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00:00:00.076 --> 00:00:22.038 Announcer Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital. Welcome to Yale Cancer answers with the director of the Yale Cancer Center, Doctor Eric Winer. Yale Cancer Answers features conversations with oncologists and specialists who are on the forefront of the battle to fight cancer. Here's Doctor Winer tonight.

00:00:22.038 --> 00:00:59.461 Eric Winer We're doing something a little different. We're not talking to another Yale doctor. We're actually talking to Doctor Beth Mittendorf who is chief of multidisciplinary oncology and co-leader of the Parker Institute for Cancer Immunotherapy at Dana-Farber Cancer Institute, where she's also the co-leader of the Breast program. Importantly, though, Beth is also the president as of three days ago of the American Society of Clinical Oncology, what we commonly call ASCO, which is the.

00:00:59.538 --> 00:01:36.500 Eric Winer Certainly the largest and most important clinical organization for oncology in the United States and arguably in the world. I actually had the pleasure of being ASCO president three years ago. So we're having a president to president chat. But really what I want to do tonight is talk about advances in cancer. And both Beth and I were just at the Asco annual meeting where yet again we heard about many, many advances in many different types of cancer.

00:01:36.538 --> 00:01:47.269 Eric Winer So we'll we'll mostly focus on that. Beth, sorry for the long introduction. Welcome to Yale cancer Answers.

00:01:47.346 --> 00:02:05.769 Eric Winer It's a real pleasure. Before we start, talk about advances in oncology. Maybe you could just tell us a little bit about Asco. How long has it been around. What does the organization do. Just just a few highlights.

00:02:05.846 --> 00:02:33.153 Beth Mittendorf Yeah. So thanks Eric. As you're well aware Asco is actually the society for Oncology Professionals. And I highlight that because I'm actually a surgical oncologist. I think some people think that Asco is a society for medical oncology. But in fact we represent over 50,000 oncology professionals. It's a global organization with members in over 170 countries. And in fact, about 40% of our membership is international.

00:02:33.153 --> 00:02:58.115 Beth Mittendorf And as you alluded to, we just finished the annual meeting, which I think is a real crown jewel for the organization, which really does emphasize education as part of our mission. So Asco has been around for over 60 years now. And as you alluded to, there was really a tremendous amount of really outstanding science presented last week that I think is really going to advance the care of cancer patients.

00:02:58.269 --> 00:03:08.846 Eric Winer Yeah. And let me ask you, how many people were at this meeting, which is held in Chicago every year because we don't really fit into any other city.

00:03:09.000 --> 00:03:24.076 Beth Mittendorf That's right. We do go to Chicago every year, and it is a takes a city that large to accommodate the meeting. So this year there were just shy of 46,000 attendees, which was a record for us.

00:03:24.115 --> 00:03:25.153 Eric Winer Absolutely.

00:03:25.230 --> 00:03:35.423 Beth Mittendorf Yeah. Yeah, it was really incredibly well attended. And I think you could really appreciate the energy in the in the halls in the different conference rooms. It really was a great meeting.

00:03:35.461 --> 00:03:51.307 Eric Winer Although it is an organization that is for oncology professionals, it clearly helps patients as well. In a in a number of different ways by presenting research. But patients also get involved in Asco.

00:03:51.346 --> 00:04:18.692 Beth Mittendorf It supports patients by supporting their providers. Of course we've already mentioned education, but there's a number of other things that asker does that you're well aware of. Things such as guidelines tremendous advocacy effort behind the scenes of the physicians. But you're also right that we're really incredibly interested in the patient voice. And there were, I don't know, the numbers, but many patient advocates that were with us in Chicago, and they lend an important voice.

00:04:18.730 --> 00:04:45.461 Beth Mittendorf There were several sessions that had patient advocates as part of the panels that were presenting. So it's you and I both still see patients. We're still both busy clinicians, in addition to the other roles that we have. And we, of course, recognize that patients are critical part of the team. When I talk to patients about a new breast cancer diagnosis example, I tell them it's kind of a team sport to take care of them, and they're at the center of that team as a captain.

00:04:45.461 --> 00:04:51.576 Beth Mittendorf So yeah, Asco really does try to prioritize patients because that's ultimately who we're working to serve.

