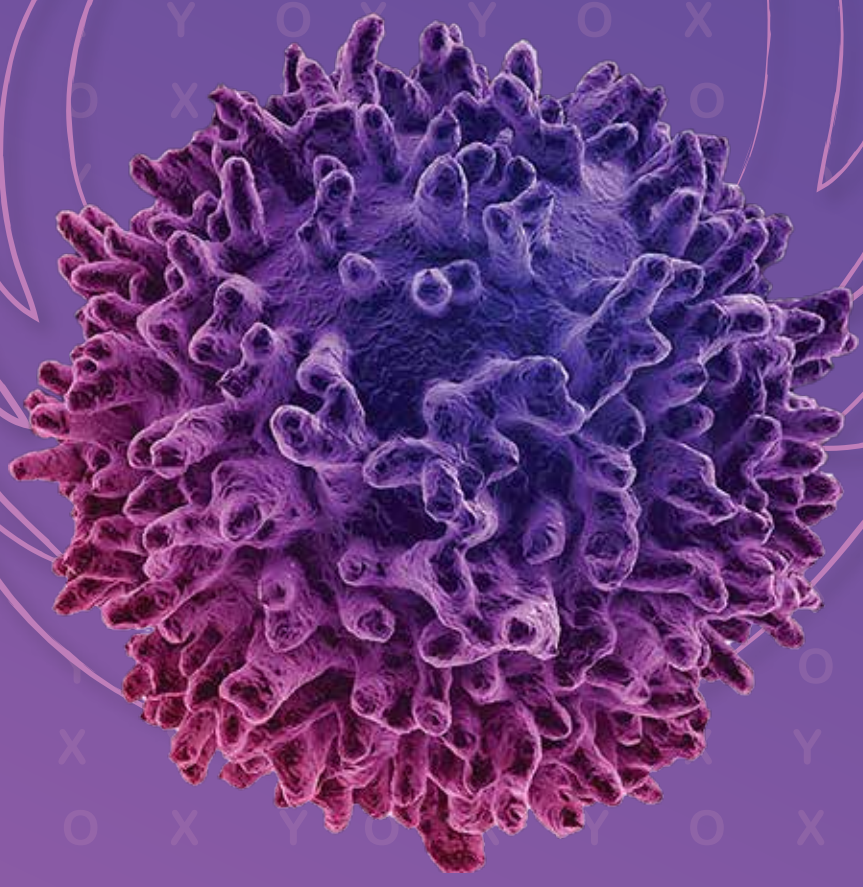
Sparssh



# WHATS NEW FROM ESMO 2021?

## 18TH - 19TH DECEMBER 2021

SATURDAY & SUNDAY

Time: 18:30 - 21:30

## ORGANIZING SECRETARY

**Dr. Sushant Mittal**
Consultant Medical Oncologist,
Action Cancer Hospital, Delhi

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# WHATS NEW FROM ESMO 2021 ?

Sparssh

## 18TH - 19TH DECEMBER 2021 | 18:30 - 21:30

## WELCOME ADDRESS

Dear Colleagues,

On behalf of Sparsh we invite you for an enlightening update titled **"Whats new from ESMO 2021"** to be held on **Saturday 18th & Sunday 19th December 2021** on virtual Platform.

The ESMO Congress has always offered the stage for promising developments to be presented to the oncology community, looking beyond for the development of new agents, both for biomarker-driven and agnostic approach, but also to improve the management of resistance after molecular or immune treatments. Discussing the learnings of these prospects from an Indian context will help us in our the quest to significantly improve the survival and quality of life of our patients.

As personalised medicine has come of age, an ever-increasing number of genetic alterations in cancer cells are being identified as potential targets for novel therapies. Thanks to the increasingly widespread use of broad genetic testing and next-generation sequencing, drugs we know in oncology are now finding new potential applications: including the rare group which has no approved treatment options to date. Delivering anticancer agents straight to the core of the tumour cell with ADCs, and expanded horizons in immunotherapy with new combinations are some of the newer concepts presented at esmo which is important for us to discuss.

