PARIS 2022 ESMO congress

PARIS FRANCE
9-13 SEPTEMBER 2022

ESMO Congress 2022 - Conference Calendar - ESMO Congress 2022 (ctimeetingtech.com)

Participations :

- **3** Présentations en premier auteur au total (Hors com orales du Pr Mazières)
- **22** participations à des présentations / posters

Présentations en premier auteur

9 septembre : 10h15
Type: **Industry Satellite Symposium** Title: Ace Oncology - Navigating Treatment Decisions in Advanced NSCLC: Update on Molecular Testing and New Targeted Treatment Options 7.3.Q - Quimper Auditorium Chair(s): **Julien Mazieres**, FR

1. 10:15 - 10:22 **Welcome, introduction, and warm-up quiz**
   J. Mazieres, Centre Hospitalier Universitaire de Toulouse - Hopital Larrey, Toulouse, FR

2. 11:10 - 11:25 **Treatment decision-making: An interactive case discussion**
   J. Mazieres, Centre Hospitalier Universitaire de Toulouse - Hopital Larrey, Toulouse, FR

3. 11:25 - 11:33 **Quiz questions revisited**
   J. Mazieres, Centre Hospitalier Universitaire de Toulouse - Hopital Larrey, Toulouse, FR

4. 11:33 - 11:43 **Q&A**
   J. Mazieres 1, N. Leighl 2, J. Vansteenkiste 3, F. Länger 4, 1Centre Hospitalier Universitaire de Toulouse - Hopital Larrey, Toulouse, FR, 2UHN - University Health Network - Princess Margaret Cancer Center, Toronto, CA, 3University Hospitals Leuven - Campus Gasthuisberg, Leuven, BE, 4Hannover Medical School, Hannover, DE

5. 11:43 - 11:45 **Pearls for practice**
   J. Mazieres, Centre Hospitalier Universitaire de Toulouse - Hopital Larrey, Toulouse, FR

Dimanche 11 septembre

14:45 - 17:45 Type: **Young Oncologist session** Title: Young Oncologist Masterclass: Clinical Trials Design and Development in the 21st Century 7.3.R - Rennes Auditorium

16:25 - 16:50

1. Insfrastructure and policies for global clinical trials: Opportunities and threats
   C. Gomez-Roca, Institut Universitaire du Cancer -Toulouse- Oncopole, Toulouse, FR

Lundi 12 septembre

14:45 - 16:15 Type: **Mini Oral session** Title: Mini Oral session: Haematological malignancies 7.3.T - Toulouse Auditorium

14:45 - 14:50

2. 623MO - Machine Learning-based prediction of Germinal Center, MYC/BCL2 Double Protein Expressor status, and MYC rearrangement from Whole Slide Images in DLBCL patients
   C. Syrykh 1, J.-B. Schiratti 2, E. Brion 3, C. Laurent 1, 1IUCT Oncopole, LYSA, Toulouse, FR, 2OWKIN France, Paris, FR, 3Owkin, Woluwe Saint Lambert, BE

13:00 - 14:30 Type: **Industry Satellite Symposium** Title: Bristol Myers Squibb - The Evolving Treatment Landscape for Metastatic Melanoma: A Clinical Lens on Current Decision Making 7.3.T - Toulouse Auditorium Chair(s): Paolo Ascierto, IT

13:10 - 13:35

3. Emerging Data for the First-line Treatment of Metastatic Melanoma
   N. Meyer, Centre Hospitalier Universitaire de Toulouse - Hopital Larrey, Toulouse, FR

Educational session

14:45 - 16:15 Type: **Educational session** Title: Is immunotherapy changing the standard of care in gynaecological cancers? 4.A - Antibes Auditorium
Chair(s): Ana Oaknin, ES; Alexandra Leary, FR

4. 15:35 - 15:40 213MO - Primary endpoint analysis of a randomized phase 2 of darolutamide or capecitabine in patients with triple-negative androgen receptor positive advanced breast cancer (UCBG3-06 START trial)

