ASCO 2017 — making a difference in cancer care with you

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For the 2017 annual meeting of the American Society of Clinical Oncology (ASCO) 5817 abstracts had been submitted and 2463 were finally selected for presentation. To spread this enormous gain of knowledge, new ways of information exchange become increasingly important. With webcasts and news tickers, presentations at international congresses can be followed at home. Furthermore, continuing medical education events and published reviews illuminate the presented data from different perspectives. In this special edition, Austrian specialists summarize the important and most clinically relevant data from this year's ASCO.

Gudrun Absenger et al. give an ASCO update on lung cancer. In patients with anaplastic lymphoma kinase (ALK) rearranged non small cell lung cancer (NSCLC), alectinib seems to be the new standard of care for first-line treatment based on the results from the ALEX trial, where a superiority of alectinib compared to crizotinib was demonstrated [1]. Despite that no advantage could be shown for immune checkpoint blockade in the maintenance treatment of extensive stage small cell lung cancer (SCLC) following initial chemotherapy [2], nivolumab alone or nivolumab and ipilimumab demonstrated clinical efficacy in pretreated SCLC [3].

Rupert Bartsch and Elisabeth Bergen review the highlights from the breast cancer track. Results from the APHINITY trial demonstrated an advantage of a dual blockade against human epidermal growth factor receptor 2 (HER2) compared to trastuzumab alone in early HER2-positive breast cancer patients [4]. Despite the questionable clinical impact in the

adjuvant setting, this trial confirms that positive results in the neoadjuvant setting might also be cautiously transferred to the adjuvant setting. This further supports drug development within neoadjuvant trials where clinical endpoints can be reached faster and with substantially fewer participants compared to the adjuvant setting. The results from the OlympiAD trial, investigating the poly ADP ribose polymerase (PARP) inhibitor olaparib in patients with metastatic breast cancer harboring breast cancer gene (BRCA) germline mutations, demonstrated a superiority of olaparib compared to physician's choice in pretreated patients [5].

Michael Fridrik is giving an update on lymphomas: in two trials rituximab and bendamustine (R-Benda) was at least as effective as R-CHOP (rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisone) for the treatment of indolent B-cell lymphomas [6, 7]. However, conflicting data regarding infectious complications exist. In patients with bulky diffuse large b-cell lymphoma who are older than 60 years, radiotherapy can be safely spared if they become positron emission tomography (PET) negative after chemo-immunotherapy [8]. In patients with multiple myeloma, denosumab was equally effective as zoledronic acid but less toxic [9].

Joanna Szkandera reports highlights of systemic treatment of advanced soft tissue sarcomas. Al-doxorubicin, a novel formulation of doxorubicin, demonstrated efficacy in relapsed or refractory liposarcoma and leiomyosarcomas [10]. Furthermore, data on immune checkpoint blockade with pembrolizumab, nivolumab and nivolumab in combination with ipilimumab were presented [11, 12]. The discussions of new treatment options for rare sarcoma subtypes reflect the importance of international collaborations in order to bring a histology-driven therapeutic approach forward.

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Teresa Magnes et al. report the clinically relevant data on advanced head and neck cancer. Chemoradiation with 3-weekly cisplatin remains the standard of care for eligible patients as definitive or postoperative treatment [13]. New data of immune checkpoint blockade investigated in different scenarios impacts on the selection of patients benefiting most from immunotherapy. In addition, interesting data of pembrolizumab in combination with epacadostat, an oral inhibitor of indolamin-2,3-dioxygenase 1 (IDO1), are discussed [14].

Bianca Radl and Brigitte Mlineritsch review the highlights of gynecological cancers. Based on findings from the AGO LION trial, a pelvic and para-aortic lymphadenectomy should not be recommended in clinically node-negative patients with advanced high-grade serous ovarian cancers [15]. New encouraging maintenance data for niraparib, a PARP inhibitor, and cediranib, an oral vascular epithelial growth factor receptor 1-3 (VEGFR 1–3) inhibitor, were presented for high-grade serous ovarian cancer [16, 17]. In patients with advanced cervical, vaginal or vulvar cancer associated with human papillomavirus (HPV) infection, a response to nivolumab was observed in a quarter of patients [18].

Finally Lukas Weiss et al. report a practice changing update on gastrointestinal cancers. The results of a pooled analysis of six phase III trials corroborate a risk-adapted duration of adjuvant chemotherapy for stage III colorectal cancer [19]. Based on the results from the FLOT4 trial, the triple chemotherapy regimen FLOT (fluorouracil, leucovorin, oxaliplatin, and docetaxel) can be considered as the new standard for perioperative chemotherapy for resectable gastric or gastroesophageal adenocarcinomas [20]. As observed in the BILCAP trial, adjuvant capecitabine should be the new standard in resected biliary tract cancers [21].

The slogan of this year's ASCO "Making a Difference in Cancer Care with You" emphasizes the individual role of physicians in the care of patients. Thus, up-to-date knowledge of the disease and its treatment in all its aspects and how to implement them in individual patients is considered as the art of oncology.

I hope you enjoy reading these interesting articles.

Yours sincerely,
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Conflict of interest G. Rinnerthaler declares that he has no competing interests.

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