SUMMIT REWIND

A LOOK BACK AT KEY SESSIONS FROM THE 2024 NCODA FALL SUMMIT

NCODA

NCODA

PROFESSIONAL STUDENT ORGANIZATION

Empowering The Future Generation of Oncology Leaders

Our focus is to offer an international community for healthcare students with a passion for oncology and the pharmaceutical industry. The NCODA Professional Student Organization (PSO) was established for students interested in oncology, association management, healthcare advocacy and policy, and industry leadership.

PSO BENEFITS

- First professional student organization dedicated to oncology, association management, industry, and leadership
- Leadership and career development opportunities
- Access to international NCODA meetings
- Creation of educational materials impacting cancer care
- International publishing opportunities in *ForumRewind*, *SummitRewind*, *Inspire*, and *Oncolytics Today* publications
- Enhanced networking with oncology professionals, industry leaders, and key opinion leaders
- Oncology clinical practice experience and mentorship

LOCATIONS OF ESTABLISHED PSO CHAPTERS

> "Being involved with NCODA has been a highlight of my pharmacy school experience! I have been able to enhance my leadership skills, confidence in public speaking and networking, mentorship skills and expand my knowledge of oncology pharmacy. Through being a part of NCODA, I have been given the opportunity to work with pharmacy professionals and students from around the world, which has been an amazing experience. I highly encourage other pharmacy students to join their school's PSO or, similar to myself, start their own chapter at their university!"
>
> -Melanie King
> PharmD Candidate | Class of 2025
> *Memorial University | NCODA PSO IEB President*

FOR MORE INFORMATION OR TO SUGGEST NEW CHAPTERS:
Email **Cooper Bailey** at **cooper.bailey@ncoda.org**
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SUMMITREWIND provides summaries of key sessions from NCODA's annual International Fall Summit written by members of Professional Student Organization chapters from around the world. To view slides from presentations, scan the QR code at the end of the summaries.

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Champion Mindset: Overcoming Adversity and Tenacity During Challenging Times

PRESENTER: Chaunte Lowe, Twelve-time U.S. National Champion high jumper, Four-time Olympian and Olympic bronze medalist

SYNOPSIS: A triple-negative breast cancer survivor, Lowe delivered a powerful keynote speech that provided insight into how she developed her champion mindset throughout her career. She encouraged participants to apply this passion to patient care.

PRESENTATION: Lowe talked about the influential people in her early life, including her grandmother and fellow athletes, who instilled core values like resilience, hope and forward-looking optimism.

She emphasized that overcoming adversity and striving to be the best requires a commitment to taking the extra step in improving your craft. Her path to the Olympics was marked with challenges of homelessness, efforts to elevate her performance with each competition, responsibilities of parenthood and triple-negative breast cancer.

As a breast cancer survivor, Lowe highlighted the quality of care she received during her treatment and recovery and how her providers were pivotal in inspiring her to thrive. She emphasized collaboration in healthcare. "You'll be able to find more favorable outcomes for patients because of the diversity of intellect and experience and the cooperation to work together even when times get hard," she said.

Lowe also spoke about the importance of redefining failure in an era where only success is given a spotlight. It is imperative to platform voices that can speak openly of hardship and the tenacity required to grow from those experiences. She continues to educate others and advocates for early cancer screening and detection as a speaker.

DISCUSSION:
Questions centered on how Lowe found time for self-care amidst daily challenges, how she approached sharing a cancer diagnosis with her children and how she promoted excellence in care at each step of her therapy and recovery.

TAKEAWAY POINTS:

- To have a champion mindset means to be able to overcome any obstacle or hardship and thrive.
- Iron sharpens iron: it is important to surround yourself with people who continue to challenge you and help you grow.
- Failure is not the end but the beginning and an opportunity to reassess, reframe and try again.
- Committing to the best for patients and upholding the highest standards of integrity will always pay off.

Summary by **Cindy Nguyen**, PharmDc (2025), University of California, San Francisco.

Advances in Breast Cancer Treatment and Current Updates

PRESENTER: Joyce A. O'Shaughnessy, MD | Baylor-Sammons Cancer Center

SYNOPSIS: O'Shaughnessy highlighted promising data for oncolytic agents, particularly CDK4/6 inhibitors, and monoclonal antibodies (mABs), and emphasized genetic testing's role in guiding adjuvant chemotherapy decisions in breast cancer (BC) treatment.

