# 1<sup>st</sup> UK Interdisciplinary Breast Cancer Symposium

Monday 15th - Tuesday 16th January 2018



#### **HOSTED BY:**













**British Breast Group** 

#### **SPONSORS**

The UK Interdisciplinary Breast Cancer Symposium is grateful to the following sponsors for their support of this meeting:

#### **PLATINUM**



AMGEN



**NANOSTRING** 



**ROCHE** 



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PFIZER

<sup>\*</sup>Roche Products Limited has had no control over the educational content of this activity

<sup>\*</sup>AstraZeneca has provided a sponsorship grant towards this Independent Programme

#### WELCOME

#### Dear Colleague,

On behalf of the Executive Committee I would like to welcome you to Manchester and to the 1st UK Interdisciplinary Breast Cancer Symposium.



This new venture aims to provide all those with an

active interest in breast cancer research and treatment an opportunity to consider and discuss how the latest advances may impact upon their and others areas of expertise. The emphasis is on INTERdisciplinary in the symposium title since it is increasingly recognised that advances in one discipline most often have bearing on management in another. We are therefore delighted that several different organisations have embraced this concept and provided their unequivocal support for their members to attend and participate. We also welcome the participation of many patient advocates whose involvement in and advice on our research is often critical to its success.

I would like to thank our commercial colleagues for their enthusiastic support. Without them the meeting would have been unaffordable.

Lastly, thank you, for coming to this first meeting and contribute to the success of the meeting. If you submitted an abstract you were among 220 to do so. We are very keen to hear of your experience here and of ways we might improve future meetings.

#### Professor Mitch Dowsett

Chair, UK IBCS Organising Committee

#### **PROGRAMME AT A GLANCE**

#### MONDAY 15TH JANUARY 2018

|               | •   |  |
|---------------|---|--|
|               | EXCHANGE AUDITORIUM   | CHARTER 1                              |
| 07.45 – 09.00 |   |  |
| 09.00 - 09.10 | Opening address   |  |
| 09.10 – 09.50 | Highlights of 2017 (I)  |  |
| 09.50-10.20   | <b>Key note lecture:</b> Dr Laura Esserman                    |  |
| 10.20-11.00   | Highlights of 2017 (II)                                       |  |
| 11.00 – 11.30 |   |  |
| 11.30 – 12.45 | Metastatic disease  | Ductal Carcinoma In S                  |
| 12.45 – 13.55 |   | 12.50 – 13.50<br>Industry Symposium:   |
| 14.00 – 14.30 | <b>Le Cure lecture:</b><br>Dr Marc Lippman                    |  |
| 14.35 – 15.55 | Neoadjuvant therapy   | Image analysis for sci<br>pathologists |
| 15.55 – 16.25 |   |  |
| 16.25 – 17.40 | Selected free communications                                  | Triple negative breast                 |
| 17.45 – 18.15 | <b>Key note lecture:</b> Professor Sir<br>David Spiegelhalter |  |
| 18.15 – 19.15 |   |  |
| _             |   |  |

#### TUESDAY 16<sup>TH</sup> JANUARY 2018

| 07.50 – 08.50 |   | Industry Symposium:<br>Daiichi-Sankyo |
|---------------|---|---------------------------------------|
| 09.00 – 09.30 | Key note lecture sponsored by BACR: Professor Jack Cuzick |                                       |
| 09.35 – 10.55 | Measuring and managing breast cancer risk                 | Novel clinical trial end              |
| 10.55 – 11.25 |   |                                       |
| 11.25 – 12.45 | New treatments and measuring their impact                 | Lobular breast cancer                 |
| 12.45 – 13.55 |   | 12.50 – 13.50<br>Industry Symposium:  |
| 14.00 – 14.30 | Cridlan lecture: Dr Chuck Perou                           |                                       |
| 14.35–15.55   | Biomarkers and prognostic profiling                       | Challenges of local m                 |
| 16.00 – 16.10 | Prize presentations                                       |                                       |
| 16.10 – 16.40 | <b>Key note lecture:</b><br>Professor David Cameron       |                                       |
| 16.40         | CLOSING REMARKS   |                                       |
| 16.45         | CLOSE OF MEETING  |                                       |

|             | Industry Symposium: Novartis  | TEA/COFFEE<br>& POSTER JUDGING    |
|-------------|---|-----------------------------------|
|             |   |                                   |
|             |   | DRINKS RECEPTION & POSTER VIEWING |
|             |   |                                   |
| cancer      | Costs of treatment  | TEA/COFFEE                        |
| entists and | Workshop: A practical guide to shared decision making: Putting research into practice | TEA/COFFEE                        |
|             |   |                                   |
| Amgen       | 12.50 – 13.50<br>Industry Symposium: Rocher   | LUNCH                             |
| itu         | Model systems   |                                   |
|             |   | TEA/COFFEE                        |
|             |   |                                   |
|             |   | REGISTRATION<br>TEA/COFFEE        |
|             | CHARTER 2 & 3   | EXCHANGE HALL<br>(EXHIBITION)     |

| -points Breast cancer heterogeneity and evolution    |            |
|--|------------|
| Т  | TEA/COFFEE |
| Communicating risk in the context of genomic testing |            |
| 12.50 – 13.50<br>Industry symposium: Nanostring      | UNCH       |
|  |            |
| nagement Clinical trials roadshow                    |            |
|  |            |
|  |            |
|  |            |
|  |            |

