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

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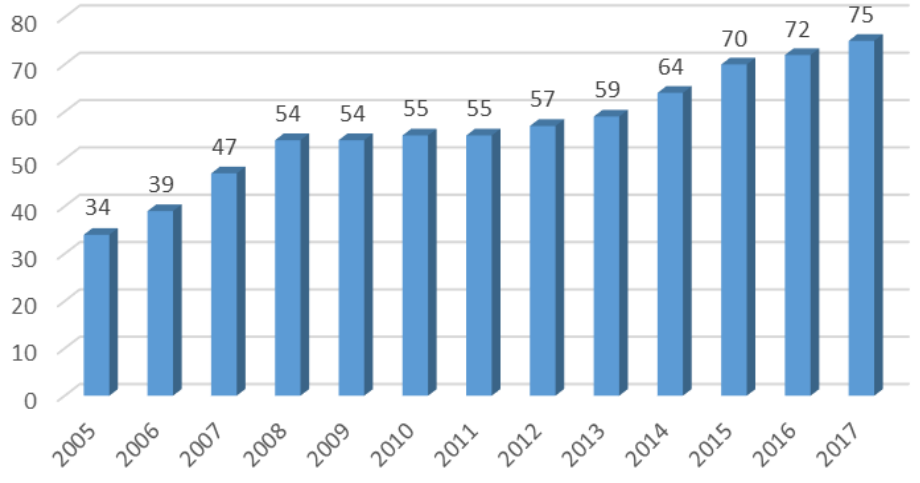
Number of ESMO Clinical Practice Guidelines



ESMO Clinical Practice Guidelines

CPG published in Annals of Oncology, October 2018

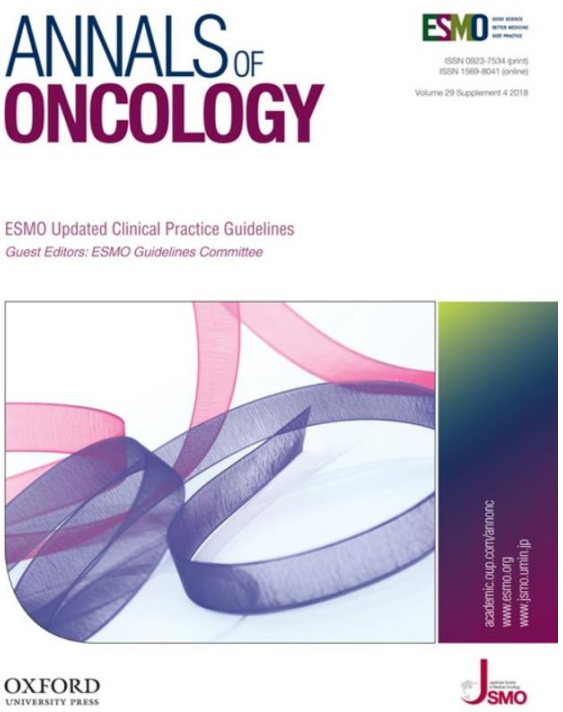
Volume 29, Issue Supplement 4

5 new titles:

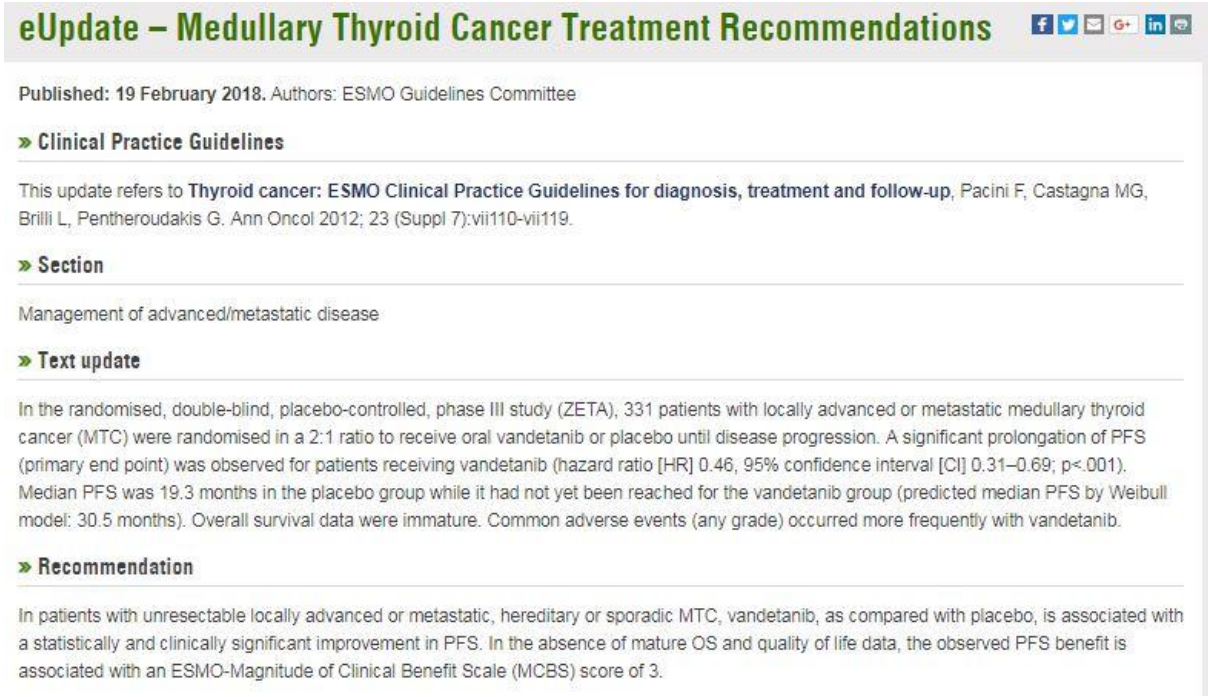
Management of anaemia and iron deficiency in patients with cancer
Diagnosis, assessment and management of constipation in advanced cancer
Diarrhoea in adult cancer patients
Delirium in adult cancer patients
Hepatocellular carcinoma

