#IASLCUPDATES

Iniciativa científica de:

GECP lung cancer research

LUNG CANCER UPDATES

IASLC HIGHLIGHTS

7-10 DE SEPTIEMBRE 2019

Con la colaboración de:

Bristol-Myers Squibb

illumina

Lilly

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BARCELONA

Iniciativa científica de:

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Cirugía III

Dr. Florentino Hernando Trancho

Con la colaboración de:

Bristol-Myers Squibb

illumina

Lilly

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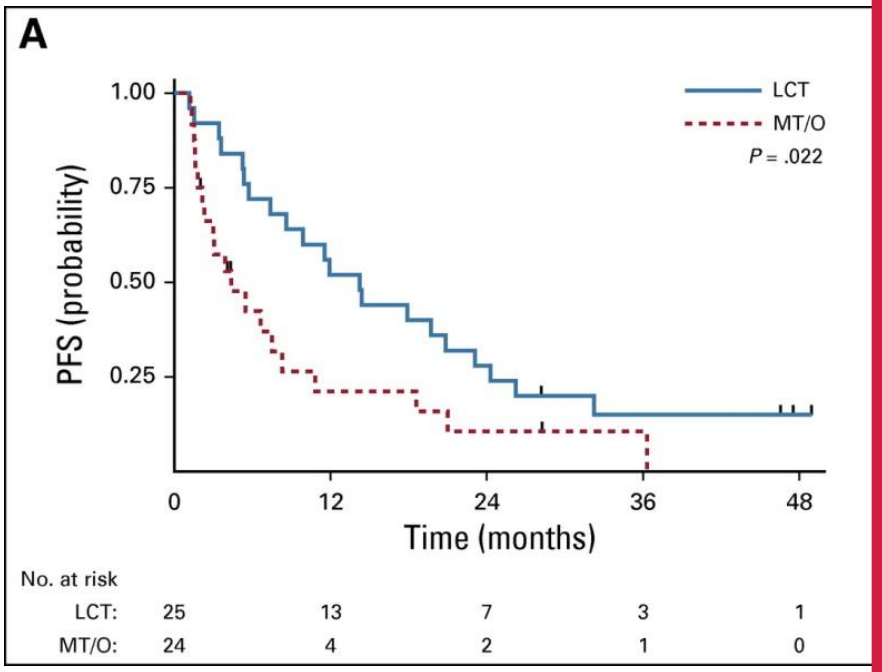
Definition and Minimal Staging in Oligometastatic Disease

