TODAY’S HIGHLIGHTS

Mesothelioma Workshop (ticketed session)
8:00-11:00
Stolz 2

Joint IASLC/Chinese Society for Clinical Oncology/Chinese Alliance Against Lung Cancer Session
8:00-11:45
Stolz 1

Young Investigator Session: Clinical Trials & Scientific Mentoring
8:00-11:00
C8

International Society of Nurses in Cancer Care and BMS Foundation Collaborative Workshop (sign up required)
8:00-12:00
Schubert 4.5

Management of Lung Cancer Patients through Innovative Laboratory Testing across the Clinical Continuum Workshop (sign up required)
8:00-13:00
Stolz 1

Opening Ceremony
19:00-20:45
Hall D (Plenary Hall)

Welcome Reception
Hall B (Exhibit Hall)
IASLC Booth #2714

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Welcome to WCLC 2016

By Robert Pirker, MD
IASLC WCLC 2016 Congress President

O n behalf of IASLC and its or-

ponents, I welcome you to the IASLC 17th World Conference on Lung Cancer (WCLC) in Vienna. IASLC has decided to hold the World Conference annually because of the rapid advances in the field of lung cancer. This World Conference in Vi-

enna is the first of the annual confer-

ences to follow the WCLC in Denver in 2017.

With the theme of “Active Prevention, Accurate Diagnosis, Advanced Care,” WCLC 2016 is multi-disci-

plinary, covering all aspects of lung cancer. The conference will inform participants about the most recent scientific advances in all areas of lung cancer and provide updates on the state-of-the-art management of pa-

tients with lung cancer. Major top-

ics include global tobacco control, screening and early detection, the 8th TNM classification, molecular diag-

nosis, extended surgical procedures, advances in radiation therapy, targeted therapies, and immunotherapy, with a focus on immune checkpoint inhibi-

tors. These topics will be covered in plenary sessions, educational sessions, science sessions, oral abstract sessions, poster sessions, and industry-support-

ed symposia.

We received more than 2,000 ab-

stracts for presentation at WCLC 2016. Abstracts have been selected for oral or poster presentations, with poster presentations a focus this year. Posters will be on display all day in the Exhibitor Hall, and poster presenters will be at their posters during the morning and afternoon (10.25-11.00 and 14:15-

15:45). This schedule allows sufficient time for interaction between presenters and conference participants. The fact that the posters will be on display in the same hall with industry exhibitors will also stimulate cooperation with our partners from industry.

The Presidential Symposium on Tuesday will provide a summary of the impact of the 8th TNM classification on clinical practice and also features the results from four randomized phase III trials. The Plenary Session on Wednes-

day is devoted to immune checkpoint inhibitors in the treatment of patients with advanced NSCLC.

We are particularly pleased to wel-

come our Guests of Honor: Harald zur Hausen, Heinz Fischer, Tabaré Vázquez, and Alfred Gusenbauer. You can learn more about these important guests in this and other issues of the WCLC 2016 Daily News.

Nobel Laureate Prof. Dr. Harald zur Hausen will deliver his Keynote Lecture “Is Smoking the Sole Factor in Lung Cancer Development?”, during the Opening Plenary Session on Sun-

day evening (see page 2). I invite you to attend the Opening Plenary Session, during which the Wiener Sängerkna-

ben (Vienna Boys Choir) will perform.

The Former Federal President of the Republic of Austria, Dr. Heinz Fischer, will address delegates in his Welcome Address on Monday morning.

Dr. Tabaré Vázquez, will deliver his Key-

note Lecture, “Tobacco Control in Uruguay,” during Monday’s Plenary Session on Tobacco Control (see page 6). The attendance of President Dr. Tabaré Vázquez will raise global awareness of WCLC 2016 and of the importance of tobacco control. I kindly ask you to attend his lecture to empha-

size our support for Uruguay in its to-

bacco control initiatives and our commit-

ment for primary prevention as the most efficient strategy to decrease the worldwide epidemic of lung cancer.

The former Federal Chancellor of the Republic of Austria, Dr. Alfred Gusenbauer, will deliver “The Role of Doctors in a Globalized World” at the Plenary Keynote Lecture on Wednes-

day, to bring awareness of WCLC 2016 and of the opportunities and responsibilities for global health and human well-being as well as global peace.

We are sure that WCLC 2016 will provide you with a great opportunity for exchanging scientific advances and clinical experiences with colleagues from all over the world and for initi-

ating or strengthening collaborations. This exchange will benefit patients with lung cancer all over the globe.

There will also be time to better get to know each other, to make new friend-

ships, and to become part of the global IASLC community. The atmosphere at WCLC as well as the Viennese way of life should support these important goals.

Lastly, we thank our sponsors from industry and all the many people who have been involved in the organization of WCLC 2016, particularly the team at ICS Events and the IASLC staff.

We warmly welcome you to Vienna.

Welcome from Dr. Carbone, IASLC President

The pace of progress in lung can-

cer research is astounding, with not only new versions of old drugs and combinations of them but also completely new classes of ther-

apeutics and drugs targeting resistance to other drugs. In addition, our labora-

tory tools and our understanding of the molecular biology driving the initiation and progression of cancer is moving forward rapidly. Delivering optimal pa-

tient care and performing cutting-edge research requires remaining up-to-date with what is going on both clinically and in the lab relevant to lung cancer. This is what WCLC is designed to do.

Lung cancer, the world’s biggest can-

cer killer, deserves an annual, focused, global, and multidisciplinary meeting, and this is WCLC.

For new investigators, it is important not only to get up to speed on practice and research, but also to meet the lead-

ers in both academia and industry, as well as in other specialties, so that you can develop new collaborations and friendships that will form the basis of your productivity and future success in your field. WCLC is a perfect event for accomplishing these tasks. IASLC of-

fered travel awards and grants to help get new investigators here and support their work. For us old guys, WCLC helps keep us current and exposes us to, and helps us assist, the thought leaders of the future who will replace us. We also welcome patients, adva-

ces, and people working in pharma.

For them, WCLC is an opportunity to interact with researchers and clinicians on the front line of cancer science and cancer care, and to help shape and plan future clinical studies.

I personally welcome you to WCLC 2016 in Vienna. I am sure it will be an exciting meeting, and I hope that your experience is both educational and en-

joyable.
Professor of Pharmacology, Chief of the Ensign Professor of Medicine, Paul A. Bunn, Jr. Scientific Award recipient, Roy S. Herbst, MD, PhD, is currently the Ensign Professor of Medicine, Professor of Pharmacology, Chief of Medical Oncology, Director of the Thoracic Oncology Research Program at Yale, and Director of Translational Research at Yale Cancer Center (YCC) and Yale School of Medicine in New Haven, USA.

"It is a great pleasure for IASLC to honor Dr. Herbst for being a research leader in translational research and drug development for lung cancer," says Fred R. Hirsch, MD, PhD, CEO of IASLC. "His contributions have benefited thousands of patients with lung cancer."

Dr. Herbst has worked tirelessly over the past several decades to bring novel targeted agents to clinical trials and ultimately to US FDA approval, leading clinical trials to test these agents in advanced-stage NSCLC and other cancers. These include gefitinib, erlotinib, and aztezolizumab, the first-generation tyrosine kinase inhibitors targeting the EGFR mutation in NSCLC.

He also led early studies of the monoclonal antibodies cetuximab, which targets EGFR, and bevacizumab, which targets VEGF. His trial evaluating cetuximab with chemotherapy (SWOG 0010) was presented at the 2010 Presidential Symposium at WCLC and with VEGF resulted in the Clinical Oncology/Translational Research (SWOG 0819) was presented at the Sunday's Opening Plenary Session of the 17th World Conference on Lung Cancer 2016 (WCLC) in Milan.

Dr. Herbst has been a principal investigator on three ongoing prospective phase I, II, and III trials of bevacizumab, especially patients whose tumors express PD-L1. Subsequently, he led the Keynote 10 trial, which helped establish the PD-L1 biomarker as a predictive marker for pembrolizumab in non-small cell lung cancer. As such, results from his group and others aided in the decision of the US FDA to approve atezolizumab and pembrolizumab for NSCLC.

Dr. Herbst is a fellow of the American College of Physicians, a member of the American Society of Clinical Oncology, an elected member of the Association of American Physicians, and a member of AACR, where he chairs the Tobacco Task Force. Dr. Herbst was elected to the National Academy of Sciences Policy Forum from 1998 to 2014. For the past 15 years, Dr. Herbst, along with Dr. Bunn and Dr. David Johnson, has co-chaired the highly regarded IASLC meeting on targeted therapies in lung cancer.

Dr. Herbst received his bachelor's and master's degrees from Yale University and earned his MD from Cornell University Medical College and his PhD in molecular cell biology from Rockefeller University, New York. He completed his postgraduate training in medicine and residency at Brigham and Women's Hospital, Boston, USA. He completed clinical fellowships in oncology and hematology at Dana-Farber Cancer Institute and Women's Hospital, Boston, USA. Dr. Herbst also holds a master's degree in clinical translational research from Harvard University in Cambridge, USA.

Ugo Pastorino, MD, is Director of the Thoracic Surgery Division at the Istituto Nazionale Tumori in Milan, Italy. The division was the first comprehensive cancer center in Milan with thoracic oncology and is a national referred center for the treatment of highly complex chest cancer. Dr. Pastorino also serves as faculty at the Schirmer Cancer Specialization in Thoracic Surgery, General Surgery, and Medical Oncology and at the European Association for Cardio-Thoracic Surgery.

Dr. Pastorino pioneered early studies of chemoprevention of smoking-in-duced cancer, focusing on such agents as vitamin A (retinol) and synthetic derivatives. In 1985, he launched the first randomized trial on adjunctive treatment of stage I cancer with vitamin A (Pastorino et al. 7 Clin Oncol 1993:11:1216-1222), which showed a significant reduction of second primary lung cancer. He was also co-principal investigator of the EUROscan chemoprevention trial (EUROSCAN) that tested the efficacy of vitamin A and N-acetylcysteine in 2,592 patients with lung or head and neck cancer. He also served as co-chair of the International Cancer Chemoprevention Conference, held in the early 1990s to provide an international exchange of data and ideas from all disciplines of chemoprevention research. He also wrote several journal articles and book chapters on this topic.

