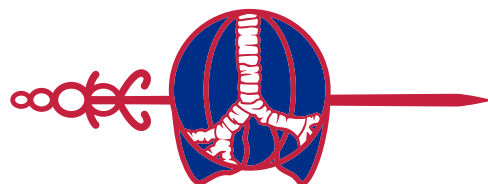


IASLC



INTERNATIONAL
ASSOCIATION
FOR THE STUDY
OF LUNG CANCER

ANNUAL REPORT
2017

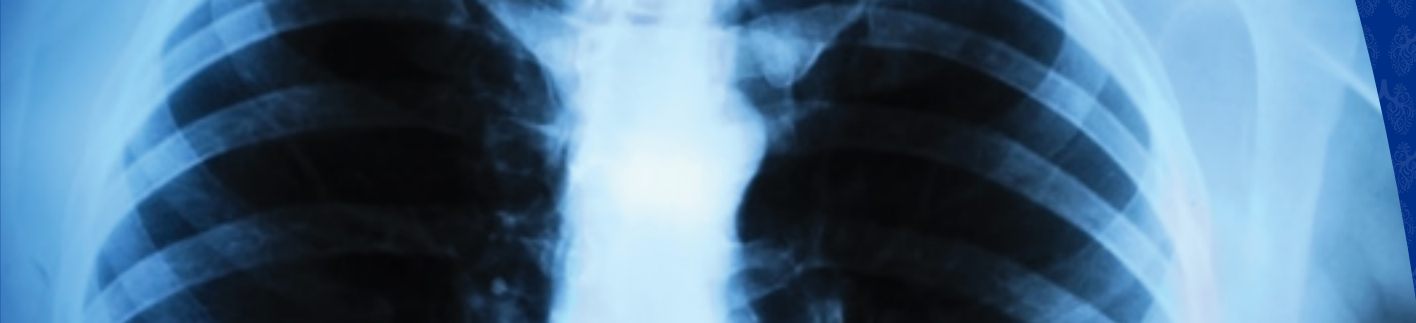


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INTRODUCTION AND WELCOME

Welcome to the International Association for the Study of Lung Cancer's (IASLC) 2017 Annual Report. The IASLC achieved major milestones in 2017, further cementing the association's status as the premier global organization dedicated solely to conquering lung cancer and other thoracic malignancies.

Lung cancer remains a frustrating and destructive global health problem, claiming approximately 1.6 million lives each year throughout the world. Yet recent advances in screening, staging, targeted therapy and immunotherapy are increasingly showing promise, transforming lung cancer into a role model for modern cancer treatment and providing hope to lung cancer patients throughout the world.

In order to meet the ever-evolving needs of its increasingly diverse global constituencies, the IASLC has grown exponentially in 2017, in terms of size and variety of programs, reach and products and services offered.

Some of the major highlights from 2017 include:

- › The IASLC's membership hit a new high of **7,500** members, imbuing our organization with even greater diversity and vitality in the global fight against lung cancer.
- › The **IASLC 18th World Conference on Lung Cancer** (WCLC) in Yokohama, Japan, was attended by **6,764 delegates** and nearly **2,000 scientific abstracts** were presented at the conference.
- › The ***Journal of Thoracic Oncology's*** impact factor increased from **5.040 to 6.595**, reflecting a growing recognition of the journal as a primary source for information on the detection, prevention, diagnosis and treatment of thoracic malignancies.
- › Major regional meetings were held in locations such as Santa Monica, California; San Jose, Costa Rica; Geneva, Switzerland; New York, N.Y.; and Chicago, Illinois.
- › The publication of the ***IASLC Atlas of PD-L1 Testing in Lung Cancer*** and the ***IASLC Atlas of EGFR Testing in Lung Cancer***.
- › The continuation and expansion of our harmonized public awareness campaign for November's annual **Lung Cancer Awareness Month** (LCAM).
- › Finally, media mentions of the IASLC grew 44 percent and we added more than 3,500 followers across our social media channels, greatly increasing the reach of the IASLC and our programs.

