

ONCOPDAILY

MAGAZINE



ERIC SMALL

UNABASHED OPTIMIST



YVONNE AWARD

2024

for Young Innovators
and Leaders Advancing Cancer Care

by OncoDaily



Dear Friends and Colleagues,

Welcome to the first issue of OncoDaily Magazine!

Starting OncoDaily was about creating a platform where the latest cancer research meets human stories. As Editor-in-Chief, it has been my privilege to see us grow within a remarkably short period into a trusted resource globally. We are passionate about delivering top-notch oncology content, and today, we are taking that mission to the next level with our very first printed and digital magazine.

Here, you will find various topics, from breakthroughs in treatment to interviews with oncology leaders. Each story is a piece of the larger puzzle in our ongoing battle against cancer. With our motto, "Cancer doesn't take a day off – neither do we," we commit to providing you with timely, accurate, and insightful content daily.

We appreciate your trust and support, thanks to which OncoDaily keeps growing and evolving. Thank you for picking up our first issue. We believe you'll find just as much satisfaction in reading this magazine as we saw in its creation.

Sincerely,

A handwritten signature in black ink, reading "G. Tamamyan". The signature is fluid and cursive, with a large initial "G" and "T".

Gevorg Tamamyan
MD, MSc, PhD, DSc

Editor-in-Chief & Co-Founder, OncoDaily



Blending Science and Compassion: A Conversation with ASCO President-Elect Eric J. Small

Eric, your journey has been truly inspiring. Could you share with us what sparked your interest in oncology and led you to dedicate your life to this field?

In retrospect, Oncology seems like a natural choice. Just as it is today, at the time I entered the field, Oncology clearly was at the cutting edge of applied science. At the same time, I have always very much been a “people person”. I grew up in a multi-cultural environment – born in Mexico City to American parents, and grew up with friends from around the world.

So in addition to being a somewhat outgoing (some might say loud!) kid, being around people who were not necessarily from the same background as me became second nature. Oncology to me offered a career that blended the best of both worlds – an exciting scientific environment, and the opportunity to work with people.

I have always loved that oncology allows us to be highly focused on a specific problem, while retaining the view of the “whole patient”.

Your passion for prostate cancer research is evident. What drove you to focus your career on combating this specific type of cancer?

Unlike my decision to go into oncology, choosing GU oncology and in particular Prostate Cancer was serendipitous! During my fellowship in hematology and oncology at UCSF, I spent several years working in a lab. While I had done some laboratory research in college and medical school, I really wanted to immerse myself in molecular biology, to really understand the research that was already leading to important clinical discoveries. I happened to be working on a project on integrins (adhesion molecules), that at the time were known to be important in the behavior of some hematologic malignancies.

One of my presumed negative controls was a prostate cancer cell line, but it kept coming up as strongly expressing an integrin. Prior to that point integrins had never been described on a solid tumor. I attributed the result to what I presumed was my faulty laboratory technique, but long story short – it turned out not to be an error. The observation

that adhesion molecules could be found on solid tumors got me thinking about the metastatic process, including adhesion and invasion, and in particular in prostate cancer!

Once I began to focus on prostate cancer, I realized that there was very little known, either clinically or biologically, and it just snagged my interest.

Are there any new or emerging treatments for prostate cancer that you find particularly promising or exciting? And as you look to the future, what are your hopes and dreams for the advancement of prostate cancer research and treatment?

Absolutely! We have spent a long time working on understanding the processes involved in the development of resistance to androgen deprivation therapy. I was so fortunate to help develop a Stand Up to Cancer Dream Team which developed an incredible repository of biopsies of metastases that has provided rich information about the genomics of advanced disease, with a focus on the genome, transcriptome and methylome. Now, using similar infrastructure, many groups are starting to study the proteome, and in particular the surface proteome.

As surface targets are discovered, there is a growing matrix of payloads that are being explored, including radionuclides, antibody drug conjugates, and multi-specific antibodies that allow engagement of specific immune cell subsets. There have already been some very exciting breakthroughs, and our challenges will lie in developing the best combination of target and payload (and in an iterative process, to understanding the mechanisms of resistance to these approaches.)

Can you share any patient stories or experiences that have particularly resonated with you throughout your career? What advice would you give to patients and their families when navigating a prostate cancer diagnosis and treatment journey?

Wow- that’s a difficult question to answer, since there have been so many defining experiences! There are countless stories to tell, but I think of a time when I brought my then 11 year old daughter in to work on a “take your daughter to work” day. A patient who I was seeing for a routine follow up visit consented to having my daughter listen to my

routine “review of symptoms” discussion with him. What I didn’t fully appreciate was that he was in the clergy, was a powerful orator, and found great satisfaction in speaking to his congregation.

He basically took over the meeting, sat me down, didn’t let me say a word and proceeded to talk one-on-one with my daughter. He told her that if there were times when her dad wasn’t home at the end of the day as early as she wished, or if there were times where she wondered where I was, that she should know, that I was helping patients like him in a really scary time. And he thanked my daughter for sharing me with him. Needless to say, there was not a dry eye in the room! I think of him often as a reminder that what we do as oncologists is not “just a job”.

For patients and their families navigating a prostate cancer diagnosis, I point out that the knowledge base that we now have about prostate cancer is orders of magnitude more than it was 10 or 20 years ago, that we are gaining new approaches and understandings in an exponential fashion. In 20+ years of being in the field, I have never been more excited about the advances and potential advances before us.

As someone who wears many hats – a clinician, a researcher, and an educator – what do you see as the biggest hurdles we face in treating cancer today?

Perhaps somewhat simplistically, I think of the many challenges we face as being on two sides of an equation: in the delivery of cancer care, and in the receipt of cancer care. On the delivery side, it is clear that as a profession, we are facing unprecedented pressures.

