

## Today's Top Picks!

### Proffered Paper Session

Gastrointestinal tumors, non-colorectal

09:15 – 10:45

HALL D

### Proffered Paper Session

Melanoma

9:15 – 10:45

HALL C

### Proffered Paper session

Biomarkers in lung cancer

16:00 – 17:45

HALL D

# ESMO

VIENNA  
2012

# congressdaily

SATURDAY 29 SEPTEMBER 2012

## Opening Ceremony Highlights

The Congress was opened last night by Master of Ceremony Professor Christoph Zielinski, from Medical University of Vienna, Austria, to a packed auditorium. Professor Zielinski welcomed everyone to his home city, declaring ESMO 2012 officially open. "Vienna is a city at the geographical cross roads of Europe that also bridges the different approaches to both cancer treatment and reimbursements. Our situation uniquely qualifies us to host a conference on cancer with participants from all over the world," said Professor Zielinski.

ESMO President, Professor Martine Piccart, from Jules Bordet Institute, Brussels, Belgium, delivered her Presidential Address, where she explained ESMO's 'unprecedented opportunity' and role in making more rapid advances in cancer prevention, diagnosis and treatment. ESMO's vision to accelerate progress against cancer, she said, includes education, clinical and translational research, partnerships and a particular focus on young oncologists.

ESMO, she added, is uniquely positioned to lead high-quality scientific and educational initiatives through its Congresses, OncologyPRO, Guidelines, and a full range of products and services designed for medical oncologists. Furthermore, ESMO has global influence and reach through international collaborations with oncology societies throughout the world, and has created strong alliances with patient organizations and advocacy groups. The latest statistics, showing that 25% of the Western European population gets cancer before the age of 75 years, and 12.5% die from it, underline the enormous toll of this devastating disease.

Elucidating the complex molecular architecture of cancers, said Professor Piccart, offers the promise of 'precision medicine' with improved selection of targeted therapies for individual patients. But



with this comes the accumulation of massive amounts of data - including full genome, exome sequencing, DNA sequencing, RNA sequencing, and protein analysis. Professor Piccart made a plea for such data to be shared 'efficiently' between academia, government and industry. A revolution, she stressed, is needed to allow data sharing to occur much earlier. "We still have a long way to go before massive amounts of alterations can be linked to cancer biology and translated into a truly effective treatment strategy!"

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## HELPFUL CONGRESS INFORMATION

### ABSTRACT BOOK USB

The ESMO 2012 abstract USB is distributed on-site at the Novartis Oncology exhibition stand no. X125 (the voucher is included in your delegate's bag)

### EDUCATIONAL BOOK CD-ROM

The ESMO 2012 educational book CD-ROM is distributed on-site at the Pfizer Oncology exhibition stand no. Y112 (the voucher is included in your delegate's bag)

### POSTER CD-ROM

The ESMO 2012 electronic poster CD-ROM is distributed on-site at the Amgen exhibition stand no. Y110 (the voucher is included in your delegate's bag)

### ESMO BOOTHS

Don't miss the ESMO booth

**Membership Services Center** for fast track member services

**Society Village booth** for all educational products and services, and an OncologyPRO demo

### FOR 2012 ESMO MEMBERS

New! 2012 ESMO members are invited to visit us in the exclusive Members Lounge, located in green level/01

### FOR ALL CONGRESS DELEGATES

**Wi-Fi access:** Free wireless internet (ESMO 2012 WIFI) is available all over the congress venue.

**Internet kiosks:** Internet kiosks are situated in the entrance hall and in the exhibition halls Y and Z and are accessible throughout the Congress period.

**Official webcast:** Congress webcasts will capture and include all the sessions of the official program, where speaker permission is granted, and will be made available on the ESMO Website home page within 24 hours.

**Daily news:** pick up your copy at the Congress center or in the breakfast area of selected hotels

**Twitter:** follow us on Twitter! <http://twitter.com/myesmo>

**Facebook:** find us on Facebook <http://www.facebook.com/esmo.org>

**Congress Daily Broadcasts:** comments and analysis on specific presentations from key opinion leaders

**2,220 ABSTRACTS RECEIVED...1,240 ABSTRACTS TO BE PRESENTED...33 LATE-BREAKING ABSTRACTS TO BE PRESENTED...140 TOTAL SESSIONS...2 PRESIDENTIAL SYMPOSIA...18 PROFFERED PAPER SESSIONS...7 YOUNG ONCOLOGIST SESSIONS...37 INDUSTRY SATELLITE SYMPOSIA...430 EXPERT SPEAKERS...2 GUIDELINE SESSIONS...1 CONGRESS HIGHLIGHTS SESSION.**



# Vienna – 600 years of medicine

Welcome! This is the third time that Vienna has played host to the ESMO Congress, and whether you have had the pleasure of visiting this historic city or not, there is lots to see and do. Vienna is old, Vienna is new – and so varied: from the magnificent Baroque buildings to 'golden' Art Nouveau to the latest architecture. But did you know that both Vienna and Austria have a long medical history and also boast some ground-breaking oncology research facilities? Or that the largest general hospital in Europe is right here in Vienna?

The Comprehensive Cancer Center Vienna, or CCC, is regarded as the flagship of oncology research both in Vienna and Austria. Directed by Professor Christoph Zielinski, Professor Michael Gnant and Dr Maria Sibilla, it cares for 25% of all Austrian patients treated in clinical trials, while also having a strong publication record in translational and clinical oncology. In addition to the CCC, there are 5 community hospitals here in Vienna, all with a strong oncologic focus. The former ESMO President, Professor Heinz Ludwig, is Director at one of these hospitals (Wilhelminenspital). Annual meetings are also held by the Austrian Society of Hemato-Oncology (OeGHO).

There are two scientific institutes in Vienna, both of which participate in cancer-orientated research. The Institute of Molecular Biotechnology (IMBA) is a

basic research institute of the Austrian Academy of Sciences where an international team of scientists conducts 'curiosity-driven' research to determine molecular mechanisms of biological processes in health and disease. IMBA uses state-of-the-art methodologies in cell biology, structural biology, biochemistry, genomics and genetics to tackle these questions at all levels of complexity. The Research Institute of Molecular Pathology (IMP) is a basic biomedical research institute located at the Campus Vienna Biocenter. Scientists at IMP are passionately committed to scientific discovery, seeking to unlock some of life's fundamental mysteries. The IMP is supported by Boehringer Ingelheim and through research grants from national and international funding agencies.

A major source of medical expertise in Austria is the Medical University of Vienna, otherwise known as MedUni Vienna – the country's largest medical training center and one of the world's leading medical universities. MedUni Vienna is also one of the most important top-level research institutions in Europe and provides Europe's largest hospital, Vienna General Hospital, with its entire medical staff. With its long history and tradition which began over 640 years ago, MedUni Vienna has developed into a modern institution, with research, education and patient care forming the three cornerstones of the university's system. This enables medical science to respond flexibly to the continually changing demands of the state and society. Research findings from MedUni Vienna have made headlines worldwide over the last few years after being presented in plenary sessions at the American Society of Clinical Oncology Congress and subsequently published in prestigious journals. Data from the Austrian Breast & Colorectal Cancer Study Group (ABCSCG) Trial 12 in young breast cancer patients showing that the addition of zoledronic acid to anastrozole or tamoxifen significantly prolonged disease-free and recurrence-free survival were published in New



Josephinum now houses the museum for anatomical wax models, which can be traced back to an initiative by Emperor Joseph II



Europe. It represents the 640 year history of this institution. The early-classicist Josephinum, which was built in 1785 under Joseph II, is the architectural highlight of the MedUni Vienna. The building, which was designed by Isidor Canevale, now houses the museum for anatomical wax models and, along with the Florentine Library, is among the largest in Europe.

The city of Innsbruck is one of the oldest centers of academic medicine in Austria and it is here that you will find Innsbruck Medical University, a Center of Excellence for medical research, with a highly qualified training establishment and a center for high performance medicine with the aim of offering services in the three areas of health care, research and teaching at the highest possible international level. The University of Graz also has a long standing tradition of successful and internationally respected medical research and three Nobel Laureates – Fritz Pregl (Chemistry, 1923), Julius Wagner von Jauregg (Medicine, 1927) and Otto Loewi (Medicine, 1936) originate from Graz. The Paracelsus Medical University in Salzburg, founded more recently in 2002, hopes to establish Salzburg as a center of scientific excellence through robust medical teaching and cutting-edge research. The Paracelsus University's hallmark is its international network in its teaching and research – constructive and beneficial partnerships in medical and scientific fields have already been established with the Mayo Medical School (USA), Charles University in Prague, Capital Medical University Beijing (CMU), the universities of Yale and Cambridge, amongst others.

England Journal of Medicine. Likewise, data from a randomized, multicentre, Phase 3 study of cetuximab in combination with cisplatin/vinorelbine (CV) versus CV alone for the first-line treatment of patients with advanced NSCLC (FLEX) were published in Lancet Oncology. Data from both studies continue to have an impact on patient care.

As a modern research institution, MedUni Vienna covers an area of 40,000 m<sup>2</sup>, equivalent to approximately 7 international football pitches, employs 5000 staff, of which 1800 are researchers and 1600 are medical doctors. Each year, 100,000 patients are treated as inpatients in 31 university clinics, 48,000 operations are conducted and 605,000 outpatients receive initial treatment in the day-clinics. If you enjoy medical history, then you'll be interested to know that the collection of medical history at MedUni Vienna is unique throughout

## Today's Special Sessions for Young Oncologists

Don't miss today's Young Oncologist track sessions, all of which have been specifically designed to include educational content relevant to your daily practice and research activities.