- › 2017 has also proven to be a transitional year for the IASLC, as several members of the current IASLC Board of Directors, in addition to the IASLC President, **Dr. David Carbone**, completed their terms of service at the 2017 WCLC. We thank these members for their invaluable contributions to our organization. The IASLC grew tremendously under their leadership and guidance and is well-equipped to meet the demands of the global communities we serve going forward.
- › The IASLC is now proud and excited to welcome **Dr. Giorgio Scagliotti** as the new president of the IASLC, in addition to many new board members such as **President-Elect Dr. Tetsuya Mitsudomi**. We are certain that, under this new leadership, the IASLC will continue to grow and flourish in the years to come, expanding its offerings and serving as a leader in the fight against thoracic cancers in a highly-complex and globalized world.

Also in 2017, the IASLC leadership defined a new strategic plan for 2018 to 2020, with the clear identification of eight distinct goals, summarized here:

- › Broaden the IASLC’s educational offerings and audience
- › Seek to answer major research questions in thoracic malignancies with a global impact
- › Develop value in long term IASLC membership
- › Expand the IASLC’s global presence to promote its vision and mission in the context of local needs
- › Accomplish a balanced distribution of revenues between different categories of funding sources at both the global and local level
- › Develop a modern and efficient organizational and governance structure that accommodates continued growth with the highest level of transparency and accountability
- › Foster effective interactions between the IASLC’s members and policymakers, health care providers and patients globally
- › Promote mutually beneficial collaborations and partnerships with other societies and organizations

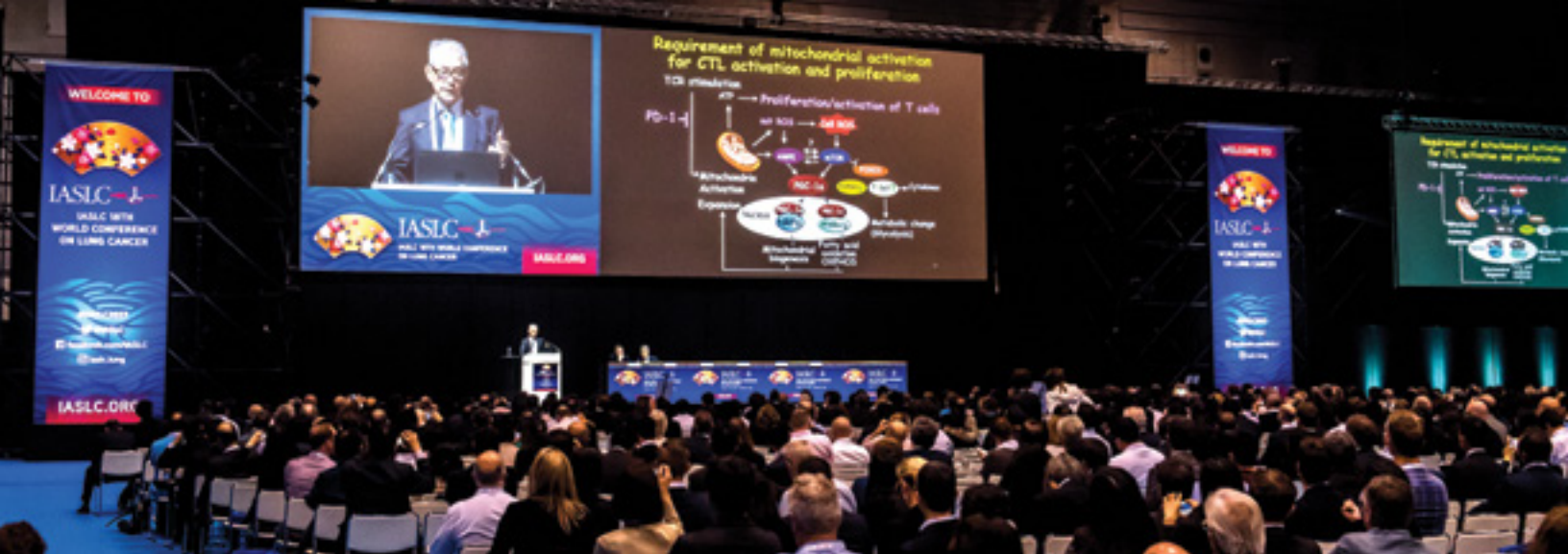
We have ambitious goals, but a global problem like lung cancer demands that we continue to think big. To accomplish this, we need the active participation and collaboration of the global health care community – in particular, our IASLC members. It is only by working together that we can make real advances and ultimately turn this deadly disease into a chronic and manageable condition. Thank you for your support over the past year, and we look forward to working with you throughout 2018.



