





Rétrospective Post Congrès 2022



Liens d'intérêts

Aucun



Une prise en charge tout au long du parcours

Focusing on Oral Presentations

Themes

- Mini Oral session Saturday Sept 10
 - #1425MO PALLIATIVE
 - #1554MO PALLIATIVE
 - #1555MO CURATIVE
 - #1556MO PALLIATIVE
 - #1557MO SURVIVORSHIP

- Proffered Paper session Sunday Sept 11
 - #15510 SURVIVORSHIP
 - #12630 PALLIATIVE
 - #15520 CURATIVE
 - #15530 PALLIATIVE
 - #2170 PALLIATIVE
- #1558MO SUR 0 2 8 3 1
 #LBA70 PALLIATIVE PALLIATIVE SUVIVOR EOL
- #1265MO EOL

SUPPORTIVE CARE



Christina H Ruhlmann





THE ESMO BLUEPRINT TO TACKLE CANCER



PREVENTION

Investing in evidence-based primary prevention policies at national, regional and global levels



SCREENING

Implementing evidence-based screening programmes for secondary prevention of cancer



TREATMENT

Diminishing disparities in access to cancer care by harmonising care standards, assessing the clinical benefit of medicines and ensuring availability of all essential medicines



SURVIVORSHIP

Improving survivorship and providing survivors with the tools and support they need



Importance des PROs (Patient Reported Outcomes)



Integrating patient-reported outcomes in clinical practice

Take home messages

The adoption of PROs allows a better communication between clinicians and patients, with an improved management of symptoms and toxicities. Several trials have demonstrated a significant improvement in terms of quality of life, reduction in hospitalizations and other clinical endpoints. The next challenge is the implementation of PROs in clinical practice worldwide, within different cultural, social, technological and logistical contexts.









Patient-Reported Outcomes (PROs) From DESTINY-Breast04 a Randomized Phase 3 Study of Trastuzumab Deruxtecan (T-DXd) vs Treatment of Physician's Choice (TPC) in Patients With HER2-Low Metastatic Breast Cancer

Naoto T. Ueno, William Jacot, Toshinari Yamashita, Joohyuk Sohn, Eriko Tokunaga, Aleix Prat, Junji Tsurutani, Yeon Hee Park, Hope S. Rugo, Binghe Xu, Fatima Cardoso, Zahi Mitri, Reshma Mahtani, Kyle Dunton, Dhiraj Ghambire, Yibin Wang, Francesco Cottone, Nadia Harbeck, David A. Cameron, Shanu Modi

Naoto T. Ueno, MD, PhD

Houston, TX, USA, September 2022



DESTINY-Breast04: STUDY DESIGN^{1,2}

An open-label, multicenter Phase 3 study (NCT03734029)

T-DXd Patients^a 5.4 mg/kg Q3W HER2-low (IHC 1+ vs IHC 2+/ISH-), (n = 373)unresectable, and/or mBC treated HR+ = 494 with 1-2 prior lines of chemotherapy HR-= 63 in the metastatic setting TPC HR+ disease considered endocrine Capecitabine, eribulir refractory Stratification factors (n = 184)

- Centrally assessed HER2 status^d (IHC 1+ vs IHC 2+/ISH-)
- 1 versus 2 prior lines of chemotherapy
- · HR+ (with vs without prior treatment with CDK4/6 inhibitor) versus HR-

Primary Results^{1,2}

- data cutoff (January 11, 2022):
 - T-DXd: 58 (15.6%)
 - TPC: 3 (1.7%)
- Patients still receiving study drug at
 Median (range) treatment duration:
 - T-DXd: 8.2 (0.2-33.3) months
 - TPC: 3.5 (0.3-17.6) months

Primary endpoint

PFS by BICR (HR+)

Secondary endpoints^c

- PFS by BICR (all patients)
- OS (HR+ and all patients)
- Health Economics & Outcomes
 Research (PROs) (HR+)*

*The PRO analysis was conducted in the HR+ cohort (per the statistical analysis plan) since the primary efficacy endpoint was evaluated in the HR+ cohort

Median follow-up: 18.4 months



ASCO/CAP, American Society of Clinical Oncology/College of American Pathologists; BICR, blinded independent central review; CDK, cyclin-dependent kinase; DOR, duration of response; HER2, human epidermal growth factor receptor 2; HR, hommone receptor, IHC, immunohistochemistry; ISH, in situ hybridization; mBC, metastatic breast cancer; OS, overall survival; PFS, progression-free survival; QSW, every 3 weeks; Randomization; T-nadomization; T-NoXH, trastruzmale decrudecan; TPC, treatment of physician's choice.

