

# American Society of Clinical Oncology Reports on Clinical Cancer Advances

PAMELA HALLQUIST VIALE, RN, MS, CNS, ANP



**I**t's always exciting to review the yearly report from the American Society of Clinical Oncology (ASCO) on our progress against cancer. The report brings attention to the most important clinical research advances of the past year and examines critical areas where we should focus future research efforts. Advanced practitioners can benefit from reading the report, which highlights essential improvements in the treatment and care of patients with cancer. In fact, advanced practitioners may have participated in these very efforts during the year, especially if they work in research settings.

## TREATMENT OF RARE TUMORS

The report notes that the progress made in treating rare cancers is the advance of the year (Pal et al., 2019). Approximately 20% of all cancers diagnosed each year are rare cancers whose treatment previously lagged behind improvements made in the treatment of other more common cancers. New therapies for rare thyroid cancer, neuroendocrine tumors, and tenosynovial giant cell tumor have improved patient outcomes partly as a result of several major ini-

tiatives aimed at expanding progress (Pal et al., 2019).

In fact, sorafenib is the first treatment to improve progression-free survival in desmoid tumors, a rare sarcoma previously treated frequently with off-label therapies (Pal et al., 2019). And although rare, uterine serous carcinoma accounts for 10% of endometrial cancer cases and behaves aggressively, leading to approximately 40% of the deaths from that disease. Trastuzumab has been shown to be effective in treating patients with this rare tumor type, improving median time before disease progression from 8.0 months to 12.6 months (Pal et al., 2019).

## THE ROLE OF IMMUNOTHERAPY

Immunotherapy advances have continued to improve the outcomes of patients with renal cell cancer and advanced squamous cell cancer of the skin, cancers that historically had few options. Targeted therapies have continued to succeed in the treatment of breast and lung cancer patients. Combination immunotherapy research revealed that a reduction of brain metastases in melanoma can be achieved. Critical studies of checkpoint inhibitors demonstrated

survival gains if given to patients earlier in their treatment and in combination with other therapies. Other research showed that checkpoint inhibitors have an important role in first-line treatment as well (Pal et al. 2019).

In short, improvements in therapy have demonstrated positive outcomes for many different cancer types, including the rare tumors. The ASCO report notes that additional therapeutic approaches have shown improvements in the treatment of pancreatic, prostate, and ovarian cancer. And for the first time, ASCO is devoted to determining critical future research targets. The priorities chosen for the year 2019 and 2020 include:

1. Identification of strategies to better predict patient response to immunotherapies
2. Improved definition of populations that benefit from postoperative (adjuvant) therapy
3. Translation of innovations in cellular therapies for solid tumors
4. Increased precision medicine research and strategies for therapies in pediatric cancer
5. Improved care for the older adult with cancer
6. Improvement of access to cancer clinical trials
7. Lower long-term sequelae of cancer therapies
8. Lessen obesity and its impact on cancer incidence and patient outcomes
9. Identify approaches to find and treat pre-malignant lesions.

### FEDERAL FUNDING FOR CANCER RESEARCH

The American Society of Clinical Oncology notes that federal support for cancer research funded by the National Institutes of Health and the National Cancer Institute is critical, serving an important role in improvements in the prevention, diagnosis, and therapy for the disease. Their conclusion states that our nation's investment in cancer research has directly impacted our patients; there has been a 27% decline in cancer death rate, more than 130 new cancer drugs or indications have been approved by the U.S. Food and Drug Admin-

istration since 2006, the 5-year survival rate for cancer has increased, and we currently have 15.5 million survivors of cancer (compared to 11.4 million in 2006).

The report by ASCO notes that therapeutic advances include improvements in diagnostics, blood tests that may improve early diagnosis of cancer, and a trial that helps identify appropriate women who may not need adjuvant therapy for breast cancer. Research on alternative medicine demonstrated that this approach is not a substitute for conventional therapy, which is important data for the nearly four in ten Americans that believe alternative therapies can be their sole treatment in cancer therapy (Pal et al., 2019). Exciting new data on the microbiome and cancer are helping researchers to understand the critical role the microbiome plays in the regulation of our body's activities and its role in cancer and cancer risk.

### ROLE OF ADVANCED PRACTITIONERS

Advanced practitioners currently caring for patients with cancer are working in an exciting time where we can measure improvements in patient outcomes directly and see them incorporated into standard care regimens quickly. The improvements in the treatment of patients with cancer, including rare tumors, is gratifying to see, and such a profound difference from cancer care 20 years ago. Patients have more treatment options than ever, and more chances at durable and effective therapies for this disease. The Annual Report can be accessed for free online on the *Journal of Clinical Oncology* website, and I encourage readers to check out the full report for themselves. It is thrilling to see the changes in cancer care and to note the increasingly optimistic outlook for our patients. ●

### References

- Pal, S. K., Miller, M. J., Agarwal, N., Chang, S. M., Chavez-MacGregor, M., Cohen, E.,...Johnson, B. E. (2019). Clinical cancer advances 2019: Annual report on progress against cancer from the American Society of Clinical Oncology. *Journal of Clinical Oncology*, 37(10), 834-849. <https://doi.org/10.1200/JCO.18.02037>