8th ESO
Arab and Southern European Countries
Masterclass in Clinical Oncology

23-27 January 2020
Limassol, Cyprus

Chairs: M.S. Aapro, CH - N. Pavlidis, GR
Co-chairs: J. Gligorov, FR - S. Khatib, JO
Host Chair: D. Papamichael, CY
SPOTLIGHT SESSIONS 2 SUNDAY

15:30 Supportive care

15:55 Discussion

16:00 next talk
Management and treatment of toxicity
SUPPORTIVE CARE MAKES EXCELLENT CANCER CARE POSSIBLE

Matti Aapro MD
Genolier, Switzerland
Member of the ESMO Supportive Care Faculty
Past-President of MASCC
( Multinational Association for Supportive Care in Cancer )
Honorary President of AFSOS (French-speaking Association for Supportive Care)
Advisor to JASCC (Japanese Association for Supportive Care in Cancer)
Founding member of RASCC (Russian Society of Supportive Care in Oncology)
Dr Aapro is/was a consultant for Accord, Amgen, BMS, Celgene, Clinigen, Eisai, Fresenius, G1, Genomic Health, GSK, Helsinn, Hospira, JnJ, Novartis, Merck, Merck Serono, Pfizer, Pierre Fabre, Roche, Sandoz, Tesaro, Teva, Vifor, Voluntis

and has received honoraria for lectures at symposia of Accord, Amgen, Bayer Schering, Biocon, Cephalon, Chugai, DRL, Eisai, Fresenius, Genomic Health, GSK, Helsinn, Hospira, Ipsen, JnJ OrthoBiotech, Kyowa Hakko Kirin, Merck, Merck Serono, Mundipharma, Novartis, Ono Pharmaceuticals, Pfizer, Pierre Fabre, Roche, Sandoz, Sanofi, Tesaro, Taiho, Teva, Vifor

No responsibility accepted for involuntary errors or omissions. The list may be incomplete, and does not reflect consultancy for NGOs, Universities, Governmental agencies, and others
TOXICITY MANAGEMENT:

• A background to Supportive and Palliative Care
• Some examples of toxicity management
• Where to find everything you want but do not dare to ask
TOXICITY MANAGEMENT:

• A background to Supportive and Palliative Care
• Some examples of toxicity management
• Where to find everything you want but do not dare to ask
Supportive Care Makes Excellent Cancer Care Possible

D. Keefe
Past-MASCC President
MASCC

Supportive Care in Cancer:

• alleviates symptoms and complications of cancer
• reduces or prevents toxicities of treatment
• supports communication with patients about their disease and prognosis
• allows patients to tolerate and benefit from active therapy more easily
• eases emotional burden of patients and care givers
• helps cancer survivors with psychological and social problems
European Society for Medical Oncology (ESMO) position paper on supportive and palliative care

Further information

Integration of oncology and palliative care: a Lancet Oncology Commission


Palliative Care

• Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

• WHO 2002
TOXICITY MANAGEMENT:

• A background to Supportive and Palliative Care
• Some examples of toxicity management
• Where to find everything you want but do not dare to ask
What is an important and preventable toxicity with aromatase inhibitors?
Primary End Point Results

<table>
<thead>
<tr>
<th>Number of Fractures / Patients</th>
<th>Hazard ratio vs Placebo</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo 176 / 1,709</td>
<td>0.50 (0.39 - 0.65)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Denosumab 92 / 1,711</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Risk of fracture, %

Time since randomization, months

Patients at risk
Placebo:
- 1709
- 1660
- 1470
- 1265
- 1069
- 921
- 785
- 637
- 513
- 384
- 275
- 185
- 112
Denosumab:
- 1711
- 1665
- 1488
- 1297
- 1118
- 965
- 823
- 688
- 549
- 432
- 305
- 221
- 116
Effects Of Bisphosphonate Treatment On Recurrence And Cause-specific Mortality In Women With Early Breast Cancer: A Meta-analysis Of Individual Patient Data From Randomised Trials


Published in Lancet Oncology 2014
Adjuvant bisphosphonates reduce the rate of bone metastasis and improve breast cancer survival in post-menopausal patients.
Do you prescribe aromatase inhibitors?

What is the magnitude of benefit in OS gain at 10 years?
Adjuvant AIs reduce the relapse rate and improve breast cancer survival in post-menopausal patients compared to tamoxifen.

EBCTCG Lancet 2015
Guideline for Bisphosphonates as Adjuvant: St Gallen/Vienna 2019 (notes taken by Aapro)

Is bisphosphonate treatment, such as zoledronic acid q 6 months or oral clodronate, during adjuvant endocrine therapy indicated to improve DFS irrespective of BMD?

