Live Blogging from ASCO 2009

Friday, 4:36 PM—ASCO is huge. Nearly official estimates can be found in a weekly newsletter, Farecast, distributed to taxi drivers in Orlando, which estimates 30,000 ASCO attendees at the Orange County Convention Center. That seems large, but perspective is also important: next week is a beauty products show for which they expect 41,000 attendees. Apparently, that crowd is more likely to use cabs.

Saturday, 9:36 AM—Major changes reflect global trends. First, exhibitors no longer hand out "freebies": no more pens, note pads, key chains, squishy balls, calendars, paper dispensers, or pocket flashlights with company logos. The absence of the usual enormous, brightly colored tote bags changes the complexion of the whole crowd. Mercifully, one can still get a slug of espresso and a small cup of frozen yogurt, gratis. Second, the fear of swine flu has prompted a new must-have accessory: small bottles of hand sanitizer, free for the taking from big tubs in the registration hall.

Saturday, 5:49 PM—As day 2 comes to an end, the chattering masses are exhilarating, in part because of the large international contingent. Oncology is truly a worldwide enterprise, and doctors, researchers, and pharmaceutical representatives are here from all over the globe. The reach of meetings like this is exciting. New findings will radiate out, and I realize that patients all over the world might have their treatments, and thus their lives, affected by what is presented here.

Sunday, 11:02 AM—I visit the booth of Cold Spring Publishing, NCCN’s new publisher, where computers are set up to show the new digital format of the journal. It looks fantastic, with the entire look and feel of the print journal recreated in digital space. As users read an article, they “turn” a page in something like virtual reality. Check it out at www.JNCCN.org. Brief registration required, and people are signing up in droves. Publisher is very happy; editor-in-chief is very happy.

Sunday, 3:20 PM—At the ASCO plenary session, Norman Wolmark from the NSABP gives a full-throated presentation of the adjuvant bevacizumab trial in colon cancer, NSABP C-08. “Did we fail abominably, or did we fail with distinction,” he asks. ASCO President, Richard Schilsky, calls it “the most passionate presentation of negative trials results I’ve ever heard.” Moments like this—first seeing the actual data (and not the Wall Street Journal distillation), catching the vibe in the amphitheater, taking in the unscripted questions and responses—make annual meetings truly exciting. You can’t get that in a teleconference or highlights meeting.

Sunday, 4:58 PM—We have new buzz words in clinical oncology: “synthetic lethality.” This concept from yeast genetics refers to a genetic process with 2 alternative metabolic pathways. If one is knocked out by genetic loss, then blocking the other one renders a fatal blow to the cell. In hereditary breast cancer, BRCA 1 or 2 mutations stifle one DNA repair pathway, and a PARP (poly [ADP-ribose] polymerase) inhibitor tackles the other. Remember the phrase synthetic lethality.

Monday, 5:17 PM—NCCN data are center stage at the Health Services Research session. Quality measures in breast cancer show rates of concordance between actual care and guideline-based recommendations at NCCN centers to be more than 85%! The reasons for non-concordant care are also fascinating. Some decisions reflect patient or physician preference, but a substantial part of non-concordance is due to difficulties in timely integration of multidisciplinary care. These are “system” problems and not “clinical” decisions. These data suggest that integrating clinical information across institutions and providers and creating more-efficient patient trafficking between providers could improve quality care. This is fascinating stuff and a triumph for the kinds of work—both in comprehensive clinical care and in data collection and analysis—that makes NCCN special.