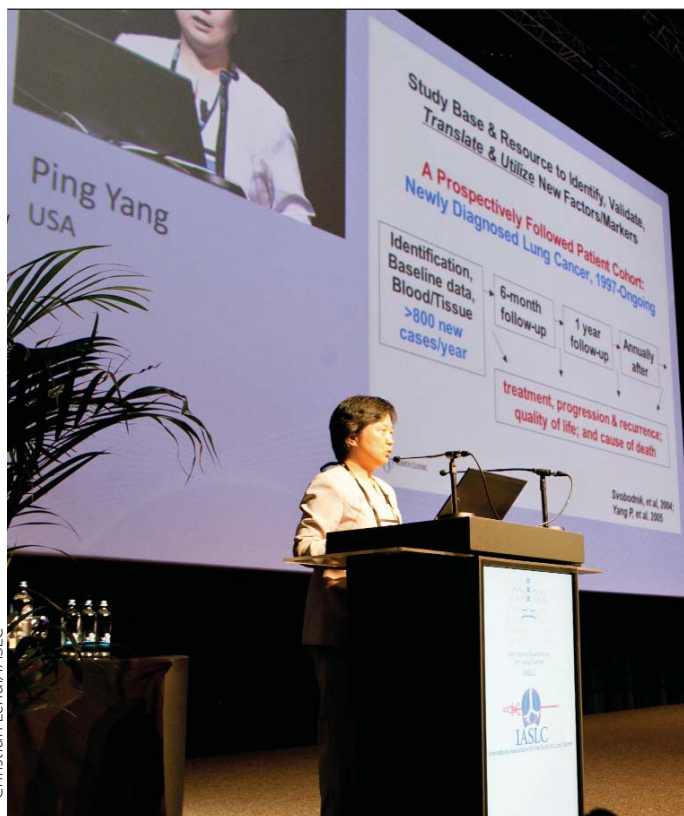


## Plenary draws attention to never-smokers



Although the vast majority of lung cancer cases can be attributed to smoking, at least 10-15% of cases occur in never-smokers. More women than men are affected by lung cancer caused by factors other than smoking, Michael Thun, American Cancer Society, USA, said during Tuesday's plenary session.

Apart from established factors such as second hand smoke, ionizing radiation, occupational exposure, and indoor and outdoor pollution, there are other factors that may increase the risk of lung cancer. These include chronic inflammation, exposure to cooking fumes and incense, infection with certain strains of the human papillomavirus, and marijuana use. There is also evidence that lung cancer death rates may vary by race and ethnicity, as East Asians have a higher lung cancer mortality rate than US Caucasians, reported Ping Yang, Mayo Clinic, USA.

Lung tumors in patients who have never smoked arise via different biological pathways than tumors that emerge in smokers, said Pierre Massion, Vanderbilt University Medical Center, USA. Women are more susceptible to this type of tumor, which occurs at a younger age and more commonly arises in the distal airways. More research into genetic and environmental determinants of lung cancer in never-smokers will aid the development of personalized therapeutic strategies.

## IN THE HALLS

*What is the most important thing you've seen or heard since you arrived at the conference?*

"I'm a respiratory physician, but I'm just coming out of a talk on radiation toxicity, which is snooping into other specialty areas. That's the most important thing for me, rather than going to my regular specialty society. It's crossing the boundaries to my colleagues and following their thought processes a wee bit more effectively."

New Zealand

"I haven't learned anything brand new, but the discussions are interesting, because you have various opinions and different ways of doing the same thing. So it's a great meeting...The new classification for adenocarcinoma and the new markers are things I don't normally work with, but all of those sessions are very interesting because they represent new challenges for the future. This is the place to have contact with everything that's going on, sometimes in areas you don't normally read about."

Canada

## Presidential Symposium highlights best oral abstracts

The Presidential Symposium will take place today at 8:30, highlighting original research with promising implications for clinical practice and future studies.

The first presentation will report on insights for therapeutic targeting in squamous cell lung cancer, based on a detailed genomic analysis of 150 tumor samples from the Cancer Genome Atlas project in the United States. In recent years, genomic characterization and mutation analysis have led to several targeted therapies for lung adenocarcinoma, but little research has been done in squamous cell lung cancer. Recent technological advances have made it possible to comprehensively and rapidly characterize the genomic alterations in tumors using a wide variety of profiling techniques.