We have shortlisted some noteworthy data from ESMO to be discussed at this meeting which will cover all the major tumor types. Leading national faculty will throw light on the use of this new information in day to day practice. We expect around 300 delegates to be present at this meeting.

We look forward to your participation in making this into a meaningful program.

Regards

**Dr. Sushant Mittal**
Consultant Medical Oncologist,
Action Cancer Hospital, Delhi

**Dr. Samit Purohit**
Consultant Medical Oncologist,
Action Cancer Hospital, Delhi

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# WHATS NEW FROM ESMO 2021?

Sparssh

## 18TH DECEMBER 2021 | 18:30 - 21:30

## SCIENTIFIC PROGRAM | DAY 1

**Session 1 : Breast Cancer**

**Supported by Novartis**

| | |
|---|---|
| 18:30 – 18:45 | Consistently Superior OS in HR+HER2- aBC<br>Speaker: Dr. Peush Bajpai |
| 18:45 – 19:00 | PIKing the right strategy in Management of HR+HER- aBC<br>Speaker: Dr. Mohit Agarwal |

**Supported by Lilly**

| | |
|---|---|
| 19:00 – 19:40 | Cancer does not take a day off then why should a CDK 4/6 inhibitor? |
| 20 Mins | • Clinical Case presentation – Why I chose Abemaciclib for my HR+/HER2- MBC patient with Poor Prognostic Factors<br>Moderator : Dr. Adwaita Gore<br>• Q&A - "Tailoring treatment in HR+ HER2- MBC based on the prognostic factors"<br>Experts :<br>Dr. Randeep Singh \| Dr. Shirish Alurkar<br>Dr. Bharat Vaswani \| Dr. Ravi Wategaonkar |
| 20 Mins | • Clinical Case presentation – Why I chose Abemaciclib for my HR+/HER2- MBC patient with Poor Prognostic Factors<br>Moderator : Dr. Bharat Vaswani<br>• Q&A - "Tailoring treatment in HR+ HER2- MBC based on the prognostic factors"<br>Experts :<br>Dr. Randeep Singh \| Dr. Shirish Alurkar<br>Dr. Adwait Gore \| Dr. Ravi Wategaonkar |

**Supported by Dr. Reddy's**

| | |
|---|---|
| 19:40 – 19:55 | Role of Triptorelin in Early Breast Cancer<br>Speaker : Dr. Pankaj Goyal |

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# WHATS NEW FROM ESMO 2021?

Sparssh

## 18TH DECEMBER 2021 | 18:30 - 21:30

## SCIENTIFIC PROGRAM | DAY 1

| | |
|---|---|
| | **Supported by Pfizer** |
| 19:55 - 20:15 | Navigating Management with CDK 4/6 inhibitors : From Clinical Trials to Clinical Practice<br>Speaker : Dr. Devavrat Arya |
| | **Session 2 : Renal Cell Carcinoma (RCC)** |
| | **Supported by BMS** |
| 20:15 - 20.30 | 5-year follow-up : CheckMate 214<br>Speaker: Dr. Samit Purohit |
| | **Session 3 : Hepatocellular Carcinoma (HCC)** |
| | **Supported by Roche** |
| 20:30 - 20:50 | Immunotherapy combination in management of Unresectable Hepatocellular carcinoma<br>Speaker: Dr. Vineet Talwar |
| | **Session 4 : Lung Cancer** |
| | **Supported by AstraZeneca** |
| 20:50 - 21:00 | Experience sharing on Durvalumab in ES-SCLC<br>Speaker : Brig. Rajeshwar Singh |
| 21:00 - 21:10 | Newer paradigm in the treatment of Resected EGFRm NSCLC<br>Speaker : Dr. Ullas Batra |
| 21:10 - 21:20 | Management of 1st line Ca Ovary - Bringing Precision to Medicine<br>Speaker : Dr. Manish Singhal |
| 21:20 - 21:30 | Q & A With discussion |
| 21:30 | Closing Remarks |

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# WHATS NEW FROM ESMO 2021?