PRESENTATION: In the phase III monarchE trial, O'Shaughnessy reported abemaciclib as the first CDK4/6 inhibitor to significantly enhance invasive disease-free survival (iDFS) in high-risk HR+, HER2- early breast cancer (EBC) patients. Those included had > 4 positive nodes or one one to three nodes with tumors ≥ 5 cm, grade 3, or central Ki-67 ≥ 20%. Abemaciclib combined with endocrine therapy (ET) achieved a two-year iDFS rate of 92.2%, compared to 88.7% for ET alone.

She categorized recurrence risk and discussed the prognostic MammaPrint genomic test, which assesses gene activity in EBC to predict 10-year recurrence risk, guiding treatment decisions, optimizing patient outcomes.

The BEGONIA phase Ib/II trial for locally advanced/metastatic triple-negative breast cancer (TNBC) showed a 79% objective response rate (ORR) with datopotumab deruxtecan (Dato-DXd) + durvalumab. Similarly, the I-SPY2.2 trial reports preliminary 54% pathologic complete response rate after four cycles in the neoadjuvant setting.

Dato-DXd is an antibody-drug conjugate consisting of humanized anti-TROP2 IgG1 monoclonal antibody and a topoisomerase I inhibitor payload, enhancing the efficacy of the PD-L1 antibody.

O'Shaughnessy highlighted the phase III INAVO120 trial for inavolisib (PIK3CA inhibitor) + palbociclib + fulvestrant in PIK3CA-mutated, HR+, HER2-, locally advanced or metastatic breast cancer (MBC) after recurrence on or after adjuvant ET. The investigative arm shows median PFS2 of 24.0 months versus 15.1 months for placebo.

DISCUSSION:
Q: Why is AI and ribociclib preferred in grade 3 T3N0 HR+, HER2- breast cancer?

A: This combination improves iDFS, supported by the NATALEE trial, which included patients with no nodal involvement and grade 2 tumors.

TAKEAWAY POINTS:

- Adjuvant ribociclib and abemaciclib improved iDFS and DRFS in high/intermediate-risk HR+, HER2- EBC.
- Adjuvant Dato-DXd + durvalumab shows improved ORR in advanced TNBC and promising pathologic complete response in neoadjuvant settings.

Summary by **Raye J. Mutcherson II**, Ph.D, PharmDc (2025), University of Connecticut School of Pharmacy.

SESSION SLIDES: Scan the QR code at right to view slides from this presentation.

Medicare Prescription Payment Plan Overview

MODERATOR: Stacey McCullough, PharmD | Chief Pharmacy Officer, NCODA

PRESENTERS: Neal Dave, PharmD | Executive Director of Pharmacy Operations Texas Oncology; Kristin Williams, MPH | Senior Manager of PhRMA; Amy Niles | Chief Mission Officer, PAN

SYNOPSIS: Recent changes to Medicare are set to provide significant relief for beneficiaries dealing with prescription drug costs. This will protect patients from excessive medication costs, making it especially beneficial for those managing chronic conditions or undergoing cancer treatment.

PRESENTATION: A major highlight of the prescription payment plan is the introduction of a $2,000 cap on out-of-pocket expenses for Medicare Part D.

This cap specifically benefits individuals who have historically faced high prescription costs, often exceeding $5,000 annually. In addition to the cap, Medicare now offers an optional payment plan that allows beneficiaries to spread their prescription costs over time, relieving some of the financial pressure associated with purchasing medications.

These changes are expected to have a widespread impact, benefiting millions of individuals enrolled in the program.

It is important that patients opt in annually to access these new benefits. Overall these changes are aimed to improve the accessibility and affordability of prescription costs for Medicare beneficiaries.

DISCUSSION:

Q: What is the turnaround time for enrollment?

A: Enrollment will be accepted or declined within 24 hours during the claim year. Patients also have the option to return to the counter for further assistance.

TAKEAWAY POINTS:

- **Annual Cap on Prescription Costs:** A $2,000 cap applies only to Medicare Part D, benefiting those who have historically incurred high out-of-pocket.
- **Optional Payment Plan:** Medicare offers an optional prescription payment plan that allows beneficiaries to spread out their prescription costs.
- **Widespread Impact:** The changes are expected to benefit millions of individuals.
- **Voluntary Participation:** Enrollment in the program is voluntary, allowing beneficiaries to opt in to access these benefits.
- **Yearly Enrollment Period:** There will be no automatic enrollment, requiring proactive participation from beneficiaries each year.

Summary by **Sophia Uriostigue**, PharmDc (2025), Regis University School of Pharmacy, Denver, Colorado.