- In postmenopausal patients? YES 83.7%

Should adjuvant denosumab (60 mg twice a year) substitute for bisphosphonate? NO 75%
ESMO GUIDELINES FOR BONE

......HAVE BEEN UPDATED

..................SOON ONLINE
TOXICITY MANAGEMENT:

- A background to Supportive and Palliative Care
- Some examples of toxicity management
- Where to find everything you want but do not dare to ask
Management of Anaemia and Iron Deficiency in Patients With Cancer: ESMO Clinical Practice Guidelines


TOXICITY MANAGEMENT:

• A background to Supportive and Palliative Care
• Some examples of toxicity management
• Where to find everything you want but do not dare to ask
AN IMPORTANT RESOURCE

www.esmo.org/Guidelines/Supportive-and-Palliative-Care

www.esmo.org/Guidelines/Supportive-and-Palliative-Care
Management of Cardiac Disease in Cancer Patients Throughout Oncological Treatment: ESMO Consensus Recommendations

Published in 2020 – Ann Oncol (2020); 31(2): 171-190.

Palliative and supportive care

**Diarrhoea in Adult Cancer Patients: ESMO Clinical Practice Guidelines**

Authors: P. Bossi, A. Antonuzzo, N.i. Chemy, O. Rosengarten, S. Pernot, F. Trippa, U. Schuler, A. Snegovoy, K. Jordan & G.l. Ripamonti. on behalf of the ESMO Guidelines Committee

**Management of Anaemia and Iron Deficiency in Patients With Cancer: ESMO Clinical Practice Guidelines**


**Management of Infusion Reactions to Systemic Anticancer Therapy: ESMO Clinical Practice Guidelines**

*Published in 2017* - Ann Oncol (2017) 28 (suppl 4): iv100–iv118
Authors: S. Roselló, I. Blasco, L. García Fabregat, A. Cervantes and K. Jordan

---

Do not distribute or reproduce without permission from the author and ESO
Management of Cancer Pain in Adult Patients: ESMO Clinical Practice Guidelines

Authors: M. Falion, R. Giusti, F. Aielli, P. Hoskin, R. Rolke, M. Sharma & C. I. Ripamonti, on behalf of the ESMO Guidelines Committee

Diagnosis, Assessment and Management of Constipation in Advanced Cancer: ESMO Clinical Practice Guidelines

Authors: P. J. Larkin, N. I. Cherry, D. La Carpla, M. Guglielmo, C. Ostgathe, F. Scottie & C. I. Ripamonti, on behalf of the ESMO Guidelines Committee

Dellirium in Adult Cancer Patients: ESMO Clinical Practice Guidelines

Palliative and Supportive Care

Management of Toxicities from Immunotherapy: ESMO Clinical Practice Guidelines

Authors: J. Haanen, F. Carbonnel, C. Robert, K. Kerr, S. Peters, J. Larkin and K. Jordan

Palliative and Supportive Care

Management of Febrile Neutropaenia: ESMO Clinical Practice Guidelines

Published in 2016 – Ann Oncol (2016) 27 (suppl 5): v111-v118
Authors: J. Klastersky, J. de Naurois, K. Rolston, B. Rapoport, G. Maschmeyer, M. Aapro and J. Herrstedt
Spotlight:
Case-based management issues in immuno-oncology

Rolf Stahel
Chair, Comprehensive Cancer Center Zürich
Case: 72-y/o woman with lung adenocarcinoma

Before nivolumab

After 6 cycles nivolumab

Curioni-Fonrecedro, Ann Oncol 2017
TOXICITY MANAGEMENT:

• Can you please comment on the 2 PET scans
TOXICITY MANAGEMENT:

- Can you please comment on the 2 PET scans?

- Obviously colon uptake of FDG...How do you manage colitis?
Management of immune-related GI toxicity

**Symptom Grade**
- **Mild (G1):** i.e. < 3 liquid stools per day over baseline, feeling well
  - ICPI can be continued

- **Moderate (G2):** i.e. 4-6 liquid stools per day over baseline or abdominal pain or blood in stool or nausea or nocturnal episodes
  - Outpatient management if appropriate
  - If unwell, manage as per severe
  - ICPI to be withheld

