

CFS®

Chemotherapy Foundation
SYMPOSIUM

UPDATE

Innovative Cancer Therapy for Tomorrow®

A Message From the Chair

Benjamin P. Levy, MD

When we gathered for the **Chemotherapy Foundation Symposium® (CFS®)** last November, I was inspired by the dedication to patient care I observed. In a field as fast paced and complicated as oncology, staying current on the latest therapies and treatments directly impacts patient outcomes and quality of life.

Rapid advancements continue to occur across solid and liquid tumors, making one thing clear: Chemotherapy is no longer the only option for our patients. From lung cancer to melanoma, leukemia to breast cancer, targeted therapies and immunotherapies have fundamentally changed the way we treat cancer. Medical oncology is not alone in its radical shift; radiation and surgical oncology are quickly changing as well.

This message was particularly true at this year's 2018 ASCO Annual Meeting, and one we look forward to expanding on in November.

Each year, **CFS®** brings together more than 1,000 healthcare professionals for 3 days, with the aim of promoting the delivery of evidence-based, state-of-the-art cancer care for the most challenging clinical scenarios and cases we encounter every day. At this year's 36th Annual **CFS®**, that tradition continues.

Continually learning, integrating what we've learned, and rising to meet new challenges are skills we've honed over years of practice. In our journey to ever improve patient care, we are not alone. The next generation of cancer care is here. Join us in New York, and we'll meet it together!

Sincerely,

Benjamin P. Levy, MD

Clinical Director of Medical Oncology
Johns Hopkins Sidney Kimmel Cancer Center
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Washington, DC



WHAT'S INSIDE

| | |
|--------------------------------|---|
| A Message From the Chair | 1 |
| A Look Back | 2 |
| 2017 Highlights | 3 |

JOIN US!

November 7 – 9, 2018

New York Marriott Marquis
New York, NY

THIS YEAR'S TOPICS INCLUDE:

Breast

Cervical

Bladder

Leukemia

Colorectal

Glioblastoma

Lymphoma

Head and Neck

Hepatocellular

Melanoma

Myeloma

Neuroendocrine Tumors

Ovarian Non-Small Cell Lung

Prostate

Pancreatic

Renal Cell

Thyroid

Sarcoma

Cutaneous Squamous Cell

Waldenström Macroglobulinemia

And more!

For more information and to register visit
gotoper.com/go/CFS18NEWS1

Updates from ASCO

Last month, oncologists and other healthcare professionals from around the globe gathered together in Chicago for 5 days of reconnecting with old friends, networking with peers, and most importantly, learning! This year's biggest breakthroughs seemed to focus on one topic: **rethinking the role of chemotherapy**. Let's check out some of the top data.

TAILORx Results Show Some Patients with Breast Cancer Can Skip Chemo

The **Trial Assigning Individualized Options for Treatment (Rx)**, or **TAILORx** trial is a phase III randomized, prospective, noninferiority trial that enrolled over 10,000 women with hormone receptor-positive, HER2-negative, early stage breast cancer. Women with a

moderate recurrence score (as defined by the Oncotype DX test) of 11 to 25, received endocrine therapy alone or chemotherapy plus endocrine therapy.

Results presented at the annual meeting showed the trial met its primary endpoint of disease-free survival (DFS). Researchers showed 9-year survival rates were similar in both treatment arms for DFS (83.3% vs 84.3%), distant recurrence (94.5% vs 95.0%) and overall survival (OS) (93.9% vs 93.8%). **The noninferiority of hormone monotherapy alone was established.**



Perioperative Chemo Has No Benefit in CRC

Another example of less is more comes from the **PRODIGE 7** trial presented at the ASCO 2018 Annual Meeting. The trial enrolled 265 French patients with stage IV colorectal cancer with peritoneal carcinomatosis, and no metastases elsewhere in the body. Patients were randomly assigned to receive surgery plus hyperthermic intraperitoneal chemotherapy (HIPEC) or surgery alone. The majority of patients also received systemic neoadjuvant or adjuvant chemotherapy, or both.