M. Arnedos 1, A. Goncalves 2, M. Pulido 3, F. Lerebours 4, O. Tredan 5, F. **Dalenc** 6, S. Guiu 7, D. Mollon Grange 8, L. Teixeira 9, C. Levy 10, B. Verret 11, H. Dawood 12, P. Augereau 13, L. Deiana 14, S. Ladoire 15, E. Carola 16, M.A. Mouret Reynier 17, C. Guyonneau 18, G. Macgrogan 19, H. Bonnefoi 19, 1Institute Bergonié, Bordeaux, FR, 2Institute Paoli Calmettes, Marseille, FR, 3Institut Bergonie, BORDEAUX, FR, 4Hôpital René Huguenin - Institut Curie, St. Cloud, FR, 5Centre Léon Bérard, Lyon, FR, 6Centre Claudius-Regaud, Toulouse, FR, 7ICM - Institut du Cancer de Montpellier, Montpellier, Cedex 5, FR, 8Centre Hospitalier de Cornouaille - Site de Laennec, Quimper, Cedex, FR, 9Hopital Saint Louis AP-HP, Paris, FR, 10Centre Francois Baclesse, Caen, FR, 11Gustave Roussy, VILLEJUIF, FR, 12Centre Hospitalier Jacques Cœur, Bourges, FR, 13Centre Paul Papin, Angers, FR, 14CHRU Brest - Hopital Augustin Morvan, Brest, FR, 15Centre GeorgesFrançois Leclerc (Dijon), Dijon, FR, 16GHPSO, Creil, FR, 17Jean Perrin Center, ClermontFerrand, FR, 18Unicancer, Paris, Cedex 13, FR, 19Institute Bergonié - Centre Régional de Lutte Contre le Cancer (CLCC), Bordeaux, FR

Proffered Paper session

14:45 - 16:15 Type: **Proffered Paper session** Title: Proffered Paper session: Policy and preventive strategies 7.3.M - Marseille Auditorium

5. 15:45 - 15:55 1316O - Improved nationwide survival of sarcoma patients 10 years after establishment of the NETSARC+ reference center network

J.-Y. Blay 1, A. Italiano 2, N. Penel 3, E. Bompas 4, F. Duffaud 5, C. Chevreau 6, P. Anract 7, C. Perrin 8, N. Firmin 9, M. Toulmonde 10, S. Piperno-Neumann 11, S. Watson 11, M. Rios 12, J.E. Kurtz 13, F. Bertucci 14, F. Le Loarer 15, C. Chemin 1, M. Morelle 16, F. Gouin 1, A. Le Cesne 17, 1Centre Léon Bérard, Lyon, FR, 2Institute Bergonié, Bordeaux, FR, 3Centre Oscar Lambret, Lille, FR, 4ICO Institut de Cancerologie de l'Ouest René Gauducheau, Saint-Herblain, FR, 5CHU La Timone Adultes, Marseille, FR, 6Institut Universitaire du Cancer -Toulouse- Oncopole, Toulouse, FR, 7Hopital Cochin AP-HP, Paris, FR, 8Centre Eugene - Marquis, Rennes, FR, 9Icm Val D Aurelle, Montpellier, FR, 10Institute Bergonié - Centre Régional de Lutte Contre le Cancer (CLCC), Bordeaux, FR, 11Institut Curie, Paris, FR, 12Institut de Cancérologie de Lorraine - Alexis Vautrin, Vandoeuvre-lès-Nancy, FR, 13CHU Hautepierre, Strasbourg, FR, 14IPC - Institut Paoli-Calmettes, Marseille, FR, 15Institut Bergonié, Bordeaux, FR, 16Center Leon Berard, Lyon, FR, 17Gustave Roussy - Cancer Campus, Villejuif, F

08:30 - 10:00 Type: **Proffered Paper session** Title: Proffered Paper session: Supportive and palliative care 7.3.U - Urval Auditorium

6. 08:30 - 08:40 1551O - Factors associated with chemotherapy (CT)-related amenorrhea (CRA) and its relationship with quality of life (QOL) in premenopausal women with early breast cancer (BC): results from the prospective CANTO cohort study

