Kieger – Thoughts from the Street

ESMO 2017 – Science and cancer

Zurich, September 14, 2017

ESMO 2017 - "integrating science into oncology for a better patient outcome"

We attended the Annual Meeting of the European Society for Medical Oncology 2017 (ESMO 2017) from 8th to 12th September in Madrid.

More than 23'000 clinicians and researchers participated in the event providing insights and discussing controversial issues in the field. Cooperation between different disciplines such as oncologists, haematologists clinicians and clinical researchers will be key in the area of immunooncology (IO), where complexity is rapidly increasing.

Immunooncology means a significant paradigm change in cancer biology. While in the past, the only target was the tumour, immunooncology targets the patient's immune system. Although immunooncology has been dominating the most important cancer conferences American Society of Clinical Oncology (ASCO) and ESMO since a few years and that the use of immunooncology is growing rapidly in the clinic with many new indications, there are many controversies to be answered.

Patients responses can vary widely, even in the presence of the same biomarkers. Furthermore, the same drug in the same cancer can deliver positive or negative results in different clinical trials. A multidisciplinary approach, including clinicians and scientists is needed in order to better characterize the potential treatments.

Biomarkers needed to assess response to IO medicines

In order to understand why some patients (around 30%) respond to the treatment it is necessary to develop biomarkers that can predict the response. Several studies have shown that immune cell infiltration or the higher levels of certain immune cells (T-cells) in the tumour of cancer patients are related to the response. The general immune status such as lymphocyte count and some proteins (LAG3, TIGIT, CD27, Ki67 PD1+ CD8) are predictive for response as well. Interestingly, there is a correlation with the characteristics of the human microbiome (a potential host biomarker) with the anti-tumour-immune response. The human microbiome consists of 100 trillion microbes (mainly in the gastro-intestinal tract), which represent around 3% of the body mass.

Impressive results from PACIFIC trial

AstraZeneca reported detailed results of the PACIFIC trial showing superior progression-free survival (PFS) for the drug Imfinzi (durvalumab) in patients with stage III lung cancer. Imfinzi improves PFS by more than 11 months compared to standard of care. The magnitude of the benefit obtained with Imfinzi came as a surprise especially after the same drug failed to show any benefit either as monotherapy or in combination with another immunooncology drug in development (CTLA4) in stage IV lung cancer.

The importance of biosimilars

Since its introduction at the beginning of this century, biological medicines play an important role in cancer treatment. Roche's product Herceptin, for example, helps to control the growth of cancer cells and is the standard of care for a subpopulation of breast cancer patients. Patents for a large number of high-cost biologic drugs, including Herceptin, will expire in the next few years. Regulatory authorities in Europe and the United States have defined regulatory pathways for the introduction of biosimilar medicines. Biosimilars are expected to increase the availability of effective and safe therapeutic options at lower cost, helping to improve healthcare economics.

Conclusion

Complexity in the fields of clinical oncology and cancer research is increasing rapidly. Identification and better understanding of the role of biomarkers are needed for better treatment options. The development of biosimilar medicines is key to meeting the increased demand at lower cost for biologic therapies in cancer.

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