American Meeting of Clinical Oncology

2021 ASCO Annual Meeting

June 4th-8th, 2021

In-Depth Report

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Welcome to 2021 ASCO Annual Meeting

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The 2021 ASCO Annual Meeting, now in its 57th year, took place under a virtual format for a second year on 4–8 June 2021 due to the ongoing impact of the COVID-19 pandemic. This year's presidential theme was 'Equity: Every Patient. Every Day. Everywhere,' which aimed to highlight the importance for oncologists to use this moment of cancer progress to be certain that health equity in cancer care becomes a reality for all patients. Opening the meeting, ASCO President Lori J. Pierce highlighted this year's focus on a critical safe path forward and asked attendees to identify ways to ensure that all patients can access and benefit from the latest cancer advances and high-quality cancer care. Dr Pierce noted that over the past year, the COVID-19 pandemic has highlighted the pervasive and unjust health inequities that exist all over the globe. Whether barriers result from geography, race/ethnicity, age, sexual orientation and gender identity, health insurance, culture, or trust – or all of these, she added that physicians have a responsibility to meet them head on.

> "Together, we need to confront and address complex forces and systems that have created disparities in cancer care, treatment, and research."
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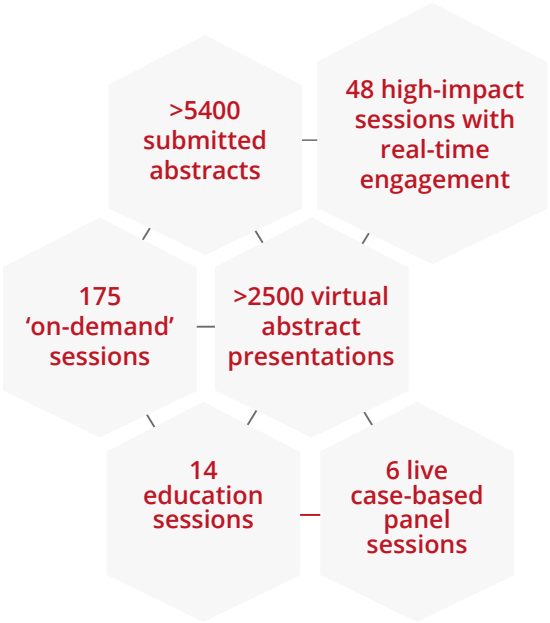
> – Lori J. Pierce, 2020–2021 ASCO President

2021 ASCO Annual Meeting at a glance



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Breast cancer

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Treatment

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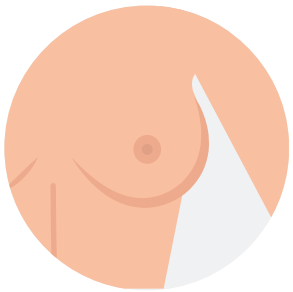


Poly-ADP ribose polymerase (PARP) inhibitors target cancers with homologous recombination repair defects via synthetic lethality. Interim data from the Phase III OlympiA study (NCT02032823) shared at the plenary session demonstrated that adding a one-year adjuvant course of the PARP inhibitor olaparib following the completion of standard therapy significantly lowered the risk of disease recurrence among patients with germline BRCA1/2-mutated high-risk HER2-negative early-stage breast cancer (LBA1). Based on 2.5 years of median follow-up, the study revealed a 42% reduction in the risk of invasive disease recurrence or death with the use of adjuvant olaparib compared with placebo among patients with stage II to IIIA disease or those who failed to achieve a pathologic complete response following neoadjuvant chemotherapy (stratified HR 0.58, 99.5% CI [0.41, 0.82]; p<0.0001), easily meeting expectations for the primary endpoint. Olaparib also reduced the risk of distant disease recurrence or death by 43.0% compared with placebo (stratified HR 0.57, 99.5% CI [0.39, 0.83]; p<0.0001), yielding a 7.1% absolute improvement in the distant DFS rate at 3 years.

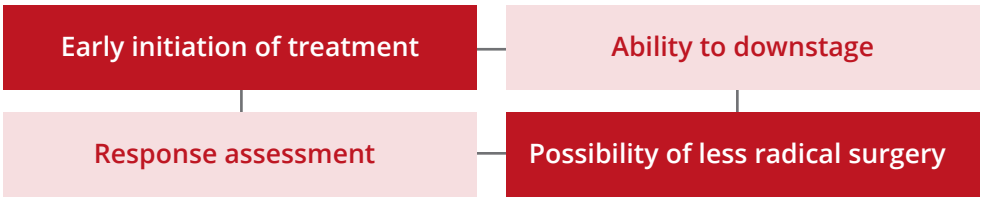
Risk of distant disease recurrence or death with olaparib: **7.1% absolute improvement** in the distant DFS rate at 3 years vs placebo

"At 3 years after random assignment, there was an 8.8% absolute improvement in the rate of invasive DFS with olaparib versus placebo."

– Andrew Tutt, Institute of Cancer Research and Kings College London, UK

Discussant Nadine Tung, Beth Israel Deaconess Medical Center, Boston, USA, commented that <50% of US-based patients with breast cancer who qualify for germline genetic testing are offered testing, with underutilisation being greatest in minority and underserved populations. She suggested that the results of OlympiA are practice changing as they reinforce the need to identify germline BRCA carriers among those with early-stage breast cancer. While in the past, genetic testing has been utilised in this patient population to manage future cancer risk, this information can now support treatment decisions.

Treatment of patients with operable breast cancer requires a multidisciplinary approach involving collaboration between medical, surgical, and radiation oncologists. Kevin Kalinsky, Winship Cancer Institute of Emory University, Atlanta, USA, discussed the ideal indications for neoadjuvant systemic therapy in patients with operable breast cancer, with several advantages being highlighted:



While some studies have shown that OS is not affected whether neoadjuvant therapy was used pre- or post-operatively, advances in systemic therapies (for example, agents targeting human epidermal growth factor receptor 2-positive [HER2+] tumours) have shown that the identification of breast cancer subtype is important in order to optimise treatment. Of note, some patients who achieve pathologic response, particularly those with HER2+ or triple-negative breast cancer, appear to have improved therapeutic outcomes. When considering the impact of COVID-19 on the use of neoadjuvant therapy, Dr Kalinsky highlighted the decrease in mammography rates in the US during the first 6 months of the pandemic, with continued disparities based on race and ethnicity – Black patients with recent breast cancer diagnoses have a higher risk for COVID-19 compared with non-Hispanic caucasian patients (adjusted odds ratio 5.44 [95% CI: 4.69, 6.31]; p<0.001). The pandemic has also forced prioritisation of treatment for certain cases or subtypes in the US. For example, patients with inflammatory or triple-negative breast cancer may receive neoadjuvant chemotherapy, while those with more indolent cancer, such as low-grade hormone receptor-positive types, may start with neoadjuvant endocrine therapy.

"With neoadjuvant therapy, we get to learn in real time before surgery and see how the tumour is responding to systemic therapy."

– Kevin Kalinsky, Winship Cancer Institute of Emory University, Atlanta, USA

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Closing remarks

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As a virtual event for the second year running, the 2021 ASCO Annual Meeting continued to provide the unique and unparalleled opportunity to connect one of the largest, most diverse audiences in global cancer care, along with enabling wider access to ground-breaking science and practice-changing research in oncology, the latest trends in clinical application, and treatment and insights on equitable cancer care. It is expected that more than 42,000 delegates from 138 countries will have accessed content during this year's meeting.