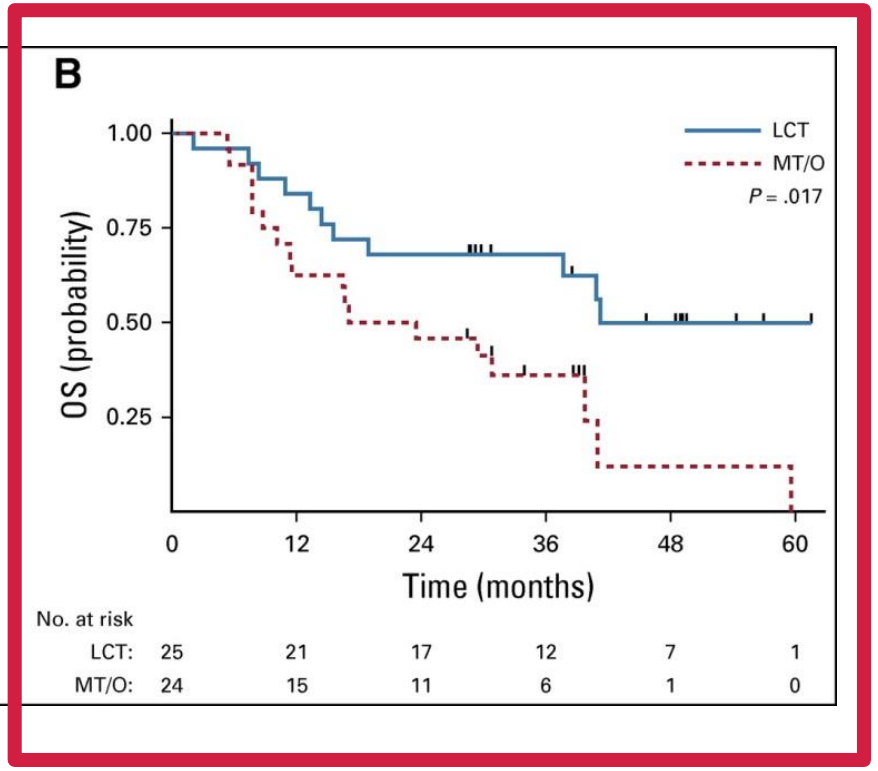
Prof Anne-Marie C. Dingemans, MD, PhD

Pulmonologist

Con la colaboración de:
Bristol-Myers Squibb
illumina
Lilly

ASTRO 2018: LCT improves OS!





Gomez et al Journal of Clinical Oncology 2019 371558-1565.
DOI: 10.1200/JCO.19.00201

Synchronous definition in clinical trials

Author, year, phase trial	Nr of NSCLC patients included	Max nr of metastatic sites	Max nr of organs with metastases	Primary/LN counted
De Ruysscher single arm phase II	40 All histologies	5	5	
Gomez Phase II randomized	49 All histologies	Counte		
Iyengar Phase II rando	29		3	Yes
		3 in liver/lung		
Bauml Single arm phase II	istologies	4	4	No

A UNIFORM DEFINITION IS NEEDED!

Article in Press

Definition of synchronous oligo-metastatic non-small cell lung cancer – a consensus report

Anne-Marie C. Dingemans[1,2,*], Lizza E.L. Hendriks[1], Thierry Berghmans, MD, PhD[3], Antonin Levy, MD[4], Baktiar Hasan[5], Corinne Faivre-Finn[6], Matteo Giaj-Levra[7], Niccolò Giaj-Levra[8], Nicolas Girard[9], Laurent Greillier[10], Sylvie Lantuéjoul[11], John Edwards[12], Mary O'Brien[13], Martin Reck[14], Egbert F. Smit[15], Paul Van Schil[16], Pieter E. Postmus[17], Sara Ramella[18], Yolande Lievens[19], Mina Gaga[20], Nir Peled[21], Giorgio V. Scagliotti[22], Suresh Senan[23], Luiz Paz-Ares[24], Matthias Guckenberger[25], Fiona McDonald[26], Simon Ekman[27], Tanja Cufer[28], Hester Gietema[29], Maurizio Infante[30], Rafal Dziadziuszko[31], Solange Peters[32], Ramon Rami Porta[33], Johan Vansteenkiste[34], Christophe Dooms[34], Dirk de Ruysscher[35], Benjamin Besse[36], Silvia Novello[22]

JTO 2019; https://doi.org/10.1016/j.jtho.2019.07.02

REVIEW ARTICLE

Defining Synchronous Oligometastatic Non-Small Cell Lung Cancer: A Systematic Review

Niccolò Giaj-Levra, MD, PhD,[a,b] Matteo Giaj-Levra, MD, PhD,[b,c,*] Valerie Durieux, PhD,[d] Silvia Novello, MD, PhD,[e] Benjamin Besse, MD, PhD,[f] Baktiar Hasan, PhD,[g] Lizza E. Hendriks, MD, PhD,[b,h] Antonin Levy, MD, PhD,[b,i] Anne-Marie C. Dingemans, MD, PhD,[h] Thierry Berghmans, MD, PhD,[j] on behalf of the European Organization for Research and Treatment of Cancer-Lung Cancer Group