# **FINAL PROGRAMME**

#### MONDAY 15TH JANUARY 2018

| EXCHANGE AUDITORIUM  |  |
|--|--|
| OPENING ADDRESS  |  |
| Professor Mitch Dowsett<br>Baroness Delyth Morgan              |  |
| HIGHLIGHTS OF 2017 (I)   |  |
| Chairs: Dr Daniel Hayes<br>& Professor Arnie Purushotham       |  |
| <b>Basic research</b> Professor Clare Isacke                   |  |
| <b>Translational research</b> Professor Peter Schmid           |  |
| KEY NOTE LECTURE   |  |
| Chair: Miss Julie Doughty                                      |  |
| Innovation in neoadjuvant<br>chemotherapy<br>Dr Laura Esserman |  |
|  |  |

| 10.20 –<br>11.00 | HIGHLIGHTS OF 2017 (II)                                  |
|------------------|--|
|                  | Chairs: Dr Daniel Hayes<br>& Professor Arnie Purushotham |
| 10.20            | <b>Early disease</b><br>Professor Michael Gnant          |
| 10.40            | <b>Late disease</b><br>Dr Mark Verrill                   |

| 11.00 - 11.30 | TEA/COFFEE    |
|---------------|---------------|
|               | EXCHANGE HALL |

| EXCHANGE AUDITORIUM |  |
|---------------------|--|
| 11.30 – 12.45       | METASTATIC DISEASE   |
|                     | Chairs: Professor Andrew Tutt<br>& Dr Catherine Harper-Wynne |
| 11.30               | Managing ER+ disease<br>Professor Stephen Johnston           |

| 11.50 | Predicting outcome in metastatic<br>breast cancer<br>Dr Aleix Prat  |
|-------|---|
| 12.10 | <b>Evolution of resistance</b><br>Professor Adrian Harris   |
| 12.30 | SELECTED FREE COMMUNICATION:  |
|       | RADICAL phase Ib/IIa study of<br>AZD4547 combined with anastrozole<br>or letrozole in AI resistant ER+ breast<br>cancer patients<br>Professor Michael Seckl, Imperial College<br>London |

| CHARTER 1     |  |
|---------------|--|
| 11.30 – 12.45 | DUCTAL CARCINOMA IN SITU   |
|               | Chairs: Dr Anthony Maxwell &<br>Mr Mark Sibbering  |
| 11.30         | <b>Avoiding overtreatment of DCIS</b> Dr Judy Boughey  |
| 11.50         | How wide a margin do we need for DCIS? Professor Sarah Pinder  |
| 12.10         | Should radiotherapy be routinely recommended after wide local excision of DCIS?  Professor David Dodwell   |
| 12.30         | SELECTED FREE COMMUNICATION:   |
|               | Does immediate breast reconstruction delay the delivery of adjuvant treatment? The iBRA-2 prospective multicentre cohort study  The Breast Reconstruction Research Collaborative |

| CHARTER 2 & 3 |   |
|---------------|---|
| 11.30 – 12.45 | MODEL SYSTEMS   |
|               | Chairs: Professor Ingunn Holen<br>& Professor Valerie Speirs  |
| 11.30         | The use of patient-derived tissues for advanced, preclinical models of breast cancer  Dr Rob Clarke |

# MONDAY 15<sup>TH</sup> JANUARY 2018

| 11.50 | <b>Organoid models</b> Dr Mathew Garnett   |
|-------|--|
| 12.10 | <b>3D</b> in vitro modelling using material from Breast Cancer Now Tissue Bank Dr Richard Grose  |
| 12.30 | SELECTED FREE COMMUNICATION:   |
|       | Targeting IL1B-Wnt signalling prevents breast cancer colonisation in the bone microenvironment  Dr Rachel Eyre, University of Manchester |

| 12.45- 12.50  | CIRCULATION BETWEEN MEETING ROOMS |
|---------------|-----------------------------------|
| 12.45 – 13.55 | LUNCH                             |

| CHARTER 1     |   |  |
|---------------|---|--|
| 12.50 – 13.50 | INDUSTRY Symposium: AMGEN   |  |
| •             | From past paradigms to future frontiers: Exploring the role of bone modifying agents in breast cancer                   |  |
| 12.50         | <b>Welcome and introduction</b> Professor Michael Gnant   |  |
| 12.55         | Therapeutic targeting of bone<br>metastasis - from advanced disease to<br>early dissemination<br>Professor Ingunn Holen |  |
| 13.10         | Bisphosphonates in breast cancer: Past, present and future Dr Caroline Wilson   |  |
| 13.25         | RANK ligand inhibition - past, present<br>and future<br>Professor Rob Coleman   |  |
| 13.40         | Panel discussion & Q&A<br>Led by Professor Gnant  |  |
| 13.50         | <b>Chair's summary and close</b><br>Professor Michael Gnant   |  |

| CHARTER 2 & 3   |  |
|-----------------|--|
| 12.50 – 13.50   | INDUSTRY Symposium: ROCHE  |
| The role of imn | nunotherapy in breast cancer   |
| 12.50           | <b>Welcome and introduction</b> Dr Judy King   |
| 12.55           | The application of immuno-oncology to breast cancer - where are we?  Professor Peter Schmid            |
| 13.15           | What can we learn from the immuno-<br>oncology experience in other tumour<br>types?<br>Dr Mark Harries |
| 13.35           | Questions to the panel   |
| 13.45           | Summary and close  |

| EXCHANGE AUDITORIUM |                                  |
|---------------------|----------------------------------|
| 14.00 – 14.30       | 13.45 LE CURE LECTURE            |
|                     | Chair: Professor Ian Smith       |
|                     | Breast cancer research: Past and |
|                     | future                           |
|                     | Dr Marc Lippman                  |

| CIRCULATION BETWEEN MEETING |
|-----------------------------|
| ROOMS                       |

| EXCHANGE AUDITORIUM |  |
|---------------------|--|
| 14.35 – 15.55       | NEOADJUVANTTHERAPY   |
|                     | Chairs: Dr Andreas Makris<br>& Professor Ian Smith                           |
| 14.35               | <b>Neoadjuvant therapy as a surgical tool</b><br><i>Professor Mike Dixon</i> |
| 14.55               | Treatment of the axilla post<br>neoadjuvant chemotherapy<br>Dr Judy Boughey  |
| 15.15               | Neera Patel Lecture: RCB vs pCR as an end-point Dr Fraser Symmans            |
| 15.35               | Imaging end-points for neoadjuvant<br>therapy<br>Dr Sarah Vinnicombe         |