R. Kabirian 1, J. Havas 1, M.A. Franzoi 2, C. Coutant 3, O. Tredan 4, C. Levy 5, P. Cottu 6, A. Dhaini Merimeche 7, S. Guillermet 8, J.-M. Ferrero 9, S. Giacchetti 10, T. Petit 11, F. Dalenc 12, P. Rouanet 13, O. Querel 14, A.-L. Martin 15, B. Pistilli 1, M. Lambertini 16, I. Luis 1, A. Di Meglio 17, 1Institut Gustave Roussy, Villejuif, Cedex, FR, 2Institute Jules Bordet, Brussels, BE, 3Centre Georges Francois Leclerc, Dijon, FR, 4Centre Léon Bérard, Lyon, FR, 5Centre Francois Baclesse, Caen, FR, 6Institut Curie, Paris, FR, 7Institut de Cancérologie de Lorraine - Alexis Vautrin, Vandoeuvre-lès-Nancy, FR, 8Centre Eugene - Marquis, Rennes, FR, 9Centre Antoine Lacassagne, Nice, FR, 10Hopital Saint Louis - Groupe Hospitalier La Rochelle-Ré-Aunis, La Rochelle, FR, 11Centre Paul Strauss Centre de Lutte contre le Cancer, Strasbourg, FR, 12Centre Claudius-Regaud, Toulouse, FR, 13CRLC Val d'Aurelle, La Défense, FR, 14Unicancer, Paris, Cedex 13, FR, 15UNICANCER, Paris, FR, 16IRCCS AOU San Martino - IST-Istituto Nazionale per la Ricerca sul Cancro, Genova, IT, 17Institut Gustave Roussy - INSERM UMR 981, Villejuif, FR

08:30 - 10:00 Type: **Proffered Paper session** Title: Proffered Paper session: Supportive and palliative care 7.3.U - Urval Auditorium

7. 09:30 - 09:40 1553O - Health-related quality of life (HRQoL) in the phase 3 TROPiCS-02 trial of sacituzumab govitecan (SG) vs chemotherapy in HR+/HER2- metastatic breast cancer (MBC)

H. Rugo 1, P. Schmid 2, S. Tolaney 3, F. Dalenc 4, F. Marmé 5, L. Shi 6, W. Verret 7, M. Gharaibeh 8, A. Bardia 9, J. Cortés 10, 1UCSF Helen Diller Family Comprehensive Cancer Center, San Francisco, US, 2Cancer Research UK Barts Centre - Barts and The London School of Medicine and Dentistry, London, GB, 3Dana Farber Cancer Institute, Boston, US, 4Centre Claudius-Regaud, Toulouse, FR, 5UMM - Universitaetsklinikum Mannheim - Medizinische Fakultaet, Mannheim, DE, 6Evidera - Waltham, Waltham, US, 7Gilead Sciences, Inc., Miami, US, 8Gilead Sciences, Inc. - Headquarters, Foster City, US, 9Massachusetts General Hospital Cancer Center, Boston, US, 10Hospital Ruber Internacional, Madrid, ES

16:30 - 18:00 Type: **Proffered Paper session** Title: Presidential 3 6.P - Paris Auditorium
16:30 - 18:00 Type: **Proffered Paper session** Title: Proffered Paper session: NETs and endocrine tumours 7.3.O - Orléans Auditorium

8. 16:40 - 16:50 887O - First multicentric randomized phase II trial investigating the antitumor efficacy of peptide receptor radionucleide therapy with 177Lutetium – Octreotate (OCLU) in unresectable progressive neuroendocrine pancreatic tumor: results of the OCLURANDOM trial

E. Baudin 1, T. Walter 2, A. Beron 3, D. Smith 4, J. Hadoux 5, C. Lachachi 6, D. Taieb 7, C. Ansquer 8, L. Dierickx 9, L. De Mestier Du Bourg 10, E. Deshayes 11, E. Quak 12, L. Dahan 13, R. Guimbaud 14, Y. Touchefeu 15, M. Haissaguerre 16, C. Do Cao 17, C. Lombard Bohas 18, M. Attard 1, S. Foulon 1, 1Gustave Roussy - Cancer Campus, Villejuif, FR, 2Hospices Civiles de Lyon - HCL - Lyon University Hospital Center, Lyon, FR, 3CHU Lille - Hopital Claude Huriez, Lille, FR, 4Hopital Haut Leveque, Pessac, FR, 5Institut Gustave Roussy, Villejuif, Cedex, FR, 6Hospices Civils de Lyon, Bron, FR, 7CHU de Marseille - Hôpital de la Timone, Marseille, FR, 8Chu Nantes Hotel Dieu, Nantes, FR, 9Institut Claudius Regaud, Toulouse, FR, 10Beaujon Hospital APHP, Clichy, FR, 11ICM - Institut régional du Cancer de Montpellier, Val d'Aurelle, Montpellier, Cedex 5, FR, 12Centre François Baclesse, Caen, FR, 13AP-HM - CHU La Timone Enfants, Marseille, FR, 14Centre Hospitalier Universitaire de Toulouse - Hopital Rangueil, Toulouse, FR, 15CHU du Nantes - HôtelDieu, Nantes, Cedex 1, FR, 16CHU de Bordeaux-Hôpital Haut-Lévêque, Pessac, FR, 17Centre Hospitalier Régional Universitaire de Lille, Lille, FR, 18Hopital Edouard Herriot Pav. E bis, Lyon, FR