Giorgio V. Scagliotti, MD, PhD
President, IASLC



Fred R. Hirsch, MD, PhD
Chief Executive Officer, IASLC



ORGANIZATION OVERVIEW

The International Association for the Study of Lung Cancer (IASLC) is the only global organization dedicated solely to the study of lung cancer and other thoracic malignancies. Since 1974, the IASLC has promoted research into all aspects of lung cancer and thoracic malignancies while encouraging worldwide cancer prevention efforts.

A multidisciplinary coalition of doctors, scientists, nurses, patients, industry partners, government officials and advocates, the IASLC is a united front in the global effort to combat the public health crisis posed by lung cancer. A membership-based organization, IASLC members collaborate throughout the world by sharing their expertise and the latest scientific information. Additionally, members help position the IASLC as a global leader in lung cancer information and education, and play an active role in all levels of the organization: from leading IASLC meetings and committees to helping establish partnerships that further the IASLC mission.

OUR MISSION

TO EMBRACE THE STUDY of the etiology, epidemiology, prevention, diagnosis, treatment and all other aspects of lung cancer and thoracic malignancies

TO PROVIDE EDUCATION AND INFORMATION about lung cancer and other thoracic malignancies to IASLC members, the medical community at large and the public

TO USE ALL AVAILABLE MEANS TO ELIMINATE LUNG CANCER and other thoracic malignancies as a health threat for the individual patient and throughout the world

The **IASLC Board of Directors** is similarly multidisciplinary, and each member brings a wealth of clinical and scientific expertise, substantial experience with other professional societies and a familiarity with institutional leadership. The IASLC's board members promote ongoing organizational growth, assisting with the development of new programs and initiatives through strategic guidance and operational and financial oversight.

Under the **CEO's leadership**, the IASLC staff implements a wide range of education, membership, communications, fundraising and scientific programs – from organizing conferences and educational events to disseminating the latest scientific information to global stakeholders. The IASLC staff also supports and helps implement decisions made by IASLC member committees and the board of directors, and is responsible for the financial management of the IASLC's operations and assets.