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## 19TH DECEMBER 2021 | 18:30 - 21:30

## SCIENTIFIC PROGRAM | DAY 2

| | |
|---|---|
| | **Session 5 : Prostate Cancer** |
| | **Supported by Lupin** |
| 18:30 - 18:45 | CHECKMATE 9 KD - rucaparib + nivoloumab in Prostate Cancer<br>Speaker: Dr. Kumar Deep |
| | **Session 6 : Gastric Cancer** |
| | **Supported by Lilly** |
| 18:45 - 19:05 | Clinical case based discussion of an **advanced Gastric Cancer** patient<br>Moderator: Dr. Prasad Narayanan<br>Experts: Dr. Anita Ramesh \| Dr. Rahul Sud |
| | **Session 7 : Lung Cancer** |
| 19:05 - 19:25 | Clinical case based discussion: Does one size fit all? What information will help improve our treatment decisions **in EGFRm+ advanced NSCLC?**<br>Moderator: Dr. Ghanashyam Biswas<br>Experts: Dr. Chandrakanth M.V. \| Dr. S.S. Nirni |
| | **Supported by Novartis** |
| 19:25 - 19:40 | CAPMATINIB: unlocking the unmet need in MET ex14 skipping NSCLC<br>Speaker: Dr. Manish Singhal |
| 19:40 - 19:55 | Personalized therapy to further improve outcomes in patients with BRAF mutated mNSCLC<br>Speaker: Dr. Chandragouda |
| | **Supported by Pfizer** |
| 19:55 - 20:15 | First line treatment of ALK rearranged NSCLC<br>Speaker: Dr. Rajat Bajaj |
| 20:15 - 20:35 | Exon 19 deletion and exon 21 L858R substitution mutation: Are they same?<br>Speaker: Dr. Chaturbhuj Agrawal |

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# WHATS NEW FROM ESMO 2021?

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## 19TH DECEMBER 2021 | 18:30 - 21:30

## SCIENTIFIC PROGRAM | DAY 2

| | |
|---|---|
| | **Supported by Roche** |
| 20:35 - 20:55 | Atezolizumab in 1st line mNSCLC (IMPOWER 110/130/150)<br>Speaker: Dr. Shyam Aggarwal |
| | **Supported by EISAI** |
| 20:55 - 21:05 | 2nd line treatment options in advance RCC<br>Speaker: Dr. Sushant Mittal |
| 21:05 – 21:30 | Concluding Remarks |

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# WHATS NEW FROM ESMO 2021?

**18TH - 19TH DECEMBER 2021 | 18:30 - 21:30**

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# WHATS NEW FROM ESMO 2021?

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## 18TH - 19TH DECEMBER 2021 | 18:30 - 21:30

Pfizer


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# WHATS NEW FROM ESMO 2021?

