

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/project-oncology/what-can-we-look-forward-to-at-asco-2021/12524/>

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What Can We Look Forward to at ASCO 2021?

Announcer Introduction:

You're listening to ReachMD, and this episode of *Project Oncology* is sponsored by Lilly. Ahead of the 2021 American Society of Clinical Oncology Annual Meeting, we caught up with Dr. Lola Fayanju, an Associate Professor of Surgery and Population Health Sciences at Duke University School of Medicine who shared with us some of the updates in breast cancer that she's most excited to learn about at the conference. Let's hear from Dr. Fayanju now.

Dr. Fayanju:

I am really excited about what the 2021 ASCO meeting will reveal for our community who treats patients with breast cancer. In particular, I'm very interested in hearing about updates to important trials that were reported over the past year, including the RESPONDER trial about use of oncotype DX in patients with low volume nodal involvement for breast cancer, as well as to see how our breast oncology community has responded to the COVID-19 pandemic. I'm very interested to see whether or not we have seen the return to care as the pandemic has begun to wane, and whether or not we can learn from the lessons that were invoked in the beginning of the pandemic with regards to use of systemic therapy, both endocrine and chemotherapy, in individuals who historically would not have received it.

Early on in the pandemic, we were also encouraged to stop screening, and so we are now responding to the presentation of later stage disease that necessarily occurred in the pandemic. And with regards to all of these things, one important question to me is, what are the impacts on more vulnerable communities, and what disparities can we expect to see exacerbated in the wake of the COVID-19 pandemic?

We know that early in the pandemic, in order to avoid excess strain on hospital systems, certain individuals with breast cancer who historically would have had surgery first were encouraged to pursue neoadjuvant endocrine therapy or chemotherapy in order to avoid contact with the hospital system and minimize risk of transmission both for patients and for clinicians. And then the question is, how long did those patients stay on treatment? What's the return to standard of surgical care been for those individuals? And are we potentially going to learn about how effective, both in the short and long term, those treatments were in patients who historically do not get those treatments? As an example, neoadjuvant endocrine therapy, which was used for women who have hormone receptor positive disease that is locally advanced has historically been used less often amongst younger women. And so with the COVID-19 pandemic, when the increase in use amongst younger women, we have an opportunity to see whether or not this is something that we can employ more readily in that population with good outcomes.

So again, very excited to see what the ASCO presentations will reveal, both with regards to updates on important trials as well as how our community has responded to the COVID-19 pandemic and what lessons we've learned and can use as we go forward and deal with the long-term implications of how this pandemic has changed our community.

Announcer Close

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