IASLC BOARD OF DIRECTORS

OFFICERS



President
Giorgio V. Scagliotti
Italy, 2017-2019



President-Elect
Tetsuya Mitsudomi
Japan, 2017-2019



Past-President
David P. Carbone
USA, 2017-2019



Past-President (2015-2017)
Treasurer
Tony Mok
Hong Kong, 2017-2021



Treasurer
David Gandara
USA, 2013-2017



Chief Executive Officer
Fred R. Hirsch
USA

IASLC BOARD OF DIRECTORS

MEMBERS



Michael Boyer
Australia, 2015-2019



Julie Brahmer
USA, 2017-2021



Enriqueta Felip
Spain, 2017-2021



Anne Fraser
New Zealand, 2017-2021



Laurie Gaspar
USA, 2013-2017



David Harpole
USA, 2015-2019



Norihiko Ikeda
Japan, 2015-2019



Pasi A. Janne
USA, 2013-2017



Keith Kerr
United Kingdom, 2013-2017



Clarissa Mathias
Brazil, 2017-2021



Francoise Mornex
France, 2013-2017



Yuko Nakayama
Japan, 2017-2021



Masayuki Noguchi
Japan, 2017-2021



Yuichiro Ohe
Japan, 2013-2017



Solange Peters
Switzerland, 2013-2017



Robert Pirker
Austria, 2013-2019



Suresh Ramalingam
USA, 2017-2021



Martin Reck
Germany, 2015-2019



Miyako Satouchi
Japan, 2015-2019



Takashi Seto
Japan, 2017-2021



William D. Travis
USA, 2013-2017



Paul E. Van Schil
Belgium, 2017-2021



Heather Wakelee
USA, 2015-2019



Yi-Long Wu
China, 2013-2017



James Yang
Taiwan, 2017-2021

IASLC STAFF



Fred R. Hirsch
Chief Executive Officer



Becky Bunn
Public Relations Manager



Debbie Clements
Conference Coordinator



AnnMarie Estrada
Director of Development, IASLC Foundation



Carlos Ferreira
Continuing Medical Education Compliance Specialist



Jenna Gentry
Project Coordinator



Michelle Gruver
Fellowship Coordinator



Pia Hirsch, Senior Director of Education, Corporate Relations and Governance



Colleen Miller
Director of Communications



Adam Mohrbacher
Digital and Social Media Manager



Karen Muth
Executive Assistant to the CEO



Emily Petoskey
Coordinator, IASLC Foundation



Kristin Richeimer
Senior Director of Membership



Kristin Schultz
Patient Advocacy Specialist



Paul Silvey
Education Programs Coordinator



John Skadow
Director of Finance



Mary Todd
Managing Editor, *Journal of Thoracic Oncology*



Jacinta Wiens
Scientific Affairs Project Manager



Kelsey Wood
Membership Coordinator



Murry Wynes
Director of Scientific Affairs



Kexin Yu
Accountant



MEMBERSHIP



The IASLC's membership base grew to more than 7,500 members in 2017, a record high. This surge in membership was bolstered partially by new members from Asia, as well as an uptick in IASLC membership among partner and peer societies.

Open to physicians, scientists, nurses, allied health professionals, patient advocates, survivors and others, IASLC members form a global network united in the shared goal of conquering thoracic cancers worldwide.

Working together, IASLC members forge connections and collaborate across the globe to directly influence developments in lung cancer: from public education, screening and diagnosis to patient treatment and support. Members gain access to the latest groundbreaking research through educational opportunities that help them keep pace with the rapidly changing lung cancer landscape. They then apply that knowledge to their patients and practices around the world.

By offering professional and personal development opportunities, the IASLC provides its members with pathways to advance in their professions and grow in their areas of interest. Likewise, extensive networking, mentoring and leadership opportunities set the association apart by delivering significant value to its members in all disciplines.

Working in concert with IASLC staff and board of directors, the IASLC Membership Committee took part in an intensive organization-wide strategic planning project in 2017. The results provided recommendations of core areas where the organization should focus regarding its members, including identifying target specialties and regions where the IASLC can have the most impact, providing long-term value to members, increasing member engagement and committee activation.

In order to gain additional insight beyond the annual member feedback survey, the IASLC conducted a strategic member survey in 2017. It garnered participation from 14 percent of its members, with more than 1,000 responses. Results demonstrated that the IASLC is best meeting members' needs with the annual IASLC World Conference on Lung Cancer and the *Journal of Thoracic Oncology*.

Regarding member activity and engagement, more than two-thirds of respondents stated that they have never been involved in member committees; but of those, 50 percent said they would like to get involved with a committee or a task force. This is a key area of member engagement with untapped potential for members to contribute to the IASLC's many activities. Another area of opportunity for the IASLC is individual professional development. Survey respondents suggested this should be one of the highest priorities and core values for the IASLC.