00:04:51.615 --> 00:05:12.423 Eric Winer And then finally just and then we'll leave the topic of of the organization itself, as also does a great deal in terms of supporting young oncology professionals in terms of giving people grants that really help jumpstart their career. Maybe you can just touch on that.

00:05:12.461 --> 00:05:40.653 Beth Mittendorf Sure. So Asco has a foundation, the Concord Cancer Foundation. And to your point, one of the pillars of the Concrete Foundation is generating philanthropic support for young investigator awards and career development awards. But there's other awards as well. So travel grants for young professionals. And this year more than 480. So within 480 people got either a grant or a travel award.

00:05:40.653 --> 00:06:05.615 Beth Mittendorf And we had an opportunity to celebrate them on the Friday afternoon of the meeting. And that's really a tremendous event, because they're frequently joined by their mentors and some by their families. So really very exciting. And I think more critical now than

ever as a lot of young or excuse me, young oncology professionals are really questioning where the support will come from to pursue their scholarly activity.

00:06:05.615 --> 00:06:28.461 Beth Mittendorf But it doesn't stop with grants. I mean, you also know, of course, of some of the other efforts. There's a fairly recent initiative called TC, the Training Early Career Advisory Group. And Asco put that together because we want to hear their voice. And so that's an active group that had a meeting within the meeting in Chicago that will provide input to Asco leadership.

00:06:28.461 --> 00:06:43.538 Beth Mittendorf And then I think the last thing I'd suggest is ask is also very dedicated to helping train the next generation of leaders. So one of our flagship programs, of course, is the Leadership Development program. So Asco is focused on that next generation.

00:06:43.615 --> 00:06:56.384 Eric Winer Let's let's talk about some of the advances. And I think you and I will both agree about this. But if you have to point to one single advance that came out of the meeting, what was it?

00:06:56.576 --> 00:07:27.807 Beth Mittendorf Well, I think our membership voted with their feet by standing, coming to their feet during the presentation. So as one of the plenary presentations, Doctor Brian Wolpert, who's one of my colleagues here at Dana-Farber, had the opportunity to present a trial that looked at an agent that targets Ros in patients with metastatic pancreatic cancer. And so you and I both know, of course, that pancreatic cancer is very difficult to treat and very few therapies.

00:07:27.807 --> 00:08:04.653 Beth Mittendorf And so this was a study that looked at this new inhibitor. And I'm sure I won't pronounce it correctly, but it's something along the lines of directs direction. And it's a Race inhibitor. And it demonstrated that in the second line. So patients who'd progressed on a prior chemotherapy, it improved progression free survival and overall survival. And you'll recall when that slide popped up in the room and the curves showing the difference between the outcomes for those who got the drug and those who didn't was so wide that first there was a little bit of gasp and or and then again, everybody rose to their feet.

00:08:04.692 --> 00:08:26.307 Beth Mittendorf So I've seen standing ovations at Asca before I think twice in my career, but never during the presentation. So clearly there was a lot of excitement. And I think not just because pancreatic cancer is so hard to treat, but because one, this is now showing that a target that we've said for years is undergoing a drug. A bowl is in fact drug a bowl.

00:08:26.307 --> 00:08:31.153 Beth Mittendorf And it's likely to have benefit in tumor types other than pancreatic cancer.

00:08:31.346 --> 00:09:00.038 Eric Winer Yeah. And just to go into that a little further. So race is very important in pancreatic cancer and drives the growth of these cancers. And yet for a long time we didn't think there was anything we could do about it. And pancreatic cancer of course. Unlike so many other

cancers where there's been great progress, I think that, you know, while it's been a little bit better than it was ten years ago, the progress has been really quite limited.

00:09:00.038 --> 00:09:30.000 Eric Winer And I think some of that enthusiasm at Asco was both about the benefits of this drug, but also the fact that it was benefiting a group of patients where there's just been so little for so long. The other remarkable thing was how quickly they enrolled patients on this trial. They did it in less than a year, if I remember right, or just about a year, which speaks to the need.

00:09:30.076 --> 00:09:46.000 Beth Mittendorf I was going to say. It speaks to a disease and a stage of the disease that has so few options. That trial is a good option. And so obviously, the investigators were enthusiastic about enrolling their patients on the study.