JTO 2019 epubhttps://doi.org/10.1016/j.jtho.2019.05.037

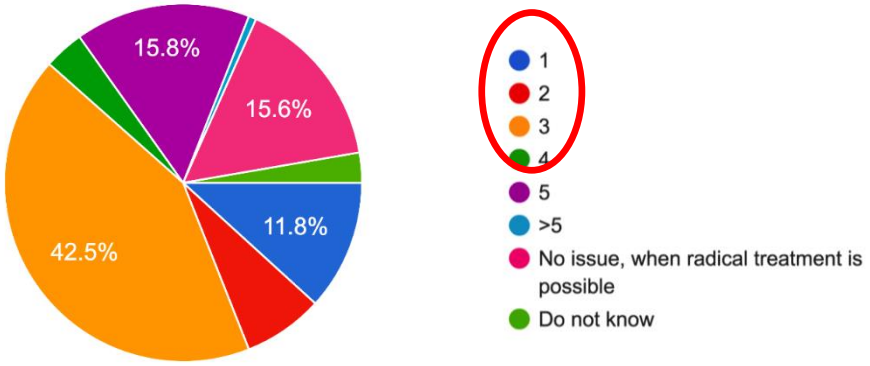
Results (N=444) – sOMD definition

Treatment sOMD is cure: 81.3% yes

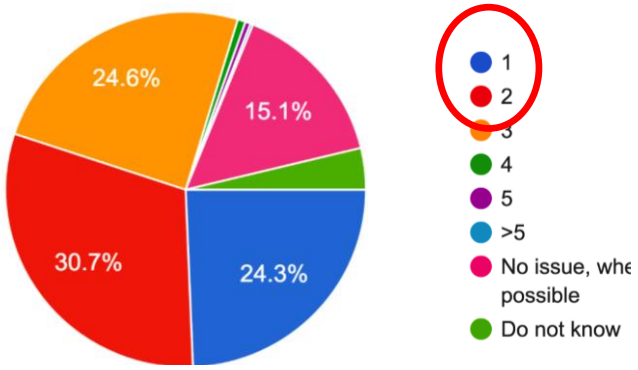
Take into account whether you can treat with radical intent: 81.3% yes

Preferred outcome measure treatment OS: 73.1%

Maximum nr of METASTASES



Maximum nr of ORGANS



75% allows mediastinal LN

No significant differences between rad oncol vs others

Levy, EJC 2019 accepted

Thank to all participants in the consensus process

- **EORTC Lung Cancer Group**
  - Benjamin Besse, chair
  - Anne-Marie Dingemans, secretary
  - Thierry Berghmans, treasurer
  - Silvia Novello
  - Baktiar Hasan
  - Corinne Faivre-Finn
  - Nicolas Girard
  - Laurent Greillier
  - Sylvie Lantuéjoul
  - John Edwards
  - Mary O'Brien
  - Martin Reck
- **Young Investigators**
  - Lizza Hendriks, chair
  - Antonin Levy, secretary
  - Matteo Giaj-Levra
  - Niccolò Giaj-Levra
- **Radiation Oncologists**
  - Rafal Dziadziusko
  - Suresh Senan
  - Dirk de Ruysscher
  - Matthias Guckenberger
  - Fiona McDonald
  - Yolande Lievens
  - Sarah Ramella
- **Surgeons**
  - Maurizio Infante
  - Ramon Rami Porta
  - Paul van Schil
- **Radiologist**
  - Hester Gietema
- **Pulmonologists**
  - Egbert Smit
  - Pieter Postmus
  - Nir Peled
  - Mina Gaga
  - Johan Vansteenkiste
  - Christoph Dooms
- **Medical Oncologists**
  - Giorgio Scagliotti
  - Luiz Pas-Arez
  - Simon Ekman
  - Tanja Cufer
  - Solange Peters

Conclusion

A multidisciplinary consensus statement on the definition and staging of sOMD-NSCLC was formulated

This statement will be helpful to standardise inclusion criteria in future clinical trials

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Oligometastatic NSCLC
Site of oligometastases

Paul E. Van Schil, MD, PhD

Department of Thoracic and Vascular Surgery

Antwerp University Hospital, Belgium

Con la colaboración de:
Bristol-Myers Squibb
illumina
Lilly

Are specific organs involved with metastases important?

Survey yes 73%

Which organs would you not involve in your definition of OMD-NSCLC?

Exclude diffuse serosal metastases for meningeal, pericardial, pleural, mesenterial metastases and bone marrow

Special sites: brain and adrenal? publication bias?

