



*Singapore
Society of
Oncology*



SSO ASM 2024

9th Annual Scientific Meeting of
the Singapore Society of Oncology

Amara Singapore • 2-4 August 2024

9th Annual Scientific Meeting of
the Singapore Society of Oncology

PROGRAMME BOOK



<https://ssoasm.com/>

2 - 4 AUGUST 2024 | AMARA SINGAPORE

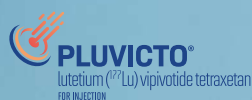
165 Tanjong Pagar Rd, Singapore 088539

PROGRAMME AT A GLANCE

DAY 1: FRIDAY, AUGUST 2, 2024		DAY 2: SATURDAY, AUGUST 3, 2024	
BALLROOM 1	BALLROOM 2	BALLROOM 1	BALLROOM 2
Registration & Breakfast 7:30 AM - 8:30 AM		Registration & Breakfast 8:00 AM - 8:45 AM	
S01 - Opening Address 8:30 AM - 8:45 AM		S11 - Changing Treatment Paradigm in Recurrent/Metastatic Nasopharyngeal Cancer Supported by: BeiGene 8:45 AM - 9:15 AM	S12 - The Evolving Landscape of Urothelial Cancer Management (La/mUC) – Enfortumab Vedotin + Pembrolizumab as First Line Therapy Supported by: Astellas Pharma 8:45 AM - 9:15 AM
S02 - Haematology Track 8:45 AM - 10:00 AM		S13 - COVID-19 and Oncology: Navigating the Impact on Cancer Care Supported by: Pfizer 9:15 AM - 10:00 AM	
Tea Break & Visit Exhibitions 10:00 AM - 11:00 AM		S14 - Gynaecology Track 10:00 AM - 11:15 AM	S15 - Genitourinary Track 10:00 AM - 11:15 AM
S03 - Improving Outcomes In Patients With HR+/HER2- Advanced Breast Cancer Amidst A Rapidly Evolving Treatment Landscape Supported by: Novartis 11:00 AM - 11:45 AM			S16 - Precision Strikes With PSMA-targeted Theranostics Supported by: Novartis 11:15 AM - 12:15 PM
S04 - Breast Track 11:45 AM - 1:00 PM		Lunch & Visit Exhibitions 12:15 PM - 1:00 PM	
S05 - Advances in the Management of Locally Advanced, Recurrent/metastatic Cervical Cancer and R/M Endometrial Cancer Supported by: MSD Pharma 1:00 PM - 2:00 PM		S17 - Current Treatment Options for the Management of HER2m NSCLC- T-DXd Experience and Case Discussions Supported by: Daiichi Sankyo 1:00 PM - 2:00 PM	
Lunch & Visit Exhibitions 2:00 PM - 3:00 PM		S18 - Lung Track 2:00 PM - 3:15 PM	
S06 - Sarcoma Track 3:00 PM - 4:15 PM	S07 - Radiation Oncology Track 3:00 PM - 4:15 PM	S19 - Subcutaneous Immunotherapy: Pioneering the Next Standard in Treatment Supported by: Roche 3:15 PM - 4:00 PM	
	S08 - Updates in First-Line Systemic Treatment of Hepatocellular Carcinoma Supported by: Bristol-Myers Squibb 4:15 PM - 4:45 PM	S20 - Transforming Management of mCRC with BRAF Mutation in Real World Setting Supported by: Pierre Fabre 4:00 PM - 4:30 PM	
S09 - Survivorship/ Supportive Care Track 4:45 PM - 6:00 PM	S10 - Head & Neck Track 4:45 PM - 6:00 PM	S21 - Gastrointestinal Track 4:30 PM - 5:45 PM	
DAY 3: SUNDAY, AUGUST 4, 2024		S22 - Closing Address 5:45 PM - 6:00 PM	
BALLROOM 1 & 2			
Registration & Breakfast 8:00 AM - 9:00 AM			
S23 - SS0 - CIC 9:00 AM - 12:30 PM			

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20	Thank You to Our Sponsors & Supporters



PSMA-positive patients progressing following one ARPI and one taxane-based chemotherapy?

SEE THE DIFFERENCE

NOW APPROVED IN SINGAPORE & IN CANCER DRUG LIST

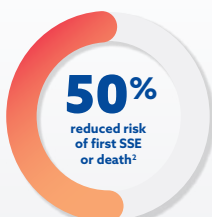


The **FIRST** and **ONLY** approved **PSMA-targeted radioligand therapy (RLT)** that significantly extends survival and maintains quality of life for longer vs. BSoC in PSMA-positive mCRPC patients¹⁻³

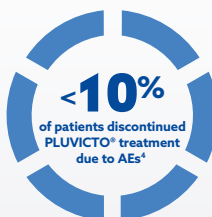
Significantly extends survival²



Maintains quality of life for longer^{2,3}



Manageable and generally well-tolerated safety profile²



Manufactured with Novartis Quality Assurance Standards⁵



Targeted mechanism of action with broad eligibility (> 80 % PSMA-positive) delivering DNA-breaking radiation directly to PSMA-positive metastases^{1,2,6-9}

VISION is a prospective, open-label, randomised, phase 3 trial that evaluated PLUVICTO[®] in patients who had PSMA-positive mCRPC previously treated with at least one ARPI and one or two taxane regimens. Eight hundred and thirty-one (N = 831) patients were randomised (2:1) to receive either PLUVICTO[®] 7.4 GBq (200 mCi) every 6 weeks for up to a total of 6 doses plus BSoC (N = 551) or BSoC alone (N = 280). At a median follow-up of 26.9 months, PLUVICTO[®] plus BSoC significantly prolonged, as compared with BSoC, both alternate primary efficacy endpoints, imaging-based progression-free survival (median, 8.7 vs. 3.4 months; hazard ratio for progression or death, 0.40; 99.2% confidence interval [CI], 0.29 to 0.57; P < 0.001) and overall survival (median, 15.3 vs. 11.3 months; hazard ratio for death, 0.42; 95% CI, 0.32 to 0.74; P < 0.001). All the key secondary endpoints (objective response, disease control, and time to symptomatic skeletal events) significantly favoured PLUVICTO[®].

Are your PSMA-positive mCRPC adult patients ready for PLUVICTO[®]?