NCODA PQI: Practical Strategies to Transform Oncology Care

MODERATOR: Ginger Blackmon, PharmD | Associate Director of Clinical Initiatives NCODA

PRESENTERS: Nicole Bentivenga, PharmD, BCOP | Clinical Pharmacy Services Manager/ Residency Program Director, Florida Cancer Specialist and Research Institute; Stephanie White, PharmD, CSP | Clinical Pharmacist, Vanderbilt Specialty Pharmacy

SYNOPSIS: The panel discussed the significance of NCODA's Positive Quality Intervention (PQI) PQI in Action resources. The panelists elaborated on how integration across various practices elevates patient care and provide an insightful overview of the implementation of the BRUKINSA® and TEPMETKO® PQIs at their respective sites.

PRESENTATION: The presentation and panel discussion centered on PQIs: a precise and concise peer-reviewed clinical resource that addresses oncology care, including oral and intravenous oncolytics, supportive care and disease management. Each PQI follows a structured template with medication details, background information, processes, patient-centered activities and references.

It serves as an educational tool for healthcare teams, benefiting providers and standardizing patient care. The application of PQIs is vital for integrated oncology teams. Panelists highlighted pharmacists' key roles, noting advantages of a pharmacy model that allows for tailored patient care plans.

The PQI in Action on BRUKINA®, a Bruton tyrosine kinase inhibitor for B-cell malignancies, offers guidelines based on clinical trial data including patient selection criteria and dosing options. Patient-centered initiatives like the Oral Chemotherapy Education (OCE) sheets help educate patients, manage side effects, and ensure long-term follow-up.

Similarly, the PQI for TEPMETKO®, an oral tyrosine kinase inhibitor (TKI) designed specifically to target mesenchymal epithelial transition exon 14 skipping alterations (METex14) in non-small cell lung cancer (NSCLC), details laboratory evaluations and monitoring strategies.

Both PQIs link to patient assistance through NCODA's Financial Assistance Tool. Overall, PQIs aim to improve patient outcomes, streamline care processes, and enhance experiences through collaborative multidisciplinary efforts.

TAKEAWAY POINTS:

- PQIs provide structured, peer-reviewed guidance for various cancer treatments.
- Pharmacists play a crucial role in implementing PQIs, enabling tailored patient care plans.

Summary by **Madelyn Walker**, PharmDc (2027), University of Texas at Austin College of Pharmacy.

SESSION SLIDES: Scan the QR code at right to view slides from this presentation.

NCODA's Non-Profit Partner Update and Donor Recipient Story: NMDP

PRESENTERS: Paul Chadwick | CPO, Florida Cancer Specialists, Fort Myers, Florida, and Laura Barber

SYNOPSIS: Laura Barber, widow of transplant recipient Steve Barber, joined the NMDP update to speak about her experiences with stem-cell transplant donation. After 25 years of marriage, her husband passed away following a battle with acute myeloid leukemia (AML). In her presentation, Laura shared her stories on how NMDP impacted the couple's lives, and she encouraged others to join the stem cell registry in order to make a difference in the life of a patient with blood cancer.

PRESENTATION: Laura started her conversation with a question: "What is the best gift you've ever received?" she asked. The room got quiet as participants contemplated an answer. To Laura, if you had asked her 11 years ago, her answer would have been her wedding ring, but today, her answer is much different.

It took a year and half and 36 blood transfusions to diagnose her late husband Steve with myelodysplastic syndrome (a blood cancer in which immature blood cells in the bone marrow cannot mature). Six months later, his cancer had progressed to AML.

In 2012, Steve received a stem cell transplant. It was at this point that Laura realized the best gift she'd ever received: the gift of life. Steve's transplant gave the couple another 11 years of marriage, love, and life. More than 18,000 patients per year who are diagnosed with a blood cancer will require a transplant as the only hope for a cure. Laura concluded by asking "What is the best gift you'll ever give?"

Joining the stem cell registry involves only a simple cheek swab. To join the registry, you must be between the ages of 18-40. If you are matched, the process is relatively non-invasive, and completely covered by NMDP **(Molly check this)**, including cost of transport and hospital fees. Since the start of the partnership, student impact in raising awareness has been substantial, with more than $47,000 raised. In 2024 so far, there have been 22 registration drives.

TAKEAWAY POINTS:

- Stem-cell transplant donors can save the lives of people with blood cancers
- Joining the registry involves only a simple cheek swab. Just because you are on the registry does not mean you will become a donor.
- Steve and Laura's story is an example of the impact stem-cell donors can have on people's lives

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Summary by **Alysha Pinck**, PharmDc (2026), Leslie Dan Faculty of Pharmacy, University of Toronto.