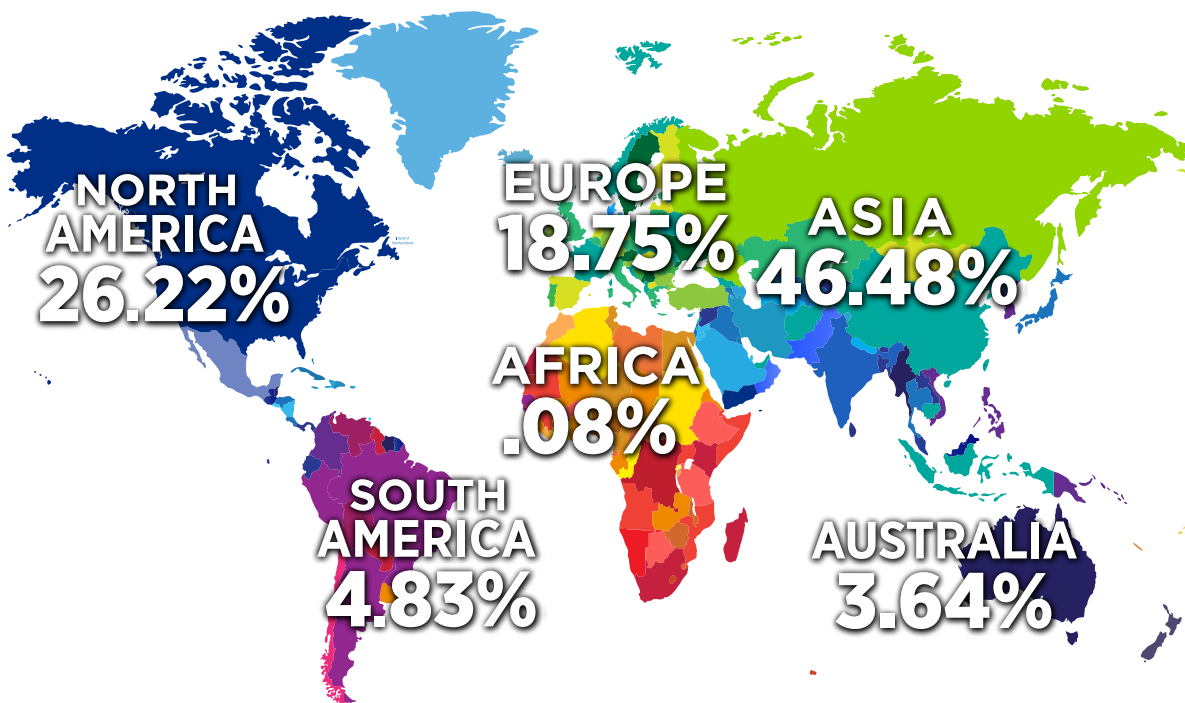
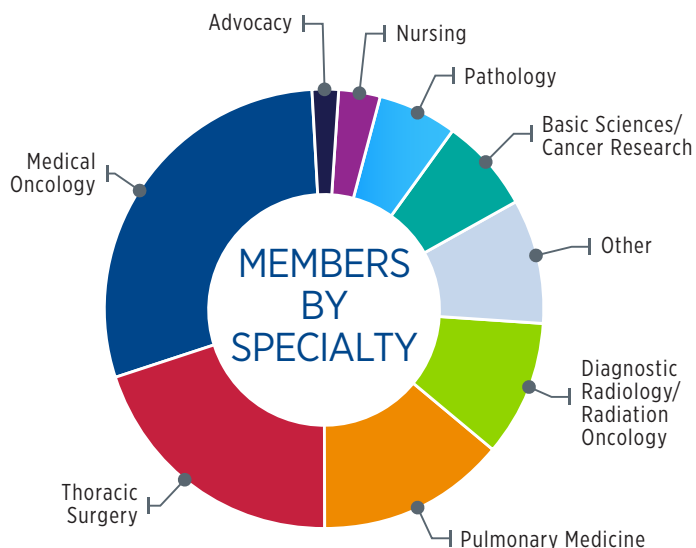
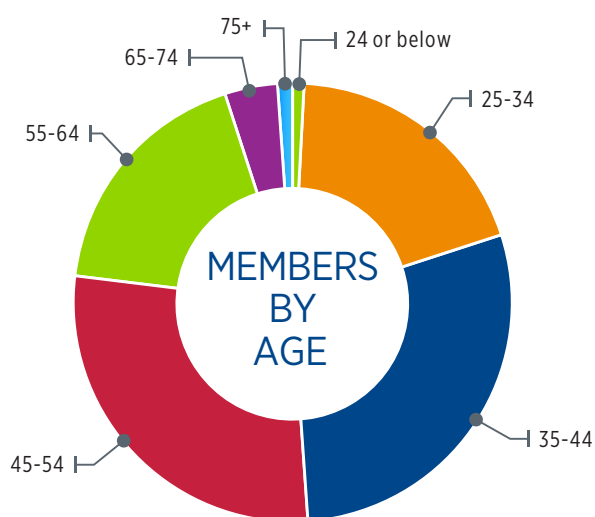
LOOKING AHEAD

To help further inform its member strategy, the IASLC conducted a survey in 2018 of non-members within the global medical, research and patient advocate community. The survey focused on non-members' perception of the IASLC, as well as their specific needs for an inclusive, professional medical society.

Additionally, a significant focus will be placed on improving member engagement and activation, as well as committee coordination. There are plans for an "open house" style event at the World Conference on Lung Cancer in 2018 for current committee members and those interested in joining a committee. All IASLC committees and task forces will be represented. If it's successful, this model could be expanded to other IASLC meetings and events.