Mini Oral Session

14:45 - 16:15 Type: **Mini Oral session** Title: Mini Oral session: GI, upper digestive 7.3.T - Toulouse Auditorium

9. 14:55 - 15:00 1296MO - PRODIGE 29-UCGI 26(NEOPAN): A Phase III randomised trial comparing chemotherapy with Folfirinox or gemcitabine in locally advanced pancreatic carcinoma (LAPC)

M. Ducreux 1, R. Desgrippes 2, Y. Rinaldi 3, F. Di Fiore 4, **R. Guimbaud** 5, P. Follana 6, J.-B. Last update: 25-07-2022 09:22:27am Programme Bachet 7, P. Vanelslander 8, T. Lecomte 9, O. Capitain 10, A. Parzy 11, M. Bolliet 12, P.-L. Etienne 13, J. Forestier 14, F. El Hajbi 15, A.L. Bignon Bretagne 16, V. Ly Lebrun 17, N. De Sousa Carvalho 18, M. Texier 19, O. Bouche 20, 1Gustave Roussy - Cancer Campus, Villejuif, FR, 2C.H. Broussais, Saint-Malo, FR, 3Hopital Européen Marseille, Marseille, FR, 4CHU de Rouen Normandie, Rouen, FR, 5Centre Hospitalier Universitaire de Toulouse - Hopital Rangueil, Toulouse, FR, 6Centre Anticancer Antoine Lacassagne, Nice, FR, 7Groupe Hospitalier Pitié Salpetriere, Paris, FR, 8Home Address - Pierre Vanelslander, Grugies, FR, 9CHU de Tours, Hôpital Trousseau, Chambray-lès-Tours, FR, 10Centre Paul Papin, Angers, FR, 11Centre Francois Baclesse, Caen, FR, 12Hopitaux Civils de Colmar, Colmar, FR, 13Hôpital Privé des Côtes d'Armor, Plérin, FR, 14Hopital Edouard Herriot Pav. E bis, Lyon, FR, 15Centre Oscar Lambret, Lille, FR, 16CHU de Caen - Hopital Cote de Nacre, Caen, FR, 17CHU Limoges - Hopital Dupuytren, Limoges, FR, 18Unicancer, Paris, Cedex 13, FR, 19Institut Gustave Roussy, Villejuif, FR, 20CHU de Reims - Hôpital Robert Debré, Reims, Cedex, FR

10:15 - 11:45 Type: **Mini Oral session** Title: Mini Oral session: NSCLC, metastatic 7.2.F - Fécamp Auditorium

11:25 - 11:30 974MO - 5-Year Update From KEYNOTE-407: Pembrolizumab Plus Chemotherapy in Squamous Non–Small-Cell Lung Cancer (NSCLC)

S. Novello 1, D. Kowalski 2, A. Luft 3, M. Gumus 4, D. Vicente Baz 5, **J. Mazieres** 6, J. Rodriguez Cid 7, A. Tafreshi 8, Y. Cheng 9, K. Lee 10, A. Golf 11, S. Sugawara 12, A. Robinson 13, B. Halmos 14, E. Jensen 15, P. Schwarzenberger 16, M.C. Pietanza 17, L. PazAres 18, 1Università Degli Studi Di Torino - Orbassano, Orbassano, IT, 2Maria SklodowskaCurie National Research Institute of Oncology, Warsaw, PL, 3Leningrad Regional Clinical Hospital, Saint-Petersburg, RU, 4S.B. Istanbul

Medeniyet Universitesi - Goztepe Egitim Ve Arastirma Hastanesi, Istanbul, TR, 5Hospital Universitario Virgen Macarena, Seville, Last update: 25-07-2022 09:22:27am Programme ES, 6Centre Hospitalier Universitaire de Toulouse - Hopital Larrey, Toulouse, FR, 7INER - Instituto Nacional de Enfermedades Respiratorias, Ciudad de Mexico, MX, 8Consulting Suites, Wollongong, AU, 9Jilin Cancer Hospital, Changchun, CN, 10Chungbuk National University Hospital, Cheongju, KR, 11Universitätsklinikum Tübingen, Tuebingen, DE, 12Sendai Kousei Hospital, Sendai, JP, 13Cancer Centre of Southeastern Ontario, Kingston, CA, 14Montefiore Medical Center, New York City, US, 15Merck & Co., Inc. - Corporate Headquarters, Kenilworth, US, 16Ludwig Insitute for Cancer Research - Head Quarter, New York, US, 17Merck & Co., Inc. - Corporate Headquarters, Whitehouse Station, US, 18Hospital Universitario 12 de Octubre, Madrid, ES