Dr. Pastorino's clinical research interests lie in the diagnosis and treatment of primary and secondary lung cancer, use of positron emission tomography for staging of thoracic malignancies, salvage surgery of lung metastases and mediastinal tumors, biology of lung carcinogenesis, and chemoprevention of smoking-induced cancers. He is a principal investigator on three ongoing prospective trials examining lung cancer screening with low-dose computed tomography and microRNA and the role of pleurectomy/decortication in the treatment of pleural mesotheliomas.

An international leader, Dr. Pastorino was Executive Director of the European School of Oncology from 1998 to 2002, he was Director of the Division of Pulmonary Pathology at Aberdeen University Medical School in Scotland, and he is a member of a panel charged with updating and revising the guidelines for molecular pathology testing in lung cancer put forth by the College of American Pathologists (CAP), IASLC, and the Association for Molecular Pathology (AMP), and was part of a collaborative group from the American Thoracic Society, the European Respiratory Society, and the European Respiratory Society that developed, in 2011, an international, interdisciplinary classification of lung adenocarcinoma, a subtype that accounts for almost half of all lung cancers.

"It has been an honor and a privilege to work on several guidelines and classifications," says Dr. Kerr. "Apart from the notion of doing something worthwhile and making a contribution to the lung cancer story for our patients, it is huge to work with other talented colleagues, sharing expertise and being part of a team." The lung cancer classification will feature the presentation of Dr. Pastorino's work at the Sunday's Opening Plenary Session. The international Cancer Policy Forum from 1998 to 2014. For the past 15 years, Dr. Herbst, along with Dr. Bunn and Dr. David Johnson, has co-chaired the highly regarded IASLC meeting on targeted therapies in lung cancer.

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of the treatment guidelines for lung cancer is for our patients, for the practice of oncology, but also for pathology itself. I have been very fortunate to be part of this revolution.”

Dr. Kerr has been an active member of IASLC for 20 years, contributing to the past several IASLC proceedings, including as invited faculty. He is currently serving a 4-year term on the IASLC Board of Directors and is the liaison board to the IASLC Pathology Committee. He is a contributing author to the IASLC Atlas of ALK Testing in Lung Cancer; to the second edition of the atlas, the IASLC Atlas of ALK and ROS1 Testing in Lung Cancer, published this year; and for the IASLC PD-L1 atlas, which is currently in development. He also participated in the 2004 joint IASLC/ASCO workshop on broncholulovascular carcinoma. He is an Associate Editor for the Journal of Thoracic Oncology (JTO).

“IASLC is honored to acknowledge Dr. Kerr’s instrumental role in developing standardized international lung cancer classifications, his contributions to lung cancer research, and his efforts to help us better identify patients who will benefit from immunotherapy,” says Dr. Hirsch.

Also an active member of the European Society for Medical Oncology (ESMO), Dr. Kerr serves on its Lung Educational Faculty. Additionally, he has been a member of the British Thoracic Society for more than 30 years, is Pathology Chair for the European Thoracic Oncology Platform’s Lungscape group, and serves on the international Pulmonary Pathology Society’s Council. He is a member of the International Mesothelioma Panel (IOMP) and serves on the Scientific Committee of the Korean Cancer Society.

In 2017, Dr. Kerr received his BSc in pathology with first-class honors from the University of Edinburgh, his MB ChB from the same institution in 1981, and carried out postgraduate training in pathology at Edinburgh University Medical School and the Royal Infirmary of Edinburgh. He obtained an MRCPath in 1988 and an FRCP in 1998, and he was elected an honorary FRCPEd in 2006.

Sumitra Thongprasert, MD
IASLC Merit Award

Medical oncologist Sumitra Thongprasert, MD, is a Professor Emeritus on the Faculty of Medicine at Chiang Mai University, Chiang Mai, Thailand, as well as Senior Consultant in Oncology at Banglamung Cancer Center in Chiang Mai and Director of the hospital’s Center of Excellence in Cancer.

Her research interests include lung cancer quality of life, chemotherapy and targeted therapy for lung cancer, and biliary tract cancer. Dr. Thongprasert has been extremely active in developing thoracic oncology education and collaboration in South-east Asia. She is a founding member of the Thai Society of Clinical Oncology (TSCO), serving as its President from 2002 to 2006. She was also a founding member of the Asia Pacific Lung Cancer Group in 2004 and the Asia Pacific Lung Cancer Conference (APLCC), a biennial event hosted by TSCO, TSGC, Chiang Mai Lung Cancer Group, Faculty of Medicine at Chiang Mai University, and a local organizing committee. She served as chair of the inaugural conference in 2009 and of the 2016 event, both held in Chiang Mai, and she is currently serving as the Chair of the IASLC APLCC Group. She is also a member of the Asian Clinical Oncology Society (ACOS).

“Since the start of the APLCC meeting in Chiang Mai, it has grown rapidly and has become the landmark lung cancer meeting in the region,” says Dr. Thongprasert. “It has produced a great impact on the Asian lung cancer field. The meeting has been well accepted within Asia, Australia, Europe, and the United States. Many lung cancer experts have attended the meeting and the lung cancer team from Asia has had a chance to collaborate with members of the European and American teams on various projects.” Dr. Thongprasert adds that in 2014 and 2016, the APLCC provided grant money to enable a young fellow from APLCC countries to get further training abroad. The plan is to continue the grant program because of the interest it has drawn, as well as the increasing participation of young oncologists.

“IASLC is proud to recognize Dr. Thongprasert for her service on the IASLC Board of Directors and particularly for initiating and developing the very successful Asia Pacific Lung Cancer Conference,” says Dr. Hirsch. “In addition to her leadership with APLCC, Dr. Thongprasert chaired IASLC’s Education Committee from 2010 to 2014 and served on the IASLC Board of Directors as a Flemish Country Task Force from 2005 to 2010. She is also a member of the ESOMO Executive Board in 2017-2018. Dr. Thongprasert is a role model for women in the profession and promotes their career development and consideration for leadership positions. To honor this work, ESOMO presented her with its Women for Oncology Award, which acknowledges individuals who have significantly supported women in oncology.”

Dr. Thongprasert received her under-graduate and medical degrees at Chiang Mai University. After that, she worked both in Thailand and the United States. While in the United States, she returned to her alma mater Chiang Mai University to establish the Medical Oncology Unit. She served as Professor of Oncology from 1999 to 2012 before being named Professor Emeritus.

Keunchil Park, MD, PhD
IASLC Merit Award

Keunchil Park, MD, PhD, is a Professor in the Division of Hematology-Oncology, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea. He has served as Director of the Institute for Innovative Cancer Medicine at Samsung Medical Center.

Dr. Park’s professional interests lie in experimental and translational research in lung, head and neck, and esophageal cancers; early clinical trials; and the development of experimental therapeutics. The institute he leads focuses heavily on data management and clinical and preclinical trials, particularly exploring precision medicine and genome analysis. Progress that he and his team have made include establishment of a workflow for precision medicine and of a multiplex molecular screening platform and activation of multiple umbrella clinical trials. In addition, his team demonstrated that genome-matched treatment based on molecular profiling resulted in better treatment outcomes in terms of response rate [Kim et al. Oncotarget. 2015;6:33338-33368].

A regional leader in oncology, Dr. Park has served as Chair of the Scientific Committee of the Korean Cancer see Awards, page 5
The Fourth IASLC Screening Strategy Advisory Committee (SSAC) computed tomography (CT) screening workshop on Saturday provided an opportunity for members from all lung cancer clinical specialties to meet and discuss advances in CT screening trials and imaging technology and to talk about future implementation plans. Prof. John K. Field, The University of Liverpool, UK, and James L. Mulshine, MD, Rush University, Chicago, USA, led the all-day workshop, which was organized into four sessions and a roundtable discussion.

“The Fourth IASLC SSAC CT screening workshop provides an international forum to develop recommendations that may be used to guide national health services providers worldwide, who are currently planning to implement lung cancer screening,” said Prof. Field.

The workshop focused on high-impact issues emerging in the area of lung cancer screening. Session 1 addressed the importance of emphasizing by lung health professionals smoking cessation services in the context of lung CT screening programs. Integrating smoking cessation into these programs has been termed a “teachable moment,” because high success rates of smoking cessation have been reported when smoking cessation is offered in the context of lung cancer screening. This integration of smoking-cessation services with lung cancer screening yields a significant cost benefit, reducing the overall expense of providing CT-based screening.

Session 2 focused on radiographic imaging and work-up based on the experience of the international screening trials. Ricardo Arila, MD, Accuray LLC, gave an overview of the innovative approaches of quantitative imaging quality control for lung cancer screening. By using a combination of crowd-sourced, cloud computing services, and low-cost reference objects, he successfully demonstrated, for the first time, the ability to efficiently identify abnormalities in international lung cancer screening CT protocol images and the potential to rapidly guide screening sites toward the best-performing CT imaging protocols.

Session 3 focused on advances in using lung cancer CT screening scans for coronary heart disease (CHD) and chronic obstructive pulmonary disease (COPD) within future screening programs.

In Session 4, speakers discussed a global implementation plan for CT screening programs that would enable the US, Canada, and UK experience to enhance understanding of how to optimize this process in other national settings. Speakers from Japan, Australia, South America, and the Netherlands discussed the status of screening in their countries.

The roundtable discussion centered on five major questions:
• How do we identify the hard-to-reach community for lung cancer screening?
• Do we need accreditation to use quantitative imaging in screening setup?
• What are the possibilities for international collaboration on CT screened data registries?
• How do we develop international guidelines for the workup of CT-detected nodules?
• How does IASLC support thoughtful evaluation of research to explore the utility of thoracic CT in the asymptomatic assessment of other tobacco-related conditions in high-risk cohorts?

“The major aim of the Fourth SSAC CT screening workshop is to provide recommendations to the IASLC as to how it can contribute in leading the implementation of safe, effective, and economical lung cancer screening globally,” said Dr. Mulshine.

