

J. DE GRÈVE



## DEAR COLLEAGUES,

We are pleased to share a summary of the Annual Meeting of the European Society for Medical Oncology (ESMO) 2024, held in Barcelona. With an impressive attendance of 34,000 participants, ESMO is becoming nearly as big as the ASCO meeting. The meeting showcased several significant advancements in overall survival and high cure rates in some cancers.

Who would have thought that a cure could become predictable or highly likely in these advanced cancers a few years ago?

**Triple-negative breast cancer (TNBC):** The Keynote-522 trial demonstrated an overall survival benefit for early-stage TNBC patients treated with neoadjuvant and adjuvant pembrolizumab. This result further solidifies the role of immunotherapy in TNBC treatment.

**Advanced melanoma:** Long-term follow-up data from the CHECKMATE 067 trial revealed an astounding 96% (!) 10-year survival rate with ipilimumab and nivolumab for advanced melanoma patients with no disease progression after 3 years.

**Cervical cancer:** Pembrolizumab showed a substantial improvement in overall survival in high-risk locally advanced cervical cancer, as demonstrated in the Keynote-A18 trial.

**Colorectal cancer with liver metastases:** selected patients showed a survival advantage with liver transplantation. This finding represents a paradigm shift in the management of metastatic colorectal cancer.

**Locally Advanced colorectal cancer with mismatch repair deficiency:** Patients with mismatch repair-deficient (MMRD) locally advanced colorectal cancer showed 100% curability with the ipilimumab-nivolumab combination, following an earlier similarity with dostarlimab (ASCO 2024). Remarkably, some patients achieved this outcome even without surgery.

In addition, progress has been reported in several other cancers, of which two popped up:

**Anal canal cancer:** The combination of **retifanlimab** (PD-1 checkpoint inhibitor) with carboplatin and paclitaxel has emerged as a new standard of care for first-line treatment of recurrent or metastatic squamous cancer of the anal canal.

**Cancer cachexia:** A groundbreaking development is **ponsegromab**, a monoclonal antibody targeting the growth differentiation factor 15 (GDF-15). This totally innovative treatment improves weight, appetite, physical activity, and muscle mass in cancer cachexia patients, with no toxicity reported!

The meeting also featured extensive discussions on the role of **artificial intelligence (AI) in oncology**, highlighting its potential to revolutionise cancer diagnosis, treatment planning, and patient care.

We thank our colleagues and the editorial team for their efforts in summarising the vast communications presented at the meeting.

I encourage you to delve into the wealth of information in this issue that confirms existing knowledge, refutes some previous assumptions, and, most importantly, offers promising avenues for future research and treatment strategies.

Yours sincerely,

Jacques De Grève, MD, PhD  
Editor-in-Chief