support of the charity organisations. I particularly enjoyed the 'Educational Update' sessions as they gave an excellent overview of the diverse clinical and scientific problems facing neuro-oncology research. I also enjoyed meeting with trainees from a variety of disciplines and junior scientists and discussing research experiences and future plans. Finally I would like to commend this year's organising committee, led by Colin Watts, for a hugely successful and enjoyable meeting. The next meeting will be in Manchester in late June 2012 with the theme "Challenges and Controversies" and looks set to build on the success of recent years. ■

*Sarah Bell, MRC Clinical
Research Training Fellow,
University of Glasgow
Specialist Trainee Neuropathology,
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Excellence in Oncology 2012

Date: 22-25 February 2012. Venue: Istanbul, Turkey.

PREVIEW

The New Road for the Oncology Conference Forges Ahead

The second edition of the groundbreaking Excellence in Oncology (EiO) conference has been organised for February 2012 at the state-of-the-art Istanbul Congress Centre. The preliminary programme has just been posted and more than 60 world-renowned experts have already accepted the invitation to participate at the conference where the emphasis is on channeling the results of cutting edge, evidence-based research to the practicing oncologist.

Education for Young Oncologists

The day before the conference starts, the Institute of Excellence in Oncology will run extended educational workshops. The aim is to guide research fellows on the best way to present a case study or a research project at an international conference and how to apply for a grant. Each student will also receive career advice from other fellows and members of the Faculty after presentation of their research project. Fellows or trainees currently in oncology programmes worldwide will be able to apply for a travel fellowship. Successful applicants from developing countries will qualify for help with accommodation and free registration.

Clinical Cases and Workshops

A choice of four Clinical Case Workshops will offer delegates the chance to attend practical sessions on two of the following – non-



small cell lung cancer (NSCLC), ovarian, breast and prostate cancers. The same cancers will be examined during Eleven Clinical Question sessions, each with at least three speakers to deal with different aspects of the topic, and to discuss queries about individual cases.

Careful organisation of the programme will ensure that delegates can access Question Sessions on their choice of speciality from Hodgkin's Lymphoma, kidney, thoracic and gastro-intestinal cancers, central nervous system tumours, melanoma, and liver metastases in colon cancer. A special session is also devoted to new trends in radiation oncology practice and there is a clinical question session for radiotherapy.

Novel Therapies and Approaches

Inevitably, the practical application of genomics is high on the agenda. Genetic screening of high-risk individuals, practice-applied genomics in breast cancer, the inherited Lynch Syndrome resulting in predisposition to colon cancer and the implications of mismatch repair genes on

the choice of chemotherapy will all be addressed.

Novel therapies include a debate on the use of angiogenesis inhibitors for breast cancer, new targets in metastatic colorectal cancer, molecular imaging and bifunctional antibodies. New developments in molecular imaging will comprise the highly precise high-intensity focused ultrasound and the cell-specific nano-knife.

Immunology and the 'Promise of Synergy'

As the immune system plays such an important role in cancer, an educational symposium session with four experts on this fast-advancing area of research will explore tumour immunology. Because melanoma is a model cancer for its study, the cancer's potential as a paradigm for immunotherapy will be a focus for discussion.

Synergy between smart drugs and immunogenic cell death will give an insight into just one of the faces of oncology expected in the future. Excellence in Oncology 2012 is set to deliver a snapshot of exactly how this avenue of research, and many others, will evolve in terms of future clinical practice for the ultimate benefit of the patient.

For more information on the conference visit: www.excellence-in-oncology.org

Call for entries as Novartis Oncology seeks to honour young investigators advancing science in the fight against kidney cancer

- The 2011 PRIME Awards are open for entry
- Winners to receive a €10,000 grant to drive continued excellence

Novartis Oncology is calling on young clinical investigators with an interest in translational, fundamental or clinical kidney cancer research to enter the 2011 Promising Renal Investigators Meeting (PRIME) Awards and stand a chance to win a €10,000 grant. These prestigious annual awards recognise the innovative programmes and research initiatives that are advancing science in kidney cancer, and aim to recognise those rising stars in the field of oncology across the United Kingdom and France.