See below for previews of two invited sessions on lung cancer screening:

**Invited Sessions Focus on Issues in Screening**

**Range of important issues in lung cancer screening are central in two invited sessions on Tuesday. Among these issues are risk-prediction models, overdiagnosis, integration of markers of early detection, and cost-effectiveness.**

**Risk-Prediction Models**

Newly developed risk-prediction models are more efficient and effective in determining appropriate candidates for lung cancer screening programs. The National Lung Screening Trial (NLST) used limited but practical selection criteria, and several screening guidelines have advocated using criteria similar to that in NLST. However, accurate lung cancer risk-prediction models are superior to NLST-like criteria because they are more sensitive and specific in identifying people in whom lung cancer will develop, says Martin Tammemagi, PhD, of Brock University, Ontario, Canada. Dr. Tammemagi will describe the use of an accurate risk-prediction model for selecting individuals for lung cancer screening programs. The National Lung Screening Trial (NLST) used limited but practical selection criteria, and several screening guidelines have advocated using criteria similar to that in NLST. However, accurate lung cancer risk-prediction models are superior to NLST-like criteria because they are more sensitive and specific in identifying people in whom lung cancer will develop, says Martin Tammemagi, PhD, of Brock University, Ontario, Canada. Dr. Tammemagi will describe the use of an accurate risk-prediction model for selecting individuals for lung cancer screening programs.

**Overdiagnosis**

Overdiagnosis must be considered as a risk of lung cancer screening. NLST data indicated that about 18% of all lung cancers detected by computed tomography (CT) were potentially overdiagnosed, although follow-up was too short for definitive analysis. Charles Powell, MD, Mount Sinai Hospital, New York, USA, will discuss the risk of overdiagnosis, noting that thoughtful implementation of lung cancer screening, combined with strict attention to monitoring the program’s adherence to standards for centers of excellence, can help minimize the associated harms of screening, including overdiagnosis.

**Integration of early detection in lung cancer screening can enhance selection of candidates for screening and clinical decision-making. Among the topics to be discussed in “Precision Screening for Lung Cancer” are field cancerization in the airways, lung cancer biomarkers, and exhaled biomarker fingerprints. The session is chaired by Andrew Nicholson, MD, Imperial University, London, UK, and Gyula Ostros, National Koranyi Institute of TB and Pulmonology, Budapest, Hungary.**

**Cost-Effectiveness**

The cost-effectiveness of lung cancer screening will be discussed in both invited sessions. Bruce Pyenson, FSA, MAAA, New York, USA, who will speak in the Advances in Lung Cancer Screening session, notes, “Post-NLST studies on the cost-effectiveness of lung cancer screening are almost all favorable, even though their numbers appear quite different.” Mr. Pyenson will talk about what accounts for the differences and what cost-effectiveness should be expected from risk-prediction models that could aid clinical decision-making related to lung cancer screening, he says.

**Precision Screening for Lung Cancer**

Tuesday, 16:00-17:30 | Lehr 1-2
The Paul A. Bunn, Jr. Scientific Award is given to an IASLC scientist for lifetime scientific achievements in thoracic cancer research. Robert Ginsberg, MD, a thoracic surgeon from Toronto, Canada, earned the first award in 1994 for his contributions to the surgical treatment of early-stage lung cancer. IASLC named the award after Dr. Bunn in 2013, when he stepped down after serving as executive director/CEO of IASLC for 12 years. Dr. Bunn also served as President of IASLC (2002-2003), as well as other organizations, including the American Association of Cancer Institutes and the American Society of Clinical Oncology.

The Joseph W. Cullen Prevention/Early Detection Award is given to an IASLC scientist for lifetime scientific achievements in research on the prevention of thoracic malignancies. Dr. Cullen served as the Deputy Director of the NCI Division of Cancer Prevention and Control. He created the Smoking Tobacco and Cancer Program (STCP) and Control. He created the Smoking and Cancer Program and served as its Director from 1964 to 1991. He was also a member of the IASLC APLCC since 2013. The workshop will provide a forum for international cancer communities to discuss common problems and share "lessons learned" through an international network that is dedicated to thoroughly characterizing myriad genomic changes across many types of cancer.

Dr. Park earned his undergraduate degree, medical degree, and doctorate from Seoul National University, and he specializes in medical oncology. He also studied in the United States as a Visiting Associate with the NCI.

**The Awards**

**The Mary J. Matthews Pathology/Translational Research Award** is given to an IASLC scientist for lifetime scientific achievements in pathology-translational research of thoracic malignancies. Dr. Matthews was a Senior Investigator and Pathologist at the National Cancer Institute (NCI) Medical Oncology Branch and a pioneer in the foundation of the histological subtypes of lung cancer and the relationship between those subtypes and the clinical course of lung cancer. She was the first to recognize that small cell lung cancer was disseminated at the time of diagnosis, leading to distinctions between small cell lung cancer and non-small cell lung cancer.

**The IASLC Merit Award** is given to a member who has made an extraordinary contribution to the development of the Association. The Merit Award is the first IASLC Distinguished Awards established, and the first recipient was Clifton Mountain, MD, in 1991.

**INVITED ADVOCACY SESSIONS**

**Monday**

**Identifying and Improving Community Standards**

11:00-12:30 | Schubert 6

Session addresses patient access to molecular testing and novel therapies, diagnosis, high-quality treatment, and nurse-led support services.

**Access to Care – Equal Chances in the World?**

16:00-17:30 | Schubert 6

Discussion of access to care in Australia, Europe, Israel, Malaysia, South America, and the United States.

**Tuesday**

**Patient Support and Involvement in Research**

11:00-12:30 | Schubert 6

Speakers address various patient support organizations in Europe, Romania, and Slovenia.

**Focus on Advocacy and Communication:**

14:30-15:45 | Schubert 6

Topics include creating effective messages and public campaigns.
Sessions Focus on Tobacco Control

Worldwide at least 80% of all lung cancer-related deaths are attributable to tobacco, making tobacco control a crucial topic in the lung cancer community. “A major goal of WCLC 2016 will be to unite in order to become a stronger global voice for tobacco control and through it, decrease the deaths from lung cancer,” said Robert Pirker, MD, Vienna, Austria, president of this year’s conference. WCLC delegates can learn about advances in tobacco control around the world in numerous sessions at which presenters will address the obstacles to tobacco control, outline steps that must be taken, and raise awareness of current and upcoming challenges.

The Plenary Session on Monday, Tobacco Control, features President of Uruguay Tabaré Vázquez, MD, who will deliver a keynote lecture on the implementation of tobacco control in his country. Uruguay won a landmark decision this year when an international arbitration tribunal ruled against the claim by Philip Morris International that two of Uruguay’s tobacco-control measures violated the terms of a Bilateral Treaty between Uruguay and Switzerland. The tribunal dismissed all of Philip Morris International’s claims and awarded Uruguay $7 million for its legal costs.

“Dr. Vázquez has led the fight against one of the wealthiest global oligopolies responsible for about 6 million deaths per year. He is simply a hero for fighting them—and winning,” says Carolyn Dresler, MD, President of the Human Rights and Tobacco Control Network, former IASLC Board Member and Co-chair of the Plenary Session.

Dr. Vázquez will detail Uruguay’s work to push through the industry’s resistance, as well as the ways public and private partnerships funded implementation of the Framework Convention on Tobacco Control (FCTC). Also speaking at the Plenary Session is FCTC Secretariat Vera Luiza dos Santos Silva, MD, Geneva, Switzerland, who will address global efforts to implement the FCTC guidelines and the difficulties encountered. Dr. Dresler notes that the main obstacle is the "tobacco industry is extremely wealthy and has access to regulators, legislators, and lawsuits.”

Other speakers will discuss ways governments are overcoming the tobacco industry’s resistance and tactics, as well as how free-trade agreements can hinder countries from improving public health. For example, Dr. Zarinah Zain, of the Malaysian Women Action for Tobacco Control and Health, will discuss how Malaysia recently excluded tobacco from the Trans-Pacific Partnership Agreement to protect its tobacco-control efforts from legal action.

Several other WCLC sessions will address tobacco control specific to various countries and regions (see sidebar). In the Meet the Expert Session Strategies to Improve Tobacco Control in Central European Countries, Manfred Neuberger, MD, Vienna, Austria, and Martina Pötschke-Langer, Heidelberg, Germany, will discuss that regulatory successes and obstacles, as well as steps that countries need to take to implement strong tobacco control. According to Dr. Neuberger, “Up to now, strategies of tobacco control, which were successful in Australia, North America, and Western Europe, have been introduced only in few Central European countries.”

Hungary has established a total ban on smoking in all enclosed public places and is instituting an age requirement for anyone entering a tobacco shop. Hungary has also eliminated cigarette vending machines and plans to implement plain packaging. Other countries are struggling. According to a ranking system in which many factors were considered (eg, tobacco price increases, smoking restrictions, and advertising bans), Austria, Germany, Cyprus, the Czech Republic, Greece, and Lithuania in Europe are lagging in their tobacco-control efforts and need to fight more strongly against the tobacco industry’s influence.

Some of the countries and regions to be addressed during tobacco-control sessions are the Middle East, Australia, and Africa (Global Tobacco Control Policies: Advances & Challenges), as well as Eastern Europe, Turkey, India, China, Japan, and Latin America (Regional Tobacco Control Policies: Advances & Challenges).

Another session will address new challenges in tobacco control: waterpipes and e-cigarettes. Dr. Neuberger and Dr. Pötschke-Langer will chair this session and presenters will discuss the increasing incidence of injuries due to e-cigarette battery explosions, the latest scientific information about possible carcinogenic and respiratory effects of these products, and the potential of the new products to support or threaten the achievements in tobacco control of the past 20 years. Electronic nicotine delivery devices have experienced polarizing opinions across the spectrum within the tobacco-control field. Tobacco-control policies and youth smoking will be discussed in an interactive session, ‘Tobacco & Youth.’

Dr. Dresler, MD, President of the Human Rights and Tobacco Control Network, former IASLC Board Member and Co-chair of the Plenary Session.
Update on Tobacco-Control Litigation Around the World

Tobacco-control laws and litigation have played major roles in dealing with the tobacco epidemic of the last century. Although all tobacco-control efforts contribute to the fight against the epidemic, specific actions have particularly large effects on tobacco smoking rates. These actions include World Health Organization (WHO) MPOWER measures such as smoking bans, restrictions on advertising (including plain packaging), and taxation that leads to price increases (www.who.int/tobacco/mpower). The tobacco industry has a history of instituting vigorous and costly attacks on tobacco-control legislation, highlighting the vigilance required to successfully implement tobacco-control measures.