There is a substantial oncology workforce shortage globally, and it is expected to become worse. When you ask, burn out amongst our peers is not primarily due to caring for cancer patients, it is largely due to how difficult our health care systems have made it for us to care for our patients.

In the US, the corporatization of medicine (and oncology is certainly no exception) has the potential to result in an alienated workforce, contributing to burn out. I think one of the more powerful antidotes to burnout is the nourishment that comes from our relationship with our patients – I worry that in many systems the primacy of the partnership between patients (and their loved ones), and their oncology health care teams is being eroded in the name of cost-effectiveness or efficiency.

On the receipt side: the amazing advances in cancer care that we are witnessing may in fact be heightening inequities, nationally and globally. Ensuring that the benefits of the molecular, immune, and data science “revolutions” are not confined to large academic medical centers in high income countries needs to be a priority for us.

Can you recall a moment in your career that stands out as especially memorable or fulfilling?

I’m not sure there is a single moment I would identify – I feel so fortunate to have had the opportunity to pursue a career

doing what I love, surrounded by inspiring colleagues, and entrusted with the privilege of taking care of patients with cancer.

Your commitment to mentoring is very well known. What pearls of wisdom do you have for both young and senior oncologists?

We all stand on the shoulders of those who came before us. Consequently, we all have a responsibility to offer a helping hand to those who will come after us! I really do think that the defining characteristic of a great mentor is generosity. For some people, it comes naturally – we all know those genuinely kind people – and for others it needs to be a concerted effort.

And that’s OK! We may not all have those automatically generous responses imprinted in our DNA – in fact, it is probably epigenetically modified OUT of our instincts by the nature of our training and career advancement expectations! Consequently, it takes a conscious effort – and this holds true at every level of our careers- to stop and make a specific decision to provide someone an opportunity, even if it means a diminished opportunity for ourselves.

When any one I have advised or mentored thanks me, I tell them that I have only one requirement of them: that they pay it forward.

You like to say, “kindness always gives back”. Would you, please share a story related to this expression?

While I may have said “kindness always gives back” the phrase “kindness matters” feels a little less transactional! I guess this is a good rule for life, but it’s especially true if you happen to work in a competitive environment, where getting ahead at all costs is often rewarded. I don’t think academic or professional advancement in oncology is mutually exclusive of being kind.

What is leadership for you?

A leader helps define and articulate a shared common goal, and then helps people achieve their full potential in striving for that goal.

In one of your favorite books, “Dare to Lead” by Brene Brown, the author cites the expression from the Amy Poehler’s web series “Smart Girls: Ask Amy”, which says “It’s very hard to have ideas. It’s very hard to put yourself out there, it’s very hard to be vulnerable, but those people who do that are the dreamers, the thinkers, and the creators. They are the magic people of the world”. What’s Eric Small’s vulnerability?

Wow, this is a tough-hitting interview! Let me start by saying that I have far more than just one vulnerability! It’s very kind of you to ask about just one!

That said, as it pertains to your earlier question about leadership, because my leadership style is inclusive and supportive, I tend to shy away from difficult conversations. I work on acknowledging and articulating that difficulty even as I embark on the discussion. It’s a work in progress!

Who is the role model for you? Both in personal and professional life.

My role model, as for many, I suspect, has been my parents. Both, in their own way, made it very clear to their three sons that since we are given but one life, that we should use it to do everything we can to make a meaningful difference for others. It informs everything I do.

What are the top 3 books and movies you would recommend to read and watch, respectively?

Books: “Dare to Lead by Brené Brown”, “One hundred years of solitude (Cien Años de Soledad) by Gabriel Garcia Marquez”, “Caste: The origins of our Discontents by Isabel Wilkerson”.

Movies: “Roma”, “Everything, everywhere, all at once”, “Nomadland”.

Do you consider yourself an optimist or a realist?

Unabashed optimist.

Outside of your professional life, what are your hobbies or interests that help you maintain balance and well-being? Say, I don't know... pastries and pets?

Well, you do have a good sense of me. I love to bake. While I have always done some baking, during the pandemic, I upped my game. While I enjoy making cookies, especially for people in my clinic, I especially like baking bread. Never really gravitated to sourdough which a lot of people seem to have done during the pandemic – instead I like enriched breads, like Mexican sweet bread (Conchas), Brioche, Portuguese/Hawaiian sweet bread, even tried my hand at Croissants.

I also love hiking. Living in San Francisco there are many opportunities near me, but if time is short, I walk the hills of SF! And yes, I am a bit of a cat lady, currently with 3 in the house!

What motivates you to continue your work in oncology, and how do you stay inspired during challenging times?

For me it's pretty easy – when I am feeling overwhelmed, I put myself in the position of one of my patients or their loved ones. I think many of us have been touched in one way or another by cancer, or know someone who has, and how devastating it is.

I want to do my small part to attack it. That helps put things in perspective for me. I think that taking care of cancer patients is almost a sacred privilege – we are being entrusted with the care of a patient (and their loved ones) at their most vulnerable time. It is so easy to forget in the middle of our busy clinical lives, and so easy to just revert to being purveyors of facts (“we will use regimen X that has a Y% chance of shrinking the cancer”), as opposed to purveyors of hope. Even in patients in the terminal phases of their disease, there are hopes and fears to address.

Please, could you tell us about your family? How do you make sure to dedicate enough time to the family?

I am the proud father of two adult daughters. Both have chosen to make the SF Bay Area their home, so I am fortunate in being able to see both relatively often.

My youngest daughter Sarah is a recent Law School graduate, who is working for a community organization doing grass roots environmental law.

My older daughter Rebecca is a Nurse Practitioner in women's health. That they have chosen careers where they have direct impacts helping others makes me immensely proud. I have separate rituals with each, where we routinely get together for whatever the event might be. These include food, hiking, and cats!

