



IASCC | *Indian Association of
Supportive Care in Cancer*

Presents

BEST OF
MASCC 14-15 Sep
2019
TMH, Parel, Mumbai

Annual Meeting of Supportive Care in Cancer

In collaboration with



Dear Colleague,

We are excited to announce the formation of IASCC (Indian Association of Supportive Care in Cancer). The IASCC is an affiliate organization of MASCC, dedicated to improvise the supportive care in India. The inception of the organization was declared last September during Best of MASCC by Dr. Sudeep Gupta in presence of Dr. Matti Aapro (past president MASCC). This organization is completely focused on supportive care required during cancer directed therapies. Other important aspect would be to support good quality research in the same field.

On **September 14 & 15**, we are welcoming you to the **Best of MASCC 2019, India Conference** to be held at Hotel ITC Grand Central and Tata Memorial Hospital, Parel, Mumbai. This conference is co-organised by IASCC and Nag Foundation. The exciting program planned for this conference will have presentations, workshops and discussions on treatments and techniques for minimizing the symptoms of cancers and side effects of its treatments. The conference also includes a diverse array of presentations on the psychological, social, and economic dimensions of cancer diagnosis and treatment.

The meeting will feature plenary sessions and parallel sessions for doctors and para-medics associated with supportive care in cancer.

Looking forward to your participation.

Organizing Chairpersons

Dr. Sudeep Gupta
Dr. Shona Nag
Dr. D. C. Doval

Organizing Secretaries

Dr. Vikas Ostwal
Dr. Anant Ramaswamy
Dr. Anant Gokarn

International Faculty



Ian Olver, Australia

Ian Olver is a medical oncologist, bio-ethicist and researcher. He is currently adjunct professor in the faculty of Health and Medical Science at the University of Adelaide. He is a former Director of University of South Australia Cancer Research Institute, where he headed a psycho-oncology research team. He was previously CEO of Cancer Council Australia and Clinical Director of the Royal Adelaide Hospital Cancer Center. He is immediate past President of the Multinational Association of Supportive Care in Cancer (MASCC).



Karin Jordan, Germany

Professor Karin Jordan graduated from Martin Luther University of Halle-Wittenberg, Germany. Following a number of posts at the University Hospital Halle and Bernward Hospital, Hildesheim, she was appointed as a specialist in Internal Medicine and Haematology and Oncology at the University of Halle-Wittenberg.

Since 2017 she is the leading senior physician of the Department of Haematology and Oncology at the University Hospital in Heidelberg, Germany. She was the vice executive director of the ethics committee at the University of Halle from 2009-2015.

Professor Jordan has served as a board member of MASCC/ESMO Antiemetic Guideline Consensus Panel in 2009 and 2015, and is in the ASCO antiemetic guideline panel. She holds the co-chair of Supportive Care study group within the German Society of Medical Oncology (AIO) and is the associate chair of the German Association of Supportive Care in Oncology, Rehabilitation and Social Medicine (ASORS).

Professor Jordan was also a member of the ESMO Young Oncologist Committee. Since 2013 she is the coordinator of the S3 Guidelines on Supportive Care within the Oncology Guideline Programme of the German Cancer Society and in 2014 became an associate editor of Annals of Oncology. Since 2017 she is the ESMO Faculty coordinator for Supportive & Palliative Care and also the ESMO Clinical Practice Guidelines subject editor for the supportive care section.

Professor Jordan has authored and co-authored more than 120 publications and her major area of interest is supportive care with a special focus on antiemetic treatment of chemotherapy-induced nausea and vomiting and side effects of new drugs.

National Faculty

A. K. Malhotra
Akhil Kapoor
Amish Vora
Amit Joshi
Amol Akhade
Amol Dongre
Amol Kothekar
Anant Gokarn
Anant Ramaswamy
Aniket Thoke
Anil D'Cruz
Anita D'Souza
Anita Ramesh
Anuprita Daddi
Arun Balaji
Arun Warriar
Arundhati Lahiri
Aseem Samar
Ashish Bakshi
Asif Iqbal
Atul Sharma
Avanish Saklani
Avinash Pandey
Ayesha Sunavala
Bhakti Patankar
Bhakti Samant
Bharat Bhosale
Bharat Patodiya
Bhawna Sirohi
Biswajit Dubashi
Boben Thomas
Chanchal Goswami
Chetan Deshmukh
D. C. Doval
Devieka Bhojwani
Devendra Pal
Dhairyasheel Savant
Divya Choudhary
Eileen Canday
Gaurav Narula
Gautam Goyal
Hasmukh Jain
Himanshu Rohela
Indoo Ambulkar