Dingemans AC. J Thorac Oncol 2019; Aug 6 [Epub]

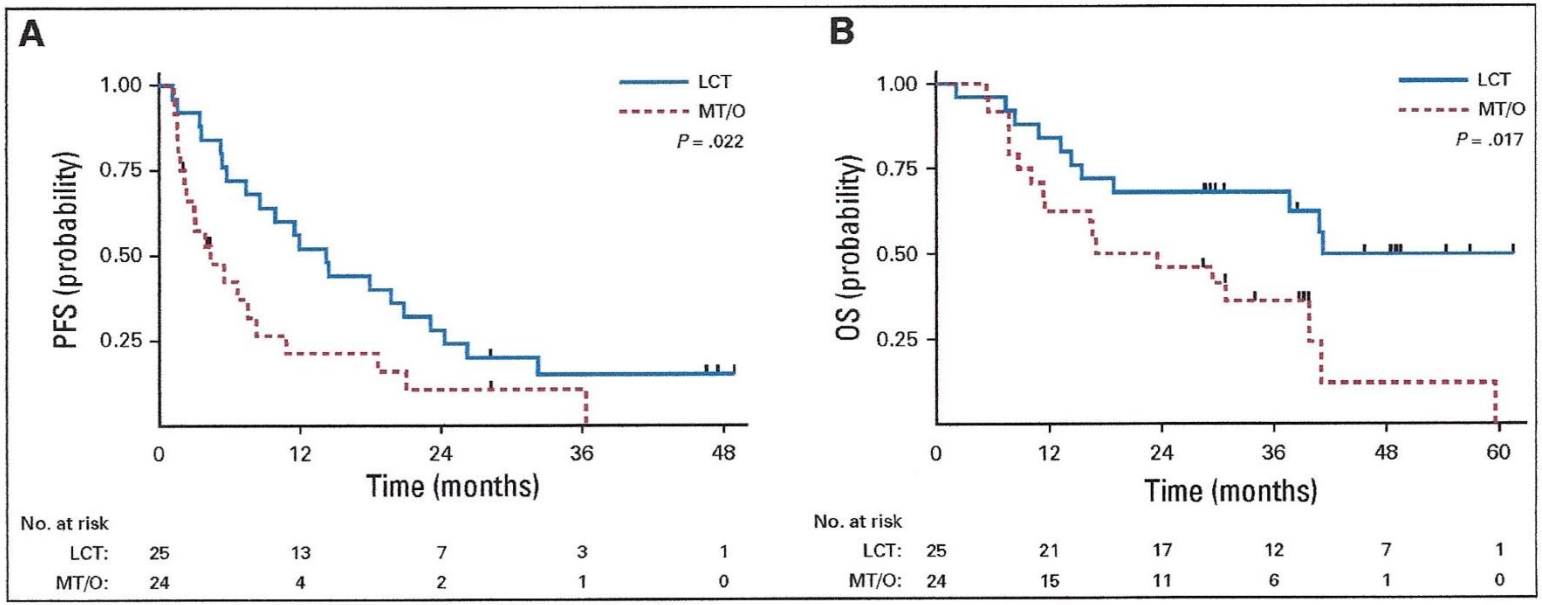

FIG 1. (A) Progression-free survival (PFS) and (B) overall survival (OS) in patients given local consolidative therapy (LCT) or maintenance therapy or observation (MT/O) for oligometastatic non–small-cell lung cancer.

Gomez DR. J Clin Oncol 2019; 37:1558-65

Predictive factors – meta-analysis

- individual patient data meta-analysis 757 pts
- 1-5 synchronous or metachronous mets
- 3 risk groups:
  - low metachronous
  - intermediate synchronous and N0
  - high synchronous and N+
- adequate lymph node staging required!
- surgery: complete resection

Ashworth AB. Clin Lung Cancer 2014; 15:346-55
Fernandez RA. J Thorac Dis 2019; 11(suppl. 7) : S969-975

ESMO Clinical Practice Guidelines 2019

- 1-3 *synchronous* metastases: long-term DFS may be obtained after systemic therapy and local consolidative therapy – inclusion in clinical trials preferred
- limited *metachronous* metastases: long-term DFS may be obtained after radical local treatment – inclusion in clinical trials preferred
- solitary lesions in contralateral lung: most cases are synchronous 2nd primary tumours – treated with curative-intent therapy