Staying Up-To-Date with Upper Gastrointestinal Malignancies

PRESENTER: Courtney C. Cavalieri, PharmD, BCOP | Huntsman Cancer Institute, University of Utah Health

SYNOPSIS: Cavalieri provided an overview of the latest available treatment options for upper gastrointestinal (GI) malignancies, focusing on advances in biomarker-directed therapy and supportive care strategies for managing patients with upper GI cancers.

PRESENTATION: Cavalieri reviewed histologic differences in upper GI cancers between gastric cancer (>95% adenocarcinoma) and esophageal & Esophago-Gastric Junction (EGJ) cancers (70% adenocarcinoma; <30% squamous cell carcinoma) while noting how some of key biomarkers, such as Human Epidermal Growth Factor 2 (HER2), Programmed Death Ligand 1 (PD-L1), and the Claudin 18.2 (CLDN18.2), can drive treatment decisions.

Cavalieri discussed the phase III ESOPEC trial, comparing perioperative fluorouracil, leucovorin, oxaliplatin and docetaxel (FLOT) chemotherapy to neoadjuvant CROSS chemoradiation in patients with resectable, locally advanced esophageal adenocarcinoma. FLOT demonstrated superior median overall survival (OS) at 66 months vs. 37 months with CROSS, with three-year overall survival rates of 57.4% and 50.7%, respectively (HR 0.70, 95% CI 0.53–0.92, p = 0.012), indicating a survival benefit with perioperative FLOT.

Cavalieri also presented data from the phase III SPOTLIGHT and GLOW trials, evaluating zolbetuximab with fluoropyrimidine and oxaliplatin as first-line treatment for locally advanced unresectable or metastatic, HER2-negative, CLDN18.2-positive gastric or EGJ adenocarcinoma. SPOTLIGHT showed a median OS of 18 months with zolbetuximab vs. 16 months with placebo (HR 0.75, 95% CI 0.60–0.94; p = 0.0053), and GLOW showed 14 months vs. 12 months, respectively (HR 0.77, 95% CI 0.62–0.97; p = 0.0118). Zolbetuximab was associated with nausea (77% vs. 53% with placebo) and vomiting (64% vs. 25% with placebo), primarily in the first treatment cycle, with incidence decreasing in subsequent cycles (dropping from 58% to 18% for nausea and 43% to 15% for vomiting).Premedication for zolbetuximab is recommended to mitigate nausea and vomiting.

TAKEAWAY POINTS:

- Perioperative chemotherapy with FLOT plus surgery improves OS compared to neoadjuvant chemoradiation with CROSS plus surgery in patients with locally advanced, resectable esophageal adenocarcinoma.
- Trastuzumab, in combination with chemotherapy, with or without pembrolizumab, is the preferred frontline treatment for patients with metastatic HER2-positive esophagogastric cancer.

Summary by **Jiawei Xue**, PharmDc (2026), Massachusetts College of Pharmacy and Health Sciences University.

SESSION SLIDES: Scan the QR code at right to view slides from this presentation.

A Review of Prostate Cancer & Recent Updates in the Treatment of Metastatic Prostate Cancer

PRESENTER: Diana Cauley, PharmD, BCOP | U.T. MD Anderson Cancer Center

SYNOPSIS: Cauley described updates in the metastatic castration-resistant prostate cancer (mCRPC) treatment landscape.

PRESENTATION: Prostate cancer is a common cancer in men, with an estimated incidence of 299,010 cases in 2024 and approximately one in eight men diagnosed in their lifetime. Risk factors include age, ethnicity (African American and Caribbean men), family history and germline mutations (BRCA1/2).

Prostate cancer diagnosis begins with screening methods such as the prostate-specific antigen (PSA) blood test, digital rectal exam (DRE) and imaging. Genomic tumor sequencing is becoming more common, particularly in advanced cases, to detect somatic or germline mutations like BRCA1/2, which may predict response to certain targeted therapies like PARP inhibitors.

Current treatment options for mCRPC include androgen deprivation therapy (ADT) such as luteinizing hormone-releasing hormone (LHRH) agonists or antagonists, hormonal therapies like androgen signaling inhibitors, and targeted therapies (poly (ADP-ribose) polymerase inhibitors (PARPi)).

The U.S. Food and Drug Administration (FDA) approved the combination of abiraterone and olaparib in May 2023 for adults with deleterious BRCA-mutated mCRPC. The PROpel trial demonstrated that the combination significantly improved radiographic progression-free survival (rPFS) compared to abiraterone alone in patients with mCRPC. The most common adverse events in the abiraterone and olaparib arm were anemia, fatigue/asthenia and nausea.