Irene Sunder
Joseph Dominic
K. Sambasivaiah
Kaustav Talapatra
Kiran Kattimani
Kumardeep Dutta
Kunal Jain
Lokanatha Dasappa
M. V. Chandrakanth
Maheboob Basade
Manikandan Dhanushkodi
Manish Chandra
Manish Singhal
Manisha Singh
Manju Sengar
Manjusha Vagal
Mayur Mantri
Meenu Walia
Meera Achrekar
Mishil Parikh
Muzammil Shaikh
Nandini Menon
Nandita Palshetkar
Navin Bhambhani
Navin Khattray
Neelakshi Mahanta
Nikhil Ghadyalpatil
Nikhil Pande
Om Shrivastav
P. N. Jain
P. N. Mohapatra
P. Suresh
Peush Bajpai
Poonam Patil
Prabha Yadav
Prabhat Bhargava
Pranav Chadha
Prasenjit Chatterjee
Prashant Pawar
Pritam Kataria
Priya Tiwari
Purabi Mahajan
Pushpak Chirmade
R. Gopal

Raghu Thota
Rahul Kulkarni
Rakesh Taran
Ramesh Nimmagadda
Ravi Wategaonkar
Rebecca Desouza
Rebeka Marri
S. D. Banavali
S. H. Advani
S. K. Shrivastava
Sainath B.
Saili Patkar
Salome Benjamin
Samar Gupte
Sameena Bilgi
Sameer Tulpule
Sandeep Goyle
Sanjay Dudhat
Sarvani Laskar
Seema Gulia
Sheela Sawant
Shilpa Joshi
Shiva Kumar
Shona Nag
Subhadra Mandalika
Sudeep Gupta
Sudeep Sarkar
Sujata Karane
Sushant Mittal
Sushil Mandhaniya
Swapna Joshi
T. P. Sahoo
Tapan Saikia
Tejinder Singh
V. Surendran
Vaibhav Choudhary
Vandana Dhamankar
Vanita Noronha
Vasant Nagvekar
Vijay Patil
Vikas Talreja
Vinayak Maka
Vineet Talwar
Y. T. Shivshankar

Scientific Program

(R. D. Choksi Auditorium, Tata Memorial Hospital, Parel, Mumbai)

Day 1, Saturday, 14 September 2019

| TIME | TOPIC |
|---------------|---|
| 09:00 - 09:30 | ● Registration |
| 09:30 - 09:40 | ● Welcome & Introduction Speaker: D. C. Doval |
| 09:40 - 09:55 | ● Chairpersons: Anil D'Cruz, A. K. Malhotra, Salome Benjamin Nutrition support in patients with mucositis, xerostomia or pathology affecting oropharyngeal cavity Speaker: Subhadra Mandalika |
| 09:55 - 10:10 | ● Nutritional screening & assessment of cancer patients Speaker: Y. T. Shivshankar |
| 10:10 - 10:40 | ● Panel discussion on nutritional support during anti-cancer therapy - Evidence based recommendations Moderator: Subhadra Mandalika Panelists: Arundhati Lahiri, Avanish Saklani, Bhakti Samant, Divya Choudhary, Hasmukh Jain, Manish Chandra, Nandini Menon, Navin Bhambhani, Shiva Kumar, Y. T. Shivshankar |
| 10:40 - 10:50 | ● Chairpersons: Sanjay Dudhat, Swapna Joshi Importance of supportive care in oncology Speaker: Nikhil Ghadyalpatil |
| 10:50 - 11:10 | ● Mucositis - Evidence based management Speaker: Navin Khattry |

Scientific Program

(R. D. Choksi Auditorium, Tata Memorial Hospital, Parel, Mumbai)

Day 1, Saturday, 14 September 2019

11:10 - 11:25 • Radiation induced xerostomia - How much have we conquered

Speaker: Sarbani Laskar

11:25 - 11:40 • Dysphagia in head and neck cancer

Speaker: Chetan Deshmukh

11:40 - 11:50 • Tea / Coffee break

Chairpersons: Anita D'Souza, Meera Achrekar

11:50 - 12:20 • Care of CVAD & management of its complications

Speaker: Irene Sunder

12:20 - 12:35 • Care of stoma

Speaker: Sujata Karane

12:35 - 12:45 • Complication related to stoma and management

Speaker: Bhakti Patankar

Chairpersons: K. Sambasivaiah, Ramesh Nimmagadda

12:45 - 13:00 • Management of lymphedema

Speaker: Manjusha Vagal

13:00 - 13:10 • Management of fibrosis related to head and neck cancer

Speaker: Kaustav Talapatra

13:10 - 13:20 • Neurological complications

Speaker: Nikhil Pande

13:20 - 14:20 • Lunch (10th Floor, Homi Bhabha Block)

Scientific Program

(Hall A: R. D. Choksi Auditorium, Tata Memorial Hospital, Parel, Mumbai)

Day 1, Saturday, 14 September 2019

Chairpersons: Devieka Bhojwani, S. D. Banavali, V. Surendran

14:20 - 14:35 • Sexuality and cancer
Speaker: Samar Gupte

14:35 - 14:50 • Psychosocial issues
Speaker: Rebecca Desouza

Chairpersons: Prabha Yadav, Vandana Dhamankar

14:50 - 15:05 • What are the needs of cancer survivorship program
Speaker: Amit Joshi

