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Best of ASCO 2025 – Survivorship

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Introduction

For the section *Survivorship and Symptom Control* at the Sociedade Portuguesa de Oncologia (SPO) *Best of ASCO 2025 – Official Licensed Annual Meeting,* we aimed to select abstracts answering tangible questions regarding the management of frequent challenges encountered by oncologists on their daily routine. Evidence has shown that the development of optimized supportive care in oncology is tied with the improvement of patient outcomes, while the use of patient-reported outcome measures is giving interesting new insights on aspects considered as important by patients and caregivers, which previously have been under-evaluated. Present best practice in oncology recognizes the importance of a multidisciplinary approach not only in diagnosis, staging, and treatment but also in supportive care during and after treatment, as well as in survivor care with a focus on quality of life (QoL), rehabilitation, and prevention. Models of integrated care with embedded oncology clinics and early integration of palliative care have consistently shown to improve QoL and symptom control, greater patient and caregiver satisfaction with care, and less aggressive care at the end-of-life[1-8].

Methods

We considered the abstracts submitted and presented during the ASCO Conference 2025, in the category *Survivorship*, on the topics *of Symptom Science and Palliative Care* and *Quality Care/Health Services Research*.

A consensus was reached between the members of the Supportive and Palliative Care Working Group of the SPO, with background in Medical Oncology and Palliative Care, on the abstracts to present at the SPO Meeting.

Results

The following abstracts were selected:

- Abstract 508 – Efficacy and safety of elinzanetant for vasomotor symptoms (VMS) associated with endocrine therapy: Phase III OASIS-4 trial[9].
- Abstract 11003 – Randomized trial of a supportive oncology care at home intervention for patients with cancer receiving curative treatment[10].
- Abstract 12006 – A multicenter, randomized, controlled, open-label trial to determine the optimal duration of steroid therapy for mild pneumonitis associated with immune checkpoint inhibitors (ICIs)–results from the PROTECT study[11].
- Abstract 12007 – Romiplostim for chemotherapy-induced thrombocytopenia in colorectal, gastroesophageal, and pancreatic cancers: a global, phase III, randomized, placebo-controlled trial[12].

Discussion

Abstract 508

Summary

The Phase III OASIS-4 trial evaluated elinzanetant (EZN), a dual neurokinin-1 and -3 receptor antagonist, for treating VMS associated with adjuvant endocrine

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therapy (AET) in women with or at risk for hormone receptor-positive breast cancer. In the 52-week study, women receiving EZN showed significantly greater reductions in VMS frequency and severity compared to placebo, with effects noticeable by week 1 and statistically significant by weeks 4 and 12. EZN was generally well tolerated, with manageable treatment-emergent adverse events. These findings suggest EZN may improve adherence to AET, potentially enhancing breast cancer outcomes and patient QoL.

Comment

VMS are common in women under AET and may be more severe than those associated with physiological menopause. Furthermore, VMS are associated with reduced QoL and cognitive function and contribute to non-adherence to therapy. No treatment is currently approved specifically for VMS in this setting; antidepressants (namely, SSRI/SNRIs) and acupuncture are sometimes suggested. EZN has previously been shown to improve VMS, sleep disturbances, and QoL in the Phase III OASIS-1, OASIS-2, and OASIS-3 trials[13-17].

The OASIS trials provide evidence for the use of EZN to manage one of the side-effects of AET most commonly associated with an impact on QoL. Considering the growing role of endocrine therapy in different breast cancer settings, with emerging new single-agent and combination regimens, a reduction in VMS can be regarded as an important component of patient care[18].

Abstract 11003

Summary

This randomized trial evaluated a Supportive Oncology Care at Home intervention for cancer patients receiving curative treatment. The intervention included remote symptoms and vital sign monitoring, home-based care, and structured communication with oncology teams. Among 196 participants, there was no significant difference in hospital or emergency visits between the intervention and usual care groups. However, the intervention group had fewer urgent clinic visits and showed greater improvement in symptom burden and activities of daily living over time. These findings suggest that home-based supportive care may enhance symptom management and daily functioning, even if it does not reduce hospital admissions.

