



TODAY'S HIGHLIGHTS

Plenary Session: Prevention, Screening, and Management of Screen-Detected Lung Cancer

8:15-9:45 • Plenary Hall
 (Exhibit Hall D)

Grand Rounds: What to Do at the Time of Progression on Targeted Therapy

11:00-12:30 • Room 303 + 304

SCLC: Research Perspectives

11:00-12:30 • Room 503

Joint IASLC/GLCC Session: Current Issues in Lung Cancer Advocacy

11:00-12:30 • Room 316

IASLC Business Meeting

14:30-15:30 • Room F201 + F202
 (Annex Hall)

Current Topics for Nurses & Allied Health

15:45-17:30 • Room 313 + 314

Pro/Con Session

15:45-17:30 • Room 502

Surgery vs Non-Surgical Local Treatment for Small-Sized NSCLC

What is the Role of Local Therapy in Non-CNS Oligometastatic NSCLC?

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Your Imperial Highness the Crown Prince of Japan Welcomed WCLC Delegates



The WCLC Opening Ceremony on Sunday featured welcome addresses from IASLC leaders and the presentation of IASLC awards, as well as highlights of Japanese royalty, government, and culture. The IASLC is privileged to have members of the Japanese royal family in attendance at the Opening Ceremony and honored to have Your Imperial Highness the Crown Prince of Japan welcome WCLC delegates. Also speaking were Yuhei Yamashita, Parliamentary Vice Minister of Cabinet Office; Mizuho Onuma, Parliamentary Vice Minister of Health, Labour and Welfare; Yuji Kuroiwa, Governor of Kanagawa Prefecture; and Fumiko Hayashi, Mayor of the City of Yokohama. *(More coverage of the Opening Ceremony will be included in the Tuesday issue of WCLC Daily News.)*

Challenges in Immunotherapy Research in China

By Mary Nishikawa

For 4 years now, the IASLC has offered a session in collaboration with the Chinese Society of Clinical Oncology and the Chinese Alliance Against Lung Cancer. Yi-Long Wu, MD, Guangdong Lung Cancer Institute, Guangzhou, China, President of the Chinese Society of Clinical Oncology, a moderator of this year's joint session, noted that the session provides an important opportunity for junior physicians to discuss their research. "This session also opens a window for audiences from around the world to understand clinical oncology research in China," said Dr. Wu. The interest in the session was so great that many could not enter, prompting a move to a larger room to accommodate the crowd.

Immunotherapy for lung cancer was the focus of this year's session because



of the many challenges facing Chinese oncologists. Speakers discussed these challenges and proposed ways to catch up and start trials on the many novel programmed cell death ligand-1 (PD-L1) and programmed cell death-1 (PD-1) inhibitors that are now being devel-

see **Joint Session**, page 4



A Note from the IASLC Presidents

By David P. Carbone, MD, PhD,
2015–2017 IASLC President; and
Giorgio V. Scagliotti, MD, PhD,
2017–2019 IASLC President

We hope you are enjoying WCLC 2017! The WCLC has established itself as the premiere global, multidisciplinary conference dedicated to thoracic malignancies. Other meetings may have greater attendance or larger membership, but no other meeting has more thoracic cancer abstracts, or the focus and multidisciplinary, international approach that we have come to expect from the WCLC.

Both of us thank the IASLC membership for the honor of serving as president of this remarkable association. Over the past 4 years, we have successfully made the transition to annual conferences, dramatically increased our research funding, established an IASLC Foundation, produced several landmark publications and atlases, and launched a regular Latin American meet-

ing. We also recently created two new seats on the Board of Directors, one dedicated for a Latin American member and one for a Nursing and Allied Health member, reaffirming the inclusiveness that we believe is fundamental to our Association.

We are particularly proud of the initiation of our Molecular Staging Project, which attempts to modernize our staging system by annotating it with molecular information. This project is just getting off the ground, but is a logical extension of the increasing role of science in the practice of medicine that has made such an impact on the quality and quantity of life for individuals with thoracic cancer.

Over time and with the active contribution of many of you, we have established the IASLC as the premiere organization in the field of scientific education about thoracic malignancies through different activities, including stand-alone meetings, guidelines, and webinars. In addition, we are extremely proud



David P. Carbone, MD, PhD



Giorgio V. Scagliotti, MD, PhD

of the success achieved by the *Journal of Thoracic Oncology*, constantly ranked among the top quartile of all oncology journals.

As an organization, IASLC has established a permanent office in Denver, and the staff has grown from a handful of people to now 20 staff members to serve our membership. Our membership has increased substantially over the past few years, and currently stands at more than 7,000. To meet the growing demands of the increasing complexity of thoracic cancer management, regulatory environments, and a growing membership, we are in the process of optimizing our expanded administrative staff

through a comprehensive external review and strategic planning process. We have already solicited opinions through a membership survey, but we are always open to suggestions as to how to better accomplish our mission of conquering thoracic cancers worldwide.

These are exciting times in the prevention, early detection, and treatment of thoracic cancers, but much still needs to be done. We are confident that the IASLC will be a key part of this future and are sure that the WCLC 2017 will be a success. Please enjoy the science, energy, and collegiality in Yokohama that has been the hallmark of the IASLC. ●

Journal of Thoracic Oncology Achieves a New Benchmark

By Alex Adjei, MD, PhD,
Editor in Chief, JTO*

This year, the *Journal of Thoracic Oncology's* (JTO) impact factor rose above 6 for the first time, to 6.595. This increase moves the Journal's rank up to 6th among 59 respiratory medicine journals, and 23rd among 217 oncology journals. The impact factor reflects citations in 2016 of manuscripts published in 2014 and 2015 and is a goal the current editorial team

set in 2013, with the support and encouragement of the IASLC Board of Directors.

The flagship journal of the IASLC, the JTO continues to have a quick turnaround time of 6.7 days to initial decision and an average of 11 days for revisions, as well as a fast track category, publish-on-acceptance, and promotion of select articles via social media and press releases. Authors can promote their own research by utilizing Elsevier enhancements such as Share Link and AudioSlides.

As we strive to further grow the appeal of the Journal, we have had to re-examine the types of manuscripts we publish and adhere to stricter criteria as we handle an increasing number of submissions, even as our available space for publication remains constant.

The JTO is focused on original research, primarily clinical and translational, in all disciplines of thoracic oncology, including epidemiology and outcomes research, prevention and cancer con-

trol, medical and radiation oncology, pulmonary medicine, radiology, pathology, and thoracic surgery. Submissions on tobacco control and cessation are of interest, particularly when there is direct relevance to lung cancer epidemiology and therapeutic outcomes. The Journal also welcomes submissions on pathologic and histologic classification and novel imaging and bronchoscopic approaches. Manuscripts on novel systemic therapies,

Interview with Fred R. Hirsch, MD, PhD, CEO of IASLC

As WCLC 2017 begins, the CEO of IASLC, Fred R. Hirsch, MD, PhD, offered his thoughts on the Association's successes in 2017 and ambitions for 2018.

Q: Why did the IASLC decide to begin holding the WCLC every year, and what are the benefits of having it more frequently?

A: There was a need for it because of the rapid progress in scientific achievement in the study of lung cancer and other thoracic cancers. Not only has there been rapid and significant progress in developing new therapeutics, including immunotherapies, but research into prevention and screening have produced advances as well. All of these advances have been underpinned by an improvement in our understanding of the underlying biology of these malignancies.

The IASLC publishes an annual review of updates in these areas in the *Journal of Thoracic Oncology* to



Fred R. Hirsch, MD, PhD

help members stay abreast of new developments, and we decided to begin holding annual conferences to further increase the pace of dissemination of advances in lung cancer and to promote greater collaboration in the community. The fact that we can gather approximately 6,000 lung cancer-focused participants to present around 2,000 abstracts every year clearly demonstrates the success of this strategy.

Q: What do you consider the most important achievements of the IASLC over the past year?

A: I believe the Association has had several important

achievements in 2017. Perhaps the most important successes have been increasing the number of educational activities we offer and successfully coordinating with many partner advocate organizations to produce a more harmonized and effective public awareness campaign for Lung Cancer Awareness Month.

In expanding the number of educational activities available to members, we have worked hard in 2017 to increase the number of educational activities offered for previously underserved segments of the thoracic cancer community, such as nurses, advocates, and other allied health personnel. We have also expanded the geographic target areas for IASLC activities by including more activities in Asia, South America, North Africa, and the Middle East.