00:09:46.076 --> 00:10:08.461 Eric Winer So I think the other important point to bring out is that this drug improved survival by some degree. But the real hope is that it will be the initial building block that will lead to much more dramatic advances. What are people thinking about that?

00:10:08.538 --> 00:10:46.692 Beth Mittendorf Oh, I agree on a number of levels. Again, it's shown that something we previously thought was drug. I think that there was tremendous enthusiasm about moving this into an earlier line setting. So first line and there's a trial ongoing to investigate that. So I think it's it's probably just the beginning and it's one of the abstracts, but not the only one that the way I think of it is if we can figure out what an individual tumor as Achilles heel is, and frequently in pancreatic cancer, that Achilles heel is wrasse and we can target, it will be much more selective and effective in our treatment.

00:10:46.692 --> 00:11:02.884 Beth Mittendorf And I think all of us, no matter what your disease site is, if you could identify treatments that are not chemotherapy, where you're just targeting quickly dividing cells and nothing more specific than that, that's something that we're all very enthusiastic about.

00:11:03.038 --> 00:11:34.115 Eric Winer Yeah, we've talked about this issue on on Yale cancer answers before, but chemotherapy is a bit like the bomb that's being dropped over a fairly large area and is part of the reason why there are so many side effects. Whereas these drugs not that they're totally without side effects by any means. And that's, I think, a little bit of a disappointment with some of the targeted therapies, that there's still more side effects than you'd like, but they're much more specific.

00:11:34.346 --> 00:11:58.230 Beth Mittendorf Yeah, I think that's true. And it's interesting. And as you know better than I, since you are in fact a card carrying medical oncologist and I am not, but, you know, sometimes the side effects demonstrate that we're hitting the target and be associated with efficacy. The other thing I would note is that a lot of these targeted therapies, not just someone from immunotherapy, once we learn what the side effects are, we learn

how to manage them.

00:11:58.230 --> 00:12:21.192 Beth Mittendorf And I was having a conversation with a provider who in fact has treated patients with this RA inhibitor. And a lot of us are aware that one of the side effects is a rash. And I'm not betraying any HIPAA confidences. You know, former Senator Ben Sasse, who has come out and told everybody of his own personal struggle with stage four pancreatic cancer, he has received this agent.

00:12:21.192 --> 00:12:36.000 Beth Mittendorf And if you've seen Senator Sasse, you'll note he has significant rash on his face. And the provider that I was talking to mentioned that they're learning a lot about how to treat with concomitant medications to help prevent that.

00:12:36.038 --> 00:13:01.153 Eric Winer Yeah. And the other incredible thing is that, you know, you find out that a drug causes a rash or causes some other significant side effect, that medicinal chemists can work to try to develop new and better agents that manage to dial out that rash. So it's it's pretty remarkable when you when you make that first step that you can do so much more.

00:13:01.230 --> 00:13:23.000 Beth Mittendorf Yeah, that's a great point. And I think we kind of alluded to it before. But this is the first race inhibitor. It's not the only and it will not be the best. I would anticipate that they will improve upon that. And before we go away from this abstract area, just to tie together to something we were speaking about earlier, doctor was a prior Concord Cancer Grant recipient.

00:13:23.000 --> 00:13:37.115 Beth Mittendorf And so how exciting for Asco and Concord Cancer that an individual and work that the organizations previously supported landed on the plenary with a standing ovation with tremendous impact for patients?

00:13:37.269 --> 00:14:04.538 Eric Winer Well, it just underscores how important it is to to support the careers of people early on. And that without research, we don't have advances. We're going to have to take just a brief break. We'll be back in a minute. I'm here with my guest, Doctor Beth Mittendorf who is chief of multidisciplinary oncology, professor of surgery at Harvard Medical School and president of Asco, or the American Society of Clinical Oncology.

00:14:04.538 --> 00:14:05.692 Eric Winer We'll be right back.

00:14:05.846 --> 00:14:25.653 Announcer Funding for Yale Cancer Answers comes from Smilow Cancer Hospital, where the tobacco treatment program offers evidence based support to help patients being treated for lung cancer and other cancers to improve their treatment outcomes by quitting smoking for good. Learn more at SmilowCancerHospital.org.