15:05 - 15:20 • Cancer anorexia & cachexia
Speaker: Tejinder Singh

15:20 - 15:35 • Breast prosthesis in breast cancer rehabilitation
Speaker: Mayur Mantri

15:35 - 15:50 • Fertility preservation
Speaker: Nandita Palshetkar

15:50 - 16:10 **Tea / Coffee break**

Chairpersons: Dhairyasheel Savant, Sudeep Sarkar

16:10 - 16:25 • Care of voice prosthesis
Speaker: Prashant Pawar

16:25 - 16:40 • Speech and swallowing therapy
Speaker: Arun Balaji

16:40 - 16:55 • Management of thrombophlebitis and chemotherapy extravasation
Speaker: Indoo Ambulkar

16:55 - 17:10 • Patient guidance program - Educating and empowering cancer patients
Speaker: Sameena Bilgi

Scientific Program

(HALL B: 7th Floor, Meeting Room, Golden Jubilee Block (GJB),
Tata Memorial Hospital, Parel, Mumbai)

Day 1, Saturday, 14 September 2019

- | | |
|---------------|--|
| 14:20 - 15:40 | ● Workshop on stoma care Co-ordinator: Bhakti Patankar, Sujata Karane & enterostomal therapy nurses |
| 15:40 - 16:00 | ● Tea / Coffee break |
| 16:00 - 17:20 | ● Workshop on handling Central Venous Access Devices Co-ordinator: Irene Sunder |
| 17:20 - 18:00 | ● Hi-Tea and Networking break |

Scientific Program

(Ballroom, Hotel ITC Grand Central, Parel, Mumbai)

- | | |
|---------------|--|
| | ● Glenmark Sponsored CINV Symposium Program Director: Shona Nag |
| 18:00 - 18:10 | ● Indian challenges: CINV Speaker: Shona Nag |
| | ● Chairpersons: D. C. Doval, Sudeep Gupta |
| 18:10 - 18:25 | ● Antiemetics for prevention of nausea and vomiting caused by highly emetogenic chemotherapy: A COCHRANE systematic review and network meta-analysis - V. Piechotta |
| | ● Antiemetics for prevention of nausea and vomiting caused by moderately emetogenic chemotherapy: A COCHRANE systematic review and network meta-analysis - V. Piechotta |
| | ● A nationwide survey to investigate the incidence of CINV; a Carboplatin-based analysis from the prospective registry by the CINV study group of Japan - H. Iihara |
| | ● Chemotherapy-induced nausea and vomiting: The experience of an oncology center in a low income country - E. Gebreyohannes |

Scientific Program

(Ballroom, Hotel ITC Grand Central, Parel)

Day 1, Saturday, 14 September 2019

- 18:25 - 18:40
- US physician concordance with update to guidelines classifying Carboplatin AUC ≥ 4 AS Highly Emetogenic Chemotherapy (HEC) - *R. Navari*
 - Adherence to guidelines for antiemetic use in cancer: Advancing evidence-based practice in clinical settings - *P. Ginex*
Reviewer: Nandini Menon
 - Palonosetron for the prophylaxis of chemotherapy-induced nausea and vomiting – An updated systematic review and (cumulative) meta-analysis - *R. Chow*
 - Efficacy and safety of 1-day versus 3-day dexamethasone for the prophylaxis of chemotherapy-induced nausea and vomiting: A systematic review and meta-analysis of randomized controlled trials - *R. Chow*
 - Ondansetron (OND) versus Palonosetron (PALO) as a marker of non-adherence to antiemetic prophylaxis guidelines in Highly Emetogenic Chemotherapy (HEC) - *E. Roeland*
 - Dexamethasone-sparing antiemetic strategy in head and neck cancer patients receiving Cisplatin based chemotherapy: A three year retrospective analysis - *K. Chiang*
 - Olanzapine (OLN) versus Aprepitant (APR) in patients receiving high-emetogenic chemotherapy: Preliminary results of single center randomized phase II trial - *A. Rumyantsev*
 - A randomized, double-blind, placebo controlled phase III trial evaluating Olanzapine 5mg and standard antiemetic therapy for preventing CINV caused by Cisplatin-based chemotherapy: J-force study - *M. Abe*
Reviewer: Boben Thomas
- 18:40 - 18:55
- Netupitant plus Palonosetron (NEPA) for the prophylaxis of Chemotherapy-Induced Nausea and Vomiting (CINV) in highly and moderately (AC-based chemotherapy) emetogenic cancer treatment: A cost-effective choice - *J. Giuliani*
 - Safety of intravenous (IV) NEPA and oral NEPA for prevention of CINV in patients with breast cancer receiving Anthracycline / Cyclophosphamide (AC) chemotherapy - *L. Schwartzberg*