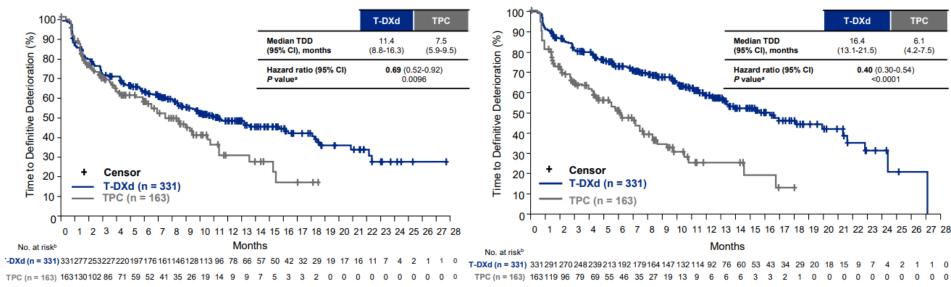
If patients had HR+ mBC, prior endocrine therapy was required. "TPC was administered accordingly to the label. "Efficacy in the HR- cohort was an exploratory endpoint. "Performed on adequate archived or recertumor biopsy per ASCOICAP guidelines using the VENTANA HERZ/meu (485) investigational use only [IUO] Assay system.

1. Mod J et al. Presented at ASCO 2022, June 3-7, 2022. "Mod et al. "Floring J. Med. 2022, 3879, June 3-7, 2022."

www.onco-nouvelle-aquitaine.fr



GHS/QoL Pain Symptoms



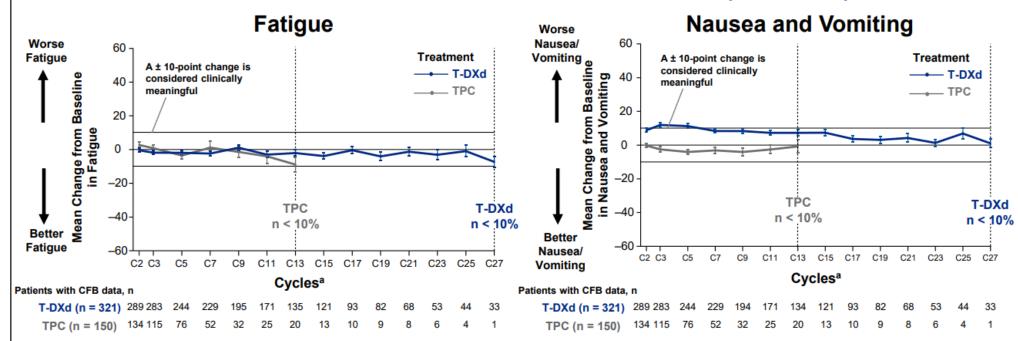


GHS, global health status; PRO, patient-reported outcome; QoL, quality of life; QLQ-C30, Quality of Life Core 30 questionnaire; TDD, time to definitive deterioration; T-DXd, trastuzumab deruxtecan; TPC, treatment of physician's choice.

Clinically meaningful definitive deterioration is defined as a change of ≥10 points from baseline at either two or more consecutive time points, last PRO assessment, or death by the first survival follow-up visit. Nominal P value not adjusted for multiple testing. All patients were included in the analysis; patients without baseline assessments were censored per the statistical analysis plan.

Le délai avant détérioration definitive (TTD) de l'état général/qualité de vie et de la douleur était plus long chez les patientes ayant reçu le T-DXd par rapport au traitement au choix de l'investigateur (QLQ-C30).





- Fatigue scores remained stable over time in both treatment arms (until CFB data for patients fell below 10% in each arm)
- With T-DXd, an increase in nausea and vomiting scores was only clinically relevant in early cycles, after which scores
 decreased and remained stable over time (within 10 points of baseline) from Cycle 7 to Cycle 27



C, cycle; CFB, change from baseline; QLQ-C30, Quality of Life Core 30 questionnaire; T-DXd, trastuzumab deruxtecan; TPC, treatment of physician's choice.

Scores range from 0 to 100; a linear transformation was applied to the raw symptom score; thus, a higher score represents lower ("worse") symptom. T-DXd and TPC treatment arms are only comparable through Cycle 13 (until the number of patients with available change from baseline data fell below 10% in the TPC arm). Data in the T-DXd treatment arm are interpretable through Cycle 27 (until the number of patients with available change from baseline data fell below 10%). "On Day 1 of Cycle.