Eric Small 20 years ago and 20 years later ...

Amazingly enough, 20 years ago I served as the ASCO Scientific Program Committee Chair, and was the founding chair of the ASCO GU (then Prostate Cancer) Multidisciplinary Symposium. It was really my first real insight into what a spectacular organization ASCO was! 20 years hence? Don't know! Maybe will have reinvented myself once or twice!

Finally, the elephant in the room. You are the president-elect of ASCO for 2025-2026 term. Without disclosing too many exciting details, how do you envision ASCO during that one year of your presidency?

Fortunately, I have my president elect year (June 2024-June 2025) to further develop the theme for my presidency year (June 2025-June 2026), but I know I want it to reflect both my conviction that translation of scientific discovery is essential to our progress, and, reflecting my growing up in Mexico, ASCO's commitment to global impact.

I am beyond excited to have recruited two Program Committee Chairs for the annual meeting that will reflect these core beliefs: Dr. Jo Chien is a talented translational clinical breast oncologist from UCSF who has agreed to serve as Scientific Program Committee Chair, and Dr. Erika Ruiz-Garcia who is an educator, and a translational scientist and clinical investigator in GI oncology, from the National Cancer Institute of Mexico, in Mexico City, who has agreed to serve as Education Program Committee Chair.

By Gevorg Tamamyan



Penilla Gunther: “Reducing Inequities in Cancer Care Demands Collaboration”

I think we can agree that we have never had so many opportunities in history to treat and cure cancer as now. Even so, according to IARC - the International Agency for Research on Cancer at WHO, in the latest statistics from 2022, IARC estimated 20 million new cancer cases and 9.7 million deaths worldwide.

Although cancer mortality rates continue to decline, there are signs of big needs in early detection by access to screening and treatments. Any serious illness benefits from being detected as early as possible, but the risk of dying due to late diagnosis and inadequate access to quality treatment for cancer is very high for many people in the world.

The inequity in cancer care within countries and between countries is striking. It might seem understandable sometimes that lower income countries do not have the financial situation to cover even the most vulnerable people with basic health care, and therefore cannot provide more advanced cancer care. But not all countries have those problems.

Of course, the health-benefit systems also play a big role in how the citizens get access to health care and cancer care with screening, treatments, and palliative care and survivorship. WHO - World Health Organization's global survey of HBP's (health-benefit packages) 2024, shows that "the inclusion of priority cancer services essential to cancer care is insufficient, particularly in the light of the current size and projected increase in the cancer burden. The results show that the minimum package for effective cancer management was included in only 39% of the countries HBPs, a proportion that dropped to 28% when palliative-care services were also considered".

The report continues to say that "this highlights the needs to raise awareness about the challenges related to providing cancer care and the resources needed to address them".

I am happy that the European Commission took the important decision some years ago to create and implement a cancer plan for the European Union with the aim of reducing inequities. The four main goals and working areas of the Europe's Beating Cancer Plan; understanding, prevention, diagnostics and treatments, and quality of life, are all important to secure a good patient journey.

But the Cancer Plan alone, would probably not get the effects wanted without financing through the Horizon

program. Good intentions can not replace the reality of a need for economical sustainability to projects when changes are made.

The need of collaboration to establish Comprehensive Cancer Centers for advanced cancer care, development of new methods, health data, HTA or research - or to be able to organize cross-over meetings with HCP organizations, industry, patient organizations, authorities, academia, policy makers etc have been and will continue to be crucial to make an impact.

I know that the United States has its Cancer Moonshot since 2016, that also has brought together a large community of patients, advocates, researchers, and clinicians who are dedicated to advancing research to improve the lives of people with cancer, those at risk, and their families. These kind of plans and programs make positive changes.

With an eye on the report mentioned above from the WHO, we also need to see to the fact that policy makers almost all over the world must face an ageing population, fewer children are born, lack of HCPs, and people will live longer with chronic diseases. How will they manage to create or maintain a healthcare system with less tax revenues or with people with less income?

My belief is that independent of the financial resources in each country, we need to collaborate more over the country and organizational borders for a continuous exchange of knowledge and information. The first goal in EU's Cancer Plan called Understanding, is something we all need to take responsibility for with sharing facts about cancer, the importance of screening and healthy living, and encourage people to take part in clinical trials. Researchers and academia can give us more information and understanding about the reasons for cancer and development on cancer drugs.

We can probably see, all of us, that if countries do not prioritize cancer services and seek for international financial opportunities if they have the need, their citizens will get more untreatable diagnosis with deaths as the result which will have a huge impact on society and public finances. To reduce inequities in cancer care demands awareness and not the least, a willingness to see results. Understanding that, is the first step.

Penilla Gunther
Former Member of Parliament, Sweden
Member of the Cancer Mission Board, The European Commission



Lillian Siu

"It's crucial to have people like that in the field who prioritize the development of young investigators and early-career scientists, and my mentors have exemplified that for me. The opportunities they provided, such as allowing me to present at conferences, giving me first authorship on papers they guided me through, and encouraging me to brainstorm ideas for projects, have been invaluable. Stimulating original thinking is essential in mentorship."



Aparna Parikh

"It's almost like dating a little bit. I think if you can't see yourself comfortably conversing with someone even in early conversations and it doesn't feel right, then I don't even know if it's worth taking the next step. It is okay to be undifferentiated, they just come in with flexibility and a willingness to learn, and then your job as a mentor is to help that person find the areas that they're excited working on."



Therese Mulvey

"I had an amazing mentor who sat me down and said, 'Look, you have some options here. You can have an incredible academic career, or you can have children and grandchildren at your feet when you retire who adore you. 'But the way things are structured right now in the 1980s, that's not going to be... you can't have both.' With mentoring and coaching, you're invested in that other individual, and you sometimes feel the highs and lows of the person that you're working with. And you may know at the beginning that what they're aspired to is not feasible, but you can't tell people that. They have to figure that out on their own."