### YO BREAKFAST

Today's Breakfast session, entitled 'How to make an impact on clinical research in the early stages of your career' will feature a highly informative presentation by Professor Markus Raderer, a leading expert in hemato-oncology based here in Vienna and Associate Editor of the Journal of Clinical Oncology.

**YO BREAKFAST**  
SATURDAY 29 SEPTEMBER 08:00 – 08:45 HALL K

### MOONLIGHT NETWORKING

Tonight's Moonlight Networking event provides a fantastic opportunity for Young Oncologists to make the first step towards building strong international relationships and collaborations. This event, brought to you by the CCC Vienna and the OeGHO, in close collaboration with the ESMO Young Oncologist Committee, is taking place from 20:00 onwards at Motto am Fluß, Vienna's new hot spot eatery.

Please note that registration is required for this event – for enquiries about available places, please visit the Membership Services Center in the Society Village before 18:00 to reserve your place. If you registered for this event ahead of the congress, a confirmation has already been sent to you via email – please ensure you print out the email and hand it to ESMO staff or hostesses on your arrival.

**MOONLIGHT NETWORKING**  
SATURDAY 29 SEPTEMBER 20:00 – ONWARDS MOTTO AM FLUß

## Vienna – not just 'The Third Man'

### Sightseeing

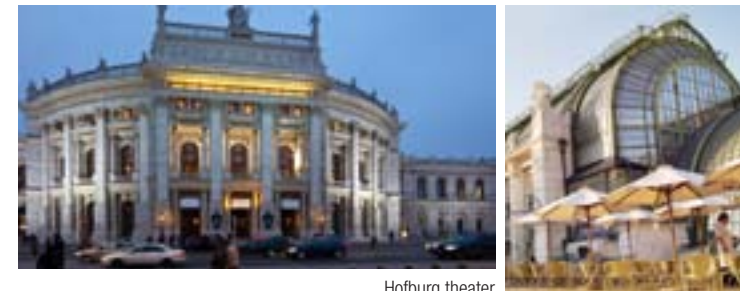
The old town is classified as a UNESCO World Heritage site, while adjacent districts are filled with beautiful old town palaces and landmark buildings. But why not experience Vienna from a different perspective? Take a special themed walk around this magnificent city and find out more about the 'History of Medicine' or follow in the footsteps of a film classic on 'The Third Man' tour. These special Vienna walks are sometimes even joined by Viennese locals who want to get to know their hometown from a different angle! The tourist office (<http://www.wien.info/en>) offers lots of possible options.

"Follow in the footsteps of Harry Lime to the original downtown film locations..."

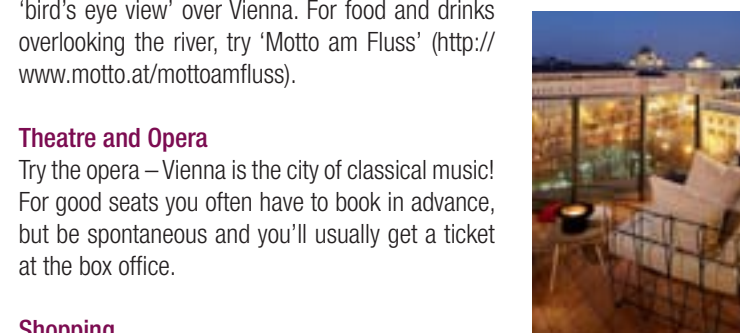
### A taste of culture

Did you know that Austrian wine is one of the most interesting phenomena happening in the world right now? Austrian wines are exceptionally appetizing and pair wonderfully with food. Try some local wine by visiting one of the old wine cellars under the city.

Feeling hungry? If you are over the 'Museumsquartier' (<http://www.mq.at/en/the+mq/>), one of the world's largest complexes of modern art and culture, the Cafe Leopold located in the Leopold Museum is great for drinks and dinner. For traditional and modern Austrian food, try 'Österreicher im MAK' ([http://www.oesterreicherimmak.at/gasthaus\\_e.html](http://www.oesterreicherimmak.at/gasthaus_e.html)) located in the Museum of Applied Art. For social drinks with friends and colleagues, try 'Palmenhaus' (<http://www.palmenhaus.at>), a cocktail bar in the old green house of the Hofburg castle, or 'Dachboden', a bar on top of the 25 hours hotel (<http://www.25hours-hotels.com/kueche/wien.php?lang=en>) with a



Hofburg theater



Palmtenhaus



Dachboden im 25hours Hotel Wien

'bird's eye view' over Vienna. For food and drinks overlooking the river, try 'Motto am Fluss' (<http://www.motto.at/mottoamfluss>).

### Theatre and Opera

Try the opera – Vienna is the city of classical music! For good seats you often have to book in advance, but be spontaneous and you'll usually get a ticket at the box office.

### Shopping

Vienna has its own very special note. And not just when it comes to music. When it comes to shopping, too, you'll find much that is refreshingly different! Try Kärntner Strasse – one of Vienna's most important shopping streets – where you will find a great variety of shops, including the luxury department store 'Steffl' (<http://www.kaufhaus-steffl.at/?locale=en>). Head to Graben/Kohlmarkt for the famous grocery store 'Meindl' (<http://www.meinlamgraben.at/page.aspx>) or Neubaugasse where the side streets of 'Mariahilfer Strasse' offers a vast array of smaller Austrian designer shops ([www.mariahilferstrasse.at](http://www.mariahilferstrasse.at)).

We hope you enjoy your time here in Vienna at the ESMO Congress and that you get chance to embrace the culture and heritage of this amazing city.

## Daily Editorial

# Welcome to ESMO in Vienna

Welcome to ESMO 2012 in Vienna! This is the third time that Vienna has hosted the ESMO Congress, following successful meetings back in 1996 and 2004.

I was a young intern when I first joined ESMO as one of its first 50 founding members. Back then, our first meeting was in Nice – our members were all French and as our annual meetings were held in the Autumn each year at the Negresco Hotel, we wanted somewhere with a warm climate and cheap hotels to accommodate 300–400 attendees! In those days, ESMO was a slow growing society but this changed after the decision was made to hold our main meeting in other locations beyond Nice and France. Indeed, as ESMO was opened up to other countries, the Congress began to move to a different capital city across Europe each year. When I was President of ESMO in the 1990s, there were 1,000 ESMO members who were all good friends – this has now increased to more than 7,000 members from all over the world! Since the early years, ESMO has always had a very personal approach, and this has been retained as the society has grown. As before, today ESMO strives to provide balanced communications and educational programs, to facilitate the recognition of oncology as a specialty and to build the medical oncology community in Europe.

ESMO also provides a unique platform to bring clinicians together from a broad range of European countries, each with their own ways of practicing medicine, in order to share data and ideas, and to encourage best practice. Moreover, the philosophy of ESMO appears to be closely aligned with that of many clinicians based outside the EU, including South America, Asia and the Middle East, which in turn is encouraging an even broader geographic membership than ever before.

ESMO is also very keen to invest in its young oncologists as they strive to become our experts of the future. Examples of this investment include the wide variety of dedicated activities taking place at this year's Congress that have been especially developed to match the educational needs of our young oncologists. In addition, some of our young oncologists are active members of the newspaper's editorial team and will each write their own editorial and provide their expert review of all articles included in the newspaper. I think it's fair to say that our young oncologists represent the 'fighting spirit' of ESMO! The young oncologists were also the nucleus of the Films meeting, which I launched more than a decade with EORTC, ASCO, AACR, NCI and ESMO.

In recent years, it is clear that physicians and researchers have recognized that ESMO is the ideal forum for releasing ground-breaking and exciting data from pivotal studies, and that they are proud to present the first results of their studies at the ESMO Congress. So, I guess that it's not so surprising that this year's ESMO Congress Program is more varied than ever before and covers exciting new data in areas such as lung cancer, early and



Jean-Pierre Armand, Editor-in-Chief Institut de Cancérologie, Gustave Roussy, Villejuif, Hôpital Institut Curie, Paris, France

metastatic breast cancer and gastrointestinal tumors. During his Scientific Address at the Opening Ceremony, Professor Josep Tabernero highlighted that this year, more than 2000 abstracts have been submitted – a 30% increase on submissions for ESMO 2010. Moreover, there has been so much important and potentially practice-changing data submitted this year, particularly in GI and breast cancers, that the program will include 2 Presidential Symposia as well as data so 'hot off the press', it didn't even make it into the abstract books!!

At this year's Congress, several large clinical trials looking to further establish the role of targeted agents in various tumor types will be presented. Among these, data from a Phase 3 study comparing crizotinib with the current standard of care for the 2nd-line treatment of patients with advanced ALK-positive non-small cell lung cancer (NSCLC) (i.e. pemetrexed or docetaxel) will be presented (LBA1\_PR), as will data from a Phase 3 head to head trial of pazopanib versus sunitinib in patients with metastatic renal cell carcinoma (RCC).

In addition, although trastuzumab has long been established as an efficacious adjuvant therapy for patients with human epidermal growth factor receptor 2 (HER2)-positive breast cancer, data from 2 Phase 3 trials (HERceptin® Adjuvant [HERA] and Protocol for Herceptin® as Adjuvant therapy with Reduced Exposure [PHARE]), which will be reported during Monday's Presidential Symposium, will help to answer an important question regarding the optimal duration of trastuzumab therapy.

New studies presented at this year's ESMO Congress will therefore be of great importance to the international oncology community.

