The 4th annual European Society for Medical Oncology (ESMO) Asia Congress was held in Singapore, between 23rd to 25th November 2018. Since its inauguration, the ESMO Asia Congress has specifically sought to address the needs of multi-cultural and multi-professional attendees in all aspects of cancer research and treatment, relevant to the Asian population. This report summarizes the highlights discussed during the Gynecologic-Oncology track.

This year’s presidential symposium featured data from SOLO1, presented by Dr. Michael Friedlander. The practice-changing results presented demonstrated a significant improvement in progression-free survival (PFS) for maintenance olaparib following first-line platinum chemotherapy in BRCA-mutant patients, with enduring treatment benefit even after the majority of patients stopped treatment with olaparib at 2 years. At 41 months of follow-up, median PFS for olaparib treated patients was not reached, compared with 13.8 months for patients on placebo. Of those patients who received olaparib, 60% remained progression-free at 3 years compared with 27% of patients on the placebo arm [1]. The data suggests that olaparib represents a new standard of care as initial maintenance for BRCA-mutant patients, reinforcing the importance of early genetic testing. This, however, further emphasizes the challenge of genetic testing in many Asian countries where a glaring lack of funding and facilities for genetic testing and counselling still persists. The need for Asian centers to contribute and build towards comprehensive databases for germline mutations relevant to Asian populations, remains similarly unmet. These real challenges, unfortunately, may unfairly undermine the impact of SOLO1 in our region.

In an engaging session on the 24th of November where experts Dr. Susana Banerjee, Dr. Jonathan Ledermann, and Dr. David SP Tan reviewed the soon to be published ESMO-European Society of Gynaecological Oncology guidelines for the management of ovarian cancer, further unique challenges faced by Asian populations were discussed. One example, was that of the clear cell carcinoma of the ovary and endometrium, which occurs with higher incidence in Asia, compared to Western counterparts. In managing these patients, unique questions do need to be addressed—such as relating to the safety of fertility-sparing surgery—and role, or lack thereof for adjuvant chemotherapy. It is imperative that trials conducted in Asia are designed with these challenges in mind. A pan-Asian collaborative
effort in rarer subtypes is also important for us to improve our collective understanding of how best to manage these cancers.

A final theme from this year’s congress was that of personalized and precision medicine. The need for an individualized approach to recurrent cervical cancer was presented by Dr Jae-Weon Kim through an excellent selection of complex Korean cervical cancer cases, highlighting the intricacies of multi-disciplinary management, and controversies surrounding the use of local therapy. The development of predictive biomarkers remains highly relevant in gynecological malignances. One example of this is in ovarian cancer, where, despite advances in targeted therapy, confirmed biomarkers are still lacking for the best selection of patients to receive anti-angiogenic agents such as bevacizumab in ovarian cancer. With evidence to support both anti-angiogenics and poly-adenosine diphosphate ribose polymerase inhibitors as maintenance strategies in recurrent ovarian cancer, the development of means to best select either of these therapies, especially in BRCA-wildtype patients, are needed.

In conclusion, the ESMO Asia Congress highlighted many advances in the optimal management of gynecological cancers that will lead to improved outcomes for our patients and transform best practice guidelines. Nonetheless, even with the current evidence of evolving standards of care for patients, the challenge for Asian practitioners remains to adapt these guidelines across a multitude of socio-economic-ethnic contexts and varying healthcare resources in our home countries.

REFERENCES
