ALEXANDRIA, Va. – The American Society of Clinical Oncology (ASCO) announced today the official Press Program for the 2016 ASCO Annual Meeting. Featured studies will highlight advances in precision medicine and immunotherapy, as well as new approaches that make conventional cancer therapies even more beneficial for patients.

This year’s ASCO Annual Meeting, taking place in Chicago, June 3-7, will attract as many as 30,000 oncology professionals from around the world. The theme of the 2016 Annual Meeting is Collective Wisdom: The Future of Patient-Centered Care and Research, emphasizing that the combined knowledge from various disciplines, cancer types, treatment approaches, and big data technologies is essential to progress.

More than 5,200 abstracts were accepted to the ASCO Annual Meeting, the vast majority of which will be publicly posted on abstracts.asco.org on Wednesday, May 18, at 5:00 pm (EDT). An embargoed presscast for media will be held earlier that day to highlight five significant abstracts from this group. Late-Breaking Abstracts (LBAs), including Plenary abstracts, will be released on-site throughout the Annual Meeting.

EMBARGOED PRESSCAST – Wednesday, May 18, 12:00 noon (EDT)

The presscast will highlight studies representing the range of research topics to be presented at the Annual Meeting. The embargo will lift on May 18 at 5:00 pm (EDT):

- A study analyzing whether patients with metastatic colorectal cancer tumors fare differently when their cancer begins on the right side versus the left side of the colon (Abstract 3504).
- Three-year survival results from a large phase I trial of patients with advanced melanoma...
treated with the PD-1-directed immunotherapy pembrolizumab (Abstract 9503).
- A large analysis evaluating outcomes with use of personalized treatment strategies in phase I clinical trials (Abstract 11520).
- A phase III multiple myeloma trial comparing standard upfront autologous stem cell transplantation to treatment with the novel agent bortezomib (Abstract 8000).

RESEARCH TO BE RELEASED ON-SITE AT THE ANNUAL MEETING

ASCO will host daily press conferences highlighting important advances in the following research areas:

New Approaches With Conventional Therapies Press Briefing – Friday, June 3, 1:00-2:00 pm (CDT)

Embargo will lift at 1:00 pm (CDT) for studies being presented in this press briefing:

- A phase III study comparing the safety and efficacy of a trastuzumab biosimilar (Myl-1401O) to trastuzumab in women with HER2-positive metastatic breast cancer (Abstract LBA503).
- Early survival data from a phase III trial of adjuvant temozolomide in patients with anaplastic glioma, a rare type of brain cancer (Abstract LBA2000).
- A randomized phase II study comparing intraperitoneal chemotherapy (chemotherapy delivered to the patient’s abdomen) to intravenous chemotherapy following neoadjuvant chemotherapy and surgery for ovarian cancer (Abstract LBA5503).
- Findings from a phase III trial comparing adjuvant gemcitabine and capecitabine chemotherapy to gemcitabine alone, following pancreatic cancer surgery (Abstract LBA4006).

Precision Medicine Press Briefing – Saturday, June 4, 8:00-9:00 am (CDT)

Embargo will lift at 6:30 am (CDT) for studies being presented in this press briefing:

- Results of next-generation sequencing of circulating tumor DNA (liquid biopsies) from 15,000 patients with advanced cancers, as compared to traditional tissue biopsy (Abstract LBA11501).
- Findings from a phase II umbrella basket trial that matched select targeted therapies to the molecular abnormalities in advanced, incurable solid tumors outside of current indications (Abstract LBA11511).
- A direct-to-patient initiative to collect biological specimens and clinical data to accelerate breast cancer genomics research (Abstract LBA1519).

Plenary Press Briefing – Sunday, June 5, 8:00-9:00 am (CDT)

ASCO’s Plenary Session features studies deemed to have the highest scientific merit and greatest potential impact on patient care. The embargo for studies to be presented in this press briefing will lift at 6:30 am (CDT):

- A placebo-controlled phase III trial that explores extending aromatase inhibitor therapy to 10 years for postmenopausal women with early-stage, hormone receptor-positive breast cancer (Abstract LBA1). Data from a related abstract on patient-reported quality of life outcomes from
this same trial (Abstract LBA506) will also be presented in this press briefing.

- Results from a phase III trial adding temozolomide to short-course radiotherapy in elderly patients with the most common form of brain cancer in adults, glioblastoma (Abstract LBA2).
- A phase III trial exploring tandem vs. single autologous stem cell transplant as consolidation therapy for children with high-risk neuroblastoma (Abstract LBA3).
- Findings from a phase III trial adding novel immunotherapy daratumumab to bortezomib and dexamethasone for the treatment of relapsed or refractory multiple myeloma (Abstract LBA4).

Immunotherapy and Tumor Targeting Press Briefing -Sunday, June 5, 10:30-11:30 am (CDT)

Embargo will lift at 6:30 am (CDT) for studies being presented in this press briefing:

- Results from a phase II study investigating the PD-L1 inhibitor atezolizumab as first-line therapy for patients with advanced bladder cancer who cannot safely undergo standard therapy (Abstract LBA4500).
- A randomized phase II trial of a first-in-class anti-claudin18.2 antibody in combination with chemotherapy as initial treatment for advanced gastric and gastroesophageal junction cancers (Abstract LBA4001).
- A phase I/II study investigating the safety and efficacy of antibody-drug conjugate rovalpituzumab tesirine, which combines a novel targeted drug (anti-DLL3 antibody) with a toxin, for the treatment of recurrent or refractory small cell lung cancer (Abstract LBA8505).

Improving Quality and Access to Care Press Briefing -Monday, June 6, 8:00-9:00 am (CDT)

Embargo will lift at 6:30 am (CDT) for studies being presented in this press briefing:

- A phase III trial exploring whether using a mobile device-friendly web application for symptom monitoring improves survival of patients with lung cancer (Abstract LBA9006).
- A large analysis examining use of aggressive medical care and hospice for patients younger than age 65 in the last 30 days of life (Abstract LBA10033).
- A study exploring racial disparities in receipt of breast and ovarian cancer risk-reducing procedures among younger breast cancer survivors with BRCA mutations (Abstract LBA1504).
- An analysis of cancer drug prices around the world (Abstract LBA6500).

MEDIA RESOURCES

Media registration: To participate in the embargoed May 18 presscast and/or register to attend the ASCO Annual Meeting in Chicago, please visit ASCO’s Media Headquarters at http://mediahq.asco.org.

Submission to Media Headquarters must be completed no later than Friday, May 13 to participate in the May 18 presscast. Pre-registration is required for on-site attendance and must be completed by Friday, May 20.

Online Annual Meeting Media Resource Center: Visit http://asco.org/AMMRC for press releases, the press briefing schedule, embargo policies, high-resolution photos, and the Virtual Press Room, an online repository of corporate and institutional press materials from third-party
organizations.

**Cancer.Net:** ASCO’s cancer information website for patients, providing doctor-approved information on more than 120 cancer types.

**About ASCO:**

Founded in 1964, the American Society of Clinical Oncology (ASCO) is the world’s leading professional organization representing physicians who care for people with cancer. With nearly 40,000 members, ASCO is committed to improving cancer care through scientific meetings, educational programs and peer-reviewed journals. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation, which funds ground-breaking research and programs that make a tangible difference in the lives of people with cancer. For ASCO information and resources, visit [www.asco.org](http://www.asco.org). Patient-oriented cancer information is available at [www.cancer.net](http://www.cancer.net).