PLUVICTO[®] is indicated for the treatment of adult patients with PSMA-positive mCRPC who have been treated with ARPI and taxane-based chemotherapy.¹

AE: adverse event, ARPI: androgen receptor pathway inhibitor, BSoC: best standard of care, DNA: deoxyribonucleic acid, mCRPC: metastatic castration-resistant prostate cancer, PSMA: prostate-specific membrane antigen, SSE: symptomatic skeletal event.
References: 1. PLUVICTO[®] Prescribing Information (Apr 2023-SIN) - Novartis Singapore. 2. Sartor O, et al. N Engl J Med. 2021 Sep;385(12):1091-1103. 3. Fizazi K, et al. Eur Urol. 2021 September 19. Health related quality of life (HRQL), pain and safety outcomes in the phase 3 VISION study of 177 Lu PSMA 617 in patients with metastatic castration resistant prostate cancer. [Oral presentation] ESMO Congress 2021. Paris, Virtual, France. 4. Chi KN, et al. Eur Urol. Published online January 6, 2024. doi:10.1016/j.eururo.2023.12.004. 5. Novartis Quality. Available at: <https://www.novartis.com/about/quality>. Accessed March 2024. 6. Ruigrok EAM, et al. Eur J Nucl Med Mol Imaging. 2021 May;48(5):1339-1350. 7. Fendler WP, et al. J Nucl Med. 2017 Nov;58(11):1786-1792. 8. Violet J, et al. J Nucl Med. 2019 Apr;60(4):517-523. 9. Hupé MC, et al. Front Oncol. 2018 Dec;8:423.



Please visit <https://www.novartis.com/sg-en/product-list/pluvicto> to access or download the Package Insert. Alternatively, please scan this code for more information about this medicine.

About SSO

The Singapore Society of Oncology (SSO), founded in 1981, is a professional medical organisation for all Singapore healthcare professionals who treat and manage cancer patients. The aim of the SSO is to provide an active platform to promote the practice of oncology through education, research, collaborations, and partnerships with local, regional, and international organisations.

The SSO is committed to providing continued medical education (CME) and other opportunities for the cancer specialist community to further enhance their knowledge, skills, and expertise in the rapidly evolving practice of oncology. The SSO will also represent the views of the society and its members in public forums and debates.



Advances in the Management of Locally Advanced, Recurrent/ Metastatic Cervical Cancer and R/M Endometrial Cancer

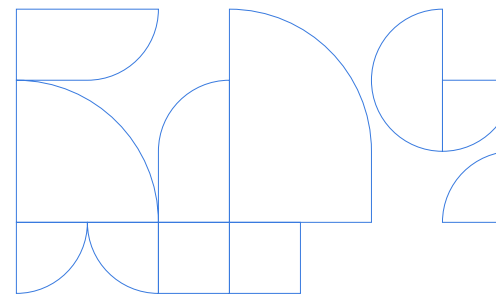


2nd August 2024 (Fri)
1:00 PM – 2:00 PM



Amara Singapore,
Ballroom 1 & 2, Level 3

Committee Members



Scientific Chairpersons



Dr Eileen Poon



Dr Joline Lim

Co-Chairpersons



Dr Dawn Chong



Dr Grace Yang



Dr Chiang Jianbang



THE FIRST AND ONLY PD-(L)1 SUBCUTANEOUS CANCER IMMUNOTHERAPY APPROVED IN SINGAPORE¹

NOW APPROVED IN SINGAPORE FOR **ALL** TECENTRIQ IV INDICATIONS,
including certain types of lung, liver and breast cancers¹



Allows patients to be treated in approximately
7 minutes, with most injections taking 4-8 minutes,
compared to 30-60 minutes with TECENTRIQ IV^{1,2}

References:

1. TECENTRIQ® Prescribing Information (June 2024), Roche Singapore Pte. Ltd. 2. Burotto M et al. Presented at ESMO 2023, Madrid, Spain, 20-24 October 2023 (Poster 1447).



Before prescribing TECENTRIQ®, please consult the full local prescribing information by visiting www.roche.com.sg/pharma/tecentriq or by scanning the following QR code. SAFETY REPORTING FOR POTENTIAL UNDESIRABLE EFFECTS: Please report any adverse events to the local Roche Adverse Event email at singapore.drugsafety@roche.com or call (65) 6735 0550. This will enable Roche to better understand the safety of TECENTRIQ® and to provide appropriate information to Health Authorities, Healthcare Providers and patients.

For Healthcare Professionals Only

Roche Singapore Pte Ltd | 1 Paya Lebar Link #09-03, PLQ 1, Paya Lebar Quarter, Singapore 408533
M-SG-00001594 | June 2024

TECENTRIQ® SC
atezolizumab subcutaneous

Message from President, Singapore Society of Oncology

Dear Friends,

A warm welcome to SSO ASM 2024. It gives me great pleasure to be part of this year's organizing committee.

The mission for SSO ASM has always been to advance cancer care, and to foster the growth of our oncology community. Throughout these next few days, we hope you will be able to engage deeply and exchange ideas freely, while forging connections that will encourage collaborations across Asia.

The programme has been thoughtfully curated to give the maximum impact and we hope that the exciting lineup of speakers will serve to educate and inspire.

Thank you for being part of this vital gathering. Your commitment to improving cancer care is instrumental in shaping a future where 'cancelling' cancer becomes a reality.

Enjoy yourselves!



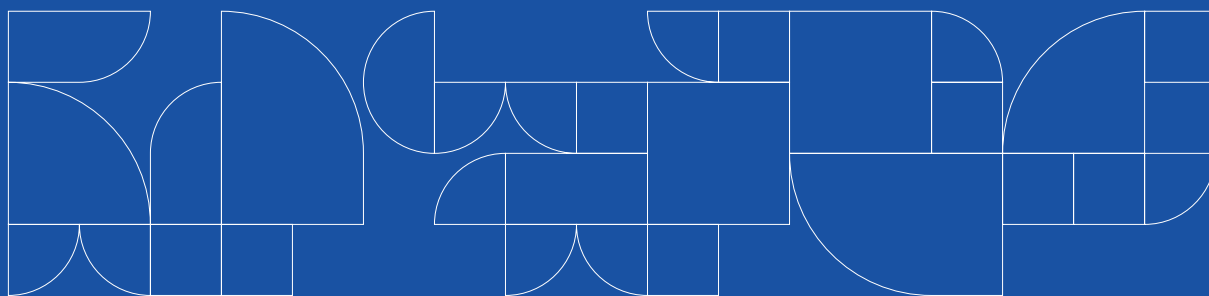
Dr Eileen Poon

President, Singapore Society of Oncology

Senior Consultant, Department of Lymphoma & Sarcoma, Division of Medical Oncology, National Cancer Centre Singapore

AYA Lead, Division of Medical Oncology, National Cancer Centre Singapore

Clinical Assistant Professor, Duke-NUS Medical School



Welcome Message from Organising Committee

The Singapore Society of Oncology (SSO) will be holding its 9th Annual Scientific Meeting (ASM) from 2 – 4 August 2024 at Amara Singapore. Presented as an in-person meeting, we are excited to bring together the brightest minds from around the world to discuss the latest developments in oncology. This year's conference will provide a platform to update healthcare professionals of the latest oncologic treatment advances and clinicians and scientists to present their latest innovative research. It will help to ignite open active discussions among oncologists, surgeons, and scientists, and provide abundant opportunities for interactions and collaborations across countries.

The conference will also include sessions organised by the Singapore Society of Oncology - Cancer Immunotherapy Consortium (SSO-CIC).

We look forward to seeing you at ASM 2024!

Organising Committee Co-Chairpersons 9th SSO ASM 2024



Dr Dawn Chong
Co-Chairperson



Dr Grace Yang
Co-Chairperson



Dr Chiang Jianbang
Co-Chairperson

Fighting Strong for Five Years.