It is also worth mentioning that this year's ESMO program will include 6 controversy sessions, each of which will look to discuss and debate some as yet unanswered questions in oncology, including whether there is a role for aspirin in the prevention of colorectal cancer and whether data from the neoadjuvant breast cancer setting can be used to accelerate approval. Data from new studies evaluating the impact of lifestyle, not only the classical risks of tobacco but also obesity, on the development of cancer also serve to highlight common myths and misunderstandings that need to be addressed if we are to improve cancer control and prevention.

Over the next couple of days, the ESMO Congress Daily newspaper will bring you all the best news from across this year's Congress – key data, interesting articles and important announcements. Read about exciting new data and find out what the experts think about the future of treatments across a range of tumor types.

Refreshments will be served prior to the symposium

ESMO Vienna 2012 Industry Satellite Symposium

# Achieving new standards in bone metastases treatment

Saturday 29 September 2012, 18.00 – 20.00  
Hall F2, Austria Center Vienna, Vienna, Austria

Chair: Professor Luis Costa, Portugal

## Programme

**Advancing the science of bone-targeted therapy**  
Alison Stopeck, USA

**Clinical decision points in bone metastases treatment**  
Diana Lüftner, Germany  
Andrea Tubaro, Italy

**Do bone-targeted agents have anticancer effects? A review of the evidence**  
Luis Costa, Portugal



Please scan for more information about Amgen's symposia at ESMO 2012, or visit [www.amgenesmo2012.com](http://www.amgenesmo2012.com)

**AMGEN**  
Oncology

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Date of preparation: July 2012



CLINICAL PRACTICE GUIDELINES 1  
CLINICAL PRACTICE GUIDELINES 2

SUNDAY 30 SEPTEMBER 9:00 – 11:00 HALL A  
11:15 – 13:00 HALL A

## OUT NOW: The latest ESMO Clinical Practice Guidelines

We are pleased to announce the release of our latest enhanced and revised set of ESMO clinical practice guidelines (CPGs).

So, why are Clinical Practice Guidelines so important? You will find that these guidelines help consolidate the recognition of oncology as a speciality and will help us achieve many important goals, such as:

- Reaching and maintaining a high common standard of care for cancer patients in medical practice and helping clinicians to deliver the best available treatment
- Leveraging negotiations with politicians, administrators and insurance companies
- Helping patients find information on their therapies with the Guides for Patients available in multiple languages

The ESMO CPGs are based on the findings of evidence-based medicine and provide you with a clear set of recommendations to help clinical decision-making and improve the quality of healthcare and outcomes for your patients. They are not designed to replace extensive guidelines or review articles; rather, they describe common standards of care. In other words, they provide a personalized approach: the right care at the right time for the right patient in the right way.

Each ESMO CPG includes information regarding incidence rates of the malignancy as well as diagnostic criteria, staging and risk assessment, treatment plans and follow-up. In addition, to ensure the ESMO CPGs always include the most up to date recommendations for the best standards of care in oncology, the ESMO Guidelines Working

Group and ESMO faculty members review them on a regular basis.

This latest set of ESMO CPGs includes updates in the following areas: breast cancer, gynecologic tumors, gastrointestinal tumors, lung cancer, urogenital tumors, hematologic malignancies, head and neck tumors, sarcomas and melanomas, neuroendocrine tumors and supportive care. You can pick up your printed copies from the ESMO Booth in the Society Village, or visit: <http://www.esmo.org/education-research/esmo-clinical-practice-guidelines.html>. All subscribers to Annals of Oncology will also receive ESMO CPGs by post.

If you'd like to learn more about the philosophy behind the ESMO CPGs, and gain practical guidance on how to best to use them, why not attend the two Clinical Practice Guideline sessions that ESMO is running. The case presentations and interactive Question & Answer sessions, take place on Sunday 30th September in Hall A from 9:00 until 13:00.



## ESMO Pocket guidelines delivered directly to your smart phone

ESMO goes mobile! Embracing the latest in 21st century communications, ESMO offers you the possibility to download condensed versions of the ESMO Clinical Practice Guidelines (CPG) wherever you are. Launched for the first time at ESMO 2012 you'll be able to download the pocket guidelines directly onto your Smartphone, iPhone or iPad free from Google Play and iTunes stores.

Pick up your printed copy of the ESMO Pocket Guidelines from the Exhibition Hall – details below – or download a copy from: [www.esmo.org/pocket-guidelines](http://www.esmo.org/pocket-guidelines). Guidelines are also available from the Annals of Oncology Website: [www.annonc.oxfordjournals.org](http://www.annonc.oxfordjournals.org) and OncologyPRO.

ESMO thanks the sponsors who have supported the distribution of the Pocket Guidelines. You can pick them up at the Congress Exhibition Hall.

- Breast Cancer**  
Celgene, Hall X, Booth 131
- Supportive Care**  
Grünenthal, ESMO Booth 29, Society Village
- Urogenital Cancer**  
Janssen, Hall Z, Booth 109,110
- Lung Cancer**  
Lilly Oncology, Hall Y, Booth 125
- NETs & GIST**  
Novartis Oncology, Hall X, Booth 125
- Sarcoma**  
PharmaMar, Hall X, Booth 128

The latest development takes that accessibility one step further.



## Clever drugs for clever cancers

Pancreatic cancer is notoriously difficult to treat and is still associated with a dismal prognosis, despite decades of research. A key driver behind the poor response seen with many chemotherapies and targeted agents evaluated in this setting is thought to be the stroma, which acts as a mechanical barrier to stop drug penetration and also hinder neovascularization, creating a hypoxic microenvironment.

At the forefront of current research in pancreatic cancer is the need to better understand both the tumor and stroma, and to identify and evaluate agents capable of mounting a dual-pronged attack.

Presentations at this year's ESMO include the latest research findings in pancreatic cancer, some of which look set to bring a glimmer of hope to advancing treatment in this field. Among these, Dr Mitesh Borad from the Mayo Clinic, Scottsdale, Arizona, USA, will present findings from an open-label, multi-center study evaluating the efficacy and safety of adding TH-302 to gemcitabine in patients with previously untreated, advanced pancreatic cancer.

TH-302 is a novel anticancer agent that is converted to bromo-isophosphoramidate mustard (Bri-PM), a potent DNA alkylator, under hypoxic conditions, thereby selectively targeting hypoxic tumor cells. In contrast, there is reduced drug-associated toxicity to surrounding healthy tissue since TH-302 remains inactive under normoxic conditions.

In this 3-arm study, the efficacy and safety of two different doses of TH-302 in combination with gemcitabine was compared with gemcitabine alone. Key outcomes, including progression-free survival and overall survival, will be presented by Dr Borad in his presentation, which will take place at 10:15 today.

**Session Info:** Proffered Papers, gastrointestinal tumors, non-colorectal  
**Day/Date:** Saturday, September 29, 2012  
**Time:** 09:15 – 10:45  
**Room:** Hall D  
**Moderators:** Professor Emmanuel Mitry and PD Dr Gunnar Folprecht  
**Day/Date:** Saturday, September 29, 2012  
**Time:** 09:15 – 10:45  
**Room:** Hall D

**Abstract 6660:** TH-302 + gemcitabine (G+T) vs gemcitabine (G) in patients with previously untreated advanced pancreatic cancer (pac)  
**Presenter:** Dr Mitesh Borad, Mayo Clinic, Scottsdale, Arizona, USA

## MOONLIGHT NETWORKING Young Oncologists Connect!

SATURDAY 29 SEPTEMBER  
20:00 – ONWARDS



## New 'first-in-man' data to be presented at ESMO

This year's ESMO Congress will provide us with a first glimpse at some new drugs that may eventually become cancer treatments in the future. Among these, data for several drugs with novel mechanisms to target anaplastic lymphoma kinase (ALK) activity will be presented during tomorrow's Developmental Therapeutics session.

Translocations of the ALK gene occur in a small subset of patients with non-small-cell lung cancer (NSCLC) that result in constitutive ALK activation and promotion of carcinogenesis. New drugs targeting ALK activity being reported tomorrow include AUY922, a non-geldanamycin HSP90 inhibitor; AP26113, an orally-active tyrosine kinase inhibitor (TKI) of the L1196M mutant form of ALK; LDK378, an adenosine triphosphate (ATP) competitive inhibitor of ALK; and CH5424802, a selective ALK inhibitor capable of blocking both native ALK and the L1196M variant.

Another 'first-in-man' study will also be reported as a late-breaking abstract in Sunday's prostate cancer poster discussion session. This presentation will include data from a Phase 1/2 dose escalation study of ODM-201, a novel, next generation androgen receptor (AR) antagonist, in men with progressive, metastatic castration-resistant prostate cancer (mCRPC). ODM-201 is thought to inhibit AR activity by blocking nuclear translocation, and may build on the established efficacy of earlier AR antagonists since it lacks partial agonist activity. Don't miss these important sessions to find out more regarding the safety and early efficacy of these new agents.