"A few years ago this wouldn't have been possible," said Peter Hammerman, Dana Farber Cancer Institute, United States. The research shows that squamous cell lung cancer is distinct from adenocarcinoma and needs to be targeted in a different way. Some targets identified in the research are already known in other forms of cancer, so therapeutic agents

may already be available. They will need to be validated in preclinical models of squamous cell lung cancer, however, before clinical trials can begin.

Cornelis Haasbeek, The Netherlands, will present results from a population-based study investigating the impact of treatment advances in elderly patients with stage I lung cancer. Elderly patients present particular challenges for cancer treatment. Only one in three patients aged 75 or older is fit to undergo surgery, and many are also not candidates for conventional radiotherapy. The results are based on data from the Netherlands Cancer Registry since the introduction of stereotactic radiotherapy in 2003.

The third presentation will focus on a tailoring therapy. As more therapeutic agents become available, selecting the best drug for the patient is increasingly challenging. Predictive markers, such as activating EGFR mutations, may offer guidance; however, sufficient tumor tissue for DNA analysis is not always available. Radiolabeling and positron emission tomography (PET) imaging may offer a non-invasive alternative in non-small cell lung cancer (NSCLC). The

results are part of a pilot study in The Netherlands in which 10 patients with NSCLC underwent PET scans using radiolabeled erlotinib. Those who had an activating EGFR mutation showed increased uptake of the erlotinib and had higher response to the drug compared to patients without the mutation.

"These findings are very promising," said Idris Bahce, lead author on the abstract. Larger clinical trials are needed to validate the results.

Finally, Kelvin Lau, Glenfield Hospital, Leicester, will present an analysis of data from England and Wales exploring the impact of investing in thoracic surgical expertise. The National Lung Cancer Audit in the United Kingdom routinely collects data from centers across the country, allowing geographical comparison of a range of parameters including caseload, resection rates, and surgical expertise.

"The implications are profound not only for the organization of lung cancer services in the UK, but also for the future of training in cardiothoracic surgery," said David Waller, the senior surgical author on the abstract.

## SYDNEY BY THE NUMBERS

**October 27-31:** Dates of the 15<sup>th</sup> World Conference on Lung Cancer in 2013

**7,497:** Eligible air miles, Los Angeles to Sydney

**7,364:** Eligible kilometres, Hong Kong to Sydney

**16,983:** Eligible kilometres, London, UK to Sydney

**2 million:** Annual audience for programs at the Sydney Opera House

**6,225:** Glass surfaces used in Sydney opera house, in square metres

**66,981:** In square feet

**4,575,532:** Estimated population, Sydney, Australia

**22.2°:** Average high temperature in Sydney in October, in degrees Celsius

**72°:** In degrees Fahrenheit

**57°:** Average low, in degrees Fahrenheit



# WCLC 2011 NEWS



## Staging of NSCLC with TEMPLA is accurate and safe

Transcervical extended mediastinal lymphadenectomy (TEMPLA) may carry slightly more risk than endoscopic staging, but it is significantly more likely to accurately diagnose non-small cell lung cancer (NSCLC), which may reduce unnecessary surgeries. The procedure involves a collar incision in the neck to access the mediastinal nodal stations. Marcin Zieliński, Poland, who pioneered the approach, presented the results of a study comparing TEMPLA with endobronchial ultrasound (EBUS) and endoesophageal ultrasound (EUS) on Monday. Morbidity in the study was 3.1% with no reports of intraoperative injuries to mediastinal structures.

## Clinical trials shifting to softer endpoints

Exciting research will be presented tomorrow at 12:30 during the session on advanced stage and statistics, including an analysis showing a trend toward softer endpoints in clinical trials in advanced non-small cell lung cancer (NSCLC).

Over the last 30 years, primary endpoints have shifted from median survival to progression-free survival (PFS). In addition, median gains in survival benefit have decreased over the same period and clinical trials are more likely to be reported as positive despite failing to meet their primary endpoints. Highly effective control arms may be responsible for some of these shifts, said Adrian Sacher, Canada. Oncologists may also be increasingly willing to accept newer treatments that may only have modest clinical benefit.