14:45 - 16:15 Type: **Mini Oral session** 7.1.D – Dijon
Title: Mini Oral session: Basic science & translational research Auditorium

10. 15:00 - 15:05 1661MO - Genomic Somatic Copy Number Alterations drive adaptive tumor immune suppression and primary resistance to Anti-PD1 + Anti-Angiogenics in Pleural Mesothelioma

F.-X. Danlos 1, C. Baldini 2, M. Texier 3, A. Varga 2, S. Mouraud 2, B. Job 2, D. Letourneur 2, L. Cassard 2, D. Bredel 2, S. Laghouati 2, J. Adam2, N. Droin 2, A. Parpaleix 2, N. Chaput-Gras 2, A. Rabeau 4, C. Massard 5, J.-C. Soria 6, G. Zalcman 7, D. Planchard 2, A. Marabelle 3, 1Gustave Roussy - INSERM U1015, Villejuif, FR, 2Institut Gustave Roussy, Villejuif, Cedex, FR, 3Institut Gustave Roussy, Villejuif, FR, 4Centre Hospitalier Universitaire de Toulouse - Hopital **Larrey**, Toulouse, FR, 5Gustave Roussy - Cancer Campus, Villejuif, FR, 6AMGEN (Headquarters) - USA, Thousand Oaks, US, 7Hopital Bichat - Claude-Bernard AP-HP, Paris, FR

08:30 - 10:00 Type: **Mini Oral session** Title: Mini Oral session: NETs and endocrine tumours 7.3.Q - Quimper Auditorium

11. 08:40 - 08:45 1647MO - BRAF mutated anaplastic thyroid carcinoma: clinical characteristics and outcome under BRAF inhibitors and chemotherapy in real life practice, a multicentric retrospective study of the French ENDOCAN TUTHYREF network.

C. De La Fouchardiere 1, A. Jannin 2, F. Giudici 3, J. Wassermann 4, C. Chougnet 5, D. Drui 6, Y. Godbert 7, F. Illouz 8, S. Bardet 9, N. Roudaut 10, M. Batisse Lignier 11, L. Groussin 12, M. Klein 13, S. Zerdoud 14, L. Lamartina 15, E. Baudin 15, F. Borson-Chazot 16, C. Do Cao 2, I. Borget 17, J. Hadoux 3, 1Centre Léon Bérard, Lyon, FR, 2Centre Hospitalier Régional Universitaire de Lille, Lille, FR, 3Institut Gustave Roussy, Villejuif, Cedex, FR, 4Ch Pitie Salpetriere, Paris, FR, 5Hopital Saint Louis AP-HP, Paris, FR, 6CHU de Nantes, Hôtel Dieu, Nantes, FR, 7Institute Bergonié - Centre Régional de Lutte Contre le Cancer (CLCC), Bordeaux, FR, 8CHU Angers, Angers, Cedex 9, FR, 9Centre Francois Baclesse, Caen, Cedex 5, FR, 10Hôpital Cavale Blanche (Brest), Brest, FR, 11Centre Jean Perrin, Clermont-Ferrand, FR, 12Hopital Cochin - Site Port-Royal AP-HP, Paris, FR, 13CHRU Nancy, Nancy, FR, 14IUCT - Institut Universitaire du Cancer de Toulouse - Oncopole, Toulouse, FR, 15Gustave Roussy - Cancer Campus, Villejuif, FR, 16Hospices Civils de Lyon, Bron, FR, 17Institut Gustave Roussy, Villejuif, FR

16:30 - 18:00 Type: **Mini Oral session** Title: Mini Oral session 2: GU tumours, non-prostate 7.3.Q - Quimper Auditorium

12. 16:30 - 16:35 1451MO - In-situ immune markers predict nivolumab (N) +/-ipilimumab (I) efficacy in frontline metastatic clear cell renal cell carcinoma (mccRCC): key ancillary analyses from the BIONIKK randomized trial.