**Session Info:** Developmental therapeutics  
**Day/Date:** Saturday, September 29, 2012  
**Session Time:** 11:00 – 12:45  
**Room:** Hall E

**Abstract: 4380** Phase II activity of the HSP90 inhibitor AUY922 in patients with ALK-rearranged (ALK+) or EGFR-mutated advanced non-small cell lung cancer (NSCLC)  
**Presenter:** Professor Enrique Philippe, Vall d'Hebron University Hospital, Barcelona, Spain

**Abstract: 4390** A first-in-human dose-finding study of the ALK/EGFR inhibitor AP26113 in patients with advanced malignancies  
**Presenter:** Dr Scott Gettinger, Yale University School of Medicine, New Haven, USA

**Abstract: 4400** Results of a first-in-human phase I study of the ALK inhibitor LDK378 in advanced solid tumors  
**Presenter:** Dr Alice Shaw, Harvard Medical School, Boston, USA

**Abstract: 4410** Phase I/II study of ALK inhibitor CH5424802 in patients with ALK-positive NSCLC; safety and efficacy interim results of the phase II portion  
**Presenter:** Dr Makoto Nishio, Thoracic Oncology Center, Cancer Institute Hospital of Japanese Foundation for Cancer Research, Tokyo, Japan

**Session Info:** Poster Discussion, genitourinary tumors, prostate  
**Day/Date:** Sunday, September 30, 2012  
**Session Time:** 13:00 – 14:00  
**Room:** Hall C

**Abstract: LBA25\_PR ARADES** trial: A first-in-man, open-label, phase I/II safety, pharmacokinetic, and proof-of-concept study of ODM-201 in patients (pts) with progressive metastatic castration-resistant prostate cancer (mCRPC)  
**Presenter:** Dr Christophe Massard, Institut de Cancérologie Gustave Roussy, Villejuif, France

### JOINT SYMPOSIUM

#### SATURDAY 29 SEPTEMBER

**ESMO-CSCO Joint symposium:  
Building the clinical trials of the future**  
09:15 – 10:45 Hall B

**ESMO-ESTRO Joint symposium:  
Innovative approaches to the treatment of brain metastases**  
11:00 – 12:30 Hall B

**ESMO-EA NM-ESR Joint symposium:  
Imaging biomarkers in the era of targeted therapies**  
11:00 – 12:30 Hall G

#### SUNDAY 30 SEPTEMBER

**ESMO-EACR Joint symposium:  
Targeted therapies: Promises, successes and failures**  
09:15 – 10:45 Hall B

**ESMO-MASCC Joint symposium:  
Integration between medical oncology and supportive care: Two sides of the same coin**  
16:15 – 17:45 Hall L-M

#### MONDAY 1 OCTOBER

**ESMO-ASCO Joint symposium:  
Genomics in breast cancer: Opening new doors**  
11:00 – 12:30 Hall D

**ESMO DCTF-AOR TIC-SLA COM-UICC-WHO Joint Symposium: Independent and publicly funded research: a new global model**  
11:00 – 12:30 Hall G

**ESMO-JSMO Joint symposium:  
Recent advances in the treatment of GI tract and liver cancer in the EU and Japan**  
14:00 – 15:30 Hall F1

**ESMO-ESP Joint Symposium:  
Molecular diagnostics for personalized cancer treatment**  
14:15 – 15:45 Hall C

Twitter  
(hash tag: #ESMO12)

## Brand new Congress app



A brand new app will bring ESMO 2012 to your smartphone! Using the application you can browse the scientific program, plan your congress attendance, access the interactive exhibition map, follow the latest news on Twitter (hash tag: #ESMO12), and much more! Download the App for your iPhone, iPad or Android smart phone now.

### CONTINUED FROM PAGE 1

In front of an audience of top international oncology professionals, a number of prestigious awards were presented. Professor Ian Tannock, from Princess Margaret Hospital, Toronto, Canada, received the 2012 ESMO Award for his contribution to clinical trial research in metastatic prostate cancer; Professor Jean Yves Blay, from Université Claude Bernard, Lyon, France, was honored with the ESMO Hamilton Fairley Award for his significant efforts in translational cancer research; and the European Organization for Research and Treatment of Cancer (EORTC) was bestowed the 2012 ESMO Lifetime Achievement Award.

During the ceremony, Professor Piccart also provided an histoire of the great scientist and ESMO co-founder, Professor Georges Mathé, who died in 2010 following a long and successful career in medical oncology and immunotherapy. Among his many achievements, Professor Mathé played a crucial role in the first human graft operations (bone marrow and kidney) in the 1950s and 60s, made a significant contribution towards the development of chemotherapies such as vinorelbine and oxaliplatin in the 1970s, and was heavily involved in the organization of French and European medical research with the creation of ARC, ESMO, CIRC, INSERM and EORTC.

In light of such contributions to the field, Professor Piccart announced that ESMO had created a translational research fellowship in his honor. Professor Piccart also thanked family members of Professor Mathé present in Vienna, including daughter, Catherine, who received the Flower of Hope statue in honor of her father's work. ESMO Scientific Chair, Professor Josep Taberero, from Vall d'Hebron University Hospital, Barcelona, Spain, gave the Scientific Address that included a special thank you to all of the Scientific Committee members. Presenting the ESMO 2012, program

'in numbers', Professor Taberero, said there would be 1,240 abstracts presented, including 33 Late Breaking Abstracts, 2 Presidential Symposia, 18 Proffered Paper sessions, and 20 Special Symposia.

Additionally, he added, there will be 7 Young Oncologists sessions and 37 Industry Satellite Symposia and one Congress Highlights session.

"ESMO 2012 will present emerging strategies set to combat cancer, signpost future direction in patient treatment and care, and address the many new challenges that lie ahead," said Professor Taberero.

The ceremony came to a close with a surprise performance from Professor Piccart on piano, accompanying her soprano daughter, Julie Gebhart playing a range of European music written by Giacomo Puccini, Jules Massenet, and Franz Lehár.



Don't miss the ESMO booth stand no.29

Experience our world at the GSK Booth Y101

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# Master Class in Trial Design

ESMO's Young Oncologist Program began yesterday afternoon with a master class exploring the development of clinical trial protocols. The presenters reviewed issues around trial design in the era of targeted agents and biomarkers.

The importance of accelerating drug development from bench to bedside was addressed by Professor Luis Costa from Hospital de Santa Maria, Lisbon, Portugal. The reality is that only 8% of tested products entering phase 1 trials and subsequently phase 2-3 trials, said Professor Costa, eventually clear the hurdle of gaining FDA approval and entering the market. This has had the consequence of pharmaceutical development costs reaching unprecedented levels. Citing the example of BCR-ABL inhibition, he said that imatinib took 41 years from discovery to approval.

Translational medicine needs to be 'bi-directional', he said, with information shared between industries, laboratories and clinics. The fundamental 'bottle neck' for oncology, he said, is not the validation of targets but validation of the disease model itself with good correlation now needed between the observed model disease phenotype and human disease condition. Biology driven phase 2 trials using high throughput technologies or dedicated bioassays for each molecular alteration are needed to speed drug development. But it is sometimes undesirable, he cautioned, to restrict entry to phase 2 trials based on what are thought to be the drug targets, at least in cases where knowledge is uncertain. Translational research requires a 'bi-directional' sharing of knowledge and ideas by the scientific and clinical community to develop biomarkers that reliably select mechanisms that can lead to breakthrough therapeutics.

Professor Heinz Zwierzina from Innsbruck Medical University, Austria, said that biomarker dependent therapy represents the way forward for personalized cancer treatment. The importance of biomarker patient selection, he said, has been well demonstrated by the example of trastuzumab in breast cancer where the response rose from 10% in all breast cancer patients to 35 to 50% in a

selected HER2 positive population. There is now a need, said Professor Zwierzina, to achieve similar success stories with other targeted therapies. With the short-comings of single biomarkers and the complexity of cancer biology, he said, multiple/composite biomarkers will be increasingly relied on to assess safety and efficacy of the new generation of anti-cancer drugs.

The transition from phase 2 to phase 3 trials has the highest rate of attrition, said Mrs Sarah Brown, from the University of Leeds, UK. This, she said, emphasizes the importance of good design in the development for phase 2 trials. "In the design of phase 2 trials close collaboration between clinicians and statisticians is key. We need to appreciate that no one-size fits all and that early discussions equal optimal design," said Mrs Brown.

A fascinating insight into the celebrated Films workshops was provided by Mrs Brown. The Films workshops, which run as a joint initiative by ECCO, AACR, EORTC and ESMO, have been introducing young oncologists to the principles of good clinical trial design since 1999.

The workshop helped Mrs Brown and colleagues to develop their trial idea for a randomised phase 2 study of docetaxel plus oxaliplatin versus docetaxel alone in previously treated non-small cell lung cancer (NSCLC) patients into a full clinical trial protocol. Describing the valuable experience, of the week long workshop, where she benefitted from the advice and expertise of Films faculty members, she said, "You're the chief investigator responsible for ensuring that an investigation is conducted according to the study protocol, ethics requirements and for obeying all the applicable national and institutional regulations."

Additionally, she added, the workshop teaches delegates how to obtain ethics and site approvals, manage grants and develop databases. The successful outcome of Mrs Brown's trial was publication of the study in the European Journal of Cancer. Mrs Brown ended her presentation urging people to apply to Films. "If you're interested in clinical research and haven't been to Films, then apply, and if you're not selected apply again! If you're a senior oncologist encourage your young colleagues to apply and support them with their applications."

In the last presentation Professor Luis Paz-Ares from Seville University Hospital, Spain, reviewed the impact that targeted agents are having on clinical trial design. Change is needed, he argued,

in clinical trial design with earlier phase studies considering selecting patients whose tumors express the 'target being targeted'.

The questions that need to be considered include whether separate trials should be performed for each drug or genotype, the relevance of prior treatment with chemotherapy, whether a placebo or chemo comparator is needed, and that historical comparators may not be appropriate. "Overall survival should be used as an endpoint where possible, but surrogate endpoints could include progression free survival and response rate," said Professor Paz-Ares.

## ESMO Young Oncologist Track: Overview of events

The Young Oncologist's Track at ESMO 2012 promises to be better than ever before. It comprises 7 sessions that are specially designed to include educational content relevant to young oncologists in their daily practice and research activities, and also provides them with a platform for networking with other oncology professionals.