## MONDAY 15<sup>TH</sup> JANUARY 2018

| CHARTER 1     |   |
|---------------|---|
| 14.35 – 15.55 | IMAGE ANALYSIS FOR SCIENTISTS AND PATHOLOGISTS  |
|               | Chairs: Professor Tony Ng<br>& Professor Sarah Pinder   |
| 14.35         | Applying digital pathology to translational breast cancer research Professor Valerie Speirs   |
| 14.55         | Imaging-based analysis of<br>ErbB/HER signaling dimer and<br>immunoregulatory molecules - from<br>preclinical science to biomarker<br>discovery<br>Professor Tony Ng  |
| 15.15         | Deciphering spatial heterogeneity of<br>tumour immune response<br>Dr Yinyin Yuan  |
| 15.35         | SELECTED FREE COMMUNICATION:  |
|               | Clinicopathological significance of<br>heterogeneity of tumour infiltrating<br>lymphocytes in invasive breast cancer<br>Maryam Althobiti, University of<br>Nottingham |

| CHARTER 2 & 3 |  |
|---------------|--|
| 14.35 – 15.55 | WORKSHOP: A PRACTICAL GUIDE TO SHARED DECISION MAKING: PUTTING RESEARCH INTO PRACTICE                          |
|               | Chairs: Professor Deborah Fenlon<br>& Mrs Lesley Turner  |
|               | The benefits of shared decision making Professor Diana Harcourt  |
|               | What can help to help make a good decision in a difficult situation like breast cancer?  Professor Alex Clarke |
|               | Tools available to support shared decision making about breast reconstruction  Dr Nicole Paraskeva             |

| 15.55 – 16.25      | TEA/COFFEE<br>EXCHANGE HALL   |
|--------------------|---|
| <b>EXCHANGE AU</b> | DITORIUM  |
| 16.25 – 17.40      | SELECTED FREE COMMUNICATIONS:   |
|                    | Chairs: Professor Ian Ellis<br>& Mr Mark Sibbering  |
| 16.25 – 16.40      | Peri-operative aromatase inhibitor treatment in determining or predicting long-term outcome in early breast cancer – the POETIC*Trial (CRUK/07/015)  Professor Ian Smith, Royal Marsden Hospital, London  |
| 16.40 – 16.55      | Increasing the dose density of adjuvant chemotherapy by shortening intervals between courses or by sequential drug administration significantly reduces breast cancer recurrence and mortality: an EBCTCG meta-analysis of 34,123 women in 25 randomised trials  Miss Rosie Bradley, University of Oxford |
| 16.55 – 17.10      | Integration of clinical variables for the prediction of late distant recurrence in patients with oestrogen receptor positive breast cancer treated with 5 years of endocrine therapy  Dr Ivana Sestak, Centre for Cancer Prevention, Queen Mary University London   |
| 17.10 – 17.25      | A phase III multicentre double blind randomised trial of celecoxib versus placebo in primary breast cancer patients (REACT – Randomised EuropeAn Celecoxib Trial)  Miss Holly Tovey, Institute of Cancer Research, London   |
| 17.25 – 17.40      | Impact of a BRCA germline mutation<br>on survival - Prospective study<br>of Outcomes in Sporadic versus<br>Hereditary breast cancer (POSH)<br>Professor Diana Eccles, University of<br>Southampton  |

## MONDAY 15<sup>TH</sup> JANUARY 2018

| CHARTER 1     |  |
|---------------|--|
| 16.25 – 17.40 | TRIPLE NEGATIVE BREAST CANCER  |
|               | Chairs: Professor AndrewTutt<br>& Professor Ingunn Holen   |
| 16.25         | <b>The biology of new targets</b> Professor Andrew Tutt  |
| 16.45         | Precision medicine for triple negative<br>breast cancer patients using a systems<br>biology approach<br>Dr Chuck Perou                                     |
| 17.05         | Immunologic advances<br>Professor Giuseppe Curigliano  |
| 17.25         | SELECTED FREE COMMUNICATION:   |
|               | Comprehensive molecular characterisation of TNBCs expressing HORMAD1, a driver of homologous recombination deficiency  Jelmar Quist, King's College London |

| CHARTER 2 & 3 |   |
|---------------|---|
| 16.25 – 17.40 | COSTS OF TREATMENT  |
|               | Chairs: Professor Arnie Purushotham &<br>Mrs Ursula Van Mann  |
|               | From price to value: Keeping breast cancer care affordable Professor Richard Sullivan                                       |
|               | Critically examining the true value of our therapies: The only way to meaningful gains in breast cancer Professor Tito Fojo |

| 17.40 – 17.45 | CIRCULATION BETWEEN MEETING |
|---------------|-----------------------------|
|               | ROOMS                       |

| EXCHANGE AUDITORIUM |  |
|---------------------|--|
| 17.45 – 18.15       | KEY NOTE LECTURE                         |
|                     | Chair: Professor Dame Lesley Fallowfield |
|                     | Understanding risk                       |
|                     | Professor Sir David Spiegelhalter        |

| 18.15 – 19.15 | DRINKS RECEPTION AND POSTER |
|---------------|-----------------------------|
|               | VIEWING                     |
|               | EXCHANGE HALL               |

| 07.50 – | TEA/COFFEE & POSTER JUDGING |
|---------|-----------------------------|
| 08.50   | EXCHANGE HALL               |

| CHARTER 1 |                             |
|-----------|-----------------------------|
| 07.50 –   | INDUSTRY Symposium: DAIICHI |
| 08.50     | SANKYO                      |

| CHARTER 2 & 3    |                              |
|------------------|------------------------------|
| 07.50 –<br>08.50 | INDUSTRY Symposium: NOVARTIS |

| EXCHANGE AUDITORIUM |  |
|---------------------|--|
| 09.00 –<br>09.30    | KEY NOTE LECTURE<br>SPONSORED BY BACR                                      |
|                     | Chair: Professor Gareth Evans  |
|                     | Breast cancer prevention for the population at large Professor Jack Cuzick |

| 09.30 - 09.35 | CIRCULATION BETWEEN MEETING |
|---------------|-----------------------------|
|               | ROOMS                       |

| EXCHANGE AUDITORIUM |   |
|---------------------|---|
| 09.35 – 10.55       | MEASURING AND MANAGING BREAST CANCER RISK   |
|                     | Chairs: Dr Anthony Maxwell<br>& Ms Christine Lee-Jones                                      |
| 09.35               | <b>Stratification of screening</b> Professor Fiona Gilbert                                  |
| 09.55               | <b>Risk prediction for risk reduction</b> Professor Gareth Evans                            |
| 10.15               | <b>Findings from the Generations Study</b> Professor Anthony Swerdlow                       |
| 10.35               | Identifying genetic risk in the prevalent breast cancer population Professor Nazneen Rahman |