Piotr Wysocki

"The best option is to have a mentor who helps you develop your clinical and scientific skills. Especially in the field of oncology, having the proper mentor can solve all the problems because he will teach you empathy, the way of talking to patients, the way of treating the patients, the way of understanding the disease, and at the same time, how your understanding of the disease can pave the ways to doing research."



Guillermo Chantada

"SIOP is probably the best place where young pediatric oncologists can meet other people. Some of these people can even become your mentors. That was, in fact, part of my story, I met people who are now my mentors and friends. I became a pediatric oncologist because the mentors I could find were such great people that they made me say, 'I want to be like that,' and they were oncologists."



Julie Gralow

"Mentorship is my whole job now, at this point in my career. I know a lot of people in a lot of places and a lot of roles, and so that's what I feel if it comes down to what's the most important thing I'm doing at this point in my career, it's supporting the bright young minds and helping them take over my role."

What is MENTORSHIP?



Aaron Weiss

"Now, in my role, where I not only take care of patients but also help develop clinical trials and decide strategically how to move things forward, to be able to see young investigators that are interested to help get them involved in projects either their projects or project ideas that we have. Seeing them getting involved and mentoring them to self-discover, is one of the most rewarding things about my job that I enjoy most."



Françoise Meunier

"For young oncologists, I would say that you have to choose your mentor. I was very much inspired by the European atmosphere and what I learned from

my professor, who believed in his young generation and pushed us to go to the States to do research, to do a PhD, and to participate actively in the progress in oncology."

Nagashree Seetharamu



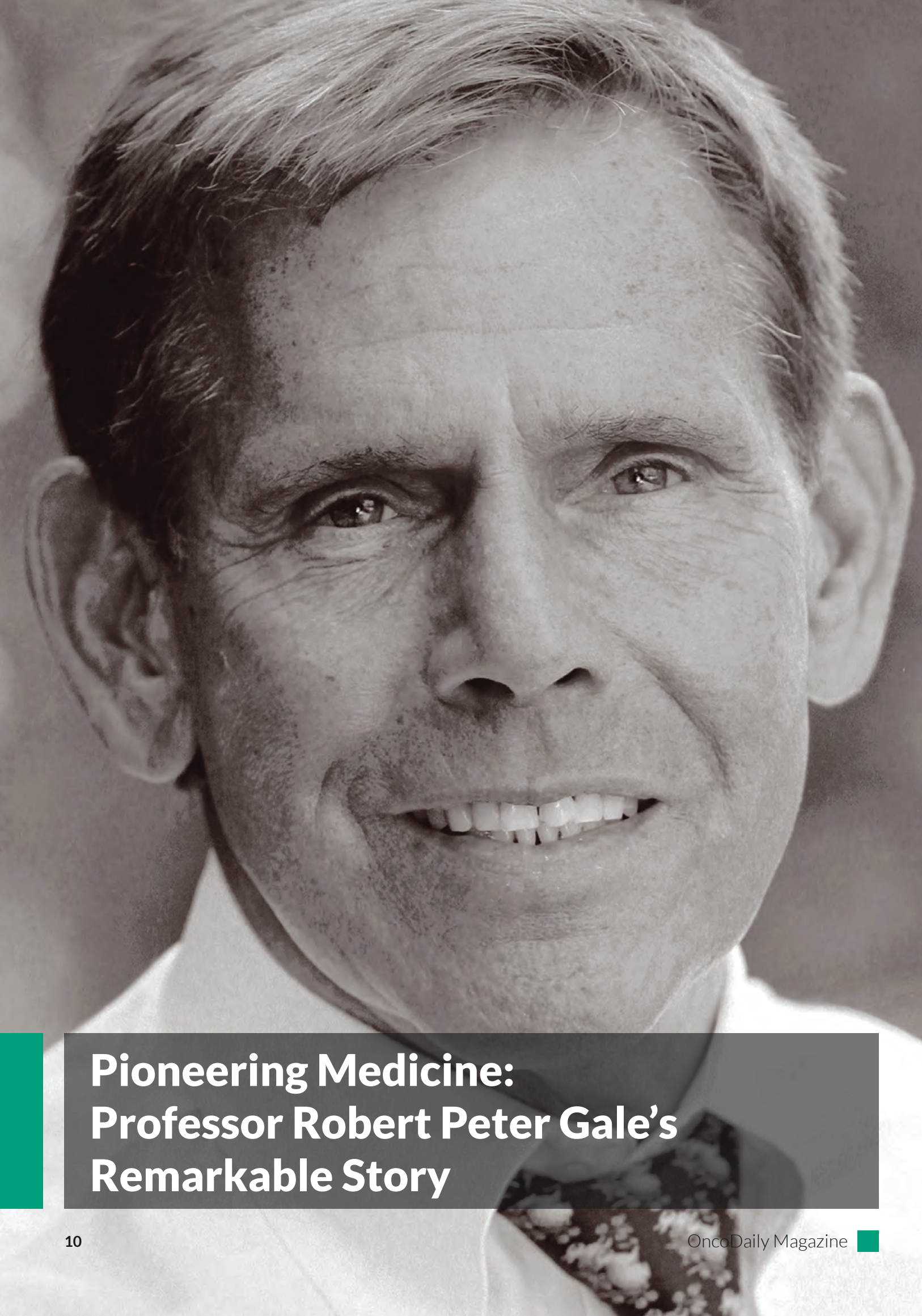
Leo Mascarenhas

"Don't take an easy problem. Take on a tough problem if you want to study it because that's where all the efforts are needed."