The track got off to a strong start yesterday with the Master Class on clinical trial protocol development and the Vesalius Talk on career development. However, there's still plenty more to come!

Starting this morning, breakfast sessions are being held, covering important topics such as how to make an impact on clinical research in the early stages of your career; how to plan and conduct a successful research fellowship abroad; and how to write a good review article. Other highlights include a special session on health economics, led by Professor Martin Gore from The Royal Marsden Hospital, London, UK, which will explore ways to address the rising costs of personalized medicine in oncology.

In addition to program input, the ESMO Young Oncologists Committee have helped coordinate a survey across 41 countries in Europe looking at the use of adjuvant chemotherapy and radiotherapy in incompletely resected, early stage non-small cell lung cancer (NSCLC). Results from this survey will be presented by Dr Raffaele Califano from the Christine Hospital, Manchester, UK, during tomorrow's poster session II, taking place in Hall XL between 13:00 – 14:00.

# Mark your program upcoming YOC sessions

Saturday		
<b>Session info:</b> Breakfast Session: How to make an impact on clinical research in the early stages of your career		
<b>Day/Date:</b> Saturday, September 29, 2012		
<b>Session Time:</b> 08:00 – 08:45		
<b>Room:</b> Hall K		
Sunday		
<b>Session info:</b> Breakfast Session: How to plan and conduct a successful research fellowship abroad		
<b>Day/Date:</b> Sunday, September 30, 2012		
<b>Session Time:</b> 08:00 – 08:45		
<b>Room:</b> Hall K		
Monday		
<b>Session info:</b> Poster presentation II		
<b>Day/Date:</b> Monday, September 30, 2012		
<b>Session Time:</b> 13:00 – 14:00		
<b>Room:</b> Hall XL		
Tuesday		
<b>Session info:</b> YO Forum, Health Economics		
<b>Day/Date:</b> Tuesday, October 1, 2012		
<b>Session Time:</b> 9:00 – 10:30		
<b>Room:</b> Hall F1		
Wednesday		
<b>Session info:</b> YO Special Session: Educational Opportunities for European Young Medical Oncologists. Joint ESMO, AERIO, AIOM, HESMO, SEOM YO Session		
<b>Day/Date:</b> Wednesday, October 3, 2012		
<b>Session Time:</b> 14:00 – 15:40		
<b>Room:</b> Hall N-0		

# ESMO Concert: José van Dam stars in Mozart evening



It's fitting that an ESMO Foundation Benefit Concert is taking place in Vienna, the city where Mozart composed many of his symphonies, concertos and operas, features some of his best known works, and home to the ESMO Foundation.

The Mozart Opera Evening, being held at 19.30 tomorrow night, in the world renowned Vienna Golden Hall 'The Wiener Musikverein', will feature extracts from Così fan tutte, Don Giovanni and Idomeneo. The programme stars José van Dam, one of today's best-known interpreters of the bass-baritone repertoire, and the Wiener Kammerorchester (Vienna Chamber Orchestra). Van Dam has recorded nearly 150 opera roles, received numerous awards including Grammys for Best Opera Recording and Best Classical Vocal

Performance, and appeared in a number of films, including 'The Music Teacher'.

The international stature of the Vienna Chamber Orchestra, founded in 1946, is reflected in its worldwide tours and its regular appearances in practically every city in Europe. Additional support is provided by Kinga Borowska (Mezzo, Soprano), Olga Kindler (soprano), Harriet Langley (violinist) and Gijts Van der Linden (tenor).

This combination of world class musicians together with impressive architecture should make for an unforgettable night. The remarkable acoustics of the hall, inaugurated by the Emperor Franz Joseph in 1870, have been attributed to the wooden ceiling and a unique hollow under floor area, which both resonate with the music. Tickets are available from the Concert Desk in the registration area.



**Clue to UFOs**  
Don't be surprised tonight if you see shapes floating across the Vienna Skyline. Immediately before the concert in front of 'The Wiener Musikverein', the Austrian Society for Hematology and Oncology, the Austrian Cancer league and ESMO will join forces to launch Flogos into the skies. These shapes have been crafted from soap like substances, and designed to travel long distances. The spectacle which will be attended by ESMO President Martine Piccart, the Austrian Cancer League President Paul Sevelid, the President of the Austrian Parliament Barbara Prammer, and the ESMO 2012 Local Host Christoph Zielinski - is intended to honor patients from all over Europe with cancer.

TODAY'S EDUCATIONAL SESSIONS		
Issues in sarcoma		
<b>09:00 – 10:30</b>	<b>Hall F1</b>	
Missed it?		
Session repeated Sunday:		
<b>14:15 – 15:45</b>	<b>Hall C</b>	
Diagnosis and management issues in ovarian cancer		
<b>09:00 – 10:30</b>	<b>Hall F2</b>	
The current management of castrate-resistant prostate cancer (CRPC)		
<b>09:00 – 10:30</b>	<b>Hall E</b>	
Missed it?		
Session repeated later today:		
<b>14:15 – 15:45</b>	<b>Hall B</b>	
Molecular oncology: Strategies to improve outcome in NSCLC		
<b>09:00 – 10:30</b>	<b>Hall A</b>	
Missed it?		
Session repeated later today:		
<b>14:15 – 15:45</b>	<b>Hall D</b>	
Diagnosis and management issues in pancreatic cancer		
<b>11:00 – 12:30</b>	<b>Hall F2</b>	
Missed it?		
Session repeated later today:		
<b>16:00 – 17:30</b>	<b>Hall G-H</b>	
Diagnosis and management issues in melanoma		
<b>11:00 – 12:30</b>	<b>Hall F1</b>	
Missed it?		
Session repeated Sunday:		
<b>16:15 – 17:45</b>	<b>Hall F1</b>	
Neoadjuvant treatment for breast cancers		
<b>11:00 – 12:30</b>	<b>Hall A</b>	
Missed it?		
Session repeated later today:		
<b>16:00 – 17:30</b>	<b>Hall E</b>	
Development in early NSCLC		
<b>11:15 – 12:45</b>	<b>Hall D</b>	
Missed it?		
Session repeated later today:		
<b>16:00 – 17:30</b>	<b>Hall B</b>	
Locally advanced disease: Treatment choice based on risk factors in head and neck cancer		
<b>14:15 – 15:45</b>	<b>Hall E</b>	
Missed it?		
Session repeated Sunday:		
<b>11:00 – 12:30</b>	<b>Hall F1</b>	
Molecular tools for decision making in breast cancers		
<b>14:15 – 15:45</b>	<b>Hall A</b>	
Missed it?		
Session repeated Sunday:		
<b>09:15 – 10:45</b>	<b>Hall C</b>	
Diagnosis and management issues in colorectal cancer		
<b>16:00 – 17:30</b>	<b>Hall A</b>	
Missed it?		
Session repeated Sunday:		
<b>11:00 – 12:30</b>	<b>Hall C</b>	

## 9th ESMO PATIENT SEMINAR 2012

### Facilitating doctor / patient communication

The 9th ESMO Patient Seminar, which aims to encourage good communication between oncology patients and health professionals, will cover a wide range of contemporary oncology issues from personalized medicine to the financial implications of cancer, patients' rights, quality of life issues and the role of complementary medicine. The two day event, which starts this afternoon, also provides informative updates on the latest clinical and scientific advances in different malignancies.

"Both patients and medical oncologists can gain something from this interaction. As medical oncologists we need to know what patients are looking for. Patients of course have enormous interest in getting into contact with their physicians," says Professor Heinz Ludwig, the Patient Seminar Chair, from Medizinische Universität, Vienna, Austria.

While the Seminar gives patients, their families and care givers the opportunity to interact with international and local oncologists, the event is also of great value to doctors. Above all it reminds us of the importance of putting the individual patient before the tumor.

Following the welcome speech, this afternoon's program will include keynote talks on patients' rights and obligations as well as an overview of guidelines, with sessions exploring the current gaps, difficulties and obstacles in guideline implementation.

Sunday's program includes a full day of lectures, starting with a session looking at the 'hype or hope' of personalized medicine. Cancer patient, Ms Jola Gore Booth from EuropaColon, will tell delegates, patients have a right to know about personalized medicine to empower them to take responsibility for their own disease and achieve the best possible outcomes. "Such knowledge ultimately has the power to influence their overall survival," says Ms Gore Booth.

Sunday's program will also address challenges in doctor patient communications, and in rare cancers, from both the clinical research patient of view and access to clinical trials.

Treatment updates will be presented for various tumor types including breast cancer, hematological malignancies, prostate cancers, lung cancers, and colorectal cancer, with discussions about the implications of the new therapies for patients and their families.

The Seminar, which has been coordinated by the ESMO Patient Seminar Task Force, also helps to maintain close collaborations with cancer leagues and patient groups in order to promote equal access to optimal cancer treatment and care. "ESMO is really proud of the relationships we've developed over the years with major patient organizations, advocacy groups and cancer leagues, and the fantastic way we all work together for the benefit of patients. Together we're a real force to be reckoned with," says Dr Lorenz Jost, the Cancer Patient Working Group Chair, from Kantonspital, Bruderholz, Switzerland.

