

# ESMO Clinical Guidelines Sessions

## Introduction

Sunday 21 October 2018

ESMO 2018, Munich

**George Pentheroudakis**

# DISCLOSURE SLIDE

- George Pentheroudakis
- Honoraria received for speaker, advisory role, research funding:
- Amgen, Merck, Astra Zeneca, Roche, Novartis, BMS, MSD, Lilly, Boehringer, Roche

# ESMO Clinical Practice Guidelines

Delivering evidence-based high quality practice recommendations  
to the oncology professional

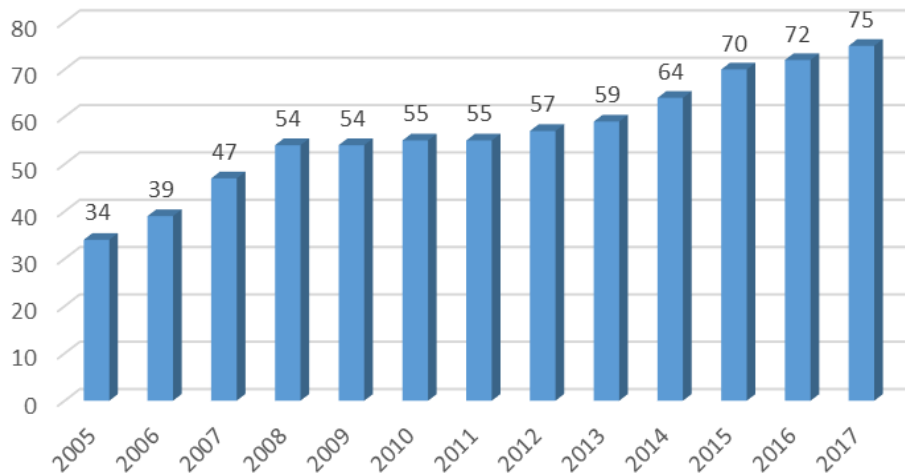
## ESMO Clinical Practice Guidelines

- ♦ Evidence-based guidelines, 20-40 pages long
- ♦ The standard for best practice
- ♦ Available on the ESMO and OncologyPRO websites
- ♦ Published in Annals of Oncology

## ESMO Consensus Guidelines

- Guidelines derived from Consensus Conferences (1 or 2 day meeting)
- Pre-selected controversial questions addressed by multidisciplinary experts on specific tumour types

Number of ESMO Clinical Practice Guidelines



# ESMO Clinical Practice Guidelines

**CPG published in Annals of Oncology, October 2018**

**Volume 29, Issue Supplement 4**

## **5 new titles:**

Management of anaemia and iron deficiency in patients with cancer  
Diagnosis, assessment and management of constipation in advanced cancer  
Diarrhoea in adult cancer patients  
Delirium in adult cancer patients  
Hepatocellular carcinoma

## **9 updated Guidelines:**

Non-epithelial ovarian cancer  
Hodgkin lymphoma  
Primary cutaneous lymphomas  
Waldenström's macroglobulinaemia  
Soft tissue and visceral sarcomas  
Gastrointestinal stromal tumours  
Bone sarcomas  
Management of cancer pain in adult patients  
Metastatic non-small cell lung cancer

ANNALS OF  
ONCOLOGY

ESMO  
ISSN 0959-6460 (print)  
ISSN 1569-4041 (online)  
Volume 29 Supplement 4 2018

ESMO Updated Clinical Practice Guidelines  
Guest Editors: ESMO Guidelines Committee



OXFORD  
UNIVERSITY PRESS

ESMO

Published: 19 February 2018. Authors: ESMO Guidelines Committee

### » Clinical Practice Guidelines

This update refers to **Thyroid cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up**, Pacini F, Castagna MG, Brilli L, Pentheroudakis G. Ann Oncol 2012; 23 (Suppl 7):vii110-vii119.

### » Section

Management of advanced/metastatic disease

### » Text update

In the randomised, double-blind, placebo-controlled, phase III study (ZETA), 331 patients with locally advanced or metastatic medullary thyroid cancer (MTC) were randomised in a 2:1 ratio to receive oral vandetanib or placebo until disease progression. A significant prolongation of PFS (primary end point) was observed for patients receiving vandetanib (hazard ratio [HR] 0.46, 95% confidence interval [CI] 0.31–0.69;  $p < .001$ ). Median PFS was 19.3 months in the placebo group while it had not yet been reached for the vandetanib group (predicted median PFS by Weibull model: 30.5 months). Overall survival data were immature. Common adverse events (any grade) occurred more frequently with vandetanib.

### » Recommendation

In patients with unresectable locally advanced or metastatic, hereditary or sporadic MTC, vandetanib, as compared with placebo, is associated with a statistically and clinically significant improvement in PFS. In the absence of mature OS and quality of life data, the observed PFS benefit is associated with an ESMO-Magnitude of Clinical Benefit Scale (MCBS) score of 3.