La fatigue reste stable et est identique dans les bras T-DXd et TPC. Plus de nausées vomissements dans le bras T-DXd surtout dans les 1ers cycles.





Health-related quality of life (HRQoL) in the phase 3 TROPiCS-02 trial of sacituzumab govitecan (SG) vs chemotherapy in HR+/HER2metastatic breast cancer (mBC)

Hope S. Rugo,¹ Peter Schmid,² Sara M. Tolaney,³ Florence Dalenc,⁴ Frederik Marmé,⁵ Ling Shi,¢ Wendy Verret,³ Mahdi Gharaibeh,ª Aditya Bardia,° Javier Cortes¹o

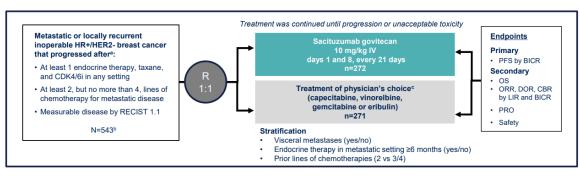
Affiliations: 'Department of Medicine, University of California-San Francisco, Helen Diller Family Comprehensive Cancer Center, San Afficiations: Vegarinent of Medicine, Dinversity of Catifornia-San Franksisto, Freieri Uniter Family Comprehensive Cancer Center, San Danos Farber Cancer (Institute, Boston, Mal, USA; Histulti Cladusia Segaud, Toulouse, France; Medicia Faculty Mannheim, Heldelberg University, University Hospital Mannheim, Heldelberg, Germany; "Oppartment of Evidence Synthesis, Modelling & Communication, Evidence Institute, Boston, Mal, USA; "Medicial Cellical Development, Cliffed Sciences, Inst., Paster City, Ca, USA; "Oppartment of Vederor Institute, Boston, Mal, USA; "Medicial Colonials and Medicial School, Boston, Mal, USA; "Medicial Cincology Department, International Breast Cancer Center (IBCC), Quirosolud Group, Madrid & Barcelona, Spain, Universidad Europea de Madrid, Faculty of Biomedical and Health Sciences, Department of Medicine, Madrid, Spain

Presenter: Aditya Bardia, MD, MPH

Sunday, September 11, 2022 Time: 9:30-9:40 Presentation #15530



TROPiCS-02 (NCT03901339): A Phase 3 Study of SG in HR+/HER2-Locally Recurrent Inoperable or Metastatic Breast Cancer



Disease histology based on the ASCO/CAP criteria. Patients were excluded if they had received prior Topo 1 inhibitors or had active central nervous system metastases unless stable for ≥4 weeks. Single-agent standard-of-care treatment of

**Plisease histology based on the ASCO/CAP criteria. **Patients were excluded if they had received prior topo 1 innitiotion or nail active central nevious system measures usues usual to a version. **Supermine natural production of the program of the production of



Presented by: Dr. Aditya Bardia



EORTC QLQ-C30 Time to Deterioration Endpoints

ттр	Patients SG/TPC, n/n	SG median TTD, mo (95% CI)	TPC median TTD, mo (95% CI)	Stratified HR (95% CI)	Stratified Log Rank <i>P</i> value
Global Health Status/QoL	234/207	4.3 (3.1–5.7)	3.0 (2.2–3.9)	0.75 (0.61–0.92)	0.006ª
Fatigue	234/205	2.2 (1.6–2.8)	1.4 (1.1–1.9)	0.73 (0.60–0.89)	0.002a
Pain	229/202	3.8 (2.8–5.0)	3.5 (2.8–5.0)	0.92 (0.75–1.13)	0.415

SG significantly extended TTD of Global Health Status and fatigue vs TPC

Statistically significant.

Assessed in patients all patients in the intent-to-treat population who had an evaluable assessment of the health-related QoL at baseline and at least one evaluable assessment at post-baseline visits.

EORTC QLQ-C30, European Organization for Research and Treatment of Cancer Quality of Life Questionnaire; QoL, quality of life; SG, sacituzumab govitecan; TPC, treatment of physician's choice; TTD, time-to-deterioration.