Membership Benefits

- › Member access to the *Journal of Thoracic Oncology*, the world's premier lung cancer journal
- › Member discount to the IASLC World Conference on Lung Cancer (WCLC) and other IASLC meetings and events
- › Online education discounts, free Continuing Medical Education (CME) and complimentary webinars
- › Networking and career development opportunities
- › Member discount to the WCLC virtual library
- › Member listing and access to the IASLC member directory
- › Eligibility to serve on the IASLC Board of Directors and member committees
- › Eligibility for awards
- › Eligibility to vote for the IASLC Board of Directors



FEMALE
35.30%

MALE
62.45%

UNAVAILABLE
2.25%

IASLC COMMITTEES 2017-2018

The IASLC believes in utilizing the strength and expertise of its members to help accomplish its mission of conquering thoracic cancers worldwide. Thus, the IASLC's work is bolstered and supported by a formal member committee structure, comprised of active IASLC members who serve on committees in a volunteer capacity. Committees allow members to use their specialized skills or interests to make vital contributions to the effective operation and development of IASLC programs. Additionally, serving on committees is an excellent way for members to network globally and advance their careers.

The makeup of committees directly reflects the diversity of the IASLC membership base: multidisciplinary and geographically diverse. Committees are accountable to the IASLC Board of Directors, and each committee has a chair (or co-chairs), a board liaison and a staff liaison. IASLC members can nominate themselves by applying during the open nomination period. Nominees are then subject to approval by the organization's president and board of directors.

IASLC COMMITTEES

COMMITTEE	CHAIR(S)	DESCRIPTION
Advanced Radiation Therapy	Suresh Senan – Chair Laurie Gaspar – Past-chair Francoise Mornex – Past-chair	The Advanced Radiation Therapy Committee develops educational content to assist radiation oncologists in understanding the important role of radiation therapy in the treatment of lung cancer.
Bylaws	Philip Bonomi – Chair Michael Boyer - Past-chair	The Bylaws Committee receives and develops proposed changes to the IASLC bylaws.
Career Development & Fellowships	Leora Horn – Co-chair Glen Weiss – Co-chair Carlos Gil Ferreira – Past-chair Benjamin Solomon – Past-chair	The Career Development and Fellowships Committee assists IASLC members as they progress through their careers. It also recruits members to act as mentors, and develops a variety of educational programs, including mentorships and fellowships.
Communications	Richard Booton – Chair Ross Soo – Past-chair	The Communications Committee develops outreach programs designed to increase the IASLC's name recognition and credibility, while educating the public about complex cancer issues. Members also manage the press/media program at larger IASLC conferences, serve as spokespeople for the organization and select <i>Journal of Thoracic Oncology</i> articles for promotion.
Continuing Medical Education	Thierry Jahan – Chair Ramaswamy Govindan – Past-chair	The Continuing Medical Education Committee develops and reviews the IASLC's educational programs, including webinars, live learning events, scientific meetings and the World Conference on Lung Cancer.
Education	Daniel Tan – Chair Federico Cappuzzo – Past-chair	The Education Committee plans, develops and initiates all IASLC education programs, including the IASLC Academy and mentorship programs, with special emphasis on the annual World Conference on Lung Cancer.
Ethics	Shirish Gadgeel - Chair Thierry Jahan - Past-chair	The Ethics Committee guides the development of the IASLC member and board of directors' code of ethical conduct.
Finance	Tony Mok – Chair David Gandara – Past-chair	The Finance Committee oversees the ongoing fiscal management of the IASLC. It also monitors the performance of association investments and reviews the risk management and insurance program.

