

Keeping Up to Date in a New Era of Oncology

BETH FAIMAN, PhD, MSN, APRN-BC, AOCN, TCTCN, FAAN, FAPO



The American Society of Clinical Oncology (ASCO) Annual Meeting is one of the most highly anticipated events in oncology. This year, it took place from May 29 to June 2 in Chicago, with over 35,000 medical professionals attending. As a hematology advanced practitioner (AP) specialist with over two decades of experience, I look forward to this meeting for its presentations of practice-changing advancements in oncology.

Sessions included the substantial progress in targeted therapies and immunotherapies, integration of AI, improvements in supportive care, and an emphasis on educational initiatives for health-care professionals in hematology and oncology.

NOTABLE ABSTRACTS

The “mic drop” moment was the reveal of data on daraxonrasib in pancreatic cancer. Pancreatic ductal adenocarcinoma has been one of the most challenging cancers to treat, with second-line chemotherapy offering a median overall survival of roughly 6 to 7 months. Daraxonrasib doubled median overall survival to 13.2 months compared with 6.6 months with chemotherapy in patients with *RAS* G12 mutations.

Progression-free survival similarly doubled (7.3 vs. 3.5 months; O'Reilly et al., 2026). At ASCO, results of the RASolute 302 trial led to a standing ovation after 15 years of research.

Studies are now maturing in relapsed and refractory multiple myeloma (RRMM), where patients refractory to lenalidomide and anti-CD38 monoclonal antibodies also have a poor prognosis measured in months (Ramasamy et al., 2025). The MajesTEC-3 and MajesTEC-9 studies have redefined survival expectations in RRMM.

Teclistamab, a BCMA×CD3-directed bispecific antibody approved for the treatment of RRMM and in combination with daratumumab after one prior line of therapy, had unprecedented results (Costa et al., 2025; Mina et al., 2026). When administered in combination with daratumumab or as a single agent in these studies, teclistamab achieved high response and progression-free survival rates, with some exceeding 80%.

Bispecific antibodies are associated with unique adverse events such as cytokine release syndrome, immune effector cell-associated neurotoxicity syndrome, and infection. However, all are generally

manageable, and APs are particularly well-equipped to address them with the appropriate education (Catamero et al., 2022).

STAYING INFORMED

The volume of data presented at ASCO underscores the need for APs to remain current through ongoing education. Mastery of these new therapies requires specialized training. One abstract at ASCO highlighted knowledge gaps with newer therapies and the need for education. The H.O.P.E. (Hematology/Oncology Practical Education) curriculum was piloted with internal medicine residents enrolled in their residency program's Hospital Medicine Track, first-year hematology/oncology fellows, and intensive care unit advanced practice practitioners. It aimed to enhance the knowledge of unique side effects through case-based interventions (Granat et al., 2026).

Moving forward, facilities should expand access for APs to attend conferences such as ASCO, the American Society of Hematology (ASH) Annual Meeting, and JADPRO Live, which are essential for ongoing education and professional networking. Institution- or community-based continuing education opportunities can include collaborative practice models that integrate APs into multidisciplinary teams, tumor board discussions, and structured mentorship programs. As the science continues to evolve rapidly, I am hopeful that APs and the workforce infrastructure can keep pace.

IN THIS ISSUE

This issue also covers initiatives to support continuous education, with an article on the impact of a focused oncogenomic course for APs. Another article describes the role of APs in managing adverse events of mosunetuzumab in a pivotal phase II study. Two case reports delve into unique adverse event management: one on concurrent ocular and dermatologic toxicities from docetaxel, and another on capecitabine-associated hand-foot syndrome. A Practice Matters article describes a pharmacist-led clinical support program to standardize and improve the care of patients with polycythemia vera.

Read about the process of creating a quick pictorial scale to assess cancer-related fatigue. Another article summarizes targeted melanoma prevention interventions for first-degree relatives of melanoma survivors. Succession planning requires intentional steps by an institution; an article in this issue provides a framework for developing the next generation of AP leaders. ●

References

- Catamero, D., Richards, T., & Faiman, B. (2022). A focus on CAR T-cell therapy and bispecific antibodies in multiple myeloma. *JADPRO*, 13(Suppl 4), 31–43. <https://doi.org/10.6004/jadpro.2022.13.5.13>
- Costa, L. J., Bahlis, N. J., Perrot, A., Nooka, A. K., Lu, J., Pawlyn, C., Mina, R., Caeiro, G., Kentos, A., Hungria, V., Reece, D., Niu, T., Mylin, A. K., Hansen, C. T., Teipel, R., Besemer, B., Dimopoulos, M. A., Zamagni, E., Yoshihara, S., Kim, K.,...MajesTEC-3 Trial Investigators (2026). Teclistamab plus daratumumab in relapsed or refractory multiple myeloma. *The New England Journal of Medicine*, 394(8), 739–752. <https://doi.org/10.1056/NEJMoa2514663>
- Granat, L., Carraway, H., and Molina, J. (2026). H.O.P.E. (Hematology/Oncology Practical Education): A pilot curriculum. *Journal of Clinical Oncology*, 44(16 suppl), e21007(2026). https://doi.org/10.1200/JCO.2026.44.16_suppl.e21007
- Mina, R., Touzeau, C., Hungria, V., Landgren, C. O., Bhutani, D., Chen, W., Kumar, S., Chaulagain, C. P., Dimopoulos, M. A., Bahlis, N. J., Maral, S., van de Donk, N. W. C. J., Saja, K., Teipel, R., Ando, M., Wang, D., Wroblewski, S., Vanquickenberghe, V., Shah, P.,...Quach, H. (2026). MajesTEC-9: A phase 3 randomized study of teclistamab monotherapy vs investigator's choice of pomalidomide, bortezomib, and dexamethasone or carfilzomib and dexamethasone (PVd/Kd) in patients (pts) with relapsed refractory multiple myeloma (RRMM). *Journal of Clinical Oncology*, 44(16_suppl), 7507. https://doi.org/10.1200/JCO.2026.44.16_suppl.7507
- O'Reilly, E. M., Wainberg, Z. A., Hendifar, A. E., Borad, M. J., Pietrantonio, F., Pant, S., Hammel, P., Cremolini, C., Manji, G. A., Oberstein, P. E., Garrido-Laguna, I., Springfield, C., Azad, N. S., Ueno, M., Chui, S. Y., Zhang, Y., Patel, H., Lee, Y., Salman, Z., Wolpin, B. M.,...RASolute 302 Trial Investigators (2026). Daraxonrasib or chemotherapy in previously treated metastatic pancreatic cancer. *The New England Journal of Medicine*. <https://doi.org/10.1056/NEJMoa2605555>
- Ramasamy, K., Vij, R., Kuter, D., Cella, D., Durie, B. G. M., Abonour, R., Rifkin, R. M., Ailawadhi, S., Lee, H. C., Cowan, A. J., Ho, C., Dhanasiri, S., Fish, S., Yu, E., Dhamane, A. D., Fang, J., Marshall, T. S., Samuel, A., Liu, L., Katz, J.,...Jagannath, S. (2025). Real-world treatment patterns and clinical outcomes in patients with multiple myeloma previously treated with lenalidomide and an anti-CD38 monoclonal antibody. *Clinical Lymphoma, Myeloma & Leukemia*, 25(5), 337–348.e2. <https://doi.org/10.1016/j.clml.2024.12.002>