| CHARTER 1     |  |
|---------------|--|
| 09.35 – 10.55 | NOVEL CLINICAL TRIAL ENDPOINTS   |
|               | Chairs: Professor Judith Bliss<br>& Professor Nick Turner                                    |
| 09.35         | Why do we need better trial endpoints? Professor Judith Bliss                                |
| 09.55         | Novel trial endpoints: Opportunities & challenges for new surrogate endpoints  Dr Marc Buyse |
| 10.35         | Discussion   |

| CHARTER 2 & 3 |   |
|---------------|---|
| 09.35 – 10.55 | BREAST CANCER HETEROGENEITY AND EVOLUTION   |
|               | Chairs: Professor Stephen Johnston & Professor Carlos Caldos  |
| 09.35         | Genomic heterogeneity of breast cancer Dr Lucy Yates  |
| 09.55         | Experimental modelling of heterogeneity Dr Rachael Natrajan   |
| 10.15         | <b>Relevance to the histopathologist</b> <i>Dr Fraser Symmans</i>   |
| 10.35         | SELECTED FREE COMMUNICATION:  |
|               | Comparative transcriptomic analysis of long-term neoadjuvant letrozole-treated dormant and acquired resistant tumours using sequential clinical samples  Dr Cigdem Selli, Edinburgh |

| 10.55 - 11.25 | TEA/COFFEE    |
|---------------|---------------|
|               | EXCHANGE HALL |

| <b>EXCHANGE AU</b> | EXCHANGE AUDITORIUM   |  |
|--------------------|---|--|
| 11.25 – 12.45      | NEWTREATMENTS AND MEASURING THEIR IMPACT  |  |
|                    | Chairs: Dr Julia Gee<br>& Professor Adrian Harris   |  |
| 11.25              | <b>CDK4/6 inhibition</b> Professor Nick Turner  |  |
| 11.45              | New Selective Oestrogen Receptor<br>Downregulators (SERDS)<br>Dr Lesley-Ann Martin  |  |
| 12.05              | <b>Liquid biopsies</b> Professor Jacqui Shaw  |  |
| 12.25              | SELECTED FREE COMMUNICATION:  |  |
|                    | Finding determinants of PARP inhibitor sensitivity using genomewide and focused CRISPR screens Dr Stephen Pettitt, Institute of Cancer Research, London |  |

| CHARTER 1     |  |
|---------------|--|
| 11.25 – 12.45 | LOBULAR BREAST CANCER  |
|               | Chair: Professor David Dodwell<br>& Dr Adrienne Morgan                                   |
| 11.25         | Unique biology in invasive lobular<br>breast cancer<br>Professor Steffi Oesterreich      |
| 11.45         | <b>Genetic aspects</b> Professor Elinor Sawyer   |
| 12.05         | <b>Histologic dilemmas</b> Professor Ian Ellis   |
| 12.25         | Should lobular phenotype be considered when deciding treatment?  Professor Michael Kerin |

| I DESDAT 16   | MJANUARY 2016   |  |
|---|---|--|
| CHARTER 2 & 3   |   |  |
| 11.25 – 12.45   | COMMUNICATING RISK IN THE CONTEXT OF GENOMIC TESTING  Chairs: Professor Sir David Spiegelhalter & Professor Dame Lesley Fallowfield |  |
|   | Communicating the potential benefits<br>and harms of medical interventions<br>Professor Sir David Spiegelhalter                     |  |
| 12.45-12.50   | CIRCULATION BETWEEN MEETING ROOMS   |  |
| 12.45 – 13.55   | LUNCH<br>EXCHANGE HALL  |  |
| CHARTER 1   |   |  |
| 12.50 – 13.50   | INDUSTRY Symposium: AMGEN   |  |
| The Role of Biosimilars in the Changing Cancer Care Landscape |   |  |
| 12:55-13:20   | The journey of a biosimilar from bench to bedside  Dr Helen Mc Bride  |  |
| 13:20-13:45   | <b>Biosimilars: So what?</b> Dr Mark Verrill  |  |
| CHARTER 2 & 3   |   |  |
| 12.50 – 13.50   | INDUSTRY Symposium: NANOSTRING  |  |
|   | Prosigna in context: Clinical evidence and comparative performance with other multi-parameter tests                                 |  |
| 12.50   | Perspective and experience of clinical implications of breast cancer molecular subtype  Dr Aleix Prat                               |  |
| 13.10   | Prosigna data and beyond:<br>Comparison of genomic tests<br>Dr Ivana Sestak   |  |
| 13.30   | Prosigna in the UK: OPTIMA trial, and other perspectives Dr Andreas Makris  |  |
| <b>EXCHANGE AU</b>  | DITORIUM  |  |

| 14.00 – 14.30 | CRIDLAN LECTURE                 |
|---------------|---------------------------------|
|               | Chair: Dr Gill Ross             |
|               | Completion of the Cancer Genome |
|               | Atlas                           |
|               | Dr Chuck Perou                  |

| 14.30 – 14.35 | CIRCULATION BETWEEN MEETING |
|---------------|-----------------------------|
|               | ROOMS                       |

| EXCHANGE AUDITORIUM |  |
|---------------------|--|
| 14.35 – 15.55       | BIOMARKERS AND PROGNOSTIC PROFILING                                    |
|                     | Chairs: Professor Mitch Dowsett & Dr<br>Fraser Symmans                 |
| 14.35               | <b>Lessons from molecular subtyping</b> <i>Professor Carlos Caldas</i> |
| 14.55               | <b>Clinical utility of molecular profiles</b> Professor Rob Stein      |
| 15.15               | Who needs extended endocrine therapy?  Dr Daniel Hayes                 |
| 15.35               | <b>Mutation-directed therapy</b> Professor Fabrice André               |