00:14:25.730 --> 00:14:57.269 Announcer There are many obstacles to face when quitting smoking as smoking involves the potent drug nicotine. Quitting smoking is a very important lifestyle change, especially for patients undergoing can-

cer treatment, as it's been shown to positively impact response to treatments, decrease the likelihood that patients will develop second malignancies and increased rates of survival. Tobacco treatment programs are currently being offered at federally designated comprehensive cancer centers, such as Yale Cancer Center and at Smilow Cancer Hospital.

00:14:57.346 --> 00:15:16.269 Announcer All treatment components are evidence based, and patients are treated with FDA approved first line medications, as well as smoking cessation counseling that stresses appropriate coping skills. More information is available at YaleCancerCenter. org. You're listening to Connecticut Public Radio.

00:15:16.346 --> 00:15:54.307 Eric Winer Hello again, and welcome to the second half of Yale Cancer Answers. This is Eric Weiner, and I'm here with our guest, Doctor Elisabeth Mittendorf. She is a faculty member at Dana-Farber Cancer Institute, professor of surgery at Harvard Medical School. And most importantly for what we're talking about tonight, the president of the American Society of Clinical Oncology, Orascom. So let's keep talking about some studies that were presented at the Asco meeting, and one that I think is going to be of great interest to many people listening.

00:15:54.307 --> 00:16:25.346 Eric Winer Here is a study that looked at the use of a multi cancer detection gene test, a test designed to see if screening could be done to find cancers before they became more advanced. And this is a study that was done in the United Kingdom, which involved, if I remember correctly, about 150,000 individuals. So, Beth, maybe you can tell us a little bit more about that.

00:16:25.423 --> 00:16:49.846 Beth Mittendorf To your point, it is looking to see if we can detect cancer earlier than perhaps we would with symptoms or other standard screening methods. So like in our world, of course that would be a mammogram. Some people of course here this as the liquid biopsy and the study. You're right. It had about 142,000 participants through the NHS over in the UK.

00:16:50.000 --> 00:17:11.730 Beth Mittendorf And what they were attempting to demonstrate was that they would have a stage shift. So a reduction in the incidence of stage three and four cancers among a pre-specified group of 12 cancers, and what they showed was that they had a reduction in stage four, which of course is distant metastatic disease. But when they looked at that combined endpoint of stage three and four, it was not significant.

00:17:11.730 --> 00:17:39.038 Beth Mittendorf So the way that I interpret this study is it was a negative trial. And I think we have to acknowledge that, although there's a lot of massaging to try to suggest that in some ways it was positive to me the investigators should take what they learned and design a subsequent study that will have a more appropriate patient population based on their priority risk, and see if it helps with respect to screening that population.

00:17:39.038 --> 00:17:45.730 Beth Mittendorf So it's an area obviously, that there's a lot of interest in. And these were really eagerly anticipated results.

00:17:45.807 --> 00:18:23.500 Eric Winer Yeah. And they did see an increase in the number of early stage cancers that were diagnosed. But again, they they did not see fewer combined stage three and four cancers, those early stage cancers, in truth, could potentially be cancers that might never become relevant in someone's life. I mean, I know that seems funny to to the listener, but we all potentially have a little bit of cancer in us at different times in our lives that either goes away on its own or just never becomes anything.

00:18:23.576 --> 00:18:45.730 Eric Winer And for that matter, these may be cancers that would be easily diagnosed with a mammogram or with other tools. And I think you always have to think about the downsides. And some of the downsides of these kinds of tests are not just overdiagnosis, but the procedures people go through. Maybe you can say a little bit about that.

00:18:45.769 --> 00:19:10.076 Beth Mittendorf Yeah, we've alluded a couple of times in our conversation that we both take care of breast cancer. And so I'm a breast surgeon. And you could envision a future state when a liquid biopsy, if it's suggested that a woman's at increased risk for breast cancer. And then we went through standard workup. So mammogram perhaps MRI. And what if we don't see any cancer.

00:19:10.192 --> 00:19:29.884 Beth Mittendorf And really then the the option is to recommend bilateral mastectomy. In many ways I think that would be taking us backwards from many of the advances we've made in breast cancer to really personalize therapy. So I don't want the technology of these biopsies to get ahead of our ability to do something with the findings.