As clinicians work to help patients stop smoking, they may be surprised to learn that a long list of passed legislation, as well as cases under litigation, can be found easily using an online resource such as Campaign for Tobacco-Free Kids (www.tobaccocontrollaws.org). A good working knowledge of these cases, the actual and likely outcomes, is easier. We all stand to benefit from understanding the context in which they work and subsequently provide better clinical care.

Resources on Tobacco Control Cases

The high number of tobacco-control cases and laws demonstrate the scale of the effort needed to fight an energetic, well-funded, and creative tobacco industry. Resources such as a recent list compiled by the IASLC: Tobacco Control and Smoking Cessation Committee as well as those available online detail cases and laws in countries all over the world, including places that do not usually garner headlines, such as sub-Saharan Africa and developing nations in the South Pacific. The Campaign for Tobacco-Free Kids website offers an interactive world map that easily allows readers to review an extensive list of cases that, even on rapid browsing, illustrate the wide range of issues the cases address. These issues include recognizable strategies such as ratification of the Framework Convention on Tobacco Control (FCTC), the prohibition of smoking in health facilities, and requirements for graphic health warnings on cigarette packages. Other, less prominent issues relate to whether the use of hookahs constitute smoking (shisha is heated rather than burned—an argument rejected in Canada) and an Indonesian court’s dismissal of the argument that regulation of tobacco (as an addictive substance) interfered with the right (of tobacco farmers) to work.

Examples of Tobacco-Control Legislation

Australia passed the world’s first plain packaging legislation in November 2011. Very quickly, a tobacco industry conglomerate challenged the legislation on constitutional grounds. The High Court of Australia overturned this challenge in October 2012, and the legislation came into force in December 2012 [Liberman J. Am J Law Med. 2013;39:361–368]. The plain packaging legislation was attacked two additional times. First, complaints to the World Trade Organization were made by a group of nations that included Ukraine, Honduras, the Dominican Republic, Cuba, and Indonesia. Ukraine later suspended its involvement as links to funding from the tobacco industry emerged. Second, Philip Morris Asia took aim as early as June 2011, arguing that the legislation represented a breach of a 1993 trade treaty with Hong Kong. After several years of increasingly complex legal arguments, the tribunal heard the case in favor of Australia’s position in December 2015. This decision ended the challenges to this legislation.

In another case in 2014, the tobacco companies Lorillard and RJ Reynolds successfully challenged the composition of an advisory panel to the US Food and Drug Administration (FDA) that generated a report on the health effects of menthol cigarettes. The court ruled that the committee members had a conflict of interest (through the prospect of future fees from tobacco-control consultancy), and ordered that the panel be re-formed and the report be disallowed. This ruling was subsequently overturned by the United States Court of Appeals in January 2016. The Court of Appeals found that the claims made by the tobacco companies—that the disputed panel members would unlawfully use confidential industry information and that they would shape the menthol report to support their own expert witness businesses—were “remote and uncertain…[and]…insufficiently imminent.” The FDA may use the menthol report for future tobacco product regulation. These examples of tobacco-control legislation and the tobacco industry’s response clearly illustrate the levels of effort and commitment required to introduce robust and effective tobacco-control measures.

Effect of Tobacco-Control Strategies

For clinicians, a good working knowledge of tobacco litigation around the world can inform clinical practice to the benefit of patients. The presence of tobacco in our lives, while entrenched in history and influenced by local culture, is not an accident. The tobacco industry is driven by profit and actively seeks to grow and develop new markets. All major tobacco-control interventions meet with opposition from the industry, which is often developed in anticipation of legislation. A good clinician-patient relationship is crucial to help smokers quit, as is a good working knowledge of effective tobacco-dependence treatments, including pharmacotherapy and cognitive behavioral strategies. However, it is clear that the marked reduction in smoking rates in the developed world since the 1960s is closely linked to the accumulation over time of major tobacco-control strategies [Samet JK. Am Am Thorac Sci. 2014;11:141-148]. In countries with fewer strategies in place, smoking rates are higher. When we work in an environment with good tobacco control, treatment of tobacco dependence is easier. We all stand to benefit from a better understanding of this complex issue.

TODAY from 20:45–21:45.

Network with colleagues and friends and visit exhibitors while enjoying local wines and canapés.

Included in full registration.
ASLC recognized six investigators with 2016 Lectureship Awards for their high-ranking abstracts in key areas of lung cancer research. These awards are named after ASLC members who have been leaders in the areas of pathology, surgery, small cell lung cancer, medical oncology, and staging. The winners will receive their awards before delivering their presentations in Oral Abstract Sessions.

Adi Gazdar Lectureship Award (Translational Research)
Adi Gazdar, MD, is the W. Ray Wallace Distinguished Chair, Molecular Oncology Research, Hamon Center for Therapeutic Oncology, Pathology, UT Southwestern Medical Center, Dallas, USA. As Head of the Tumor Cell Biology Section at the National Cancer Institute, Dr. Gazdar collected, catalogued, and analysed more than 2,200 human cancer specimens, mostly lung cancers and lymphomas. IASLC honored him with the Mary Matthews Pathology Award in 2001.

2016 Recipient: Jonathan Riess, MD, MS
University of California Davis Cancer Center, Davis, USA
“Comprehensive Genomic Profiling and PDX Modeling of EGFR Exon 20 Insertions: Evidence for Osimertinib Based Dual EGFR Blockade”
Oral Session 10: EGFR Mutations
Tuesday, 11:00-12:30 | Strauss 1

Dr. Riess and colleagues identified a large number of diverse EGFR exon 20 insertions and showed that dual EGFR inhibition with osimertinib and an EGFR monoclonal antibody is a promising strategy to target these EGFR mutations that are generally refractory to approved EGFR inhibitors. “We plan on translating this finding quickly to clinical trials to address this unmet need,” he says. “Dr. Gazdar is an inspiration to lung cancer researchers everywhere, and it is a privilege to receive this lectureship award named in his honor.”

Robert Ginsberg Lectureship Award (Surgery)
Robert J. Ginsberg, MD, was a leading thoracic surgeon and founding member of the General Thoracic Surgical Club. Dr. Ginsberg served as chief of thoracic surgery at Toronto Western Hospital, Canada; Memorial Sloan-Kettering Cancer Center, New York, USA; and University of Toronto. He received the IASLC Scientific Award in 1994, and died of lung cancer in 2003.

2016 Recipient: Aki Kobayashi, MSc, MD
Mie University Graduate School of Medicine, Mie, Japan
“Survival Outcomes in Sublobar Resection for Clinical TNM0 Non-Small Cell Lung Cancer: Wedge Resection or Segmentectomy”
Oral Session 15: Sublobar Resections for Early Stage NSCLC
Tuesday, 16:00-17:30 | Stolz 2

“The results of this retrospective study give us some information on choosing surgical treatment in our daily practice,” says Dr. Kobayashi. For example, the study showed that wedge resection provides a good prognosis for ground glass attenuation-dominant tumors less than 2 cm. “I feel thrilled (mix of happy and honored) about this award and hope that my data will help surgeons in making decisions in daily practice.”

Heine Hansen Lectureship Award (Small Cell Lung Cancer)
Heine H. Hansen was a founding member of IASLC and served as its president (1988-1991), as well as its executive director (1994-2003). He was awarded the IASLC Merit Award in 1997. His lifelong clinical interest was the treatment of small cell lung cancer. He died in 2011.

2016 Recipient: Marriana Christodoulou, MBChB, MRes
The Christie NHS Foundation Trust, Manchester, UK
“Compliance and Outcome of Elderly Patients Treated in the Concurrent Once-Daily versus Twice-Daily RadioTherapy (CONVERT) Trial”
Oral Session 5: Treatment Advances in SCLC
Monday, 14:15-15:45 | Strauss 2

“There is a paucity of evidence to guide treatment in older patients with limited-stage small cell lung cancer,” says Dr. Christodoulou. “Our study showed that concurrent chemoradiotherapy with modern radiotherapy techniques is a treatment option for fit, older patients in the context of the largest randomized radiotherapy trial to date of patients with limited-stage disease.” She is grateful to IASLC for the award, noting, “It encourages me in my choice of pursuing an academic career in oncology.”

Dan Idhe Lectureship Award (Medical Oncology)
The award is named after Daniel C. Idhe, MD, who served as Deputy Director of the National Cancer Institute, Bethesda, USA, followed by appointments at Washington University School of Medicine, St. Louis, and at H. Lee Moffitt Cancer Center, Tampa, USA. Dr. Idhe was one of the first oncologists to show that combination therapy could help people with small cell lung cancer, and he was honored with the IASLC Scientific Award in 1997. Dr. Idhe died in 2004.

2016 Recipient: Krista Wink, MD
Maastro Clinic, Maastricht, Netherlands
“Metformin Use during Concurrent Chemoradiotherapy for Locally Advanced Non-Small Cell Lung Cancer (NSCLC)”
Oral Session 9: Locally Advanced NSCLC: Innovative Treatment Strategies
Tuesday, 11:00-12:30 | Strauss 3

“Dr. Wink’s work provides important insights on the clinical effectiveness of metformin use during concurrent chemoradiotherapy for locally advanced NSCLC.” On receiving this award, she notes, “I am very honored and grateful to have been selected for this award. It is lovely to be acknowledged for the effort that has gone into this study and a source of motivation going forth.” Dr. Wink also received a Young Investigator Award for this study.

Clifton Mountain Lectureship Award (Staging)
Clifton Mountain, MD, a founding member of IASLC, served as its president 1977-1978 and led the plans for the first WCLC in 1978. He was the recipient of the first IASLC Merit Award in 1991. Dr. Mountain contributed significantly to the TNM staging system, particularly in NSCLC.