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



eUpdate



eUpdate – Medullary Thyroid Cancer Treatment Recommendations

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

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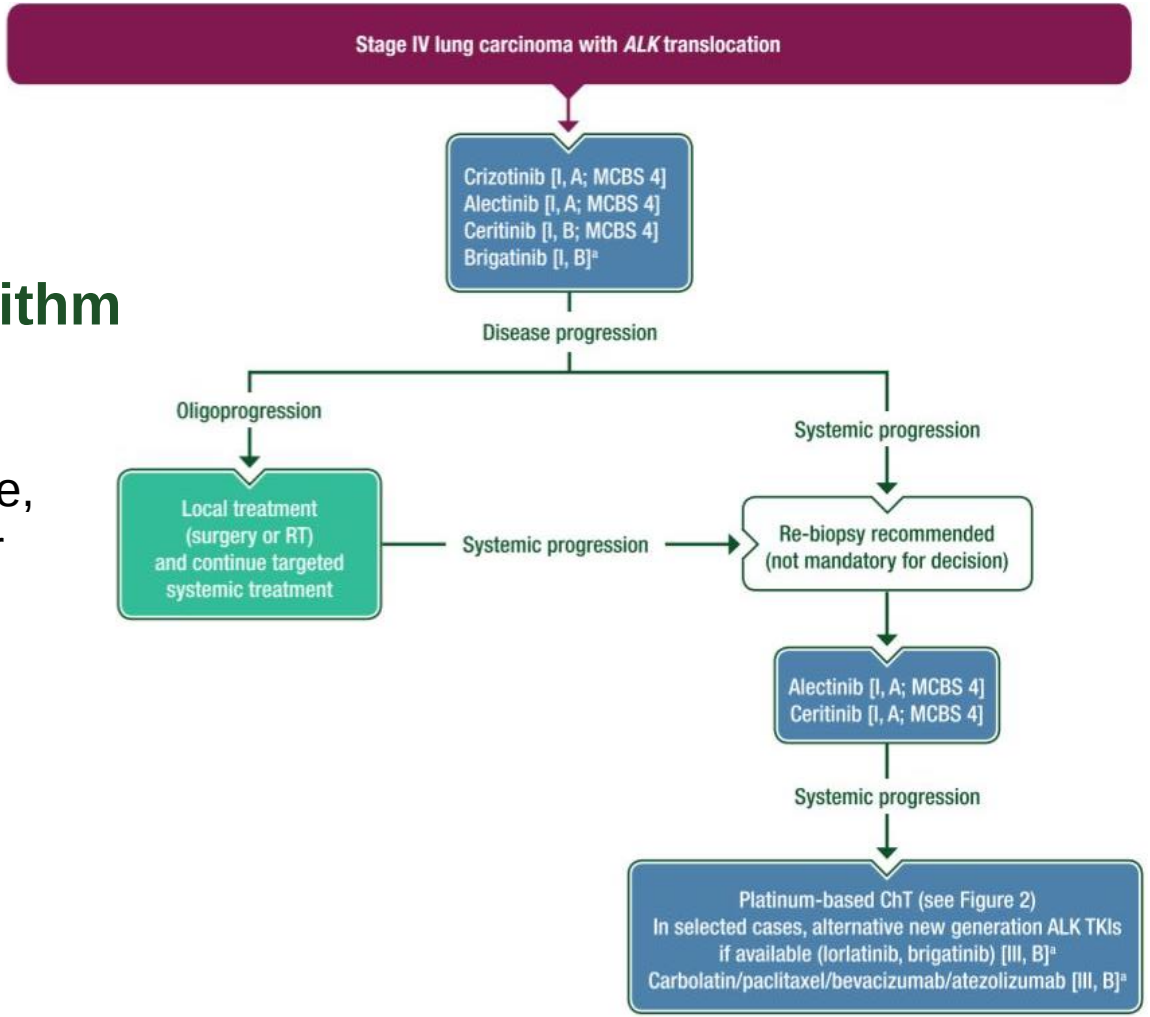
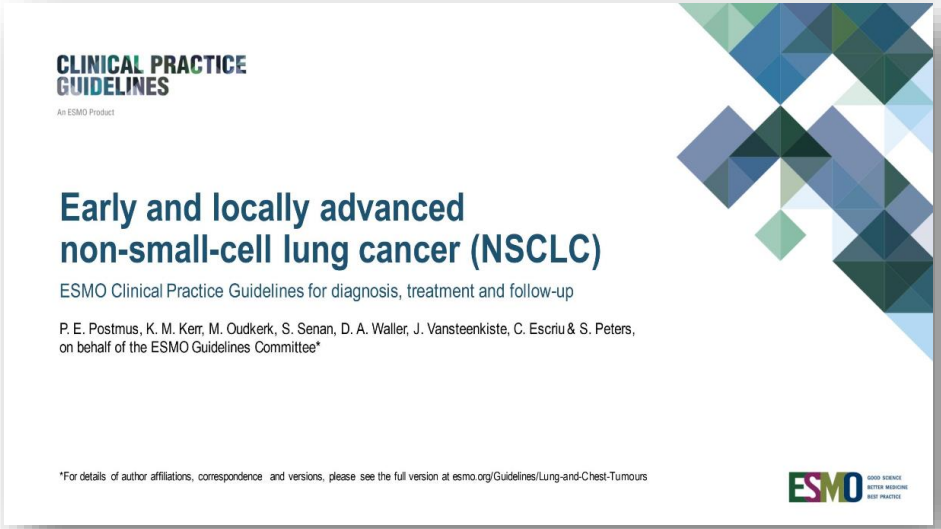
ESMO-standardised algorithm