00:19:30.038 --> 00:19:55.884 Eric Winer No, I think that's really important. There's no guideline panel that has approved or recommended these tests. The companies are or the company that makes this test in particular is still trying to get people to do it. And, you know, it will cost people hundreds of dollars out of pocket. And it's not entirely clear how often you would have to do it.

00:19:55.884 --> 00:20:18.538 Eric Winer But the bottom line is, I don't think that anyone I know really recommends this. Now, people should realize that the whole area of liquid biopsies is slowly changing cancer, but that's more in people who have an established diagnosis. And you know how how's that playing out?

00:20:18.576 --> 00:21:01.576 Beth Mittendorf Yeah. And thank you for that clarification. So in that setting, it's patients who've had a diagnosis of cancer. And the thought is that those tumors could have shed part of their DNA and it'll be picked up in the bloodstream. And one of these liquid biopsies can detect it. And to your point, I think we're closer to quote unquote, prime time with respect to being able to use that information as an example, our I'm helping run a study in collaboration with Doctor Angie Di Michele, who's at UPenn, where we are enrolling women who have triple negative breast cancer,

get standard preoperative therapy with chemo and immunotherapy, and then when they come to surgery are found to

00:21:01.576 --> 00:21:34.538 Beth Mittendorf have residual disease. Now we know that those patients don't have as good of an outcome as those who have a complete response. We're using one of the liquid biopsies cell free assay. And if they have cell free DNA, we are suggesting this is a marker of having minimal residual disease. And that's informing then subsequent therapy. So that's I think probably we're going to get there with liquid biopsies before we're going to get liquid biopsies to take it back into truly screening leading to prevention.

00:21:34.576 --> 00:22:08.153 Eric Winer Yeah. And importantly, that's as part of a trial. And you've linked the liquid, the liquid biopsy positivity to a subsequent treatment. And I think all of us feel particularly in, in the area of breast cancer, that after a woman has been diagnosed with breast cancer, while these liquid biopsies are available for any clinician to order at any time, we don't really recommend those yet because they're to sort of similar to the big study we talked about earlier.

00:22:08.153 --> 00:22:15.615 Eric Winer We don't really know what to do with the result. And so this will change oncology. But we need to give it a little time.

00:22:15.653 --> 00:22:34.192 Beth Mittendorf Yeah, absolutely. And I'm confident that when you sit at tumor board in New Haven, which is when we sit at tumor board in Boston, and we'll hear that somebody had one of these liquid biopsies in, it's positive, but they feel, well, there's no evidence of disease on any of their scans. And they want to quote unquote, do everything.

00:22:34.192 --> 00:22:37.615 Beth Mittendorf But what is everything in this situation? I don't think we know yet.

00:22:37.653 --> 00:23:10.076 Eric Winer And everything I mean, doing something could in fact be harmful in many different ways. So, I mean, I personally think that being able to measure DNA in a person's blood will really make a big difference. But we have to see how it'll be. And in patients with advanced cancer, one of the ways that we can use it is by avoiding, at times doing biopsies of organs and instead understanding more about the cancer by the DNA we collect in the blood.

00:23:10.230 --> 00:23:37.500 Beth Mittendorf Yeah, but your comment is talking about patients with metastatic disease. So again, much further down the line than what the work presented Asco was trying to do, which is to bring this in the screening and prevention. So I think what we're I, I hope what we're conveying to our audience is that we have tremendous enthusiasm about the possibility of these liquid biopsies or these blood detections.

00:23:37.500 --> 00:23:50.884 Beth Mittendorf But we're also very cautious in where we think they have a role. And I hope they heard both of us say that

we're enthusiastic about clinical trial participation, because it's going to require the partnership with our patients to enroll on these studies to get these answers.

00:23:51.000 --> 00:24:14.153 Eric Winer So another paper that was presented was about the very commonly used GLP one inhibitors, the drugs that, of course, promote weight loss and have been hugely helpful to a lot of people, particularly people who are significantly obese. And they looked at these drugs and outcomes in cancer.