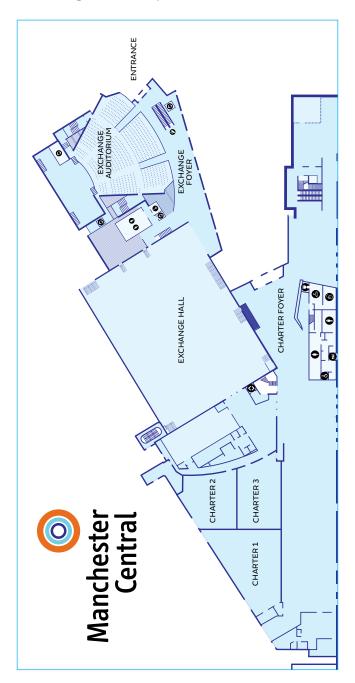
| CHARTER 1     |   |
|---------------|---|
| 14.35 – 15.55 | CHALLENGES OF LOCAL MANAGEMENT  |
|               | Chairs: Miss Julie Doughty & Dr Catherine<br>Harper-Wynne   |
| 14.35         | Management and follow up of patients presenting with breast cancer in axillary lymph nodes and occult breast primary  Dr Andreas Makris |
| 14.55         | When is local surgery indicated in metastatic breast cancer? Miss Nicola Roche  |
| 15.15         | What is the impact of MRI scanning on breast cancer treatment?  Professor Ulrich Bick   |
| 15.35         | Current and future indications for partial breast radiotherapy  Dr Charlotte Coles  |

| IUESDAY 16    | 5 JANUARY 2018   |
|---------------|--|
| CHARTER 2 & 3 | 3  |
| 14.35 – 15.55 | CLINICALTRIALS ROADSHOW  |
|               | Chair: Professor Daniel Rea  |
|               | SELECTED FREE COMMUNICATIONS:  |
| 14.35         | The LORIS Trial: Randomising patients with low or low intermediate grade Ductal Carcinoma In Situ (DCIS) to surgery or active monitoring Matthew Wallis, Addenbrooke's Hospital Cambridge  |
| 14.55         | The plasmaMATCH Trial: A multiple parallel cohort, open label, multi centre phase II clinical trial of ctDNA screening to direct targeted therapies in patients with advanced breast cancer (CRUK/15/010)  Dr Andrew Wardley, The Christie, Manchester |
| 15.55 – 16.00 | CIRCULATION BETWEEN MEETING ROOMS  |
| EXCHANGE AU   | DITORIUM   |
| 16.00 – 16.10 | PRIZE PRESENTATIONS  |
|               | FORREST PRIZE<br>awarded by British Breast Group to<br>best selected oral presentation   |
|               | BREAST CANCER NOW PRIZE<br>for best poster presentation: Non-<br>clinical and clinical   |
| 16.10 – 16.40 | KEY NOTE LECTURE   |
|               | Chair: Baroness Delyth Morgan  |
|               | Achievements of breast cancer research in the UK Professor David Cameron   |
| 16.40 – 16.45 | CLOSING REMARKS  |
|               | Professor Mitch Dowsett  |

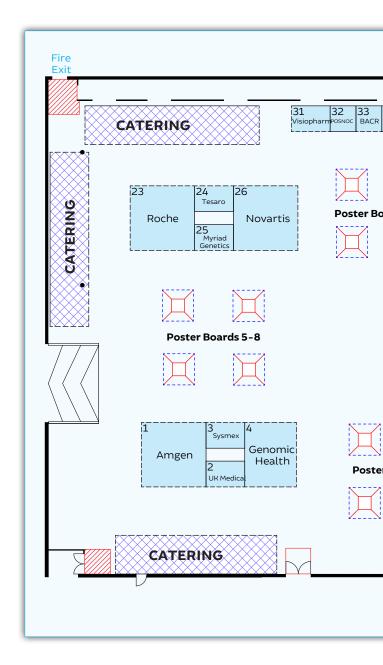
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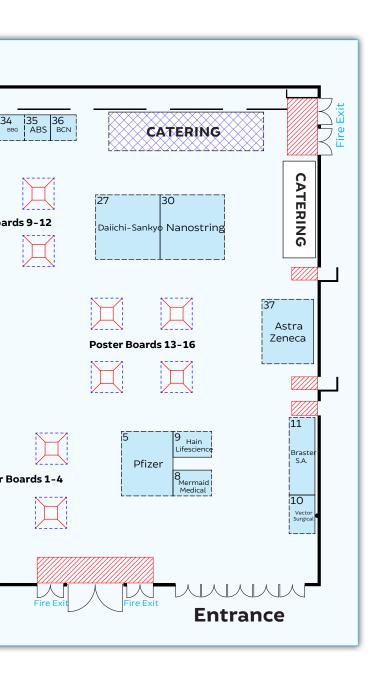
**CLOSE OF MEETING** 

# **VENUE PLAN**



# **EXCHANGE HALL PLAN**







# PROSIGNA <u>IN CONTE</u>XT

Clinical Evidence and Comparative Performance with other Multi-Parameter Tests

#### SPEAKERS:

#### Aleix Prat, MD, Ph.D.

Head of Clinical Oncology, Hospital Clínic of Barcelona, Spain Perspective and experience of clinical implications of breast cancer molecular subtype

#### **Dr. Ivana Sestak**

Centre for Cancer Prevention, Wolfson Institute of Preventive Medicine, Queen Mary University

Prosigna data and beyond: Comparison of genomic tests

#### **Dr. Andreas Makris**

Mount Vernon Breast Cancer Research Unit Prosigna in the UK: OPTIMA trial, and other perspectives



# **16th January**

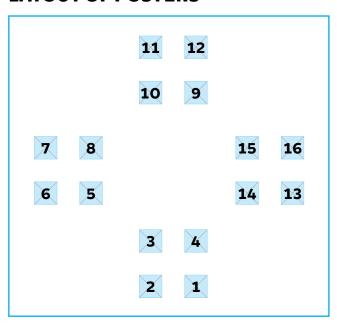
12:55 - 13:55 p.m. Room Charter 2 & 3

# NanoString Technologies booth #30

Prosigna in conjunction with the nCounter\*

Dx Analysis System is CE marked for in vitro diagnostic use in post-menopausal women with Hormone Receptor-Positive (HR+), lymph node-negative, Stage I or II breast cancer and post-menopausal women with Hormone Receptor-Positive (HR+), lymph node positive (1-3 positive nodes), Stage II & IIIA breast cancer to be treated with adjuvant endocrine therapy. See Package Insert for further details at www.prosigna.com.