Today's Patient Seminar Program  
**Session Info:** Patient rights and obligations  
**Day/Date:** Saturday, September 29, 2012  
**Session Time:** 14:15 – 15:45  
**Room:** Hall F1 – F2

**Moderators:** H Ludwig, T. Hudson  
**Speakers:** LM Jost, S Kyriakides, F De Lorenzo

**Session Info:** Treatment, guidelines, standards and quality assurance  
**Day/Date:** Saturday September 29, 2012  
**Session Time:** 16:00 – 17:30  
**Room:** Hall F2

**Moderators:** A Cervantes Ruiperez, G Pentheroudakis  
**Speakers:** A Cervantes Ruiperez, G Pentheroudakis, P Heudel

# Focus on ALK inhibitors: Key sessions not to be missed!

**Session Info:** Proffered Papers, Biomarkers in lung cancer  
**Day/Date:** Saturday, September 29, 2012  
**Presentation Time:** 16:00  
**Room:** Hall D

**1670** Dr Fiona Blackhall from Manchester, UK, will present preliminary results from the European Thoracic Oncology Platform Lungscape Project focusing on prevalence and clinical outcomes for patients with ALK gene rearrangement in Europe.

**Session Info:** Presidential Symposium, Presidential Symposium I  
**Day/Date:** Sunday, September 30, 2012  
**Presentation Time:** 16:00  
**Room:** Hall A

**LBA1** Dr Alice Shaw from Massachusetts General Hospital, Boston, USA, will present data from PROFILE 1007, a Phase 3 study of crizotinib versus pemetrexed or docetaxel in patients with advanced ALK-positive non-small cell lung cancer.

**RELAX!**

**ESMO members are invited to visit us in the exclusive Membership Lounge, located in green level/01**

[facebook.com/esmo.org](https://www.facebook.com/esmo.org)

**PRESIDENTIAL SYMPOSIUM II**  
MONDAY 1 OCTOBER **16:00 – 17:45** **HALL A**

Don't miss the second Presidential Symposium, taking place on Monday, which will comprise presentations of the very best late-breaking abstracts, findings from which could change current clinical practice.

**Abstract: LBA5\_PR** PHARE Trial results comparing 6 to 12 months of trastuzumab in adjuvant early breast cancer  
**Presenter:** Professor Xavier Pivot, Besancon, France

**Abstract: LBA6\_PR** HERA TRIAL: 2 years versus 1 year of trastuzumab after adjuvant chemotherapy in women with HER2-positive early breast cancer at 8 years of median follow up  
**Presenter:** Professor Richard Gelber, Boston, USA

**Abstract: LBA7** Results of a randomised phase III trial (EORTC 62012) of single agent doxorubicin versus doxorubicin plus ifosfamide as first line chemotherapy for patients with advanced or metastatic soft tissue sarcoma: a survival study by the EORTC Soft Tissue and Bone Sarcoma Group  
**Presenter:** Professor Winette van der Graff, Nijmegen, The Netherlands

**Abstract: LBA8\_PR** Randomized, open label, phase III trial of pazopanib versus sunitinib in first-line treatment of patients with metastatic renal cell carcinoma (mRCC); Results of the COMPARZ trial  
**Presenter:** Professor Robert Motzer, Memorial Sloan-Kettering Cancer Center, New York, USA

**The ErbB Family can fuel growth and progression of multiple tumour types**

The ErbB Family consists of 4 members—EGFR (ErbB1), HER2 (ErbB2), ErbB3, and ErbB4—that activate signalling by pairing in multiple possible combinations (eg, EGFR-EGFR, EGFR-HER2, EGFR-ErbB3).

Reference: Wieduwilt MJ, Moasser MM. *Cel Mol Lif Sci*. 2008;65(10): 1566–1584.

The interlinked pathways that result create enormous potential for oncogenic signalling and resistance escape mechanisms that bypass therapeutic inhibition of only one or two receptors in the family.

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**LET'S WORK**  
ONCOLOGY FROM BOEHRINGER INGELHEIM



PRESIDENTIAL SYMPOSIUM I  
SUNDAY 30 SEPTEMBER 16:00 – 18:00 HALL A

Don't miss tomorrow's late-breaking abstracts that will be presented during the Presidential Symposium session. These late-breaking abstracts are of significant importance since they provide first reports of important studies with cutting-edge data that could change current clinical practice.

**Abstract: LBA1\_PR** Phase III study of crizotinib versus pemetrexed or docetaxel chemotherapy in patients with advanced ALK-positive non-small cell lung cancer (NSCLC) (PROFILE 1007)

**Presenter:** Dr Alice Shaw, Massachusetts General Hospital, Boston, MA, USA

**Abstract: LBA2 SEARCH:** A phase III, randomized, double-blind, placebo-controlled trial of sorafenib plus erlotinib in patients with hepatocellular carcinoma (HCC)

**Presenter:** Dr Andrew Zhu, Massachusetts General Hospital, Boston, MA, USA

**Abstract: LBA3** Cetuximab in combination with capecitabine and cisplatin as first-line treatment in advanced gastric cancer: Randomized controlled phase III EXPAND study

**Presenter:** Professor Florian Lordick, Braunschweig Cancer Center, Braunschweig, Germany

**Abstract: LBA4** Adjuvant FOLFFOX4 with or without cetuximab (CTX) in patients (pts) with resected stage III colon cancer (CC): DFS and OS results and subgroup analyses of the PETACC8 Intergroup Phase III Trial

**Presenter:** Dr Julien Taieb, Hôpital Européen Georges Pompidou, Paris, France

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# ESMO Congresses in Vienna – hot topics then and now!

This is the third time that Vienna has played host to the ESMO Congress, with previous congresses taking place in 1996 and 2004. It's interesting to look back at which topics were 'hot' in previous years as it provides great testimony to the vast amount of progress made in oncology as a result of the collective translational and clinical research we have undertaken over the past 20 years.

In 1996, data reported at the ESMO Congress included further attempts to fully characterize the genetic aberrations associated with BRCA1 breast cancer following the first identification of this breast cancer-associated gene in 1990. These included a presentation by Dr F Goldwasser from the Hôpital Paul Brousse, Villejuif, France, on the first documented polymorphism of the anti-proliferative protein encoding gene, prohibitin (PHB) (abstract 70); as well as various reports to further evaluate the prevalence of BRCA1 gene alterations in breast cancer populations (abstracts 16P, 23P and 24P). However, by 2004, much more was known about BCRA1 and BCRA2 in breast cancer, and at this year's congress, ESMO are very proud to be launching the 4th version of the ESMO Clinical Practice Guidelines of BRCA in breast cancer, which includes screening and prevention strategies as well as treatment recommendations derived from evidence-based medicine.

It is also interesting to note that many of the targeted agents used in everyday clinical practice today were still in early preclinical development in 1996. However, by 2004, many of these were emerging as efficacious agents, supported by robust data from Phase 3 clinical trials. For example, findings from the BR.21 study showed that treatment with the epidermal growth factor receptor (EGFR) inhibitor, erlotinib, was associated with a survival benefit as in patients with advanced non-small-cell lung cancer (NSCLC) when used as > 2nd line therapy; and findings from the BOND study showed that the addition of the EGFR inhibitor, cetuximab, to irinotecan improved both response rate and disease stabilization in patients with EGFR-expressing, chemorefractory colorectal cancer. In recent years, research efforts have focussed on refining the use of these agents, with a view to moving towards a tailored approach to therapy. Indeed, this is reflected in the ESMO 2012 Congress program, which includes various presentations reporting the efficacy of targeted agents

such as erlotinib and cetuximab in specific patient populations. In addition, the efficacy and safety of various new drugs with novel molecular targets will also be presented.

By 1996, trastuzumab had already entered clinical development and by 1998, it had been approved for the treatment of HER2 positive metastatic breast cancer (MBC). Research presented at ESMO 2004 showed that radiolabeled trastuzumab could identify HER2-positive lesions and might possibly assist in detecting metastases and predicting treatment response. At this year's meeting, survival data from EMILIA, a Phase 3 study of trastuzumab emtansine (T-DM1) versus a combination of capecitabine and lapatinib in HER2-positive locally advanced or metastatic breast cancer will be presented. T-DM1 is an antibody-drug conjugate incorporating the HER2-targeted antitumor properties of trastuzumab with the cytotoxic activity of the microtubule inhibitor, DM1, conjugated by a stable linker. Data from CEREBEL (EGF111438), an open-label randomized Phase 3 study comparing the incidence of CNS metastases in patients with HER2-positive MBC, treated with lapatinib plus capecitabine versus trastuzumab plus capecitabine will also be presented. Debate about the optimal duration of treatment with trastuzumab in patients with HER2 positive early breast cancer has been ongoing since the first results in 2005. Data from the Herceptin Adjuvant (HERA) trial and Protocol for Herceptin® as Adjuvant therapy with Reduced Exposure (PHARE) trial comparing 2 versus 1 year and 12 versus 6 months of trastuzumab, respectively, after adjuvant chemotherapy will hopefully clarify the optimal duration of trastuzumab in this patient population.

Finally, data from earlier ESMO meetings have shown that chemotherapy could be given to melanoma patients but with limited success. However, since then, therapeutic targets have been identified in melanoma, and today biological agents lead the way in the management of this aggressive type of cancer. Indeed, earlier this year, the BRAF inhibitor, vemurafenib, was approved as monotherapy for the treatment of adult patients with BRAF V600 mutation positive unresectable or metastatic melanoma. During this year's ESMO Congress, we will learn more about the activity of next-generation targeted agents such as the combination of BRAF/MEK inhibitors in patients with BRAF-V600E mutated melanoma.

# Personalized OncologyPRO demo at the Main ESMO Booth

Visit us at the Main ESMO booth for a personalized demo of Oncology Professional Resources Online (OncologyPRO), the unique scientific and educational portal created exclusively for ESMO members. Whether you're a medical oncologist, radiation oncologist, surgical oncologist, hematologist or other oncology professional, you will find high quality information available on OncologyPRO that is relevant to your professional needs.