The combination of abiraterone and niraparib was approved by the FDA in August 2023 for adults with deleterious BRCA-mutated mCRPC. The MAGNITUDE trial demonstrated the median rPFS was approximately 16.6 months for the combination compared to 11.5 months for abiraterone monotherapy. The most commonly reported grade 3 or higher adverse events were anemia and hypertension for abiraterone plus niraparib.

The FDA approved the combination of enzalutamide and talazoparib in June 2023 for adults with HRR gene-mutated mCRPC. The TALAPRO-2 trial demonstrated the median rPFS was approximately 24.3 months for the combination compared to 16.6 months for enzalutamide monotherapy. The most frequent treatment-emergent adverse events in the combination group were anemia, neutropenia and fatigue.

Summary by **Zachary Ison**, PharmDc(2025), USC Alfred E. Mann School of Pharmacy and Pharmaceutical Sciences.

SESSION SLIDES: Scan the QR code at right to view slides from this presentation.

Preparing for a Career in Oncology

PRESENTER: John Bossaer, PharmD, BCOP | Professor, ETSU Bill Gatton College of Pharmacy | Johnson City Medical Center

SYNOPSIS: Bossaer, an oncology pharmacist and professor, led a session on the skills needed to excel in oncology pharmacy. He outlined the evolving career landscape and strategies for aspiring professionals in this specialty.

PRESENTATION: Bossaer discussed his path to oncology, inspired by an interest in cancer pharmacotherapy and the rewarding aspects of patient care. He explained how oncology pharmacy has grown from inpatient roles to a myriad of positions in outpatient clinics, specialty pharmacies, and industry, such as Medical Science Liaisons and regulatory affairs specialists. This shift allows pharmacists to make a broader impact, not only through direct patient care, but also through drug development, education and policy within the industry.

A key message was the importance of communication, where even minor miscommunications can impact patient outcomes. Oncology pharmacists must clearly convey treatment plans and collaborate within healthcare teams.

Bossaer also addressed the "passion tax" — extra responsibilities often taken without added pay, driven by a commitment to patient care. He advised attendees to watch for burnout and prioritize workplaces valuing well-being, stability, and growth.

Bossaer emphasized adaptability in this rapidly advancing field. Oncology pharmacists must keep up with new therapies and he recommended diverse rotations to build problem-solving skills. Each patient interaction, he noted, contributes to professional growth and job satisfaction.

DISCUSSION:

• A participant inquired about advice for students uncertain about specializing in oncology. Bossaer advised exploring multiple areas of pharmacy to find one that keeps them motivated to learn and grow.

• In response to a question about burnout, Bossaer discussed the importance of evaluating potential employers' support systems for work-life balance, noting that a positive workplace culture can significantly affect career longevity and satisfaction.

TAKEAWAY POINTS:

• Oncology pharmacists contribute across a wide range of settings, from direct patient care to industry roles in education and drug development.

• Strong communication, adaptability, and continuous learning are essential to manage the complexities of oncology pharmacy.

Summary by **Olgaaurora Rodriguez**, PharmD Candidate (2025), University of Arkansas for Medical Sciences.

SESSION SLIDES: Scan the QR code at right to view slides from this presentation.

Addressing Cancer Disparities and Social Determinants of Health in Unique Rural Populations

PRESENTER: Nathan L. Vanderford, PhD, MBA | University of Kentucky College of Medicine

SYNOPSIS: Appalachian Kentucky suffers from a great cancer burden compared to the rest of the United States. The Appalachian Career Training In Oncology (ACTION) program focuses on preparing youth for careers in oncology. Students share their experiences with cancer, their thoughts on Appalachian Kentucky's cancer burden and their ideas for resolutions.

PRESENTATION: Kentucky experiences the highest overall incidence rate of cancer and second highest rate of cancer mortality in the U.S. Kentucky's cancer burden is greatest in the eastern Appalachian region of the state. This region suffers from several disparities that contribute to its high cancer rate including high rates of smoking, obesity, chronic infection, and poverty, in addition to low health care access, low health care engagement, and low education levels.

ACTION is a program that is preparing Appalachian Kentucky Youth for Cancer Careers through various opportunities including clinical shadowing, research, outreach and education. Since 2016, 155 high school and undergraduate students have gone through the program with many of them continuing their education to go on to becoming clinicians and researchers in oncology.