The grant, worth €10,000, will be issued following a review of project entries by an independent jury of highly respected international experts including Mr Michael Aitchison, Prof Tim Eisen, Dr Bernard Escudier, Dr Paul Nathan, Prof Sylvie Negrier, and Prof Jean-Jacques Patard.

Dr Lucy Gossage, a clinical research fellow with Professor Tim Eisen based at the Cambridge

Research Institute, was the recipient of the inaugural grant in 2010. Commenting on her win, Dr Gossage said; "Working so closely with some of Europe's pioneers in kidney cancer research and having the opportunity to collaborate with peers in the UK and France, has been fundamental in shaping my future in this field. Since winning the PRIME Award, I have made significant strides towards completing my research and reaching my goal of making a real difference for patients with kidney cancer. I firmly believe that these awards will be critical in driving continued excellence in a disease area that is often overlooked."

Entries for the 2011 PRIME Awards close on September 4th and the eight shortlisted finalists (four representatives from France and four representatives from the UK) will be announced on October 2nd. All those shortlisted will be invited to present their work and take part in a two-day meeting to be held in London on 1st and 2nd December 2011, where the overall winner in each country will be announced. The two-day meeting aims to help improve

candidates' medical writing, critical review, statistical analysis, and oral communications skills, as well as give them the chance to meet with and be mentored by some of the most recognised European experts within kidney cancer.

Dr Paul Nathan, consultant medical oncologist, Mount Vernon Cancer Centre and PRIME Awards juror said; "This is a unique career opportunity for a specialist working within this important area of clinical research and we strongly urge clinical investigators with an interest in translational, fundamental or clinical kidney cancer research to apply. Novartis Oncology's goal with this award is to not only recognise outstanding work and thereby share best practice, but to provide rising stars with the developmental support and skills they need to help them achieve their goals."

For more information, please visit <http://www.novartis.com>



5th International Brain Tumour Awareness Week

Date: 30 October - 5 November 2011. **Venue:** Nottingham, UK.

In 2010 over 190 brain tumour-relevant and cancer organisations supported the Awareness Week and the “Walk Around the World for Brain Tumours”, both of which are projects of the International Brain Tumour Alliance IBTA.

Kathy Oliver, Co-Director of the IBTA, said: “The purpose of the Awareness Week is to draw attention – through advocacy and awareness-raising – to the particular challenges of brain tumours and the need for a significantly increased research effort, better treatments and more support for people suffering from this devastating disease.”

Numerous special events will take place during the Awareness Week, including scientific conferences, meetings, information seminars, media activities and also sponsored walks (the mileage from which is donated to the “Walk Around the World for Brain Tumours”).

Every year, some 200,000 people worldwide develop a primary malignant brain tumour. Others are affected by so-called “benign” brain tumours, or brain metastases. Unlike many other cancers, brain tumours affect people of any age, from tiny babies to the elderly. The causes of most brain tumours are unknown so prevention and screening programmes are not relevant.

The cumulative effects of the brain tumour journey on patient, family and caregivers are devastating because of the very location of the tumour and its wide-ranging consequences on both the cognitive and physical capacities of the patient – something that happens with no other cancer. In fact, brain tumours combine the



Brain tumour awareness event at ‘The Christie’ hospital in 2010.

very worst aspects of cancer with the very worst aspects of neurological diseases.

Most strikingly, malignant primary brain tumours deprive the average person of more lost years of life than any other cancer.

Brain tumours are also considered a rare cancer and, as such, receive insufficient research funding. Other challenges include misdiagnosis and late diagnosis; accessing promising new therapies; not enough specialists and specialist centres; lack of consistency in registries from country to country and a shortage of clinical trials.

In the developing world, which is responsible for at least 70% of all primary malignant brain tumours, most patients

have no opportunity whatsoever of accessing what would be regarded as the basic minimum standard of care.

The International Brain Tumour Awareness Week provides the opportunity to highlight these issues and hopefully improve the situation for brain tumour patients.

**For further information, please contact
the International Brain Tumour Alliance
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Kathy@theibta.org or visit
W: www.theibta.org**

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