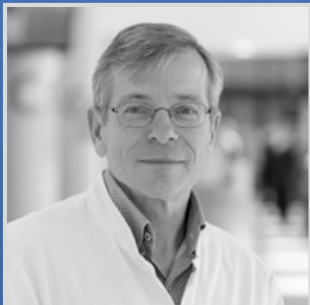


Congress Interview



Professor John B.A.G. Haanen

Netherlands Cancer Institute (NKI), Amsterdam, The Netherlands; Leiden University Medical Centre, Leiden, The Netherlands; Scientific Chair of the European Society for Medical Oncology (ESMO) Virtual Congress 2020

Q1 You have an impressive scientific background, completing a scientific PhD in immunohaematology in addition to your clinical training as a medical oncologist. How does your detailed scientific training improve your clinical work as a doctor?

Thank you! The work that I am doing as a PhD in basic immunology has been extremely valuable. It allows me to think and discuss at both basic and clinical research levels. It has been an enrichment of my work as a clinician and scientist that I would advise for anyone who wants to follow an academic career.

Q2 Immunotherapy has really exploded in oncology, haematology, and now into other clinical disciplines, and you have been involved in this area of therapeutics for many years. What were your observations of the growth of these therapies, and how do you think they will further develop over the coming years?

I have been working in the field of cancer immunotherapy for more than two decades. I have always been convinced that eventually this would work, but it was a struggle for many years. We did not understand how to mobilise the endogenous immune system to fight cancer.

This has completely changed in the past 20 years, but the way we give immunotherapy now is absolutely beyond any of our expectations. It has sparked so many more lines of research and increased our knowledge of the immune system exponentially; indeed, not only in cancer but also in infectious disease, autoimmunity, and organ transplantation.

As a clinician, it is amazing to see patients responding, cancers disappearing, sometimes for a very long time, perhaps forever.

Q3 Your work includes involvement in the translation of novel immunotherapy strategies into clinical practice. What challenges must be considered in bringing a novel therapy into the wider clinical domain?

Bringing new therapies to the clinic requires team efforts: bringing together basic researchers, pharmacists, clinicians, and many more people. One needs to have, or build, this team, which requires time and money. For most novel therapies, special Good Manufacturing Practice laboratories are needed for setting up a robust, reproducible, and validated manufacturing process. One must liaise with the regulatory authorities to be able to perform an innovative trial. So, there are many hurdles to cross.

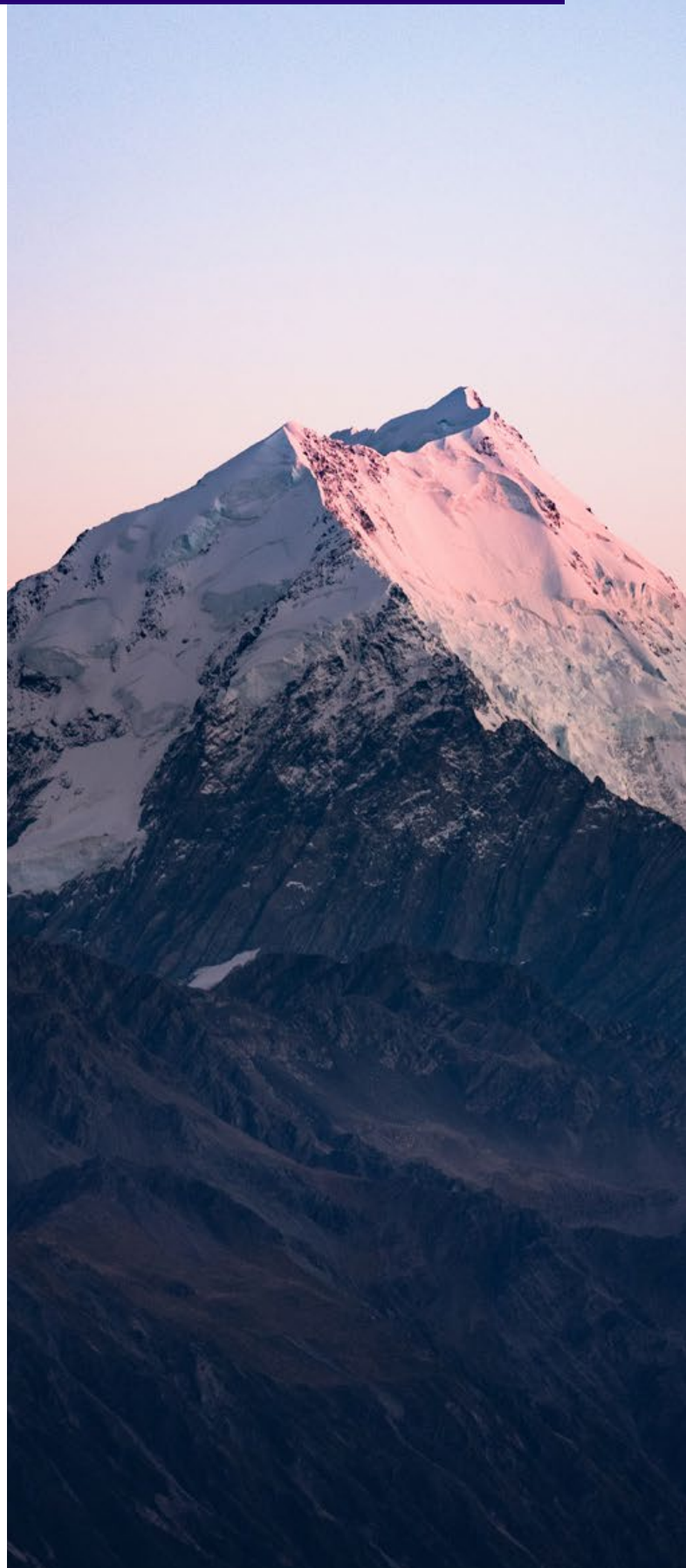
Q4
What are your ambitions for the Amsterdam Biotherapeutics Unit (AmBTU), which you cofounded, and what motivated you to set up the centre?