ACTION students took part in a written exercise using content analysis to share their perceptions on cancer in Appalachian Kentucky. Students attributed geography, low healthcare access, poverty, lack of prevention, a culture of tobacco use, environment, low education and mistrust in the healthcare system to the high cancer rates. The most common response when asked for resolutions was to improve education and awareness. Along with the written project, students took part in a photo, voice and video project to present state and nationwide. These experiences have fostered connections between families and community members by incorporating conversations around cancer awareness and education.

DISCUSSION:

Questions arose on how other communities can get involved in similar projects. Vanderford shared that funding is difficult. Future areas of study in this program include evaluating students' intent to change high-risk behaviors after completing the program.

TAKEAWAY POINTS:

• Community engagement in this program has provided culturally tailored education on cancer to the Appalachian Kentucky community.

Summary by **Ellie Maday**, PharmDc (2026), University of Wisconsin Madison School of Pharmacy.

SESSION SLIDES: Scan the QR code at right to view slides from this presentation.

A Combination Treatment for Patients with Advanced Renal Cell Carcinoma

PRESENTER: Kirollos Hanna, PharmD, BCPS, BCOP | Minnesota Oncology

SYNOPSIS: Hanna provided an in-depth overview of a frontline combination treatment option for adult patients with advanced renal cell carcinoma (aRCC) with supporting evidence from the CheckMate 9ER trial. Adverse reactions, dose reductions and patient resources also were addressed.

PRESENTATION: Hanna emphasized that roughly one out of five patients with aRCC is alive at five years, which speaks to unmet needs within this disease state. When looking at treatment options, it is important to understand the characteristics of aRCC and the mechanisms of potential drug therapies.

Hanna reviewed how the kidneys are highly vascularized, making Vascular endothelial growth factor inhibition a mechanism of interest for treatment in this population.

Cabozantinib is a tyrosine kinase inhibitor that targets a broad range of kinases, including three key drivers of aRCC tumorigenesis: VEGFR, MET and AXL. As for the treatment of aRCC, cabozantinib is approved as monotherapy or in combination with nivolumab.

Hanna discussed the CheckMate 9ER trial, which evaluated cabozantinib in combination with nivolumab, an immune checkpoint inhibitor that targets PD-1. The trial randomized patients (1:1) with previously untreated aRCC with clear cell histology to the combination of cabozantinib + nivolumab or sunitinib alone, representing the standard of care treatment arm. The primary endpoint was progression-free survival (PFS).

Cabozantinib + nivolumab was found to have doubled median PFS to16.6 months compared to sunitinib at 8.3 months. Hanna noted that the increase in PFS was consistent with long term data. A similar trend was seen in data for complete and partial response rates. Increased quality of life outcomes with combination therapy also were reported.

Overall adverse reaction rates were similar between cabozantinib + nivolumab compared to sunitinib monotherapy.

It is important to note that there are differences in dosing between cabozantinib when used as monotherapy compared to in combination with nivolumab. Furthermore, dose reductions will depend on the starting dose. Data showed that most patients will require a dose reduction due to adverse events.

TAKEAWAY POINTS:

- Cabozantinib + nivolumab showed a doubling of PFS and overall survival compared to sunitinib.
- The most common adverse events were diarrhea, fatigue and hepatoxicity.

Summary by **Elizabeth Arnold**, PharmDc (2025), University of Rhode Island College of Pharmacy.

VONJO®'s Voyage: Navigating Thrombocytopenia in Myelofibrosis

PRESENTER: Nicole Bentivegna, PharmD, BCOP | Florida Cancer Specialists & Research Institute

SYNOPSIS: Bentivegna's presentation explored the significant role of thrombocytopenia in the management and progression of myelofibrosis (MF). The session began with an overview of MF, which is characterized by bone marrow scarring that impairs normal blood cell production. Most MF patients develop thrombocytopenia as their disease develops. As it's linked to poor outcomes, therapeutic options like VONJO® (pacritinib), the first JAK1-sparing inhibitor available, are crucial. VONJO® is indicated for adults with intermediate or high-risk MF and a platelet count below 50×109/L.

PRESENTATION: The session began by examining thrombocytopenia in MF. A majority of MF patients develop thrombocytopenia at some point during their disease. As thrombocytopenia is associated with poor outcomes in these patients, it is important to have therapeutic options such as VONJO® available. VONJO®, the first and only JAK1-sparing inhibitor on the market, is indicated for the treatment of adults with intermediate or high-risk primary or secondary MF with a platelet count below 50×109/L.