Planchard D. Ann Oncol 2019; 30:863-70

Conclusions – take home messages

- site of oligometastatic disease: insufficient data, publication bias towards brain, adrenal gland mets
- systemic therapy and local consolidative therapy (high-dose radiotherapy or surgery) may provide long-term DFS
- lymph node dissection, complete resection
- prospective data needed (IASLC database)
- inclusion in clinical trials preferred

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The Greatest Lung Cancer Breakthrough of Our Time

Raja M Flores, MD

Professor and Chairman

Department of Thoracic Surgery Icahn School of Medicine at Mount Sinai

New York, New York , USA

Con la colaboración de:
Bristol-Myers Squibb
illumina
Lilly

Big Business
Cancer Drugs $$$ /yr

$100 billion

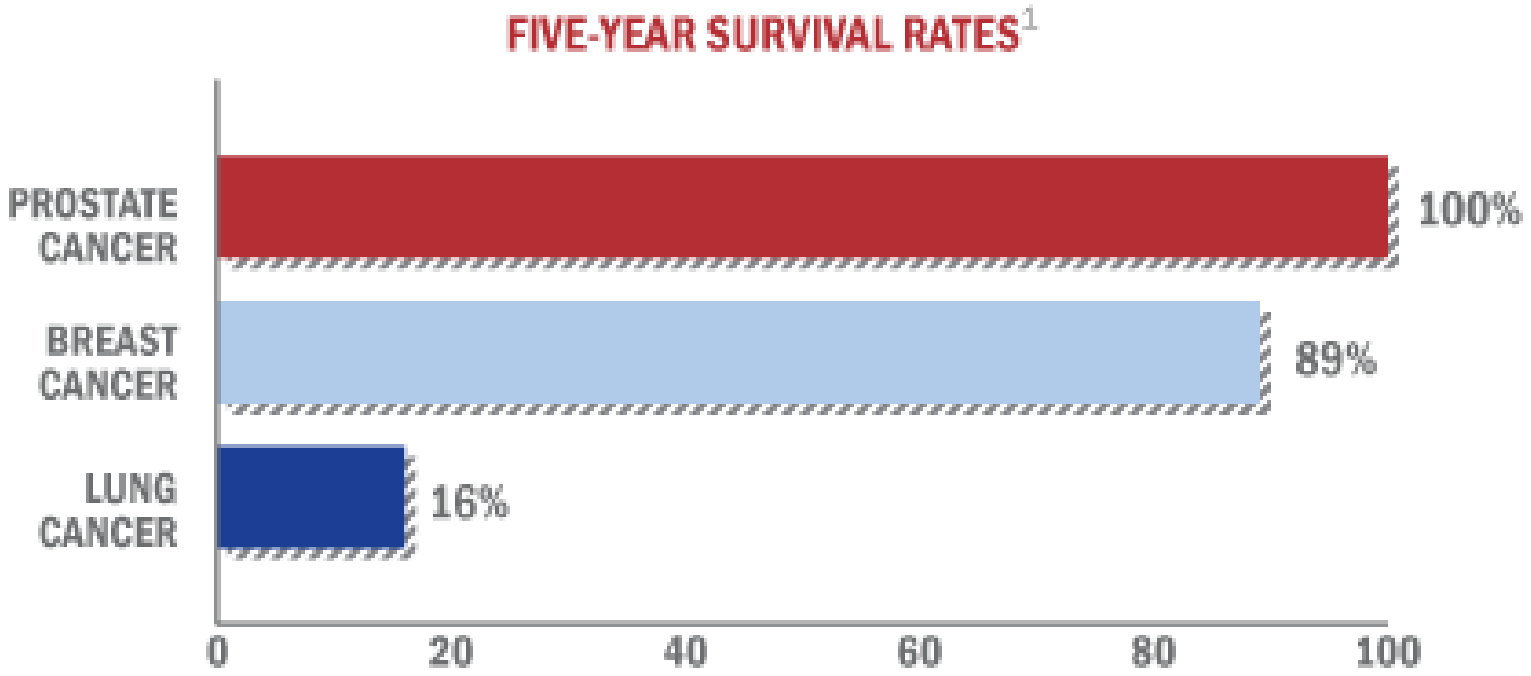
74% of the FDA approved drugs did not add even 1 day of increased survival !

