

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER

Conquering Thoracic Cancers Worldwide

2023 IASLC Board of Directors Candidates

Name: Hisao Asamura

Institution: Keio University School of Medicine

Specialty: Thoracic Surgery

Country: Japan



Dr. Asamura Biography: Hisao Asamura, MD is Professor of Surgery, Chief, Division of Thoracic Surgery, Keio University School of Medicine, Tokyo, Japan. Born in Osaka in 1957, Dr. Asamura graduated from Keio University School of Medicine in 1983. Internship at the Keio University Hospital and affiliated hospitals (1983-85). Residency in general surgery and Clinical fellow in thoracic surgery at the National Cancer Center Hospital (1986-91). Attending surgeon (Thoracic surgery, 1992-1998), Chief of Thoracic Surgery (1992-2014), and Deputy Director-Hospital (2012-2014) at the National Cancer Center Hospital, Tokyo. Professor of Surgery, Chief, Division of Thoracic Surgery, Keio University School of Medicine (2014-present). Visiting Professor at the Kyorin University in Tokyo (2007-2013) and at the Seoul National University in Seoul, Korea (1999-present). Doctor of Medical Science Degree from Keio University in 1997. His activities in IASLC cover Board of Directors member (2009-2013), Chair of Staging and Prognostic Factors Committee (SPFC, 2016-present), Congress President for 18th World Conference on Lung Cancer in Yokohama 2017. Editorial Board Member, Lung Cancer (1998-2005), Associate Editor, Journal of Thoracic Oncology (2006-2012). For other societies, Vice President, Japan Lung Cancer Society (2016-2022), National Committee Chair and Section Editor of UICC (International Union for Cancer Control, Geneva). His major interests cover the surgical treatment of lung cancer as seen in his book entitled Asamura's Operative Thoracic Surgery, Kanehara Co, 2011, staging and TNM classification of thoracic malignancies also as seen in TNM Atlas, Wittekind C, Asamura H, Sobin LH. Wiley Blackwell, minimally invasive surgery, thymic epithelial tumors, and neuroendocrine tumors of the chest. Recently, he has led the Japanese first large randomized trial (JCOG 0802) between lobectomy and segmentectomy for lung cancer, which has been one of the major controversy issue in thoracic surgery, and the final conclusion was published in *Lancet* 2022 Apr 23;399 (10335):1607-1617.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? The international and multidisciplinary mission of IASLC has been expanded recently. Especially owing to the advent of the new molecular targeted drugs and immune checkpoint inhibitors, the opportunities to select the treatment have been increased. However, there has been a considerable discrepancy in the level of diagnosis and treatment among the regions and countries on this planet. Recently, this regional gap has looked rather being expanded. Needless to say, the IASLC is responsible for global lung cancer control, and unfortunately, because of the coronavirus pandemic, its mission is a little bit behind the target.

The mission of IASLC is to study, educate, optimally treat, and eventually eliminate thoracic malignancies. After the coronavirus, we must sincerely think about global education of the most updated results of recent studies. In the recent corona period, we have accumulated the technology and know-how of the remote discussion system. To lessen the regional gap between practice and research, IASLC-sponsored teleconferences must play a significant role. In such specialties as pathology and X-ray diagnosis where the images are the key, this opportunity may provide indispensable feedback on the updated resources. We must realize that IASLC does not exist only for developed countries, but IASLC, by its defined mission, must think of global lung cancer control after corona, and for this purpose, we proceed together. More attractive global programs should be eagerly encouraged for post-corona.

Name: Michael Boyer

Institution: Chris O'Brien Lifehouse

Specialty: Medical Oncology

Country: Australia



Dr. Boyer Biography: Michael Boyer is a medical oncologist at Chris O'Brien Lifehouse, where he also holds the position of Chief Clinical Officer. He also holds the Kam Ling Barbara Lo Chair in Lung and Thoracic Cancer at the Central Clinical School, University of Sydney. He trained in medical oncology in Sydney and subsequently was a Research and Clinical Fellow at the Princess Margaret Hospital, Toronto, Canada, where he completed his PhD. He was an oncologist at the Sydney Cancer Centre from 1993 to 2013. He led the design, development and construction of the Chris O'Brien Lifehouse, a purpose-built cancer hospital, and joined the staff when it opened in 2013. He has held senior administrative positions including Head of Department of Medical Oncology at Royal Prince Alfred Hospital, Director of the Sydney Cancer Centre, and Area Director of Cancer Services, Sydney Southwest Area Health Service. In 2010 he was made a Member of the Order of Australia for his work as an educator, a clinical trials researcher and for his involvement in the development of integrated cancer care facilities. Professor Boyer has 30 years of experience in the management of thoracic and head and neck cancers. His major research interest is in clinical trials of new agents for lung cancer, mesothelioma and head and neck cancers. He is the author of over 190 publications, has given numerous national and international presentations, and is actively involved in the lung cancer community. He chaired the scientific advisory committee of the Australasian Lung Cancer Trials Group between 2004 and 2011, was the conference Co-President for the 15th World Conference on Lung Cancer and was a member of the Board of Directors of the International Association for the Study of Lung Cancer from 2009-2013 and again from 2015-2019.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? As a Board Member, and specifically as President-Elect, I will be able to contribute my time, knowledge, energy and enthusiasm to the organization. I would look forward to working with other members of the Board of Directors to provide support to the CEO and professional staff of the organization and to help to promote the work of IASLC across regions. I would also like to help to identify underserved populations/regions and work on ways to assist with education/training, and advocacy in those areas. In many ways, Board members serve as role models for our newer members. I think an important contribution is to be able to enthuse and mentor these individuals to show them how they can be involved with and help IASLC in the future, and demonstrate why IASLC should be their natural, professional "home". This extends across disciplines, across regions/nations and across career stage, and is important in order to build a strong group of future leaders who understand and are aligned with the values, vision and mission of IASLC.

Name: James Chih-Hsin Yang

Institution: National Taiwan University Cancer Center

Specialty: Medical Oncology

Country: Taiwan



Dr. Yang Biography: James Chih-Hsin Yang, MD, PhD, received his MD from National Taiwan University (NTU) in 1986 and PhD degree at the Graduate Institute of Clinical Medicine, NTU. He completed his internal medicine residency at the NTU Hospital and medical oncology training between 1992 and 1995 at the National Cancer Institute at Bethesda, Maryland. He started his research and clinical staff career in NTU Hospital since 1995. He was appointed as the Director of the new NTU Cancer Center hospital in August 2020. He is now the President of Taiwan Oncology Society and the President of Taiwan Association for the Study of Lung Cancer. Dr Yang is a leader in lung cancer new drug development in the world and has contributed to many new drug approval and translational research in lung cancer. He and other Asian investigators have established EGFR TKI as the front-line treatment for lung cancer patients with EGFR mutation (IPASS study). He contributed to approval of irreversible EGFR TKI, afatinib and osimertinib globally. He has published more than 300 papers in peer-reviewed journals such as New England Journal of Medicine, Lancet Oncology, Journal of Clinical Oncology, Cancer Discovery, Journal of Thoracic Oncology, etc. He served more than 15 years as associate editor of Journal of Thoracic Oncology. He received the 2nd Kobayashi Foundation Cancer Research Award in Asia, and many distinguished awards from Taiwan. He is the highly cited researcher of 2019, 2020, 2021, 2022 awarded by Clarivate Analytics (Web of Science Group). He was the recipient of IASLC Paul A. Bunn, Jr. Scientific Award in WCLC 2022. He serves as an advisor to many international pharmaceutical companies. He served as Board of Director for IASLC between 2017-2021. He served as co-chair of the IASLC Asia Conference of Lung Cancer in 2022, and on scientific committees for all WCLC's since 2007.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? IASLC is the largest lung cancer society in the world. The mission is very clear, to eliminate thoracic cancer in the world. To achieve this goal, many disciplines such as medical oncologists, pulmonologists, surgeons, radiation oncologists, radiologists, translational scientists, pharmacists, nurses, patient advocates should all be included. In addition, the disparities of resources put into thoracic cancer prevention, screening, diagnosis and treatment is vast in the world. As President of IASLC, the most important action item includes identifying stakeholders of thoracic cancer elimination, allocation of resources to research, education and advocacy. In addition to attract pharmaceutical and diagnostic companies to participate in this fight against thoracic malignancies, the President of IASLC should also explore many other resources such as from beneficiary groups that share our same goal. They should understand our past record and should be happy to contribute to our foundation. In order to emphasize us as the international organization, stakeholders from 3 major regions hopefully can be equally contributed and young members from all continents and countries should all have chances to receive the educational or research resources. For underdeveloped or less resourceful regions, more efforts should be taken to foster government or non-government organizations to learn that thoracic cancer now is preventable, treatable and curable. A multidisciplinary approach is the hallmark of our Society. The balance of different disciplines in each committee of IASLC thus should be carefully examined. And, a multidisciplinary approach should be emphasized and publicized. I believe this is the best route to achieve our mission faster.