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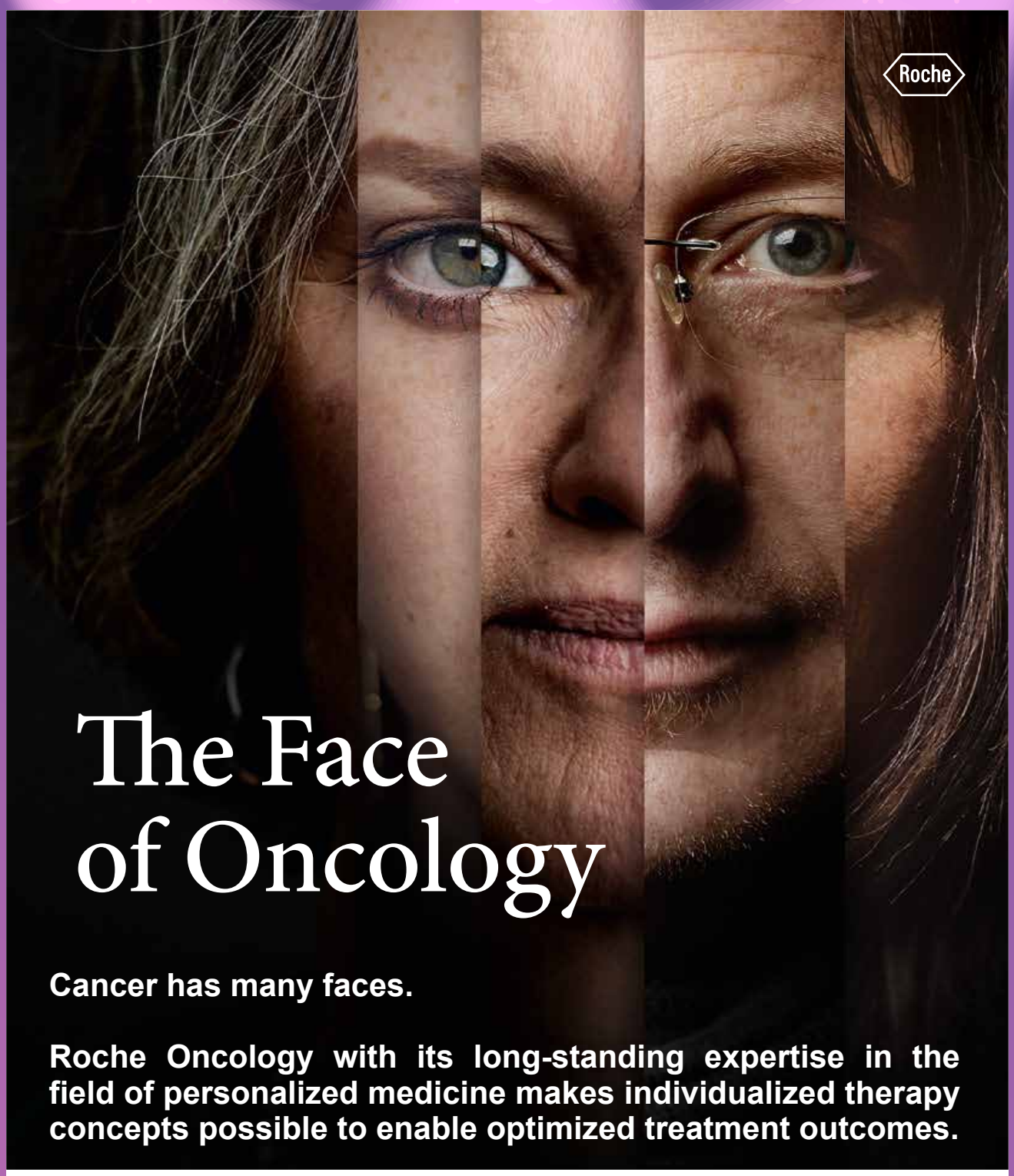
**18TH - 19TH DECEMBER 2021 | 18:30 - 21:30**

Roche




PERJETA® pertuzumab | Kadcyla® Trastuzumab Emtansin | TECENTRIQ® atezolizumab | ALECENSA® alectinib



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# WHATS NEW FROM ESMO 2021?

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**18TH - 19TH DECEMBER 2021 | 18:30 - 21:30**

Bristol Myers Squibb™

OPDYTA® (nivolumab) + YERVOI® (ipilimumab)

## Durable, long-term survival now possible across tumours*

### 1L aRCC

**OPDYTA®, in combination with YERVOI®,** is indicated for the treatment of patients with intermediate or poor risk, previously untreated advanced RCC.

### NEW 1L mNSCLC

**OPDYTA®, in combination with YERVOI®,** is indicated for the first-line treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors express PD-L1 (≥1%) as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations.

**OPDYTA®, in combination with YERVOI®** & 2 cycles of platinum-doublet chemotherapy, is indicated for the first-line treatment of adult patients with metastatic or recurrent non-small cell lung cancer (NSCLC), with no EGFR or ALK genomic tumor aberrations.