What would they pay for a drug that provided

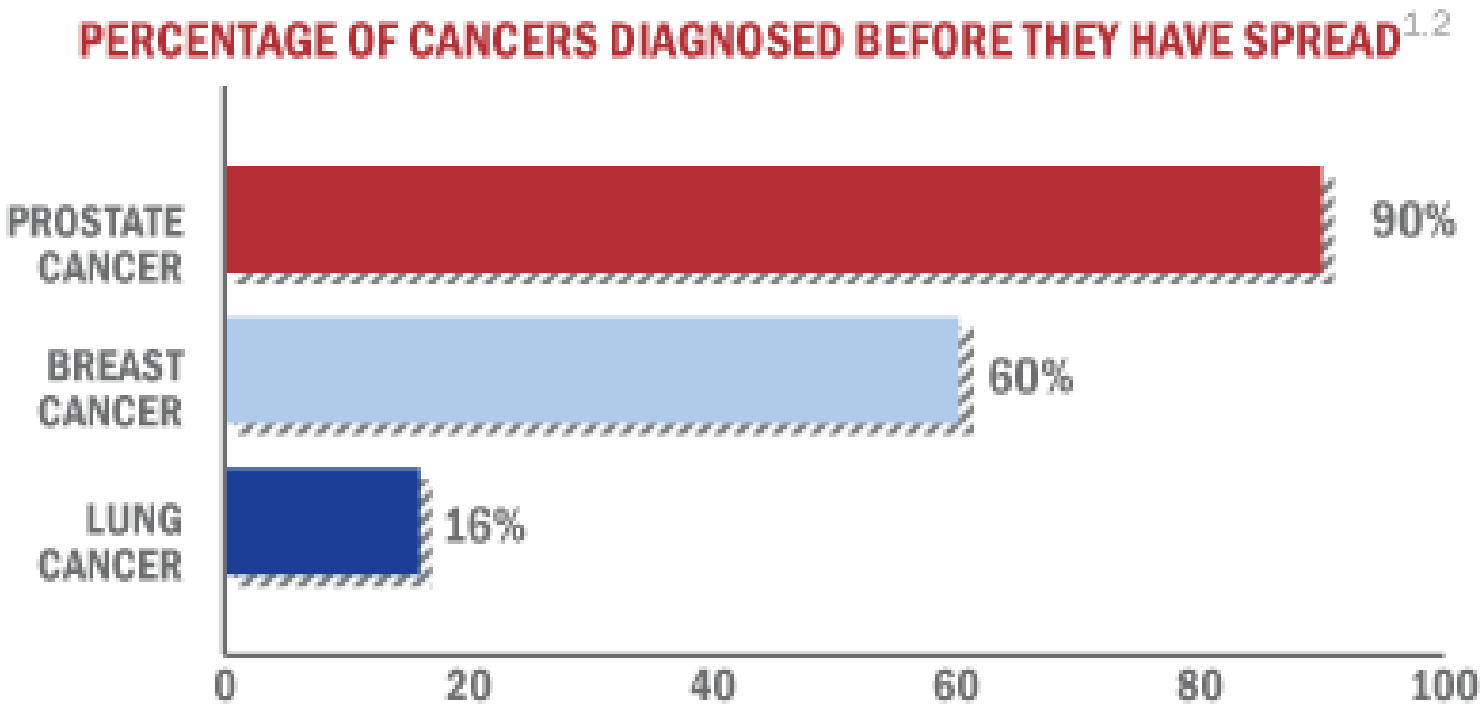
30% cure rate ?
50% cure rate ?
80% cure rate ?

Tons of $ spent on response rates !