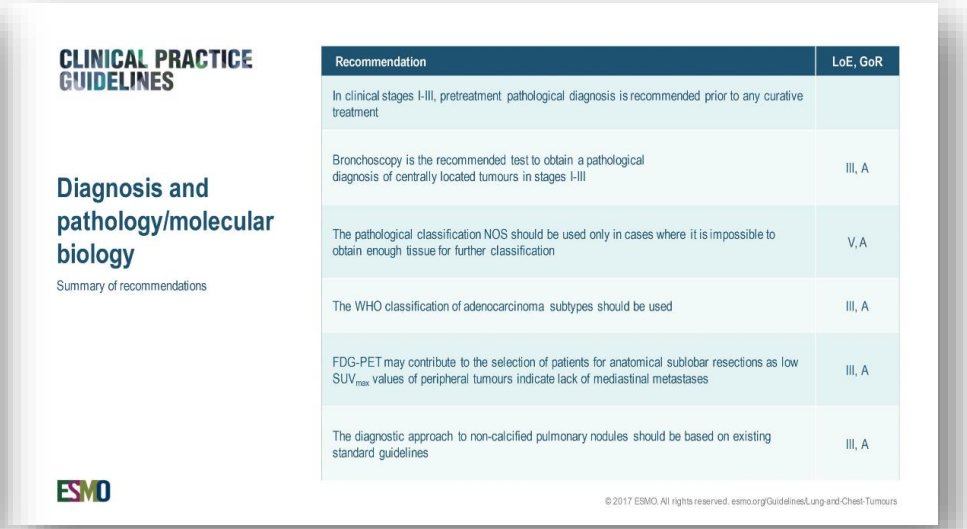
Algorithm on therapeutic strategy or management according to stage, risk factors and disease/molecular characteristics



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





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

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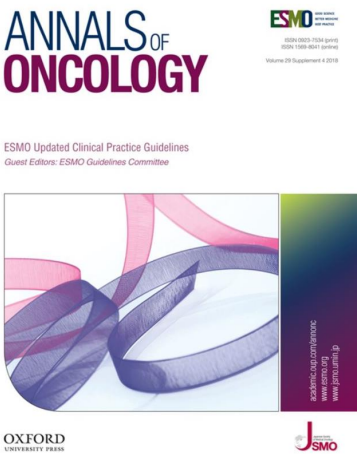
*Unique page views: the number of visits during which the a page was viewed one or more times

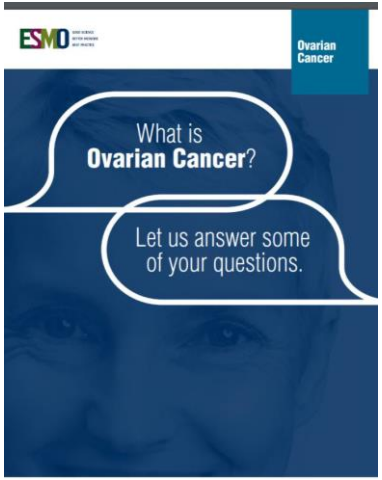
Don’t forget to pick up your copies

Clinical Practice Guidelines



Pocket Guidelines

Patient Guides



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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)