## **LAYOUT OF POSTERS**



| Poster boards: | Poster numbers:                   |
|----------------|-----------------------------------|
| No. 1          | 3.1 – 3.12                        |
| No. 2          | 4.1 – 4.6; 7.1 – 7.6              |
| No. 3          | 7.7; 8.1 – 8.11;                  |
| No. 4          | 3.13 – 3.24                       |
| No. 5          | 1.1 – 1.12                        |
| No. 6          | 1.13 – 1.24                       |
| No. 7          | 1.25 – 1.36                       |
| No. 8          | 1.37 – 1.40; 2.1 – 2.3; 9.5 – 9.9 |
| No. 9          | 6.13 – 6.24                       |
| No. 10         | 6.1 – 6.12                        |
| No. 11         | 2.4 – 2.15                        |
| No. 12         | 5.1 – 5.11                        |
| No. 13         | 10.25 – 10.36                     |
| No. 14         | 9.1 – 9.4; 10.37 – 10.44          |
| No. 15         | 10.1 – 10.12                      |
| No. 16         | 10.13 – 10.24                     |

#### **EXHIBITORS & STANDS**

| Stand |  |
|-------|--|
| No.   | Exhibitor                              |
| 1     | Amgen                                  |
| 35    | Association of Breast Surgery          |
| 37    | Astra Zeneca                           |
| 33    | British Association of Cancer Research |
| 34    | British Breast Group                   |
| 11    | Braster                                |
| 36    | Breast Cancer Now                      |
| 27    | Daiichi Sankyo                         |
| 4     | Genomic Health                         |
| 9     | Hain Lifescience                       |
| 8     | Mermaid Health                         |
| 25    | Myriad                                 |
| 30    | Nanostring                             |
| 26    | Novartis                               |
| 5     | Pfizer                                 |
| 32    | POSNOC                                 |
| 23    | Roche                                  |
| 3     | Sysmex                                 |
| 24    | Tessamo                                |
| 2     | UK Medical                             |
| 10    | Vector Surgical                        |
| 31    | Visiopharm                             |

The Exhibition will be held in the Exchange Hall and will be open at the following times:

**Monday 15th January:** 07.45-18.45 **Tuesday 16th January:** 07.30 - 16.15

#### **EXHIBITORS**

#### **Platinum Sponsor**

#### 1 Amgen

Amgen is committed to unlocking the potential of biology for patients suffering from serious illnesses by discovering, developing, manufacturing and delivering innovative human therapeutics. This approach begins by using tools like advanced human genetics to unravel the complexities of disease and understand the fundamentals of human biology.

Amgen focuses on areas of high unmet medical need and leverages its expertise to strive for solutions that improve health outcomes and dramatically improve people's lives. A biotechnology pioneer since 1980, Amgen has grown to be one of the world's leading independent biotechnology companies, has reached millions of patients around the world and is developing a pipeline of medicines with breakaway potential.

For more information, visit www.amgen.com and follow us on www.twitter.com/amgen.

#### **Gold Sponsor**

#### 37 Astra Zeneca

AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development and commercialisation of prescription medicines, primarily for the treatment of diseases in three therapy areas - Oncology, Cardiovascular & Metabolic Diseases and Respiratory. The Company also is selectively active in the areas of autoimmunity, neuroscience and infection. AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide.

For more information visit www.astrazeneca.co.uk and on Twitter @AstraZenecaUK

#### 11 Braster

Braster is a healthcare entity that developed an innovative mHelath system for in-home breast examination - BRASTER SYSTEM. It is a solution dedicated to all women regardless of age and breast tissue type. Braster System consists of a high-tech medical device class IIa, mobile application, artificial intelligence algorithms detecting potential abnormalities in breasts and a telemedical centre

with high class medical experts supervising the process. High efficacy of the system was proven in observational trials. If Braster System detects a potential abnormality, it refers the woman to a medical doctor for further diagnosis. The examination is painless, radiation free and safe for women

#### 36 Breast Cancer Now

Breast Cancer Now is the UK's largest breast cancer charity. We fund research that is entirely focused on breast cancer and our aim is that by 2050, everyone who develops breast cancer will live. We're funding almost £24 million worth of cutting-edge research, supporting nearly 450 of the brightest scientists make the discoveries we need to stop women dying from breast cancer. We're working with politicians, the NHS and other decision makers to unlock new and off-patent drugs, so women with breast cancer can get the treatments they so desperately need. Through our public health campaigns, we're helping thousands of women become breast aware - and we're making sure they know what changes and risk factors to look out for. Because the earlier breast cancer is detected. the greater the chance of surviving it. We're bringing together the brightest minds, the best fundraisers and the most determined campaigners, partners and Patient Advocates. We're working with people who've been touched by the disease, so that, together - we can stop it.

#### 33 British Association of Cancer Research

The aim of the BACR is to promote the advance of research in relation to all aspects of cancer, both laboratory and clinical, and to encourage the exchange of information. Its functions are to organise scientific meetings and workshops; fund exchanges between laboratories to encourage knowledge transfer; provide opportunities for senior investigators to undergo further training; and to provide opportunities for junior investigators and research students to present their work at meetings and conferences.

#### **Platinum Sponsor**

## 27 Daiichi Sankyo Cancer Enterprise

The vision of Daiichi Sankyo Cancer Enterprise is to leverage our world-class, innovative science and push beyond traditional thinking in order to create meaningful

treatments for patients with cancer. We are dedicated to transforming science into value for patients, and this sense of obligation informs everything we do. Anchored by our Antibody Drug Conjugate (ADC) and Acute Myeloid Leukaemia (AML) Franchises, our cancer pipeline includes: an oral FLT3 inhibitor for AML with FLT3-ITD mutations; an ADC for HER2-expressing solid tumours; and an oral CSF-1R inhibitor, for tenosynovial giant cell tumour (TGCT), also being explored in a range of solid tumours.