## Dual I-O therapy now approved & available in India

**Abridged Prescribing Information (API)**

To be sold by retail on the prescription of a Registered Oncologist only YERVOI® 5 mg/mL concentrate for solution for infusion.**Composition**: One vial of 10 mL contains 50mg of Ipilimumab. **Therapeutic Indications: Renal Cell Carcinoma (RCC)** Ipilimumab is indicated for treatment of patients with intermediate or poor risk, previously untreated advanced renal cell carcinoma, in combination with nivolumab. **Non-Small Cell Lung Cancer (NSCLC)** Ipilimumab, in combination with nivolumab, is indicated for the first-line treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors express PD-L1 (≥1%) as determined by a validated test, with no EGFR or ALK genomic tumor aberrations. Ipilimumab, in combination with nivolumab and 2 cycles of platinum-doublet chemotherapy, is indicated for the first-line treatment of adult patients with metastatic or recurrent NSCLC, with no EGFR or ALK genomic tumor aberrations. **Dosage and administration: RCC Combination phase:** The recommended dose during the combination phase is ipilimumab 1 mg/kg administered intravenously over a period of 30 minutes every 3 weeks for the first 4 doses in combination with nivolumab 3 mg/kg administered intravenously over a period of 30 minutes, followed by the single-agent phase. Single-agent phase: The recommended dose of nivolumab during the single-agent phase is 3 mg/kg every 2 weeks administered intravenously over a period of 30 minutes. When administered in combination with nivolumab, nivolumab should be given first followed by ipilimumab on the same day. **NSCLC** The recommended dose of ipilimumab in combination with nivolumab is nivolumab 3 mg/kg administered as an intravenous infusion over 30 minutes every 2 weeks and ipilimumab 1 mg/kg administered as an intravenous infusion over 30 minutes every 6 weeks until disease progression, unacceptable toxicity, or for up to 2 years in patients without disease progression. The recommended dose of ipilimumab in combination with nivolumab and platinum-doublet chemotherapy is nivolumab 360 mg administered as an intravenous infusion over 30 minutes every 3 weeks and ipilimumab 1 mg/kg administered as an intravenous infusion over 30 minutes every 6 weeks and histology-based platinum-doublet chemotherapy every 3 weeks for 2 cycles until disease progression, unacceptable toxicity, or up to 2 years in patients without disease progression. **Contraindications:** None. **Warnings and Precautions: Immune-related pneumonitis:** For Grade 3 or 4 pneumonitis, ipilimumab in combination with nivolumab must be permanently discontinued. For Grade 2 (symptomatic) pneumonitis, ipilimumab in combination with nivolumab should be withheld. **Immune-related colitis:** For Grade 3 & 4 diarrhea or colitis, ipilimumab in combination with nivolumab must be permanently discontinued. For Grade 2 diarrhea or colitis, ipilimumab in combination with nivolumab should be withheld. **Immune-related hepatitis:** Monitor for change in liver function. For Grade 3 or 4 transaminase or total bilirubin elevation, ipilimumab in combination with nivolumab must be permanently discontinued. For Grade 2 transaminase or total bilirubin elevation, ipilimumab in combination with nivolumab should be withheld. **Immune-related nephritis and renal dysfunction:** Monitor for changes in renal function.For Grade 4 serum creatinine elevation, ipilimumab in combination with nivolumab must be permanently discontinued. For Grade 2 or 3 serum creatinine elevation, ipilimumab in combination with nivolumab should be withheld. **Immune-related endocrinopathies:** Monitor for changes in thyroid function. For symptomatic hypothyroidism, ipilimumab in combination with nivolumab should be withheld, and thyroid hormone replacement should be initiated as needed. For symptomatic hyperthyroidism, ipilimumab in combination with nivolumab should be withheld. Ipilimumab in combination with nivolumab must be permanently discontinued for life-threatening (Grade 4) hyperthyroidism or hypothyroidism. For symptomatic Grade 2 adrenal insufficiency, ipilimumab in combination with nivolumab should be withheld. Ipilimumab in combination with nivolumab must be permanently discontinued for severe (Grade 3) or life-threatening (Grade 4) adrenal insufficiency. For