Data shows 26% of patients on VONJO® had ≥50% reduction in total symptom score by week 24. Patients on best available therapy (BAT) could switch to VONJO® after six months, with most starting and remaining on full-dose regimen.

VONJO® is generally well tolerated, though diarrhea is a common side effect. The session highlighted the value of NCODA Treatment Support Kits for managing adverse effects.

Finally, patient cases were reviewed to illustrate the application of VONJO® in different clinical scenarios.

DISCUSSION:

Q: What information should be given to patients starting VONJO®?

A: Counsel the patient on diarrhea. Although the diarrhea typically resolves on its own, giving the patient loperamide beforehand and preparing the patient's expectations can help.

TAKEAWAY POINTS:

- Approximately 70% of patients with MF will develop thrombocytopenia at some point during their disease course
- VONJO® is the first and only JAK1-sparing inhibitor on the market.
- The PERSIST-2 trial showed that VONJO® was more effective than BAT, including ruxoitnib, even for patients with <50X109/L platelet count.

Summary by **Elizabeth Nguyen**, PharmDc (2026), The University of North Texas Health Science Center.

Precision Medicine in Lung Cancer: The Role of the Medically Integrated Team

MODERATOR: J. Kevin Hicks, PharmD, PhD, FCCP | Moffitt Cancer Center

PRESENTERS: Theresa Boyle, MD, PhD; Donna K. Gallenstein, BSN, RN, GERO-BC; Dan Melzer, PharmD, BCOP; Sonam Puri, MD | Moffitt Cancer Center

SYNOPSIS: The session explored advancements in Stage III lung cancer treatment, focusing on immunotherapy, targeted therapy and next-generation sequencing (NGS). Presenters reviewed clinical evidence supporting therapies for epidermal growth factor receptor (EGFR)-mutated and anaplastic lymphoma kinase (ALK)-rearranged lung cancers. They highlighted a multidisciplinary approach for guiding patients through molecular profiling, interpreting results and implementing targeted therapy through proactive interdisciplinary collaboration.

PRESENTATION: Gallenstein emphasized the role of the oncology nurse navigator in managing patients with Stage IIIA lung adenocarcinoma in addressing the patient's financial challenges, transportation needs and health literacy.

Puri discussed the role of adjuvant immunotherapy for patients with lung adenocarcinoma lacking targetable genetic alterations. She presented findings from the PACIFIC, IMpower010 and PEARLS/KEYNOTE-091 trials, which demonstrated the efficacy of durvalumab, atezolizumab, and pembrolizumab in improving progression-free survival and overall survival.

Boyle elaborated on the integration of NGS in precision oncology, highlighting the importance of Moffitt Cancer Center's Precision Medicine Clinical Service in interpreting NGS results and bridging gaps in clinical decision-making and clinical trial matching.

Hicks discussed the role of adjuvant targeted therapy for lung adenocarcinoma, focusing on the ADAURA, LAURA and ALINA trials. He highlighted the improved survival outcomes with osimertinib and alectinib in EGFR-mutated and ALK-rearranged cases, and ongoing trials like LIBRETTO-432 for RET fusion-positive patients.

Melzer emphasized the critical role of pharmacists in interpreting molecular profiling results and proactively counseling patients to manage side effects and ensure medication adherence.

TAKEAWAY POINTS:

- Multidisciplinary collaboration is vital in lung cancer care.
- Adjuvant immunotherapy and targeted therapy improve outcomes in EGFR and ALK mutations.
- NGS enhances tumor biology insights for personalized treatment.
- Pharmacists play a crucial role in patient education and adherence.

Summary by **Feifei Jia**, PharmDc (2025), St. John Fisher University.

SESSION SLIDES: Scan the QR code at right to view slides from this presentation.

New Options for Patients: Latest Oncology Trends

PRESENTER: Doug Long, BA, MBA, | Vice President of Industry Relations IQVIA

SYNOPSIS: This session reviewed the Moving Annual Total (MAT) trends throughout 2019-2024 for various oncology drugs and extended unit molecules. It analyzed the rise and decline in sales of targeted, hormonal, cytotoxic and radiopharmaceutical drugs. Projected cancer incidence and mortality trends for the U.S. and Europe were presented. Additional topics discussed included emerging research and development efforts, scientific advances, as well as oncology drug expenditures globally and in the U.S.

PRESENTATION: Recent oncology trends show an 11.9% growth in sales, compared to a 2.4% increase in oncology extended units. Targeted and hormonal therapies were the largest drivers of sales growth from 2020 to 2024, with cytotoxics and radiopharmaceuticals showing less growth. Pembrolizumab showed the greatest five-year and one-year gains. Other targeted therapies, such as abemaciclib and durvalumab, showed a steady rise in sales.

