Immunotherapy 2.0 Named Advance of the Year in ASCO’s 12th Annual Cancer Progress Report

Ahead of World Cancer Day, Report Calls for Increased Federal Funding for Cancer Research

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WASHINGTON — A growing number of patients with cancer are benefitting from research advances in immunotherapy, leading the American Society of Clinical Oncology (ASCO) to name immunotherapy as the Society’s advance of the year for a second year in a row. Released today, this year’s report, Clinical Cancer Advances 2017: ASCO’s Annual Report on Progress Against Cancer highlights the expanding role of immunotherapy. Evolving research findings are providing new insights on how to get the optimal results from these relatively new treatments.

The annual ASCO report, released today on Capitol Hill, emphasizes federal funding for research as a major driver for progress against cancer. Just days ahead of World Cancer Day, leading oncologists are calling on lawmakers to provide sustained annual increases in federal funding for cancer research. Although Congress recently approved funding increases for the National Institutes of Health (NIH) and National Cancer Institute (NCI) for 2017, annual increases that keep pace with inflation are critical to build on the promising research results highlighted in the report.

“In less than a decade, immunotherapy has gone from being considered a promising theoretical treatment to one that has become a standard of care that is helping extend or improve the lives of thousands of patients,” said ASCO President Daniel F. Hayes, MD, FACP, FASCO. “Today, increasing knowledge about both cancer and immunology is leading to more and smarter use of treatments that activate a patient’s own immune system. Federal funding has made these life-saving advances possible and remains essential to increasing the pace of discovery and progress.”

Immunotherapy 2.0: Expanding Use and Refining Patient Selection

While scientists have been exploring various immunotherapy approaches for more than a century, the biggest success so far has been with treatments known as immune checkpoint inhibitors. Since 2011, the Food and Drug Administration (FDA) has approved 15 uses for such drugs in
cancer care -- five in the past year alone. These new approvals have expanded treatment options for patients with lung, kidney, bladder, and head and neck cancers, as well as Hodgkin lymphoma. The approval of atezolizumab, in fact, marked the first new bladder cancer treatment in over three decades.

Immunotherapy 2.0 also refers to the next wave of immunotherapy discovery, focused on identifying patients in whom these treatments work best, discovering mechanisms of resistance that can be overcome, and developing better means of reducing toxicities. Over the past year, research showed that checkpoint inhibitors are more effective against certain tumors that have a large number of genetic changes and those that have high levels of the PD-L1 protein.

**Advances Shaping the Future of Patient Care**

A range of other important advances and trends are featured in *Clinical Cancer Advances*:

- **Precision medicine** -- Last year brought approvals of new treatments targeting molecules important in the growth of certain types of kidney, lung, breast and blood cancer.
- **Liquid biopsies** -- The first test for circulating plasma tumor DNA was approved by FDA in 2016 for certain patients with lung cancer. This new technology allows physicians to assess key cancer-driving tumor mutations through a simple blood draw, as opposed to invasive tissue biopsies, which in turn facilitates selection of optimal treatment and monitoring changes in the status of the tumor over time.
- **New tools help bridge gaps between patients and physicians** -- The report highlights a web-based tool for self-monitoring symptoms that immediately alerts the cancer care team when patients report that a symptom is worsening. In addition, education and patient navigation programs for underserved populations demonstrate ways to increase treatment adherence.

“To conquer cancer, we must conduct research across the cancer care continuum, from screening to new treatments and strategies that help ease treatment side effects,” said Harold J. Burstein, MD, PhD, FASCO, co-executive editor of *Clinical Cancer Advances*. “With World Cancer Day around the corner, I’m excited by the advances we’ve made in just this past year as they will help many patients around the world live longer, healthier lives.”

**Progress Ignited by National Investment in Research**

This year, almost one in three top advances featured in ASCO’s *Clinical Cancer Advances* report was made possible by federal grants.

Despite recent budget increases, the NIH still has less purchasing power than it did a decade ago. ASCO calls on the new Congress and Administration to build on its recent investments in cancer research, and provide at least $34.1 billion for the NIH in Fiscal Year 2017.

“Much work still lies ahead. After a decade of flat funding, we are encouraged by the recent increase in NIH support. Sustained federal investment is needed to continue our momentum and
build on the progress we’ve achieved. We need to catch up and keep up,” Dr. Hayes said.

Clinical Cancer Advances, ASCO’s award-winning report, is now in its 12th year of publication. The report is available online at asco.org/CCA and is published in the Journal of Clinical Oncology.

About ASCO:

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world’s leading organization of its kind, ASCO represents more than 40,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at www.ASCO.org, explore patient education resources at www.Cancer.Net, and follow us on Facebook, Twitter, LinkedIn, and YouTube.