#### **Gold Sponsor**

#### 4 Genomic Health

Genomic Health, Inc. is the world's leading provider of genomic-based diagnostic tests that help optimise cancer care, including addressing the overtreatment of the disease. With its Oncotype IQ® Genomic Intelligence Platform, the company is applying its state-of-the-art scientific and commercial expertise and infrastructure to translate significant amounts of genomic data into clinicallyactionable results for treatment planning throughout the cancer patient's journey, from diagnosis to treatment selection and monitoring. The company is based in Redwood City in California, with the UK office located in London and European headquarters in Geneva. NICE's Quality Standard for Breast Cancer [QS12] recommends Oncotype DX® testing (June 2016, www.nice.org.uk/Guidance/QS12, accessed 4 October 2017). Visit www.oncotypeig.co.uk or www.genomichealth.co.uk.

#### 8 Mermaid Medical

Mermaid Medical is delighted to be sponsoring the UK IBCS 2018.

- Tumark Vision 3D marker with excellent long-term ultrasound visibility
- Star Marker- Innovative non-metallic permanent breast marker
- Duo Premium Repositionable ultrasound visible localisation wire
- Medone Fully automatic 14g biopsy instrument.
- Biofeather- Semi automatic controllable biopsy instrument for lymph nodes
- Themy Short throw fully automatic biopsy instrument

We look forward to welcoming you at our booth!

#### 25 Myriad Genetic

Myriad Genetics, a leading molecular diagnostic company founded in 1991 is dedicated to saving and improving lives by discovering and delivering valued, transformative tests across all major diseases. Myriad's testing portfolio is uniquely qualified to address the following key areas in oncology – cancer prevention, early diagnosis, the development of new treatments and optimisation of current treatments by personalising and increasing effectiveness. Myriad International operates a state of the art laboratory in Munich, Germany.

#### **Platinum Sponsor**

#### 30 Health

NanoString Technologies provides life science tools for translational research and molecular diagnostic products. The company's nCounter Analysis System has been employed in life sciences research since it was first introduced in 2008 and has been cited in more than 1,500 peer-reviewed publications. The nCounter Analysis System offers a cost-effective way to easily profile the expression of hundreds of genes, proteins, miRNAs, or copy number variations, simultaneously with high sensitivity and precision, facilitating a wide variety of basic research and translational medicine applications, including biomarker discovery and validation. The company's technology is also being used in diagnostics. The Prosigna® Breast Cancer Prognostic Gene Signature Assay together with the nCounter Dx Analysis System is both CE-marked and FDA 510(k) cleared for FFPE samples as a prognostic indicator for distant recurrence of breast cancer.

#### **Platinum Sponsor**

#### 26 Novartis

Novartis provides innovative healthcare solutions that address the evolving needs of patients and societies. Novartis offers a diversified portfolio to best meet these needs: innovative medicines, cost-saving generic and biosimilar pharmaceuticals and eye care. In the UK, Novartis develops, manufactures and markets innovative medicines, devices and diagnostic tests which help improve patient outcomes. Based on four sites across the north and south of England, we employ approximately 1,500 people to serve healthcare needs across the whole of the

UK, as well as supporting the global operations of Novartis by manufacturing the active pharmaceutical ingredients used worldwide in many medicines. In 2016 Novartis in the UK invested almost £40 million in R&D and is the largest commercial sponsor of clinical trials.

For more information, visit www.novartis.co.uk

#### **Gold Sponsor**

#### 5 Pfizer

Pfizer Oncology is committed to pursuing innovative treatments that have a meaningful impact on those living with cancer. As a leader in oncology speeding cures and accessible breakthrough medicines to patients, Pfizer Oncology is helping to redefine life with cancer. Our strong pipeline of biologics, small molecules and immunotherapies, one of the most robust in the industry, is studied with precise focus on identifying and translating the best scientific breakthroughs into clinical application for patients across a wide range of cancers. By working collaboratively with academic institutions, individual researchers, cooperative research groups, governments and licensing partners, Pfizer Oncology strives to cure or control cancer with its breakthrough medicines.

#### **Platinum Sponsor**

#### 23 Roche

Roche is a global pioneer in pharmaceuticals and diagnostics focused on advancing science to improve people's lives. The combined strengths of pharmaceuticals and diagnostics under one roof have made Roche the leader in personalised healthcare – a strategy that aims to fit the right treatment to each patient in the best way possible. Roche is the world's largest biotech company, with truly differentiated medicines in oncology, immunology, infectious diseases, ophthalmology and diseases of the central nervous system. Roche is also the world leader in in vitro diagnostics and tissue-based cancer diagnostics, and a frontrunner in diabetes management.

For more information visit: www.roche.co.uk

#### 3 Sysmex UK Ltd

Sentimag®: Developed with surgeons and radiologists. Magseed® has been used for accurate impalpable lesion localisation in over 2000 patients: No wires, no radioactivity. Proven for accurate identification of SLN, Sienna+® has the capability to replace the dual technique: No radioisotope no blue dye. OSNA®: Recommended by NICE, 130,000 breast cancer patients have benefitted from accurate, standardised, whole node staging with 75% undergoing surgery informed same day that their nodal status is clear while others benefit from appropriate axillary clearance. "OSNA Copy Number is a better predictor than the number of positive LN" and "the only independent predictor of 4 or more involved nodes" and "provides Prognostic stratification of patients (5 year DFS)

www.sysmex-lifescience.com

#### 24 Tesaro

Founded in 2010, TESARO is a biopharmaceutical company devoted to providing transformative therapies to people bravely facing cancer. We see new possibilities to responsibly develop and commercialise innovative treatments where others may not. Relationships are vital to the success of our business, and we are committed to being a trusted partner to the cancer community.

# The Association of Breast Surgery

The Association of Breast Surgery is the association for healthcare professionals caring for any person with a breast problem. It is dedicated to setting and advancing standards in breast care and breast surgery, including aesthetic breast surgery. Members include surgeons and nurse specialists as well as other members of the breast MDT. The ABS organises a range of educational events for members and non members, including its annual 2 day conference.

#### 2 UK Medical

It's about breast biopsy solutions! Our approach to product selection is simple. We select proven, clinically effective medical devices that are cost effective and improve patient outcomes. Everything we do is underpinned by a desire to deliver only the very best customer experience. Visit UK Medical on stand 2 to discuss our Achieve and Temno ranges of soft tissue biopsy needles, ideal for both breast and axilla biopsy procedures, and the BiopSafe, the safest way to handle biopsy samples, by eliminating your risk of exposure to formalin and formaldehyde.