COMMITTEE	CHAIR(S)	DESCRIPTION
Membership	Ray Osarogiagbon – Chair Luis Raez – Past-chair	The Membership Committee reviews and recommends criteria for all types of association membership in accordance with the bylaws. It strives to increase membership through a variety of programs, including joint promotions with complementary organizations, and retain members by annually evaluating member benefits.
Nominating	David Carbone – Chair David Gandara – Past-chair	The Nominating Committee develops candidates for elected positions within the association in accordance with the bylaws.
Nurses and Allied Health Professionals	Pippa Labuc – Chair Anne Fraser – Past-chair John White – Past-chair	The Nurses and Allied Health Professionals Committee addresses the educational and related needs of IASLC members working in these disciplines in thoracic oncology.
Pathology	Ignacio Wistuba – Chair Yasushi Yatabe – Past-chair	The Pathology Committee provides an integrated clinical, radiologic, molecular and pathologic approach to the review of all types of lung cancer and leads in the development of new and revised classifications.
Patient Advocacy	Stefania Vallone – Chair Glenda Colburn – Past-chair	The Patient Advocacy Committee ensures the IASLC effectively communicates the latest information on thoracic oncology to patients, advocates and the public, and encourages a healthy exchange of information.
Prevention, Screening and Early Detection	James Mulshine – Chair John Field – Past-chair Nir Peled – Past-chair	The Prevention, Screening and Early Detection Committee provides leadership and oversight of the IASLC's cancer prevention activities and partners with other medical societies and advocacy organizations on similar efforts.
Publications	Edgardo Santos – Chair David Spigel – Past-chair	The Publications Committee oversees and provides input to IASLC publications, including the <i>IASLC Lung Cancer News</i> .
Staging and Prognostic Factors Committee	Hisao Asamura – Chair Ramon Rami-Porta – Past-chair	The Staging Committee participates in the study and improvement of cancer staging systems relevant to thoracic cancers.
Strategic Committee	Giorgio Scagliotti - Chair	The Strategic Committee supervises the development and achievement of the IASLC strategic goals, and periodically reviews the IASLC strategic plan, which is currently under development. The Strategic Committee is comprised of IASLC executive committee members, select regional board delegates, committee chairs and staff directors.
Tobacco Control and Smoking Cessation	Emily Stone – Chair Graham Warren – Past-chair	The Tobacco Control and Smoking Cessation Committee addresses the needs of practitioners seeking to assist their patients in stopping smoking, and contributes to regional, national and international tobacco control initiatives.
Mesothelioma Task Force	Michele Carbone - Chair	The Mesothelioma Task Force was created to fully integrate mesothelioma into the IASLC scientific portfolio and to increase visibility and awareness. The Task Force creates content for the IASLC's scientific meetings, webinars and other educational activities.
IASLC-ASCO Thoracic Oncology Quality and Value Task Force	David Gandara - Co-chair Ronan Kelly - Co-chair	The IASLC-ASCO Thoracic Oncology Quality and Value Task Force is focused on creating a database of information about common molecular aberrations found in non-small cell lung cancer patients for use by clinicians worldwide.



IASLC COUNCIL OF REGENTS

The Council of Regents, appointed by the IASLC Board of Directors, is a worldwide network of IASLC members responsible for ensuring effective communication between the association and its members in a specific country or geographic area. Regents meet annually at the IASLC World Conference on Lung Cancer and work with the IASLC membership team throughout the year to assist in recruiting new members, provide translations and content for IASLC publications, initiate or support educational programs and identify opportunities for growth in their region.

2017 COUNCIL OF REGENTS

REGENT AREA	REGENT NAME	SPECIALITY & LOCATION
Africa	Anthony Linegar	Thoracic Surgery, Cape Town, South Africa
Australia	Nick Pavlakis	Medical Oncology, Sydney, Australia
Central America and Mexico	Jaime de la Garza	Medical Oncology, Mexico City, Mexico
China	Yi-Long Wu	Thoracic Surgery, Guangzhou, China
Europe	Paul De Leyn	Thoracic Surgery, Leuven, Belgium
Europe	Ioannis Gkiozos	Pulmonology, Athens, Greece
Europe	Rudolf Huber	Medical Oncology, Munich, Germany
Europe	Gyula Ostoros	Medical Oncology, Budapest, Hungary
Gulf States and Arabia	Khaled Al-Kattan	Thoracic Surgery, Riyadh, Saudi Arabia
India	Navneet Singh	Pulmonology, Chandigarh, India
Japan	Shuji Sakai	Diagnostic Radiology, Tokyo, Japan
North America	Brian Lally	Radiation Oncology, Florida, USA
North America	Charles Powell	Pulmonology, New York, USA
North America	Gerard A. Silvestri	Pulmonology, South Carolina, USA
Russia	Valeriy Breder	Medical Oncology, Moscow, Russia
South America	Eduardo Richardet	Medical Oncology, Cordoba, Argentina
South Korea	Young Tae Kim	Thoracic Surgery, Seoul, South Korea
Southeast Asia	Ibrahim Wahid	Clinical Oncology, Kuala Lumpur, Malaysia
Taiwan	James Chih-Hsin Yang	Medical Oncology, Taipei, Taiwan
Turkey	Deniz Yalman	Radiation Oncology, Izmir, Turkey
United Kingdom and Ireland	Richard Booton	Pulmonology, Manchester, England, UK





MEETINGS

The IASLC enhances the understanding of lung cancer and other thoracic malignancies among scientists, members of the medical community and the public by offering multidisciplinary educational meetings around the globe.