We are currently planning a regional lung cancer conference that will be held next year in Morocco, which will be the first of its kind in that region. The

meeting is intended to attract regional participants from North Africa and the Middle East who are dealing with thoracic cancers, but we also expect participation from international representatives of the lung cancer community. The IASLC has also hosted additional educational workshops for audiences in Asia and South America.

Q: What goals are planned for the next year?

A: The next priority for the IASLC is a strategic planning process and reorganization of the Association. Reforms of the governmental and management structures of the IASLC will be taken with an eye toward preparing for increases in both membership numbers and educational activities produced by the Association. Keeping the IASLC current and effective is crucial for meeting our mission to reduce the health burden and mortality associated with thoracic cancers worldwide. ●

JTO

Continued from page 2

particularly in the fields of biomarker targets, genomics, immunology, and cellular therapies are also of interest, as are studies of novel radiotherapy and surgical techniques. Phase I trials are welcome if they focus on thoracic malignancies and include informative pharmacokinetic-pharmacodynamic studies as well as other biomarker evaluations. Phase II studies should be large and, ideally, randomized and with biomarkers that inform the mechanism of action of

the drug(s). Submissions of phase III studies are particularly encouraged. Basic science studies must have direct clinical and translational relevance. We invite review articles and encourage a pre-

submission inquiry before unsolicited review articles are submitted.

We look forward to considering the research presented at WCLC 2017 for potential publication in the

JTO and encourage participants to consider the IASLC's high-impact journal for their work. ●

**Adapted from JTO Editorial, September 2017.*

Meet the Editor

The *Journal of Thoracic Oncology* invites WCLC delegates to meet with the Journal's Editor in Chief, Alex A. Adjei, MD, PhD, and Managing Editor, Mary Todd. The session provides an opportunity to learn about manuscript submission and plans for the Journal's future and to provide feedback and suggestions. ●

Tuesday, 14:30-15:30 | Room 511 + 512





Advice from the Experts to Get the Most of WCLC 2017

By Cynthia L. Kryder, MS

At Sunday's Young Investigator and First Time Attendee Session, Silvia Novello, MD, PhD, University of Turin, Turin, Italy; Suresh Senan, MRCP, FRCR, PhD, University Medical Center, Amsterdam, the Netherlands; and Deepali Jain, MD, DNB, FIAC, All India Institute of Medical Scienc-

es, New Delhi, India, shared tips with attendees on how to get the most benefit from the IASLC and WCLC (see table on page 5). The common theme in each presentation was the unique multidisciplinary composition of IASLC and the formal and informal networking opportunities available at the conference.

Dr. Novello identified several sessions not to be

missed, in particular the Plenary Sessions, which offer a glimpse into the future of thoracic oncology. Similarly, she urged attendees to participate in educational sessions outside of their own specialties to broaden their experiences and meet key opinion leaders. She also encouraged attendees to attend the Oral Abstract Sessions and the Mini Oral Abstract Sessions to observe how data



Silvia Novello, MD, PhD

are presented in these settings. As a final conference tip, Dr. Novello discouraged sleeping in, noting the benefits of the morning Meet the Expert Sessions, where attendees can meet key opinion leaders. **see Fellows Session, page 5**

Joint Session

Continued from page 1

oped in their country. They suggested using new methodologies, such as liquid biopsy, enrolling more Chinese patients in immunotherapy studies in particular, and reconsidering enrolling patients who have been excluded in the past.

Jie Hu, MD, PhD, FCCP, Zhongshan Hospital, Fudan University, Shanghai, presenting on behalf of the Chinese Alliance Against Lung Cancer, began with the question, "Can we use gene panels to effectively calculate tumor mutation burden?" She noted that this approach

is especially worthwhile to consider because patients with later stage disease have a higher tumor mutation burden and may have a better response to immunotherapy. Her research group is now evaluating circulating tumor DNA (ctDNA) as a tumor clonal response biomarker and comparing these results with those derived from tissue biopsies.

Dr. Hu reported that a good panel correlated highly with whole exome sequencing, and a well-designed panel could replace whole exome sequencing to calculate tumor mutation burden accurately. In small cohort studies, using tumor mutation burden as a

potential biomarker predicted a response to PD-1 inhibitors, said Dr. Hu, adding, "Given the proper pre-screening, the optimized calculation of ctDNA [tumor mutation burden] might be a predictive biomarker for response to immunotherapeutics."

Qing Zhou, Guangdong Lung Cancer Institute, Guangzhou, China, described the challenges of including more Asian patients in clinical studies, noting that Chinese patients with NSCLC have unique characteristics that must be considered. About 50% have an *EGFR*-driven mutation and, at the time of acquired resistance the T790M mutation develops in

more than half of patients. Dr. Zhou indicated that many of these patients are not included in immuno-oncology trials and so may be missing a potential benefit. Also, a history of hepatitis B virus infection, an exclusion in these trials, prevents many Chinese patients from participating, and again, these patients may be missing potentially important benefits.

China is lagging in the number of trials involving PD-L1 and PD-1 inhibitors (Figure). The country has experienced delays in the marketing approval of PD-L1 and PD-1 inhibitors for treating NSCLC but is now catching up. More international trials are including Chinese and other Asian patients with unique profiles and researchers are considering how to best target cancer mutations in these populations with innovative therapies. Domestic Chinese pharmaceutical companies and multinational corporations are concentrating on PD1/PD-L1 and cytotoxic T lymphocyte antigen-4 (CTLA4) targets, but Dr. Zhou noted that the target lymphocyte-activation gene-3 (Lag 3) inhibitor should also be included. ●

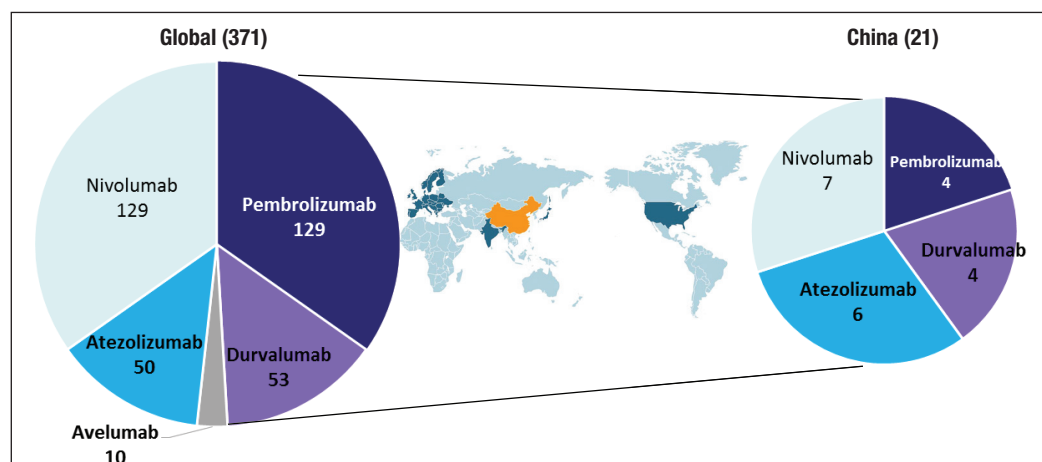


Figure. Clinical trials involving programmed cell death-1 (PD-1) and programmed cell death ligand-1 (PD-L1) inhibitors in lung cancer, including NSCLC, SCLC, and mesothelioma.

Fellows Session

Continued from page 4

ion leaders and get to know them in an intimate setting with few interruptions.

Dr. Senan noted that the WCLC offers many opportunities for young clinicians and investigators to interact with senior clinicians and research leaders, both at formal sessions and informally during poster sessions and social events. With major advances being made across many areas in thoracic oncology, Dr. Senan considers WCLC an ideal venue to pick up ideas for interdisciplinary research. For more clinically oriented physicians, the WCLC scientific program, with an emphasis on multidisciplinary sessions, provides an ideal way to acquire knowledge that

Table. How to Make the Most of the IASLC and WCLC

Don't be shy. Introduce yourself whenever you have the opportunity to do so.
Sit in the front rows so panelists can see you.
Don't be afraid to ask questions; there are no stupid questions.
Join the IASLC and become an active member of the Association by volunteering to serve on a committee.
Build your network by meeting new people and making new research contacts.
Submit proposals to present and discuss data from your own investigations.
Apply for IASLC awards: Young Investigator Scholarships, Developing Nation Awards; International Mentorship Program.
Publish your data in the <i>Journal of Thoracic Oncology</i> , the official journal of the IASLC.
Continue to learn with a variety of IASLC webinars.
Apply for a grant; between 2000 and 2017, the IASLC has awarded 95 fellowships in 20 countries.