Comment

Cancer patients often experience a high symptom burden from their disease, as well as adverse effects and toxicities resulting from treatments. These contribute to high utilization of healthcare resources, impaired functional status, and poorer QoL. Interventions, such as symptom monitoring and home-based supportive care models, represent promising approaches aimed at improving patient outcomes[19-21].

Integrating supportive oncology and expertise in symptom management from palliative care teams into cancer patient care is widely regarded as the current standard of care in oncology[22-25]. The home care setting has particular importance in this regard and different approaches have shown promising results[26]. How to effectively design this integration of care is a challenge that the wider oncology community will have to face, depending on particular characteristics of the patient population, healthcare system organization, and available resources[27,28]. Technological developments in the fields of bioinformatics, artificial intelligence, telemedicine, cloud computing, and internet-of-things can provide valuable tools in this regard[29].

Abstract 12006

Summary

The PROTECT study, a multicenter randomized trial, compared 3-week versus 6-week corticosteroid treatments for mild immune-related pneumonitis caused by ICIs. Among 105 patients, the 3-week regimen did not demonstrate non-inferiority to the 6-week treatment, with lower treatment success (66.7% vs. 85.2%) and higher relapse or exacerbation rates (41.1% vs. 24.1%). Although fewer severe adverse events occurred in the shorter treatment group, overall results favored the 6-week regimen. QoL differences were minimal. These findings suggest that shorter steroid courses may be less effective, supporting current guidelines recommending at least 4-6 weeks of treatment.

Comment

Among immune-mediated adverse events (irAEs), immune-mediated pneumonia (IrP) is relatively common. In clinical trials, the reported incidence of IrP is 0-10%, although data indicate a higher incidence in

clinical practice. Corticosteroids are the first-line therapy recommended by guidelines, although the optimal duration of treatment has not yet been defined by randomized clinical trials[30-33].

The management of irAEs is part of the daily practice of oncologists and constitutes a challenge in cancer patient care. With the growing number of ICIs approved in different disease settings, as single-agent or as part of combination regimens, a focus on providing optimized management of irAEs is a key. Important considerations include an effective evaluation of irAE grade, monitoring, effectiveness of the interventions, impact on QoL, and the possibility to resume and adapt the ICI treatment regimen[34].

Abstract 12007

Summary

This global Phase III randomized controlled trial evaluated romiplostim (ROMI), a thrombopoietin receptor agonist, for treating chemotherapy-induced thrombocytopenia (CIT) in patients with gastrointestinal cancers. Among 165 patients, 84% of those receiving ROMI avoided chemotherapy dose modifications due to CIT, compared to 36% in the placebo group. ROMI significantly improved platelet counts and reduced the time to platelet recovery, with a favorable safety profile and minimal adverse events. These findings suggest ROMI is an effective and well-tolerated treatment for CIT, potentially enabling patients to maintain full-dose, on-schedule chemotherapy, addressing a major unmet clinical need in cancer care.

Comment

CIT occurs frequently and can compromise treatment. Full-dose on-time chemotherapy correlates with favorable outcomes, while CIT is often managed with changes to the chemotherapy regimen that compromise dose-intensity. There are no approved standard treatments for CIT - platelet transfusions have limited availability, transient benefits, and are associated with transfusion risks. The thrombopoietin receptor agonist romiplostim ROMI has previously demonstrated safety and efficacy in CIT in a randomized Phase II trial, with an increased platelet count correction rate in the treatment group[35-39].

The management of treatment-related toxicities and the aim to provide optimize dose-intensity while minimizing treatment delays is one of the many challenges faced by oncologists in their practice. Agents, such as ROMI, which provide answers to specific toxicities, provide opportunities to tailor treatment regimens to specific patient needs, contributing to improved outcomes[39].

Conclusion

The selected abstracts highlight the importance of cross-area research in supportive and palliative care, fostering opportunities to develop significant improvements in cancer patients' and survivors' outcomes. A multidisciplinary and integrated approach to patient management has consistently shown promising results. Therefore, it constitutes a standard that should be reflected in healthcare policies and institutional organizational models.

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