



## Report on an ESMO-Supported Seminar on *The Management, Treatment and Future Perspectives of Cancer of Unknown Primary (CUP)*

London: Friday 21 March and Saturday 22 March 2014

### Background

We welcomed some 60 delegates from Egypt, Germany, Switzerland, Iraq, Italy, Russia, India, USA, Algeria, Armenia, Portugal, Japan, Greece, Australia, Moldova and the countries of the UK to London for this seminar on CUP.

The Seminar was aimed at those treating CUP patients and the majority of those attending were oncologists. The second largest group was of specialist nurses treating CUP patients. The learning objectives of the Seminar were threefold:

- To learn about the fundamentals of CUP and the unique factors contributing to poor prognosis and poor patient experience
- To understand the essentials in the diagnosis and multidisciplinary treatment of CUP
- To learn about scientific advances in the diagnosis, management and treatment of CUP patients

### The programme

The programme involved five modules: (1) Epidemiology, biology and pathology; (2) Diagnostic challenges, subsets and prognosis; (3) Treating CUP; (4) Guidelines, psychosocial aspects and palliative care, and (5) Future perspectives. Importantly, at the end of each session there was a discussion period to encourage interaction and stimulate an exchange of knowledge-sharing.



Delegates at the seminar

*The seminar has been made possible through the generous support of: European Society for Medical Oncology; European School of Oncology; Lilly Oncology; Rosetta Genomics.*

## The faculty

The Chair of the Seminar was Professor Nicholas Pavlidis and he was joined by co-Chairs from the UK: Dr Harpreet Wasan and Dr Richard Osborne

Prof Nicholas Pavlidis - (Greece). Head of Department of Medical Oncology, University of Ioannina and Chairman of the ESMO Core Curriculum Task Force

Dr Richard Osborne - (UK). Consultant in Medical Oncology, Dorset Cancer Centre. Lead Clinician, CUP Guideline Development Group

Dr Harpreet Wasan - (UK). Consultant & Reader in (Medical) Oncology, Hammersmith Hospital. Chief Investigator, CUP-One Trial

Dr Sarah Lowndes - Consultant in Medical Oncology, Great Western Hospital. Chair, CUP Working Group, Thames Valley Strategic Clinical Networks

Prof Dr Kari Hemminki - (Germany). Head of the Division of Molecular Genetic Epidemiology, German Cancer Research Centre, Heidelberg.

Dr Karin Oien - (UK). Senior lecturer in molecular pathology and honorary consultant pathologist Cancer Research UK Centre for Oncology and Applied Pharmacology, Beatson Laboratories, University of Glasgow.

Dr E. Robert Wassman (USA). Chief Medical Officer, Rosetta Genomics.

Prof Andrew V. Biankin (Australia). Regius Professor of Surgery and Director, Wolfson Wohl Cancer Research Centre, University of Glasgow.



Dr Ben Taylor presents

Dr Ben Taylor - (UK). Consultant Radiologist, The Christie NHS Foundation Trust, Manchester.

Dr Carol Davis - (UK). Lead consultant in Palliative Medicine, Southampton University Hospitals NHS Trust.

A/Prof Penelope Schofield - (Australia). Director of the Department of Cancer Experiences Research, Peter MacCallum Cancer Centre, Melbourne, Australia.

Jon Lacey (patient/carer representative)



Prof Pavlidis at the Seminar

*The seminar has been made possible through the generous support of: European Society for Medical Oncology; European School of Oncology; Lilly Oncology; Rosetta Genomics.*

## Feedback

The feedback for the two days was extremely positive as the extract below, shows:

How useful did you find this event overall?

Extremely useful	Useful	Fairly useful	Not useful
79%	21%		

How would you rate the content of the programme overall?

Excellent	Very good	Good	Fair	Poor
62%	35%	3%		

How would you rate the speakers overall?

Excellent	Very good	Good	Fair	Poor
62%	32%	6%		

The motto of the Seminar was: 'Attend, Discuss, Learn, Apply' so one of the questions on the feedback form was: 'Will this event have an impact on your future practice? What if anything will you do differently as a result of what you have learned today?' It was encouraging that those completing the form believed that the answer was 'yes'. Some examples of 'how' are shown below:

- Yes, use molecular tissue of origin testing in selected patients
- Yes, implementing guidelines
- Not immediately but certainly in the near future
- Forge a better pathway in and out and through imaging – education to greater team/other site spec
- Try to include palliative care more in my practice
- Yes, by making me more aware of the role of molecular profiling
- Definitely it will help in better streamlining of CUP patients but still the journey in this field has just begun and lots of miles to go
- Ensure pall care input and CNS time for pt; learn from our local data and ensure matching evidence presented
- Increase confidence in managing CUP as a cancer site specialist; important to collaborate nationally and internationally
- I have only started working with CUP and this event has helped me understand the practical issues related to diagnosis, treatment and psychological support. Now I am more familiar with the existing evidence and I am able to give patients better answers to their questions.
- Yes, establishing a CUP MDT/ service in local hospital. Very good to network with others already involved in such an MDT
- Yes, greater emphasis on molecular assay directed treatment
- Will aim to set up a national forum for nurses working in CUP in order to share practice
- Imminently starting our CUP MDT so will help drive this forward. Very useful angles for a patient experience survey we are planning.

*The seminar has been made possible through the generous support of: European Society for Medical Oncology; European School of Oncology; Lilly Oncology; Rosetta Genomics.*

- Yes, define patient satisfaction survey for CUP using existing patients
- An excellent overview of issues. Enable me to continue to manage this challenging problem/condition effectively in future patients
- I will continue to promote CUP within my Trust. Plan an education day re CUP. Ask my palliative and oncologist to present. The relative's experience was very important Yes
- Yes, The use of molecular profiling as an effective diagnostic method for CUP
- Yes, the event reinforced my clinical practice and showed me some new aspects of molecular profiling
- Understanding the pt experience and the importance of navigating care
- Really well organised – has given me areas to move into and develop – has allowed for a great amount of networking with the world of CUP
- I have come away reinvigorated and with a renewed passion for research in this field.

*The seminar has been made possible through the generous support of: European Society for Medical Oncology; European School of Oncology; Lilly Oncology; Rosetta Genomics.*