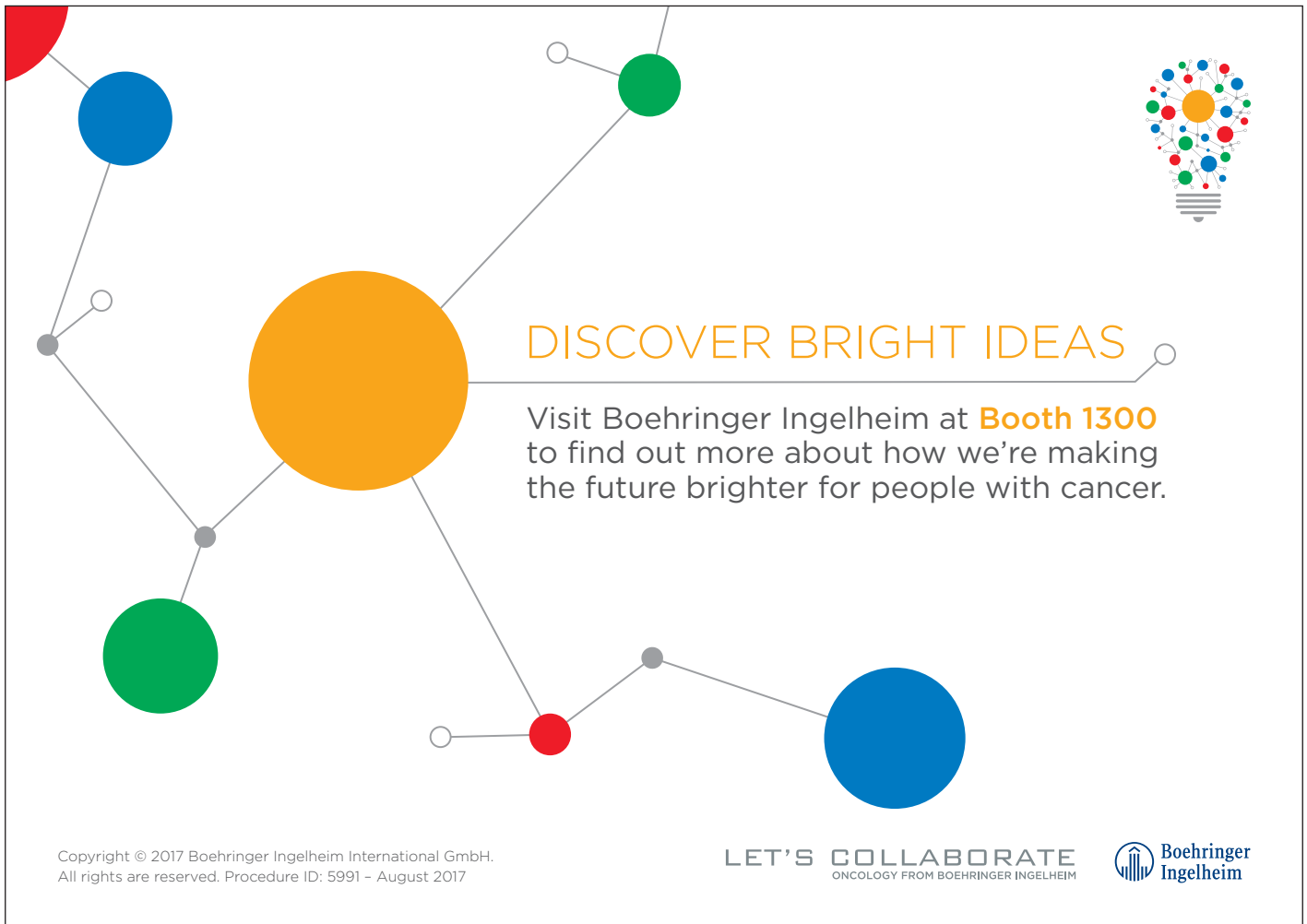
can immediately improve routine patient care.

This is the third time Dr. Jain has attended a WCLC. At last year's conference in Vienna, Austria, she received an IASLC International Mentorship Award, which she noted was helpful for professional development as well as academic networking and collaborations. Calling the WCLC an "academic

feast," Dr. Jain advised attendees to begin by first identifying what they want to take away from the conference and then reviewing the schedule to identify the track they want to follow. She noted that the mobile app is a good way to stay up to date with daily events. And if you miss a session, she said, turn to the IASLC Virtual Library (<https://library.iaslc.org>),

composed of digital recordings of every session, which are available within 24 hours after the presentation.

Lastly, the benefits gained at the conference don't end when attendees return home. With the endorsement of the IASLC, attendees can organize a Best of WCLC meeting in their own countries, incorporating official slides from the conference. ●




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LET'S COLLABORATE
ONCOLOGY FROM BOEHRINGER INGELHEIM





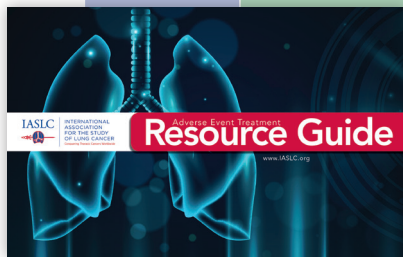
IASLC Develops Adverse Event Treatment Guidelines

By Anne Fraser, PhD candidate, Oncology Nurse Practitioner; Chair, IASLC Nursing and Allied Health Committee

Immunotherapy is now a mainstay of treatment for people with lung cancer. This treatment is associated with a unique collection of adverse events that require early intervention and close management. To address the need for a resource to help manage these adverse events, the IASLC Nursing and Allied Health Committee has developed guidelines for managing immunotherapy-related adverse events. The guidelines were distributed to attendees at Sunday's International Thoracic Oncology Nursing Forum (ITONF) Workshop, and attendees were asked to review them in the context of clinical practice and provide feedback via a link available on the IASLC website (www.iaslc.org/toxicities).

The IASLC Nursing and Allied Health Committee comprises IASLC members from all over the world who work alongside other IASLC committees to improve the patient experience and outcomes. Our aim in producing these guidelines was to provide an international

Adverse Event	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Pneumonitis	<ul style="list-style-type: none"> Asymptomatic Clinical or diagnostic observations only Intervention not indicated 	<ul style="list-style-type: none"> Symptomatic Medical intervention indicated Limiting instrumental ADL 	<ul style="list-style-type: none"> Severe symptoms Limiting self-care ADL Oxygen indicated 	<ul style="list-style-type: none"> Life-threatening respiratory compromise Urgent intervention indicated (e.g., tracheotomy or intubation) 	<ul style="list-style-type: none"> Death
Work Up	<ul style="list-style-type: none"> Check pulse oximetry at rest and with activity 	<ul style="list-style-type: none"> Check pulse oximetry at rest and with activity 2 view CXR 	<ul style="list-style-type: none"> Check pulse oximetry at rest and with activity 2 view CXR CT of chest 	<ul style="list-style-type: none"> Check pulse oximetry at rest Arterial blood gas CT of chest 	
Treatment	<ul style="list-style-type: none"> Continue therapy 	<ul style="list-style-type: none"> Withhold therapy Administer steroids at a dose of 1-2 mg/kg/day prednisone equivalent Slow taper Resume therapy once Grade 0-1 	<ul style="list-style-type: none"> Permanently discontinue therapy Administer steroids at a dose of 1-2 mg/kg/day prednisone equivalent Slow taper 	<ul style="list-style-type: none"> Administer steroids at a dose of 1-2 mg/kg/day prednisone equivalent Slow taper Initiate emergency medical treatment 	



approach to managing adverse events. In this regard, the IASLC guidelines are unique. Each adverse event has been reviewed by the wider IASLC multidisciplinary team and endorsed by the IASLC Education Committee and the IASLC Board, all of which are composed of members from the international community of clinicians who treat and support people with lung cancer and their families.

The guidelines outline the most appropriate management of a variety of toxicities, including gastrointestinal, dermatologic, neurologic, pulmonary, oc-

ular, hepatic, and endocrine. The recommended workup and treatment for each type of adverse event is defined according to grade (Figure).