2016 Recipient: Hao-ran Zhai, MMed
Guangdong Lung Cancer Institute, Guangdong General Hospital, Southern Medical University, Guangdong, China
“Evolutionary Trajectories of Molecular Progression in Differ- ent Subtypes of Primary Lung Adenocarcinomas”
Mino Oral Session 17: Genetic Drivers
Wednesday, 14:15-15:45 | Lehar 1-2

Dr. Zhai and colleagues verified the correlation between morphology and genetic mutations, and between driver genes and branched genes among intratotal morphological regions with different growth subtypes. “We shed light on figuring out potential triggers simulating lower-grade subtypes to progress toward higher-grade subtypes, which is imperatively warranted in further studies,” says Dr. Zhai. She adds, “This award functions as an encouragement motivating our team to continue working in oncology.”

Tsuigor Naruke Lectureship Award (Surgery)
Tsuigor Naruke introduced the concept of lymph node mapping, and his work was the foundation for the classification of regional lymph node stations by the American Joint Committee on Cancer and the Union Internationale Contre le Cancer. Working in the Department of Thoracic Surgery, Saiseikai Central Hospital, Tokyo, Japan, Dr. Naruke also participated in studies of video-assisted thoracic surgery in lung cancer. He died in 2006.

2016 Recipient: Ryuichi Waseda, MD, PhD
Fukuoka University, Fukuoka, Japan
“Anatomical Pulmonary Segmentectomy and Sub-Segmentectomy for Lung Cancer Using the Novel Fluorescence Technique with Vitamin B2”
Oral Session 15: Sublobar Resections for Early Stage NSCLC
Tuesday, 16:00-17:30 | Stolz 2

“In cancer treatment, especially in surgery, to achieve the ideal procedure in accordance with the preoperative plan is extremely important,” says Dr. Waseda. “This novel fluorescent technique using vitamin B2 contributes to perform anatomical pulmonary segmentectomies properly with exclusive safety.” He adds, “I am really surprised and honored to receive this award. Our technique may be a small technical invention, but I believe this has a seed of hope to improve patient outcomes with surgery.”
Travel Awards Given to 30 Researchers

IASLC offers travel awards to help researchers from developing nations and young investigators attend WCLC. This year, IASLC gave Developing Nation Awards to 20 researchers from eight developing nations, doubling the number of researchers funded compared with last year, thanks to increased funding for the awards. In addition, 10 researchers from 10 different countries received Young Investigator Scholarships.

Each award recipient submitted an abstract that was chosen for presentation and worked on the research with a senior author who is an IASLC member. The award consists of complimentary registration to the conference, funds to cover up to four nights' accommodation and travel expenses, and a 1-year membership in IASLC. Developing Nations are as defined by the IASLC Membership Guidelines, which corresponds to the World Bank list of countries. Six recipients each were from China and India, with three from Brazil and others from Egypt, Malaysia, Mexico, Russia, and Ukraine.

Young investigators are defined as researchers age 35 years and younger. IASLC thanks AstraZeneca for sponsoring the Developing Nation Awards and Bristol-Myers Squibb for sponsoring the Young Investigator Scholarships.

2016 Developing Nation Award Recipients

Brazil
Tatiane Montella, MD
Neo Torax, Rio de Janeiro
“Gene Fusion Profile in Lung Adenocarcinoma Patients in Brazil”
Poster Presentation, P1.02-083
Monday | Hall B
Isis Nascimento, PhD
University of São Paulo, São Paulo
“Apamin as a Tool to Detect Lung Cancer Stem Cells”
Poster Presentation, P3.01-060
Wednesday | Hall B

India
Ana Paula Teixeira
National Cancer Institute-Institute of Health, Rio de Janeiro
“Reduction of Cigarette Consumption through a National Policy for Tobacco Control in Brazil”
Poster Presentation, P1.01-001
Monday | Hall B

China
Weijing Cai, MD, PhD
Shanghai Pulmonary Hospital, Shanghai
“The Predictive Value of Mutation/Neopterin Burden from ctDNA on the Efficacy of PD-1 Blockade in Advanced NSCLC”
Mini Oral Abstract Session: Immunotherapy Prediction
Wednesday, 14:15-15:45 | Schubert 1
Zhong-Yi Dong, MD
Guangdong Lung Cancer Institute, Guangdong General Hospital, Guangzhou
“Potential Predictive Value of TP53 and KRAS Mutation Status for Response to PD-1 Blockade Immunotherapy in Lung Adenocarcinoma”
Mini Oral Abstract Session: Immunotherapy Prediction
Wednesday, 14:15-15:45 | Schubert 1

Shengxiong Ren, MD, PhD
Shanghai Pulmonary Hospital, Tongji University School of Medicine, Tongji University Cancer Institute, Shanghai
“Preliminary Results of a Phase II Study about the Efficacy and Safety of Pyrotinib in Patients with HER2 Mutant Advanced NSCLC”
Mini Oral Abstract Session: HER2, PK3, KRAS and Other Targets in Advanced NSCLC
Monday, 16:00-17:30 | Lahr 3-4
Dawei Yang, MD
Zhongshan Hospital Fudan University, Shanghai
“Noninvasive CT-Based Image Biopsy System (iBiopsy) for Early Stage Lung Adenocarcinoma”
Oral Abstract Session: SBRT and Other Issues in Early Stage NSCLC, Tuesday, 11:00-12:30 | Strauss 2
Shuang Zhao, PhD
West China Hospital, Sichuan University, Chengdu
“Knockdown of Akt2 Suppresses Tumorigenesis and Raf1 Overexpression Offsets This Effect in Non-Small Cell Lung Cancer”
Mini Oral Session: Genetic Drivers Wednesday, 14:15-15:45 | Lehr 1-2
Yue Zhao, MD
Fudan University Shanghai Cancer Center, Shanghai
“Serial Quantitative Assessment of Plasma Circulating Tumor DNA by Digital NGS in Patients with Lung Cancer”
Poster Presentation, P2.01-009
Tuesday | Hall B

Egypt
Ahmed Salem
Faculty of Pharmacy, Ain Shams University, Cairo
“FAS/Fasl Genetic Polymorphisms Impact on Clinical Outcome of Malignant Pleural Mesothelioma”
Poster Presentation, P2.05-05
Tuesday | Hall B

India
Mani Bhargava
ICFai University, West Tripura
“Mannosylated Poly (Phytozoyne Imine) Dendrimer Mediated Lung Delivery of Anticancer Bioactive”
Poster Presentation, P3.02c-002
Wednesday | Hall B

Arun Chandrasekharan, MD
Tata Memorial Hospital, Mumbai
“Rebiopsy Post Progression in EGFR Mutated Lung Cancer”
Poster Presentation, P3.02b-058
Wednesday | Hall B

Alok Goel, MD
Tata Memorial Hospital, Mumbai
“Differential Efficacy of Gefitinib in Exon 19 or Exon 21 Mutated Adenocarcinoma Lung”
Poster Presentation, P3.02b-007
Wednesday | Hall B

Gaurav Kumar, MD
GMECS Medical College, Ahmadabad
“First of its Kind Study in India Finds That Government’s Ban on Gutka (Highly Popular Smokeless Tobacco Product) DID NOT Increase Smoking at All!”
Poster Presentation, P1.01-005
Monday | Hall B

Ayaz Shahid
Jamia Hamdard University, New Delhi
“Chemopreventive Effect of Catechins Hydrates against Benzo(a)Pyrene Induced Lung Carcinogenesis in Mice: Plausible Role of ALDH1”
Poster Presentation, P1.01-02D
Monday | Hall B

Navneet Singh, MD
Postgraduate Institute of Medical Education and Research, Chandigarh
“Optimum Duration of Vitamin B12/ Folate Supplementation in NSCLC Patients on Pemetrexed Based Chemotherapy: The PEMVITASTART Randomized Trial”
Poster Presentation, P2.06-03D
Tuesday | Hall B

Malaysia
Chandrasekhar Sriramareddy, MD
International Medical University, Kuala Lumpur
“Educational and Wealth Inequalities in Tobacco Use among Men and Women in 54 Low-And-Middle-Income Countries”
Oral Session: Epidemiology and Prevention of Lung Cancer Monday, 11:00-12:30 | Schubert 4

Mexico
Denisse Lee-Cervantes, MD
Instituto Nacional de Cancerologia, Delegación Tlalpan
“Soluble Angiogenic Factors as Predictive Biomarkers of Response to Docetaxel plus Nintedanib as Second Line Therapy in NSCLC”
Poster Presentation, P2.03b-083
Tuesday | Hall B

Russia
Andrey Akopov, PhD
Pavlov First State Medical University, St. Petersburg
“Reducing the Amount of Resection after Induction Photodynamic and Chemotherapy in Inoperable Non-Small Cell Lung Cancer”
Poster Presentation, P3.04-002
Wednesday | Hall B

Ukraine
Viktoria Nikulina
Tatarskevchanka National University of Kyiv, Kyiv
“The Anticancer Effect of Tectoic Acids on Lewis Lung Carcinoma Model”
Poster Presentation, P2.01-091
Tuesday | Hall B

2016 Young Investigator Scholarships

Daiana Becker-Santos, PhD
British Columbia Lung Cancer Research Centre, Vancouver, Canada
“Expression of Oncopetases’ miRNAs Inactivates NIFB1, a Developmental Transcription Factor Linked to Tumour Aggressiveness in Lung Adenocarcinoma”
Mini Oral Abstract Session: RNA in Lung Cancer Monday, 14:15-15:45 | Stolb 2

see Travel Awards, page 14
ine young researchers have received IASLC Fellowship Awards, which are designed to recognize scientific excellence and to encourage innovative research in lung cancer prevention and translational medicine worldwide. The awards comprise 3-year Fellowship Awards and Young Investigator Awards, as well as three first-time awards: the Asian Pacific Lung Cancer Foundation/Richard C. Devereaux Fellowship Award, and the IASLC/Prevent Cancer Foundation/Richard C. Devereaux Fellowship Award.

Applications for Fellowship and Young Investigator awards are accepted each January. The applications are evaluated by the IASLC Fellowship Committee for their merit, innovation, and potential impact on the management of lung cancer. To learn more about the awards, visit www.iaslc.org/fellowship.

IASLC thanks Bristol-Myers Squibb for its support of the Fellowships and Young Investigator Awards.