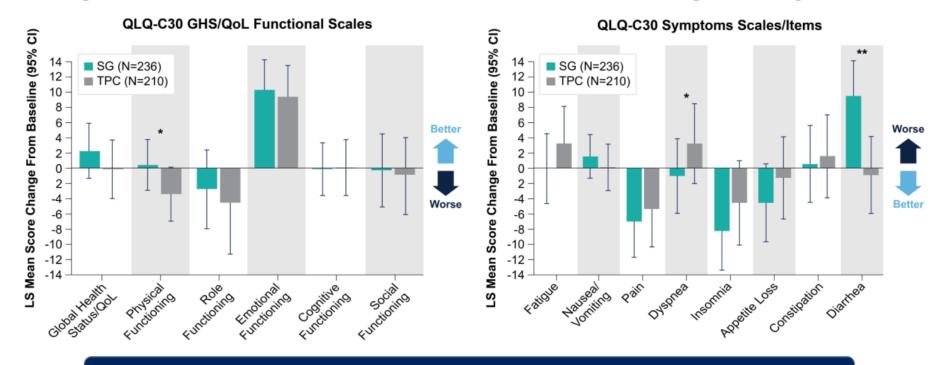
Presented by: Dr. Aditya Bardia

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Le SG améliore le temps jusqu'à détérioration définitive en terme d'état général et de fatigue mais pas en terme de douleurs.



Change From Baseline in HRQoL Status, Functioning, and Symptoms



Overall, the SG arm showed a trend in improvement for most assessments when compared with TPC

*P<0.05. **P<0.001.

EORTC QLQ-C30, European Organization for the Research and Treatment of Cancer Core Quality of Life questionnaire; GHS, global health status; HRQoL, health-related quality of life; LS, least squares; SG, sacituzumab govitecan; TPC, treatment of physician's choice.



Presented by: Dr. Aditya Bardia







Perspectives of patients with metastatic breast cancer on exercise interventions

Results from a survey in five European countries.



Maike Sweegers PhD

Amsterdam, the Netherlands 10 September 2022





Méthodologie

Enquête Européenne sur 5 pays

Pays-Bas

Espagne

Allemagne

Suède

Pologne

Critères évalués

- Connaissance générale
- Bénéfices attendus
- Leviers et freins
- Préférences

Caractéristiques patients

420 patientes

• Âge médian : **56 ans**

Taux de métastases osseuses : 69%

Taux de comorbidités : 78%

Principales craintes liées à l'activité physique (APA)

→ Fatigue : 5%→ Douleur : 4%



Freins

- Absence d'accès à un programme d'APA (26%)
- Sensation de fatigue importante (22%),
 ou de faiblesse (23%)

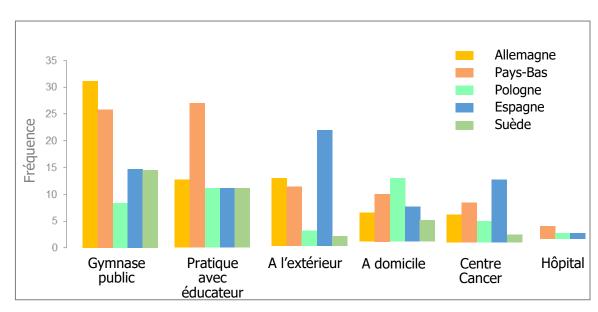
Préférences des patients

- Marche
- Lieu: gymnase public, chez un physiothérapeute ou en extérieur
- Consentement au financement propre
 - → Indécis : 56%
 - → Accord sur un coût > 50€ / mois : 9%

M. Sweegers, et al., ESMO® 2022, Abs. #1554MO

Leviers

- Expérience antérieure bénéfique sur le physique (70%) ou morale (66%)
- Conseils personnalisés par un physiothérapeute (70%)





Let's Talk About Sex and Cancer

Sexual Health: If You Don't Address it, Patients Don't Ask

Sharon L. Bober, Ph.D.

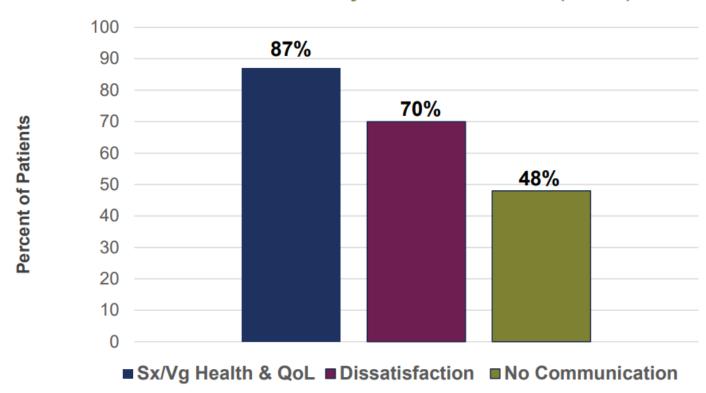
Boston, Massachusetts, USA, September 22, 2022





Survivors are Distressed about Sexual Problems

Women With History of Breast / GYN CA (N=218)



All women Diagnosed > 5 years

Mean age: 49



Stabile C, et al. Breast Cancer Res Treat. 2017;165(1):77-84. 2.