Copies of the current guidelines will be available at any WCLC 2017 session with a focus on immunotherapy. We hope that all members of the multidisciplinary team will provide feedback on the guidelines. Once we have reviewed the feedback and incorporated it accordingly, the final version of the guidelines will be available in print and online on the IASLC website.

The members of the Nursing and Allied Health Committee will support the rollout and use of these

guidelines with an upcoming webinar and other online programs developed from sessions recorded at WCLC 2017. ●

IASLC Business Meeting

Join your fellow IASLC members for the Association's Annual Business Meeting. Learn about IASLC activities and initiatives and congratulate recipients of all WCLC 2017 travel awards, including the inaugural class of the IASLC Academy. Light refreshments will be served. ●

Today, 14:30-15:30 | F201 + F202 (Annex Hall)



WCLC Daily News

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Meet the New IASLC Board Members

Earlier this year, IASLC members elected a President-Elect, Treasurer, and 10 members of the Board of Directors. Two seats have been added to the Board—one to represent Latin America and one to represent nursing/allied health. All Board members will assume their new positions following today's IASLC Annual Business Meeting (14:30-15:30; F201 + F202 [Annex Hall]).



Tetsuya Mitsudomi, MD, PhD, President-Elect
Professor of Thoracic Surgery, Kindai University Faculty of Medicine, Japan



Tony Mok, BMSc, MD, FRCP(C), FRCP (Glasgow), FASCO, Treasurer

Li Shu Fan
Medical Foundation-Endowed Professor, Department of Clinical Oncology, Chinese University of Hong Kong, Prince of Wales Hospital



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Masayuki Noguchi, MD, BOD, Japan
Professor, Department of Pathology,

Faculty of Medicine, University of Tsukuba, Tsukuba, Japan



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Roberto C. Goizueta Chair

for Cancer Research,

Professor of Hematology and Medical Oncology, and Assistant Dean for Cancer Research, Emory University School of Medicine, and Deputy Director, Winship Cancer Institute, Emory University, Atlanta, USA



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Takashi Seto, MD, BOD, Japan
Chief, Office of Clinical Trials, and Department

of Thoracic Oncology, National Kyushu Cancer Center, Fukuoka, Japan



James Chih-Hsin Yang, MD, BOD, Asia
Director and Distinguished Professor, Gradu-

ate Institute of Oncology, National Taiwan University, and Director, Department of Oncology, National Taiwan University Hospital, Taipei, Taiwan

These incoming Board members will join the following members, whose terms continue until 2019:

- Michael Boyer, MBBS, PhD, Chris O'Brien

Lifeshouse Cancer Centre and Clinical Professor, University of Sydney, Sydney, Australia

- David Harpole, Jr., MD, Professor of Surgery, Division of Cardiovascular and Thoracic Surgery, Duke University Medical Center, Durham, USA
- Norihiko Ikeda, MD, PhD, Vice President and Chair, Department of Thoracic Surgery, Tokyo Medical University Hospital, Tokyo, Japan
- Robert Pirker, MD, Professor of Medicine and Program Director for Lung Cancer, Department of Medicine I, Medical University of Vienna, Vienna, Austria
- Martin Reck, MD, PhD, Head, Department of Thoracic Oncology and Head of the Clinical Trial Department in the Department of Thoracic Oncology, Lung Clinic Grosshansdorf, Germany
- Miyako Satouchi, MD, PhD, Head of Thoracic Oncology, Hyogo Cancer Center, Akashi, Japan
- Heather Wakelee, MD, Associate Professor of Medicine, Division of Oncology, Stanford University, Stanford, USA. ●

IASLC Board Members Ending Their Terms

The IASLC thanks its outgoing Board members for their service to the Association.

- Laurie Gaspar, MD, MBA, University of Colorado, Denver, USA
- Pasi Jänne, MD, PhD, Dana-Farber Cancer Institute, Boston, USA
- Keith Kerr, BSc, MB, ChB, University of Aberdeen, Aberdeen, Scotland
- Françoise Mornex, MD, PhD, University Claude Bernard, Lyon, France
- Solange Peters, MD, PhD, PD-MER, University of Lausanne, Lausanne, Switzerland
- Yuichiro Ohe, MD, National Cancer Center Hospital, Tokyo, Japan
- William Travis, MD, Memorial Sloan Kettering Cancer Center, New York, USA
- Yi-Long Wu, MD, Guangdong Lung Cancer Institute, Guangzhou, China



Presidential Symposium Features Special Lecture by James D. Cox, MD

By Joy Curzio

The newest IASLC Lectureship Award, to be presented at WCLC 2018, is named in honor of James D. Cox, MD, in recognition of his exceptional contributions to radiation oncology. For more than 40 years, Dr. Cox has been at the forefront of radiation oncology, from his early days as a mentee with legendary figures in the burgeoning field of “therapeutic radiology” to his expansion of proton therapy to treat a variety of cancers. Dr. Cox will deliver a lecture to close the Presidential Symposium on Tuesday (8:15-9:45, Plenary Hall [Exhibit Hall D]).

A native of Dayton, USA, Dr. Cox earned his undergraduate degree from Kenyon College in Gambier, USA, and his medical degree from the University of Rochester School of Medicine and Dentistry, New York, USA. During his second year of medical school, Dr. Cox took a year off to conduct clinical research with Juan Del Regato, MD, the pioneer of radiation oncology, at Penrose Cancer Center, Colorado Springs, USA. Later, Dr. Cox also trained at Gustave Roussy, France, with Bernard Pierquin, MD, referred to as the king of brachytherapy, and with other radiation therapy giants such as An-

drée Dutreix, Prof. Maurice Tubiana, and Prof. Daniel Chassagne.

After serving in the US Army, Dr. Cox was stationed at Walter Reed Army Institute of Research, Silver Spring, USA. When his commanding officer and head of the Department of Radiology at Walter Reed, John G. Maier, MD, retired, Dr. Cox became the head of the radiation therapy service there “by default” in his second year. Shortly after, at the age of 34, he was appointed head of the radiation therapy section in the Department of Radiology at Georgetown University, Washington DC. From there, Dr. Cox assumed directorships with the Medical College of Wisconsin, Milwaukee, USA, and Columbia University, New York, USA, before becoming physician-in-chief at the University of Texas MD Anderson Cancer Center, Houston, USA.

In 1987, Dr. Cox became Chair of the Radiation Therapy Oncology Group (RTOG), the national cooperative trial group that has now become NRG Oncology (the combination of the RTOG, the National Surgical Adjuvant Breast and Bowel Project, and the Gynecologic Oncology Group). Dr. Cox served as Chair for 10 years.

“Dr. Jim Cox’s leadership of RTOG was transformational,” says Walter J. Curran, MD, Executive Director, Winship Cancer Institute of Emory University, Atlanta, USA, and current chair of NRG Oncology. “He recruited new multidisciplinary leadership



James D. Cox, MD

into the RTOG and brought the group into the modern era of multicenter, multidisciplinary cancer research. Many of the current leaders of NRG Oncology and the RTOG Foundation today trace their mentorship roots back to Jim.”

Under Dr. Cox’s leadership as Chair of the Department of Radiation Oncology and Head of the Division of Radiation Oncology at MD Anderson, the department grew to include six accelerators and two simulators, as well as from a staff of 17 to 55 physicians. A study demonstrating better outcomes after 3-D radiation therapy compared with 2-D therapy for prostate cancer led to Dr. Cox’s interest in proton therapy, and he proposed building a proton therapy center at MD Anderson. From the beginning, his goal was to expand the treatment populations for this evolving modality. The Proton Therapy Center opened in 2006 and remains the world’s first proton therapy facility located within a comprehensive cancer center.

In discussing the progress made at the Center, Dr. Cox notes, “We’ve developed a patient population and a group of treatments that are more diverse than

see **Special Lecture**, page 13

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The Dutch Take On Big Tobacco

By Cynthia L. Kryder, MS

Tobacco-related mortality and morbidity are well documented. In attempts to hold the tobacco industry legally responsible for the adverse health consequences of smoking, smokers, their families, and government entities across the globe have brought lawsuits against tobacco manufacturers for nearly half a century. Recently, the world's attention has focused on a landmark case in which plaintiffs in the Netherlands are accusing tobacco manufacturers of criminal behavior.