Celline about Philip Philip

"Even though my dad wears a lot of hats and does a lot of things for his job, besides main work, other than memberships or leadership positions, he'll always find an email from an Armenian student that really interests him. And he sends it to me and says, like, and I'll say, well, are you going to respond? He'll say, of course, I already responded. I like that."



Pioneering Medicine: Professor Robert Peter Gale's Remarkable Story

Professor Robert Peter Gale, a true luminary in the field, is welcomed with great honor by OncoDaily. His monumental impact on hematology and oncology is globally recognized. A scientist and humanitarian, Prof. Gale is credited with numerous groundbreaking scientific discoveries and has authored over 1,000 scientific articles and 20 books. He currently serves as the Editor-in-chief of the Leukemia Journal and has received numerous prestigious awards and distinctions.

Among these are the Presidential Award, the New York Academy of Science, the Scientist of Distinction Award from the Weizmann Institute of Science, the Olender Peace Prize, the City of Los Angeles Humanitarian Award, and the Myasthenia Gravis Foundation Humanitarian Award. His contributions have been so significant that he has even been nominated for the Nobel Peace Prize.

Prof. Gale's influential work extends beyond academic research. He has co-authored popular books on topics such as Chernobyl and US nuclear energy policy, including "Final Warning: The Legacy of Chernobyl" (with Thomas Hauser) and "Radiation: What It Is, What You Need To Know" (with Eric Lax). He received an Emmy for his work on a 60 Minutes special report about Chernobyl.

In addition to his professional accomplishments, he is a dedicated father of six children and an active marathon runner.

Dr. Gale, your journey in medicine and humanitarian work has been truly extraordinary. Can you take us back to the early days of your career and share a pivotal moment or experience that ignited your passion for helping others and set you on this remarkable path?

In university I was aware a diagnosis of leukaemia was a death sentence and I resolved to do my best to try to change it.

Throughout your extensive medical career, you have made groundbreaking contributions in areas such as bone marrow transplantation and cancer treatment and care. Can you share a specific breakthrough or discovery that you are particularly proud of, and how it has impacted the lives of patients around the world?

In 1983 my colleagues and I at the Weizmann Institute in Israel were able to molecularly clone the mutation (BCR::ABL1) which causes chronic myeloid leukaemia (CML). Once the genetic sequence was known it was possible to predict the chimeric protein it encodes (P210BCR::ABL1) and its biochemical function (a tyrosine-kinase). From this it was possible to develop an inhibitor (imatinib) which has resulted in the operational cure of many or most people with CML

Your involvement in responding to nuclear accidents and natural disasters, including Chernobyl and the 1988 earthquake in Armenia, demonstrates immense courage and dedication. What drives you to be on the frontlines, risking your own safety to provide medical aid and support to those in need?

Like most physicians I believe (incorrectly) we are immune from adverse consequences. In the instances of Chernobyl and Fukushima I knew I had expertise which could potentially save lives. In the instance of the Armenia earthquake I thought my contacts with Soviet leaders (Gorbachev and Ryzhkov) could help us assist the victims.

Balancing a career in medicine, research, and healthcare management can be demanding. How do you manage to juggle these different roles and find time for your other passions and interests outside of your professional life?

I like to work and I enjoy challenges.

Over the course of your career, you have likely encountered various challenges and setbacks. Can you share a difficult moment or obstacle you faced, and how you overcame it? What advice would you give to others in overcoming adversity and persevering towards their goals?

The most challenging thing we face as physicians is when our attempts to help someone fail. But we have no choice but to press on. Sometimes bureaucracy can be an obstacle but I don't need to remind anyone in Armenia of this.

Throughout your experiences in medicine and humanitarian aid, have there been any encounters or stories that have deeply touched your heart or left a lasting impact on you? Can you share one such story with us?

I remain in contact with many of the Chernobyl firefighters we treated. I'm always heartened when I receive a Christmas card from them showing their families, children and now grandchildren. And of course there is great joy seeing people 30 or 40 years after we cured them of leukaemia. (Whoever saves a single life is considered to have saved the whole world.)

With your wealth of knowledge and experience, what are your thoughts on the future of medicine and healthcare? Are there any emerging trends or advancements that you find particularly promising or exciting?

This is an very interesting and exciting time in cancer research and therapy. In some instances we are turning cancer into a chronic disease. Targeted therapies, immune therapies, monitoring using cell-free DNA and many other interesting areas.

Finally, what do you hope your legacy will be? How would you like to be remembered for your contributions to medicine, research, and humanitarian efforts?

I am reminded of a quote from Woody Allen when asked would he like to live on in the hearts and minds of his fans. He said: I'd rather live in my apartment. But of course, our most important professional legacy is successes of people we have trained.

By Tatev Margaryan

Advancing Clinical Cancer Research in Armenia:

The experience of the Immune Oncology Research Institute

Cancer affects people across the world regardless of their socioeconomic status. However, low- and middle-income countries like Armenia face significant obstacles in addressing cancer due to limited resources, infrastructure, and access to innovative research and treatment facilities.

Armenia is a middle-income country located at the crossroads of Europe and Asia; it has a high human development index but limited resources. The healthcare system in Armenia is fragmented and the majority of healthcare costs are paid out-of-pocket. Patient access to cancer drugs is limited due to high prices and lack of availability. Traditionally, research has not been regarded as a component of a healthcare provider's career in Armenia and public funding for research is scarce. However, the generational shift in the workforce over the past decade, coupled with the rapid developments in cancer research worldwide, has stimulated interest among young practitioners to participate in research with the aim of improving outcomes among their patients and ensuring access to novel therapies.