Patient enrollment also falls under the microscope. The U.S. Food and Drug Administration (FDA) will release findings showing important patient populations with high incidences of NSCLC are routinely under-enrolled in clinical trials. This may have important clinical implications. "We need to look at how we can increase enrollment in these groups," said Shakun Malik, a medical officer with the FDA and lead author.

Romane Schook, The Netherlands, will present a retrospective analysis of expert second opinions following diagnosis of or during treatment for lung cancer. In most cases, stage and diagnosis were confirmed. About half of patients received a change in therapeutic advice based on additional diagnostic tests or the availability of newer medications, compassionate access programs, or clinical trials. "Doctors should feel reassured that their initial diagnoses and treatments are correct most of the time," said Dr. Schook.

Finally, the session will reveal a predictive model developed to analyze the impact of a variety of cancer interventions on clinical outcomes and costs to the healthcare system. Decision-makers will be able to consider multiple factors including tax revenues, pension payments, and citizen productivity. The Canadian web-based Cancer Risk Management model is unique in the number of outputs it provides, as well as its accessibility and customizability. William Evans will present examples of some of its applications and analyses during the session. "There is something for everyone in it," he said.

## Unfavorable prognosis for Asian male never-smokers with SCC

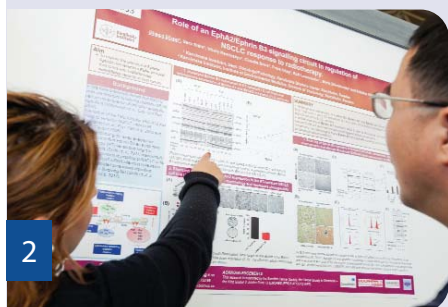


Smoking status is a marginally significant prognostic factor for overall survival in Asian male squamous cell carcinoma (SCC) patients, Sai-Hong Ignatius Ou, Chao Family Comprehensive Cancer Center, USA, told participants during an oral session Monday afternoon.

Dr. Ou presented results of a retrospective analysis of SCC patients from three cancer registries in the USA, Korea, and Japan. Researchers analyzed over 10,000 SCC patients according to smoking status, including 8% who were never-smokers. The proportion of never-smokers in Asian SCC patients was 10.1% versus 4.5% in US SCC patients.

Patients with SCC who had never smoked showed significantly worse survival rates compared to ever-smokers with SCC (11 months versus 13 months), regardless of country.

Consistent with the overall trends, Asian SCC never-smokers had significantly worse survival rates than Asian SCC ever-smokers (10 months versus 14 months). Independent of region, never-smokers with SCC were significantly older than ever-smokers with SCC (71 years versus 69 years). The differences in the age of diagnosis of survival outcome among Asian male SCC patients according to smoking status may indicate a potential difference in etiologies.



Christian Lendl/IASLC

Christian Lendl/IASLC

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER

# IASLC



## Mark Your Calendar!

### 15TH WORLD CONFERENCE ON LUNG CANCER

*Achieving Optimal Outcomes Through Multidisciplinary Care*

October 27-31, 2013 • Sydney, Australia

[www.2013worldlungcancer.org](http://www.2013worldlungcancer.org)



*Sydney*



*Denver*

### 16TH WORLD CONFERENCE ON LUNG CANCER

September 4-8, 2015 • Denver, CO, USA

WCLC 2011 NEWS was produced by The Conference Publishers Inc. Views expressed are those of the individuals cited.

Managing Editor: Mitchell Beer

Design: Zsuzsa Grandpierre

[www.theconferencepublishers.com](http://www.theconferencepublishers.com)

## Distinguished panel looks to the future of lung cancer practice

On Thursday at 10:30, a multidisciplinary panel of distinguished lung cancer specialists will consider the future of a specialty that has seen an unprecedented pace of development over the last several years.

Conference President Dr. Pieter Postmus said all the presentations point to the role of lung cancer specialists, working in multidisciplinary teams, in translating an array of new treatment options into improvements in patient care and survival.