Name: Caicun Zhou

Institution: Tongji University Shanghai Pulmonary Hospital

Specialty: Medical Oncology

Country: China



Dr. Zhou Biography: Professor Caicun Zhou joined the IASLC Board of Directors from 2019-2023, served as a committee member of IASLC Tobacco Control, Cessation Committee from 2015-2019 and Education Committee from 2010-2014, and was Associate Editor of the IASLC Newsletter. He got his Ph.D degree from China Medical University and was further trained at National Tokyo Hospital for 2 years and MD Anderson Cancer Center in 2002. With more than 30 years of research experience in lung cancer, he focused on early detection, molecular targeted therapy, anti-angiogenesis therapy, and immunotherapy. Since 2000, he served as Chief Physician and Director of the Department of Medical Oncology at Shanghai Pulmonary Hospital, Tongji University School of Medicine. Since 2007, He has also been the Director of Tongji University Cancer Institute. Professor Zhou has initiated or taken part in more than 100 multicenter clinical trials including OPTIMAL, BEYOND, ALESIA, KEYNOTE-033, EVIDENCE, Camel, Camel-sq, GEMSTONE-302, etc. as a principal investigator. He has published more than 400 articles in international peer-reviewed journals, including the Lancet Oncology, Lancet Respiratory Medicine, JAMA Oncology, Journal of Clinical Oncology, and Annals of Oncology, and he has written ten books on lung cancer. He has also received more than 60 research grants from Chinese Government and Shanghai Government. As the leader of thoracic researchers in Asia, he established the China Eastern-Western Lung Cancer Research Collaborative Group (E-West), the Pan-Yangtze study group of Uncommon Oncogene Drivers in Lung Cancer, served as president of CSCO NSCLC Professional Committee and Chinese Anti-Cancer Association Clinical Trial Committee, academic committee member of WCLC, ACLC, and ESMO Asia. He has held two IASLC Workshops in Shanghai and was actively involved in IASLC meetings including WCLC, IASLC-AACR joint conference, APLCC, and ELCC, etc. He also held Chinese-Germen Lung Cancer Symposium (CGLCF) annually with Professor Manegold Christian and Professor Robert Pirker since 2009.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? International and multidisciplinary features are the most important mission of IASLC. As an active IASLC board member, I will make every effort to achieve the above specific mission. I will help IASLC to prepare more educational sessions and regional workshops on different continents. I will help IASLC to organize and launch more global multi-center clinical trials. I will accelerate educational programs in various formats including webinars, podcasts, network platforms, and a virtual library of meeting content. I will increase the local exchanges and collaboration among different countries and attract more members from various countries, regions, and backgrounds. More importantly, to keep the feature of diversity of IASLC. At the same time, bringing together clinicians and researchers can both educate and foster communication on scientific and clinical advances. I will focus on member experience and the interactions with scientific projects, education and continuing medical education (CME), patient advocacy, and publications. I will strengthen multidisciplinary cooperation and research, prevention, and treatment, integrating the wisdom of thoracic surgeons, medical oncologists, pathologists, radiologists, pulmonologists, pharmacists, scientists, bioinformatics, and artificial intelligence specialists, et al., to accelerate the pace of thoracic malignancy research worldwide, including focusing on patients with rare mutations and rare thoracic malignancy. In this scenario, IASLC can help build criteria for lung cancer precision diagnosis and therapy. IASLC should be involved in rapid integration of molecular biomarkers into clinical practice and be the leader in defining international standards and guidelines for molecular testing, staging and early detection & screening, and patient management.

Asia & Rest of World One Seat, 4-Year Term (Slate #2, Any Specialty, Any Gender)

Name: Deepali Jain

Institution: All India Institute of Medical Sciences (AIIMS)

Specialty: Pathology

Country: India



Dr. Jain Biography: Dr. Deepali Jain, MD, DNB, FIAC, FRCPath has done post-graduation in Pathology (MD) from Post Graduate Institute of Medical Education and Research (PGIMER) Chandigarh, India and also obtained the degree of Diplomate of National Board. She was awarded Post-doctoral fellowship from Johns Hopkins Medical Institutions, Baltimore, MD, USA for the year 2008–2009. She is Professor at All India Institute of Medical Sciences (AIIMS), New Delhi, India. Dr. Jain has more than 300 peer-reviewed national and international publications and has delivered numerous lectures in various national and international meetings. She is an editorial board member of WHO 2021 Classification of Thoracic Tumors (5th edition) and first edition of International System for Reporting Lung Cytopathology by International Academy of Cytology (IAC) and International Agency for Research on Cancer (IARC) WHO. She is chapter author of WHO 2022 classification of Head and Neck Tumors and Endocrine and Neuroendocrine Tumors. In addition, she has edited and published a book Atlas of Thymic Pathology with Springer in 2020. She is a member of many prestigious national professional bodies including the National Academy of Medical Sciences and National Academy of Sciences of India. She is a member of the pathology committee of International Association for Study of Lung Cancer (IASLC). She is section editor—Molecular Cytopathology, Archives of Pathology and Laboratory Medicine. Her special interest areas are Cytopathology, Thoracic pathology, and Sinonasal Cancers. Dr Jain is a recipient of numerous distinguished national and international scientific awards including the IASLC Mary J. Matthews Pathology/Translational research award.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? I represent India as a pathologist in IASLC and would like to advertise IASLC as much as possible all over the country. I actively participate in IASLC activities and encourage my colleagues and students to get involved in IASLC organized meetings and conferences. IASLC tremendously helped me in shaping my career in the field of lung cancer and I sincerely wish IASLC to expand widely and reach to each and every part of the world especially to underserved countries or places liable to be discriminated in terms of health care access and patient management. I envision organizing multidisciplinary meetings in India and neighboring underprivileged countries under the aegis of IASLC to help educate patients and physicians to improve lung cancer management taking care of diversity, equity and inclusion of every sector. It will undoubtedly increase involvement of Asian countries in the IASLC family.

Asia & Rest of World One Seat, 4-Year Term (Slate #2, Any Specialty, Any Gender)

Name: Terufumi Kato

Institution: Kanagawa Cancer Center

Specialty: Medical Oncology

Country: Japan



Dr. Kato Biography: Dr. Terufumi Kato is Chief Physician at the Department of Thoracic Oncology at the Kanagawa Cancer Center located in Yokohama, Japan. He obtained his medical degree from Kyoto University in 1991 and completed residency in General Practice and Internal Medicine at Tenri Hospital in Nara until 1996. In 2005, he underwent advanced clinical fellowship in Medical Oncology at the National Cancer Center Hospital in Tokyo and subsequently completed a research fellowship in 2008 at the National Cancer Center Research Institute. In 2008, he was recruited as Chief of the Comprehensive Lung Cancer Care Unit in the Kanagawa Cardiovascular and Respiratory Center in Yokohama, and later in 2016 assumed his present position at the Kanagawa Cancer Center. With expertise in the field of thoracic oncology, Dr. Kato has written or co-written more than 100 articles covering subjects such as lung cancer and drug-related adverse event management, particularly pneumonitis. He has also been a part of numerous clinical trials involving novel therapies in medicine, radiotherapy, and perioperative treatment. His main area of clinical research revolves around the individualized treatment of lung cancer, with a focus on cancer genotypes and biomarkers in relation to immune checkpoint inhibitors. Additionally, he is deeply involved in the management of drug-induced pneumonitis in various cancer treatments. Dr. Kato is an active participant in several prominent scientific societies, both nationally and internationally, including the IASLC, ASCO, and ESMO. He serves as a program committee member for IASLC meetings such as the WCLC and ACLC, and is also a member of several committees within the Japanese Lung Cancer Society and Japanese Society of Medical Oncology, specifically concerning "International Affairs" or "Public Relations." Outside of his professional life, Dr. Kato is known to enjoy music and travel, frequently embarking on adventures with his family and friends.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? As a prospective member of the IASLC Board of Directors, I envision playing an instrumental role in guiding the organization towards fulfilling its international and multidisciplinary mission through a commitment to fostering cross-cultural collaboration and inclusiveness. I am of the conviction that diversity in backgrounds and perspectives is indispensable for advancing an integrated approach to lung cancer research and patient care. To advance this objective, I plan to proactively engage in the formation of partnerships with a diverse array of organizations and individuals, encompassing clinicians, researchers, patient advocacy groups, and industry leaders globally. This will entail cultivating and preserving relationships with these stakeholders to promote multilateral cooperation. I also intend to catalyze communication and collaboration between members of the IASLC from different backgrounds and areas of expertise, through initiatives that facilitate cross-disciplinary discussions and joint projects. This could involve providing resources and support to multidisciplinary teams and promoting opportunities for knowledge exchange. Furthermore, my extensive background in working with patient advocacy groups will equip me to ensure that the needs and perspectives of those impacted by lung cancer remain at the forefront of all IASLC initiatives. In conclusion, I am confident in my ability to make a meaningful contribution to the IASLC's mission, leveraging my skills and experiences to bring a unique and valuable perspective to the Board of Directors.

Asia & Rest of World One Seat, 4-Year Term (Slate #2, Any Specialty, Any Gender)

Name: Shun Lu

Institution: Shanghai Chest Hospital
Shanghai Pulmonary Hospital

Specialty: Medical Oncology

Country: China



Dr. Lu Biography: Dr. Shun Lu currently serves as associate editor for *Journal of Thoracic Oncology, Lung Cancer*, and editor for *The Oncologist*. Dr. Shun Lu is the committee member of American Society of Clinical Oncology (ASCO) Asia Pacific Regional Council and International Affairs Committee (IAC) and MCMC Working Group (2008-2016). He is also the committee member of the International Lung Cancer Research Association. He is the executive board member of Oncology Society Chinese Medical Association, the executive board member of Chinese Society of Clinical Oncology (CSCO) and the past chair of the Chinese Lung Cancer Association. Dr. Shun Lu's other appointments include past director of Oncology Society Chinese Medical Association Shanghai Branch. He completed his Fellowship of Clinical Oncology in Tel Viv University, Israel, 1996-1997. Further he received the position of Visiting Professor in the Department of Thoracic/Head and Neck Medical oncology at the University of Texas MD Anderson Cancer in Houston, Texas, USA from 2004-2005. Dr. Shun Lu served as the leading PI for more than 80 multi-center Phase III oncology clinical trials and participated as the key contributor for more than 70 global and regional clinical trials as well. He has authored more than 200 peer-reviewed articles, many of which has published in *Lancet Oncology, JCO, Lancet Respiratory Medicine, Annuals of Oncology, PNAS, Clinical Cancer Research, Chest and JTO* etc. Dr. Lu presided over several programs including: National Program on Key Basic Research Project of China; National new drug innovation major project; Chinese National Science and Technology Promotion Co-operation project; National Natural Science Foundation of China.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission?