In mid-2022, the Immune Oncology Research Institute (IMMONC) was established. IMMONC is a non-profit foundation aiming to advance cancer research in Armenia and increase access to clinical trials in the region. Since its establishment, IMMONC has launched several investigator-initiated studies to stimulate research uptake among physicians. These include:



1- Assessment of the Safety and Efficacy of Balstilimab for the Treatment of Relapsed/Refractory Lymphomas (IMMONC0001) (NCT05891821) - This phase II investigator-initiated trial of the PD-1/PD-L1 inhibitor balstilimab is done in collaboration with Agenus Inc.

The trial received approval from regulatory authorities in just 26 working days. It started recruiting participants in September 2023. So far, about half the recruitment goal is achieved.



2 - The Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN) International Registry (NCT05430971) - This is a multicenter, international, prospective, and retrospective registry. So far, nineteen centers across 13 countries

have joined the registry. Recruitment began in 2022 and

will continue until 2027. Preliminary results from the registry were presented in 2023 at the Annual Meetings of the American Society of Hematology (ASH) and the Society of Hematologic Oncology (SOHO).



3 - Continuous Infusion of First-Generation 5-HT3 Receptor Antagonists in Combination with Dexamethasone (NCT05872893) - This trial explores the potential of continuous infusion of ondansetron in combination with

dexamethasone to enhance the antiemetic effect compared to push injection. The trial started recruiting patients in June 2023, it recruits pediatric and young adult patients receiving highly or moderately emetogenic chemotherapy. So far, 55% of the recruitment goal is achieved. The trial is set to be completed in early 2025.



4 - Rare Embryonal Tumors of the Central Nervous System: International Registry (NCT05711992) - Launched in December 2022, this registry collects data from patients diagnosed with various rare embryonal tumors, including but not

limited to ETMR, FOXR2-activated CNS neuroblastoma, cribriform neuroepithelial tumor, and more. Pediatric and young adult patients up to the age of 25 are enrolled. Data is collected from eleven centers across nine countries, with several centers set to join in the coming months.



5 - Assessment of the Safety and Efficacy of Balstilimab in Combination with Botensilimab for the Treatment of Non-Small Cell Lung Cancer (IMMONC0008) (NCT06322108) - This is a phase II single-center, single arm, open label investigator-initiated trial of PD1

inhibitor Balstilimab in combination with novel Fc enhanced CTLA4 inhibitor Botensilimab as first line treatment for patients with metastatic non-small cell lung cancer (NSCLC) without actionable EGFR and ALK mutations/alterations. Approximately 45 participants will be enrolled in the study with an enrollment period of 24 months. Subjects enrolled in the study will receive botensilimab for up to 4 cycles and balstilimab for up to 2 years. The primary endpoint of the study is 12-months progression-free survival, while secondary endpoints are overall survival, overall response rate, safety, tolerability and health-related quality of

life. This study has received approval from regulatory authorities in just 35 working days. It is set to launch in May 2024 and is anticipated to provide crucial insights into the potential of this promising treatment regimen for NSCLC patients.

6 - IMMONC has started a project to assess the real-world experience of immunotherapy use in Armenia. Launched in December 2022, this study aims to collect comprehensive nationwide data on the use of immunotherapy among cancer patients in Armenia. The study has retrospective and prospective components and covers a period of 7 years (2017-2023). It assesses the real-world efficacy of immunotherapy agents, investigates associated toxicities and immune-related adverse events and compares response assessment techniques used by different centers. The study also examines predictors of unwanted delays and shorter treatment durations compared to guideline recommendations, as well as the prices of immunotherapy drugs in Armenia and their affordability. This study will provide a comprehensive view of the current state of immuno-oncology in Armenia, it will help identify patients who will benefit the most from immunotherapy and identify the financial and socioeconomical challenges in the field.

Besides these, through global collaboration, four multidisciplinary oncological working groups were created under the supervision of IMMONC. These working groups were formed with an aim to enhance cancer care through interdisciplinary discussions, knowledge sharing, and research. These are the lung cancer working group, the breast cancer working group, the gastrointestinal cancers working group and the leukemia working group. They are created by leaders in the field of oncology in Armenia and advisers from leading hospitals in the US and Canada. These twining programs aim to discuss challenging cases from Armenia and help improve patient care in Armenian centers by going through novel therapeutic options and treatment guidelines and fostering scientific publications.

With mentors and experts from the world's leading cancer institutions guiding each group, these groups serve as a platform to foster continuous professional development among young healthcare professionals and expand their networks.

IMMONC also launched a fellowship program to support young doctors interested in immunotherapy research. The program aims to engage fellows in independent research projects and provide them with the opportunity to contribute to the field of oncology. Under this program, fellows work on their proposed research projects under the supervision of mentors assigned by IMMONC. In addition to that, IMMONC provides financial support to young professionals from Armenia to enable their participation in educational programs/events abroad as part of its mission to promote professional development and build capacity to conduct clinical trials in Armenia. So far, IMMONC has supported 30 young doctors and scientists in this regard.

Overall, during the last few decades, only 4 oncology clinical trials that were registered in clinicaltrials.gov were conducted in Armenia. In these past 2 years, this number has reached 9 trials, 5 of which are conducted by IMMONC. IMMONC has also contributed in boosting scientific publications from Armenia by publishing many articles in respected journals as well as publishing numerous abstracts through ASCO and ELN. Despite Armenia's limited resources, IMMONC was able to start many projects through fruitful collaborations with leading experts in developed countries and by working in synergy with national health authorities to advance cancer research in Armenia. More information about IMMONC and its projects can be found at immonc.org.

By Samvel Bardakhchyan and Karen Bedirian



How to Maintain Work-Life **BALANCE?**



Therese Mulvey

"I tried very hard to balance an academic career with having children, and what I learned very quickly is that there were structural reasons why that was difficult, and there were, you know, I think there's a perception that women have this, have pregnancy and time off after their pregnancy, and after that, they're on equal footing as men. But in fact, children at three months old don't raise themselves, and they require a lot of curation and effort. I remember as a student, we were always saying yes. There were no work-hour restrictions and no time-off restrictions. I think it was a different world, and the world has changed, and I think it's changed for the better."



