Welcome to the April Issue of the MASCC Society News

This month, MASCC President Ian Olver welcomes Melissa Chin, MASCC's new Executive Director. He also comments briefly on plans for the upcoming Annual Meeting and the status of the second edition of the MASCC Textbook. We have news from Springer about coverage of open access fees for many researchers in Europe and information about CME/CPD accreditation for the 2017 MASCC/ISOO Annual Meeting’s scientific program. We bring you a summary of the recent SIOG position paper on bone health in elderly cancer patients, a research highlight on the management of febrile neutropenia, and an update on projects of the Union for International Cancer Control (UICC). We include some conference news and reminders and a welcome to all new MASCC members who joined us in February.

All issues of the MASCC Society News are available online at www.mascc.org/society-news. Older issues (through August, 2016) can be found in the back pages of our journal, Supportive Care in Cancer.

~ Toni Clark, Editor

A Message from MASCC President Ian Olver

Melissa Chin has now commenced as the new MASCC Executive Director. We welcome her and look forward to her contributions to MASCC and her perspective on the organization from a different background and past experiences. Melissa is based in Toronto, Ontario, Canada and can be reached at mchin@mascc.org.

Our Annual Meeting in Washington is rapidly approaching. We have a comprehensive program with some exciting new topics, and I thank Rachel Gibson, ably supported by Kat Nehme for all the hard work of pulling the scientific program together. Now, we simply need the meeting to be supported by the MASCC membership and those they mentor. I’m sure there will be much sharing of new information, in addition to our usual focus on networking in supportive care. This is particularly important for new academics, who need to develop international research links.

I have had very positive reports about the groups that are assisting with our strategic plan, and I thank Jan Heybroek and his team for coordinating this process. We look forward to the culmination of this effort at the Strategic Planning Meeting in Washington just prior to our scientific meeting.

I thank all the authors who have returned their revised chapters for the second edition of the MASCC Textbook on Cancer Supportive Care and Survivorship. The standard, as I expected, is very high. It is remarkable how much has changed in the 5 years since the original textbook was published. I encourage the few authors who have yet to complete their revisions to do so promptly, so that we can deliver a new edition of the Textbook in the second half of this year.

~ Ian Olver

Springer Announces Coverage of Open Access Fees for Many European Authors

Victoria Ferrara, Senior Editor, Clinical Medicine at Springer Science, has announced a new initiative at Springer that will benefit many European contributors to our journal Supportive Care in Cancer, as well as over 1600 other Springer journals.

Springer Compact is an agreement between Springer and the countries of Austria, The Netherlands, Sweden, and the United Kingdom, along with the Max Planck Institute (Germany) that provides coverage of Open Choice fees for corresponding authors affiliated with participating institutions. Open Choice, which allows authors to publish open access in the majority of Springer’s subscription-based journals, increases visibility and provides other author benefits. Open access articles are freely available to everyone worldwide.

See Institutional Agreements at Springer.com for more information. Corresponding authors who are affiliated with one of the listed countries or institutes are eligible for full coverage of Open Choice fees (currently priced at $3,000 (USD) or €2,200). Upon completion of the Stage 150 production process, a corresponding author will receive confirmation that the open access fees are covered.

MASCC and Springer hope to see many SCC authors take advantage of Open Choice and this special offer in the years ahead.
We are pleased to announce that the MASCC/ISOO 2017 scientific program has been accredited with 19.5 AMA (American Medical Association) PRA category 1 credits for physicians and 19.5 ANCC (American Nurses Credentialing Center) contact hours for nurses. See what this means for you and how to claim your credits: CME/CPD Accreditation.

The diverse educational offerings of the 2017 MASCC/ISOO meeting means participants can tailor the curriculum to meet their needs and level of experience. See the full Scientific Program.

MASCC members Matti Aapro, Jean-Jacques Body, and Annie Young are members of an International Society of Geriatric Oncology (SIOG) Task Force on bone protection in older patients with cancer. The work of the Task Force has led to a recent SIOG position paper on bone health in elderly cancer patients, which appeared in Cancer Treatment Reviews, December, 2016.

The Task Force was convened in recognition of the special risks and needs of elderly cancer patients stemming from decreasing bone mineral density, an increased risk of bone fractures, and rates of invasive malignancies with a higher risk of bone metastases. The aim of the group was to review and adapt existing guidelines on bone protection for an older cancer population. The aims also included consideration of the higher likelihood of renal impairment associated with hypertension or diabetes and comorbidities that entail concomitant medications. Of prime concern is the safety and comfort of elderly patients, especially during chemotherapy.

The authors begin by explaining the way that bone health and cancer are interconnected and the implications for bone metastases (mostly in the axial skeleton), which are usually symptomatic, reducing survival and increasing the costs of care. In addition, several treatments for hormone-responsive tumors affect bone turnover, bone mineral density, and bone quality. Elderly patients are already at higher risk for osteoporosis and fractures. There is also evidence that the microenvironment of bone marrow affects the spread of cancer; thus, bone-modifying agents may directly influence cancer survival.