One OncologyPRO user told ESMO, "Having access to a credible online site with up to date information provides me with real confidence that I haven't missed any important new developments. In a rapidly moving field it's essential to reassure me that I'm providing my patients with the best available care. Getting information in this format literally saves me hours of scanning the journals each week."

First launched in 2011 in collaboration with Thomson Reuters, the initiative was inspired by ESMO members who expressed their need for greater access to timely scientific information. OncologyPRO is overseen by an Advisory Board of leading oncologists and is available as part of your ESMO membership.

Highlights include the latest oncology news through Thomson Reuters Health News and Thomson Reuters Drug News, databases of ongoing and recently completed clinical trials, biomarkers and drugs/biologics, webcasts covering ESMO conferences and e-learning modules. Clinical practice guidelines, consensus statements and guides for patients are all available for download. Access with ESMO membership also provides one-stop access to the world's most renowned oncology journals and scientific meeting reports. Recent additions include slide resources from educational and scientific meetings.



If you haven't already discovered the great benefits of OncologyPRO, stop by the ESMO Booth in the Society Village to learn more about how this exciting ESMO resource can help further your professional development.



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IMPROVE YOUR CONGRESS EXPERIENCE!

## ESMO MEMBERSHIP SERVICES CENTER

Located in the Society Village.

The ESMO Membership Team is available to answer all your membership needs.

## ESMO MEMBERSHIP LOUNGE

Located on level 1.

An exclusive area for ESMO members to get away from the crowd! Access your email, meet colleagues and relax between sessions.

We look forward to welcoming you.



## Experience meets youth in career development

Last night the Vesalius Talk, provided young oncologists with valuable insights into career progression.

A long standing ESMO tradition, the Vesalius events are designed to offer young oncologists at similar stages in their careers a combination educational and networking event in a relaxed setting with other leading oncologists.

"Experience meets youth in career development," delivered by Martin Gore from the Institute of Cancer Research, Sutton, UK, and Bernard Escudier, from the Institut Gustave-Roussy, France, provided young oncologists with the opportunity to hear the perspective of established oncologists, who have successfully navigated the system. The lecture addressed the challenges faced by young oncologists, with wide ranging discussions exploring important educational issues from different international perspectives. The session is part of the Young Oncologist Track with its highly educational clinical programme developed on content relevant to the day-to-day practice of Young Oncologists.

"Making international contacts can give young people new insights into problems encountered in their everyday work and also may ultimately lead to fruitful scientific collaborations and stimulate international exchange programmes. Contacts made at such social events have the potential to expose young oncologists to a whole new raft of opportunities," said Dr Matthias Preusser, ESMO Young Oncologist's Committee, from the Comprehensive Cancer Center of Vienna.

SPECIAL SYMPOSIUM SATURDAY 29 SEPTEMBER

### Molecular neuro-oncology: New avenues in diagnosis and treatment

16:00 – 17:30 Hall L-M

### Cancer pain management: First presentation of the findings of the International Collaborative Project

09:15 – 10:45 Hall H

### Molecular answers and targets on the horizon for the treatment of GU malignancies

16:00 – 17:30 Hall C

### Excellence in care and chemotherapy: Goals and challenges for the oncology team

11:00 – 12:30 Hall H

### Integrating targeted treatments with tumor biology and molecular imaging in the current and future management of neuroendocrine gastrointestinal tumors

11:00 – 12:30 Hall K

### Subtyping soft tissue sarcomas for treatment approaches

14:15 – 15:45 Hall C



Don't miss the ESMO Booth, which located in the main exhibitions hall

## JOIN OUR YOUNG ONCOLOGISTS ACTIVITIES IN VIENNA

Friday 28 September YO Masterclass Clinical Trial Protocol Development	Sunday 30 September Results of the YOC Non-Small Cell Lung Cancer European Survey (Poster Session II)	Monday 1 October YO Forum Health Economics	Saturday, Sunday, and Monday mornings YO Breakfast Sessions
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Wesalius Talk  
Experience meets youth in career development

NOT AN ESMO MEMBER YET ?  
Did you know oncologists in training are eligible for junior membership at 25 Euros per annum. Visit us at the ESMO Membership Services Centre to learn more.





## Global networking opportunities at ESMO Society Village

As a first-time initiative during the ESMO Congress, and in an effort to consolidate relationships with other oncology associations, ESMO will have 28 national oncology societies and other not-for-profit organizations from all over the world ready to answer any questions you may have.

"The village offers amazing opportunities for networking and finding out how different organisations around the world are tackling the challenges of cancer. It's undoubtedly one of the best places to get up to speed on the different perspectives of the disease," says ESMO President, Professor Martine Piccart.

At the heart of the village lies the ESMO Membership Services Center, where ESMO staff are on hand to help you sign up for membership, renew your membership and/or answer any queries you may have. Members shouldn't forget to drop by to pick up new membership cards, update professional details and introduce your colleagues who wish to join ESMO! Close at hand is the ESMO Membership Lounge, offering a peaceful oasis to chat with other members of the ESMO community away from the hustle and bustle of the Congress.

The ESMO Society Village and Membership Lounge are located on green level / 01.

Free wireless internet (ESMO 2012 WIFI)

## Targeted therapy in oncology: A key player in the move towards personalized medicine

The era of targeted therapy has long since been upon us. However, far from being the 'magic bullet' of cancer therapy that we once hoped it would be, we are now learning that our patients may be better served by our selective use of these agents based on the overexpression of specific molecules or presence of genetic alterations that make these agents particularly lucrative.

Over the past decade, there has been an enormous amount of research focused on improving our understanding of the underlying genetic alterations and key molecular pathways driving the development of cancer, findings which are helping us to better identify which patients will benefit from a given targeted therapy and allow us to move towards a personalized therapeutic approach. This ever-growing knowledge base has also led to the identification of more molecular targets and the subsequent development of new targeted agents that may well shape the future treatment of cancer.

Here at ESMO, some of the latest translational and clinical research will be presented and discussed by leading experts in the field. Below is a summary of some of the most exciting presentations that we feel sure you won't want to miss!

For further details of these and other presentations, please refer to your full ESMO Congress planner and abstract book.

**Session Info:** Proffered Papers, Biomarkers in lung cancer  
**Day/Date:** Saturday, September 29, 2012  
**Presentation Time:** 16:15  
**Room:** Hall D  
**Abstract:** LBA9\_PR Association between Tumor EGFR and KRas Mutation Status and Clinical Outcomes in NSCLC Patients Randomized to Sorafenib plus Best Supportive Care (BSC) or BSC Alone: Subanalysis of the Phase III MISSION Trial  
**Presenter:** Professor Tony Mok, The Chinese University of Hong Kong, Shatin, Hong Kong, China

**Session Info:** Proffered Papers, NSCLC, metastatic I  
**Day/Date:** Sunday, September 30, 2012  
**Presentation Time:** 09:00  
**Room:** Hall E  
**Abstract:** 12270 Activity of afatinib/cetuximab in patients (pts) with EGFR mutant non-small cell lung cancer (NSCLC) and acquired resistance (AR) to EGFR inhibitors  
**Presenter:** Dr Yelena Janjigian, Memorial Sloan-Kettering Cancer Center, New York, NY, USA

**Session Info:** Poster Discussion, NSCLC, metastatic  
**Day/Date:** Sunday, September 30, 2012  
**Session Time:** 12:45 – 14:15  
**Room:** Hall B  
**Abstract:** 1233PD Efficacy and patient (pt)-reported outcomes (PROs) with selumetinib

(AZD6244, ARRY-142866; SEL) + docetaxel (DOC) in KRAS-mutant advanced non-small cell lung cancer (NSCLC): a randomized, phase II trial  
**Presenter:** Dr Pasi Janne, Dana-Farber Cancer Institute, Boston, MA, USA

**Session Info:** Proffered Papers, NSCLC, metastatic II  
**Day/Date:** Monday, October 1, 2012  
**Session Time:** 11:00 – 12:30  
**Room:** Hall A  
**Abstract:** LBA31 Concomitant actionable mutations and overall survival (OS) in EGFR-mutant non-small-cell lung cancer (NSCLC) patients (p) included in the EURTAC trial: EGFR L858R, EGFR T790M, TP53 R273H and EML4-ALK (v3)  
**Presenter:** Dr Rafael Rosell, Catalan Institute of Oncology, Badalona, Spain

**Abstract:** LBA33\_PR Monotherapy Administration of Sorafenib in Patients with Non-Small Cell Lung Cancer: Phase III, Randomized, Double-Blind, Placebo-Controlled MISSION Trial  
**Presenter:** Dr Luis Paz-Ares, Hospital Virgen del Roc, Seville, Spain

**Abstract:** LBA34 FORTIS-M, A Randomized, Double-blind, Placebo-controlled Phase 3 Study of Oral Talactoferrin alfa with Best Supportive Care in Patients with Advanced Non-Small Cell Lung Cancer following Two or More Prior Regimens - by The FORTIS-M Study Group  
**Presenter:** Dr Suresh Ramalingam, Emory University, Atlanta, GA, USA

## ESMO Spotlights Now Available

ESMO Spotlights "A Selection of Important Studies" is an essential educational resource for oncologists. Based on the most significant oncology information presented over the last 12 months, the publication includes concise presentations that have been reviewed, interpreted and distilled by leading experts within each field. This year's ESMO Spotlights covers several major tumor types including a new chapter on rare cancers, as well as supportive and palliative care.

"The ESMO spotlights comprise topic overviews of study reports, which could or even should alter the current therapy standard. But the reimbursement issue cannot be ignored." comments Dr Henk van Halteren, ESMO Spotlights Editor.