- 1. Within the next four years, Membership Development is the priority for Dr. Shun Lu. He hopes to continue sharing his medical knowledge as a mentor to new doctors in the future all around the world.
- 2. Within the next four years, Dr. Shun Lu plans to further his clinical research in lung cancer treatment developments and improving national and international medical education in lung cancer diagnosis and therapy, especially in Asia.
- 3. One of the primary goals of the IASLC is to foster international collaboration in the fight against lung cancer. Within the next four years, Dr. Shun Lu would work to promote collaboration between researchers, clinicians, and patient advocates across the globe, facilitating the sharing of knowledge, expertise, and resources.
- 4. Lung cancer research and treatment require a multidisciplinary approach that involves experts from various fields. He would work to create opportunities for researchers, clinicians, and other healthcare professionals to exchange ideas, share best practices, and collaborate on projects, with the aim of improving patient outcomes.

Asia & Rest of World One Seat, 4-Year Term (Slate #2, Any Specialty, Any Gender)

Name: Benjamin Solomon

Institution: Peter MacCallum Cancer Center

Specialty: Medical Oncology

Country: Australia



Dr. Solomon Biography: Professor Benjamin Solomon is a medical oncologist and head of the lung medical oncology service at the Peter MacCallum Cancer Centre in Melbourne Australia. Following his training in medical oncology he was a recipient of an IASLC fellowship in 2004 and proceeded to do a postdoctoral fellowship at the University of Colorado under the supervision of Professors Paul Bunn and Fred Hirsch. He returned to Peter MacCallum Cancer Centre in 2006 where he heads the Lung Medical Oncology Service and is a Group Leader of the Molecular Therapeutics and Biomarkers Laboratory in the Research Division. His clinical trial work focuses on the identification of novel therapies for lung cancer including novel targeted therapy and immunotherapy approaches. He has been involved in practice changing clinical trials with novel inhibitors of ALK, ROS1, NTRK, BRAF, cMET, RET and KRAS including pivotal trials leading to registration of drugs including crizotinib, ceritinib, lorlatinib, repotrectinib and selpercatinib. He has more than 200 peer-reviewed publications and has been recognized as a Clarivate Highly Cited Researcher (2019, 2020, 2021, 2022). He is a founding board member of the Thoracic Oncology Group of Australasia (TOGA) and is a Board Member of the Cancer Council of Victoria. He has served on several committees for the IASLC, including the fellowship committee and was chair from 2016-2018.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? I am fortunate to have a good understanding of the benefits of the IASLC and its international and multidisciplinary mission from the very earliest stages of my career education as an IASLC post-doctoral fellow at the University of Colorado (2004-2006) right through to my present role as an experienced clinician scientist. My vision is to support the IASLC in delivering on this vision by enhancing global reach and collaboration. Some of the key areas that I would be keen to contribute to the IASLCs work are:

- 1. Addressing Disparities in Cancer Care—equitable access to cancer care.
- 2. Assist in Global efforts to target reversible causes of lung cancer—smoking/vaping and pollution.
- 3. Opportunities to drive scientific advances by fostering global collaborations.
- 4. Engage Lung Cancer patients and advocates. I feel that it is important to maintain collegiality and sense that we are all working together to improve outcomes for patients with thoracic malignancies.

Asia & Rest of World One Seat, 4-Year Term (Slate #3, Any Specialty, Any Gender)

Name: Feng-Ming (Spring) Kong

Institution: The University of Hong Kong

Specialty: Radiation Oncology

Country: Hong Kong



Dr. Kong Biography: Professor/Dr. Kong, is an American Board certified Radiation Oncologist, Fellow of American College of Radiology (FACR) and Fellow of American Society of Radiation Oncology (FASTRO), with over 30 years' experience on lung cancer practice, research and education, has been a member of IASLC for 15+ years. She has served as an invited speaker, session Chair, and member of IASLC meeting program committee and scientific committee for over 10 years. Prof. Kong has also served as a member of scientific committees in lung cancer of ASCO, ASTRO and an expert panelist in lung cancer for American College of Radiology (ACR) and National Cancer Network (NCCN) guidelines. She is currently a member of Advanced Radiation Technology Committee of IASLC, leading the effort on generating the Atlas for Organs at risk for Thoracic Radiation Therapy. Prof. Kong is currently a tenured Professor, the Director of Thoracic Oncology Center at Hong Kong University Shenzhen Hospital, the Director of imaging and blood biomarker group of HKU. Prof. Kong received over 20 grants including prestigious Young Investigator and Career Developmental Awards from ASCO and R21/R01 from NIH/NCI. She has 270 publications, was recognized as top a 1% cited scholar in 2020, and a top 1% published in radiation pneumonitis in 2021. She has served as an editorial board member of the top oncology Journals including Red Journal and JCO, currently an associated editor for Journal of National Cancer Center. Prof. Kong is the PI of RTOG1106, Co-Chair of RTOG 3502 and RTOG0813/RTOG618, has recently received a 30 million' grant to build a multicenter multidisciplinary platform for clinical trials, is the Founding President and Chair of Board of Sino-American Network for Therapeutic Radiology Oncology (SANTRO), the Founding and Current President of Global Collaborative Oncology Group (GCOG), and the Chair of the WHO Collaboration Center-STAR Guideline Assessment Commission in Oncology.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission?

As an IASLC Board member, I shall:

- 1) Promote IASLC mission of multidisciplinary cancer care, research, education and knowledge exchange about lung cancer to the whole medical community in Asia through the GCOG I am leading, a patient centered organization with inclusion of physicians, scientists, industrial partners and investors.
- 2) Promote "one stop taking care of all" multidisciplinary patient care model with multi-specialty experts for prevention, diagnosis and treatment, which has already been proven effective also through my track records in Hong Kong, China, and Georgia in the United States.
- 3) Continue the online platform that already generated great impact (over one million people viewers in 18 monthly sessions) on the society on multidisciplinary expert integrated public education on "Global view of cancer prevention, diagnoses and treatment consultation".
- 4) Promote IASLC clinical research in the great China and Asia, with the use of GCOG innovative clinical trial platform, through global multidisciplinary and cross-field collaborations, with the use of best of the best modern technology of all fields
- 5) Using my leadership opportunity of WHO collaboration center on practice guideline assessment and ATC on RT guideline, to reach the internalization mission of IASLC of improve cancer care in cancer centers around the world. Using my extensive experience and network around the world, both the West and East, working closely with multidisciplinary IASLC leaders from multiple countries, I envision myself to help the organization adhere to its international and multidisciplinary missions of minimize the threat of thoracic malignancies throughout the world.

Asia & Rest of World One Seat, 4-Year Term (Slate #3, Any Specialty, Any Gender)

Name: Navneet Singh

Institution: Postgraduate Institute of Medical Education

& Research (PGIMER)

Specialty: Pulmonary Medicine

Country: India



Dr. Singh Biography: Dr. Navneet Singh is a thoracic medical oncologist and tenured full professor of Pulmonary Medicine at the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India. Dr. Singh is the coordinator-cum-convener for PGIMER's multidisciplinary thoracic oncology group that received the Lung Cancer Care Team Award of the International Association for Study of Lung Cancer (IASLC) at its 20th World Conference on Lung Cancer (WCLC) in Barcelona, Spain [September2019]. He has 200+ publications in peer-reviewed medical journals, authored several chapters in books and was a nominated member of IASLC's Publications Committee for two successive terms. He is/has been member of IASLC's Staging and Prognostic Factors Committee, Education and Membership Committees as well as invited faculty and program committee member for its annual WCLC. A past recipient of the prestigious International Development & Education Award (IDEA) of the American Society of Clinical Oncology (ASCO), Dr. Singh served as Chair of ASCO's IDEA steering group (2018-20) and is currently chair of ASCO's Treatment of Stage IV NSCLC Living Guideline Expert Panel. Dr. Singh has been a recipient of several awards and honors for his research in the area of lung cancer including American Association of Cancer Research-National Cancer Institute (AACR-NCI) International Investigator Opportunity Grant (2009); European Society for Medical Oncology's (ESMO)'s Translational Research Unit Visit (2010) and Palliative Care (2012-13) Fellowships; the Kamal Satbir Award of the Indian Council for Medical Research (ICMR; 2014); and ISSLC's Oration on Lung Cancer (2017); in addition to travel grants for several international meetings. Dr. Singh has been elected fellow of Royal College of Physicians (London), American College of Physicians (FACP), American College of Chest Physicians (FCCP) and Indian Chest Society. He has served as a reviewer for several international journals including New England Journal of Medicine and the Lancet group.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission?

- 1. Chance to make a difference: Serving on the IASLC BOD represents an incredible, once-in-a-lifetime opportunity to do something that truly makes a difference in lung cancer (LC) care. There is no better organization than IASLC to effect educational, research and policy changes that have the potential to transform and revolutionize LC care in different geographical regions of the world especially low- and middle-income group countries (LMICs). Sharing my three-decade long experience in practice of medicine and LC care in resource constrained settings with IASLC leadership while being a part of its BOD could be very crucial to this endeavor.
- 2. Liaison with regulatory and government authorities in LMICs: Serving on the IASLC BOD would also make it possible for me to approach drug regulatory and governmental authorities in LMICs and bring all the decision-making stakeholders including pharmaceutical companies and patient advocacy groups on the same table to chart out a roadmap for improving global LC care at a pace that is commensurate with what is required to bridge the current gap between high income countries (HICs) and LMICs.
- 3. **Cancer Prevention:** Lifestyle changes and screening can go a long way in preventing LC a far more effective and cost-effective strategy in reducing LC-related morbidity and mortality as compared to (post-diagnosis) treatment approaches. Serving on the IASLC BOD would also give me an opportunity to facilitate sharing of the enormous expertise that IASLC has, in this matter, in LMICs and thereby enhance population-based and high-risk group-based LC preventive interventions.