The authors discuss the impact of breast cancer treatments on bone health and review the current ESMO guidelines for preventing bone loss in postmenopausal and older women with breast cancer. They also discuss the relationship of prostate cancer (and androgen deprivation) and bone loss. And they review the European Association of Urology guideline recommendations for monitoring and treatment. The paper considers management of bone metastases, prevention of skeletal-related events, the treatment of multiple myeloma, which is more common in those over age 65.

The authors also note that nurses have critical roles in patient assessment and monitoring, for they are well placed to recognize therapeutic outcomes and side effects, as well as symptoms of skeletal events. They can help coordinate the care of a multidisciplinary team and often identify and help meet their patients’ educational and social needs.

The paper includes general recommendations for the use of bone-modifying agents, recommendations (with grades of evidence) for managing bone metastases in breast and prostate cancer, recommendations from the European Myeloma Network for the management of bone-related complications, and recommendations for nursing care as part of the multidisciplinary management of elderly patients with bone metastases.

The authors stress that elderly patients carry the bulk of the cancer burden and their treatment is more likely to be complicated by comorbidities and physiological decline. In the context of bone health, the effects of cancer and its treatments are superimposed on normal, age-related reductions in bone mineral density. There is a lack of data from randomized controlled trials specific to elderly cancer patients and an urgent need to better understand the risks and benefits of bone-targeted treatments in this rapidly growing population. The SIOG paper provides the basis for further discussion and research.

1Jean-Jacques Body is the Head of Geriatric Medicine at CHU Brugmann, Université Libre de Bruxelles, Brussels, Belgium. Matti Aapro is Dean of the Multidisciplinary Oncology Institute, Genolier, Switzerland. Annie Young is a Professor of Nursing at the Warwick Medical School, University of Warwick, Coventry, UK.

Managing Febrile Neutropenia: Review and Future Directions

MASCC member Alex Chan and coauthor Xiao Jun Wang have recently reviewed the current treatment of febrile neutropenia (FN) in cancer patients, and they identify some strategies by which a multidisciplinary care team could control FN symptoms and optimize management. The review is based on the medical literature as well as current clinical practice guidelines.

Up to 16% of cancer patients have at least one FN episode during their chemotherapy, despite appropriate prophylaxis. FN is a potentially life-threatening complication and is associated with chemotherapy dose reductions and treatment delays that can jeopardize optimal clinical outcomes. FN also represents a significant economic burden to patients and to society. Thus, it is important to identify patients at risk for FN and take steps to prevent it. Risk factors include older age, poor performance status, advanced disease, comorbidities, low baseline blood cell counts, and low body mass index or body surface area.

With respect to management of FN, the authors discuss the components of initial assessment — including a detailed history, physical exam, blood tests, cultures, and radiography — before the introduction of broad-spectrum antibiotics. The Infectious Disease Society of America (IDSA) also recommends complete blood cell counts, serum creatinine levels, and urea nitrogen levels every 3 days during antibiotic therapy to monitor for possible drug toxicity. The use of biomarkers for infection (i.e., CRP, IL-6, PCT) is also discussed.

The authors consider methods of risk assessment to identify possible complications and guide management decision-making. A principal risk assessment tool is the MASCC Risk Index score, which identifies low-risk patients, allowing for more cost-effective management options in many cases. The authors review the pros and cons of other parameters for improving risk stratification, including a modified MASCC Risk Index score, and a method for predicting serious complications among patients with FN. With respect to prevention of FN, Wang and Chan review the prevention of FN in high-risk patients with antibiotics and G-CSF, taking into account current guidelines from ASCO, NCCN, and ESMO. They discuss the optimal types and timing of antibiotic treatment to minimize prolonged hospitalization and risk of mortality, and they consider the safety, efficacy, and cost-benefit assessment of adjunctive treatment with G-CSF.

Finally, the authors consider ways to optimize FN management and note some directions for further research. These include using economic evaluation and cost-benefit analysis to guide appropriate use of G-CSF and using biomarkers to guide the use of antibiotics, in order to minimize mortality while controlling antibiotic resistance. In contrast to blood cultures (with their long turnaround times for results), serum biomarkers, such as CRP, PCT, IL-6, and lipopolysaccharide-binding protein, have the potential to differentiate between infectious and noninfectious fever and identify serious infections. Patient-reported outcomes can also be used to improve risk assessment for serious complications and some have been shown to provide prognostic information regarding patients’ survival. One recent outcome tool is the Functional Assessment of Cancer Therapy-Neutropenia (FACT-N), a profile-based instrument to provide a targeted assessment of health-related quality of life among patients with neutropenia. Adding such a tool to standard risk evaluation can increase patients’ involvement in FN management and perhaps increase their overall treatment satisfaction.