2016-2017 Fellowship Awards
Nicolas Reynoard, PhD, Grenoble-Alpes University, Grenoble, France
Project: Characterization of SMYD2 and SMYD3 Lysine-Methyl Transferases in Lung Cancer

Dr. Reynoard has studied epigenetic factors and became interested in the emerging idea that methyl-transferase enzymes can play a broader role than chromatin-only regulation. He plans to focus his career research on clinically relevant scientific questions under basic molecular sights. Dr. Reynoard believes this fellowship is the perfect opportunity to strengthen his skill and expertise in the lung cancer field and to develop an innovative and exciting project that leads to further studies.

Puey Ling Chia, MD, Austin Health, Melbourne, Australia
Project: Characterization of the Tumour Microenvironment in Mesothelioma for Immunological and Oncogenic Targeted Therapies

Dr. Chia continues her research conducted under a 2015-2016 IASLC Fellowship Award. Over the past year, Dr. Chia had the opportunity to begin laboratory-based scientific research with basic in vitro data collected regarding mesothelioma tumor microenvironment, and the effects of anti-EGFR and anti-EGFR EGF receptor (Ch164A) compounds on mesothelioma cell lines. Dr. Chia is keen to continue the fellowship to support her PhD studies and further her research work in the field of thoracic oncology.

2016-2017 Young Investigator Awards
Yves Devara-konda, MD, PhD, National Cancer Institute
Project: Therapy-Related Tumor Heterogeneity in Non-Small Cell Lung Cancer

Luzi Henrique Araujo, PhD, Brazilian National Cancer Institute
Project: Therapy-Related Tumor Heterogeneity in Non-Small Cell Lung Cancer

Luiz Henrique Araujo, PhD, Brazilian National Cancer Institute
Project: Therapy-Related Tumor Heterogeneity in Non-Small Cell Lung Cancer

Luiz Henrique Araujo's career has been highly devoted to becoming a translational researcher in lung cancer. In 2012, Dr. Araujo had the chance to move to Columbus, USA, to work as a postdoctoral researcher with his current mentor, David P. Carbone, MD. After 3 years of working with Dr. Carbone, he was recently admitted as a Physician Scientist at the Brazilian National Cancer Institute, where he has the mission to grow a cancer genomics program with a focus on lung cancer genomics. The support of his project will help push forward international collaborative efforts.

Siddhartha Devarakonda, MD, Washington University School of Medicine, St. Louis, USA
Project: WNT Signaling in Chemotherapy Resistant Small Cell Lung Cancer

Dr. Devarakonda has been involved in lung cancer research for nearly 6 years, and his work involves analysis of cancer genomic data to identify variants of interest and functionally validating these variants in the laboratory and exploring their target ability. Dr. Devarakonda's career objective is to eventually use this model to identify potential targets and novel therapies in lung cancer and translate them to the clinic through well-designed clinical trials.

2016-2017 Young Investigator Awards
Era Akbay, PhD, Dana-Farber Cancer Institute, Boston, USA
Project: Overcoming Resistance to EGFR Inhibition through Immunotherapy

Dr. Akbay's research is focused on elucidating immune-related mechanisms that drive lung cancer. Her combination of skills in cancer biology and tumor immunology makes her suitable to study the proposed project of overcoming resistance to EGFR inhibitors with immunotherapy. Dr. Akbay will work on this project in close collaboration with mentors Pas Janne, MD, PhD, and Bruce Johnson, MD, who are leaders in the field for initiating rationally designed clinical trials in lung cancer.

Julie George, PhD, University of Cologne, Germany
Project: Molecular Identifiers of Neuroendocrine Lung Tumor Subtypes

Dr. George's scientific focus is on small cell lung cancer and other neuroendocrine lung tumors. To study the genomics of these tumors, she has used various sequencing techniques, including whole-genome, exome, and transcriptome sequencing. Dr. George is deeply committed to applying her knowledge and skills to uncover the mechanisms that contribute to lung cancer.

2016-2017 IASLC/Asian Pacific Lung Cancer Conference (APLCC) Fellowship Award
Apichat Tantraworasin, MD, PhD, Icahn School of Medicine at Mount Sinai, New York, USA
Project: Risk Factors of In-Hospital Resection in Sate I/II Non-Small Cell Lung Cancer Patients after Pulmonary Resection: Clinical Prediction Score in Lung Cancer Patients after Pulmonary Resection: Clinical Prediction Score

Dr. Tantraworasin learned the importance of scientific inquiry and methodology in patient care through his clinical experience with Dr. Somcharoen Saeteng at Chiang Mai University Hospital, and he has dedicated himself to an academic career in thoracic surgery. His research focuses on the outcomes after surgery for thoracic malignancies and benign conditions. Dr. Tantraworasin will compare outcomes after surgery for lung cancer with different surgical techniques.

2016-2018 Bonnie J. Addario Lung Cancer Foundation/IASLC Fellowship Award
Roin Mjelle, PhD, Norwegian University of Science and Technology, Trondheim, Norway
Project: Cancer Biomarkers in HUNT

Dr. Mjelle's main research interest is RNA biomarkers and biomarkers. In 2013, he started his collaboration with Oluf D. Roe, MD, PhD, and became interested in the use of ncRNAs as biomarkers for cancer. Today, Dr. Mjelle is involved in three different projects evaluating biomarkers in lung, hepatocellular, and colorectal cancer. His long-term research goal is to gain a better understanding of ncRNAs and to be able to use these molecules to treat patients and predict disease.

2016-2017 IASLC/Prevent Cancer Foundation/IASLC Fellowship Award Winner
Valisma Anagnostou, MD, PhD, Johns Hopkins University, Maryland, USA
Project: Comprehensive Genomic Analysis for Early Detection of Recurrence and Therapeutic Intervention in Stage I/II Non-Small Cell Lung Cancer

Dr. Anagnostou has a strong interest in the background in lung cancer translational research and wishes to pursue an academic career in thoracic oncology, focusing on delineating strategies for early detection of recurrence for people with early-stage lung cancer. Her research background provides an excellent basis for fruition of such projects under the mentorship of Julie Brahmer, MD, and Victor Velculescu, MD, PhD. Dr. Anagnostou is confident that her proposal will have a substantial impact on the standard of care for lung cancer.

IASLC Fellowships and Young Investigator Awards

2017 Lung Cancer Meetings

IASLC/ESMO European Lung Cancer Conference 2017
May 5-8, 2017
Geneva, Switzerland

IASLC 2017 Chicago Multidisciplinary Symposium in Thoracic Oncology
September 14-17, 2017
Chicago, Illinois

IASLC 18th World Conference on Lung Cancer (WCLC 2017)
October 15-18, 2017
Yokohama, Japan

10 • 17th World Conference on Lung Cancer
#wclc2016 • www.iaslc.org
Hundreds of IASLC members contribute significantly to the effective operation and development of IASLC’s work on their IASLC committees. IASLC currently has 17 committees that focus on a wide range of activities within the lung cancer discipline. Committee members typically represent a broad geographic spectrum and a multidisciplinary perspective. Each committee includes a Board member who serves as a liaison to the IASLC Board of Directors. In addition, specially tasked forces help further IASLC’s mission.

Standing committees include the Executive, Finance, Newsletters, Awards, and Ethics Committees.

The Executive Committee consists of the IASLC officers and Fred R. Hirsch, MD, PhD, CEO of IASLC. The Executive Committee transacts designated regular business of the association between Board meetings.

The Finance Committee administers the financial aspects of the association and its affiliated organizations. It also oversees the performance of IASLC investments and reviews annually the association’s risk management and insurance program.

The Nominating Committee develops a slate of candidates for elected positions (Board of Directors, treasurer, Board directors) and Nominating Committee members in accordance with IASLC bylaws.

The Awards Committee annually selects recipients of the IASLC Distinguished Awards. (See page 2 for information about this year’s recipients.)

The Ethics Committee guides the development of the IASLC member and Board of Director’s code of ethical conduct, and renders opinions concerning ethical issues that may arise during IASLC-sponsored activities, including but not limited to meetings, workshops, and publications. The Committee also provides guidelines for research sponsorship proposals (including initiatives and products) and for the monitoring of IASLC-sponsored meetings.

Communications Committee Chair: Rous Soo, MD
The Communications Committee played a key role in leading communications efforts for the 16th WCLC in Denver last year, helped guide promotional efforts for articles in the Journal of Thoracic Oncology (JTO), improved the delivery of IASLC’s monthly newsletter, and provided editorial assistance for the daily newspaper at WCLC 2015.

Throughout 2016, the committee sought new ways to improve the IASLC’s communications program, including the following:

- Forming a Social Media SubCommittee to identify social media opportunities, provide guidelines, and best practices in the IASLC monthly newsletter, and assist with JTO and social media outreach.
- Volunteering to review JTO topics, looking for those that deserve media attention, and helping to create a schedule of JTO press releases.
- Crafting and managing a newsletter survey, reviewing the results, and suggesting changes to improve the look and effectiveness of IASLC’s monthly newsletter.

For WCLC 2016, the committee reviewed, ranked, and selected abstracts to be featured in WCLC 2016 Daily News, press releases, and daily media conferences. During WCLC, committee members provide support at daily press conferences, help tweet about WCLC, review and edit articles for WCLC 2016 Daily News, and assist with any media inquiries.

Prevention, Screening, and Early Detection Committee Chair: Prof. John K. Field, and Nir Peled, MD, PhD
Early in the Prevention, Screening, and Early Detection (PS&ED) Committee held a democratic discussion about the future structure of the committee. The Board of Directors reached and approved a consensus opinion that the committee be split into two subgroups: the Strategic Screening Advisory Committee (SSAC) and the Biomarkers Committee. Clearly, there is great synergy between these two subgroups, as there is enormous potential for the future integration of validated biomarkers when selecting high-risk individuals into national screening programs. Nir Peled, MD, PhD, FCCP, Sheba Medical Center, Tel Hashomer, Israel, has authored the Biomarkers Subgroup and Prof. John K. Field, The University of Liverpool, UK, has chaired the SSAC. The PS&ED Steering subgroups will hold a joint meeting at WCLC 2016 in discussion with Fred R. Hirsch, MD, PhD, CEO of IASLC, Prof. Field created a concept paper to develop an IASLC Confederation of Computed Tomography (CT)-Screened Patients Registry and Resource Center (IASLC-CCTRR). The goal is for IASLC to support lung cancer CT screening globally by providing a resource center to advise on the implementation of lung cancer screening programs and an umbrella organization to enable the formation of an international lung confederation of registries to serve as a depository of images of nodules detected on lung cancer CT screening. The IASLC Board of Directors supported this concept, and a meeting will be held at WCLC 2016 to take this concept forward.