symptomatic Grade 2 or 3 hypophysitis, Ipilimumab in combination with nivolumab should be withheld. Ipilimumab in combination with nivolumab must be permanently discontinued for life-threatening (Grade 4) hypophysitis. For symptomatic diabetes, ipilimumab in combination with nivolumab should be withheld. Ipilimumab in combination with nivolumab must be permanently discontinued for life-threatening (Grade 4) diabetes. **Immune-related skin adverse reactions:** Ipilimumab in combination with nivolumab should be withheld for Grade 3 rash and discontinued for Grade 4 rash. If symptoms or signs of Stevens- Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN) appear, ipilimumab in combination with nivolumab should be withheld. If the patient has confirmed SJS or TEN, permanent discontinuation of ipilimumab in combination with nivolumab is recommended. **Other immune-related adverse reactions:** Ipilimumab in combination with nivolumab should be withheld for grade 3 (first occurrence) & should be permanently discontinued for Grade 4 or recurrent Grade 3 adverse reactions, Persistent Grade 2 or 3 adverse reactions despite management, inability to reduce corticosteroid dose to 10 mg prednisone or equivalent per day. For grade 3 myocarditis, nivolumab or nivolumab in combination with ipilimumab therapy should be permanently discontinued. Fatal or serious graft versus-host disease (GVHD) can occur in patients who receive a CTLA-4 receptor blocking antibody either before or after allogeneic hematopoietic stem cell transplantation (HSCT). Follow patients closely for evidence of GVHD and intervene promptly. **Infusion reaction:**In case of a severe or life-threatening infusion reaction, ipilimumab in combination with nivolumab infusion must be discontinued. Patients with mild or moderate infusion reaction may receive ipilimumab in combination with nivolumab with close monitoring and use of premedication according to local treatment guidelines for prophylaxis of infusion reactions. **Drug Interactions:** Ipilimumab is a human monoclonal antibody that is not metabolized by cytochrome P450 enzymes (CYPs) or other drug metabolizing enzymes.Other forms of interaction **Corticosteroids** The use of systemic corticosteroids at baseline, before starting ipilimumab, should be avoided. However, systemic corticosteroids or other immunosuppressant can be used after starting ipilimumab to treat immune-related adverse reactions. **Anticoagulants** The use of anticoagulants is known to increase the risk of gastrointestinal hemorrhage. Since gastrointestinal hemorrhage is an adverse reaction with ipilimumab, patients who require concomitant anticoagulant therapy should be monitored closely. **Pregnancy:** Ipilimumab is not recommended during pregnancy or in women of childbearing potential not using effective contraception, unless the clinical benefit outweighs the potential risk. **Nursing Mothers:** Discontinue breastfeeding. **Pediatric Use:** The safety and efficacy have not been established. **Geriatric Use:** No overall differences in safety or efficacy were reported between elderly (≥65 years) and younger patients (<65 years). **Hepatic Impairment:** Administer with caution in patients with transaminase levels 5 times ULN or greater, or bilirubin levels greater than 3 times ULN at baseline **Renal Impairment:** No specific dose adjustment is necessary in patients with mild to moderate renal impairment. **Adverse Reactions:** Fatigue, rash, pruritus, diarrhea, nausea, hypothyroidism, musculoskeletal pain, arthralgia, decreased appetite, pyrexia, vomiting and hyperthyroidism. Ipilimumab is associated with immune-related adverse reactions. Most of these, including severe reactions, resolved following initiation of appropriate medical therapy or withdrawal of ipilimumab. **Overdose:** Closely monitor for signs and symptoms of adverse reactions and appropriate symptomatic treatment should be instituted. **Storage:** Store in a refrigerator (2°C-8°C). Do not freeze. API based on prescribing information version 03.1, dated 11 May 2021 Issued – 02 July 2021 Before prescribing, consult full prescribing information. For further information, please contact: Bristol-Myers Squibb India Private Limited, 6th floor, Tower 1, One International Center, S.B. Marg, Elphinstone (W), Mumbai - 400 013, Tel: + 91 22 6628 8600.