Scientific Program

(Ballroom, Hotel ITC Grand Central, Parel)

Day 1, Saturday, 14 September 2019

- A new target for future antiemetics: Inhibition of glycogen synthase kinase 3 (GSK-3) - **N. Darmani**
- Alterations in patterns of gene expression and perturbed pathways in the gut-brain axis are associated with chemotherapy-induced nausea - **K. Singh**
- Are there strategies to improve antiemetic access? - **M. Saito**
- Impact of radiation-induced nausea and vomiting on quality of life - **C. Yee**
- The effect of (highly or moderately emetogenic chemotherapy) on patients work productivity and activity impairment Tawam hospital experience - **K. Alqawasmeh**
Reviewer: Priya Tiwari

18:55 - 19:40

- NEPA : New horizon and clinical data presentation: Phase II/ III and PMS study data for NEPA (Netupitant and Palonosetron) in the prevention of CINV
Speaker: Karin Jordan

Chairpersons: Maheboob Basade, Poonam Patil

19:40 - 20:05

- **Case based panel discussion on multiday chemotherapy**
Moderator: T. P. Sahoo
Panelists: Amol Dongre, Arun Warriar, Asif Iqbal, Avinash Pandey, Boben Thomas, Indoo Ambulkar, Manisha Singh, Peush Bajpai, Priya Tiwari, Salil Patkar, Tejinder Singh

20:05 - 20:30

- **Case based panel discussion on high risk MEC**
Moderator: Sandeep Goyle
Panelists: Gautam Goyal, Muzammil Shaikh, Neelakshi Mahanta, Nikhil Ghadyalpatil, Pritam Kataria, Pushpak Chirmade, Ravi Wategaonkar, Sainath B., Sushant Mittal, T. P. Sahoo, Vinayak Maka

20:30 onwards

Dinner

**We leave no
stone unturned,** to create new milestones for
positive impact on patients life ...

Introducing

Vegf^{ta}
Bevacizumab
Beyond care



**That reduces VEGF levels in
METASTATIC COLORECTAL CANCER**

Scientific Program

(R. D. Choksi Auditorium, Tata Memorial Hospital, Parel, Mumbai)

Day 2, Sunday, 15 September 2019

08:00 - 09:00

Oral paper presentation

Co-ordinator: Seema Gulia

Judges: Atul Sharma, Biswajit Dubashi, S. D. Banavali

Poster presentation

Co-ordinator: Anant Gokarn

09:00 - 09:10

Chairpersons: Atul Sharma, S. K. Shrivastava

Abstract presentation on bone health in cancer care

A multicenter prospective study on the efficacy and safety of Denosumab in gastrointestinal cancer patients receiving short-term periodic steroid premedication for prevention of CINV. (ESPRESSO-02/HGCSG1602) - *M. Nakamura*

Analysis of risk factors and treatment outcomes of osteonecrosis of the jaw in cancer patients receiving anti-resorptives: Audit of cases - *K. Dholam*

Cost analysis of bone fracture in colorectal cancer patients receiving chemotherapy - *T. Sone*

Multi centric experience of management of bony metastases due to various malignancies - *M. Behera*

High-dose vitamin D supplementation and exercise for cancer-treatment-induced bone loss in breast cancer patients on aromatase inhibitors: A phase II RCT - *L. Peppone*

Medication- related osteonecrosis of jaws (MRONJ): a clinico-radiological analysis - *K. Bektas Kayhan*

Reviewer: Prabhat Bhargava

Scientific Program

(R. D. Choksi Auditorium, Tata Memorial Hospital, Parel, Mumbai)

Day 2, Sunday, 15 September 2019

- 09:10 - 09:30 ● **Panel discussion on bone health in cancer care**
Moderator: Peush Bajpai
Panelists: Aniket Thoke, Aseem Samar, Ashish Bakshi, Biswajit Dubashi, Himanshu Rohela, Manish Chandra, Mishil Parikh
- 09:30 - 09:40 ● Chemotherapy induced alopecia: Prevention and rehabilitation
Speaker: Amish Vora
- 09:40 - 09:50 ● Distress management in oncology patients
Speaker: Vijay Patil
-
- 09:50 - 10:20 ● **Chairpersons:** Ashish Bakshi, Ramesh Nimmagadda, Sudeep Gupta
Plenary talk on digital health and AI in supportive care in cancer treatment
Speaker: Ian Olver
-
- 10:20 - 10:30 ● **Chairpersons:** S. H. Advani, Tapan Saikia
Chemotherapy induced thrombocytopenia
Speaker: Sameer Tulpule
- 10:30 - 10:40 ● Anemia during cancer treatment
Speaker: M. V. Chandrakanth
- 10:40 - 10:50 ● Infection during cancer treatments
Speaker: Om Shrivastav
- 10:50 - 11:00 ● Current updates in management of febrile neutropenia
Speaker: Akhil Kapoor
- 11:00 - 11:15 ● Evidence based recommendations and practices: Neutropenia care and precautions
Speaker: Manju Sengar