5-YEAR SURVIVAL



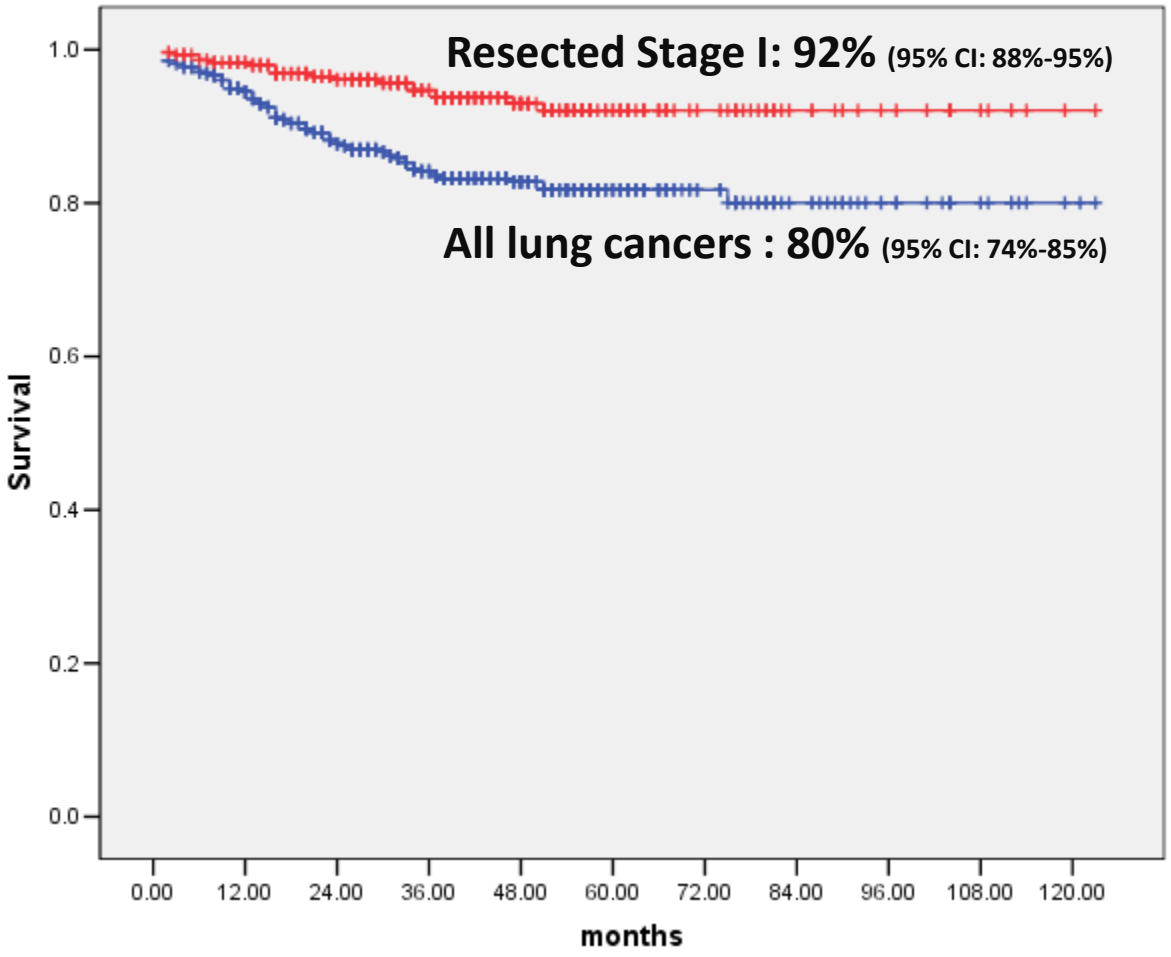
% OF CANCERS DIAGNOSED BEFORE THEY HAVE SPREAD