Lillian-Siu

"I'm not a great model for work-life balance because I'm always the first one to come to the office, and I'm usually the last one to leave. I'm going to tell you that I try, and I'm making a conscious effort to do that."



Douglas Flora

"Well, I think achieving work-life balance is challenging, especially for young professionals. They often have young children and are frequently stressed, finding themselves working on the computer until 11 p.m. I would advise taking care of yourselves too. In the earlier years of my career, I would work 15 hours a day, resorting to drinking Red Bulls every afternoon just to keep going. So, my first piece of advice is, in your enthusiasm to save the world, remember to save your family and yourselves too. It's essential to take the right steps to sustain both your life and your career early on and develop good habits. I didn't do that, and I wish I had."



Julie Gralow

"I think that is something that we all have to figure out separately. I think a strong friend network, strong family, close

relationships, taking some time off, are important, then when you're working, you can work hard and put yourself into it. I don't know, it's easier to say than do, I think, and being able to say no is something I've learned a little bit more over the years. I didn't say no a lot early on, so I was smarter about when to say yes and when to say no, you need somebody to bounce this off."



Sarkis Meterissian

"The only way you can do it is to always remind yourself that I have to go home. I can't stay until 7 every night. If your daughter or your son has a concert, you have to go. It takes a lot of effort. But because it's natural for you to go to the meeting, to write the paper, to have the deadline. And the family will always say, it's okay, it's okay. But deep down, it's not okay. If you make the time, you will be very happy when you're 55, or 60 years old, and you look back at your life."

The first Global Summit on War and Cancer

The first Global Summit on War and Cancer (GSWC) was a recent major event in the field of global oncology. The summit, organized by the Institute of Cancer and Crisis and OncoDaily, brought together people from around the world to address the challenges faced by cancer patients in areas affected by war. The summit began with powerful speeches from respected individuals in the field of global health and cancer advocacy. Dr. Tedros Adhanom Ghebreyesus, the head of the World Health Organization (WHO), stressed the importance of focusing on cancer patients in conflict zones. He highlighted the difficulties they face in accessing essential resources and urged everyone to work together to make a difference. Princess Dina Mired



of Jordan, a prominent figure in cancer research and treatment, spoke passionately about the urgent need to support cancer patients in war-affected areas. She shared her deep disappointment with the global community’s lack of attention to this issue and emphasized the devastating impact of war on cancer patients. Princess Dina called for an end to the silence surrounding cancer during times of war.

The summit featured speakers from various countries who shared their experiences and expertise in addressing cancer care in conflict zones. They discussed successful interventions implemented in regions such as Sudan, Ukraine, Gaza, Nagorno-Karabakh, Mexico, Ethiopia, Syria,



Northern Ireland, and Iraq. Notable speakers included Julie Gralow, a leading medical expert from the American Society of Clinical Oncology (ASCO), who spoke about the role of international organizations in supporting cancer patients during and after conflicts. Andreas Charalambous, the President of the European Cancer Organization, Richard Sullivan, the Director of the Institute of Cancer Policy, and Tezer Kulluk, a former President of the Union for International Cancer Control, also shared their perspectives on addressing cancer care in conflict zones.

The key messages from the summit emphasized the importance of research in finding solutions for cancer patients in conflict zones. It highlighted the need for tailored approaches to address the unique challenges



faced in different regions. By recognizing the specific needs of each situation, we can work towards ensuring that every individual receives the necessary care. The summit emphasized the significance of dedicated research, adaptable strategies, and inclusivity to leave no one behind. In conclusion, the 1st Global Summit on War and Cancer was a significant event that addressed the challenges faced by cancer patients in conflict zones. It provided a platform for sharing knowledge and strategies, emphasizing the importance of tailored approaches and dedicated research. By working together, we can make a positive impact and improve the lives of cancer patients in war-affected areas.



Hobbies of Renowned Oncologists

Julie Gralow - "I like being outdoors and hiking, being out in nature, climbing mountains, running even just a gentle hike out. And you know, going for an hour or two long hike and just relaxing your mind. That's where I come up with some of my best ideas for how to solve a problem at work too. It's just freeing up your mind where you're in all this beauty and you're not stressed with all the different emails you're getting and, you know, zoom calls you have and everything, and just give yourself some time to just relax. And, you know, we do take our vacations."

John Gore - "Well, I guess I would say, probably hiking. I grew up, going on a lot of camping trips and seeing a lot of the national parks in the US. And then now I live in Seattle, which is close to the mountains with a lot of beautiful hiking trails and waterfalls. Therefore, I love to go hiking."

Lillian-Siu - "My colleague and I, for example, signed up for kickboxing, which I have started, and it's fun because we get to do some training and exercise at the same time. I also enjoy travel besides work travel, which already is a lot, but I

try to do some pleasure travel as well. I wish I had more time to read. I try, but not as much as I would like to, but I am still trying to reach a good work-life balance."

Douglas Flora - "I read a variety of materials, not all of which are medical. I aim to read one entertaining book, one by a poet or a prize winner, and one focused on personal development, in that order. Even if you don't have time to read, listening to podcasts or audiobooks on your way to and from work can be beneficial. Also, fortunately, I married a woman who loves to exercise and hikes religiously. We've been all over the world chasing hikes. Most recently, we were in the Caribbean, and she just got back from hiking for 16 days in Chile and Argentina with my daughter. So, I'm going to be hiking by association because of the person I chose to marry, and I'm probably better off for it."

Pasi A. Jänne - "Being from Finland I have played hockey as an adult for over a decade now. Now, I play a few times a week, and I really enjoy it. It fosters good camaraderie, provides excellent exercise, and is just really fun. In a place



like Boston, you can play year-round; it's not limited to just the winter. There are places open in the summer, and I play during the summer as well."