**KISQALI has accomplished what no other CDK4/6 inhibitor has—
the longest median overall survival ever reported in HR+/HER2- aBC.**

ESMO-MCBS

Highest score of any CDK4/6 inhibitor in the 1st line¹⁻⁴
(based on OS, PFS, and QoL)
KISQALI + ET in premenopausal patients
KISQALI + AI in postmenopausal patients

NCCN RECOMMENDED

National Comprehensive Cancer Network[®] (NCCN[®]) now
recognizes ribociclib (KISQALI[®]) + ET, a Category 1 preferred
treatment option, for showing an OS BENEFIT IN THE 1L
treatment setting in patients with HR+/HER2- mBC⁵

Superior overall survival vs control arm was proven in MONALEESA-2, MONALEESA-3, and MONALEESA-7.⁶⁻¹²

Indications¹³

Kisqali is indicated for the treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer in combination with:

- an aromatase inhibitor as initial endocrine-based therapy in pre/perimenopausal or postmenopausal women or in men; or
- fulvestrant as initial endocrine-based therapy or following disease progression on endocrine therapy in postmenopausal women or in men.

1L, first line; aBC, advanced breast cancer; AI, aromatase inhibitor; CDK, cyclin-dependent kinase; ESMO-MCBS, European Society for Medical Oncology Magnitude of Clinical Benefit Scale; ET, endocrine therapy; mBC, metastatic breast cancer; OS, overall survival; PFS, progression-free survival; QoL, quality of life.

References: 1. ESMO MCBS scorecard 158 1. European Society for Medical Oncology. Accessed April 12, 2022. <https://www.esmo.org/guidelines/esmo-mcbs/esmo-mcbs-scorecards/scorecard-158-1> 2. ESMO MCBS scorecard 9 1. European Society for Medical Oncology. Accessed April 12, 2022. <https://www.esmo.org/guidelines/esmo-mcbs/esmo-mcbs-scorecards/scorecard-9-1> 3. ESMO MCBS scorecard 159 1. European Society for Medical Oncology. Accessed April 12, 2022. <https://www.esmo.org/guidelines/esmo-mcbs/esmo-mcbs-scorecards/scorecard-159-1> 4. ESMO MCBS scorecard 7 1. European Society for Medical Oncology. Accessed April 12, 2022. <https://www.esmo.org/guidelines/esmo-mcbs/esmo-mcbs-scorecards/scorecard-7-1> 5. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Breast Cancer V.2.2022. ©National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Published December 20, 2021. Accessed May 9, 2022. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way. 6. Hortobagyi GN, Stemmer SM, Burris HA, et al. Overall survival with ribociclib plus letrozole in advanced breast cancer. N Engl J Med. 2022;386(10):942-950. doi:10.1056/NEJMoa2114663 7. Slamon DJ, Neven P, Chia S, et al. Ribociclib plus fulvestrant for postmenopausal women with hormone receptor-positive, human epidermal growth factor receptor 2-negative advanced breast cancer in the phase III randomized MONALEESA-3 trial: updated overall survival. Ann Oncol. 2021;32(8):1015-1024. doi:10.1016/j.annonc.2021.05.353 8. Lu YS, Im SA, Colleoni M, et al. Updated overall survival of ribociclib plus endocrine therapy versus endocrine therapy alone in pre- and perimenopausal patients with HR+/HER2- advanced breast cancer in MONALEESA-7: a phase III randomized clinical trial. Clin Cancer Res. 2022;28(5):851-859. doi:10.1158/1078-0432.CCR-21-3032 9. Ruqo HS, Finn RS, Dieras V, et al. Palbociclib plus letrozole as first-line therapy in estrogen receptor-positive/human epidermal growth factor receptor 2-negative advanced breast cancer with extended follow-up. Breast Cancer Res Treat. 2019;174(3):719-729. doi:10.1007/s10549-018-05125-4 10. Turner NC, Slamon DJ, Ro J, et al. Overall survival with palbociclib and fulvestrant in advanced breast cancer. N Engl J Med. 2018;379(20):1926-1936. doi:10.1056/NEJMoa1810527 11. Sledge GW Jr, Toi M, Neven P, et al. The effect of abemaciclib plus fulvestrant on overall survival in hormone receptor-positive, ERBB2-negative breast cancer that progressed on endocrine therapy—MONARCH 2: a randomized clinical trial. JAMA Oncol. 2020;6(1):116-124. doi:10.1001/jamaoncol.2019.4782 12. Johnston S, Martin M, Di Leo A, et al. MONARCH 3 final PFS: a randomized study of abemaciclib as initial therapy for advanced breast cancer. npj Breast Cancer. 2019;5:5. doi.org/10.1038/s41523-018-0097-z 13. KISQALI local product insert May 2022.SINv2



For Healthcare Professionals Only. Please scan this QR code or visit
<https://www.novartis.com.sg/product-list/kisqali> to access the full prescribing information.

General Information

Meeting Dates	2 – 4 August 2024									
Meeting Venue	Amara Singapore 165 Tanjong Pagar Rd, Singapore 088539 Tel: +(65) 6879 2555 URL: https://singapore.amarahotels.com/									
Badges	Please put on your badge when attending all SSO ASM 2024 meetings and events.									
Badge Collection	Pre-Function Foyer @ Level 3, Amara Singapore									
	<table><tr><th>Date</th><th>Opening Hours</th></tr><tr><td>2 August 2024</td><td>07:30 - 18:00</td></tr><tr><td>3 August 2024</td><td>08:00 - 18:00</td></tr><tr><td>4 August 2024</td><td>08:00 - 12:00</td></tr></table>	Date	Opening Hours	2 August 2024	07:30 - 18:00	3 August 2024	08:00 - 18:00	4 August 2024	08:00 - 12:00	
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2 August 2024	07:30 - 18:00									
3 August 2024	08:00 - 18:00									
4 August 2024	08:00 - 12:00									
	**An admin fee of S\$20 is applicable for loss and re-print of badge									
Exhibition Opening Hours	Connection 1-4 @ Level 3, Amara Singapore									
	<table><tr><th>Date</th><th>Opening Hours</th></tr><tr><td>2 August 2024</td><td>10:00 - 18:00</td></tr><tr><td>3 August 2024</td><td>09:00 - 17:00</td></tr></table>	Date	Opening Hours	2 August 2024	10:00 - 18:00	3 August 2024	09:00 - 17:00			
Date	Opening Hours									
2 August 2024	10:00 - 18:00									
3 August 2024	09:00 - 17:00									
Certification of Participation	Registered participants will receive an e-certificate via email after the meeting.									

OPDIVO
(nivolumab)

OPDIVO
(nivolumab)
+
YERVOY
(ipilimumab)

OPDIVO®: THE BIG PLUS IN ONCOLOGY.