The incidence of cancer is projected to increase significantly by 2050. In lower-income countries, the highest increases are expected in Africa (+135%), Latin America (+90%), and Asia-Pacific (+104%). There have been significant improvements in U.S. survival rates for tumors, although survival remains low for many tumor types.

The number of new clinical trial starts was down in 2023 but was higher vs. 2019 with trials mostly concentrated in rare cancers and solid tumors. One quarter of trials evaluated drugs with novel oncology mechanisms, especially cell and gene therapies, ADCs and multi-specific antibodies. Sixty percent of oncology trials in 2023 were sponsored by emerging biopharma companies. AI integration poses great potential for advancing drug design and expediting data analysis.

DISCUSSION:

Q: What is the advantage of an accelerated approval?"

A: Accelerated approvals allow treatments to enter the market earlier. Patients having earlier access to medications for rare or progressive cancers promote survivorship and enhance quality of life.

Q: What other scientific advances do you see coming that would be beneficial to patients?"

A: Certain aspects of trials can be stimulated using AI through Quantitative Systems Pharmacology (QSP) models. AI can analyze data rapidly, saving time in publishing results. Regarding R&D, it can speed up the drug design process by identifying potential compounds and complications.

TAKEAWAY POINTS:

- Cancer incidence is projected to rise by 2050.

Summary by **Tatyana Clark**, PharmDc (2025), Lake Erie College of Osteopathic Medicine, Erie, Pennsylvania.

SESSION SLIDES: Scan the QR code at right to view slides from this presentation.

Exploring Bispecifics and CAR-T Therapies

PRESENTER: Mohammad A. Kharfan-Dabaja, MD, MBA | FACP, Mayo Clinic Florida

SYNOPSIS: Kharfan-Dabaja reviewed bispecific and CAR-T (chimeric antigen receptor T-cell) therapies for B-cell lymphoid malignancies.

PRESENTATION: CAR-T therapies are U.S. Food and Drug Administration (FDA)-approved for various relapsed/refractory (r/r) cancers, including diffuse large B-cell lymphoma (DLBCL), mantle cell lymphoma (MCL), follicular lymphoma (FL), chronic lymphocytic leukemia (CLL), B-acute lymphoblastic leukemia (ALL), and multiple myeloma (MM). This treatment involves extracting T-cells from a patient, genetically modifying them and reinfusing them to target cancer cell antigens.

Bispecific T-cell engagers, meanwhile, are approved for r/r DLBCL, FL, MM, and certain solid tumors and are off-the-shelf monoclonal antibodies that engage both cancer cells and T-cells to promote activation and lysis.

Kharfan-Dabaja highlighted CAR-T advances in various malignancies. In DLBCL, the TRANSFORM and ZUMA-7 trials support the use of lisocabtagene maraleucel (liso-cel) and axicabtagene ciloleucel (axi-cel), respectively, in the second-line setting. In MCL, brexucabtagene autoleucel (brexu-cel) (ZUMA-2) and liso-cel (TRANSCEND NHL 001) showed excellent complete response (CR) rates (~70%) in the third-line setting. In FL, axi-cel (ZUMA-5), liso-cel (TRANSCEND), and tisagenlecleucel (tisa-cel) (ELARA) show efficacy in the third-line setting. In CLL, liso-cel (TRANSCEND CLL 004) showed an 18% CR rate in patients with r/r disease. Bispecific agents used for B-cell lymphomas were also discussed, including mosunetuzumab and epcoritamab for r/r FL, and epcoritamab and glofitamab for r/r DLBCL.

Kharfan-Dabaja discussed the challenges of implementing CAR-T and bispecific therapies, including their high costs and the management of adverse effects.

DISCUSSION:

Q: What treatment would you recommend in community oncology practices that are outpatient?

A: Patients and providers should work together to decide on the most appropriate therapy. Most community oncology practices are better equipped to use bispecific therapies, which are off-the-shelf products. For specific indications, hospitalization is recommended for some step-up doses, so community practices often see patients transitioning from inpatient care.

TAKEAWAY POINTS:

- Both CAR-T and bispecific agents are associated with high costs and unique adverse effects, and they require operational workflows prior to implementation.

Summary by **Kyle Eilert**, PharmD Candidate (2025), Binghamton University School of Pharmacy and Pharmaceutical Sciences, Johnson City, New York.

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