M. Meylan 1, C.-M. Sun 2, R.-T. Elaidi 3, M. Moreira 4, A. Bougouin 5, V. Verkarre 6, M. Bennamoun 7, C. Chevreau 8, D. Borchiellini 9, P. Barthelemy 10, D. Pannier 11, D. Maillet 12, M. Gross Goupil 13, C. Tournigand 14, E. Braychenko 15, L. Phan 16, S. Oudard 6, W.-H. Fridman 4, C. Sautes-Fridman 4, Y.-A. Vano 6, 1Dana Farber Cancer Institute, Boston, US, 2INSERM UMRS1138 - Laboratory of Integrative Cancer Immunology, Paris, FR, 3ARTIC - Association pour la Recherche de

Thérapeutiques Innovantes en Cancérologie, Paris, cedex 15, FR, 4Centre de Recherche des Cordeliers, Paris, FR, 5Sorbonne Université, Paris, FR, 6HEGP - Hopital Europeen Georges-Pompidou - AP-HP, Paris, FR, 7Institute Mutualiste Montsouris, Paris, FR, 8Institut Universitaire du Cancer -Toulouse- Oncopole, Toulouse, FR, 9Centre Anticancer Antoine Lacassagne, Nice, FR, 10ICANS - Institut de Cancérologie Strasbourg Europe, Strasbourg, FR, 11Centre Oscar Lambret, Lille, FR, 12Lyon Sud Hospital Center - HCL, Pierre Benite, FR, 13CHU Bordeaux - Hopital St. André, Bordeaux, FR, 14Centre Hospitalier Universitaire Henri-Mondor AP-HP, Creteil, FR, 15Hopital Pitié Salpetrière AP-HP, Paris, FR, 16ARTIC - Association pour la Recherche de Thérapeutiques Innovantes en Cancérologie, Paris, FR

Pas encore disponible dans le programme :
Mini-Oral

Abstract Category: Head and neck cancer, excluding thyroid
Presentation Preference: Oral

Authors : Jean Bourhis, (…) Jean-Pierre Delord (…).

13. 5-year overall survival (OS) in patients with locally advanced squamous cell carcinoma of the head and neck (LA SCCHN) treated with xevinapant + chemoradiotherapy (CRT) vs placebo + CRT in a randomized, phase 2 study

Background: In a double-blind, randomized, phase 2 study of patients (pts) with unresected LA SCCHN (NCT02022098), xevinapant + CRT significantly improved locoregional control (primary endpoint) at 18 months vs placebo + CRT. At 3-year follow-up, xevinapant + CRT significantly improved progression-free survival vs placebo + CRT. Here we report 5-year OS and duration of response (DOR) from the 3-year follow-up.
Methods: Pts with unresected LA SCCHN, stratified by node involvement, primary tumor site, and HPV-16 status in pts with oropharyngeal tumors, were randomized (1:1) to receive xevinapant 200 mg once daily (days 1-14 of a 3-week cycle [Q3W]) for 3 cycles + CRT (cisplatin 100 mg/m^2 Q3W on day 2 of every cycle for 3 cycles; intensity-modulated radiotherapy 70 Gy [2 Gy per day, 5 days per week for 7 weeks]) or placebo + CRT for 3 cycles.
Results: Between January 2016 and April 2017, 96 pts were randomized and followed up for disease progression and survival until July 2020; survival data was collected until April 2022 (5 years after the last patient was randomized). The risk of death or disease progression after initial response was reduced by 79% in the xevinapant arm vs the placebo arm (DOR; adjusted HR, 0.21; 95% CI, 0.08-0.54, p=0.0011). For long-term OS, median follow-up was 60.1 months (range, 7.1-70.5 months) in the xevinapant arm and 39.2 months (range, 4.8-71.2 months) in the placebo arm. The risk of death was more than halved in the xevinapant arm compared with placebo (adjusted HR, 0.47 [95% CI, 0.27-0.84]; p=0.0101). OS was prolonged with xevinapant + CRT vs placebo + CRT; median OS was not reached (95% CI, 40.3 months-not evaluable) vs 36.1 months (95% CI, 21.8-46.7 months), and the probability of survival 5 years after randomization was 53% (95% CI, 37-66%) vs 28% (95% CI, 15-42%), respectively.
Conclusions: The addition of xevinapant to standard-of-care CRT improved 5-year OS in pts with unresected LA SCCHN compared with CRT alone; prolonged 3-year DOR was also shown. A confirmatory, pivotal phase 3 study of xevinapant + CRT in the same indication is ongoing (TrilynX; NCT04459715).
Character count: 1,976 (maximum: 2,000; ***excluding*** spaces, author names, affiliations; ***including*** title, body, and table)