Giving Patients a Chance Against Their Cancer as
Monotherapy or Combination Therapy



Reference: Opdivo HSA Approved Prescribing Information Dec 2023

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80 Marine Parade Road, #20-01/09
Parkway Parade
Singapore 449269

For Healthcare Professionals Only

1506-SC-200001 04/23

BRAFTOVI + cetuximab

BRAFTOVI + cetuximab
NOW in CDL*
BRAFTOVI + cetuximab

The treatment approved specifically for
patients with **BRAF**^{V600E}-mutant mCRC
who have received prior systemic therapy^{1,2}

BRAF



A BREAKTHROUGH IN OVERALL SURVIVAL

from a Phase 3 trial in **BRAF**^{V600E}-mutant mCRC^{1,3}

9.3
months
(95% CI: 8.0-11.3)
BRAFTOVI + cetuximab
(n=220)

Overall survival¹

VS

5.9
months
(95% CI: 5.1-7.1)
Control: FOLFIRI + cetuximab
or irinotecan + cetuximab (n=221)

(HR 0.61 (95% CI: 0.44-0.77) P<0.0001)
The cut-off date was August 2019

BRAFTOVI is indicated in combination with cetuximab for the treatment of adult patients with metastatic colorectal cancer (mCRC) with a **BRAF**^{V600E} mutation who have received prior systemic treatment.
The BRAF^{V600E} CRC trial was a positive study, and both primary end points (OS and ORR for BRAFTOVI + binimetinib + cetuximab vs control arm) were met. BRAFTOVI + binimetinib + cetuximab is not approved for the treatment of patients with **BRAF**^{V600E}-mutant mCRC in any country except Japan.

*Singapore Cancer Drug List <https://www.moh.gov.sg/home/our-healthcare-system/medisafe/life/what-is-medisafe/life/what-medisafe-life-benefits/cancer-drug-list>

Reference:
1. Braftovi Product Information. 2. Van Cutsem E, Cervantes A, Adam R et al. ESMO consensus guidelines for the management of patients with metastatic colorectal cancer. Ann Oncol 2016;27(10):1386-1422. 3. Tabernero J, Crookhey A, Van Cutsem E et al. Encorafenib plus cetuximab as a new standard of care for previously treated **BRAF**^{V600E}-mutant metastatic colorectal cancer: updated survival results and subgroup analyses from the BRAFON study. J Clin Oncol 2023;39:207-216.



LABORATOIRES
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New ways to care

To report an adverse event involving BRAFTOVI please contact grv_singapore@pierre-fabre.com.

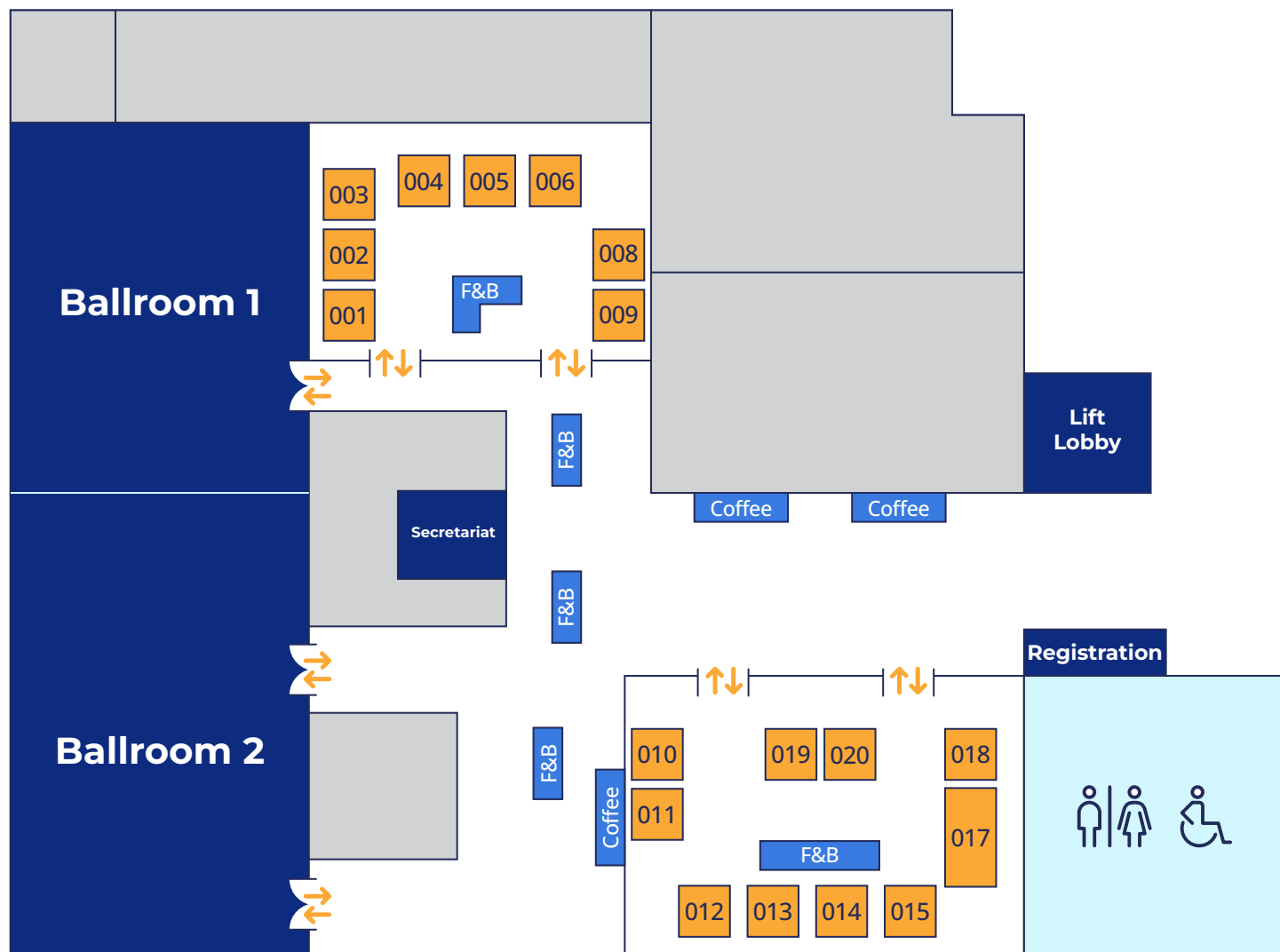
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SC_BMC_2406_01

BRAFTOVI
(encorafenib)



At Pfizer, we apply science to bring innovative medicines and vaccines to improve patient lives. Consistent with our responsibility, we collaborate with health care providers, governments, and local communities to improve and expand access. For 175 years, we have worked to make a difference for all who rely on us.