"I always look forward to receiving the latest issue of ESMO Spotlights because it helps me put the latest studies in context, and to know what I should be incorporating into my practice. With targeted therapies it's more important than ever before to have an overview of the entire field," says Dr Henk van Halteren

Pick up your copy of the ESMO Spotlights from the Lilly Booth, situated in Hall Y, booth Y102.



## Dr Friedrich Schuhmacher gets top marks in the 2011 ESMO exam!

Germany 72

India 59 Switzerland 36 Egypt 24 UK 16

Out of 203 young Medical Oncologists who sat the ESMO Examination in 2011, our congratulations go to Dr Friedrich Schuhmacher, a community oncologist from Schillingsfürst, Bavaria, Germany, who took the exam in Lucerne, and scored the highest mark. This fantastic achievement will be recognized by Fellowship and Award Committee Chair, Professor Josep Tabernero, from Vall d'Hebron University Hospital, Barcelona, Spain, who will present Dr Schuhmacher with the ESMO Best Exam Award as part of the Fellowships in Europe educational session, which will take place on Monday afternoon from 14:00 onwards in Hall F-1.

The ESMO Exam demonstrates that Medical Oncologists possesses the knowledge, skills and aptitude essential for

the optimal treatment of cancer patients, and offers a valuable assessment tool for practicing Medical Oncologists throughout the world.

At ESMO this afternoon a record number of Medical Oncologists from 39 countries will be putting their skills to the test and sitting the exam. The number of candidates is up 28% on last year, with 305 doctors so far registered. Successful candidates will receive certification for 5 years, with the examination accredited with 50 category 1 ESMO-MORA CME points.

The 2 hour long examination, presented in a multiple choice format, covers all aspects of medical oncology including histology, epidemiology and biology, with questions also addressing diagnosis,

staging, management, evaluation and prognosis of cancer patients. Anyone considering enrolment can get a taster by viewing sample questions on the ESMO website. For this year we've introduced a new feature where the correct answers have been explained by experts in the field.

If you're tempted but haven't yet registered a limited number of places are still available for this afternoon's exam.

Late stage entry is restricted to ESMO members.

**Session info:** ESMO Examination 2012  
**Day/Date:** Saturday September 29, 2012.  
**Session Time:** 17:30 – 19:30  
**Room:** Hall F1



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## What does tumor shrinkage look like?

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**ERBITUX (cetuximab) abbreviated prescribing information.** Before prescribing ERBITUX, please consult full prescribing information. **Presentation:** \*ERBITUX 2mg/ml solution for infusion. Excipients: sodium dihydrogen phosphate, disodium phosphate, sodium chloride, water for injections. \*ERBITUX 5mg/ml solution for infusion. Excipients: sodium chloride, glycine, polysorbate 80, citric acid monohydrate, sodium hydroxide, water for injections. **Indications:** Epidermal growth factor receptor-expressing, KRAS wild-type metastatic colorectal cancer (mCRC): in combination with irinotecan-based chemotherapy (CT), or in first-line in combination with FOLFOX, or as a single agent in patients who have failed oxaliplatin- and irinotecan-based CT and who are intolerant to irinotecan. Squamous cell carcinoma of the head and neck (SCCHN): in combination with radiation therapy (RT) for locally advanced (LA) disease or with platinum-based chemotherapy (pt-CT) for recurrent and/or metastatic (R/M) disease. **Dosage and administration:** Once a week, intravenously with an infusion pump, gravity drip or a syringe pump; separate infusion line (\*ERBITUX 2mg/ml) via in-line filtration). Initial dose 400 mg/m<sup>2</sup> (over 120 mins); subsequent weekly doses 250 mg/m<sup>2</sup> (over 60 mins). Max. infusion rate: 10 mg/min. Supervision/monitoring by a physician experienced in antineoplastic therapy during infusion and for at least one hour afterwards is required. Resuscitation equipment must be ensured. Prior to first infusion: premedication with antihistamines and corticosteroids; also recommended for all subsequent infusions. Administer CT only one hour after ERBITUX infusion. **mCRC:** Administer ERBITUX until disease progression. Wild-type KRAS tumor status must be verified prior to first infusion. **LA SCCHN:** Start ERBITUX therapy one week before RT and continue throughout treatment. **R/M SCCHN:** Administer ERBITUX in combination with pt-CT and continue until disease progression. **Special Populations:** *Elderly:* no dose adjustment required (limited experience in patients ≥75 years). *Pediatric patients (<18 years):* efficacy not established, no new safety signals. *Others:* only patients with adequate renal, hepatic and hematological parameters have been investigated. **Contraindications:** Known severe hypersensitivity reactions (grade 3/4 NCI CTCAE). In combination with oxaliplatin-containing CT if mutated/unknown KRAS status. Contraindications for concomitantly used CT or RT must be considered. **Special warnings and precautions:** *Severe infusion-related reactions (IRRs):* immediate and permanent discontinuation; may necessitate emergency treatment. *Mild/moderate IRRs:* decrease infusion rate, also for all subsequent infusions. Closely monitor patients with reduced performance status (PS) and pre-existing cardio-pulmonary disease. *Skin reactions:* oral tetracyclines and topical 1% hydrocortisone cream may be considered for prophylactic use and treatment (acc. to clinical practice guidelines). *Severe skin reaction (≥grade 3):* interrupt treatment, resume if reaction resolves to grade 2. Second or third occurrence of severe skin reactions: resume at lower dose (200 mg/m<sup>2</sup> after second, 150 mg/m<sup>2</sup> after third) if reaction resolves to grade 2. Fourth occurrence or failure to resolve to grade 2 during interruption: permanent discontinuation. *Interstitial lung disease:* if diagnosed, discontinuation and appropriate treatment. *Electrolyte disturbances:* determination of serum electrolyte levels recommended prior to and periodically during treatment. Electrolyte repletion (e.g. hypomagnesaemia; hypokalaemia as a consequence of diarrhea; hypocalcemia, particularly in

combination with pt-CT) is recommended. *Neutropenia and related infectious complications:* Monitoring is recommended particularly in patients experiencing skin lesions, mucositis or diarrhea that may facilitate the occurrence of infections. *Severe and sometimes fatal cardiovascular events:* increased frequency associated with age ≥ 65 years or PS has been observed. Patient cardiovascular status, PS and concomitant administration of cardiotoxic compounds (e.g. fluoropyrimidines) should be taken into account. *Acute or worsening symptoms of keratitis:* refer promptly to an ophthalmologist, consider benefit/risk. *Confirmed ulcerative keratitis:* interruption or discontinuation of ERBITUX. Use with caution in patients with history of keratitis, ulcerative keratitis or severe dry eye (e.g. use of contact lenses). *CRC patients with mutated/unknown KRAS status:* ERBITUX should not be used since negative effects on PFS and OS as add-on to FOLFOX4 have been reported in KRAS mutated tumors. There is limited experience in combination with RT in mCRC. **Fertility, pregnancy and lactation:** Only use during pregnancy or in women with inadequate contraception if potential benefits justify potential risks to fetus. Breast-feeding during treatment and 2 months later is not recommended. Effects on male/female fertility have not been evaluated. **Undesirable effects:** *Very common (≥1/10):* skin reactions (e.g. acne-like rash, pruritus, dry skin, desquamation, hypertrichosis, nail disorders, single cases of skin necrosis), hypomagnesaemia, mild/moderate IRRs (e.g. fever, chills, dizziness, dyspnea), mild/moderate mucositis, which may lead to epistaxis and increased liver enzyme levels. *Common (≥1/100, <1/10):* headache, conjunctivitis, diarrhea, nausea, vomiting, fatigue, dehydration, hypocalcemia, anorexia, weight loss, severe IRRs, in rare cases with fatal outcome, some may be anaphylactoid/anaphylactic in nature (e.g. bronchospasm, urticaria, increase/decrease of blood pressure, loss of consciousness, shock); in rare cases, angina pectoris, myocardial infarction, cardiac arrest. *Uncommon (≥1/1000, <1/100):* blepharitis, keratitis, deep vein thrombosis, pulmonary embolism, interstitial lung disease. *Very rare (<1/10,000):* Stevens-Johnson syndrome/toxic epidermal necrolysis. *Frequency not known:* superinfection of skin lesions with subsequent complications (e.g. cellulitis, erysipelas, staphylococcal scalded skin syndrome, sepsis), aseptic meningitis. In combination with local RT in SCCHN: typical undesirable effects of RT (e.g. mucositis, radiation dermatitis, dysphagia or leukopenia, mainly as lymphocytopenia). In combination with ERBITUX: slightly higher rates of severe acute radiation dermatitis, mucositis and late RT-related events. **Interactions:** *Fluoropyrimidines:* increased frequency of hand-foot syndrome and cardiac ischaemia (e.g. myocardial infarction and congestive heart failure). *Capecitabine and oxaliplatin (XELOX):* frequency of severe diarrhea may be increased. *pt-CT:* increased frequency of severe leukopenia/neutropenia, which may lead to a higher rate of febrile neutropenia, pneumonia and sepsis. **Marketing Authorization Holder:** Merck KGaA, 64271 Darmstadt, Germany. Licence number (EMA): EU/1/04/281/001-005. General classification for supply: Medicinal product subject to medical prescription. **Date of Revision: February 2012.** Merck KGaA, 64271 Darmstadt, Germany, Tel: +49 (0)6151 72-0, Erbitux<sup>®</sup> is a trademark of ImClone LLC, a wholly-owned subsidiary of Eli Lilly and Company, used under license by Merck KGaA, Darmstadt, Germany. \*Please contact your local Merck Serono affiliate regarding availability of specific formulation in your country.

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