The Fourth SSAC CT Screening Workshop Organizing Committee developed an excellent full-day program at WCLC 2016, and more than 100 participated in the workshop. (See page 4 for coverage of the workshop.)

The PS&ED Committee contributed two news items to 2016 issues of IASLC Lung Cancer News: “Implementation of Lung Cancer CT Screening: A Global Dream or a Real Possibility?” (April issue), and “Update on Low-dose CT Lung Cancer Screening Implementation in the United States” (June issue).

Smoking Cessation and Tobacco Control Committee Chair: Gloria Warren
Over the past year, the Smoking Cessation and Tobacco Control Committee helped to deliver extensive education to providers and patients on the adverse effects of tobacco, benefits of tobacco cessation, current progress in addressing the development and marketing of alternative tobacco products (such as electronic cigarettes), legal issues related to tobacco control, and international efforts to help curb the tobacco epidemic.

Every month, the Committee provides updates on tobacco control and research in the JTO. The Committee helped facilitate a highly informative article on tobacco control in China, emphasizing the unique effects of advertising tobacco use in a country with a government-run tobacco industry. Committee member James Jett, MD, National Jewish Health, Denver, USA, chaired “Implementing and Integrating a CT Screening and Smoking Cessation Program,” a webinar in which Jamie S. Ostroff, PhD, Memorial Sloan-Kettering Cancer Center, New York, USA, and Debra S. Dyer, MD, FACP, National Jewish Health, discussed the opportunities and challenges of implementing smoking cessation in lung cancer screening settings and the “reachable moment” lung cancer screening provides for smoking cessation. The webinar is available on the IASLC website (www.iaslc.org). The Committee also helped develop information to assist in tobacco control for the IASLC Live Learning Program, as well as a succinct brochure for providers that highlights practical considerations about how clinicians can help address tobacco use in both clinical practice and cancer prevention.

The Committee has suggested articles on tobacco control and smoking cessation for IASLC Lung Cancer News (ILCN), the association’s new newsletter. In the June issue, an interview with Laura Beirut, MD, focused on genetic links to tobacco addiction and effectiveness of smoking cessation. The US Food and Drug Administration (FDA) released a high-ly anticipated deeming rule for electronic cigarettes, which was eloquently addressed by K. Michael Cummings, PhD, MPH, in the September issue of ILCN, and a question-and-answer session with Mitch Zeller, JD, Director of the FDA’s Center for Tobacco Products, is featured in the December issue.

Dr. Wanda de Kanter, Netherlands Cancer Institute, and colleagues have made remarkable progress in helping to improve tobacco control legislation in the Netherlands, and additional updates are forthcoming. The Committee provided exhibits on tobacco control for two IASLC meetings, “Targeted Therapies for Lung Cancer” and the “Chicago Multidisciplinary Symposium in Thoracic Oncology,” and was extremely active in promoting multiple sessions at WCLC 2016. IASLC continues to maintain an outstanding online tobacco-control resource (www.iaslc.org/patient-resources/tobacco-cessation-0).
Schedule at a Glance: Monday

7:30-8:30
WCLC 2016 SCIENTIFIC HIGHLIGHTS
SH01: Prevention, Biology, Pathology
C1

SH02: SCLC, Malignant pleural mesothelioma, Thymic malignancies and esophageal cancer
C7

MEET THE EXPERT SESSIONS (TICKETED)
MTE01: Strategies to Improve Tobacco Control in Central European Countries
Manfred Neuberger, Austria, and Martina Pötschke-Langer, Germany
Schubert 1

MTE02: Advances in Pathology
Lukas Bubendorf, Switzerland
Schubert 2

MTE03: Basics of Molecular Biology for the Clinician
Antonia Marchetti, Italy
Schubert 4

MTE04: Screening for Lung Cancer
Christine Berg, USA, and Nir Peled, Israel
Schubert 5

MTE05: Where is the Place of Surgery for N2 Disease?
Corinne Faire-Finn, UK, and Paul Van Schil, Belgium
Schubert 6

MTE06: Radiotherapy Techniques in Lung Cancer
Ritsuko Komaki, USA, and Martin Stuschke, Germany
Schubert 3

MTE07: Treatment of Elderly Patients with Lung Cancer
Cesare Gridelli, Italy, and Corey Langer, USA
Lehar 1-2

MTE08: Immunotherapy in Early and Locally Advanced NSCLC: Challenges and Perspectives
Charles Butts, Canada, and Frank Grassinger, Germany
Lehar 3-4

MTE09: Biomarkers for Targeted Therapies and Immune Checkpoint Inhibitors in Advanced NSCLC
Jie Wang, China, and Sabina Zöchbauer-Müller, Austria
Stolz 1

8:45-9:00
DISTINGUISHED LECTURE
Hall D (Plenary Hall)

10:25-11:00
POSTER SESSION (PRESENTERS AVAILABLE)
Hall B (Poster Area)

11:00-12:30
EDUCATIONAL SESSIONS
ED01: Biology of Lung Cancer
C1

ED02: Palliative Care in Lung Cancer: A Global Challenge
Stolz 3

SCIENCE SESSIONS
SC01: Staging Before and After Induction Therapy for N2 Disease
Lehar 3-4

SC02: Multifocal Lung Cancer
Stolz 1

SC03: Advances in Radiation Oncology
Stroj 2

SC04: EGFR Tyrosine Kinase Inhibitors: A Model for Successful Drug Development
C1

SC05: Novel Drugs in Thoracic Cancers
C2

INTERACTIVE SESSIONS (TICKETED)
IA01: Multidisciplinary Diagnosis of Lung Cancer in the Era of Molecular Medicine
Stolz 1

IA02: Staging
Schubert 3
This session will be repeated on Tuesday

NURSES SESSION
NU01: Prevention
Schubert 5

PATIENT ADVOCACY SESSION
PA01: Lung Cancer Diagnosis and Care: Identifying and Improving Community Standards
Schubert 6

14:15-15:45
ORAL SESSIONS
OA01: Risk Assessment and Follow up in Surgical Patients
Schubert 2

OA02: Novel Targets and Biomarkers in MPM
Stolz 2

OA03: Immunotherapy Checkpoint Inhibitors in Advanced NSCLC
C8

OA04: Epidemiology and Prevention of Lung Cancer
Schubert 4

MINI ORAL SESSIONS
MA01: Improvement and Implementation of Lung Cancer Screening
Lehar 1-2

MINI ORAL SESSIONS
MA02: RNA in Lung Cancer
Stolz 2

MA03: Epidemiology, Risk Factors and Screening
Lehar 3-4

14:30-15:00
EDUCATIONAL SESSIONS
ED03: Global Tobacco Control Policies: Advances & Challenges
C1

ED04: Bronchopulmonary Carcinoids
Lehar 1-2

INTERACTIVE SESSION (TICKETED)
IA03: What are the Lung Cancer Patients Needs in the Different Countries?
Schubert 2

16:00-17:30
EDUCATIONAL SESSIONS
ED05: The 8th Edition of the TNM Staging System
C1

ED06: Symptom Management in Lung Cancer
Stolz 1

SCIENCE SESSIONS
SC07: New Challenges for Lung Cancer: Waterpipes and E-Cigarettes
Stolz 2

SC08: IASLC-ESTS Joint Symposium: The Borderline Patient
C7

SC09: Radiotherapy for a Global Cancer
C8

SC10: Squamous Cell NSCLC
Stolz 3

SC11: ALK, ROS1 and Rare Mutations in NSCLC
Lehar 1-2

SC12: Anticancer Drug Development in the 21st Century
C2

INTERACTIVE SESSION (TICKETED)
IA04: Target Delineation
Schubert 3
This session will be repeated on Tuesday

NURSES SESSION
NU02: Preparing Patients for Treatment
Schubert 5

PATIENT ADVOCACY SESSION
PA02: Access to Care – Equal Chances in the World?
Schubert 6

16:30-17:00
ORAL SESSIONS
OA05: Treatment Advances in SCLC
Stolz 2

OA06: Prognostic & Predictive Biomarkers
Stroj 1

OA07: Lymph Node Metastases and Other Prognostic Factors for Local Spread
Stolz 1

MINI ORAL SESSIONS
MA02: RNA in Lung Cancer
Stolz 2

MA03: Epidemiology, Risk Factors and Screening
Lehar 3-4

MINI ORAL SESSIONS
MA04: HER2, PS3, KRAS and Other Targets in Advanced NSCLC
Lehar 3-4

MA05: Innovative Techniques in Pulmonology and the Impact on Lung Cancer
Stroj 1

MA06: Locally Advanced NSCLC: Risk Groups, Biological Factors and Treatment Choices
Stroj 2

MINI ORAL SESSIONS
MA10: The Borderline Patient
Lehar 1-2

17:45-18:15
PRO-CON
PC01: Invasive Mediastinal Staging for N2 Disease
C2
Two Sessions to Review Important Nursing Roles Before and During Treatment

As an umbrella organization for all health care professionals involved in thoracic malignancies,IASLC includes a track focused on nursing care at WCLC. In addition to two half-day nursing workshops on Sunday, several sessions at WCLC 2016 will address nursing-specific roles in treating patients with thoracic disease (see box).

Two sessions will provide a discussion on preparing patients for treatment and supporting them during treatment. The session Preparing Patients for Treatment, to be held on Monday, will address many facets of getting patients ready for the treatment journey. The first set of speakers will "outline the advantages of both psychologic and educational preparation and the role of the nurse in helping to prepare our patients for treatment," says session chair Diana Borthwick, Edinburgh Cancer Centre, Edinburgh, UK.

A portion of that discussion will highlight the development of a preoperative thoracic surgery patient education program. International presenters also will discuss challenges regarding ethical decision-making and the role of the nurse as patient advocate in enabling the decision-making process.

