

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

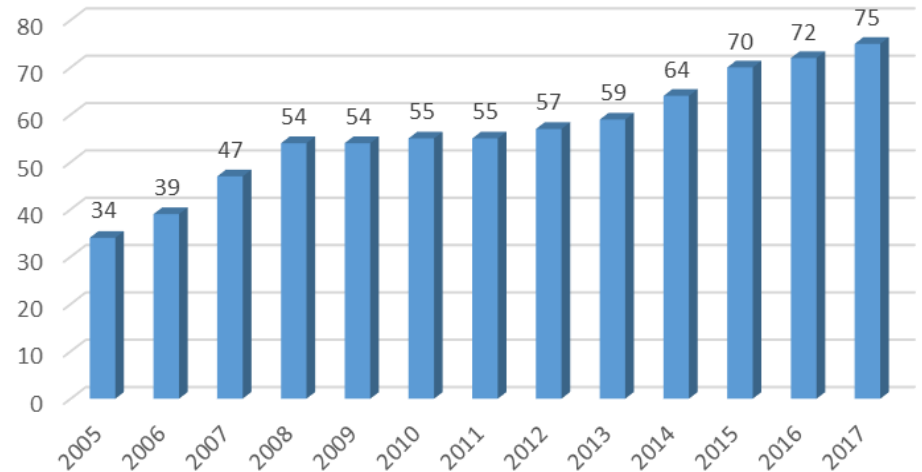
ESMO Clinical Practice Guidelines

- ◆ 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 EUROPEAN SOCIETY
OF ONCOLOGY
ISSN 0923-7534 (print)
ISSN 1569-8041 (online)
Volume 29 Supplement 4 2018

ESMO Updated Clinical Practice Guidelines
Guest Editors: ESMO Guidelines Committee



OXFORD
UNIVERSITY PRESS

JSMO

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
- ◆ 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]^a

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]^a
Carbolatin/paclitaxel/bevacizumab/atezolizumab [III, B]^a

ESMO-standardised algorithm

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

Treatment algorithm for stage IV lung carcinoma with *ALK* translocation

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

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

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 _{max} 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



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

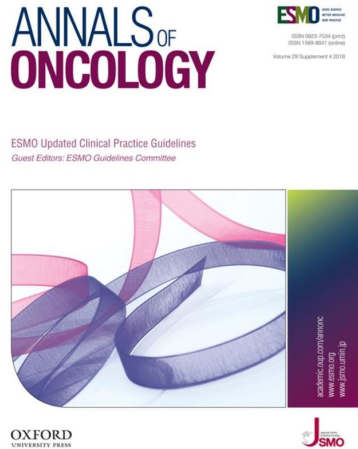
In 2016 and 2017 there were over 1 million unique page views* of ESMO Guidelines pages on the ESMO.org website

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

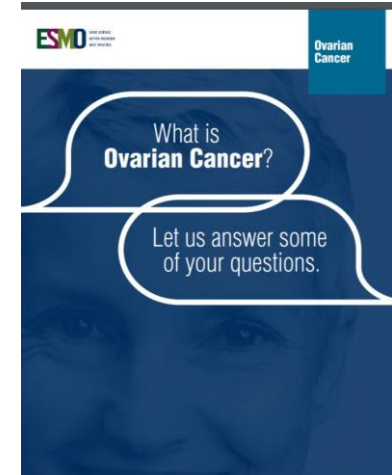
Clinical Practice Guidelines



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)