In September 2016, attorney Bénédicte Ficq filed criminal charges with the Dutch Public Prosecutor's Office against four tobacco manufacturers that are active in the Netherlands:

- Philip Morris International
- British American Tobacco
- Japan Tobacco International
- Imperial Tobacco Benelux

Filed on behalf of the Dutch Youth Smoking Prevention Foundation; Anne Marie van Veen, a young woman with advanced lung cancer; and Lia Breed, a woman with chronic obstructive pulmonary disease, the complaint accuses tobacco manufacturers of multiple crimes, including attempted murder or manslaughter, attempted aggravated assault with premeditation, and attempted deliberate harm to health with premeditation and forgery. The forgery charges accuse tobacco manufacturers of deliberately misleading compulsory laboratory tests and of falsifying documents to state lower

emission levels of tar, nicotine, and carbon monoxide on packaging than the actual emission levels when the tobacco products are used as intended. The difference can be up to 2.5 times greater, meaning that smokers actually inhale twice as many harmful substances as stated on the packages.

Damage Compensation Is Not the Intended Outcome (but Can Be a "Side Effect")

The plaintiffs are not seeking damage compensation for individuals who have been adversely affected by smoking. Instead, in an effort to reduce the number of people who become addicted to tobacco in the future, they want to see Big Tobacco held criminally responsible for contributing to the health damages of smoking.

The plaintiffs are awaiting a decision from the Dutch Public Prosecutor's Office on whether the case should proceed to prosecution; however, the complaint has broad support among the public. In addition, the Dutch Cancer Society; the Dutch Journal of Medicine (NTvG), which represents approximately 250 doctors; the ClaudicationNet foundation, with nearly 2,000 physiotherapists as members; and the Dutch Federation of Cancer Patient Organizations, representing 700,000 people with cancer, have joined the battle.

Intentional Manipulation of Cigarettes

An important point in the case is the argument that the tobacco industry knowingly and intentionally produces a manipulated product for the sole purpose of getting people addicted. The case argues



Wanda de Kanter

that tobacco manufacturers add more than 600 substances to cigarettes, of which 70 have been proven to be carcinogenic. Additives such as sugar make tobacco products more appealing, whereas acetaldehyde, the combustion product from sugar, increases the addictiveness of nicotine. Ammonium compounds increase nicotine absorption and enable it to reach the brain quickly; levulinic acid makes smoke less irritating. Other additives are designed to increase the penetrability of smoke particles in the lungs and to release nicotine more quickly into the bloodstream. According to the suit, these additives cause new smokers to become addicted quickly and ensure that existing smokers remain addicted.

"We need motivated oncologists and respiratory physicians," says Wanda de Kanter, Netherlands Cancer Institute, and member of the IASLC Tobacco Control and Smoking Cessation Committee. "They see the results of tobacco addiction every day, and they know the difference between free choice and addiction."

Another aspect of the complaint highlights how tobacco manufacturers influence product testing results by creating tiny holes in cigarette filters. During emissions testing, the equip-

Related Sessions

The following WCLC 2017 sessions include presentations focused on tobacco control. In addition to the oral sessions listed here, several posters on tobacco control and smoking cessation will be on display throughout the conference.

Plenary Session: Prevention, Screening, and Management of Screen-Detected Lung Cancer

("Current Status of Smoking Cessation Program")
Monday, 8:15-9:45
Plenary Hall (Exhibit Hall D)

Mini Symposium: Global Perspectives in Eliminating the Major Cause of Lung Cancer

Monday, 15:45-17:30
Room 315

Oral Session 6: Global Tobacco Control and Epidemiology I

Monday, 15:45-17:30
Room 511 + 512

Mini Oral Session 18: Global Tobacco Control and Epidemiology II

Tuesday, 15:45-17:30
Room 511 + 512

Meet the Expert: Tobacco Control: Practical Issues (sign-up required)

Wednesday, 7:00-8:00
Room 316

Mini Symposium: The Cost of Lung Cancer

Wednesday, 11:00-12:30
Room 502

ment used does not block these holes and the cigarette emissions are mixed with suctioned air, leading to lower emission levels of tar, nicotine, and carbon monoxide. However, during normal use the smoker's fingers or lips block the filter holes. Consequently, more smoke and harmful substances are inhaled than during testing situations and in amounts higher than legally permissible, leading to more lung cancer (<https://doi.org/10.1093/jnci/djx075>).



Award Recipients Promote Lung Cancer Awareness and Understanding

By Keightley Amen, ELS

This year, the IASLC granted five Patient Advocacy Awards to individuals who foster awareness, support, and hope in the lung cancer community. The awards, designed to increase connections between IASLC and patient advocates and advocacy organizations around the world, are open to nonprofit organizations as well as individuals, lung cancer advocates, and survivors. The award includes conference registration, hotel accommodations, travel stipend, and complimentary IASLC membership for 1 year.

Although this year's recipients all advocate through very different channels—research, online forums, public speeches, blogs, art, even tattoos—they are all passionate about disseminating knowledge and establishing networks of support for patients and caregivers.

Annie Cacciato, Granville, USA



Just off the lobby of The Ohio State University Wexner Medical

Center's James Cancer Hospital and Solove Research Institute, patients, caregivers, and visitors can contemplate a large and powerful art installment inspired by Annie Cacciato's survivorship story.

"Blue Beautiful Skies" was born from an exultant text Annie sent to her friend and business partner, Paul Hamilton, just after she learned that her stage IV lung cancer was in complete remission

thanks to 6 months in a clinical trial with a drug targeting an *EGFR* mutation.

A wife, mother of three teenage girls, and cofounder of the nonprofit Granville Studio of Visual Arts, Annie wrote to her friend, "Through grace and my amazing care at The James, I have been led through the storm and now have blue beautiful skies again!"

Her words inspired Hamilton, a renowned artist and creative director at Annie's studio, to paint 96 individual squares that come together to present a landscape at the James Garden of Hope at Ohio State's Waterman Farm. Subsequently, Annie and her husband were inspired to start the Blue Beautiful Skies Fund to support the lung cancer research being conducted by her health care team at The James, led by David Carbone, MD, PhD, IASLC President.

Annie, who prefers the use of her first name to encourage researchers "to think of survivors as real people," offered compelling words to researchers alongside Dr. Carbone at WCLC 2015. At this year's conference, Annie will attend to represent survivors and their integral role within the research team.

Currently participating in her second clinical trial, Annie actively advocates in several realms of oncology: funding for lung cancer research, prevention, and detection of cancers caused by radon; the patient's role in the research team; and the therapeutic benefits of art.

Annie is a founding board member for Breath of Hope Ohio, which has raised more

than \$750,000 for lung cancer research since 2015, and she has participated in and partnered with many advocacy and fundraising events, such as LUNGevery, Pelotonia, and Team Draft.

Anne Marie Cerato, Toronto, Canada



In 2009, Anne Marie Cerato was diagnosed with stage IIIa adenocarcinoma of the right lung. Only 30 years old and a never-smoker, she was shocked and terrified. Her diagnosis made her feel isolated and stigmatized, and she had difficulty finding other young people with cancer who could relate to her struggles and offer support.

Chemotherapy, radiation therapy, and surgery were initially effective, but the cancer returned in both lungs and multiple lobes. Thanks to a trial of crizotinib, Anne Marie's condition is now manageable and chronic. She is determined to provide a network for other young patients, encourage them to actively advocate for their own care, eradicate the stigma of lung cancer, spread news of treatment advances, and boost cancer research funding.

"I found it incredibly difficult to find the resources and outlets I needed as a young adult living with lung cancer," she says. "As an advocate, I hope to raise awareness for a disease that is often stigmatized as a 'smoker's disease' and change people's perception of what someone with lung cancer looks like."

Anne Marie calls herself

a "lifer" rather than a survivor, and she is frank and sincere about the multifaceted struggles of living with cancer. She openly discusses the adversity and how she copes in as many forums as possible: online videos; international speaking engagements; and her blog, *These Are My Scars*. An active participant with Lung Cancer Canada, she volunteers as a peer supporter, is on the Advocacy Committee, and was elected to the Board of Directors. She also speaks for organizations such as Pfizer, Boehringer-Ingelheim, and the Lung Association (Canada).

Through her speaking and writing, Anne Marie shares how she has handled her fears and anxieties, how she has advocated for her own treatment, and even how she has used tattoos as a therapeutic outlet to gain control over her own body, accept her lobectomy scar, and remind herself that life is short—so "lififers" should embrace each moment.