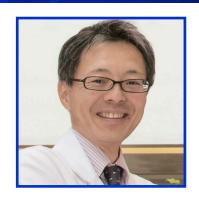
Asia & Rest of World One Seat, 4-Year Term (Slate #3, Any Specialty, Any Gender)

Name: Yasushi Yatabe

Institution: National Cancer Center Japan

Specialty: Pathology

Country: Japan



Dr. Yatabe Biography: Dr. Yasushi Yatabe currently serves as Chief of the Department of Diagnostic Pathology at the National Cancer Center Hospital and Chief of the Division of Molecular Pathology at the National Cancer Center Research Institute, both in Tokyo, Japan. He received a medical degree from Tsukuba University, School of Medicine, in 1991 and subsequently completed his Ph.D. in 1995 at Nagoya University in Japan. From 1998, Dr. Yatabe spent two years in a postdoctoral fellowship studying at the Norris Comprehensive Cancer Center, University of Southern California, Los Angeles, CA, after which he returned to Japan and served as Senior Pathologist and Chief (from 2005) at the Aichi Cancer Center Hospital until 2019. In 2019, he moved to the National Cancer Center in Tokyo and became the Chief of the Department of Pathology at the hospital and research institute. Additionally, while participating as an active member of the IASLC for 15 years, Dr. Yatabe served as Chair of the Pathology Committee of the IASLC, Co-chair for the CAP/IASLC/AMP molecular testing guidelines board (2015–2017), and Associate Editor of the Journal of Thoracic Oncology (2006-present). As part of his career dedicated to research, more than 600 articles have been published in peer-reviewed journals and he have earned a number of awards, including the 2017 IASLC Mary J. Matthews Pathology/Translational Research Award. His recent area of interest is focused on translational research of lung cancer, with results obtained thus far providing significant contributions to the expanding integration of clinical molecular oncology and pathology.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? Most IASLC members understand state-of-the-art diagnosis and treatment for thoracic malignancies, but it is difficult to put them all into clinical practice because of healthcare system regulations, financial issues, and inappropriate bridging between research and treatment as well as other factors. The IASLC is the only international scientific society dedicated to the study of thoracic malignancies via a multidisciplinary approach, thus our strength is based on activities with multidisciplinary worldwide members. Through our prior achievements, the IASLC should lead in the promotion of new clinical standards, while the establishment of minimum standards is also essential. Such attempts by our global multidisciplinary organization can drive local regulatory bodies to shift norms to a higher level. Moreover, therapeutic options for lung cancer have been shifting to a new phase. Immune checkpoint inhibitors and molecular-targeted drugs are redirected to the peri-operative setting, which requires deep interaction of all fields. Therefore, the promotion of a coordinated multidisciplinary approach can highlight our strengths. In addition, the emergence of antibody-conjugated drugs may bring a new paradigm in terms of shifting the target molecules from genes to proteins. Furthermore, therapeutic plans may change according to molecular residual tumor burden or remission. Most advanced therapeutic development in oncology has been initiated from lung cancer, and the IASLC has led the way. With pride, we must continue to demonstrate our leadership. For this goal, the community- or professional field-driven white papers will enhance members' discussion, resulting in a demonstration of unique positions of the IASLC.

Asia & Rest of World One Seat, 4-Year Term (Slate #3, Any Specialty, Any Gender)

Name: Wen-Zhao Zhong

Institution: Guangdong General Hospital
Guangdong Academy of Medical Sciences

Specialty: Thoracic Surgery

Country: China



Dr. Zhong Biography: Wen-Zhao Zhong received his PhD. in Oncology, specializing in thoracic surgery, from Sun Yat-Sen University, Guangzhou, China. At present, he is serving as the chief physician of thoracic neoplasms surgery in Guangdong Lung Cancer Institute. Wen-Zhao is broadly interested in the area of clinical trials and translational researches involving early-stage and locally advanced non-small cell lung cancer, which include systemic treatment modality of stage III non-small cell lung cancer (NSCLC), personalized perioperative treatment, diagnosis and management of pulmonary nodules as well as early screening of lung cancer. His recent projects involve personalized treatment modality for localized mutant non-small cell lung cancer and ctDNA-guided personalized treatment. Recent relevant researches have been published in high impact journals such as *Journal of Clinical Oncology, NPJ Precision Oncology, Journal of Thoracic Oncology,* and etc. In 2022 WCLC, he has achieved TSUGUO NARUKE Lectureship award for surgery in recognition of his outstanding contribution to the field of thoracic oncology and particularly to thoracic surgery.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? As an IASLC Board member, I will keep dedicating my time in providing high-quality lung cancer care, carrying out high-impact studies, promoting lung cancer early prevention and bringing forefront evidence in guiding the precision oncology. Being a thoracic surgeon, I will undoubtedly design and organize more compelling and clinical-oriented topics for thoracic surgeons and provide more educational session for young physicians and doctors from primary institutions. Indeed, surgery involved multidisciplinary would be the main key of these topics to further emphasis the important role of surgery in potentially resectable and oligometastatic NSCLC. Besides, amplifying the impact of WCLC through social media and delivering the advances of novel therapeutic approaches to the patients immediately would be another practical measure. Last but not least, enlarge the influence of *JTO* and attract more high-quality clinical trials through enhancing the interaction with more principal investigators and key opinion leaders.

Europe One Seat, 4-Year Term (Slate #4, Any Specialty, Any Gender)

Name: António Araújo

Institution: Centro Hospitalar Universitário de Santo António

Specialty: Medical Oncology

Country: Portugal



Dr. Araújo Biography: António Araújo is Head of the Department of Medical Oncology at Centro Hospitalar Universitário do Porto, and Full Professor at School of Medicine and Biomedical Sciences - ICBAS and at Dental Medical Faculty, University of Porto. Since January 2023 he is Head of the Integrated Master Degree in Medicine at School of Medicine and Biomedical Sciences – ICBAS, University of Porto. He is a member of the Portuguese National Council for Oncology, since 2013, and a member of the Scientific Committee of the Portuguese National Cancer Registry since 2019. He was a member of the International Association for Study of Lung Cancer Ethic Committee for the term 2015-2019, and is a member of its Educational Committee since 2019. He was a member of the Executive Board of the Portuguese Lung Cancer Study Group, from 2006-2012. He is a founding member of REDICAP - Red IberoAmericana de Cancer de Pulmón, founded in February 2021, and which includes oncologic researchers from Spain, Colombia, Argentina, Peru, and Portugal. He was President of the Executive Board of the Northern Regional Council of the Portuguese Medical Association from 2017-2022. Professor Araújo has authored or contributed to more than 110 scientific papers and book chapters. He is a full member of ESMO, ASCO, IASLC, Portuguese Society of Oncology and Portuguese Society of Pulmonology. In 2022, he was distinguished with the Municipal Medal of Merit – Gold Grade, by the city of Porto.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? With all my contacts in Portugal, Spain, all the Portuguese speaking countries, and in South America, I will help to spread the goals of IASLC to other countries. With all my experience in managing people, encouraging research, producing guidelines and increasing its follow-up, improving medical education, I hope that it will be an asset for the organization. I have also some experience with patient advocacy, so I can understand and talk with some international patient organizations.

Europe One Seat, 4-Year Term (Slate #4, Any Specialty, Any Gender)

Name: Matthijs Oudkerk

Institution: University of Groningen

Specialty: Diagnostic Radiology

Country: Netherlands



Dr. Oudkerk Biography: Professor Matthijs Oudkerk is professor emeritus of Radiology at the University of Groningen, Chief Scientific Officer of the Institute for Diagnostic Accuracy (formerly the Center of Medical Imaging Research Center of Excellence awarded by the Dutch Research Council) and the principal investigator for Radiology of the NELSON lung cancer detection study (published in the New England Journal of Medicine 2020), the ROBINSCA study on early detection of cardiovascular disease and the 4-In-the-Lung-Run-Study (4ITLR) on implementation of screening and early detection of lung cancer, cardiovascular disease and emphysema in Europe (inclusion started in 2022). In 2020 he chaired the Expertgroup of the National Institute of Public Health of the Netherlands and published the Report: Diagnosis, Prevention, and Treatment of Thromboembolic Complications in COVID-19 published in Radiology(2020). Oudkerk was Founder and President of the European Society of Cardiac Radiology and presented the first study on non-invasive imaging of the coronaries with CT published in the Lancet 2001: He was Chairman of Radiology departments of DDHK Erasmus MC Rotterdam and University Medical Center Groningen. Oudkerk received a prestigious grant of Royal Academy of Sciences of the Netherlands (KNAW) for the early detection of lung cancer. Furthermore grants such as Horizon 2020 grant, ERC advanced grant, Dutch Research Council, etc. Today Oudkerk focuses as chief scientific officer of the Institute of Diagnostic Accuracy (i-dna.org) on implementation of the B3 diseases together with research and validation of AI in large datasets operating in the advanced High Performance Computer Center Bytesnet in cooperation with EU and worldwide international partners in multidisciplinary multi-center studies, spin-off scientific start-ups and through PhD exchange programs. He published more than 622 peer reviewed articles, is cited over 27,549 times with an H-index >80 (Scopus Oct 2022). Key publications in Nature, NEJM, Lancet, Thorax, Circulation, JACC, Eur Heart, Radiology, Lancet Oncology, etc. H-index Google Scholar 98, citations Google Scholar 118051.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? We are entering now the phase of implementation of lung cancer early detection and screening worldwide. The success of this implementation is very much depending on the radiological discipline. Since Radiology is not represented in the Board of the IASLC, this is the optimal moment now to have this discipline represented in the IASLC board to guide these implementations worldwide through the necessary processes and quality control monitoring as well to develop multidisciplinary research in this new, important field. As a radiologist Oudkerk regards this role for the IASLC as a major opportunity for the IASLC internationally to provide and develop LC implementation and early detection and all related issues in the WCLC conferences by integrating the CT workshop international network in the main body of the conference and substantially extend active membership by actively involving the Radiological discipline and related disciplines in the IASLC policy and strategy.