Jeunes patientes en rémission d'un cancer du sein (20-35 ans, > 6 mois de la fin du traitement) Blouet, Zinger, Capitain et al. Support cancer care, 2018.

- 60% de troubles sexuels
- Seulement 7% des patientes ont reçu des infos et une prise en charge en lien avec les troubles sexuels liés au cancer et aux traitements
- 71% des soignants sont mal à l'aise et voudraient éviter le sujet
- 66% des patientes pensent que cela va embarrasser leur médecin



Barrières côté patients:

- Manque d'infos
- Croyances « je ne veux pas embêter mon médecin » « ce n'est pas important »
- Gêne émotionnelle, embarras
- Peur d'en parler avec son médecin

Barrières côté soignants:

- Manque de connaissances
- Manque de temps et de support
- Croyance « on ne peut rien faire »
- Gêne, embarras



Que Faire ?

- Sources d'infos (référentiels)
- Traitements symptomatiques simples
- Savoir où adresser les patients
- Professionnels dédiés

 Ne pas avoir peur d'en parler avec nos patients ils attendent qu'on le fasse !!!



THEMES FOR DISCUSSION



- Are we offering enough and adequate supportive care interventions?
- Are we facilitating **uptake** and **adherence** to supportive care interventions?



Need to improve how we deliver supportive oncology care



Antonio Di Meglio, MD, PhD



DELIVERING IMPROVED SUPPORTIVE CARE

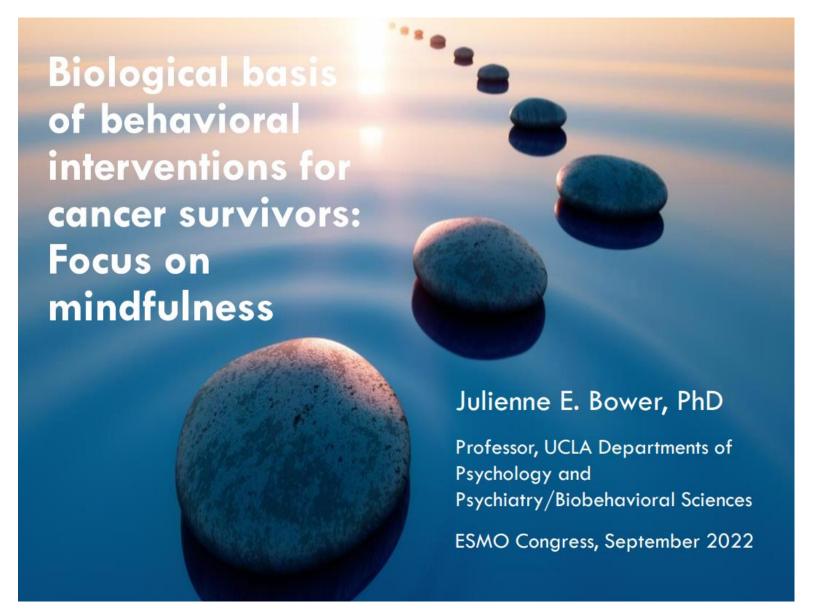
IMPROVED UPTAKE AND ADHERENCE TO INTERVENTIONS

- Improve patients education:
 increase awareness of benefits, reduce feelings of stigmatization (e.g. psychosocial services)
- Improve providers' knowledge: increase attention to supportive care, foster acquisition of specific skills (e.g. motivational interviewing)
- Facilitate access to psychosocial services and exercise facilities
- Reduce barriers related to costs and reimbursement
- Leverage digital technologies (eHealth)