Csaba L. Dégi, PhD, MSW, Cluj-Napoca, Romania



Romania has one of the fastest aging populations in Eastern Europe, and

the incidence rates for all types of cancer have been increasing there since 1990. However, people with cancer do not routinely receive psychosocial screening and support services, and qualified professionals (eg, psychologists, social workers) are not readily available. As president of the Romanian Association for Services and



Communication in Oncology (APSCO), Csaba L. Dégi, PhD, MSW, is working to improve this “major unsolved health problem.”

Dr. Dégi and his APSCO colleagues work to establish psychosocial care as a universal human right, support medical staff so they can provide comprehensive services, and incorporate distress as the sixth vital sign. To that end, Dr. Dégi is leading a study to explore and examine cancer-related distress, communication, and quality of life in 800 adult patients in hospitals, support groups, and palliative care settings. In addition, APSCO has developed the first mobile application to help patients and caregivers identify and monitor distress, as well as locate resources to manage it.

Dr. Dégi is also an associate professor and researcher on the Faculty of Sociology and Social Work at Babe-Bolyai University in Cluj-Napoca. He advocates for patients nationwide as an appointed member of the Committee for Social Work and Support in Oncology at the Romanian Ministry of Health, helping to create Romania’s National Cancer Control Plan for 2016-2020. In addition, he serves as Director of the International Psycho-Oncology Society. He wrote a book, *Psychosocial Oncology Needs: An Absent Voice in Romania*, and advocates for psychosocial care via Facebook, a YouTube channel, and LinkedIn.

“We need more lung cancer advocates and support groups in Romania for lung cancer awareness, screening, and survivorship,” Dr. Dégi says. “Attending WCLC 2017 will help us in our fight against lung cancer in a developing region and will enhance advocacy efforts for lung cancer patients in

Romania, where it is now an underrepresented agenda.”

Dr. Dégi is a moderator of Minor Oral Session 4, Advocacy: Listen to the Patients, held on Monday, 11:00-12:30; Room 313 + 314.

Aditya Manna, West Bengal, India



Aditya Manna goes to great lengths to serve patients with cancer in a rural area of West Bengal in Eastern India. He is a palliative care staff member in the oncology unit of MAS Clinic and Hospital in Tamluk, but before and after his shifts—day or night—Aditya hops on a train, bus, or even bicycle to deliver volunteer palliative care: draining fluids, feeding through nasogastric tubes, catheterizing, delivering IV fluids, dressing wounds, and counseling people with terminal illness.

Over the past 12 years, Aditya has made about 5,000 home visits in addition to providing telephone support. He has come across patients who have tried to take their own lives, one who tried to remove his own tumor, and many suffering neglect. “Such incidents have inspired me to dedicate myself to do whatever possible through patient support, patient education, and educating and motivating family members and neighbors through whatever means available,” he says.

To advocate for people with cancer on a national level, Aditya participates in two nonprofit organizations that offer educational programs and support groups for people with cancer in India: Narikeldaha Prayas, which he founded and for which he serves as president, and the MAS Rural Initiative. “Vol-

unteering has always been fundamental to the palliative care movement,” he says, “and extending compassion and expanding the range of services by caregivers is vital.”

In addition to IASLC Patient Advocacy Award, Aditya has been recognized by many other international organizations, including the Service User/Carer/Volunteer of the Year from the *International Journal of Palliative Nursing* and a grant to attend, among others, the 2016 Asia Pacific Lung Cancer Conference.

Aditya’s poster, “Hope for People Living with Metastatic Lung Cancer” (P1.10) is on display Monday, 9:30-16:00; Exhibit Hall (Hall B + C).

Andrea Prias, Lima, Peru



Andrea Prias believes that Spanish-speaking communities face a crucial challenge in their fight against cancer due to language barriers, and she has dedicated her time and professional experience to address the issue.

“Access to educational resources and research is quite limited in the Spanish language—as it is in most languages other than English,” she says. “This is a serious gap that may prevent our communities from getting access to more effective/targeted treatment and clinical trials, and it restrains the ability of our communities to get more involved in the support of cancer-fighting initiatives.”

In 2016, Andrea founded Accion Contra el Cancer (Action Against Cancer), a Latin American nonprofit organization that provides Spanish speakers with an on-

line community where they can learn about the disease, access medical research, learn about nutrition, investigate genomics, and read about clinical trials.

“Throughout the years, I have come to realize that fighting cancer requires a lot more than state-of-the-art technology or access to medication,” she says. “It demands active involvement from patients, caregivers, and advocates to supplement the efforts of the medical teams. It requires access to research and education... [and] a collaboration network to gather wisdom and even encouragement and experiences from other patients.”

Accion Contra el Cancer has translated thousands of pages of research and information that previously existed only in the English language. The organization has also launched another website called Heroes en Accion (Heroes in Action), where members and visitors share their knowledge, tips, challenges, and experiences in their fight against cancer. A streaming channel is under development that will feature interviews with key opinion leaders, scientists, and medical experts.

One of Accion Contra el Cancer’s goals is to establish alliances with world-class organizations and experts locally and internationally so that the organization can access knowledge and gain visibility. “Our efforts as a cancer-patient advocacy organization will be significantly strengthened with our attendance at the WCLC,” Andrea says. “It will provide visibility, [and the] information and knowledge shared at the conference will be available in Spanish to our Spanish-speaking community.” ●



Experts to Discuss Changes in Molecular Testing

By Cynthia L. Kryder, MS

The landscape of molecular testing for patients with lung cancer continues to evolve, and an expert panel will address various issues on this topic in a session on Tuesday afternoon.

Neil Lindeman, MD, Head of the Center for Advanced Molecular Diagnostics, Brigham and Women's Hospital, Boston, USA, will provide an overview of the highly anticipated update to the College of American Pathologists (CAP), International Association for the Study of Lung Cancer (IASLC), and the Association for Molecular Pathology (AMP) 2013 molecular testing guideline in lung cancer. Dr. Lindeman served as a co-chair on behalf of AMP

Molecular Testing

Tuesday, 15:45-17:30
Room 301 + 302

for the expert panel that developed the update, which is expected to be published by the end of 2017.

Ignacio Wistuba, MD, Director of the Thoracic Molecular Pathology Laboratory, The University of Texas MD Anderson Cancer Center, Houston, USA, will discuss molecular testing approaches using next-generation sequencing (NGS). As NGS moves into the clinical setting, the need for proper procurement and processing of tissue specimens becomes crucial, he says. Pathologists should be able to precisely handle tissue adequacy in terms of

quantity and quality and maintain tumor cells for detection of molecular alterations.

Caroline Dive, PhD, Deputy Director and Senior Group Leader, Cancer Research UK Manchester Institute, Manchester, England, will discuss the rapidly advancing field of blood-based liquid biopsy in lung cancer, with a focus on circulating tumor cells (CTC) and circulating tumor DNA (ctDNA). She will review CTC enrichment and isolation approaches, the development and utility of CTC patient-derived explant models (CDX), and ctDNA profiling approaches for patient selection to early clinical trials.

Lukas Bubendorf, MD, Professor of Pathology, University Hospital Basel, Basel,

Switzerland, has authored numerous publications about the suitability of cytology specimens for molecular analysis in lung cancer. He will discuss the enhanced role of cytology in the molecular analysis of thoracic malignancies and molecular techniques and methods applied to cytology.

Philip Mack, PhD, Director of Molecular Pharmacology, University of California Davis, Sacramento, USA, will focus on the optimal collection, processing, and analysis of clinical samples for molecular testing. Dr. Mack conducts molecular biology and molecular pharmacology studies for the UC Davis Cancer Center, the California Cancer Consortium, and the Southwest Oncology Group. ●

Molecular Testing Focus of IASLC Resources

Speakers at the Mini Symposium, Molecular Testing, have shared their expertise in the development of two essential IASLC resources: the *IASLC Atlas of ALK and ROS1 Testing in Lung Cancer* and the *IASLC Atlas of EGFR Testing in Lung Cancer*. Both publications are designed to help pathologists, laboratory scientists, and practicing physicians better understand the various aspects of molecular testing in lung cancer. The ALK/ROS1 Atlas, published in 2016, is a follow-up to the first edition of the Atlas, which focused only on ALK testing. The EGFR Atlas makes its debut at WCLC 2017.