Europe One Seat, 4-Year Term (Slate #4, Any Specialty, Any Gender)

Name: Antoni Rosell

Institution: Hospital University Germans Trias I Pujol

Specialty: Pulmonary Medicine

Country: Spain



Dr. Rosell Biography: Dr. Antoni Rosell (Barcelona, 1963) Pulmonologist (1992), PhD in Medicine (2000), Diploma in Biostatistics (2004), European Certification in Respiratory Medicine (HERMES) (2009), and Professor of Medicine at the Universitat Autònoma de Barcelona (2021), he has held the position of Chief of Respiratory Endoscopy Unit of the Hospital Universitari de Bellvitge (Barcelona) between 2005 and 2018. Since then, he is the Clinical Director of the Thoracic Institute of the Hospital Universitari of the Germans Trias I Pujol Hospital (Barcelona), managing the Pulmonology Service and the Thoracic Surgery Service. He has made short stages in international hospitals and research centers between 1998 and 2013, learning autofluorescence, endobronchial ultrasound (EBUS), rigid bronchoscopy and lung cancer screening programs. He has been the introducer in Spain of the EBUS, the autofluorescence bronchoscopy, and the non-electromagnetic navigation system (Archimedes©). During 2012-2018 he developed an international fellowship on interventional bronchoscopy. He is a referral in this field, specifically rigid bronchoscopy and stenting. He leads the Translational Pulmonology Research Group of the Germans Trias Research Institute (IGTP). Dr. Rosell is a reviewer of research projects of various public health agencies and international journals. He published 22 articles in Q1, h-Index of 16 and is the co-author of 3 patents. Together with the group of chemists, an antibiofilm silver-eluting stent was developed and tested in an animal model. His research is focused on radiomics, and radiogenomics applied in lung cancer screening, and he is participating in the International Lung Screen Trial (ISLT). He chaired the 3rd European congress of the EABIP (European Association for Bronchology and Interventional Pulmonology) in 2015 and was the vice president of the World Conference of Lung Cancer (WCLC) in Barcelona (2019).

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? Global health threats must be considered, studied, diagnosed, and treated from a multidimensional and multidisciplinary perspective. In noncommunicable diseases, lung cancer has a significant and disgraceful role, and to reverse this situation, a smart and open-minded view is crucial to reduce it to its minimal incidence and mortality. A highly functional network allows organizations "to think globally and act locally", meaning that the projects and actions they promote will be more efficient. IASLC has the leadership and power to maximize this functional network, which enables combining cutting-edge molecular research and public health actions in low- and high-income countries. Lung cancer is a multi-stage process that needs to engage not only the far more visible specialty as medical oncology but also the other medical specialties. Pulmonology, in particular, has to take responsibility for this process and needs to be part of the team. To promote interest in smoking cessation, Screening programs, and diagnostic and therapeutic bronchoscopy, specific medical education has to be fostered and multicentric research facilitated by the IASLC. In summary, a global health threat such as lung cancer requires an highly functional network that can adapt the IALSC research and actions to each society's complexity and harmonize the empowerment of all the specialties.

Europe One Seat, 4-Year Term (Slate #4, Any Specialty, Any Gender)

Name: Witold Rzyman

Institution: Medical University of Gdansk

Specialty: Thoracic Surgery

Country: Poland



Dr. Rzyman Biography: After graduating from medical studies in 1986 at the Silesian Medical University in Katowice in Poland, he began surgical education in the Department of Vascular and General Surgery. Since 1993 he has been employed in Thoracic Surgery Department of Medical University of Gdansk (MUG) being assistant professor and from 2008 university professor. Appointed in 2006 to the position of Chief Surgeon of Thoracic Surgery Department of MUG. Since 2008, apart from the duties related to the MUG, he has been the Chief Surgeon of Thoracic Surgery Department of the Provincial Hospital of Lung Diseases in Prabuty. In the years 1995-2010 he worked periodically (40 months) at the Department of Cardiac Surgery at Ullevål University Hospital in Oslo. He is the author of over 108 publications and has been warded numerous academic prizes and honors such as: Board member of Polish Society of Cardiothoracic Surgery and Polish Thoracic Surgeons Club; Former Member of ESTS Ad Hoc Screening Committee; and IASLC Screening Committee Member. He is Associate Editor of the International Lung Cancer News. His scientific interests are thoracic malignancies with a special emphasis on multimodality treatment and minimally invasive surgical procedures. In addition to strictly surgical interests, he is involved in biomolecular projects as a co-leader of Gdansk Lung Cancer Study Group, responsible for biobanking. However, the core of his non-surgical activity is the implementation of LDCT lung cancer screening in Poland and globally being initiator and the Steering Committee Member of the Polish Pilot LCS program 2020-2023. He is involved in several lung cancer screening initiatives in Europe, including the Lung Cancer Policy Network. PI of three grants: "Pilot Pomeranian Lung Cancer Screening Program" (2009-2011), "MOLTEST 2013" and "MOLTEST-BIS" the studies that evaluate molecular tests supporting LDCT lung cancer screening in screening program participants. Co-investigator in "CLEARLY", a study within Horizon 2020 program.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? The outcomes of lung cancer patients have not changed significantly over the past decades worldwide, despite significant technological advances. To beat lung cancer, maximum effort must be placed at every stage, from prevention, through diagnosis, to treatment. This requires the work of an entire multidisciplinary team. My competences are sufficient to operate in the areas of surgery, lung cancer screening, data collection and management, and a multidisciplinary approach in research and treatment. In every action and in all decisions to be taken, I envision to adhere to the IASLC's organizational goals as broadly as possible in all economic conditions of the countries represented by its members, with special attention to lower-income countries. This means the emphasis on lung cancer research and practice collaboration with involvement of the scientists and physicians representing all areas mentioned above, with solid representation of colleagues from the middle- and low-income countries and with emphasis on gender and ethnicity balance. My potential contribution:

- 1. Be a significant person in planning, anticipating and promoting surgery in IASLC.
- 2. Work for the promotion and implementation of AI in the key areas of diagnosis and treatment of malignant tumors of the chest.
- 3. Work to implement lung cancer screening worldwide.
- 4. Participate in the coordination of the IASLC TNM database with other potential data resources.
- 5. Be a proponent in all aspects of multidisciplinary treatment and patient care, personalized treatment, equal access to early diagnosis, and treatment for all minorities and people in need.

Female One Seat, 4-Year Term (Slate #5, Any Specialty, Any Region)

Name: Jessica Donington

Institution: University of Chicago

Specialty: Thoracic Surgery

Country: United States



Dr. Donington Biography: Dr. Donington is a Professor of Surgery and Chief of the Section of Thoracic Surgery at the University of Chicago. She obtained her bachelor's degree from the University of Michigan and her medical degree from Rush University. She completed surgical training at Georgetown University, cardiothoracic training at the Mayo Clinic, and a surgical oncology fellowship in the Surgical Branch of the NCI. She was on faculty at Stanford University and NYU prior to accepting her current position in 2018. She has expertise in the use multimodality therapy for locally advanced lung cancer, clinical trials in lung cancer, and treatment options for medically high-risk patients with lung cancer. She is currently the president of the Western Thoracic Surgical Association, the surgical chair for the NRG Oncology Lung Group, and a Director for the American Board of Thoracic Surgery. She is a past president of the New York Society for Thoracic Surgery and the Women in Thoracic Surgery. Dr. Donington has a long commitment of service to the IASLC. She has been on the Editorial Board for the *JTO* since 2012. She served on the Publications Committee, Communications Committee, Strategic Screening Advisory Committee, and is an active member of the Staging and Prognostic Factors Committee for the IASLC. She has also served on the Organizing Committee for the World Conference on Lung Cancer in six of the past eight years, including as Early-stage co-chair in 2021. She was also co-chair for the North American Conference for Lung Cancer in 2020 and 2022.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? I have a long and robust track record for collaboration within thoracic oncology. Multimodality care has been a focus of my research and an area of clinical expertise. I am one of only a handful of surgeons who annually attend ASCO, ASTRO, NRG meetings along with the annual IASLC meetings. I have unique insight into the emerging science and clinical obstacles in the three primary arms of thoracic oncologic treatment. As lung cancer care becomes more personalized there is increasing indication for multimodality approach in greater numbers of patients. I am excited to help build the needed bridges between surgeons and their medical and radiation oncology colleagues.

I also have had the opportunity to perform thoracic surgery in many practice settings. I am currently at a university hospital with a NCI-comprehensive cancer center, but I also operate in small community hospitals and spent a decade of my career caring for the underserved of New York City at Bellevue Hospital. I learned how to provide quality thoracic oncology care in resource-poor environments, how to recognize and prioritize vital aspects of care, and to do more with less. I see the incredible value of collaborating with community physicians and learned the importance of expanding cancer care beyond the hospital walls in outreach clinics focused on smoking cessation and lung cancer screening. I am excited about using this knowledge to help disseminate scientific advances to our communities and throughout the world.