Antonio Di Meglio, MD, PhD

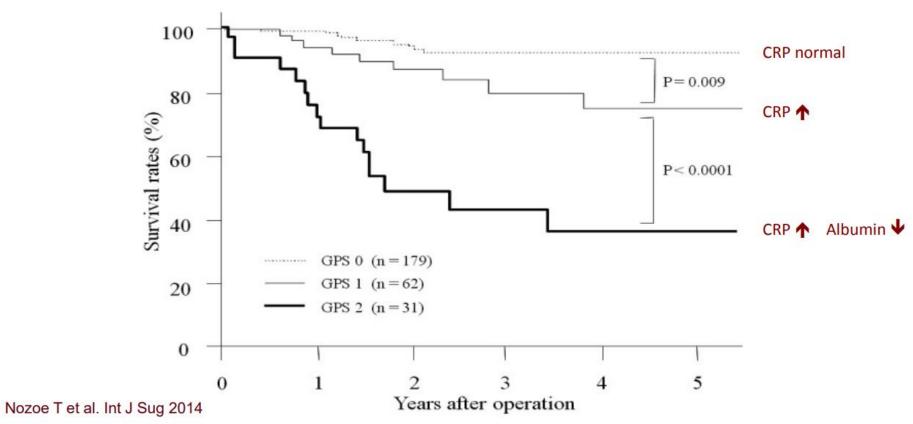






Systemic inflammation and survival

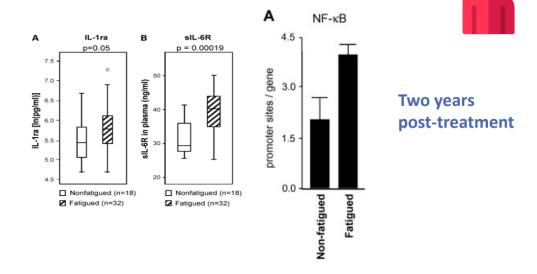
272 patients



PARIS CONGRESS

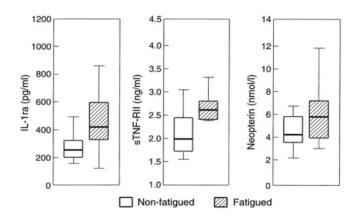


Inflammation and fatigue in breast cancer survivors



Collado-Hidalgo, Bower, et al., Clin Cancer Res, 2006; Bower et al., Brain Behav Immun, 2011

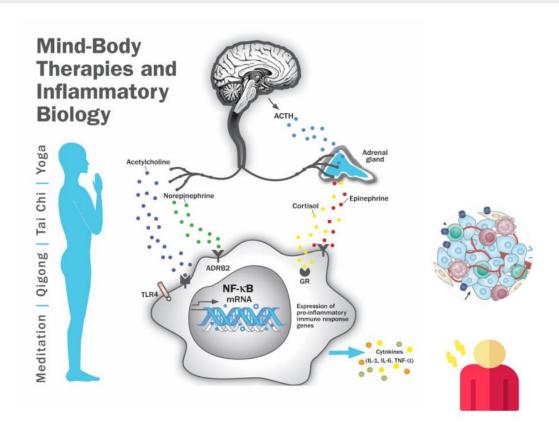
Inflammation and fatigue in breast cancer survivors



Four years post-treatment

Bower et al., Psychosom Med, 2002





Focus on mindfulness

 Mindfulness is defined as paying attention to present moment experiences with openness and curiosity, without judgment

Rôle des thérapies de pleine conscience sur l'inflammation ?

Bower & Irwin, Brain Behav Immun, 2015



Mindful Awareness Practices (MAPs)

- 6-week, group-based mindfulness intervention
- Includes lessons, mindfulness exercises, and group discussion
 - Breath and body meditation
 - Working with difficult thoughts and emotions
 - Cultivating loving kindness
- Focus on integrating mindfulness into daily life
- We have tested this intervention in younger breast cancer survivors

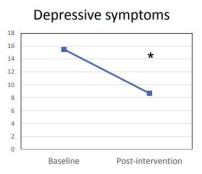
Smalley & Winston, 2010

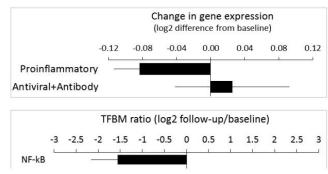


Phase I trial of MAPs in younger breast cancer survivors

- Single arm trial conducted with 22 women diagnosed with breast cancer at or before age 50
 - · All completed cancer treatment, no evidence of current disease
- Completed questionnaires and provided blood samples pre- and post-intervention

Results: Decreases in depressive symptoms and inflammatory activity





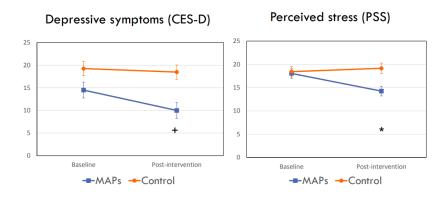
Boyle....Bower, PNE, 2019



Phase II trial of MAPs in younger breast cancer survivors

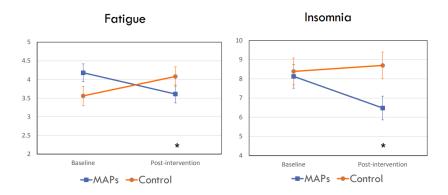
- Two arm, single-center RCT comparing MAPs to wait list control
- Enrolled 71 women diagnosed with early-stage breast cancer at or before age 50
- Completed questionnaires and provided blood samples pre- and post-intervention