An electronic update (eUpdate) will be produced:

- when a breakthrough has occurred necessitating rapid “emergency” communication
- when a MCBS score has been produced for a new EMA-approved therapy

# ESMO Pocket Guidelines

- Easily accessible abridged versions of ESMO Clinical Practice Guidelines
- Available online from [esmo.org](http://esmo.org)
- Printed copies at the ESMO booth and exhibition hall



Crizotinib [I, A; MCBS 4]  
Alectinib [I, A; MCBS 4]  
Ceritinib [I, B; MCBS 4]  
Brigatinib [I, B]<sup>a</sup>

Disease progression

Oligoprogression

Systemic progression

Local treatment  
(surgery or RT)  
and continue targeted  
systemic treatment

Systemic progression

Re-biopsy recommended  
(not mandatory for decision)

Alectinib [I, A; MCBS 4]  
Ceritinib [I, A; MCBS 4]

Systemic progression

Platinum-based ChT (see Figure 2)  
In selected cases, alternative new generation *ALK* TKIs  
if available (lorlatinib, brigatinib) [III, B]<sup>a</sup>  
Carbolatin/paclitaxel/bevacizumab/atezolizumab [III, B]<sup>a</sup>

## ESMO-standardised algorithm

Algorithm on therapeutic strategy  
or management according to stage,  
risk factors and disease/molecular  
characteristics





- Set of 15-20 slides for each CPG title to be developed
- Free to download from [esmo.org](http://esmo.org)
- Concise: algorithms and tables with key recommendations

## CLINICAL PRACTICE GUIDELINES

An ESMO Product

### Early and locally advanced non-small-cell lung cancer (NSCLC)

ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up

P. E. Postmus, K. M. Kerr, M. Oudkerk, S. Senan, D. A. Waller, J. Vansteenkiste, C. Escrivá & S. Peters, on behalf of the ESMO Guidelines Committee\*

\*For details of author affiliations, correspondence and versions, please see the full version at [esmo.org/Guidelines/Lung-and-Chest-Tumours](http://esmo.org/Guidelines/Lung-and-Chest-Tumours)



## CLINICAL PRACTICE GUIDELINES

### Diagnosis and pathology/molecular biology

Summary of recommendations

Recommendation	LoE, GoR
In clinical stages I-III, pretreatment pathological diagnosis is recommended prior to any curative treatment	
Bronchoscopy is the recommended test to obtain a pathological diagnosis of centrally located tumours in stages I-III	III, A
The pathological classification NOS should be used only in cases where it is impossible to obtain enough tissue for further classification	V, A
The WHO classification of adenocarcinoma subtypes should be used	III, A
FDG-PET may contribute to the selection of patients for anatomical sublobar resections as low SUV <sub>max</sub> values of peripheral tumours indicate lack of mediastinal metastases	III, A
The diagnostic approach to non-calcified pulmonary nodules should be based on existing standard guidelines	III, A

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### Published:

- Early and locally advanced non-small cell lung cancer
- Toxicities from immunotherapy

### Planned next:

- Rectal cancer
- Non-epithelial ovarian cancer
- Hodgkin lymphoma
- Soft tissue and visceral sarcoma
- Cancer pain
- Metastatic non-small lung cancer
- Early breast cancer
- Metastatic colorectal cancer
- GEP-NETs

# ESMO Guidelines pages

In 2016 and 2017 there were over 1 million unique page views\* of ESMO Guidelines pages on the ESMO.org website

These totals represent approximately 22% of all unique page views on the ESMO.org website

	2011	2012	2013	2014	2015	2016	2017
Total	89 530	100 738	394 889	734 150	892 540	1 052 185	1 377 993

# Don't forget to pick up your copies

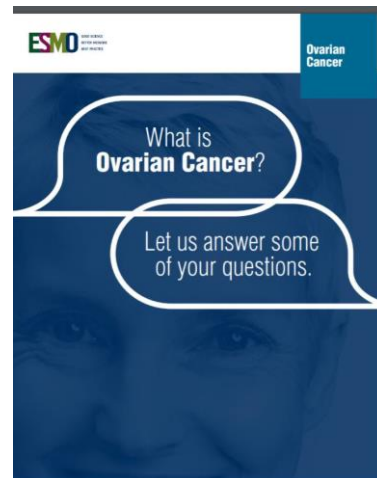
## Clinical Practice Guidelines



## Pocket Guidelines



## Patient Guides



# ESMO Clinical Practice Guidelines sessions

Sunday 21 October

## **Session 1: 10h45-12h45**

- GEP NETs (Julien Hadoux, Alfredo Berruti)
- Mantle cell lymphoma (Mats Jerkeman, Martin Dreyling)
- Rectal cancer (Francesco Sclafani, Andrés Cervantes)
- Metastatic NSCLC: resistance to EGFR TKIs (Martin Früh, Pasi Jänne)

## **Session 2: 14h30-16h30**

- Early *HER2*-positive breast cancer (Simona Volovat, Elżbieta Senkus-Konefka)
- Soft tissue sarcoma (Bruna David, Silvia Stacchiotti)
- Cancer cachexia (Tora Skeidsvoll-Solheim, Jann Arends)
- Prostate cancer (Maria Serra, Chris Parker)