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Meeting Report

A European View of ASCO-95

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THE MAIN question about ASCO-95 is why more than 12 000 participants, including 10 000 oncologists, gathered during 4 days in the Los Angeles Convention Center, U.S.A., to be confronted with an exploding calendar of events from which only a small part could be reasonably covered in 8–10 working hours per day. One answer is that a large number of clinical oncologists think that ASCO meetings are still the best way to have an objective look at the latest developments in clinical oncology around the world. Another answer is that ASCO meetings are still the place where many clinical investigators want their early results to be presented. All this might well be true, but many participants left Los Angeles with an impression of having seen and heard too many things, too superficially, in too short a period of time. ASCO meetings are very efficiently organised, on a general scheme that has been validated and improved year after year. A point has been reached, however, where the programme is so crammed that the active contribution of participants is limited to their formal presence and to the few minutes of time they have been allotted. And all this has only been rendered possible by the immense time committed to ASCO by American chairpersons, speakers and audiences. Only under these conditions was it possible to deliver within 4 days an extensive educational programme, approximately 240 oral presentations and 730 poster presentations, and special events such as award lectures, scientific symposia, health care sessions, a presidential address and business meeting.

One of the most striking aspects of ASCO-95 was the importance and quality of the European participation. Approximately 20% of oral presentations and an even larger proportion of posters originated from European centres or co-operative groups. This suggests that, notwithstanding the improving scientific quality of the annual meetings of the European cancer societies, the direct confrontation with American research remains a priority for many European investigators. A negative consequence is that, even with a large number of European participants at ASCO meetings, only a privileged few are given the opportunity of an early scientific exchange with some of the best European oncologists.

The scientific programme of ASCO annual meetings has progressively extended to cover a large variety of new developments in clinical oncology, from the most practical aspects, such as supportive care and nutrition, through bioethics and health care research to clinical biology with special sections for apoptosis, signal transduction and gene therapy. Clinical applications of recent developments in experimental oncology were exemplified at ASCO-95 by a Swiss study (M. Fey and associates) of the clonal heterogeneity of gastrointestinal (GI) tumours using microsatellite markers, by various studies on the induction of apoptosis by chemotherapy, and by Dr B. Vogelstein's "D.A. Karnofsky Memorial Lecture" on the oncogenesis of colorectal tumours. There are ASCO members who think that this widening of the programme is an unsatisfactory consequence of the complete separation of the annual meetings of ASCO and AACR, particularly for many European oncologists who cannot attend two American meetings within a 1 month interval.

The diverse scientific content of ASCO-95 may be appreciated by participants according to their personal fields of interest. Promising results from early clinical studies were presented concerning new agents, such as 2'chlorodeoxyadenosine (2'CDA), CPT-11 (irinotecan), Gemcitabine, Taxotere and Tomudex. Other newer agents are under investigation. The long story of modulating 5-fluorouracil (5-FU) seems to have found a new episode with 5-ethynyluracil, an inhibitor of dihydropyrimidine dehydrogenase. Given orally, this agent raises the bioavailability of oral 5-FU up to 85% and would make oral 5-FU available for a longer duration, low dose 5-FU treatment without the need for continuous infusion. There was nothing particularly exciting in the programme for haemato-oncologists and for lung cancer oncologists. The breast cancer section was more interesting. ECOG (Eastern Corporative Oncology Group) presented randomised data in adjuvant treatment of 646 node positive breast cancer patients where a 16 week regimen of CAMV (cyclophosphamide, doxorubicin, methotrexate, vincristine) alternating with continuous infusion 5-FU was significantly superior to classical monthly CAF (cyclophosphamide, doxorubicin, 5-FU) for 6 months. Early results were shown suggesting that high dose chemotherapy with haematopoietic progenitor cells in breast cancer patients will be delivered on an outpatient basis in the future. Preliminary data from the Memorial Sloan Kettering Cancer Center, U.S.A. indicate that the activity of taxol in breast cancer could be superior when given in continuous infusion. The group led by Dr Powles at the Royal Marsden Hospital, U.K., observed, in 62 premenopausal women, that chemoprevention of breast cancer with tamoxifen could be detrimental in terms of loss of bone density, the reverse being observed in postmenopausal women. In the programme for GI tract tumours, the Royal Marsden Hospital, U.K. confirmed in 235 patients with gastric and oesophageal cancer the high rate of response (61%) pre-

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viously observed with a combination of infusional 5-FU, epirubicin and low dose cisplatin. Two abstracts indicated that combined chemoradiotherapy is superior to radiotherapy alone in anal cancer. A large phase II trial with 176 advanced colorectal cancer patients without prior exposure to fluoropyrimidines showed a 26% response to Tomudex, a new thymidylate synthase inhibitor. One of the most provocative abstracts concerning treatment of ovarian cancer, presented by the Gynaecologic Oncology Group, showed in 218 patients with advanced tumours that taxol is superior to cyclophosphamide in combination with cisplatin, an important observation with financial consequences if this result is confirmed. A large intergroup study of 539 patients with ovarian cancer treated with cisplatin showed a longer survival when the agent was administered intraperitoneally. Results confirm that the M-VAC (methotrexate, vinca, doxorubicin, cisplatin) regimen largely used in bladder cancer is also active in cancer of the cervix. Among 96 abstracts concerning malignant lymphomas, the one from the European intergroup study conducted by Dr T. Philip was selected for the plenary session. This comprised 216 responding intermediate–high grade non-Hodgkin's lymphoma patients still responsive to DHAP (cisplatin, high dose cytarabine, prednisone) at relapse. After a median observation time of 5 years in randomised groups, high dose BEAC (BCNU, etoposide, cytarabine, cyclophosphamide) and autologous bone marrow transplantation improved survival when compared with further DHAP. From this result, the role of autologous bone marrow transplantation and the role of active drugs, such as carmustine and etoposide, which were not administered to the DHAP treatment group, cannot be determined.

Finally, a special mention is deserved for the increasing interest in geriatric oncology, exemplified by 21 abstracts, focusing mainly on the increasing proportion of elderly patients in cancer medicine, the feasibility of modern intensive treatments and the significance of quality of life criteria under treatment in this category of patients.