The proof of concept of pharmacogenetics, namely that drug response is a heritable trait, is accepted. However, despite emerging evidence, pharmacogenetic testing has not yet found its way to routine patient care. Replication of earlier findings and validation in prospective trials are required to establish clinical value and cost-effectiveness of pharmacogenetic testing in oncology. Moreover, pharmacogenetics will increasingly be used in discovery and development of future anticancer drugs.

Advocacy Session (Tue, 22 Sep, 13:00–14:30)
Cancer in the workplace

134 INVITED

EU Plan for a safer workplace: the Community Strategy on Health and Safety at Work 2007–2012

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Thanks to the adoption and application in recent decades of a large body of Community laws on the protection of the health and safety of workers at work, it has been possible to improve working conditions in the EU Member States and make considerable process in reducing the incidence of work-related accidents and illnesses.
The most recent data available show that, during the period of the previous Community strategy 2002–2006, the rate of fatal accidents at work fell by 17% while the rate of workplace accidents leading to absences of more than three days fell by 20%.
In spite of the progress achieved, the number of accidents at work and the incidence of occupational illnesses are still too high. This situation takes a heavy human toll in terms of the suffering endured by workers and their families, but also generates considerable economic repercussions which have an impact on business competitiveness and productivity.
It is therefore important to pursue a joint action strategy in this area at national and Community level determining the objectives and priorities which must be targeted in order to achieve the change in attitudes needed if regulatory provisions are to be applied effectively; this strategy should be accompanied by measures to provide information and training as well as technical assistance to SMEs and to promote a healthy working environment.
An ongoing, sustainable and uniform reduction in accidents at work and occupational illnesses continues to be the prime objective of the Community strategy for the period 2007–2012, adopted by the European Commission the 21 February 2007. In the Commission's view, the overall objective during this period should be to reduce the incidence of accidents in the EU by 25%.
In order to achieve this ambitious goal, the following main objectives are contained in the new Community Strategy:
- guarantee the proper implementation of EU legislation;
- support SMEs in the implementation of the legislation in force;
- adapt the legal framework to changes in the workplace and simplify it;
- promote the development and implementation of national strategies;
- encourage changes in the behaviour of workers and encourage their employers to adopt health-focused approaches;
- develop methods for identifying and evaluating new potential risks;
- improve the tracking of progress;
- promote health and safety at international level.

136 INVITED

Working with cancer – how to benefit from staying in employment

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The European population is ageing at the same time as working lives are being extended. The early detection of cancers is improving as is the effectiveness of treatment. The consequence of these long term trends is that more people in work are developing cancer and more employees are surviving to continue their careers. Employers therefore need to give greater consideration to cancer as a workplace health issue and how to improve the effectiveness of their policies, procedures and practices in managing people who become ill. The moral case for supporting people who develop cancer to remain in work is underpinned by increasing legislative requirements and the prohibitive costs of medical retirement.
In many societies cancer remains a taboo subject which is rarely spoken about. Consequently knowledge of the effects on people of cancer and its treatment is not well understood by the general population. The great majority of healthcare professionals are poorly informed about the nature of work outside their own industry and are rarely skilled at assessing functional capability. Neither patient nor practitioner may see work as an important outcome measure of cancer treatment although it is now well established that work can have positive health effects and that unemployment is significantly detrimental. Educating the various stakeholders is therefore an essential precursor to improving employment rates of those with cancer.
Overcoming the barriers to remaining in employment during and after treatment for cancer can appear daunting but, in practice, is usually straightforward. The majority of adjustments required are attitudinal and administrative rather than physical and therefore requiring capital expenditure. Recognising the nature of common problems, such as fatigue, allows managers to apply common sense in adjusting work load and time without having to rely overly on professional guidance which introduces delay and expense. Making time to listen and having access to guidance on what (or what not) to say are simple measures that can be applied universally and which make a huge difference. Returning to work can be a stressful time for both patient and manager but realistic planning can diffuse much of the stress and greatly improve the chances of success. After initial rehabilitation most people need few if any adjustments and reminding managers of the effectiveness of modern treatment when they are considering the recruitment or promotion of cancer survivors may be necessary.
The key to staying in employment with cancer is strong partnership working between the individual concerned and their manager. Patients need to be honest and open about their capability and managers need to listen and avoid making assumptions – both need to be realistic. Third parties such as family, treating clinicians and occupational health professionals should ensure that the wants and needs of the cancer sufferer remain paramount, within the constraints of what is practicable, and resist being either overprotective or cavalier with their advice.

Scientific Symposium (Tue, 22 Sep, 14:45–16:45)
Targeted therapy in breast cancer

137 INVITED

Optimising anti-HER2 therapy in early breast cancer

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Results are now available from six trials randomizing more than 13,000 women with HER-2 positive early breast cancer to trastuzumab versus non-trastuzumab based adjuvant chemotherapy. Aside from the negative PACS 04 trial (528 HER-2 positive patients only), these studies demonstrate remarkably consistent results: the addition of trastuzumab significantly reduces recurrence by approximately 50% and improves overall survival by 30% irrespective of tumour size, nodal status, schedule of administration, and type of chemotherapy. Nevertheless, there remain many unanswered questions regarding optimal adjuvant trastuzumab, such as: i) the relationship between trastuzumab efficacy and markers of HER2 assessment (HER2 protein expression, gene copy number, and chromosome 17 polysomy), topoisomerase II co-amplification, c-MYC and PTEN; ii) the selection of patients for non-anthracycline based chemotherapy; iii) the decision to administer trastuzumab in a sequential or concurrent manner with chemotherapy; iv) the minimal effective duration of trastuzumab and v) the treatment of small (<1 cm) node-negative HER-2 positive tumours. Longer follow-up from the adjuvant trastuzumab trials suggests that trastuzumab-induced cardiac toxicity may be time-limited and reversible with discontinuation of trastuzumab and the introduction of cardiac medications. However, longer follow-up is required to further confirm this hypothesis. Future studies with promising novel anti-HER2 agents, such as the ongoing ALTTO trial with lapatinib, will use cutting edge technologies to prospectively identify biomarkers for rational tailing of anti-HER-2 targeted therapy.

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Anti-HER2 therapy treatment after progression

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Treatment with anti-Her2 agents, especially trastuzumab, has been proven in vitro and clinically to be highly synergistic in combination with various cytotoxic and endocrine agents. Blocking of the down-stream proliferation signal of the HER2 receptor, either by binding of an antibody to the external domain or of an tyrosine-kinase inhibitor to the intracellular ATP binding site of this receptor is considered as the main mechanism of action. Further mechanisms under discussion are the prevention of the cleavage of the