**Management Escalation Pathway**
- Symptomatic M: oral fluids, loperamide, avoid high fibre/lactose diet

  - **G1 and persists > 14 days or G2 and persists for > 3 days or worsens**

  - **Prednisolone 0.5-1 mg/kg (non-enteric coated) or consider oral budesonide 9 mg od**
    - If no bloody diarrhea
    - Do not wait for sigmoidoscopy/colonoscopy to start

  - **No improvement in 72h or worsening or absorption concern**

**Assessment and Investigations**
- Baseline Investigations: FBC, UEC, LFTs, CRP, TFTs
  - Stool microscopy for leucocytes/ova/parasites, culture, viral PCR, *Clostridium difficile* toxin and cryptosporidia
  - Culture for drug-resistant organisms

- Outpatients: Baseline tests as above
  - Consider in case of abdominal discomfort: abdominal X-ray for signs of colitis
  - Exclude steatorrhea
  - Book sigmoid/colonoscopy (+/− biopsy)
  - Contact patient every 72h
  - Repeat baseline bloods at outpatient review

Haanen, Ann Oncol 2017
Time of onset of immune-related adverse events

Haanen, Ann Oncol 2017
CLINICAL PRACTICE GUIDELINES

Management of toxicities from immunotherapy:
ESMO Clinical Practice Guidelines for diagnosis,
treatment and follow-up†

J. B. A. G. Haanen¹, F. Carbonnel², C. Robert³, K. M. Kerr⁴, S. Peters⁵, J. Larkin⁶ & K. Jordan⁷, on behalf of the ESMO Guidelines Committee*
• IF WE NOW HAVE TIME LEFT....

• DO YOU WANT A DISCUSSION ON FN?
• OR COMMENTS ABOUT CINV
• OR OTHER TOPICS?
TOXICITY MANAGEMENT:

- FN avoidance is “simple” but if FN hits?
Management of febrile neutropenia: ESMO Clinical Practice Guidelines†

J. Klastersky1, J. de Naurois2, K. Rolston3, B. Rapoport4, G. Maschmeyer5, M. Aapro6 & J. Herrstedt7 on behalf of the ESMO Guidelines Committee*

1Institut Jules Bordet—Centre des Tumeurs de l’ULB, Brussels, Belgium; 2St Luke’s Cancer Centre, Royal Surrey County Hospital, Guildford, UK; 3M.D. Anderson Cancer Center, Houston, TX, USA; 4Medical Oncology Centre of Rosebank, Johannesburg, South Africa; 5Department of Hematology, Oncology and Palliative Care, Ernst von Bergmann Hospital, Potsdam, Germany; 6Multidisciplinary Institute of Oncology, Clinique de Genolier, Genolier, Switzerland; 7Department of Oncology, Odense University Hospital (OUH), Odense, Denmark
Patient assessment algorithm to decide if primary prophylactic G-CSF usage is warranted

**Step 1**
Assess frequency of FN associated with the planned chemotherapy regimen

- **FN risk ≥20%**
- **FN risk 10%–20%**
- **FN risk <10%**

**Step 2**
Assess factors that increase the frequency/risk of FN

<table>
<thead>
<tr>
<th>High risk</th>
<th>Increased risk (level I and II evidence)</th>
<th>Other factors (level III and IV evidence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &gt;65 years</td>
<td>Advanced disease</td>
<td>Poor performance and/or nutritional status</td>
</tr>
<tr>
<td></td>
<td>History of prior FN</td>
<td>Female gender</td>
</tr>
<tr>
<td></td>
<td>No antibiotic prophylaxis, no G-CSF use</td>
<td>Haemoglobin &lt;12 g/dL</td>
</tr>
</tbody>
</table>

**Step 3**
Define the patient’s overall FN risk for planned chemotherapy regimen

- **Overall FN risk ≥20%** Prophylactic G-CSF recommended
- **Overall FN risk <20%** G-CSF prophylaxis not indicated

Secondary prophylaxis: Start G-CSF if a neutropenic event was observed in the previous cycle

---

WHAT DO YOU DO IF FEBRILE NEUTROPENIA HITS?
ESMO 2017 FN Management

- FN can be a serious event...

  The first administration of therapy should be given in the hospital within 1 h from the admission of a patient with FN. Delay in antibiotic administration has been associated with significant prolongation of the hospital stay and increased mortality.

- Hospitalisation depends (maybe) on...
  - ....MASCC Score

- Antibiotic choice depends on...

As already mentioned, the spectrum of infection in cancer patients is different from place to place and changes over time; therefore, paying attention to local epidemiology is crucial [14].