FINAL ESMO Virtual Plenary Abstract: APHINITY 2022

14. Adjuvant Pertuzumab and Trastuzumab in Patients with Early HER-2Positive Breast Cancer in APHINITY: 8.4 Years' Follow-up

Sibylle Loibl - German Breast Cancer Group (GBG), Germany

Florence Dalenc - Institut universitaire du cancer Toulouse-Oncopole, Toulouse, France

Background:
From Nov 2011 until Aug2013, therandomized, phase III, double-blind APHINITY trial enrolled 2400 patients with HER2+, operable breast cancerassigned to receive pertuzumab (P) added to adjuvant trastuzumab (T) and chemotherapy and 2405 to receive placebo plus T and chemotherapy. The primaryanalysisdemonstrated that adding P to T plus chemotherapy statistically significantlyimproved invasive disease-free survival (IDFS) leading to a new standard of care for high-risk patients. Two pre-specified analyses of overall survival (OS) did not reach statistical significance.We now report the results of the3rdpre-specified analysis of OS and updated descriptive analyses ofIDFS.

Results:

With 8.4 years of median follow-up (clinical cut-off date 10 Jan 2022)fewer deaths were observed in theP group [168 (7.0%) vs 202(8.4%)]. Statistical significance (p-value $\leq$ 0.0060 required)was not reached. The hazard ratio for OS is 0.83 [95% CI 0.68-1.02 (p=0.078)]; 8-year OS are 92.7% vs92.0% (0.7% difference).

Updated IDFS results based on 609 events in the ITT population are: hazard ratio 0.77 [95% CI 0.66-0.91]; 8-year IDFS are88.4% vs 85.8% (2.6% difference), respectively. The difference was due mainly to the reduction in distant (6.2% vs 8.5%) and locoregional (1.3% vs 2.4%) BC relapses.

The node positive (N+)cohort continues to derive clear IDFS benefit from the addition of P: hazard ratio 0.72 (95% CI 0.60-0.87). The benefit in terms of 8-year IDFS is 4.9% [86.1% vs 81.2%]. In the N-cohort, the IDFS hazard ratio is 1.01 with>92% of patients being event-free in both arms at 8 years.

IDFS benefit of P is seen in both the HR- and HR+cohorts: IDFS hazard ratio for HR- is 0.82 (95% CI 0.64 -1.06). IDFS hazard ratio for HR+ is 0.75 (95 % CI 0.61-0.92).

No new cardiac safety concerns emerged.

Conclusion:
After 8.4 years of median follow-up, no statistically significant difference in OSwas found. IDFS benefit of P in HER2+ early BC is maintained, with the benefit continuing in the N+cohort, regardless of HR status.HR status should not guide P treatment decisions. Continued follow up of patients is needed to determine possible survival benefit and long-term safetyof adding adjuvant Pto T. The final OS analysis is planned when 640 deaths have occurred.

Pas encore disponible dans le programme :

Poster :

15. **Elacestrant vs fulvestrant or aromatase inhibitor (AI) in randomized phase 3 trial evaluating elacestrant, an oral selective estrogen receptor degrader (SERD), vs investigator's choice of endocrine monotherapy for ER+/HER2- advanced/metastatic breast cancer (mBC): Subgroup analysis from EMERALD.**

Authors: Aftimos P,[1] Cortes J,[2]Bidard FC,[3] Kaklamani V,[4] Bardia A,[5]Neven P,[6]Streich G,[7] Montero AJ,[8] Forget F, [9]Mouret-Reynier MA,[10] Sohn JH,[11] Taylor, D,[12]Harnden KK,[13]Khong H,[14] Kocsis J,[15]Dalenc F,[16] Dillon P,[17]Tonini G,[18]Grzegorzewski KJ,[19]Lu J[20]

Background: EMERALD clinical trial showed significantly prolonged progression-free survival (PFS) and a manageable toxicity profile for elacestrant vs standard of care endocrine therapy (SOC) in patients (pts) with ER+/HER2- mBC following progression on prior endocrine and CDK4/6 inhibitor therapy. Benefit was observed in the overall population and in pts with *ESR1* mutations *(mESR1)*.Here, we reporta subgroup analysis from EMERALDcomparing efficacy with elacestrant to fulvestrant orAI.