The ALK/ROS1 Atlas answers the vital question of which patients are candidates for testing; discusses

sample acquisition, processing, and diagnostic procedures; provides information on testing with approved methods (fluorescent in situ hybridization and immunohistochemistry), as well as with other platforms, such as reverse-transcriptase polymerase chain reaction, nonmultiplex platforms, and next-generation sequencing; and addresses cytologic analysis, reporting of results, algorithms, guidelines, and standardized studies. The EGFR Atlas focuses on therapeutic perspectives; sample acquisition, processing, and diagnostic procedures; types of assays; reporting of results, interpretation, and quality assurance; and access to testing guidelines and algorithms.

The ALK/ROS1 Atlas was edited by Ming Sound

Tsao, MD, FRCPC, University of Toronto, Canada; Fred R. Hirsch, MD, PhD, University of Colorado, Denver, USA; and Yasushi Yatabe, MD, PhD, Aichi Cancer Center, Nagoya, Japan, with 12 contributing authors. The EGFR Atlas was edited by Fred R. Hirsch, MD, PhD; David Carbone, MD, PhD, The Ohio State University Comprehensive Cancer Center Columbus, USA; and Tony Mok, BMSc, MD, Chinese University of Hong Kong, Prince of Wales Hospital, Hong Kong, China, with 21 contributing authors.

The *IASLC Atlas of EGFR Testing* has been in-



cluded in the delegate bag this year, and delegates who wish to bring a copy home to a colleague can pick up a copy at the IASLC Booth (#2404) in the Exhibit Hall. The ALK/ROS1 Atlas can also be obtained at the IASLC Booth, and Japanese, Chinese, and English translations of this Atlas are available. Each atlas can be downloaded as an app for mobile devices and is offered in multiple languages. ●

Special Lecture

Continued from page 8

in any other proton center in the world. We're treating patients not only with prostate cancer—they're now in the minority—but we're also treating a large proportion of patients with thoracic malignancies."

Dr. Cox served as the Editor in Chief of the *International Journal of Radiation Oncology Biology Physics* (known as the Red Journal) for 15 years. He has been the recipient of many honors and awards, including gold medals from the del Regato Foundation and the American Society for Radiation Oncology, the Robert Fowler Fellow of the Anti-Cancer Council of Victoria, Australia, and the 6th Isadore Lampe Lecturer. ●

Presidential Highlights Top Three Abstracts

The Presidential Symposium on Tuesday morning features the three highest-ranking abstracts submitted to the conference. This year's abstracts will include results from two important clinical trials, the PACIFIC trial and SCAT, which examined adjuvant chemotherapy based on *BRCA1* levels in patients with resected node-positive NSCLC. The third abstract will discuss an analysis of resection margin status and proposals for R status descriptors for NSCLC from the IASLC Lung Cancer Staging Project.

The symposium will be co-chaired by Hisao Asamura, MD, National Cancer Center Hospital, Tokyo, Japan, and Keunchil Park, MD, PhD, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea.

Rina Hui, MBBS, FRACP, PhD, Crown Princess Mary Cancer Centre, Westmead, Australia, will discuss patient-reported outcome data from the double-blind, placebo-controlled, phase II PACIFIC trial, which evaluated durvalumab after chemoradiation therapy in patients with stage III, locally advanced, unresectable NSCLC.

Bartomeu Massuti, MD, Alicante University Hospital, Alicante, Spain, will present the mature survival results from SCAT, a randomized, multicenter, phase III trial that assigned patients to treatment with cisplatin plus gemcitabine, cisplatin plus docetaxel, or docetaxel alone based on *BRCA1* expression levels.

John Edwards, MD, University of Sheffield, Sheffield, Great Britain, will report on an analysis of resection margin status from the IASLC Lung Cancer Staging Project and discuss proposals for residual tumor (R) status descriptors for NSCLC. These data were collected from 14,712 patients undergoing surgery for NSCLC for whom full residual tumor status and survival data were available. ●

Presidential Symposium

Tuesday, 8:15-9:45

Plenary Hall (Exhibit Hall D)

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Supply classification: POM. This medicine is subject to additional monitoring.

EGFR M+=epidermal growth factor receptor mutation positive;
NSCLC=non-small cell lung cancer; TKI=tyrosine kinase inhibitor.

Boehringer Ingelheim International GmbH, Binger Strasse 173,
55216 Ingelheim am Rhein, Germany





IASLC Mentorship Program Offers Unique Opportunity

The IASLC International Mentorship Program, now in its third year, provides an opportunity for early-career physicians to establish a collaborative relationship with a mentor.

“The idea is to bring young lung cancer investigators from economically developing countries to a mentored program at the WCLC and let them spend time after the conference at the assigned mentor’s host institution,” says Fred R. Hirsch, MD, PhD, IASLC CEO.

To apply for the program, candidates must submit an abstract for presentation at the WCLC and provide a personal statement on their goals and how the award will help them. The IASLC Career Development and Fellowship Committee reviewed more than 40 applications and selected 13 recipients. The awardees will meet daily with their mentor during the conference to discuss relevant presentations. The week following the conference, the mentees will work with their mentors at various cancer institutions in Japan and South Korea.

Ichiro Nakachi, MD, who is hosting two mentees, thinks the mentorship program will be a positive experience for both mentees and mentors.

Dr. Nakachi Yuichiro Ohe, MD, who is also hosting two mentees adds, “Our pulmonary team is very excited to share medical opinions and ideas with mentees from overseas.” The IASLC is grateful to all members who have volunteered to be mentors.

The IASLC thanks AstraZeneca and Merck for their

support of the International Mentorship Program.

2017 International Mentorship Program Recipients

Noor Alsaadoun, BSc (Saudi Arabia)

University of Calgary, Canada

“Sex-based Disparities in NSCLC: An Evidence-based Study” (P1.06, Monday, 9:30-16:30; Hall B + C)

Mentor: Noriko Motoi, MD, PhD

National Cancer Center Hospital, Tokyo, Japan

Aseem Rai Bhatnagar, MD (India)

Linear Accelerator Center, SMS Hospital, Jaipur

“Quality of Life across Various Treatment Lines in Metastatic Lung Cancer Patients” (P2.10, Tuesday, 9:30-16:30; Hall B + C)

Mentor: Hiroaki Akamatsu, MD

Wakayama Medical University, Wakayama, Japan

Wandee Chanprasertpinyo, MD (Thailand)

Ramathibodi Hospital, Mahidol University, Bangkok

“Effect of Early Palliative Care on Aggressiveness of Cancer Care Near End of Life in Lung Cancer Patient” (OA 11, Wednesday, 11:00-12:30; Room 313 + 314)

Mentor: Takaaki Sasaki, MD, PhD

Asahikawa Medical University Hospital, Asahikawa, Japan

Valeria Denninghoff, PhD (Argentina)

CEMIC, Buenos Aires

“Prospective Molecular Study of 22 Genes by NGS in Patients with Non-small Cell Lung Cancer (NSCLC) in Argentina: A Single Institution Experience” (P2.02, Tuesday, 9:30-16:30; Hall B + C)

Mentor: Masayuki Takeda, MD, PhD

Kindai University, Osaka-Sayama, Japan

Jin Kang, MD (China)

Guangdong Lung Cancer Institute, Guangdong General Hospital, Guangdong

“Clinically Primary and Secondary Resistance to ALK Inhibitors in ALK-positive Advanced Non-Small-Cell Lung Cancer” (P1.01, Monday, 9:30-16:30; Hall B + C)

Mentor: Yuichiro Ohe, MD

National Cancer Center Hospital, Tokyo, Japan

Madiha Kanwal, PhD (Pakistan)

Kunming Institute of Zoology, University of Chinese Academy of Sciences, Kunming, China

“Genetic Risk Evaluation in Families with Lung Cancer History in High Lung Cancer Mortality Region of Xuanwei, China” (P1.02, Monday, 9:30-16:30; Hall B + C)

Mentor: Yoshinori Hasegawa, MD, PhD

Nagoya University, Nagoya, Japan

Sze Shyang Kho, MD (Malaysia)

Sarawak General Hospital, Sarawak

“Early Experience with Radial Endobronchial Ultrasound with Guide Sheath for Diagnosis of Peripheral Pulmonary Lesion” (P2.12, Tuesday, 9:30-16:30; Hall B + C)

Mentor: Ichiro Nakachi, MD

Saiseikai Utsunomiya Hospital, Utsunomiya, Japan

Milica Kontic, MD, PhD (Serbia)