Score derived from the logistic equation of the MASCC predictive model (1386 patients with FN)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Burden of illness</strong></td>
<td></td>
</tr>
<tr>
<td>▪ No or mild symptoms</td>
<td>5</td>
</tr>
<tr>
<td>▪ Moderate symptoms</td>
<td>3</td>
</tr>
<tr>
<td>No hypotension</td>
<td>5</td>
</tr>
<tr>
<td>No chronic obstructive pulmonary disease</td>
<td>4</td>
</tr>
<tr>
<td>Solid tumor or no previous fungal infection in hematological cancer</td>
<td>4</td>
</tr>
<tr>
<td>Outpatient status</td>
<td>3</td>
</tr>
<tr>
<td>No dehydration</td>
<td>3</td>
</tr>
<tr>
<td>Age &lt; 60 years</td>
<td>2</td>
</tr>
</tbody>
</table>

**Threshold:** score ≥ 21 (maximum 26) predicting less than 5% of severe complications

SO YOU ARE FEELING NAUSEATED FROM ALL OF THIS?
MASCC/ESMO ANTIEMETIC GUIDELINE 2016

Multinational Association of Supportive Care in Cancer

Organizing and Overall Meeting Chairs:
Matti Aapro, MD
Richard J. Gralla, MD
Jørn Herrstedt, MD, DMSci
Alex Molassiotis, RN, PhD
Fausto Roila, MD

© Multinational Association of Supportive Care in Cancer™ All rights reserved worldwide.
# Antiemetic Guidelines: MASCC/ESMO

## Acute Nausea and Vomiting: Summary


## Antiemetic Guidelines: MASCC/ESMO

<table>
<thead>
<tr>
<th>Emetic Risk Group</th>
<th>Antiemetics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Non-AC</strong></td>
<td>5-HT₃ + DEX + NK₁ +/- OLZ*</td>
</tr>
<tr>
<td><strong>High AC</strong></td>
<td>5-HT₃ + DEX + NK₁ +/- OLZ*</td>
</tr>
<tr>
<td>Carboplatin</td>
<td>5-HT₃ + DEX + NK₁</td>
</tr>
<tr>
<td><strong>Moderate (other than carboplatin)</strong></td>
<td>5-HT₃ + DEX</td>
</tr>
<tr>
<td><strong>Low</strong></td>
<td>5-HT₃ or DEX or DOP</td>
</tr>
<tr>
<td><strong>Minimal</strong></td>
<td>No routine prophylaxis</td>
</tr>
</tbody>
</table>

**5-HT₃ = serotonin₃ receptor antagonist**  
**DEX = DEXAMETHASONE**  
**NK₁ = neurokinin₁ receptor antagonist such as APREPIRANT or FOSAPREPIRANT or ROLAPIRANT or NEPA (combination of netupitant and palonosetron)**  
**OLZ = OLANZAPINE**  
**DOP = dopamine receptor antagonist**

**Note:** If the NK₁ receptor antagonist is not available for AC chemotherapy, palonosetron is the preferred 5-HT₃ receptor antagonist.  
*OLZ: Olanzapine may be added particularly if nausea is a concern.*
### Antiemetic Guidelines: MASCC/ESMO

#### Delayed Nausea and Vomiting: SUMMARY

<table>
<thead>
<tr>
<th>Emetic Risk Group</th>
<th>Antiemetics</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Non-AC</td>
<td>DEX or (if APR 125mg for acute: MCP + DEX) or (APR + DEX) +/- OLZ*</td>
</tr>
<tr>
<td>High AC</td>
<td>NONE or (if APR 125mg for acute: DEX or APR) +/- OLZ*</td>
</tr>
<tr>
<td>Carboplatin</td>
<td>NONE or (if APR 125mg for acute: APR)</td>
</tr>
<tr>
<td>Oxaliplatin,</td>
<td>DEX can be considered</td>
</tr>
<tr>
<td>oxanthracycline, or cyclophosphamide</td>
<td></td>
</tr>
<tr>
<td>Moderate (other)</td>
<td>No routine prophylaxis</td>
</tr>
<tr>
<td>Low and Minimal</td>
<td>No routine prophylaxis</td>
</tr>
</tbody>
</table>

**Abbreviations:**
- **DEX** = Dexamethasone
- **MCP** = Metoclopramide
- **APR** = Aprepitant
- **OLZ** = Olanzapine

---

March 27-28, 2020

19th ANNUAL COURSE

VIENNA, AUSTRIA

Anaemia, Neutropenia, Thrombocytopenia, Hemostasis and Similar Toxicities of New Cancer Drugs

P. Gascon

Do not duplicate or distribute without permission from the author and ESO