16. **Association between ER, PR and HER2 levels and outcome under Palbociclib (Pal) +AI as first line therapy for ER+ HER2- MBC: an exploratory analysis of the PADA-1 trial.**

T. de la Motte Rouge, J-S. Frenel, A-C. Hardy-Bessard, T. Bachelot, B. Pistilli, S. Delaloge, L. Deiana, F. Del Piano, D. Genet, M. Gardner, E. Legouffe, C.B. Levache, H. Orfeuvre, C. Valmar, L. Venat, A. Zannetti, R. Le Scodan, F. Dalenc, F. Berger, F.C. Bidard

#prestige | En 2021, le **Dr Giulia Costanza Leonardi** recevait la prestigieuse bourse *ESMO Research Fellowship Translational Focus*, pour travailler sur son projet portant sur l'identification des lymphocytes T CD8 spécifiques des tumeurs chez les patients atteints des cancers du col de l'utérus. La médecin-chercheuse réalise la purification de ces lymphocytes à partir de l'échantillon des patients et la caractérisation de ces cellules immunitaires afin de mieux comprendre les mécanismes impliqués dans leur activation. Ce travail de caractérisation est réalisé dans les laboratoires du CRCT, sous la supervision du **Pr Maha Ayyoub**. L'objectif, à terme, est d'identifier des cibles thérapeutiques et améliorer l'immunothérapie qui reste à ce jour, encore trop peu efficace contre ce type de cancer.
Cette année, le jury a approuvé le renouvellement du financement de ce projet de recherche translationnelle et le Dr Costanza Leonardi est invitée à *l'ESMO Fellowship awards Ceremony*.

Mini Oral presentation:

17. F. Mosele, **A. Lusque**, V. Dieras, E. Deluche, A. Ducoulombier, B. Pistilli, T. Bachelot, F. Viret, C. Levy, Y. Pradat, D. T. N. Tran, N. Droin, M. Kobayashi, T. Kakewaga, M. Deloger, B. Job, M. Jimenez, M. Lacroix-Triki, F. Andre. Unraveling the mechanism of action and resistance to Trastuzumab deruxtecan (T-DXd): biomarker analyses from patients from DAISY trial

Poster:

18. C. Courtinard, S. Gourgou, W. Jacot, M. carton, **T. Filleron**, D. Couch, B. Asselain, M.-C. Le Deley, L. Vacher, A. Antoine, D. Parent, R. schiappa, M. Breton, S. Michiels, E. Brain, O. Guérin, A. Loeb, G. Perrocheau, G. Simon, C. Bellera. Association between progression free survival and overall survival in women receiving first-line treatment for metastatic breast cancer: Evidence from the ESME real-world database.

19. N. Epaillard, **A. Lusque,** B. Pistilli, F.André, T. Bachelot, JY Pierga, A. Ducoulombier, C. Jouannaud, F. Viret, L. Salabert, C. Levy, E. Deluche, X. Durando, T. Petit, **T. Filleron**, C. Mahier, V. Diéras, F. Mosele. Antitumor activity of Trastuzumab deruxtecan (T-DXd) in patients with metastatic breast cancer (mBC) and brain metastases (BMs) from DAISY trial

20. Nicolas Meyer, **Amélie Lusque**, Mathieu Virazels, **Thomas Filleron**, Céline Colacios, Anne Montfort, Bruno Ségui. Triple combination of ipilimumab + nivolumab + anti-TNF in treatment naive melanoma patients: final analysis of TICIMEL, a phase Ib prospective clinical trial

21. Mathieu Virazels, Anne Montfort, **Amélie Lusque, Thomas Filleron,** Céline Colacios, Bruno Ségui, Nicolas Meyer. TNF plasma levels in advanced melanoma patients treated with immune checkpoint inhibitors: results from the MELANFα clinical study.

22. Chouaid, N. Perualila, D. Debieuvre, X. Quantin, J. Diels, N. Rahhali, R. Toueg, G. Simon, L. Bosquet, **T. Filleron.** AN ADJUSTED COMPARISON OF AMIVANTAMAB PHASE II DATA VERSUS REAL-WORLD CLINICAL MANAGEMENT IN FRANCE OF EGFR EXON 20 INSERTION-MUTATED (EX20INS) ADVANCED NSCLC PATIENTS C.