The session, Supporting Patients Receiving Treatment, will be held on Tuesday. According to chair Vanessa Beattie, Aintree University Hospital, Liverpool, UK, "This session will aim to be stimulating and initiate discussion between the speakers and the audience, focusing on supporting needs of people with lung cancer and mesothelioma whilst they are undergoing treatment."

Specifically, speakers will review how nurses can support patients receiving systemic therapy, as well as patients undergoing radical treatments such as extended pleurectomy/decortication, including findings from the Mesothelioma and Radical Surgery (MARS) Study. The session will also highlight how nurses can support the subpopulation of service men and women receiving treatment for lung cancer.

Particularly innovative will be a portion of this session introducing ways nurses can implement e-health and technology. Says Ms. Beattie: "Of significance, with the use of smart phones increasing, it will be of great interest to hear the presentation on the use of mobile phone technology to remotely monitor patients."

Preparing Patients for Treatment
Monday, 16:00-17:30 | Schubert 5
Supporting Patients Receiving Treatment
Tuesday, 11:00-12:30 | Schubert 5

Other Nursing Sessions
Monday: Prevention (NU01) 11:00-12:30 | Schubert 5
Tuesday: Managing Toxicity (NU04) 14:30-15:45 | Schubert 5
Wednesday: Survivorship (NU05) 14:30-15:45 | Schubert 5

Make Sure to Stop by the Exhibit Hall

The Exhibit Hall (Hall B) opens tonight after the Opening Ceremony for a Welcome Reception, from 20:45-21:45. The Hall will be open Monday, Tuesday, and Wednesday, 9:10-16:30. Here are just a few great reasons to stop by the Exhibit Hall.

• Browse. Take the opportunity to visit with 57 exhibitors to learn about the newest products in lung cancer practice and research.

• Learn. Review the more than 500 posters on display each day. Poster presenters will be available to discuss their studies each morning, 10:25-11:00 and each afternoon, 14:30-15:45.

• Network. Take a moment to talk with your colleagues, friends, or clients at one of the many seating spots throughout the Exhibit Hall.

• Relax. Enjoy a meal or drink. Light lunches and a variety of hot espresso beverages are free of charge during Exhibit Hall hours.

• Recharge. Charge your mobile devices or laptops at the Charging Stations.

• Get online. Check for up-to-date information online at the Internet Stations.

Avastin NSCLC: efficacy beyond chemotherapy*1

Reference

Roche.png

The hall bull’s is available at the booth.
New IASLC Publication on ALK and ROS1 Testing

IASLC just published the IASLC Atlas of ALK and ROS1 Testing in Lung Cancer, a follow-up to the first edition, which focused only on ALK testing. WCLC 2016 delegates received a copy of the Atlas with their registration materials. The Atlas is designed to serve as a resource to help pathologists, laboratory scientists, and practicing physicians better understand the background, protocol, and interpretation of results of ALK and ROS1 testing for patients with advanced NSCLC.

New developments since the first edition, such as the approval of an ALK immunohistochemistry (IHC) assay and the expanded approval of crizotinib for ROS1-rearranged lung cancer, led to a call to update the first Atlas to include information on ROS1 testing methodologies. In response, the IASLC Pathology Committee convened a panel of experts to publish the second edition. Led by editors Ming Sound Tsaio, MD, FRCPC, University of Toronto, Canada; Fred R. Hirsch, MD, PhD, University of Colorado, Denver, USA; and Yutaka Yatabe, MD, PhD, Aichi Cancer Center, Nagoya, Japan, 12 authors contributed to the Atlas.

“The detection of ALK and ROS1 gene rearrangements or aberrant expression is widely recognized as being highly important for selecting efficacious therapy for patients with advanced NSCLC,” says Dr. Hirsch.

The Atlas answers the vital question of which patients are candidates for ALK and ROS1 testing. In addition, the resource provides information on ALK and ROS1 testing with the approved methods of fluorescent in situ hybridization (FISH) and IHC, as well as with other platforms, such as reverse transcriptase polymerase chain reaction (RT-PCR), nonmultiplex platforms, and next-generation sequencing (NGS). Other topics discussed are issues related to tissue sample acquisition and processing for ALK and ROS1 analysis, testing of cytology samples, reporting of ALK and ROS1 results, published guidelines, standardized studies, testing practice in various parts of the world, and putative algorithms for biomarker testing for patients with NSCLC.

ALK and ROS1 gene rearrangements occur in approximately 4% and 2% of lung adenocarcinoma, respectively. “Although the frequency of these genomic aberrations is low, their diagnosis offers patients with lung cancer the opportunity to receive highly effective targeted therapies,” says Dr. Tsaio.

The editors also note that the diagnostic aspects of ROS1 gene rearrangements are still developing. “In the next couple of years, the diagnostic schema may change, and the emergence of new targeted drugs may facilitate that transition,” says Dr. Yatabe.

IASLC acknowledges the generous funding and support provided by Pfizer Oncology to develop the Atlas. Delegates who wish to bring the Atlas to a colleague back home may obtain an additional copy at the IASLC booth (#2714) or the Pfizer booth (#3200).
Vienna

Whether you refer to the Austrian capital as the City of Music or the City of Dreams, the vibrant city is one of the most beautiful in the world.

More famous composers have lived in Vienna than in any other city; visitors can listen to music by such great classical composers as Mozart, Strauss, Schubert, Haydn, and Beethoven in a wide array of venues. In addition to music in the air, Vienna's streets are lined with former imperial residences, some of which now house museums; coffee houses; and international cuisine restaurants. And if all that weren't enough, December is the time for the area's world-famous Christmas markets.

Music
You can enjoy classical music performances by orchestras, ensembles, soloists, and dancers in such halls as the Kursalon Wien, Schönbrunn Palace, Imperial Palace, Musikverein, Äussereg Palace, and Vienna State Opera and Konzerthaus.

Coffee Houses
The legendary coffee houses in Vienna not only feature coffee, desserts, and snacks but also are a spot to relax, catch up with a colleague, read the newspaper, or listen to music. Many of the city's coffee houses have become completely nonsmoking, including the following.
- Café Mozart, Albertinaplatz 2
- Café Griensteidl, Michaelerplatz 2
- Café Schwarzenberg, Kärntner Ring 17
- Café Central, Herrngasse 14

Christmas Markets
Since the middle of November, Vienna's prettiest squares have transformed into magical Christmas markets filled with traditional holiday crafts and the aroma of Christmas baking and hot punch. Take time to enjoy one of the many Christmas markets throughout the city.
- Vienna Christmas World at the Christmas Market, Rathausplatz Sunday through Thursday, 10:00-21:30; Friday and Saturday, until 22:00 www.wienerweihnachtsmarkt.eu
- Christmas Village on Maria-Theresien-Platz Sunday through Thursday, 11:00-21:00; Friday and Saturday, until 22:00 www.weihnachtsmarkt.co.at
- Christmas Village at Belvedere Palace, Prinz-Eugen-Strasse 27 Daily, 10:00-21:00 www.weihnachtsdorf.at
- Christmas Village in the Altes AKH, Alserstrasse/Spitalgasse, Hof 1 Monday through Saturday, 14:00-22:00; Sunday, open at 11:00 www.weihnachtsdorf.at
- Old Viennese Christmas Market, Freyung Daily, 10:00-21:00 www.altwiener-markt.at
- Am Hof Advent Market, Am Hof Monday through Thursday, 11:00-21:00; Friday through Sunday, open at 10:00, food until 22:00 www.weihnachtsmarkt-hof.at
- Cultural and Christmas Market, Schönbrunn Palace Daily from 10:00-21:00 www.weihnachtsmarkt-hof.at
- Art Advent - Art & Crafts on Karlsplatz Daily, 12:00-20:00, food until 21:00 www.artadvent.at
- Christmas Market on Spittelberg, Spittelberggasse, Schrankgasse, Gutenberggasse Monday through Thursday, 15:00-21:00; Friday, until 21:30; Saturday, 12:00-21:30; Sunday, until 21:00 www.spittelberg.at
- Winter Market on Riesenradplatz Monday through Friday, 12:00-22:00, Saturday and Sunday, 11:00-22:00 www.wintermarkt.at/wintermarkt
- Christmas Market on Stephansplatz (toward Churhausgasse) Daily, 11:00-21:00 www.weihnachtsmarkt-stephansplatz.at

Museums
Vienna's MuseumsQuartier is one of the world’s 10 largest culture complexes and features such renowned museums as the Leopold Museum, the Museum of Contemporary Art, and the Kunsthalle. Other museums include Kunsthistorisches Museum Wien (Art History Museum), Albertina, Belvedere, Naturhistorisches Museum Vienna (Natural History Museum), Bank Austria Kunstforum Wien, Vienna Museum Karlsplatz, and the Museum of Technology. And of course, no visit to Vienna is complete without a visit to the Sigmund Freud Museum.

Restaurants
The cuisines at restaurants range from typical Viennese to flavors from all over the world. The following are the top 10 restaurants in Vienna according to Trip Advisor (www.tripadvisor.com).
- Paul Restaurant Brasserie Bar, Johannesgasse 16
  Cuisines: Austrian, International, European, Central European; vegetarian-friendly
- Die Metzgerei, Linzerstrasse 179
  Cuisines: German, Austrian, European, Central European; gluten-free options
- Vinstract W-Einkehr, Laurenzerberg 1
  Cuisines: Austrian, European, Wine Bar
- Skupik & Lohn, Leopoldsdgasse 17
  Cuisines: Austrian, European, Central European
- Loca, Steinenbastei 10
  Cuisines: Austrian, European, Central European, International; gluten-free options
- Mini, Marchettigasse 11
  Cuisines: International, European, Central European, Hungarian
- Trattoria Tuscania La No, Dorotheergasse 19
  Cuisines: Italian, Mediterranean
- ef16 Restaurant Weinbar, Fleischmark 16
  Cuisines: German, Austrian, European, Central European
- Stephan Die Ganzwirtschaft Mit Bar, Schoenbrunner Strasse 98
  Cuisines: Austrian, International, European, Central European
- Draht Steakhouse, Schubertring 7 (Ritz-Carlton Hotel)
  Cuisines: Steakhouse, European; gluten-free options
Join us at the IASLC Booth in the Exhibit Hall

Booth # 2714

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The new Staging Manual and Handbook