Female One Seat, 4-Year Term (Slate #5, Any Specialty, Any Region)

Name: Natasha Leighl

Institution: Princess Margaret Cancer Centre

Specialty: Medical Oncology

Country: Canada



Dr. Leighl Biography: Dr. Natasha Leighl leads the Thoracic Medical Oncology Group at the Princess Margaret Cancer Centre, is Professor of Medicine at the University of Toronto, and Adjunct Professor in the Institute of Health Policy, Management and Evaluation at the Dalla Lana School of Public Health. She holds the Princess Margaret Cancer Foundation OSI Pharmaceuticals Foundation Chair in Cancer New Drug Development. She has published over 350 peer-reviewed papers, held multiple peer reviewed grants and mentored many trainees that have gone on to leadership roles in oncology around the world. In 2019, she was awarded the American Society of Clinical Oncology Excellence in Teaching Award. Her passion for improving patient care has driven her research in lung cancer drug development, lung cancer diagnostics including liquid biopsy, guideline development and outcomes research. She has led several international and cooperative group studies in lung cancer, served on the Lung Disease Site Group Executive of the Canadian Cancer Clinical Trials Group (CCTG), was Co-Chair of the CCTG Committee on Economic Analysis, Congress Co-President of the 2018 World Conference on Lung Cancer, and serves on the ASCO Thoracic Guidelines Advisory Group, ESMO Guidelines Group (Lead, non-metastatic lung cancer), is Faculty Coordinator (Metastatic Lung Cancer) for the ESMO Education Committee, Chair of the International Society of Liquid Biopsy Education Committee and co-Chair of the 2024 European Lung Cancer Congress. She is Deputy Editor of Critical Reviews in Hematology/Oncology, Section co-Editor of Therapeutic Advances in Medical Oncology, and serves on multiple editorial boards including the Journal of Thoracic Oncology and was previous Web Editor. She is a strong supporter of patient advocacy and serves on the Scientific Advisory Board of the Lung Cancer Foundation of America, is Past President of Lung Cancer Canada (2009-2016) and an Honorary Chair of the Exon20 Group.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? My goal as a thoracic oncologist is to improve outcomes for our patients. Throughout my career, I have been passionate about bringing our community together across countries and disciplines to advance the study of thoracic cancers, to educate providers, patients and the public, and to improve the patient journey. With the IASLC, I will advance our shared vision of combining the best science with best practices, empowering patients and providers to achieve better outcomes. As a mentor, I am privileged to support and promote a diverse group of individuals from many backgrounds and interests. During my career, I have fostered many collaborations internationally. As a researcher and oncologist with a global network, I am committed to ongoing research and international guidelines to help us provide better care for all patients. These initiatives include promotion of broader access to early detection, diagnosis and treatment, moving us closer to decreasing the global burden of thoracic cancers. I will continue to bring my passion for promoting diversity, multidisciplinary collaboration and scientific excellence to my role with the IASLC. Strengthening our multinational, diverse community is a priority for me, as is sharing our passion and progress with the next generation of researchers, experts and advocates. As we continue our journey to eradicate thoracic cancers, I know that we work better together.

Female One Seat, 4-Year Term (Slate #5, Any Specialty, Any Region)

Name: Jyoti Patel

Institution: Northwestern University

Specialty: Medical Oncology

Country: United States



Dr. Patel Biography: Jyoti D. Patel, MD, FASCO, is Professor of Medicine at Northwestern University, where she is Medical Director of Thoracic Oncology and Assistant Director for Clinical Research at the Robert H. Lurie Comprehensive Cancer Center, and Associate Vice-Chair of Clinical Research in the Department of Medicine. She graduated from Northwestern University with a degree in English Literature and received her medical degree from Indiana University. She completed residency at Northwestern University, where she also served as Chief Medical Resident. Dr. Patel completed medical oncology fellowship at Memorial Sloan Kettering Cancer Center and returned to Northwestern as faculty in 2003. From 2016-2019, Dr. Patel was Professor of Medicine at the University of Chicago and Director of Thoracic Oncology at the University of Chicago Comprehensive Cancer Center, overseeing lung cancer clinical and translational research. In 2019, she returned to her alma mater, Northwestern, to take on a number of leadership roles in the Department of Medicine and Lurie Cancer Center. Dr. Patel has focused on clinical research, education, and promoting the highest quality and equitable health care for people with lung cancer. She has served as the principal investigator of multiple therapeutic clinical trials. She has been instrumental in developing clinical guidelines for the treatment of lung cancer and has held leadership positions on national thoracic cancer committees, including the International Association for the Study of Lung Cancer, the National Comprehensive Cancer Network, and the Alliance for Clinical Trials in Oncology. Dr. Patel has served the American Society of Clinical Oncology in many educational and scientific capacities over the years, including currently as Editor-in-Chief of ASCO's patient information website, Cancer.Net. She is an Associate Editor for NEJM Journal Watch Oncology and Hematology and has been recognized for her mentorship of multiple residents, fellows, and faculty over the years.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? I would be honored to further IASLC's international and multidisciplinary mission by serving on the Board. As a member of almost twenty years and from my service on various IASLC committees, I feel that I have a strong sense or our shared goal, to eradicate lung cancer around the world. Although IASLC has always embraced multidisciplinary and international collaboration, this focus is more important than ever given the rapid pace of discovery, proven benefit of patient-centric and team-based care, and novel treatment modalities we now embrace. As a Board member, I would be focused on bringing stakeholders together in scientific and educations forums to define optimal approaches. Research breakthroughs over the past years have led to major advances in treatment options but have resulted in huge disparities in outcomes based on regions, economies, and populations. I believe that addressing these inequities thoughtfully and intentionally through international collaborations and representation will be very important. In 2023, information is more democratic than ever, but as a Board, it is essential that we understand and implement change assures that these breakthroughs remain relevant and accessible across the world. Finally, for the organization to be sustainable and successful in the future, it is essential that we promote a culture that nurtures our next generation of researchers, health care providers, and advocates. IALSC has embraced modern pedagogy and promoted diverse educational forums. As an educator, I am excited to partner with the organization to help create opportunities to learn together.

Female One Seat, 4-Year Term (Slate #5, Any Specialty, Any Region)

Name: Tachihara Motoko

Institution: Kobe University Graduate School of Medicine

Div. of Respiratory Medicine & Internal Medicine

Specialty: Medical Oncology

Country: Japan



Dr. Motoko Biography: Motoko Tachihara is a project associate professor of division of respiratory medicine, Kobe University, Japan. She graduated from Fukushima Medical University in 2000. She has expertise in bronchoscopy and drug treatment for thoracic cancer. She is also a board-certified cytologist. She is one of the few physicians with knowledge of lung cancer from diagnosis to treatment. As for bronchoscopy, she was immersed in the development of virtual bronchoscopic navigation system (Bf-NAVI®) to increase the diagnosis rate of lung cancer and recently has been teaching and researching how to collect tissue worthy of genetic mutation analysis. Regarding the treatment for thoracic cancer, clinically she is a medical oncologist certified by the Japanese Society of Medical Oncology (JSMO). Academically, she has been part of several clinical trial groups, including the West Japan Oncology Group (WJOG), and participated in many clinical trials actively. She also has conducted many clinical studies and trials. At WCLC2022, she presented immune-radiotherapy for unresectable locally advanced NSCLC (DOLPHIN study) in minioral session. And the invited educational lecture at The IASLC Asia Conference on Lung Cancer (ACLC) 2022 received high praise. She's an active member of IASLC. Since first presenting abroad at WCLC2003, she learned the importance of global perspective and has presented eleven studies of her ideas at WCLC. She has been in academia for a long time and has been teaching young physicians the skills of bronchoscopy and the importance and joy of clinical practice and research for thoracic cancer. Now she is a role model for young female doctors in Japan. She's incredibly pleased to contribute to conquer thoracic cancers through clinical practice, research, and education worldwide. Her personality is positive attitude, tireless power, loving communication with person, and enjoying raising her two kids. She was a KARATE champion in Japan in her university days.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission?

IASLC is the one and only international organization focused on thoracic cancer. To conquer thoracic cancer, we need to further promote global cooperation and diversity inclusion in terms of age, gender, and region. I can bring more diversity to IASLC. I would like to create programs that would attract the attention of young and female doctors. Specifically, I will organize international educational events for youth to 1) share the latest findings of lung cancer and skills of bronchoscopy, and 2) discuss clinical questions and create clinical research. And 3) I will create an overseas training or observation programs for young doctors to learn the bronchoscopic skills and the lung cancer treatment with scholarships. It will be an effective outreach approach to expand the interests to IASLC. The participation of young and female doctors is essential for the continuous revitalization of IASLC. It is necessary to increase the number of females who are front and center at IASLC. I'm one of those encouraged and empowered by female doctors who are active in the IASLC. I believe these programs will enhance the scientific standards and impact of IASLC by increasing opportunities for youth and female to be active in the field and by bringing diverse perspectives and knowledge. I also believe these programs will be highly appealing to them and will motivate them to join or renew their membership in the IASLC. I am willing to do my best to make these visions a reality to move IASLC to the next step.

North America One Seat, 4-Year Term (Slate #6, Male, Any Specialty)

Name: Hossein Borghaei

Institution: Fox Chase Cancer Center

Specialty: Medical Oncology

Country: United States



Dr. Borghaei Biography: Dr. Hossein Borghaei is a native of Iran. He moved to the U.S. as a student when he was 17 years old due to the unstable political environment there after the revolution. He gradually helped his brothers and eventually his parents come to the U.S. He took on odd jobs and did what was needed to stay in school and eventually became a permanent resident and now a U.S. citizen. After medical school and residency, Dr. Borghaei joined the fellowship training program at Fox Chase Cancer Center where he has been involved in a number of clinical trials aimed at developing new, antibody-based therapies & immunotherapies for patients with lung cancer. In addition to clinical practice and participation in immunotherapy-based clinical trials, Dr. Borghaei is heavily involved in a laboratory that develops new monoclonal antibodies and novel immune-modulating drugs, with the aim of bringing these approaches to the clinic. He has a history of federal funding for some of his research activities. He is the co-chair of the thoracic committee at Eastern Cooperative Oncology Group (ECOG) and the Chair of the LungMap trial (S1800/S1900). He received an American Society of Clinical Oncology (ASCO) Young Investigator Award and an ASCO Career Development Award and also received the Robert Krigel Memorial Award for Teaching Excellence from Fox Chase Cancer Center. He is a long-standing member of ASCO, AACR, IASLC, SITC and ECOG thoracic committee.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission?

- 1. Continued emphasis on scientific discovery and continued work towards a cure for lung cancer.
- 2. Promote access to care for everyone with a lung cancer diagnosis anywhere in the world.
- 3. Addressing disparities in our communities to ensure that all patients benefit from scientific advances .
- 4. Working towards improving access to lung cancer screening and tobacco treatment.

At a societal level we are now openly discussing the health care disparities that have existed in our systems. This is an opportunity to come up with suggestions for a plan of action to seriously address these issues and commit to changing the way all health care, particularly lung cancer care, is delivered.

IASLC has been, and should continue, to lead the way in this regard. Health care disparities are also an enormous issue internationally. Lack of access, political considerations, expensive drugs are all among many barriers to caring for patients with lung cancer around the globe. I routinely receive calls/emails from other countries where patients and caregivers are desperate to find newer treatments or just have someone to guide them through their care. Perhaps sharing some of the suggestions and ideas for our own issues can be helpful in other parts of the world. Working with organizations in other countries to develop their own solutions can be of value. We should also not lose our focus on advancements. I think what we need is the certainty of long-term survival and hopefully a cure for our patients.