2FN is defined as single oral temperature of ≥38.3°C or a temperature of ≥38.0°C sustained over 1 hour, along with an absolute neutrophil count (ANC) of <500/mm^3, or an ANC of <1000/mm^3 with an expected decrease below 500/mm^3 within the next 48 hours.
The Union for International Cancer Control (UICC) estimates that cancer costs world economies up to $1.16 trillion (USD) each year, and that figure is expected to grow exponentially if immediate action is not taken. Throughout the past year, the UICC has worked with its members, which include MASCC, to understand organizational needs on a global level. As part of its capacity-building process, UICC conducted 60 in-depth interviews in three regions. These provided a review of existing activities and the basis for sustainable program development with a focus on regional dynamics and peer-to-peer support.

UICC also works with the World Health Organization (WHO) and other organizations to promote World Cancer Day, held each year on February 4th. UICC works directly with its members to develop a campaign that serves their unique organizational priorities through a two-pronged strategic approach: (1) the development of tools and guidance to enable member organizations to run local cancer awareness campaigns and (2) securing and supporting digital, traditional, and social media opportunities to raise public awareness of the day.

In the first phase of the Challenge, C/Can 2025 will target “key learning cities” from low- and middle-income countries where the need is greatest. These will provide insight on how the international community, local civil society, and the public sector can best work together to implement the goals of C/Can 2025. The first three cities that have committed to the Challenge are Asunción, Paraguay, Cali, Colombia, and Yangon, Myanmar. For more information, see www.uicc.org/CCan2025.

UICC plans to launch regional programs at the November 2017 World Cancer Leaders’ Summit in Mexico City for Latin America and at the 2018 World Cancer Congress in Kuala Lumpur for Southeast Asia. In addition, UICC offers capacity-building grants to promote cancer knowledge and technology transfer and invites members to take advantage of its grant offers in 2017, including a new opportunity for cancer professionals and health workers across French-speaking Africa.

The Union for International Cancer Control (UICC) comprises 950 organizations in more than 150 countries and represents the world’s major cancer societies, ministries of health, and patient groups, as well as influential policy makers, researchers, and experts in cancer prevention and control. UICC is dedicated to “convening, capacity building, and advocacy initiatives that unite the cancer community to reduce the global cancer burden, promote greater equity, and integrate cancer control into the world health and development agenda.” Find out more about UICC’s vision, goals, and priorities at UICC.org.

The 2016 World Cancer Congress highlighted regional and patient perspectives and included a program in French, sessions in Spanish, and innovative capacity-building activities to enhance participants’ expertise, knowledge, and impact. The meeting also included plenary sessions, debates, abstract presentations, master courses, and a global village of exhibits and opportunities for patient group representatives to share experiences and challenges of addressing cancer around the world.

Focus on Supportive Care in Cancer • May 8-9, 2017 • Bologna, Italy

The National Academy of Medicine (Italy) and the Italian Network of Care in Oncology Support plan a third meeting “Focus on Supportive Care in Oncology” meeting, to be held May 8-9 in Bologna, Italy. The conference is designed to take a wide view of cancer supportive care. It will address the prevention and management of cancer symptoms and treatment side effects, as well as psychosocial issues, rehabilitation, and problems faced by cancer survivors, such as late toxicities and second malignancies. The meeting directors include MASCC members Andrea Antonuzzo, Paolo Bossi, Carla Ripamonti, and Fausto Roila.

The program will highlight the results of clinical studies published or presented in the past year and will allow for interaction and discussion. The conference is appropriate for clinicians and researchers from a wide range of specialties, including oncology, hematology, internal medicine, geriatrics, psychotherapy, radiotherapy, pharmacy, nursing, and general practice. The meeting is available for CME certification. See the website for more information. https://focusterapiesupporto.acciemed.org/.
MASCC • Supportive Care Makes Excellent Cancer Care Possible

2017 MASCC/ISOO Annual Meeting – Key Dates!
Early Registration Deadline: April 5, 2017
Late-Breaking Abstract Submission Period: April 19-April 25, 2017
Registration Deadline: June 7, 2017

Future MASCC Meetings – Mark your calendar!
June 27-29, 2018 • Vienna, Austria
June 21-23, 2019 • San Francisco, California, USA
June, TBA, 2020 • Seville, Spain

Upcoming Conference Reminders

Math 4-7, 2017
ONS 42nd Annual Congress
Denver, Colorado, USA
http://congress.ons.org/

Math 8-9, 2017
Grandangolo in Oncologia
Focus on Supportive Care in Cancer
Bologna, Italy
https://focusterapiesupporto.accmed.org/

June 16-17, 2017
2nd Sapporo Conference for Palliative & Supportive Care in Cancer
Sapporo, Japan

June 22-24, 2017
MASCC/ISOO Annual Meeting on Supportive Care in Cancer
Washington, DC USA
http://www.mascc.org/meeting

April Observances
National Cancer Control Month (US)
National Minority Cancer Awareness Week, April 11-17 (US)
National Oral, Head, & Neck Cancer Awareness Week, April 12-18 (US)
Testicular Cancer Awareness Month

Have any news items to share? Please send contributions to MASCCnews@mascc.org.