We started the AmBTU almost 15 years ago to be flexible, develop experience (from the research and manufacturing perspectives), and to produce innovative immunotherapies. Currently, the AmBTU is focussing on development of cellular therapies, especially highly individualised cellular therapies, which are hard for the pharmaceutical industry to produce. I am convinced that one of the next waves in immunotherapies lies in the development of these living drugs. We want to be at the forefront!

Q5
The European Society for Medical Oncology (ESMO) Virtual Congress 2020 was the first digital congress for the society. What adaptations and strategies were needed to bring the event to life?

Of course, we were not the first to adapt our face-to-face meeting to a completely virtual meeting but being later in the year gave us the opportunity to learn from other organisations. One realises how densely packed a live event is. It would be impossible to do this virtually. So, the first change was to divide the meeting into two parts: the scientific meeting and the educational meeting. Both are at the core of the ESMO strategy. The second change was that the most interactive sessions were cancelled as it was considered too challenging. Having said that, we did incorporate a lot of live 'question and answer' sessions during the scientific weekend, which worked brilliantly. Other changes were to have all posters online from the start, the same for the mini oral presentations, and the setup of the satellite symposia with pharmaceutical companies was done digitally. We learned a lot in a very short time. The ESMO staff are absolutely amazing, having worked around the clock to make the ESMO Virtual Congress 2020 a success.

"As a clinician, it is amazing to see patients responding, cancers disappearing, sometimes for a very long time, perhaps forever."





The focus for ESMO 2020 was 'bringing innovation to cancer patients'. What innovative technologies and therapies can patients expect to be available to them soon?

I am sure you saw that we had three presidential symposia packed with practice-changing data. Again, immunotherapy, especially now in kidney and upper gastrointestinal cancer, was right at the forefront, as well as novel drugs like lorlatinib in anaplastic lymphoma kinase-translocated non-small cell lung cancers, the use of maintenance osimertinib in epidermal growth factor receptor-mutated non-small cell lung cancers, prevention of brain metastases, and bringing personalised therapies to *PTEN*-mutated prostate cancer.

For other novelties in biomarker research, such as circulating free DNA and gene signatures, it is perhaps not prime time for clinical use yet, although highly promising data were presented.

You spoke at ESMO about coronavirus disease (COVID-19) and cancer research. Could you tell our readers the key take-home messages of this talk?

This year is about COVID-19. Our lives have changed because of COVID-19, both personal and work lives. Patients are affected, societies are affected, and healthcare workers like oncologists have been affected. We have shown that despite the impact that COVID-19 had and still has on our work, including in cancer research, we are highly resilient, flexible, and creative in bringing new research and insight into how cancer treatments impact COVID-19 and how COVID-19 impacts cancer patients, their treatment, and their doctors. Unfortunately, the price is high: [there have been] far less cancer diagnoses, less treatment, and more burn-out in oncologists; but, some good things came out of this, including telemedicine, no impact of targeted and immunotherapies on the outcome of COVID-19, and more working from home for oncologists.

Since your appointment as ESMO Scientific Chair, what has been your proudest achievement?

Definitely to have been able to turn a successful live meeting into a successful virtual meeting together with ESMO president, Prof Solange Peters, and the ESMO staff.