North America One Seat, 4-Year Term (Slate #6, Male, Any Specialty)

Name: Stephen Lam

Institution: BC Cancer Center

University of British Columbia

Specialty: Pulmonary Medicine

Country: Canada



Dr. Lam Biography: Dr. Stephen Lam is Professor of Medicine at the University of British Columbia (BC), distinguished scientist, the Leon Judah Blackmore chair in lung cancer research at the BC Cancer Research Institute in Vancouver, Canada. He is the Medical Director of the Lung Cancer Screening Program in British Columbia. He chairs the IASLC Screening and Early Detection Committee. He is an Expert Advisor of the Canadian Partnership Against Lung Cancer and chairs the Pan-Canadian Lung Cancer Screening Network. He was the Co-PI of the successful 8-years Pan-Canadian Early Detection of Lung Cancer Study involving eight centers across Canada from coast to coast with several high impact publications such as the Pan-Can lung nodule malignancy risk prediction model that is currently used in the BC Lung Screening Program and recommended for use in certain settings by the British Thoracic Society and the American College of Radiology. He is the Co-PI of the International Lung Screen Trial involving Canada, Australia, Hong Kong, and Spain. In a prospective head-to-head comparison, the International Lung Screening Trial team showed that the PLCOm2012 risk prediction tool has significantly better sensitivity and positive predictive value than the USPSTF2013 lung cancer screening eligibility criteria. Dr. Lam was the PI or co-PI of several US NCI sponsored chemoprevention trials and program project grants as well as the Canadian CIHR Thoracic Imaging Network. He is a member of the American Association of Cancer Research Cancer Prevention Working Group Steering Committee. He has previously served as an external advisor for the US-NCI Lung Cancer SPORE at the University of Pittsburg and University of Colorado. Currently, he is an external advisor for the University of Texas Lung Cancer SPORE. He has published over 340 scientific papers. He was a recipient of the IASLC Joseph Cullen Award.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? I am committed to work with talented and dedicated people in IASLC to transform lung cancer care through prevention, early detection, accurate diagnosis and timely treatment from a global population health perspective to improve outcomes of lung cancer patients, especially in underserved populations.

North America One Seat, 4-Year Term (Slate #6, Male, Any Specialty)

Name: Christian Rolfo

Institution: Mount Sinai Center for Thoracic Oncology

Tisch Cancer Institute

Specialty: Medical Oncology

Country: United States



Dr. Rolfo Biography: Christian Rolfo, MD, PhD, MBA, Dr.hc. is Professor of Medicine (Hematology and Medical Oncology) and Associate Director for Clinical Research in the Center for Thoracic Oncology at The Tisch Cancer Institute. Dr. Rolfo's clinical and research focus is on drug development, lung cancer and other thoracic malignancies, biomarkers, resistant mechanisms discovery, and liquid biopsies. Dr. Rolfo has held academic appointments at numerous institutions, including the University of Cordoba, Argentina; University of Antwerp, Belgium; University of Palermo, Italy; and the University of Maryland and Greenbaum Comprehensive Cancer Center where he was Director of Thoracic Medical Oncology and Director of Early Clinical Trials. Dr. Rolfo earned his MD at the University of Cordoba School of Medicine, his PhD and Doctor Europaeus in Clinical and Experimental Oncology Research at University of Palermo, Italy, and an MBA in Hospital and Health Services Management and Organization at Polytechnic University of Valencia, Spain. He completed residency training in Medical Oncology at the National Cancer Institute in Milan, Italy. Dr. Rolfo is President of the International Society of Liquid Biopsy (ISLB) and Chair of the Education Committee at the International Association for Study of Lung Cancer (IASLC). He served as member of the Drug Approval & First in Human Commission at the Ministry of Health in Belgium during his time as Phase I Director at Antwerp University. Dr. Rolfo is actively working on drug development and lung cancer and mesothelioma treatment. His research is focused in molecular oncology, targeted therapies and Immunotherapy using new techniques in liquid biopsies, specifically in extracellular vesicles and circulating free tumor DNA. Dr. Rolfo has authored more than 250 scientific articles, has made several contributions to book chapters, and has served as a book editor. Dr. Rolfo is Editor in Chief of Critical Review in Oncology Hematology.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? The achievements of equal standard of health, cure, and education worldwide is one of the main important goals for IASLC. Since I held academic appointments at numerous institutions, including the University of Cordoba, Argentina; University of Antwerp, Belgium; University of Palermo, Italy; the University of Maryland, US; and in my current position in Icahn School of Medicine, I've had many opportunities to interact and network with different academics and research scenarios, giving me a comprehensive view of the strengths and pitfalls of different geographic areas. As Professor of Medicine at The Tisch Cancer Institute, my primary goals focus on the improvements of new methods of education, including new standards of delivery and quality control for the education of early-career physicians from around the world who are pursuing their careers in thoracic oncology. Other are of interest is the mid-career development, giving to professionals tools to advance in their positions, mentoring in management and organization, as I was acquiring during my MBA. This mission will be mainly achieved by the improvement of educational events around the world, and new methods to deliver education, including networking creation, aimed at the advancement of the scientific knowledge for lung cancer diagnosis, cure, and treatments. New approaches of dissemination and education should also bring an increase of IASLC membership in geographical areas underserved, which will help in creating new scientific networks—making the IASLC a stronger and ever more growing society.

North America One Seat, 4-Year Term (Slate #6, Male, Any Specialty)

Name: Ignacio Wistuba

Institution: The University of Texas

MD Anderson Cancer Center

Specialty: Pathology

Country: United States



Dr. Wistuba Biography: Dr. Ignacio Wistuba is Professor and Chair of the Department of Translational Molecular Pathology with joint appointment in the Department of Thoracic/Head and Neck Medical Oncology (THNMO), and co-director of the Khalifa Institute of Personalized Cancer Institute, at the University of Texas MD Anderson Cancer Center, Houston, USA. He obtained his medical doctor degree in Universidad Austral, Valdivia, Chile (1985), and completed a surgical pathology training in Catholic University, Santiago, Chile (1989). Then, he trained for nearly five years as post-doctoral research fellow in lung cancer molecular pathology in the Hamon Cancer Center at The University of Texas Southwestern Medical Center in Dallas, USA, under the mentorship of Drs. Adi Gazdar and John Minna (1994-1999). After spending five years in back in Chile as professor of pathology in Catholic University Medical School, Dr. Wistuba joined MD Anderson Cancer Center in 2003 in the departments of Pathology and THNMO to lead a lung cancer molecular pathology program. His major research interest is the elucidation of the molecular abnormalities involved in the pathogenesis and progression of lung cancer and the development of predictive biomarkers for targeted and immune-oncology therapies. He has co-authored over 750 papers in peer-reviewed journal and several book chapters. He is principal investigator (PI) and co-PI on several molecular pathology and biomarker projects supported by multi-investigators and multi-institutional grants and research agreements in thoracic malignancies. Dr. Wistuba has been highly involved in IASLC activities for the last 17 years by serving as member of various committees, including the Pathology Committee that he chaired in the period 2017-2020. Since moving to the United States in 2023, Dr. Wistuba has participated as member of scientific organizing committees, speaker, and attendee to all WCLC and LALCA meetings, and a number of regional IASLC meetings. He received IASLC's Mary J Matthews Pathology/Translational Research Award in 2018.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission?

The mains goals as potential IASLC Board members as the following:

- To continue and enhance the collaborative, multidisciplinary and inclusive approach of IASLC to increase the membership, audience and level of influence, particularly in parts of the world or scientific area that need more development.
- As pathology member of thoracic malignancies multidisciplinary team, make sure that all scientific and clinical areas of prevention, diagnosis and treatment of lung cancer have an active role.
- Scientifically, support projects and programs that focus on lung cancer prevention, particularly by interception the progression of premalignancy, and to support projects and programs that brings effective therapies to earlier stages of the disease such as surgically resectable lung tumors.
- Finally, support and assist to the enhancement of the IASLC educational, training and mentorship initiatives to train the next
 generation of scientists and clinicians in thoracic malignancies, and importantly, provide leadership opportunities to this next
 generation of IASLC members and audience.

Radiation Oncology | One Seat, 4-Year Term (Slate #7, Any Gender, Any Region)

MD Anderson Cancer Center

Name: Joe Chang

Institution: The University of Texas

Specialty: Radiation Oncology

Country: United States



Biography: Dr. Chang is a thoracic radiation oncologist with more than 30 years' experience with clinical care and research focusing on lung cancer. He holds a tenured Texas 4000 Distinguished Professorship and Director of Stereotactic Ablative Radiotherapy at MD Anderson Cancer Center. He is a Fellow of American Society of Radiation Oncology and have been recognized with the Best Doctors of America award. He is a voting committee member of NCCN thoracic guidelines and co-chair of the international particle therapy PTCOG scientific program committee. As one of the pioneers in the field of stereotactic ablative radiotherapy (SABR, or SBRT: stereotactic body radiation therapy), proton therapy, and immunotherapy for lung cancer, he published more than 300 peerreviewed articles in prestigious journals, including *LANCET*, *Nature*, *JAMA*, *Journal of Clinical Oncology*, *Journal of Thoracic Oncology*, *RED J*, *Green J* and various others. His prospective studies including randomized studies comparing surgery vs. SABR in operable stage I lung cancer, stereotactic proton vs. photon radiotherapy in challenging early-stage lung cancer, immunotherapy plus SABR (I-SABR) vs. SABR alone in early-stage lung cancer were the first reported studies in the world. He led the first concurrent proton therapy and chemotherapy in stage III lung cancer, and his team implemented the first intensity-modulated proton therapy (IMPT) in lung cancer. His research has helped to establish the role of SABR, proton therapy, and I-SABR in lung cancer. Additionally, on behalf of national and international societies, including the IASLC ART committee, he has led several important consensus statements that have significantly impacted the radiation oncology community about SABR, proton therapy in lung cancer, IMPT in moving thoracic cancers, management of small cell lung cancer, oligometastasis, and re-irradiation of thoracic cancer.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? Lung cancer remains the number one cancer killer in the world. In recent years, and with new developments of lung cancer screening, advanced radiation/surgical technologies and revolutionary immunotherapy and molecular targeted therapy, lung cancer mortality has been significantly reduced in developed countries. It has never been so crucial that we need multidisciplinary care for lung cancer so we can provide our patients with individualized optimal therapy based on pathology/ molecular analysis, image-guidance and combined modality management. IASLC is the best platform in the world to promote multidisciplinary management, research collaboration, and education for our lung cancer community. As a thoracic radiation oncologist, I will devote my time and effort to work with other board members and all IASLC members to promote/educate the radiation oncology community to catch up to this new wave of research and clinical opportunity in the era of molecular profiling and immunotherapy. We need to lead/participate ongoing clinical research projects, extend the indications of radiotherapy or surgery from traditional localized lung cancer to metastatic disease using evidence-based approaches. As our patients live longer, their quality of life and long-term complications from treatments will become more important. They also have higher risk of secondary malignancies. I will work with IASLC to promote post-treatment care, particularly in developing countries. It is also equally important that we need to help developing countries to promote smoking cessation, early diagnosis, and multidisciplinary care. With background in both developing and developed countries, I have unique knowledge/quality to bridge between east and west, developed and developing countries.