Scientific Program

(R. D. Choksi Auditorium, Tata Memorial Hospital, Parel, Mumbai)

Day 2, Sunday, 15 September 2019

11:15 - 11:25 • **Tea / Coffee break**

11:25 - 11:55 • **Panel discussion on febrile neutropenia**

Moderator: Amol Dongre

Panelists: Anant Gokarn, Anita D'Souza, Ayesha Sunavala,
Bhawna Sirohi, Om Shrivastav, P. N. Mohapatra,
Rahul Kulkarni, Sameer Tulpule, Vasant Nagvekar

Chairpersons: Lokanatha Dasappa, R. Gopal

11:55 - 12:10 • Management of immune related toxicities in the era of immunotherapy
Speaker: Ashish Bakshi

12:10 - 12:30 • **Panel discussion on experts view on IRE (Immune Related Toxicity/Event) management**

Moderator: T. P. Sahoo

Panelists: Aseem Samar, Bharat Patodiya, Kiran Kattimani,
Manish Singhal, P. Suresh, Rakesh Taran,
Sushil Mandhaniya, Vanita Noronha

Chairpersons: P. N. Jain, A. K. Malhotra

12:30 - 12:40 • Diarrhoea associated with chemotherapy & RT
Speaker: Prasenjit Chatterjee

12:40 - 12:50 • DVT management in oncology patients
Speaker: Sheela Sawant

12:50 - 13:00 • Pain management during oncology treatment
Speaker: Raghu Thota

Scientific Program

(R. D. Choksi Auditorium, Tata Memorial Hospital, Parel, Mumbai)

Day 2, Sunday, 15 September 2019

| | |
|---------------|---|
| 13:00- 13:20 | <ul style="list-style-type: none">● Panel discussion on Diarrhoea/DVT/Pain Moderator: Manish Singhal Panelists: Amol Kothekar, Anuprita Daddi, Bharat Bhosale, Gautam Goyal, Joseph Dominic, Kumardeep Dutta, Kunal Jain, Pranav Chadha, Raghu Thota |
| 13:20 - 14:20 | <ul style="list-style-type: none">● Lunch (10th Floor, Homi Bhabha Block) |
| | Chairpersons: Meenu Walia, Devendra Pal |
| 14:20 - 14:30 | <ul style="list-style-type: none">● Chemotherapy induced peripheral neuropathy Speaker: Chanchal Goswami |
| 14:30 - 14:40 | <ul style="list-style-type: none">● Hand foot syndrome Speaker: Manikandan Dhanushkodi |
| 14:40 - 15:00 | <ul style="list-style-type: none">● Panel discussion on chemotherapy induced peripheral neuropathy & hand foot syndrome Moderator: Bhawna Sirohi Panelists: Amol Akhade, Anita D'Souza, Anita Ramesh, Atul Sharma, Bharat Bhosale, Chanchal Goswami, Manikandan Dhanushkodi, Seema Gulia |
| | Chairpersons: Joseph Dominic, Vineet Talwar |
| 15:00 - 15:10 | <ul style="list-style-type: none">● Skin toxicities due to chemotherapy/targeted therapies Speaker: Vaibhav Choudhary |
| 15:10 - 15:20 | <ul style="list-style-type: none">● Cardiac safety with chemotherapy Speaker: Vikas Talreja |
| 15:20 - 15:30 | <ul style="list-style-type: none">● Emergency supportive care Speaker: Kumardeep Dutta |

Scientific Program

(R. D. Choksi Auditorium, Tata Memorial Hospital, Parel, Mumbai)

Day 2, Sunday, 15 September 2019

- 15:30 - 15:40 • Risk associated with chemotherapy in elderly
Speaker: Vanita Noronha
- 15:40 - 15:55 • Pharmacoeconomics: Supportive care
Speaker: Ian Olver
-
- Chairpersons:** Shilpa Joshi
Gaurav Narula
- 15:55 - 16:05 • Cancer related fatigue
Speaker: Anita Ramesh
- 16:05 - 16:20 • Data presentation on cancer related fatigue
Speaker: Vineet Talwar
- 16:20 - 16:40 • **Panel discussion on cancer & therapy related fatigue**
Moderator: Meenu Walia
Panelists: Anant Ramaswamy, Anita D'Souza,
Eileen Canday, Purabi Mahajan, Vineet Talwar,
Anant Gokarn, Seema Gulia, Rebeka Marri
- 16:40 -16:50 • Vote of thanks

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Ref. 1. Opdyta Prescribing Information Version 6.3 dated 23-Apr-2019.

