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# American Society of Clinical Oncology 2002

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# American Society of Clinical Oncology 2002

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The 2002 American Society of Clinical Oncology (ASCO) meeting was held at the Orange County Convention center in Orlando, Florida, USA and proved to be an exciting and rewarding meeting for all who attended. Larry Norton, 2001–2002 ASCO President opened the conference by reflecting on 1966 – the year of ASCO's 2nd ASCO annual meeting – and comparing it with this year's meeting. In 1966, there were about 100 members and 176 meeting attendees; at present, there are approximately 18,500 members and an estimated 26,000 meeting attendees. The 1966 meeting program included three presentations and three faculty members; this year's meeting offered 934 presentations and 2734 faculty members.

### Breast cancer, lung cancer & melanoma

A large number of posters and presentations targeted the comparisons between taxane-based and anthracycline-based chemotherapy regimens, both in the metastatic and adjuvant setting. A study of docetaxel, doxorubicin, cyclophosphamide (TAC) *versus* 5-fluorouracil, doxorubicin, cyclophosphamide (FAC) in the adjuvant treatment of breast cancer found a statistically significant improvement in disease-free survival and overall survival in the TAC arm in patients with 1–3 positive lymph nodes. Although at the expense of higher rates of febrile neutropenia, this study warrants further investigation of the TAC regimen in this setting.

An important study, the Breast Intergroup Trial 0100, conducted by the National Cancer Institute addressed the important question of whether to use chemotherapy and tamoxifen together or in sequence. It was concluded that delaying the commencement of tamoxifen treatment until after chemotherapy conferred an estimated disease-free survival advantage of 18%. This supports a practice of starting adjuvant tamoxifen when chemotherapy is completed.

The role of risk-reducing salpingoophorectomy was addressed in a non-randomised study investigating at risk-reducing salpingoophorectomy in women with BRCA1 or BRCA2 mutations. Role of risk-reducing salpingoophorectom resulted in a reduced number of new breast and ovarian cancers and in addition three incidental early-stage ovarian cancers were detected at risk-reducing surgery. The long-term effects of risk-reducing salpingoophorectomy on cancer incidence, other health risks and overall survival in BRCA mutation carriers will require continued follow-up.

An interesting study of 928 women surviving pediatric Hodgkin's disease was presented and found that these patients have a 45.6% greater relative risk for breast cancers, particularly bilateral breast disease. While malignancy secondary to Hodgkin's disease is not a novel finding, the evidence of increased cancer in both breasts does add new knowledge to this field. A number of speakers continued to highlight the critical role of hormonal therapy in breast cancer care and illustrated the ongoing trials with aromatase inhibitors and the estrogen receptor downregulator, fulvestrant, which may provide supportive and novel data supporting their use in the breast cancer setting.

In lung cancer, novel data from studies using the oral epidermal growth factor (EGF) receptor inhibitor ZD1839 (Iressa™, AstraZeneca), the first 'targeted' therapy in non-small cell lung cancer, were presented. Two Phase II studies using this compound were presented and both showed evidence of responses, even when given as third- or fourth-line therapy, which is encouraging.

The question of surgical margins in malignant melanoma was addressed in a study comparing 1 *vs.* 3 cm excision margins in terms of the incidence of local, in-transit and nodal recurrence of T4 melanoma. This was the first randomized trial of T4 (>4 mm) melanomas. Data presented indicated that locoregional recurrence was more common with a 1 cm margin than with a 3 cm margin; but with no difference in overall survival.

### Novel therapies

A variety of this year's presentations focussed on novel targeted agents that may have therapeutic benefit. Two examples include R115777, a compound that inhibits the enzyme farnesyltransferase, which has clinical activity in myelodysplastic syndrome and myelodysplasia; and CI-1040, an inhibitor of Mek, a key enzyme in the mitogen-activated protein kinase (MAPK) pathway. Many important growth factors use this pathway to stimulate cells to multiply and the MAPK pathway has been found to be abnormally activated in several cancer types. It was generally accepted that concurrent blockade of more than one growth signaling target is a logical step in the development of these types of novel therapies. Novel techniques that may predict which cancer patients may or may not require treatment were presented in detail. These included

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the use of DNA microarray, the coactivator AIB1 and others. Using these markers as predictors of disease outcome or risk of disease progression may help tailor treatment more effectively for cancer patients in the future.

### Chemoprevention

An increasing number of presentations highlighted cancer prevention as a key area of research. Specific metabolic pathways, such as the arachidonic acid pathway *via* cyclooxygenases (COX) or lipoxygenases (LOX) are areas of intense research. COX-2 is overexpressed in colorectal neoplasia and nonsteroidal anti-inflammatory drugs have been used to protect against polyps and to lower colon cancer incidence. Inhibition of LOX may be useful in prevention of lung and other cancers. Tests of new chemoprevention agents are also underway for breast and prostate cancers. The efficacy of tamoxifen in cancer prevention was illustrated and the Study of Tamoxifen and Raloxifene (STAR) trial has already recruited 22,000 women. Selenium and finasteride are under testing in clinical trials to determine their chemopreventive activity against prostate cancer. To date, it has been reported that 32,000 men are enroled in the Selenium and Vitamin E Cancer Prevention Trial (SELECT).

### Conference highlights

Perhaps the highlight of the conference was the presentation at the plenary session of the updated results of the randomized trial of STI571 (Gleevec™/Imatinib™, Novartis) *versus* interferon plus cytarabine as the initial therapy for patients with chronic myeloid leukemia. STI571, an inhibitor of the Bcr-Abl tyrosine kinase, has already been shown to be extremely effective in late chronic, accelerated and in the blast phases of chronic myeloid leukemia. Using the primary end-point of time-to-progression, unequivocal results were presented illustrating the significantly greater efficacy and tolerability of STI571 compared with interferon and cytarabine as first-line treatment of chronic myeloid leukaemia. These results provided compelling evidence for the use of STI571 as the first-line treatment of choice in this condition.

### Conclusions

This year's ASCO meeting provided important new data supporting the use of novel molecular targets and end-points in the treatment of cancer. It is likely that blockade of multiple targets will provide greater efficacy in treatment but where specific genetic mutations exist, individual targeted therapy can produce striking results, as illustrated by STI571 in the treatment of chronic myeloid leukemia. There is an ever increasing focus on chemoprevention and finding and characterising markers and genetic alterations that may identify key groups of patients to whom novel treatment regimens can targeted accurately.

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