"Concentration of care is the way to go to improve outcomes," he said in a pre-conference interview. "It is absolutely impossible for a general pulmonologist or a general oncologist to do all these things, to keep updated on all the new developments. So we need to go to much bigger centers" where the right mix of specialized expertise can be brought together.

Dr. Postmus' expectations of this session are the following:

- The growing prominence of molecular diagnostics will be a major focus of the session, with Dr. John Minna and Dr. Adi Gazdar of the USA tracing the shift from an older view of lung cancer as a disease in two forms, small cell or non-small cell. In an era of increasing differentiation, practitioners will find it ever more difficult to select the right treatment for patients in different subgroups, and pharmaceutical companies will likely try to develop targeted treatments aimed at specific abnormalities.
- The interaction between lab and clinic will be the topic of Dr. Lawrence Einhorn's 40-year retrospective on the management of non-small cell lung cancer. Dr. Postmus said it is very important to collect sufficient volumes of tissue for the more in-depth analysis that is now possible.
- Pulmonologist Dr. Stephen Spiro, UK, will explore the significant role his specialty can play in diagnostic work-ups and patient staging. Rigid bronchoscopy, a more or less abandoned technique from before 1980, represents a relatively easy, risk-free method of collecting a large volume of tissue from the endobronchial tree.

- Dr. Andrew Thomas Turrisi, USA, will focus on the pivotal role of imaging in characterizing small lung nodules and determining whether they are malignant lesions. He will discuss modern radiotherapy techniques that focus very high doses on very small fields, resulting in very little damage to surrounding tissue.
- Dr. Harubumi Kato, Japan, will present the improved surgical techniques that can contribute to the management of small lesions.

The panel will also touch on the emerging technique of using *in vivo* screening to determine the sensitivity of a particular tumor to specific drugs.

"That's absolutely a field in which a lot can be done, and it's something I think the pharmaceutical industry should embark upon," Dr. Postmus said. "Some of them are already working on diagnostic tests for selecting the groups of tumors and patients that will most likely benefit from their drugs."

## Social excursions feature Rembrandthuis, Anne Frank House

On Tuesday afternoon, WCLC delegates enjoyed social excursions around Amsterdam. Some cruised in boats along the canals, finishing with a visit to the city's famed Rijksmuseum and the Van Gogh Museum, while others toured Amsterdam by bus or bicycle, stopping at the Rembrandthuis or the Anne Frank House. Others toured the Dutch countryside, visiting the picturesque villages of Volendam and Marken, or Zaanse Schans and Edam.

On Tuesday evening, delegates joined old friends and colleagues at the World Conference gala dinner, where they sampled delicious Amsterdam cuisine and enjoyed the sounds of one of Europe's rising stars, Dutch jazz singer Caro Emerald. It was an evening of dancing and fun, completing a day that won't soon be forgotten.

## Building on Our Success



Dr. Peter Goldstraw  
President-Elect,  
International  
Association for the  
Study of Lung Cancer

The next two years will be a significant moment of opportunity for IASLC.

With the notable success of the new tumor staging system, followed by the completion of the adenocarcinoma classification revision, IASLC has seen an increase in its global profile. We can build on our success with the strategic initiatives under consideration by the board and highlighted during the conference this week.

- IASLC's collaborative projects with the International Mesothelioma Interest Group and the International Thymic Malignancy Interest Group, and possibly with the Worldwide Esophageal Cancer Collaboration, were initiated in preparation for a more comprehensive review of staging in thoracic oncology for the 8th edition of TNM scheduled for 2016. These initiatives point to the possibility of IASLC providing an envelope in which these groups could operate. Such an expansion of IASLC's scope to include other thoracic malignancies could ultimately lead to a change in the mission and name of the society.
- The society's new Council of Regents will support joint membership and educational initiatives with other specialist societies, while increasing IASLC's membership in regions

where its presence has been limited. Regents are expected to act as two-way conduits, improving communication between our members and the head office and board.

- The anticipated retirement of our executive director has led to a review of IASLC's board, committee, and staff structure. It is still necessary to conclude negotiations on our new head office in Denver and recruit international candidates for a chief executive officer, a chief operating officer, and possibly a scientific director.
- We applaud the establishment of an International Thoracic Oncology Nurses' Forum and welcome their participation for the first time at this World Conference. We look forward to building IASLC's relationship with them, and with our colleagues in patient advocacy.
- We will redouble our efforts to meet members' needs and encourage wider participation in the society, and we hope to make it easier for members to nominate themselves to serve on committees.

