

ASCO 2015: What you missed in Chicago

By David Cooney, Senior Associate Consultant, Blue Latitude

Last week, Blue Latitude sent two of our consultants to Chicago to attend [ASCO 15](#), a key annual meeting for oncology specialists that brings over 30,000 delegates together to talk about innovations and progress in the field. [David](#) takes us through the highlights of the event and his take on the exciting developments that came out of the conference.

Medical Developments: The Immuno-oncology Era

Without question, this year really was the heralding of the immuno-oncology era, both in terms of medical developments and the [great coverage ASCO got in the media](#). We've been working in immuno-oncology for a year and a half now, but we were still very impressed by the data coming out of the conference. Specifically, we thought the checkpoint inhibitors in head and neck, lung cancer and melanoma really shone. In particular, the fact that not only are the therapies showing deep responses, they are also providing a much longer duration of response, which was discussed as being a hallmark of immunological agents in oncology.

Bristol-Myers-Squibb redefines Melanoma treatment standards

In terms of winners here, BMS is likely to redefine the standard of care in Melanoma with the Opdivo/Yervoy (ipilimumab) combination. However, the advantage BMS had over Roche and Merck in the programmed cell death pathway space (PD-1/PD-L1) was thrown open over a [biomarker](#) debate around activity in PD-L1 positive patients.¹ The challenge here is: firstly, there is no clear criteria for defining PD-L1 positivity (the part of the checkpoint pathway expressed on the tumour cell); and secondly, there is

¹ PD-L1 Expression as a Predictive Biomarker in Cancer Immunotherapy. Patel SP et al Mol Cancer Ther 2015

no standard assay to measure PD-L1 expression. I think the strength of the Checkmate-057 data² will ultimately give Opdivo an advantage in all patients, but I also think that how the other PD-1/PD-L1s challenge Opdivo will depend on how the European markets provide access to it, as well as how issues of cost versus value of the treatment are addressed.

Personalised treatments: targeting genetic mutations to treat cancer

The second area that really impressed me was the large [National Cancer Institute](#) (NCI) trial³ that will look to treat patients with solid tumours based on their genetic mutations and not their organ of origin. A list of targeted treatments, such as crizotinib and TDM-1, will be used to target specific genetic abnormalities in patients' tumours. This represents a real step forward in terms of precision medicine, which will further link [whole genomic screening](#) to the tailoring of an individual patient's treatment. It will be extremely exciting to see what comes out of this trial.

Transforming multiple myeloma treatment with monoclonal antibodies

The third area was the arrival of breakthrough therapies in plasma cell disorders. Three monoclonal antibodies were presented on the last day of ASCO - two in multiple myeloma and one in amyloidosis. For years, leukaemia and lymphoma patients have benefited from power of monoclonal antibody treatment while plasma cell malignancies showed little activity with CD20 targeting treatment. In multiple myeloma, we saw data from two immunotherapies showing clinical activity. In particular, daratumumab in double refractory multiple myeloma represents a truly transformational treatment in this area for patients who have tried all current options⁴. In an area dominated by combination trials, daratumumab showed significant single agent activity in this hard to treat population with tolerable safety profile.

² Combined Nivolumab and Ipilimumab or Monotherapy in Untreated Melanoma. Larkin et al 2015 NEJM

³ NCI Prepares to Launch MATCH Trial. Cancer Discov. 2015

⁴ NCT01985126 An Efficacy and Safety Study of Daratumumab in Patients With Multiple Myeloma... 2015

ASCO 15: Highlighting innovation and raising key questions

Amgen and AstraZeneca had excellent booths that were extremely interactive with some great educational tools. The Amgen booth had a giant mechanical puppet show that explained their BITE technology, while AstraZeneca used the Oculus Rift to describe the how and why around various cellular pathways they were developing treatments for to great effect.

Overall, ASCO15 was a great place to be this year with all the exciting innovations in cancer treatments that were announced. However, oncology specialists and healthcare practitioners more generally will have their work cut out for them in taking this information on board and incorporating these new treatment options into their practise. Questions around cost and value still need to be urgently addressed by the medical community if the goal is to deliver personalised cancer treatment to patients across the world.

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These are the topics we discuss at Blue Latitude, both internally and externally, with our clients and a range of stakeholders whom we carry out primary research with. If you would like to discuss ASCO15 or immuno-oncology with us further, please [reach out to Matt](#), our Head of Commercial Development.



David works on projects focused on oncology, as well as diabetes, HIV and rheumatoid arthritis. Prior to Blue Latitude, he was published in The Lancet and worked in a drug development lab at Imperial College.

- **For more medical science – read the blog from Mark Assenti on [biomarkers in marketing](#)**