Clinic for Pulmonology, Clinical Center of Serbia, Belgrade

“Hypermethylation of the RASSF1A and SOX1 Genes in Tumor DNA Predicts Unfavorable Overall Survival in Surgically Resected NSCLC Patients” (P3.05, Wednesday, 9:30-16:30; Hall B + C)

Mentor: Rintaro Noro, MD, PhD

Nippon Medical School, Tokyo, Japan

Wenhua Liang, MD (China)

The First Affiliated Hospital of Guangzhou Medical University, China State Key Laboratory of Respiratory Disease, National Clinical Research Center for Respiratory Disease, Guangzhou

“Non-invasive Diagnosis of Solitary Pulmonary Nodules using High-Throughput Targeted DNA Methylation Sequencing of Circulating Tumor DNA” (P3.02, Wednesday, 9:30-16:30; Hall B + C)

Mentor: Tomoya Kawaguchi, MD, PhD
Osaka City University, Osaka, Japan

Fariz Nurwidya, MD, PhD, FAPSR (Indonesia)

University of Indonesia, Depok

“Histone Deacetylase Inhibition Alters Stem Cell Phenotype in Gefitinib-Resistant Lung Cancer Cells with EGFR Mutation” (P3.03, Wednesday, 9:30-16:30; Hall B + C)

Mentor: Tetsuya Mitsudomi, MD

Kindai University, Osaka-Sayama, Japan

Abhishek Shankar, MD (India)

All India Institutes of Medical Sciences, Delhi

“Level of Awareness of Various Aspects of Lung Cancer Among College Students in India: Impact of Cancer Awareness Programs” (P3.06, Wednesday, 9:30-16:30; Hall B + C)

Mentor: Ichiro Nakachi, MD

Saiseikai Utsunomiya Hospital, Utsunomiya, Japan

Voralak Vichapat, MD, PhD (Thailand)

Mahidol University, Bangkok

“The Efficacy of Bevacizumab Adding in Standard First Line Chemotherapy and Maintenance Treatment in Advanced NSCLC: A Network Meta-Analysis” (P2.01, Tuesday, 9:30-16:30; Hall B + C)

Mentor: Yuichiro Ohe, MD

National Cancer Center Hospital, Tokyo, Japan

Mian Xie, MD (China)

The First Affiliated Hospital of Guangzhou Medical University, Guangzhou

“Clinical Significance of Plasma Epstein-Barr Virus DNA in Pulmonary Lymphoepithelioma-like Carcinoma (LELC) Patients” (P3.02, Wednesday, 9:30-16:30; Hall B + C)

Mentor: Jin Soo Lee, MD, PhD

National Cancer Center Hospital, Seoul, South Korea ●



Big Tobacco

Continued from page 9

Sick of Smoking

Thousands of people have shown their support for the Dutch criminal complaint through the website sickofsmoking.nl, a grassroots effort initiated by Anne Marie van Veen in collaboration with the Dutch Youth Smoking Prevention Foundation, for which Dr. de Kanter serves as chair.

Sick of Smoking seeks to educate consumers about the tactics of the tobacco industry, to inform them of the status of the lawsuit, and to bring together ordinary citizens to speak up against the deceptive practices of the tobacco industry. Sick of Smoking also includes the original Dutch complaint, as well as English, Spanish, and German translations.

The Dutch are not the only people sick of smok-

ing. Following the Netherlands' lead, attorneys and antismoking organizations in several other countries around the world are analyzing whether they also can hold the tobacco industry liable for attempted murder or aggravated assault.

"When we file civil suits and receive damage settlements, we send a message that we more or less accept the billion tobacco-related deaths expected in the 21st century. These criminal cases, however, will bring public awareness to the fact that smoking is an addiction and that cigarettes are addictive by design," says Dr. de Kanter.

By holding Big Tobacco criminally responsible for the millions of tobacco-related deaths each year, antismoking activists aim to prevent future generations from becoming addicted to tobacco. ●

10 Facts About Yokohama

1. Yokohama was established in the 11th century and remained a small fishing village until Commodore Matthew Perry arrived and demanded that Japan open ports to commerce.

2. Yokohama grew from a seaside village of 600 residents when its port first opened in 1859 to become Japan's second-largest city after Tokyo, with a current population of about 3.7 million people.

3. Much of Yokohama was destroyed in the great Kanto earthquake in 1923 and was subsequently rebuilt within 6 years.

4. Yokohama features a relatively mild climate. Average high temperatures will be 70 degrees F (21 degrees C) during the conference.



7. Yokohama is considered the birthplace of Japanese beer. Nicknamed Beer City, Yokohama boasts unique beer bars and craft breweries, including Kirin Beer Village, which offers a complimentary brewery tour followed by a beer tasting.

8. A piece of Japan's maritime history, the Nippon Maru, which is docked below Yokohama Landmark Tower, sailed the equivalent of 45.5 trips around the world during her 54 years of service.



5. As the world's 31st largest seaport, Yokohama handles more than 121,000 freight tons of cargo annually.

9. More than 70 million tourists visit Yokohama annually.

6. Yokohama served as the setting for several novels, including *The Sailor Who Fell From Grace with the Sea*, by Yukio Mishima; *Gai-jin*, by James Clavell; and Jules Verne's *Around the World in 80 Days*.

10. The Minato Mirai 21 section of Yokohama is home to more than 600 retail stores and more than 200 restaurants in a modern urban development that was created from reclaimed land. ●

Upcoming Lung Cancer-Related Meetings

Mayo Clinic Cancer Center: Thoracic Oncology Update State-of-the-Art Evaluation and Management of Thoracic Cancers 2017
November 10-11, 2017
Phoenix, USA

European Society for Medical Oncology (ESMO) Asia
November 17-19, 2017
Singapore

ESMO Immuno Oncology Congress
December 7-10, 2017
Geneva, Switzerland

Fifth AACR-IASLC International Joint Conference on Lung Cancer Translational Science: From the Bench to the Clinic
January 8-11, 2018
San Diego, USA

ESMO Summit Africa – Oncology Updates: From Evidence to Practice
February 14-16, 2018
Cape Town, South Africa

IASLC 18th Annual Targeted Therapies of the Treatment of Lung Cancer
February 21-24, 2018
Santa Monica, USA

International Congress on Targeted Anticancer Therapies
March 5-7, 2018
Paris, France

European Lung Cancer Congress
April 11-14, 2018
Geneva, Switzerland

American Association for Cancer Research
April 14-18, 2018
Chicago, USA



Question of the Day

Is this your first IASLC meeting? If yes, what prompted you to attend? If no, what keeps you coming back?



"This is my first WCLC and my first time at an IASLC event. I'm presenting some exciting data regarding the use of navigational bronchoscopy in high-risk patients. I thought this was an interesting setting to talk about our research and to join the conversation about early diagnosis and treatment of lung cancer."

Christopher Towe, MD, Cleveland Medical Center, Cleveland, USA



"This is my third conference. I keep coming back because this is the only conference where you can interact with all the disciplines involved in the study of lung cancer. I am a thoracic surgeon and I enjoy talking with other specialists to improve my patient care."

Luigi Ventura, MD, University Hospital of Parma, Italy



into my practice."

"Yes. I'm here because I treat a lot of lung malignancy and I think the landscape and treatment paradigms are changing quite rapidly with the onset of immunotherapies and targeted agents and I'd like to learn a little bit more about that and incorporate it

Nadine Beydoun, MD, St. George Hospital, Sydney, Australia



"This is my first conference. I am a thoracic surgeon practicing nearby. Since the conference is in Yokohama, it was convenient for me to attend."

Jun Suzuki, MD, Yamagata University Hospital, Yamagata, Japan



"This is my third conference. What brings me back to the conference is an interest in learning more about lung cancer and an opportunity to go home and tell my colleagues about what I've learned. I work in health services research."

Nicole Rankin, PhD, University of Sydney, Sydney, Australia

JOIN TODAY!

As an IASLC member, you will receive:

- ▶ Collaboration with a multidisciplinary global team of thoracic oncology experts and leaders
- ▶ Member access to the *Journal of Thoracic Oncology*, the premier journal in lung cancer, as well as the latest classification and staging publications
- ▶ Multidisciplinary education including the latest in ground-breaking research and treatment of thoracic malignancies

Membership Special Offers

SPECIAL OFFER FOR NEW MEMBERS: REGULAR, DEVELOPING COUNTRY AND ALLIED HEALTH

Fellow, Survivor and Caregiver Memberships **Complimentary**

Don't forget to pick up your **Member Appreciation Gift!**