We have a cure for cancer

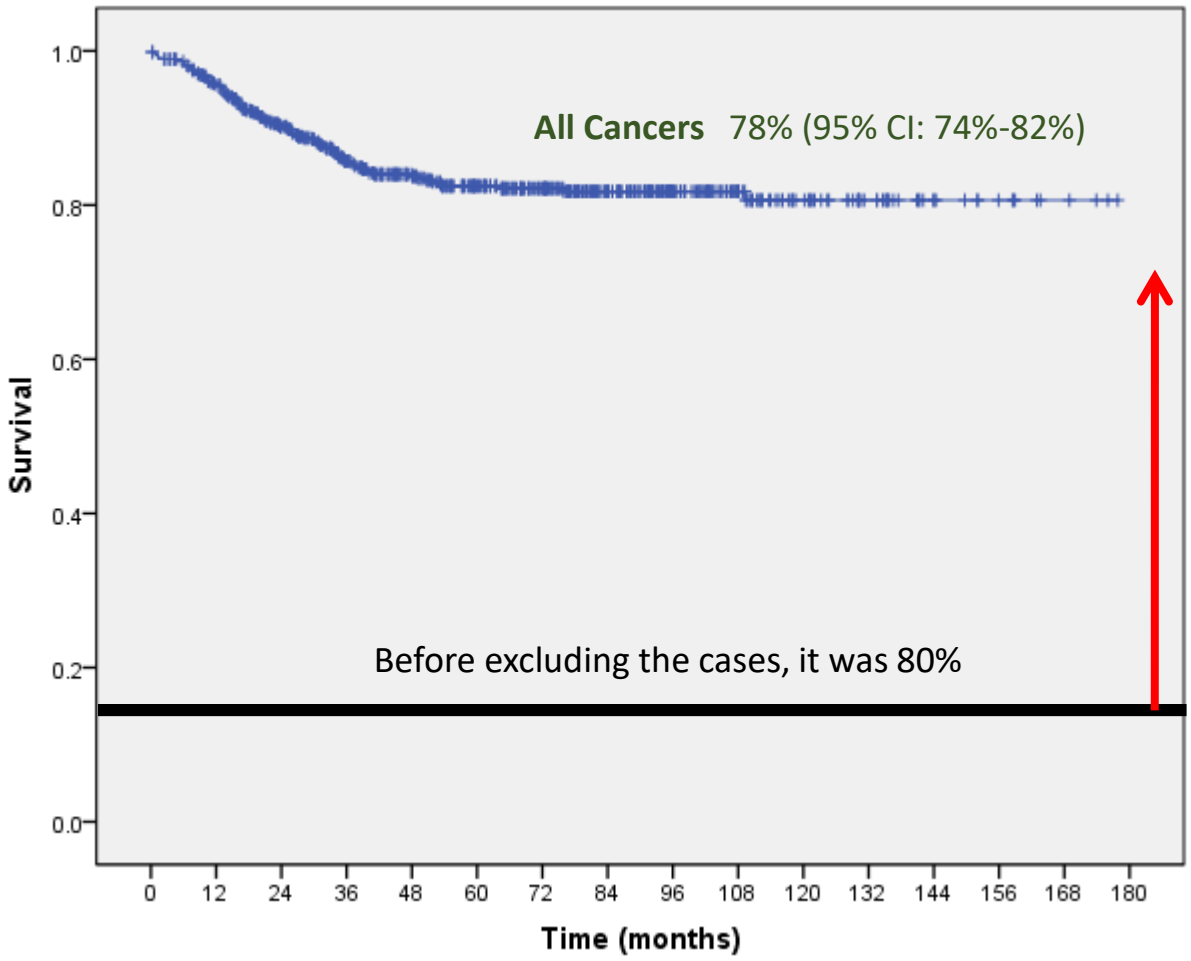
Surgery

10-year survival



N Engl J Med 2006;355:1763-71

I-ELCAP 15-year survival rates, excluding 68 slowly growing cancers, (n=761, median follow-up time of 51 months)



Shared Decision

- High cure rate of (60-80%) corresponds to 20% reduction in mortality
- Change discussion from 4 out of 5 will die to **4 out of 5 will be cured**

Final Thought

Early 1900's - Cervical cancer #1 cancer killer of women

- PAP screening

Early 2000's – Lung cancer #1 Killer

- CT screening

CT Screening to do for Lung Cancer what Pap Smear Screening did for Cervical Cancer