*Claim applies to CM 227 & CM 214

aRCC: Advanced renal cell carcinoma, 1L: First-line, NSCLC: Non-small cell lung cancer | EGFR: Epidermal growth factor receptor; ALK: Anaplastic lymphoma kinase | Reference: 1. YERVOI® Prescribing Information (PI) dated 11 May 2021 (versions 3.1)

Bristol Myers Squibb™ | Bristol-Myers Squibb India Pvt. Ltd.
One International Center, 6th Floor, Tower 1, Senapati Bapat Marg, Elphistone (W), Mumbai- 400013

7356-IN-2100083 expiry15 Sep 2022

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**18TH - 19TH DECEMBER 2021 | 18:30 - 21:30**

ALKEM

ALKEM Oncology

# ADVAMAB™ 100mg 400mg

Bevacizumab mg Inj.

## ADVENT OF CHANGE

**For Recurrent Ovarian Cancer**

**For Metastatic Colorectal Cancer**


ABPI

ADVAMAB (Bevacizumab Injection) COMPOSITION Each ml of concentrate contains 25 mg of bevacizumab INDICATION Metastatic Colorectal Cancer (mCRC), Non-Squamous Non-Small Cell Lung Cancer (NSCLC), Glioblastoma, Metastatic Renal Cell Carcinoma (mRCC), Persistent, Recurrent, or Metastatic Carcinoma of the Cervix, Metastatic breast cancer. CONTRAINDICATIONS •Hypersensitivity to the active substance or to any of the excipients in formulation • Hypersensitivity to Chinese Hamster Ovary (CHO) cell products or other recombinant human or humanized antibodies. • Pregnancy UNDESIRABLE EFFECTS Most common adverse reactions Incidence (incidence > 10%) are epistaxis, headache, hypertension, rhinitis, proteinuria, taste alteration, dry skin, rectal hemorrhage, lacrimation disorder, back pain and exfoliative dermatitis. SPECIAL WARNINGS AND PRECAUTIONS FOR USE • Perforation or Fistula: Discontinue for tracheoesophageal fistula, grade 4 fistula, or necrotizing fasciitis. • Arterial Thromboembolic Events (ATE): Discontinue for severe ATE. • Venous Thromboembolic Events (VTE): Discontinue for Grade 4 VTE. • Hypertension: Monitor blood pressure and treat hypertension. Withhold if not medically controlled; resume once controlled. Discontinue for hypertensive crisis or hypertensive encephalopathy. • Posterior Reversible Encephalopathy Syndrome (PRES): Discontinue. • Renal Injury and Proteinuria: Monitor urine protein. Discontinue for nephrotic syndrome. • Withhold until less than 2 grams of protein in urine. • Infusion Reactions: Decrease rate for infusion reactions. Discontinue for severe infusion reactions and administer medical therapy. • Embryo-fetal Toxicity: Advise females of potential risk to fetus and need for use of effective contraception. • Ovarian Failure: Advise females of the potential risk. • Congestive Heart Failure (CHF): Discontinue if CHF DOSAGE AND METHOD OF ADMINISTRATION Metastatic colorectal cancer 5 mg/kg every 2 weeks with bolus-IFL, 10 mg/kg every 2 weeks with FOLFOX4 , 5 mg/ kg every 2 weeks or 7.5 mg/kg every 3 weeks with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy after progression on a first-line bevacizumab containing regimen . Non-Squamous Non-Small Cell Lung Cancer (NSCLC) The recommended dose is 15 mg/kg every 3 weeks in combination with carboplatin and paclitaxel. Glioblastoma The recommended dose is 10 mg/kg every 2 weeks. Metastatic Renal Cell Carcinoma (mRCC) The recommended dose is 10 mg/kg every 2 weeks in combination with interferon alfa. Cervical Cancer The recommended dose of Bevacizumab is 15 mg/kg every 3 weeks as an intravenous infusion administered in combination with one of the following chemotherapy regimens: paclitaxel and cisplatin, or paclitaxel and topotecan. Metastatic breast cancer (mBC) The recommended dose of Bevacizumab is 10 mg/kg of body weight given once every 2 weeks or 15 mg/kg of body weight given once every 3 weeks as an intravenous infusion. It is recommended that treatment be continued until progression of the underlying disease or until unacceptable toxicity. STORAGE Store in a refrigerator (2°C to 8°C). Keep the container in the outer carton in order to protect from light. Keep out of reach of children. Do not freeze or shake. PRESENTATION 100mg/4ml and 400mg/16ml single use vials. For more information refer full prescribing information. For Further Information Contact Details: Medical Affairs; Alkem House; Senapati Bapat Marg, Lower Parel; Mumbai, Maharashtra; 400 013.

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**19TH DECEMBER 2021 | 18:30 - 21:30**

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**Sarika Barne**

Webinar Manager,

River Route Event, Mumbai

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