Abridged Prescribing Information (API)

For the use of an oncologist or a hospital or a laboratory only. OPDYTA[®] 10 mg/mL concentrate for solution for infusion. Composition: One vial of 4 mL contains 40 mg of nivolumab. One vial of 10 mL contains 100 mg of nivolumab. **Indications:** NSCLC: As a single agent for the treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC) after prior chemotherapy; RCC: As a single agent for the treatment of patients with advanced renal cell carcinoma (RCC) after prior therapy in adults; SCCHN: As monotherapy for the treatment of recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based therapy; Melanoma: As a single agent for the treatment of patients with BRAF V600 wildtype unresectable or metastatic melanoma, as a single agent for the treatment of patients with BRAF V600 mutation positive unresectable or metastatic melanoma. For the treatment of patients with melanoma with lymph node involvement or metastatic disease who have undergone complete resection, in the adjuvant setting; Classical Hodgkin Lymphoma (cHL): For the treatment of adult patients with classical Hodgkin lymphoma (cHL) that has relapsed or progressed after – autologous hematopoietic stem cell transplantation (HSCT) and brentuximab vedotin / 3 or more lines of systemic therapy that includes autologous HSCT; Hepatocellular Carcinoma (HCC): For the treatment of patients with hepatocellular carcinoma (HCC) who have been previously treated with sorafenib; Urothelial Carcinoma (UC): For the treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy OR have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy; Colorectal Cancer (CRC): As monotherapy for the treatment of adult and pediatric (12 years and older) patients with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer (CRC) that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan. **Dosage and administration:** 3 mg/kg administered intravenously every 2 weeks over 60 minutes. **Contraindications:** None. **Warnings and Precautions:** Immune related pneumonitis: Withhold for grade 2 and permanently discontinue for grade 3 or 4 pneumonitis. Immune-related colitis: Withhold for grade 2 or 3 and permanently discontinue for grade 4 diarrhea or colitis. Immune-related hepatitis: Monitor for changes in liver function. Withhold for grade 2 and permanently discontinue for grade 3 or 4 transaminase or total bilirubin elevation. Immune-related nephritis and renal dysfunction: Monitor for changes in renal function. Withhold for grade 2 or 3 and permanently discontinue for grade 4 serum creatinine elevation. Immune-related endocrinopathies: Monitor for changes in thyroid function. Initiate thyroid hormone replacement as needed. Monitor for hyperglycemia. Withhold for symptomatic grade 2 or 3 and permanently discontinue for grade 4 hypophysisitis. Withhold for grade 2 and permanently discontinue for grade 3 or 4 adrenal insufficiency. Withhold for symptomatic grade 2 or 3 and permanently discontinue for grade 4 hypothyroidism or hyperthyroidism. Withhold for grade 3 and permanently discontinue for grade 4 diabetes. Immune-related skin adverse reactions: Withhold for grade 3 rash or suspected Stevens- Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN) and permanently discontinue for grade 4 rash or confirmed SJS/TEN. Other immune-related adverse reactions: Withhold for grade 3 (first occurrence) and permanently discontinue for grade 3 myocarditis, grade 4 or recurrent grade 3, persistent grade 2 or 3 despite treatment modification, inability to reduce corticosteroid dose to 10 mg prednisone or equivalent per day. Solid organ transplant rejection and graft-versus-host-disease (GVHD) in prior allogeneic stem cell transplant patients who subsequently received nivolumab, have been reported. Complications of allogeneic hematopoietic stem cell transplant (HSCT) after nivolumab: Monitor for transplant-related complications, including GVHD. Transplant-related mortality has occurred. Infusion reactions: Discontinue for severe and lifethreatening infusion reactions. Patients with mild or moderate infusion reaction may receive nivolumab with close monitoring and use of premedication according to local treatment guidelines. Treatment of patients with multiple myeloma with a PD-1 blocking antibody in combination with a thalidomide analogue plus dexamethasone is not recommended outside of controlled clinical trials. **Drug Interactions:** Inhibition or induction of cytochrome P450 (CYP) enzymes or other drug metabolising enzymes by coadministered medicinal products is not anticipated to affect the pharmacokinetics of nivolumab. The use of systemic corticosteroids and other immunosuppressants at baseline, before starting nivolumab, should be avoided. However, these can be used after starting nivolumab to treat immune-related adverse reactions. **Pregnancy:** Not recommended during pregnancy and in women of childbearing potential not using effective contraception unless the clinical benefit outweighs the potential risk. Women should be advised to use effective contraception for at least 5 months following the last dose of nivolumab. **Nursing Mothers:** Discontinue breastfeeding. **Pediatric Use:** The safety and effectiveness have not been established. **Geriatric Use:** No overall differences in safety or efficacy were reported between elderly (>65 years) and younger patients (<65 years). **Hepatic Impairment:** Administer with caution in patients with severe (total bilirubin >3 times ULN and any AST) hepatic impairment. **Renal Impairment:** The safety and efficacy of nivolumab have not been studied in patients with severe renal impairment. **Adverse Reactions:** Fatigue, rash, musculoskeletal pain, pruritus, diarrhea, nausea, cough, dyspnea, constipation, decreased appetite, back pain, arthralgia, upper respiratory tract infection, pyrexia, headache, abdominal pain, vomiting, neutropenia, hypothyroidism. Nivolumab is associated with immune-related adverse reactions. Most of these, including severe reactions, resolved following initiation of appropriate medical therapy or withdrawal of nivolumab. **Overdose:** Closely monitor for signs and symptoms of adverse reactions and institute appropriate symptomatic treatment. **Storage:** Store in a refrigerator (2°C-8°C). Do not freeze. API based on prescribing information version 6.3, dated 23-Apr-2019. Issued – 23-Apr-2019. **Before prescribing, consult full prescribing information. For further information, please contact:** Bristol-Myers Squibb India Pvt. Ltd., 6th floor, Tower 1, The Indiabulls Finance Centre Senapati Bapat Marg, Elphinstone (W), Mumbai - 400 013, India. Telephone: +91 22 6628 8600