00:24:14.230 --> 00:24:43.807 Beth Mittendorf Yeah. So this was not a prospective trial. It was an interesting retrospective study with what they call propensity matched analysis. So they looked at patients diagnosed with one of seven obesity related cancers. So I think that was breast, colorectal liver prostate renal cell and pancreatic. And then they match those with patients with the same diagnosis who did and did not take these GLP one inhibitors.

00:24:43.807 --> 00:25:19.730 Beth Mittendorf And what they found was that the patients that were taking the GLP one agonists had a lower risk of developing metastatic disease, and the difference was actually statistically significant in a couple of those disease types. So breast non-small cell lung cancer, colorectal and HTC. So for me, I thought this was really interesting on a number of levels. One, I think people have been interested to know whether GLP one agonists result in a loss of weight and therefore lower the risk of developing breast cancer, or, excuse me, cancers that are associated with being overweight.

00:25:19.730 --> 00:25:43.307 Beth Mittendorf And I think there's still interest in looking at that, but I think not just in cancer but broadly in medicine, we're learning that these drugs have much more effect than just causing weight loss. So I think we're all aware of the data that's emerging about how it's helping people who might have addictions, alcohol being one. And now maybe there's another benefit.

00:25:43.346 --> 00:26:03.153 Beth Mittendorf And I think if you were asking me to hypothesize what the benefit could be, it probably is the impact of these DLP one agonists on inflammation and decreasing inflammation may have a beneficial effect with respect to their cancer. So I just thought it was interesting because it's such a hot topic. And there's I don't know about it in your practice, but I feel like if I have a clinic.

00:26:03.269 --> 00:26:04.500 Eric Winer Talk about it all the time.

00:26:04.500 --> 00:26:12.730 Beth Mittendorf All the time, all the time. And so we're going to need to know more about how those drugs impact the care of our patients.

00:26:12.730 --> 00:26:39.000 Eric Winer So and this, you know, follows on the heels of a study last year that demonstrated that an exercise intervention improved survival for people with colon cancer. So all very interesting. So I just want to end hearing a little bit about your theme as president. Every Asco president gets to pick a theme. And what what are you focusing on.

00:26:39.038 --> 00:26:58.807 Beth Mittendorf Well thanks for asking. So the theme is Intentional Teams exceptional care. And I came up with that team as I reflected on my own career and when I've been happiest. And so it's been when I'm part of a great team. And I don't mean as a surgical oncologist having a good medical oncology colleague and radiation oncology colleague. Well, that's critically important.

00:26:58.846 --> 00:27:19.615 Beth Mittendorf I mean, the whole team, everybody who's touching the patient, as well as all those who are doing a lot of work behind the scenes that impact patient care. And for a while when I was developing the theme, I would start to enumerate those the physician assistant I work with, the nurse, the pharmacist and fusion therapists, the. And as you can imagine, you start to forget somebody.

00:27:19.615 --> 00:27:40.423 Beth Mittendorf And that just shows you how vast that team is. And so it's my thoughts that you have to be intentional in building these teams. You have to be intentional in creating an environment where they're working together and having the opportunity to work at the top of their license, as we say. And if we do this, we will offer care that's more efficient, of higher quality.

00:27:40.500 --> 00:28:10.807 Beth Mittendorf The patient will have a better experience and probably better outcomes. And importantly, we as the oncology professionals are going to have more satisfaction with our job. So the care part of it, exceptional care, has a double meaning care of the patients and care of our team. So I'm incredibly excited to have that be my platform because there's so much work that Asco does that can help us as oncology professionals to create these teams and these environments to get these desired outcomes.

00:28:10.846 --> 00:28:38.153 Eric Winer Well, you know, I always say, you know, happy doctors, happy nurses, happier patients. Beth, it has been a true pleasure having you on the show tonight again. Want to thank you. I've been talking to Doctor Beth Mittendorf, professor of surgery at Harvard Medical School and a leader at Dana-Farber Cancer Institute. We'll sign off now. Talk to you next week.

00:28:38.269 --> 00:28:57.500 Announcer If you have questions. The address is CancerAnswers@Yale.edu and past editions of the program are available in audio and written form at Yale Cancer Center. We hope you'll join us next time to learn more about the fight against cancer. Funding for Yale Cancer answers is provided by Smilow Cancer Hospital.