#### 10 Vector Surgical

Vector Surgical is the global leader in tissue orientation devices that provide the most accurate designation of excised tissue margins in cancer surgery. Our devices integrate the needs of surgeons, pathologists and radiologists, providing tools that enable the highest level of care for their cancer patients. Leading hospitals and physicians are eliminating error and improving outcomes with our products: MarginMarker® sterile ink kits, CorrectClips® radiographic clips and the SilversteinWrap™.

#### 31 Visiopharm

Visiopharm is a world leader in Augmented Pathology™ solutions, implemented in the Oncotopix® suite of digital pathology software for Hospitals, biopharmaceutical companies and research institutions with over 850 licenses worldwide. Oncotopix® digital pathology solutions combine precision pathology with high-throughput pathology in a scalable software solution that fits the needs and volumes of any lab, and seamlessly plugs in to laboratory workflows via the IMS, LIS or PACS systems already installed in the lab. ONCOTOPIX® Diagnostics, a robust solution for cancer diagnostics with CE-IVD algorithms for the breast panel, and Virtual Double Staining TM. Our software is featured in over 1150 scientific publications.

The UK IBCS would like to thank all the exhibiting companies for their support of the meeting.





# IBRANCE® NOW AVAILABLE

\*final appraisal decision from NICE received

IBRANCE is indicated for the treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer in the firstline treatment setting:

-in combination with an aromatase inhibitor lbrance use in pre- or perimenopausal women should be used alongside endocrine therapy in conjunction with a luteinising hormone releasing agonist.

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See Section 4.8 of the SmPC for how to report adverse reactions.

Information about this product, including adverse reactions, precautions, contraindications and method of use can be found at https://www.medicines.org.uk/emc/medicine/52658. Prescribers are recommended to consult the summary of product characteristics before prescribing. Adverse events should be reported. Reporting forms and information can be found at www.mhra/gov.uk/yellow.card. Adverse events should also be reported to Pfizer Drug Safety on 01504 616161.

Prescription only medicine (POM).

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Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey, KT20 7NS, UK





#### **MDT Live:**

Clinical Case Decision Making
At The Front Line

Tuesday 16th January 2018

07.50 - 0850

#### **GENERAL INFORMATION**

#### Registration desk

Registration will be open on the Exchange Balcony at the following times:

Monday 15<sup>th</sup> January 2018: 07.45 – 19.15 Tuesday 16<sup>th</sup> January 2018: 07.30 – 16.45

#### **Lunch and refreshments**

Lunch and refreshments will be served in the Exchange Hall at the times listed in the programme.

#### **AV Preview Room**

An AV preview room is available in Exchange Room 1 for the duration of the meeting. Speakers are requested to hand their presentations into the room on arrival.

#### **Posters**

Posters will be displayed in the Exchange Hall for the duration of the meeting. Please can all poster presenters mark and store their poster tubes in the boxes provided in the room. These will be stored at registration. Posters should be removed between 14.00 – 16.00 on Tuesday  $16^{\rm th}$  January and can be stored at registration until the end of the day if required. Posters left on the boards after this time will be removed and the UK IBCS cannot accept responsibility for their safe return.

#### Cloakroom

A cloakroom and luggage store will be available in the Exchange Foyer for the duration of the meeting.

#### Security

In the interests of security, delegates are required to wear their name badges at all times during the meeting. The safe and secure delivery of events is a priority for Manchester Central. With this in mind, routine bag searches will be in operation throughout the event to provide comfort and reassurance to delegates.

#### Wi-fi

To access Manchester Central's free wi-fi connect to MCCC wireless network, then click 'Login to Manchester Central's Free Wi-Fi'.

#### **Prayer Room**

A prayer room is available for the use of delegates. Please ask at registration for details.

#### **Drinks reception**

The drinks reception will be held in the Exchange Hall from 18.15-19.15 on Monday  $15^{\rm th}$  January, where there will be an opportunity to view the poster abstracts selected for the meeting.

#### CPD

The two day meeting provides 15 CPD points in accordance with the CPD scheme of the Royal College of Radiologists.

A CPD certificate has been issued to you with your name badge. Please ensure that you retain this as duplicates cannot be provided.



#### **Twitter**

You can follow the UK IBCS on Twitter @UK\_IBCS. Please tweet during the conference using the hashtag #UKIBCS



# HER2+ breast cancer:

where are we now? where next?

Tuesday 16 January 2018 07:45–08:45

# Manchester Central Convention Centre

#### **Faculty to include**

Professor Andrew Wardley, The Christie NHS Foundation Trust, Manchester

Treatment of HER2+ breast cancer is one of the great success stories in cancer, but there is still no cure for advanced disease.

Join us for a review of the achievements to date and a discussion of what the future might bring to help increase treatment efficacy, prolong survival and improve outcomes for patients.

The symposium will conclude with an opportunity to ask questions and discuss the data with our expert panel.

This non-promotional symposium is organised and funded by Daiichi-Sankyo UK Ltd

Date of preparation: December 2017 ETI/17/0003r





#### **ACKNOWLEDGEMENTS**

We would like to express our gratitude to the following charities for their financial support of the meeting:

Breast Cancer Research Foundation
The British Association for Cancer Research
le Cure
The Cridlan Ross Smith Charitable Trust
The Pink Ribbon Foundation

#### **Executive Committee:**

Mitch Dowsett; Judith Bliss; Lucy Davies; Ian Ellis; Julia Gee; Ingunn Holen; Andreas Makris; Anthony Maxwell; Polly McGivern; Arnie Purushotham; Mark Sibbering; Ursula van Mann; Simon Vincent

**Abstract reviewers** 

John Benson; Charlotte Coles; Eleanor Cornford; James Flanagan; Melanie Flint; Julia Gee; Andy Hanby; Ingunn Holen; Daniel Leff; Simon Lowes; Iain Lyburn; Iain MacPherson; Andreas Makris; Tony Maxwell; Stuart McIntosh; Sarah Pinder; Emad Rakha; Nisha Sharma; Mark Sibbering; Andrew Sims; Matt Smalley; Duncan Wheatley