IASLC meetings are a catalyst for the exchange of the latest scientific research advances and clinical experiences among colleagues from all over the world. In addition, meetings are a great place to initiate or strengthen collaboration and to expand one's professional and personal network. With a healthy mixture of science, energy and collegiality, these educational events ultimately benefit patients with thoracic malignancies worldwide.

2017 IASLC MEETINGS

17th Annual Targeted Therapies of the Treatment of Lung Cancer	February 22-25, 2017	Santa Monica, California, USA
Small Cell Lung Cancer Workshop	March 15-17, 2017	New York, New York, USA
European Lung Cancer Conference	May 5-8, 2017	Geneva, Switzerland
Multidisciplinary Symposium in Thoracic Oncology	September 14-16, 2017	Chicago, Illinois, USA
18th World Conference on Lung Cancer	October 15-18, 2017	Yokohama, Japan

2018 IASLC MEETINGS

Fifth AACR-IASLC International Joint Conference on Lung Cancer Translational Science: From the Bench to the Clinic	January 8-11, 2018	San Diego, California, USA
IASLC 18th Lung Cancer Targeted Therapies Meeting	February 21-24, 2018	Santa Monica, California, USA
IASLC-FDA Lung Cancer Neoadjuvant Meeting 2018	March 1-2, 2018	Rockville, Maryland, USA
IASLC Lung Cancer Immunotherapy Meeting 2018	March 22-24, 2018	Madrid, Spain
European Lung Cancer Congress 2018	April 11-14, 2018	Geneva, Switzerland
IASLC Africa Conference on Lung Cancer 2018	April 29-May 1, 2018	Tangier, Morocco
IASLC Latin America Conference on Lung Cancer 2018	August 15-18, 2018	Cordoba, Argentina
IASLC 19th World Conference on Lung Cancer	September 23-26, 2018	Toronto, Ontario, Canada
IASLC Asia Conference on Lung Cancer 2018	November 7-10, 2018	Guangzhou, China

IASLC 18TH WORLD CONFERENCE ON LUNG CANCER



The IASLC World Conference on Lung Cancer (WCLC) is the world's largest scientific meeting solely dedicated to lung cancer and other thoracic malignancies. More than 6,700 delegates from 82 countries attended the 2017 conference in Yokohama, Japan, to discuss the latest scientific and clinical developments in the field.

With the theme of "Synergy to Conquer Lung Cancer," the WCLC's robust, comprehensive scientific program encompassed the latest cutting-edge knowledge — from basic research to current progress in prevention, screening, imaging and novel therapies. Multidisciplinary educational sessions were developed to meet the expectations of the broad range of international delegates, with 450 global experts as invited speakers and nearly 2,000 abstract presentations. Other sessions included interactive "Grand Rounds," expert panel discussions with lively debates, informative hands-on workshops, stimulating poster presentations and more. Additionally, several sessions were specifically dedicated to nurses, allied health professionals, patients and advocates.

Two keynote highlights from the conference included world-renowned expert Dr. Tasuku Honjo, who discovered PD-1, delivering a lecture on immunology in lung cancer; and Drs. Paul Bunn, Jr.; Nagahiro Saijo and Giorgio Scagliotti presenting their viewpoints on the future of thoracic oncology, each from their own geographic perspective (North America, Asia and Europe, respectively).

PRESIDENTS:

Hisao Asamura,
Japan

Keunchil Park,
South Korea

REGIONAL ORGANIZING COMMITTEE

Myung-Ju Ahn, South Korea
Akihiko Gemma, Japan
Norihiko Ikeda, Japan
Young Tae Kim, South Korea
Kaoru Kubota, Japan

Tetsuya Mitsudomi, Japan
Kazuhiko Nakagawa, Japan
Yuko Nakayama, Japan
Young Taek Oh, South Korea
Yuichiro Ohe, