Abstract

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Combination targeted and immunotherapies in solid tumor brain metastases

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Abstract

An estimated 20% of all patients with cancer will develop brain metastases, with the majority of those occurring in patients with lung, breast and colorectal cancers, melanoma, and renal cell carcinoma. Brain metastases are thought to occur via seeding of circulating tumour cells into the brain microvasculature; within this unique microenvironment, tumour growth is promoted and the penetration of systemic medical therapies is limited. Development of brain metastases remains a substantial contributor to overall cancer mortality in patients with advanced-stage cancer, as prognosis remains poor despite multimodal treatments and advances in systemic therapies, which include a combination of surgery, radiotherapy, chemotherapy, immunotherapy and targeted therapies. This has driven continued development of novel immunotherapies and targeted therapies that have higher bioavailability beyond the blood–tumour barrier, to further advances in radiotherapies and minimally invasive surgical techniques. As these discoveries and innovations move from the realm of basic science to preclinical and clinical applications, future outcomes for patients with brain metastases are almost certain to improve. In this virtual presentation, we will explore combination trials in solid tumor brain metastases, highlighting the unmet needs in this patient population and underlining promising combination strategies.

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Biography

Morganna Vance is a Medical Director within the Melanoma Medical Affairs division at Novartis US Oncology, currently overseeing the conduct of Phase II-III trials in melanoma brain metastases. Vance is a skin cancer specialist & former Medical Director of Community Practice at City of Hope, an internationally recognized Comprehensive Cancer Center. A recipient of the 2018 Melanoma Research Foundation Humanitarian Award, Vance contributes regularly as an invited speaker, serves on cancer prevention advisory boards, and is a skilled health policy analyst.