15061N19PR01773-01 Valid till 20 July 2020



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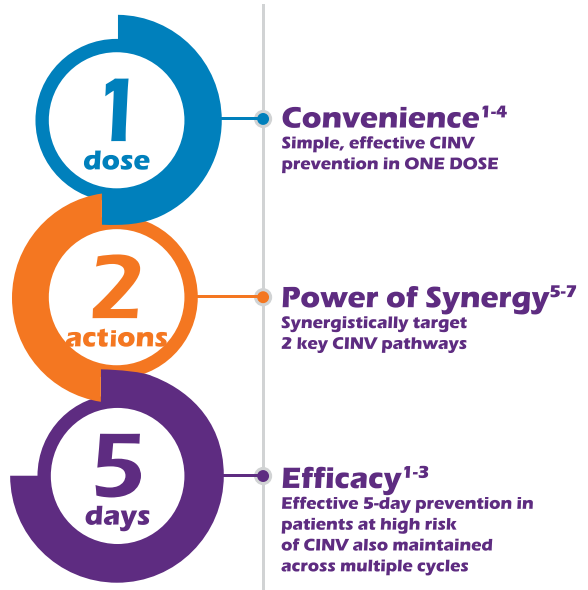
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Targeting 2 CINV pathways in 1 dose. Delivering effective 5-day CINV prevention¹⁻⁵

Akynzeo[®]

netupitant/palonosetron

PREVENTION MADE SIMPLE



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brand of
Megestrol

In Cancer related Anorexia and cachexia



ENDACE

Megestrol Acetate B.P. Tab. 40mg, 160mg

Induces appetite



Improves Appetite²



Improves Quality of life²



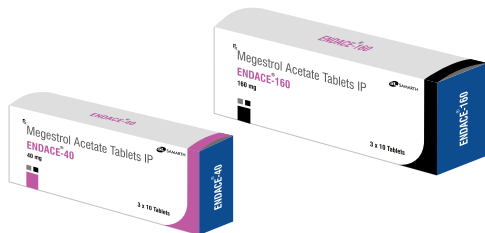
Weight gain⁴



Safe²

- Patients with H/N and lung cancer receiving RT doses of 50 Gy or more who received MA had significantly less treatment-associated weight loss than those receiving placebo¹

- MA at doses of 600 mg/day is significantly more effective in the treatment of anorexia than low doses (320 mg/day) of MA³



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Ref:- 1) R. McCuillon, et al. I. J. Radiation Oncology Volume 48, Number 3, Supplement, 2000
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2) Yeh SS, et al. Int J Nanomedicine.2006 Dec; 1(4):411-416.
4) A.Lopez April 2004 Volume 27, Issue 4, Pages 360-369

* OCT IMS 2018 MA-Megestrol acetate, HRQOL-Health related quality of life, H N : Head and neck, RT: Radiation therapy,