Enrique Sotto - "I like baseball a lot, which is a very Latin American and US sport. It is like playing a game in the World Series of Baseball or the final of the World Cup or something

like that. I love cycling, I'm a cyclist."

Yelena Janjigian - "I have a superpower to be able to, on very short notice, half an hour or less, prepare a big meal for a large group of people."

Crossroads of Insight: Art, Books and Movies

Lillian Siu - "The Art of Medicine by Dr. Hopping Kong. The chapter "The Art of Listening" is highlighted as particularly impactful for reminding medical professionals about the importance of giving patients the space to express themselves without interruption. **Blink** by **Malcolm Gladwell**. Gladwell's book discusses the power and pitfalls of making quick decisions, a topic highly relevant to oncologists who often need to make rapid judgments under pressure. **In Shock** by **Dr. Rana Awdish**. It discusses the impact of a doctor's words and actions on a patient and emphasizes the need for empathy and understanding in clinical interactions."

Françoise Meunier - "The biography of Jean Monet should be required reading for every young person. It is fantastic because it shows all the hustle and difficulty that he had

to go through to finally achieve what he achieved with Schuman and created with others the spark in Belgium and the European Union. I think facing all those difficulties, all of those challenges, and succeeding is an inspiration for me."

John Gore - "In the Art Institute of Chicago, there's a piece of art there that always sort of gave me peace and inspiration. And it's called Sky Above Clouds by Georgia O'Keeffe, and it's a massive painting. It takes up. Yeah. And it takes up almost an entire wall. I've always loved that painting. That's something I always go back to, too. So if I go to Chicago, I try to at least visit that painting."

Enrique Sotto - "There are a lot of movies I love. I just saw one on the plane which I completely love. Past Lives. Wow, what a movie. My favorite movie of the year so far."

ONCOTHON

by OncoDaily

Global OncoThon - The first-ever event took place on February 15th, 2024, hosted by OncoDaily, on International Childhood Cancer Day. The event aimed to raise awareness and funds for pediatric cancer research with a 24-hour live-streaming format.

This year, the Global OncoThon was intended to provide support to Oncoheroes Biosciences to launch an international clinical trial testing the efficacy of volasertib on five indications of pediatric cancer across 20 countries.

Oncoheroes Biosciences is a biotech company exclusively focused on pediatric cancer drug development. It was founded by two visionary leaders and parents, Ricardo Garcia and Cesare Spadoni.

The Oncothon united the international community with renowned speakers, including pediatric oncologists, leaders of societies and international organizations, survivors, patient advocates, and representatives from charitable foundations.

One hundred speakers from around 40 countries were represented. World-known speakers such as the President of the American Society of Clinical Oncology (ASCO) Eric J. Small, CEO of ASCO, Clifford Hudis, the CEO of

the International Society of Pediatric Oncology (SIOP), Susanne Wollaert, Her Excellency Zainab Shinkafi-Bagudu who have joined along with many other esteemed speakers.

The Oncothon broadcasted 24-hour live-streaming on virtual platforms, starting at 10 a.m. Japan Standard Time and ending at 08:00 p.m. Eastern Standard Time. During the event, various topics were discussed, including advances and challenges in pediatric oncology research and treatment, as well as advocacy strategies for improving funding for childhood cancer.

The Global OncoThon generated remarkable momentum in raising awareness and mobilizing resources for childhood cancer research.

By bringing together diverse stakeholders for collaboration and advocacy, the event has laid a foundation for continued progress in improving outcomes for children with cancer worldwide.

The First Global Oncothon will be a recurring event. Every year, OncoDaily will gather people from all over the world to speak about childhood cancer challenges and raise funds for pediatric cancer research.

CHILDHOOD CANCER DAY

FEB 15, 2024

1st Global Telethon To Raise Funds For Pediatric Cancer

In collaboration with:



ONCOHEROES
BIOSCIENCES

Ally Anderson

Mar 25, 2007 - Nov 13, 2023



What is LEADERSHIP?



Andrés Wiernik

"There are different leadership styles. First, Be humble. You know, if you think you know everything, you're so wrong. Second, learning to work as a team... I strongly value that. And you have to be passionate. You need to love what you're doing every single day."



Lillian Siu

"Leadership is about standing behind your team, not in front of them. It is about allowing individuals working with you to contribute and feel like they're part of the team. I truly believe that no team consists of just one person, and similarly, no leader is just one person. I have been very fortunate to build numerous groups and teams, and I genuinely enjoy holding meetings where everybody has a voice."

"As a leader, we won't always be in our prime. One of the most successful things we can do is to train the next generation effectively, creating a legacy of individuals who become world leaders themselves."



Therese Mulvey

"True leadership is a learned skill. It sounds easy, but you're building the plane while you're flying it most times when you're in a leadership position. We think about leadership as having a vision and managing conflict, but it's having a vision, understanding how to implement a vision, and communicating. You have a job to do, you need to be able to bring folks along in a team and get from point A to point B and accomplish what needs to be done. I've been fortunate to have fabulous mentors and coaches who have been able to help me develop those skills."



Guillermo Chantada

"You have to read. This is a profession that you cannot just trust in your experience."

"You should trust in people, you cannot do everything on your own, you have to work in a team."



Matti Aapro

"The important point is that the idea goes forward so we work together. It's not one person. It's many voices saying the same thing in different ways because of course, we speak in different environments."



Yelena Janjigian

"As a relatively early career physician at Memorial Sloan Kettering, five years ago, an opportunity came up to apply for a leadership position, to become service chief at our hospital, which is a very big important leadership position, overseeing over 40 doctors, medical oncologists, treating different cancers everywhere from esophagus cancer to the rectal canal."