ASCO 2025: Building a stronger future in cancer care with a focus on earlier interventions and more

From attending key oral sessions, clinical science symposiums and poster presentations to the simple pleasures of chatting with colleagues during coffee breaks, we left the 2025 American Society of Clinical Oncology meeting with a renewed commitment to advancing global cancer care as part of a global collaborative oncology community, and welcomed the chance to explore the latest innovative scientific advances and to share insights on how to translate that science to better meeting patient needs.

This is especially important as funding and health policy changes in the broader healthcare ecosystem raise questions among stakeholders regarding the potential impacts on oncology research and development.

From the practical wisdom of emphasising exercise to improve survival in colon cancer to the association of glucagon-like peptide 1 receptor agonists use with a reduction in obesity-related cancer risk, the excitement around ideas, possibilities and pathways in oncology research and development can seem limitless. In the wealth of breakthrough data findings coming out of ASCO, we noticed a pattern in discussions.

As we collectively leverage invaluable insights to further extend survival for advanced cancers and to improve the toxicity profiles of treatments, those of us working in oncology research and development daily want to see even more real-world progress for patients earlier in their cancer journeys. Indeed, we heard from global pharmaceutical and emerging biopharma leadership on

the forefront of oncology innovation who emphasised the need to shift our mindset and work to better understand the biology of cancer and improve personalised treatment regimens to get in front of this debilitating disease.

During the meeting, we were pleased to see multiple data highlights that exemplified just how the oncology community is inching toward “getting ahead” of cancer, including the notable points of progress below.

The role of advanced liquid biopsies: Individualising treatment regimens

There were engaging discussions onsite regarding SERENA-6, the first global, double-blind Phase III trial to use a circulating tumor DNA-guided approach to detect emerging resistance in first-line therapy ahead of advanced HR-positive breast cancer progression. Presented in a plenary session at ASCO and concurrently published in the New England Journal of Medicine, the results demonstrated that switching to treatment with camizestrant, a next-generation, oral selective oestrogen receptor degrader, if a treatment-resistant ESR1 mutation is detected during first-line treatment can help reduce risk of disease progression or death by 56%.

Putting theory into practice, the trial findings emphasised the clinical value regular liquid biopsy testing of ctDNA can have in detecting ESR1 mutations as they emerge to determine which patients may benefit from switching treatments to delay progression and maintain their quality of life. Being able to track small traces of specific tumour DNA in the blood and spot signs of treatment resistance earlier can be a powerful tool to help guide individualised treatment regimens with speed and not allow the cancer to gain traction.

Also presented at ASCO, the ARTEMIS-PC study results showed that ctDNA-based monitoring held promise for predicting treatment response and prognosis in patients with unresectable pancreatic cancer, with detection rates increasing with advancing stages of disease.

When aiming to find genetic variations of cancer, it will be exciting to see where research will head to further examine disease detection and related treatment adjustments for advanced breast cancer, pancreatic cancer, and other forms via these next-generation liquid biopsies. Even as we evaluate these new tools for better treatment decisions and address the shortcomings of the more traditional methods of tumour sampling, we can also recognise the benefit to our patients from avoiding the discomfort and complications of more invasive biopsy techniques.

Understanding who is eligible for certain treatments based on genetic variations will ensure earlier detection and better health outcomes with less invasive procedures and therapies. However, to fully recognise the promise of liquid biopsies for cancer detection, patient access to testing is critical. Recognising this, in late May, England’s National Health Service announced it will offer tens of thousands of patients with lung and breast cancer the ctDNA test to “speed up access to targeted therapy.”

Expanding earlier lines of cancer therapy

The FDA's Project FrontRunner initiative aims to encourage drug companies to consider the most appropriate line of treatment setting when developing cancer therapies, such as in earlier clinical settings. Moving faster to earlier lines of therapy creates the potential to sharpen our understanding of a treatment's effects, improve comparisons to standard of care options, and reduce the time it takes to bring effective new therapies to patients. At ASCO 2025, we saw several examples of what we, as an industry, can do to ensure patients do not have to wait until they have failed several therapies to be considered for a novel treatment option/regimen.

First-line combination therapy for BRAF V600E-mutant metastatic colorectal cancer

Presented in a late-breaking abstract and simultaneously published in NEJM, survival data from the Phase III BREAKWATER study in patients with BRAF V600E-mutant metastatic colorectal cancer showed that patients treated with encorafenib in combination with EGFR inhibitor cetuximab and chemotherapy had a 51% reduced risk of death and 47% reduced risk of disease progression than those treated with standard-of-care chemotherapy with or without bevacizumab.