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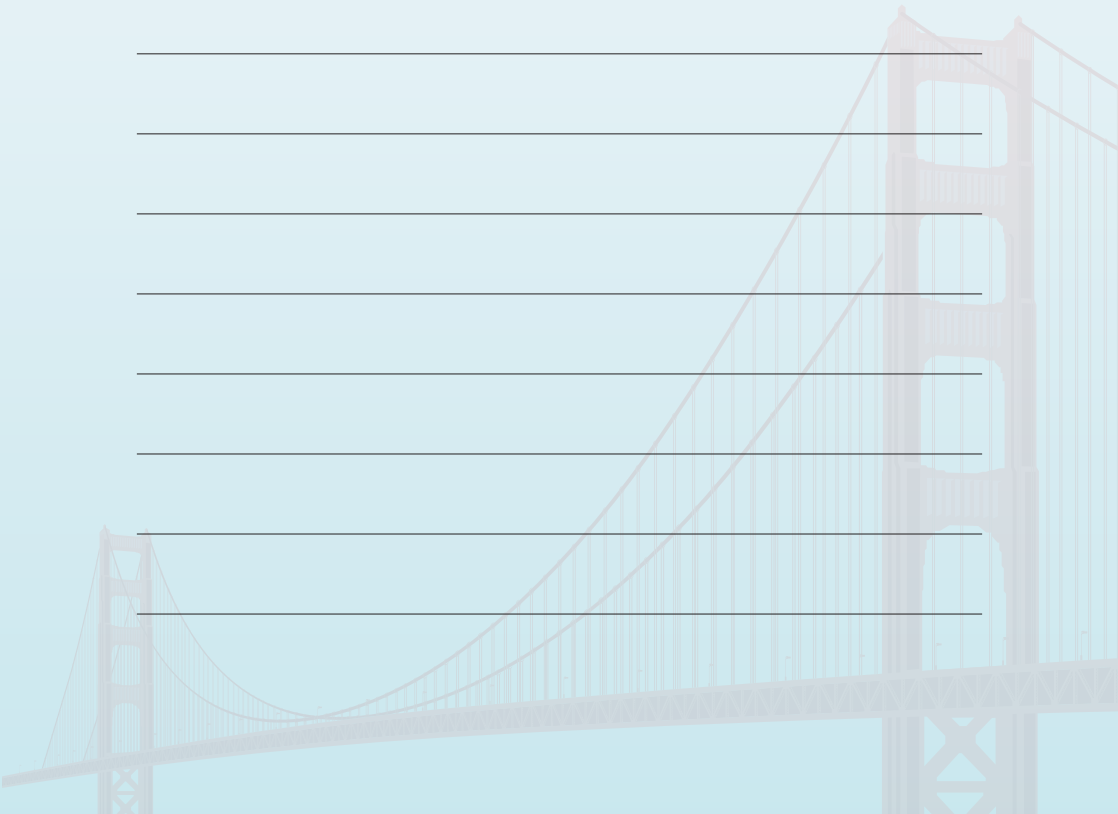
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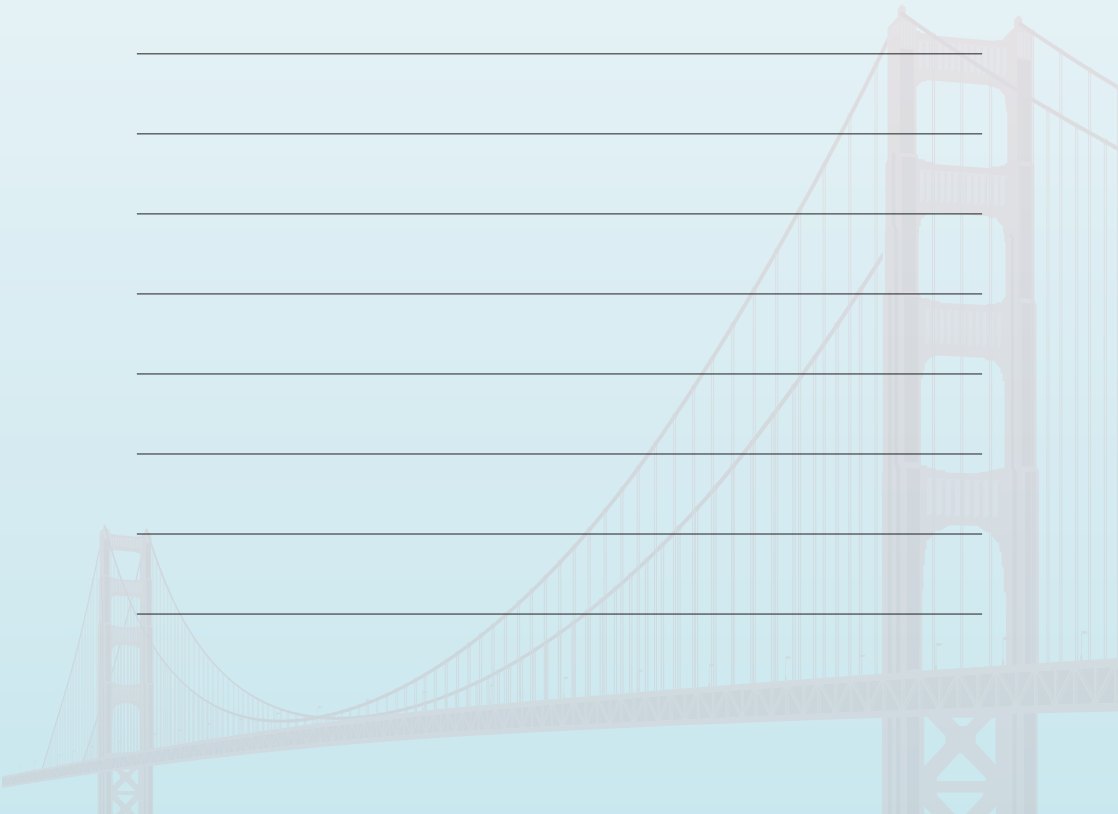
Notes



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