This is IASLC's moment, but it is also your moment to join the dialogue, share your ideas, and maximize the value that you take away from your membership. The first step is to complete the member survey that circulated during the conference and let us know how you would like your professional society to evolve over the next two years.





# WCLC 2011 NEWS



ALIMTA<sup>®</sup>  
pemetrexed

## BUILD A TREATMENT STRATEGY FROM SURVIVAL

Don't have a QR code reader? Download one free wherever you buy apps for your smartphone. Message and data rates may apply. Avoid these charges by taking advantage of exclusive, Lilly Oncology-sponsored Wi-Fi hotspots.

NLONC00068



ALIMTA1.LOCongressExtra.nl

Lilly

## Mark Your Calendar: 15<sup>th</sup> WCLC in Sydney October 27-31, 2013

IASLC will host the 15th World Conference in Sydney, Australia, from Oct. 27–31, 2013. The theme is "Achieving Optimal Outcomes Through Multidisciplinary Care," and objectives include identifying effective prevention strategies, understanding risk stratification for screening and early detection, and using optimal biopsy and molecular testing strategies to support individualized care. Online registration opens in February 2013. For more information visit [www.2013worldlungcancer.org](http://www.2013worldlungcancer.org).

Looking ahead, the 16th World Conference will be in Denver, USA., Sept. 4–8, 2015. We hope to see you there!

## High number of driver mutations in ADC patients

Researchers discovered actionable driver mutations in 54% of patients with adenocarcinoma of the lung (ADC), Bruce Johnson, Dana-Farber Cancer Institute, USA, said during an oral session on biomarkers Tuesday morning.

Dr. Johnson presented the results of a study on clinical characteristics of patients with ADC undergoing genomic characterization in the US Lung Cancer Mutation Consortium (LCMC). Fourteen cancer centers created the LCMC to determine the frequency of 10 different genetic alterations including EGFR, KRAS, EML4-ALK, BRAF, and PIK3CA by genotyping 1,000 advanced stage ADC patients in CLIA certified laboratories.

Of 516 patients who have been genotyped so far, researchers have found 23% to have a KRAS mutation, 18% an EGFR mutation, and 9% an EML4-ALK mutation. Both BRAF and PIK3CA mutations occurred in 2% of the patients with ADC. Dr. Johnson said that although EGFR and KRAS mutations both correlate with female gender, EGFR mutations are associated with younger age and never-smoking status. KRAS mutations, meanwhile, correlate with older age and a history of smoking. The results of genotyping ADC patients in the LCMC will help treating physicians select therapies, such as erlotinib, as initial treatment for patients with EGFR mutations. The LCMC is also offering ADC patients with other driver mutations participation in clinical trials testing agents that target the mutation identified, such as crizotinib for patients with an EML4-ALK mutation.

## PROGRAM UPDATE

Mini Symposium 24, *EGFR Resistance*, at 10:30 Thursday, Egbert Smit will not appear.

In Mini Oral 22, *Biomarkers VIII*, at 12:30 Thursday, Kenneth O'Byrne replaces Vera Hirsh as chair, and Michelle van den Heuvel replaces Mark Green as discussant.

4

## IASLC supports travel for advocacy organizations

The Australian Lung Foundation, Jill's Legacy (USA), the Health Alert Organization of India, the Lung Cancer Foundation of America, and Uniting Against Lung Cancer (USA) are the winners of IASLC's first advocacy travel awards.

For the first time this year, the association offered travel funding to help representatives of lung and thoracic cancer advocacy organizations attend the World Conference on Lung Cancer. The grants covered conference registration, accommodation,

travel expenses, and a year of free affiliate membership in IASLC.

"We have a lot to learn from, and a lot to contribute to the work existing advocacy organizations are already involved in worldwide," said IASLC Director of Membership Kristin Richeimer. "We aim to be a resource that helps connect advocacy organizations to each other, and to the constantly evolving science being developed by IASLC members who are world leaders in lung cancer research and treatment."