It is worth noting that, though 8% to 12% of people with metastatic colorectal cancer have the BRAF V600E mutations, no BRAF inhibitor has been approved in the US for first-line treatment for this high-risk subgroup. Encorafenib, marketed by Pfizer under the name Braftovi, received a late 2024 accelerated FDA approval based on objective response rate. This updated data on progression-free and overall survival will serve as post-marketing confirmatory evidence to support full approval of this combination therapy as a first-line treatment.

Earlier treatment for early-stage gastric cancer

With hopes to bring innovative immunotherapies to patients in earlier disease stages and target specific biomarkers, rather than treating broadly, findings from the Phase III MATTERHORN study were shared during a plenary session at the conference. Findings showed that patients with early-stage and locally advanced gastric and gastroesophageal junction cancers receiving perioperative treatment with durvalumab in combination with standard treatment regimen of fluorouracil, leucovorin, oxaliplatin, and docetaxel demonstrated a statistically significant and clinically meaningful improvement in the primary endpoint of event-free survival compared to chemotherapy alone. More than two-thirds of patients (67.4%) treated with this combination therapy remained event-free for two years.

Fine-tuning long-term therapy goals for multiple myeloma

Data presented at major oncology conferences last year, including ASCO 2024, signified increased care options for improved long-term outcomes in patients with multiple myeloma. Building on that progress, the focus at this year's ASCO turned to the use of minimal residual disease testing as a tool in the treatment decision-making paradigm. MRD testing is used to quantify residual cancer cells with more sensitivity when cancer is no longer detectable by commonly used methods, such as bone marrow morphology, computed tomography scans, and magnetic resonance imaging.

Two key reports coming out of the meeting focused on the use of MRD for MM-specific treatment decisions are noted below. Though follow-up is needed to confirm the results, these studies have the potential to shift the treatment paradigm in multiple myeloma using MRD as a major decision-making tool:

- The MIDAS Phase III trial demonstrated no benefit to a transplant-based approach compared to consolidation in patients who achieved MRD-negativity to the threshold of 10-6 by next generation sequencing after induction therapy.

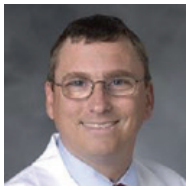
- The Phase III PERSEUS trial showed sustained MRD-negativity at two years in 55.8% of patients receiving the combination treatment regimen of the monoclonal antibody daratumumab with bortezomib, lenalidomide and dexamethasone, which correlated with a 98% progression-free survival at four years. These encouraging results prompted discussions of discontinuing treatment in patients with prolonged MRD negativity with continued monitoring of MRD status.

Driving scientific innovation with intention

Scientific innovations mean even more when progress can be directly observed and measured in ways that genuinely impact patients' daily lives. At ASCO 2025, seeing the breadth of how the global oncology community is coming together to drive collaborations and explore the furthest corners of cancer innovation with purpose is inspiring, especially as it pertains to advancing earlier interventions and enhancing disease detection.

Here's to many more steps toward getting in front of cancer.

About the authors



Michael Armstrong, MD, PhD, Senior Director, Medical, Hematology-Oncology Center of Excellence, IQVIA Biotech

Michael Armstrong is a paediatric haematologist-oncologist with a special interest in basic science and translational research in neuroblastoma. As a member of the Hematology-Oncology Center of Excellence, he works closely with biotech companies to assist with new drug development and the administration of clinical trials with an emphasis on immuno-oncology and paediatric indications. In his previous work with the world's largest paediatric cancer research group, the Children's Oncology Group, Armstrong participated in the neuroblastoma section, including the biology subcommittee and a trial study committee.

Gerhard du Toit, Global Head, Oncology, IQVIA Biotech

Overseeing the team to optimise strategic plans and enhance delivery for early to late-phase oncology clinical trials, du Toit is committed to delivering compliant, expeditious, and ethical solutions that respect patient safety, meet Good Clinical Practice requirements and add value to oncology-focused companies. To his role, du Toit brings more than 25 years of experience in project, clinical and data management, business development, and statistics. He also has operational management of trial programs across Europe, the US, the Middle East, Africa, and Asia.

Matt Simmons, Senior Director, Oncology Strategy, IQVIA Biotech

In his current role, Simmons provides strategic guidance to IQVIA's oncology operational teams and consultative oversight for biopharma and biotech sponsors developing therapeutics to treat cancer. He has more than 25 years of experience across all phases of drug development with large and small pharmaceuticals, CROs, consulting, and software companies, as well as managing a leading oncology Phase I clinical research unit in London.