Floorplan



Exhibitors

Astellas Pharma Singapore Pte Ltd	013	Juniper Biologics Pte Ltd	008
AstraZeneca Singapore Pte Ltd	003	MSD Pharma (Singapore) Pte Ltd	010
BeiGene Singapore Pte. Ltd.	009	Novartis (Singapore) Pte Ltd	017
Bristol-Myers Squibb (Singapore) Pte Ltd	011	Pfizer Pte Ltd	020
Daiichi Sankyo Singapore Pte Ltd	019	Pierre Fabre Singapore Pte. Ltd	006
DKSH Singapore Pte Ltd	018	Roche Singapore Pte Ltd	012
Fresenius Kabi (Singapore) Pte Ltd	005	Takeda Pharmaceuticals (Asia Pacific) Pte Ltd	002
Gilead Sciences Singapore Pte Ltd	014	Zuellig Pharma Pte Ltd	015
GlaxoSmithKline Pte Ltd	001		
Johnson & Johnson International (Singapore) Pte Ltd	004		

HER2m mNSCLC



PUSH THE PARADIGM

WITH EFFICACY THAT EXTENDS EXPECTATIONS

Results of DESTINY-Lung02¹

49.0% ORR

(n=50/102; 95%
CI: 39.0, 59.1)

9.9 months
mPFS

(n=102; 95% CI:
7.4, NE)

19.5 months
mOS

(n=102; 95% CI:
13.6, NE)

ENHERTU's safety profile is generally manageable. The most common (≥20%) drug-related adverse reactions (any grade) were nausea (67.3%), fatigue (44.6%), neutropenia (42.6%), decreased appetite (39.6%), anemia (36.6%), constipation (36.6%), vomiting (31.7%), leukopenia (28.7%), thrombocytopenia (27.7%), diarrhea (22.8%), transaminases increased (21.8%), and alopecia (21.8%).^{1,2}

ENHERTU is the first approved treatment for activating HER2-mutant 2L mNSCLC^{1,2}

Abbreviated prescribing information: Please consult local full prescribing information before prescribing

ENHERTU® (trastuzumab deruxtecan): 100 mg Powder for Concentrate for Solution for Infusion

INDICATION(s): ENHERTU is indicated for the treatment of adult patients with unresectable or metastatic HER2-positive breast cancer (HER2+ BC) who have received a prior anti-HER2-based regimen. ENHERTU as monotherapy is indicated for the treatment of adult patients with unresectable or metastatic HER2-low (IHC 1+ or IHC 2+/ISH-) BC who have received at least one prior line of chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy. Patients with hormone receptor positive (HR+) BC should have received at least one and be no longer considered eligible for endocrine therapy. ENHERTU is indicated for the treatment of adult patients with locally advanced or metastatic HER2+ gastric or gastroesophageal junction (GEJ) adenocarcinoma who have received two or more prior regimens, including a trastuzumab-based regimen. ENHERTU is indicated for the treatment of adult patients with unresectable or metastatic Non-Small Cell Lung Cancer (NSCLC) whose tumors have activating HER2 (ERBB2) mutations and who have received a prior systemic therapy. **DOSAGE:** For Metastatic BC and Metastatic NSCLC - 5.4 mg/kg & For Locally Advanced or Metastatic Gastric or GEJ Adenocarcinoma - 6.4 mg/kg, given as an intravenous infusion once every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity. **CONTRAINDICATIONS:** Hypersensitivity to the active substance or to any of the excipients. **PREGNANCY & LACTATION:** Women & Men with female partner of childbearing potential should use effective contraception during treatment and for at least 7 and 4 months following the last dose of ENHERTU, respectively. ENHERTU can cause fetal harm when administered to a pregnant woman. There are no available data on the use of ENHERTU in pregnant women. Administration of ENHERTU to pregnant women is not recommended, and patients should be informed of the potential risks to the fetus before they become pregnant. Women who become pregnant must immediately contact their doctor. If a woman becomes pregnant during treatment with ENHERTU or within 7 months following the last dose of ENHERTU, close monitoring is recommended. It is not known if ENHERTU is excreted in human milk. Women should discontinue breastfeeding prior to initiating treatment with ENHERTU and may begin breastfeeding 7 months after concluding treatment. **SPECIAL WARNINGS & PRECAUTIONS:** Interstitial Lung Disease/Pneumonitis (ILD/P): have been reported with ENHERTU. Fatal outcomes have been observed. Patients should be advised to immediately report cough, dyspnea, fever, and/or any new or worsening respiratory symptoms. Patients should be monitored for signs and symptoms of ILD/P. Evidence of ILD/P should be promptly investigated. Patients with suspected ILD/P should be evaluated by radiographic imaging. Consultation with a pulmonologist should be considered. For asymptomatic (Grade 1) ILD/P, consider corticosteroid treatment (e.g., ≥0.5 mg/kg/day prednisolone or equivalent). ENHERTU should be withheld until recovery to Grade 0 and may be resumed according to instructions in full prescribing information. For symptomatic ILD/P (Grade 2 or greater), promptly initiate systemic corticosteroid treatment (e.g., ≥1 mg/kg/day prednisolone or equivalent) and continue for at least 14 days followed by gradual taper for at least 4 weeks. ENHERTU should be permanently discontinued in patients who are diagnosed with symptomatic (Grade 2 or greater) ILD/P. Patients with a history of ILD/P may be at increased risk of developing ILD/P. Neutropenia- including febrile neutropenia, were reported in clinical studies of ENHERTU. Complete blood counts should be monitored prior to initiation of ENHERTU and prior to each dose, and as clinically indicated. Based on the severity of neutropenia, ENHERTU may require dose interruption or reduction. Left Ventricular Ejection Fraction (LVEF) Decrease- has been observed with anti-HER2 therapies, including ENHERTU. LVEF should be assessed prior to initiation of ENHERTU and at regular intervals during treatment as clinically indicated. ENHERTU should be permanently discontinued if LVEF of less than 40% or absolute decrease from baseline of greater than 20% is confirmed. ENHERTU should be permanently discontinued in patients with symptomatic congestive heart failure (CHF). Embryo-Fetal Toxicity- ENHERTU can cause fetal harm when administered to a pregnant woman. The pregnancy status of females of reproductive potential should be verified prior to the initiation of ENHERTU. The patient should be informed of the potential risks to the fetus. **DRUG INTERACTIONS:** No dose adjustment is required during coadministration of ENHERTU with drugs that are inhibitors of OATP1B or CYP3A. No clinically meaningful interaction is expected with drugs that are inhibitors of P-glycoprotein (P-gp), MATE2-K, MRP1, or BCRP transporters. Effects of ENHERTU on the Pharmacokinetics of Other Medicinal Products. In vitro studies indicate that the topoisomerase I inhibitor component of ENHERTU does not inhibit or induce major CYP450 enzymes. **UNDESIRABLE EFFECTS:** Unresectable or Metastatic HER2+ BC - dry eye, nausea, vomiting, diarrhea, abdominal pain, constipation, stomatitis, dyspepsia, fatigue, upper respiratory tract infection, infusion-related reactions, alanine aminotransferase increase, aspartate aminotransferase increase, hypokalemia, decreased appetite, headache, dyspnea, cough, epistaxis, alopecia, rash. Unresectable or Metastatic HER2Low BC: anemia, neutropenia, thrombocytopenia, leukopenia, lymphopenia, febrile neutropenia, vision blurred, nausea, vomiting, constipation, diarrhea, abdominal pain, stomatitis, abdominal distension, gastritis, flatulence, fatigue, pyrexia, transaminases increased, upper respiratory tract infection, infusion-related reaction, weight decrease, blood alkaline phosphatase/bilirubin/creatinine increase, decreased appetite, hypokalemia, dehydration, musculoskeletal pain, headache, dysgeusia, ILD, epistaxis, dyspnea, cough, alopecia, rash, pruritis, skin hyperpigmentation. Metastatic HER2-positive Gastric or GEJ Adenocarcinoma - neutropenia, anemia, leukopenia, thrombocytopenia, lymphopenia, febrile neutropenia, nausea, diarrhea, stomatitis, abdominal pain, vomiting, constipation, fatigue, pyrexia, edema peripheral, hepatic function abnormal, pneumonia, upper respiratory tract infection, infusion-related reactions, blood alkaline phosphatase/bilirubin increase, alanine aminotransferase increase, aspartate aminotransferase increase, decreased appetite, hypokalemia, dehydration, ILD, cough, epistaxis, dyspnea, alopecia, pruritis, rash. Unresectable or Metastatic NSCLC- anemia, neutropenia, thrombocytopenia, leukopenia, lymphopenia, nausea, vomiting, constipation, diarrhea, abdominal pain, stomatitis, fatigue, transaminases increased, upper respiratory tract infection, increased transaminases, decreased appetite, hypokalemia, headache, ILD, dyspnea, epistaxis, alopecia, rash.