Results: Depressive symptoms and perceived stress



Bower et al., Cancer, 2015

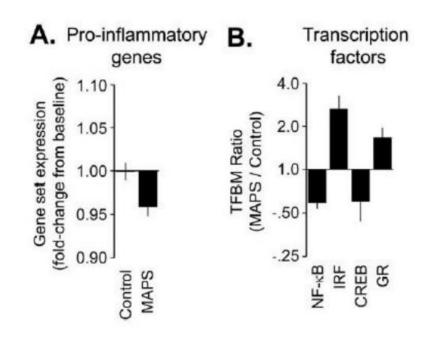
Results: Fatigue and insomnia





Results: Inflammation

- Mindfulness leads to reduced expression of pro-inflammatory genes vs. controls
- Bioinformatics analyses indicated reduced activity of NF-KB in mindfulness group





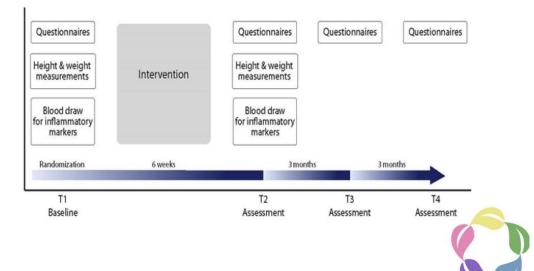
Pathways to Wellness (PTW) Trial

ClinicalTrials.gov NCT03025139

- Phase III, multi-institution trial testing efficacy of two interventions for younger breast cancer survivors
- Enrolled 247 women diagnosed with breast cancer at or before age 50 with elevated depressive symptoms
- Both interventions were 6-week, group-based programs
- Mindfulness meditation (MAPs)
- Survivorship education developed for younger BCS

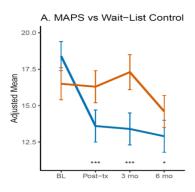


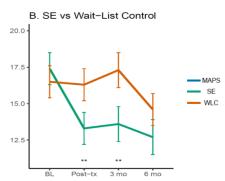
Assessment Schedule



Results: Depressive symptoms (primary outcome)

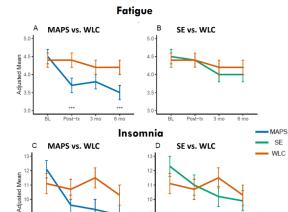






Bower et al., JCO, 2021

Results: Fatigue and insomnia



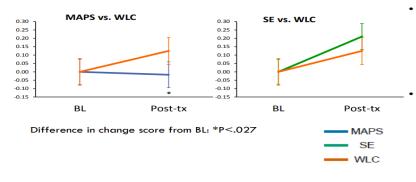
Bower et al., JCO, 2021

- MAPs led to greater decreases in fatigue and insomnia at posttx and 3/6 month FU than WLC
- SE led to greater reductions in insomnia at 3 month FU only

Difference in change score from BL *P<.027; ** P<.01; ***P<.001

Results: Inflammation

Proinflammatory gene expression



- Significant difference in proinflammatory gene expression in MAPS vs. WLC; MAPs showed no change vs. significant increase in WLC
 - No difference in SE vs. WLC; both groups showed increase



En conclusion:

- Les thérapies de pleine conscience sont efficaces pour diminuer la dépression, la fatigue et les insomnies chez des jeunes patientes en rémission d'un cancer du sein
 - Cet effet perdure jusqu'à 6 mois après l'intervention
- Les thérapies de pleine conscience ont un impact sur les marqueurs de l'inflammation





Session:

Minimizing some of the most distressing cancer and cancer treatment related symptoms