Radiation Oncology | One Seat, 4-Year Term (Slate #7, Any Gender, Any Region)

Name: Kristin Higgins

Institution: Emory University

Specialty: Radiation Oncology

Country: United States



Dr. Higgins Biography: Kristin Higgins, M.D., specializes in the treatment of lung cancer. She completed residency in Radiation Oncology at Duke University, as well as an internship in internal medicine. She attended medical school at Tulane University in New Orleans, LA. She earned a B.S. in neuroscience at Vanderbilt University and graduated magna cum laude. Throughout her training Dr. Higgins received numerous honors, including induction into Alpha Omega Alpha Honor Medical Society, and the Roentgen Resident/Fellow Research Award at Duke University, and the ASCO Bradley Stuart Beller Merit Award. Dr. Higgins is an Associate Professor within the Emory School of Medicine and serves as the Medical Director of Radiation Oncology at the main campus location. She also serves as Vice Chair of Clinical Research for Radiation Oncology. She leads numerous Winship investigator initiated clinical trials that examine innovative treatment approaches in the treatment of lung cancer with radiation and novel drug combinations. Dr. Higgins also leads NRG Oncology LU005, an international phase III clinical trial comparing chemoradiation with or without immunotherapy for limited stage small cell lung cancer. This clinical trial is funded by the National Cancer Institute and provides a novel treatment approach for patients with newly diagnosed small cell lung cancer. Dr. Higgins has authored and coauthored over 100 scientific, peer-reviewed manuscripts and abstracts and given many oral presentations at national and international meetings. Dr. Higgins is a member of multiple professional organizations including the American Society for Radiation Oncology, the American Board of Radiology, the International Association for the study of Lung Cancer, The American Society of Clinical Oncology, and the Radiation Therapy Oncology Group. In her free time, Dr. Higgins enjoys spending time with her husband Darren and her children, Hunter and Parker. She also enjoys running, yoga, traveling and reading.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? As a radiation oncologist board member at large, I would work to grow the presence of radiation oncology within IASLC. This would include creating collaborations with radiation oncologists across Europe, Asia and the rest of the world, that would specifically increase the number of IASLC radiation oncology members. I would also work to develop and increase educational programming for radiation oncologists across the world—one example of this is the contouring workshop we are developing for WCLC 2023 in Singapore. I also envision creating opportunities for international, collaborative research for thoracic radiation oncologists, as well as global mentorship opportunities for the next generation of radiation oncologists.

Radiation Oncology | One Seat, 4-Year Term (Slate #7, Any Gender, Any Region)

Name: Michael Macmanus

Institution: Peter MacCallum Cancer Centre

Specialty: Radiation Oncology

Country: Australia



Dr. Macmanus Biography: I am a Radiation Oncologist with interests in clinical, translational and basic scientific research. I have published >200 articles with >10,000 citations and a H-index of 54. I trained in General Medicine in Belfast, obtaining the MRCP examination. I then obtained my MD degree studying anaemia, erythropoietin, tumour oxygenation and bioreductive drugs at Queen's University Belfast. After training in Clinical Oncology at the Northern Ireland Centre for Clinical Oncology I obtained both the FRCR (London) and the FFRRCSI (Dublin) qualifications. I won the medal in the UK FRCR Fellowship examinations. In 1994 I was appointed Assistant Professor in Radiation Oncology at Stanford University research here led to first-author papers in JCO and Blood respectively. Following my recruitment to Peter Mac in 1996 I worked extensively in Lung Cancer and Hematology research, especially on the role of functional imaging with PET. I am currently Associate Director, (Research), in the largest Radiation Oncology Department in Australia. I am a full Professorial Fellow of the University of Melbourne. I was inaugural chair of the Royal Australian and New Zealand College of Radiologists Research Committee. I developed and led a programme that uses advanced imaging methods, especially positron emission tomography (PET), in patients treated with curative radiotherapy. In collaboration with David Ball, this has led to well-documented and published improvements in outcomes for patients treated with radiotherapy for lung cancer. The Peter Mac PET lung cancer programme has changed treatment practices in Australia and the world. Our criteria for PET response in lung cancer were widely adopted internationally. With my co-chief investigator Fiona Hegi-Johnson, I am co-leading a programme of advanced immune PET imaging in cancer patients, including PD-L1 and CD8 T Cell imaging. I am a longstanding and dedicated IASLC member and hope that I have contributed a little to its success.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? The IASLC is already an extremely successful multidisciplinary organization, dedicated to research in lung cancer and the translation of this research into better outcomes for lung cancer patients. The Mission of the IASLC is to "use all available means to eliminate lung cancer and other thoracic malignancies as a health threat for the individual patient and throughput the world". My main goal, would be the furtherance of the IASLCs stated mission through research, prevention, including tobacco control, screening, education and the promotion of equitable access to cancer care. I would aim to provide the board with a balanced radiation oncology perspective. I would hope to build on the current success of the IASLC to bring about improvements in a range of areas. The most fundamental of these are to increase research activity and disseminate knowledge through education. IASLC already provides funds through ILCF, and it would be a goal to increase this. The IASLC is a large international organization but membership in some parts of the world is lacking, especially Africa (1%) and Latin America (6%). A key goal should be to understand the reasons for this and increase participation if possible. Another key goal would be to advocate for increased international access to known life-prolonging therapies such as TKIs. I believe that we should build on the achievements of the IASLC Tobacco control and cessation committee to contribute to awareness of tobacco addiction in low and middle-income countries and oppose loosening of tobacco controls in high income countries.

Radiation Oncology | One Seat, 4-Year Term (Slate #7, Any Gender, Any Region)

Name: Maria Werner-Wasik

Institution: Thomas Jefferson University

Specialty: Radiation Oncology

Country: United States



Dr. Werner-Wasik Biography: Dr. Maria Werner-Wasik is a thoracic radiation oncologist, a graduate of medical school in Wroclaw, Poland and of the residencies in radiation oncology at Tufts University in Boston and the University of Pennsylvania in Philadelphia. Currently she is Walter Curran professor of radiation oncology at the Sidney Kimmel Cancer Center of Thomas Jefferson University in Philadelphia, USA and the Radiation Oncology Vice-Chair for Jefferson Health, as well as the principal thoracic radiation oncologist at Jefferson with special expertise in lung SBRT. Her main interests lie in lung cancer radiation-oriented clinical trials, both with regard to patient enrollment, as well as the optimization of trial design, pragmatic eligibility criteria and the understanding and removal of barriers to successful study completion. Dr. Werner-Wasik started as a member of the Lung Cancer Steering Committee and as a Chair or Co-Chair of several RTOG trials (9417; 9801; 0241; 0412). Currently, serving as the NRG Oncology Contact Principal Investigator for Jefferson and several affiliate institutions, as well as the Chair of the NRG Oncology Protocol Operations Committee, whose charge is to improve patient enrollment within NRG Oncology, she has the platform to work on both issues. Her other passion is education about lung cancer and thoracic malignancies, starting with lung cancer screening, teaching patients and their families, medical students, radiation oncology trainees and the wider group of professionals involved in care of patients with lung cancer. Having served as the chair of the Lung Track at the ASTRO Annual Meeting; as the specialty oral board examiner for the American Board of Radiology; as the co-chair of the Annual Jefferson Lung Symposium or an invited speaker at the multitude of conferences throughout the world, including IASLC, allowed her to be a part of academic educators who make a difference in the field of thoracic malignancies.

As an IASLC Board member, how do you envision helping the organization adhere to its international and multidisciplinary mission? Even though IASLC has a global reach, expansion of membership would be crucial for furthering its mission. This may be helped by marketing efforts on all fronts, using social media, outreach to as many hospitals/organizations around the world as possible with information about the benefits of membership. A sliding scale for the membership fee based on the time from graduation from either medical school (or other schools) may be helpful. I do realize a very favorable membership fee already exists for those residing in the developing countries. Travel costs may be another obstacle and consideration may be given to offering a full travel stipend to all from the developing countries who attend their first ever conference. Multidisciplinary management of lung cancer is crucial for improving patient outcomes. Publication of clear visual pathways on how to approach common patient presentations would be valuable, particularly with modifications for low resource settings. Consultation with practitioners from such settings would be crucial to assess feasibility. Such pathways can be made to be freely available online. Regarding radiation therapy in low resource regions, it is frequently limited by lack of linear accelerators, engineers servicing those machines, as well radiation planners (medical physicists and dosimetrists). In particular, training engineers would bring back many accelerators from obsolescence. While IASLC may not be equipped to lead such training programs, partnering with linear accelerator vendors may help.