For Healthcare Professionals only

References: 1. ENHERTU prescribing information, September 2023, 09/BC/SG/Doc ID-004368384 V11.0.2. Goto K, Goto Y, Kubo T, et al. Trastuzumab deruxtecan in patients with HER2-mutant metastatic non-small-cell lung cancer: primary results from the randomized, phase II DESTINY-Lung02 Trial. *J Clin Oncol.* 2023;41(31):4852-4863

Abbreviations: CI, confidence interval, **HER2**, human epidermal growth factor receptor 2, **mNSCLC**, metastatic non-small cell lung cancer, **mPFS**, median progression-free survival, **mOS**, median overall survival, **N/n**, number of patients, **NE**, not estimable, **ORR**, objective response rate



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Detailed Programme

DAY 1: FRIDAY, AUGUST 2, 2024

7:30 AM - **Registration & Breakfast**
8:30 AM  Pre-Function Foyer, Level 3


8:30 AM - **S01 - Opening Address**
8:45 AM  Ballroom 1&2, Level 3

- Address by President, Singapore Society of Oncology
Dr Eileen Poon
- Welcome Speech by Organising Committee
Dr Grace Yang, Dr Chiang Jianbang


8:45 AM - **S02 - Haematology Track**
10:00 AM  Ballroom 1&2, Level 3
Dr Cinnie Soekojo, Dr Tan Ya Hwee

- Navigating CAR T-cell Therapy: a Concise Overview
Dr Cinnie Soekojo
- Flowcytometry and Minimal Residual Disease in Haematological Malignancies
Dr Lee Shir Ying
- Lymphoma/STARGLO Readout
Dr Esther Chang
- Thrombosis in Oncology
Dr May Anne Cheong

10:00 AM - **Tea Break & Visit Exhibits**
11:00 AM  Pre-Function Foyer, Level 3

11:00 AM - **S03 - Improving Outcomes In Patients With HR+/HER2- Advanced Breast Cancer Amidst A Rapidly Evolving Treatment Landscape**
11:45 AM **Supported by: Novartis**
 Ballroom 1&2, Level 3
Dr Matilda Lee

- Integrating New Research into Practice for HR+/HER2- Advanced Breast Cancer
Dr Richard de Boer
- Panel Discussion and Q&A
Dr Matilda Lee, Dr Richard de Boer, Dr Elaine Lim, Dr Khoo Kei Siong

11:45 AM - **S04 - Breast Track**
1:00 PM  Ballroom 1&2, Level 3
Dr Bernard Chua, Dr Matilda Lee

- Trastuzumab Deruxtecan vs Physician's Choice of Chemotherapy in Patients with Hormone Receptor-positive, HER2 Low or HER2 Ultralow Metastatic Breast Cancer with Prior Endocrine Therapy: Primary Results from DESTINY-BREAST 06
Dr Rachel Wong
- Abemaciclib Plus Fulvestrant Vs Fulvestrant Alone for HR+, Her2- Advanced Breast Cancer Following Progression on Prior CDK4/6 Inhibitor Plus Endocrine Therapy: Primary Outcome of the Phase 3 postMONARCH Trial
Dr Gehlot Pritish Kumar
- Prognostic Utility of ctDNA Detection in the Monarche Trial of Adjuvant Abemaciclib Plus Endocrine Therapy (ET) in HR+, HER2-, Node-positive, High-risk Early Breast Cancer
Dr Joline Lim
- Baseline (BL) Characteristics and Efficacy Endpoints for Patients (PTS) With Node-negative (N0) HR+/HER2- Early Breast Cancer (EBC): NATALEE Trial
Dr Joshua Tan

1:00 PM - 2:00 PM	S05 - Advances in the Management of Locally Advanced, Recurrent/Metastatic Cervical Cancer and R/M Endometrial Cancer Supported by: MSD Pharma (Singapore) Pte Ltd 📍 Ballroom 1&2, Level 3 <i>A/Prof David Tan</i> <ul style="list-style-type: none">Advances in the Management of Locally Advanced and Recurrent/Metastatic Cervical Cancer <i>A/Prof Jeffrey Goh</i>Case Discussion #1 and #2 - Cervical Cancer <i>A/Prof Jeffrey Goh, A/Prof David Tan</i>Case Discussion #3 - Recurrent/Metastatic Endometrial Cancer <i>A/Prof Jeffrey Goh, A/Prof David Tan</i>
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2:00 PM - 3:00 PM	Lunch & Visit Exhibits 📍 Pre-Function Foyer, Level 3
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3:00 PM - 4:15 PM	S06 - Sarcoma Track 📍 Ballroom 1, Level 3 <i>Dr Richard Quek, Dr Valerie Yang</i> <ul style="list-style-type: none">SU2C-SARC032: A Randomized Trial of Neoadjuvant RT and Surgery with or without Pembrolizumab for Soft Tissue Sarcoma <i>Dr Shaun Ho</i>Final Results of a Randomized Phase II/III Study Comparing Perioperative Adriamycin Plus Ifosfamide and Gemcitabine Plus Docetaxel for High-grade Soft Tissue Sarcomas: Japan Clinical Oncology Group Study JCOG1306 <i>Dr Lim Jianri</i>Efficacy, Safety, and Patient-reported Outcomes of Vimseltinib in Patients with Tenosynovial Giant Cell Tumor: Results from the Phase 3 MOTION Trial <i>Dr Matilda Lee</i>Updated Efficacy Results of Olverembatinib (HQP1351) in Patients with Tyrosine <i>Dr Chiang Jianbang</i>	S07 - Radiation Oncology Track 📍 Ballroom 2, Level 3 <i>Dr Bala Vellayappan, Dr Wong Ru Xin</i> <ul style="list-style-type: none">NRG Oncology/RTOG 0848: Results After Adjuvant Chemotherapy +/- Chemoradiation for Patients With Resected Periapillary Pancreatic Adenocarcinoma (PA). GABARNANCE Study Randomized Phase II/III Trial of Gemcitabine Plus Nab-paclitaxel Versus Concurrent Chemoradiotherapy With S-1 as Neoadjuvant Treatment for Borderline Resectable Pancreatic Cancer <i>Dr Lee Shing Fung</i>Omitting Axillary Dissection in Breast Cancer with Sentinel-Node Metastases (SENO-MAC), and an Overview of Past Studies <i>Dr Looi Wenshen</i>Treatment Deescalation With Radiotherapy vs Transoral Surgery for HPV-Associated Oropharyngeal Squamous Cell Carcinoma: The ORATOR2 Phase 2 Randomized Clinical Trial <i>Dr Tan Teng Hwee</i>ISABR: Stereotactic Ablative Radiotherapy With or Without Immunotherapy for Early-stage or Isolated Lung Parenchymal Recurrent Node-negative Non-small-cell Lung Cancer: an Open-label, Randomised, Phase 2 Trial <i>Dr Li You Quan</i>
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4:15 PM - 4:45 PM	Tea Break & Visit Exhibits 📍 Pre-Function Foyer, Level 3
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4:15 PM - 4:45 PM		S08 - Updates in First-Line Systemic Treatment of Hepatocellular Carcinoma Supported by: Bristol-Myers Squibb (Singapore) Pte Ltd 📍 Ballroom 2, Level 3 <i>Dr Robert Walsh</i> <ul style="list-style-type: none">• Updates in First-Line Systemic Treatment of Hepatocellular Carcinoma <i>Dr David Tai</i>
4:45 PM - 6:00 PM	S09 - Survivorship/ Supportive Care Track 📍 Ballroom 1, Level 3 <i>Dr Goh Wen Yang, Dr Grace Yang</i> <ul style="list-style-type: none">• Palliative Care Models - Scaling Up Sustainably <i>Dr Grace Yang</i>• Older Adults with Cancer <i>Dr Goh Wen Yang</i>• Patient Reported Outcomes <i>Dr Yu Ke</i>• Health-Related Quality of Life in METex14 Skipping Non-Small Cell Lung Cancer with Brain, Liver, Adrenal, or Bone Metastases: VISION Trial <i>Dr Puey Ling Chia</i>	S10 - Head & Neck Track 📍 Ballroom 2, Level 3 <i>Dr Chong Wan Qin, Dr Amanda Seet</i> <ul style="list-style-type: none">• ESMO Congress 2023 Phase III LIBRETTO-531 <i>Dr Aaron Tan</i>• Phase III Randomised Trial of IMPT Versus IMRT for Treatment of Head and Neck Oropharyngeal Ca (Opc) – Asco Annual Meeting 2024, Frank et al <i>Dr Tan Teng Hwee</i>• Adjuvant Pd-1 Blockade with Camrelizumab in High-risk Locoregionally Advanced Nasopharyngeal Carcinoma (Dipper): a Multicentre, Open-label, Phase 3, Randomized Controlled Trial, Asco Annual Meeting 2024, Liu et al <i>Dr Teo Hui Lin</i>• A Randomized, Double-blind, Placebo-controlled Phase II Study of Adjuvant Pembrolizumab Vs Placebo in Patients with HNSCC at High Risk of Recurrence: The Pathway Study, ASCO Annual Meeting 2024, Pearson et al <i>Dr Low Jia Li</i>

8:00 AM - **Registration & Breakfast**
 8:45 AM **Pre-Function Foyer, Level 3**

8:45 AM - **S11 - Changing Treatment Paradigm in Recurrent/Metastatic Nasopharyngeal Cancer**
 9:15 AM **Supported by: BeiGene Singapore Pte Ltd**
 📍 Ballroom 1, Level 3
Dr Ang Mei Kim
 • Evolving Treatment Landscape in Recurrent/Metastatic NPC
Dr Darren Lim
 • Case Sharing in 1L Recurrent/Metastatic NPC
Dr Darren Lim

S12 - The Evolving Landscape of Urothelial Cancer Management (La/mUC) Enfortumab Vedotin + Pembrolizumab – Shifting Treatment Paradigms as a First Line Therapy
Supported by: Astellas Pharma Singapore Pte Ltd
 📍 Ballroom 2, Level 3
A/Prof Ravindran Kanesvaran
 • Overview of EV-302
A/Prof Ravindran Kanesvaran
 • Panel Discussion on EV-302 Data and the Landscape of Urothelial Cancer Treatment
A/Prof Ravindran Kanesvaran, Dr Tanujaa Rajasekaran, Dr Tan Wei Chong

9:15 AM - **Tea Break & Visit Exhibits**
 10:00 AM **Pre-Function Foyer, Level 3**

9:15 AM - **S13 - COVID-19 and Oncology: Navigating the Impact on Cancer Care**
 10:00 AM **Supported by: Pfizer Pte Ltd**
 📍 Ballroom 1, Level 3
Dr Matilda Lee
 • COVID-19 Burden in Oncology Patients
Dr Ian Wee
 • Overview of Guidelines Recommendations
Dr Ian Wee
 • Re-evaluating Priorities and Overcoming Future Challenges in Prevention and Treatment
Dr Kenneth Sooi

10:00 AM - **S14 - Gynaecology Track**
 11:15 AM 📍 Ballroom 1, Level 3
Dr Jack Chan, Dr John Chia
 • Chemotherapy + CCRT for Locally Advanced Cervical Cancer: INTERLACE vs OUTBACK
Dr Joshua Tan
 • Antibody-drug Conjugates in Gynaecologic Cancers: A New Paradigm
Dr John Chia
 • Frontline Immune Checkpoint Inhibitor + PARP Inhibitor in Advanced Endometrial Cancer: Rational or not?
Dr Jack Chan
 • Lenvatinib + Pembrolizumab in Advanced Endometrial Cancer: In Which Line & For Whom?
Dr Zhang Zewen

S15 - Genitourinary Track
 📍 Ballroom 2, Level 3
Dr Tanujaa Rajasekaran, Dr Tan Wei Chong
 • Characterisation of Complete Responders to Nivolumab+ Gemcitabine-cisplatin Vs Gemcitabine-cisplatin Alone and Patients with Lymph Node Only Metastatic Urothelial Carcinoma From Checkmate 901 Trial
Dr Toh Chee Keong
 • Impact of Exposure on Outcomes with Enfortumab Vedotin in Patients with Locally Advanced or Metastatic Urothelial Cancer
Dr Tan Wei Chong
 • Cabazitaxel with Abiraterone Versus Abiraterone Alone Randomised Trial for Extensive Disease Following Docetaxel: the CHARTED 2 Trial of ECOG-ACRIN Cancer Research Group (EA8153)
Dr Aaron Tan

11:15 AM -
12:15 PM

S16 - Precision Strikes with PSMA-Targeted Theranostics
Supported by: Novartis (Singapore) Pte Ltd
 📍 Ballroom 2, Level 3
A/Prof Ravindran Kanesvaran
 • Prostate Cancer: Disease Burden & Treatment Landscape in Singapore
A/Prof Ravindran Kanesvaran
 • PSMA-Targeted Theranostics: Science, Clinical Applications and Future Perspectives
Dr Lenith Cheng
 • Panel Discussion On Prostate Cancer Management: A Practical Multidisciplinary Approach
A/Prof Ravindran Kanesvaran, Dr Lenith Cheng, A/Prof Edmund Chiong

12:15 PM -
1:00 PM

Lunch & Visit Exhibits
 📍 Pre-Function Foyer, Level 3

1:00 PM -
2:00 PM

S17 - Current Treatment Options for the Management of HER2m NSCLC- T-DXd Experience and Case Discussions
Supported by: Daiichi Sankyo Singapore Pte Ltd
 📍 Ballroom 1&2, Level 3
Dr Ross Soo
 • Unlocking Solutions: Emerging Treatments for HER2-Mutant NSCLC
Dr Ross Soo
 • Case Presentation with Panel Discussion
Dr Aaron Tan, Dr Ross Soo, Dr Chia Puey Ling

2:00 PM -
3:15 PM

S18 - Lung Track
 📍 Ballroom 1&2, Level 3
Dr Yvonne Ang, Dr Tan Wan Ling
 • ADRIATIC: Durvalumab (D) as Consolidation Treatment (tx) for Patients (pts) with Limited-stage Small-cell Lung Cancer (LS-SCLC)
Dr Kenneth Sooi
 • Amivantamab Plus Lazertinib Vs Osimertinib in First-line EGFR-mutant Advanced Non-small Cell Lung Cancer (NSCLC) With Biomarkers of High-risk Disease: a Secondary Analysis From the Phase 3 MARIPOSA Study
Dr Aaron Tan
 • Lorlatinib Vs Crizotinib in Treatment-naïve Patients with Advanced ALK+ Non-small Cell Lung Cancer: 5-year Progression-free Survival and Safety from the CROWN Study
Dr Kenneth Sooi
 • Osimertinib (osi) After Definitive Chemoradiotherapy (CRT) in Patients (pts) With Unresectable Stage (stg) Iii Epidermal Growth Factor Receptor-mutated (EGFRm) NSCLC: Primary Results of the Phase 3 LAURA Study
Dr Tan Wei Chong

3:15 PM -
4:00 PM

Tea Break & Visit Exhibits
 📍 Pre-Function Foyer, Level 3

3:15 PM -
4:00 PM

S19 - Subcutaneous Immunotherapy: Pioneering the Next Standard in Treatment

Supported by: Roche Singapore Pte Ltd

📍 Ballroom 1&2, Level 3

Dr Ross Soo

- Subcutaneous Immunotherapy: Pioneering the Next Standard in Treatment

Dr Jens Samol

- Panel Discussion and Q&A

Dr Ross Soo, Dr Jens Samol, Dr Elaine Lim, Dr Tanujaa Rajasekaran

4:00 PM -
4:30 PM

S20 - Transforming Management of mCRC with BRAF Mutation in Real World Setting

Supported by: Pierre Fabre Singapore Pte Ltd

📍 Ballroom 1&2, Level 3

Dr Han Shuting

- Case Discussion

Dr Evelyn Wong

- Panel Discussion

Dr Evelyn Wong, Dr Han Shuting

4:30 PM -
5:45 PM

S21 - Gastrointestinal Track

📍 Ballroom 1&2, Level 3

Dr Lim Chiew Woon, Dr Robert Walsh

- Prospective Randomized Multicenter Phase III Trial Comparing Perioperative Chemotherapy (Flot Protocol) to Neoadjuvant Chemoradiation (Cross Protocol) in Patients with Adenocarcinoma of the Esophagus (ESOPEC Trial)

Dr Evelyn Wong

- Nivolumab (NIVO) Plus Ipilimumab (IPI) Vs Lenvatinib (LEN) or Sorafenib (SOR) as First-line Treatment for Unresectable Hepatocellular Carcinoma (uHCC): First Results from Checkmate 9DW

Dr John Ang

- Nivolumab (NIVO) Plus Ipilimumab (IPI) Vs Chemotherapy (Chemo) as First-line (1L) Treatment for Microsatellite Instability-high/mismatch Repair-deficient (MSI-H/dMMR) Metastatic Colorectal Cancer (mCRC): Expanded Efficacy Analysis from Checkmate 8HW

Dr Gloria Chan

- Chemotherapy and Liver Transplantation Versus Chemotherapy Alone in Patients with Definitively Unresectable Colorectal Liver Metastases: a Prospective Multicentric Randomized Trial (TRANSMET)

Dr Shuting Han

5:45 PM -
6:00 PM

S22 - Closing Address

📍 Ballroom 1&2, Level 3

- Closing Address by President, Singapore Society of Oncology

Dr Eileen Poon

DAY 3: SUNDAY, AUGUST 4, 2024

8:00 AM - **Registration & Breakfast**
9:00 AM **Pre-Function Foyer, Level 3**

9:00 AM - **S23 - Singapore Society of Oncology - Cancer Immunotherapy Consortium (SSO-CIC)**
10:00 AM **Symposium**
Ballroom 1&2, Level 3
Dr Joe Yeong, Assoc Prof Daniel Tan

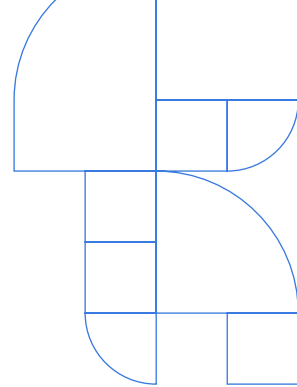
- PLANet - Precision Medicine in Liver Cancer Across an Asia Pacific Network
Dr Pierce Chow
- Precision Therapy for Gastric Cancer
Dr Yong Wei Peng
- Inflammaging, Cancer Screening and AI-triaged Healthcare of Lung Cancer
Dr Joe Yeong

10:00 AM - **Tea Break**
10:15 AM **Ballroom 1&2, Level 3**

10:15 AM - **S23 - Singapore Society of Oncology - Cancer Immunotherapy Consortium (SSO-CIC)**
12:30 PM **Symposium**
Ballroom 1&2, Level 3
Dr Joe Yeong, Assoc Prof Daniel Tan

- Ascending on the Dragon's Tail – Immunotherapy in NPC
Dr Darren Lim
- Lymphoma Research Programme – SYMPHONY 2.0
Dr Ong Choon Kiat
- The VICTORY (Virus-Induced Cancer: Translational Oncology Research & immunologY) Programme
Dr Timothy Wai
- Coloscript: Colorectal Cancer Subtype Specific Research Informs Phenotypes, Detection and Treatments
Dr Iain Tan

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