Fatigue, cognitive dysfunction and emotional distress

Karen Steindorf

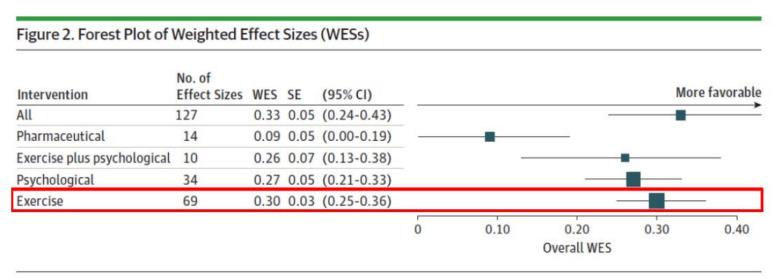
Division of Physical Activity, Prevention and Cancer German Cancer Research Center (DKFZ) and National Center for Tumor Diseases (NCT)

Heidelberg, Germany





Fatigue: Comparison of pharmacological and non-pharmacological interventions



Mustian-K et al. JAMA Oncology 2017

→ Non-pharmacological interventions are more effective than pharmacological ones





Cancer-related fatigue: Clinical practice guidelines



Cancer-Related Fatigue, Version 2.2015:

Clinical Practice Guidelines in Oncology

NCCN

NCCN Cancer-Related Fatigue. Version 2.2018. www.NCCN.org

CAPO

A Pan Canadian Practice Guideline for Screening, Assessment, and Management of Cancer-Related Fatigue in Adults

Version 2-2015

This Guideline is comprised of the following sections:

Executive Summary

Lav Summary

Algorithm for Cancer-Related Fatigue

Recommendations

Section A: Introduction

Section B: Methods and Results Evidentiary Base

Section C: Appendices







SPECIAL ARTICLE

Cancer-related fatigue: ESMO Clinical Practice Guidelines for diagnosis and treatment[†]

A. Fabi¹, R. Bhargava², S. Fatigoni³, M. Guglielmo⁴, M. Horneber⁵, F. Roila³, J. Weis⁶, K. Jordan⁷ & C. I. Ripamonti⁴, on behalf of the ESMO Guidelines Committee

¹Division of Medical Oncology, IRCCS Regina Elena National Cancer Institute, Rome, Italy; ²William Osler Health System, Corporate Department of Research, Department of Oncology and Division of Palliative Care, Brampton, Canada; ³Division of Medical Oncology, Ospedale Santa Maria della Misericordia, Perugia; ⁶Oncology-Supportive Care Unit, Department Onco-Haematology, Fondazione IRCCS Istituto Nazionale Tumori, Milan, Italy; ³Department of Internal Medicine, Division of Oncology and Hematology & Division of Pneumology, Paracelsus Medical University, Klinikum, Nuremberg; ⁶Department of Self Help Research in Oncology, Comprehensive Cancer Center, University Medical Center, Freiburg; ⁷Department of Medicine V, Hematology, Oncology and Rheumatology, University Hospital Heidelberg, Heidelberg, Germany

Available online 12 March 2020

- Treat contributing factors:
- Medications/side effects
- ▶ Pain (See SPAIN-1)
- Emotional distress (See SANXDE-1) and NCCN Guidelines for Distress Management
- Anemia
- ♦ Treat iron, B₁₂, folate deficiency, if present
- ♦ Consider referral/further evaluation for anemia or cytopenias
- ▶ Sleep disturbance (See SSD-1)
- Nutritional deficit/imbalance
- Comorbidities





Fatigue Treatment: Exercise and Physical Activity



"Category 1"

Physical Activity

During active treatment:

→ Maintaining optimal level of activity

Post-treatment

- → Maintaining optimal level of activity
- → Consider exercise program of aerobic & resistance training

CAVE: Contraindications / Safety issues



"Level [I, B]"

Physical Exercise

- > recommended in non-cachectic patients
- > of moderate intensity
- > aerobic and resistance exercise

"Level [II, B]"

Physical activities like walking and homebased aerobic and resistance exercise are recommended







Fatigue: Psychosocial interventions



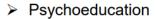
Category 1:

- Cognitive Behavioral Therapy (CBT)
- Psychoeducation
- Mindfulness-based Stress Reduction (MBSR), post-treatment
- ➤ Supportive expressive therapies, post-treatment

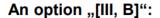


Recommended "[II, B]":





Information and counselling



➤ MBSR







CochraneLibrary

Psychosocial interventions for reducing fatigue during cancer treatment in adults (Review)

Goedendorp MM, Gielissen MFM, Verhagen CAHHVM, Bleijenberg G

- 27 RCTs with 3,324 participants
- Broad range of interventions, many mixed approaches; individual or group-based
- More effective if focussed on fatigue







Fatigue interventions: Mind-Body Exercise - YOGA



 Yoga recommended for patients during and after treatment (category 1)





Yoga could be an option to improve fatigue in cancer survivors [II, C]