Investigators reported the **median OS between the two groups was not statistically significant** (41.2 months in the non-HIPEC group vs. 41.7 months in the HIPEC group). Median recurrence-free survival was also similar between the two groups (11.1 months vs 13.1).



Immunotherapy is Superior to Chemo for Most Advanced Lung Cancers

Since October 2016, and following the **KEYNOTE-024** trial, the checkpoint inhibitor pembrolizumab has been approved for the frontline treatment of patients with non-small cell lung cancer (NSCLC) with a PD-L1 expression level of at least 50%. Following this year's meeting that's set to change.

Researchers presented data from the KEYNOTE-042, which **showed pembrolizumab's benefit extended to all NSCLC patients,**

regardless of PD-L1 expression levels. Over 1,200 patients with advanced or metastatic NSCLC were randomized to receive chemotherapy or pembrolizumab. Compared to those receiving standard chemo, patients who received pembrolizumab had a longer median OS. For patients with PD-L1 above 50%, median OS was 20 months versus 12.2 months; for PD-L1 above 20%, 17.7 months versus 13 months; for PD-L1 above 1%, 16.7 months versus 12.1 months.

Other Headlines From ASCO!

Avoiding chemotherapy for certain patients was not all we learned at this year's meeting.

- The addition of 6 months of low-dose maintenance chemotherapy after initial treatment for rhabdomyosarcoma, a rare muscle cancer, increased the 5-year OS rate from 73.7% to 86.5%! This marked the first treatment advance for this cancer in 30 years.
- In the phase III **PREOPANC-1** trial, 10 weeks of neoadjuvant chemoradiotherapy improved DFS and OS for patients with pancreatic cancer compared with immediate surgery. Median OS was 17.1 months compared to 13.7 for the neoadjuvant and surgical arms, respectively.
- Also in pancreatic cancer, the **PRODIGE 24** trial showed patients with nonmetastatic pancreatic ductal adenocarcinoma had increased OS benefit from a modified FOLFIRINOX regimen as compared with gemcitabine, 54.4 months versus 35.0 months.
- Finally, results from the phase III **Carmena** trial showed patients with advanced kidney cancer can avoid nephrectomy all together. Researchers demonstrated the median OS for patients who underwent therapy and then adjuvant treatment with sunitinib had a median OS of 13.9 months, compared with 18.4 months for patients who underwent treatment with sunitinib at time of diagnosis.

Whether its incorporating genetic testing, avoiding overtreatment with chemotherapy, offering immunotherapy in the first line, or changing standards of practice to include neoadjuvant or maintenance chemotherapy, much is changing all at once. ASCO has come and gone, and it was easy to miss all the new findings. The **Chemotherapy Foundation Symposium®: Innovative Cancer Therapy for Tomorrow®** exists to fill in the gap. Come learn what you may have missed from the researchers and clinical trial leaders themselves!

Register now to hear about all these updates and more!
gotoper.com/go/CFS18NEWS1

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Physicians' Education Resource®, LLC and Pharmacy Times Continuing Education. Physicians' Education Resource®, LLC is accredited by the ACCME to provide continuing medical education for physicians.

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November 7, 2018, Conference Day 1 – 0290-9999-18-099-L01-P (7.75 contact hours)

November 8, 2018, Conference Day 2 – 0290-9999-18-100-L01-P (7.0 contact hours)

November 9, 2018, Conference Day 3 – 0290-9999-18-101-L01-P (8.0 contact hours)

The activity is available for continuing education (CE) credit through December 9, 2018.

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UPDATE

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“ I have been coming
to CFS for over 18 years! I
keep coming back to learn
and help improve the care
of my patients. ”

36th Annual CFS[®]

Innovative Cancer Therapy for Tomorrow[®]

NOVEMBER 7 – 9, 2018

New York Marriott Marquis
New York, NY

Benefits in Attending this year's CFS[®]!

- Incorporate the latest clinical data into your practice
- Challenge the experts with your most difficult cases
- Network with the top minds in oncology
- 100 Experts. 25 Tumor Types. 3 Days. 1 Meeting.

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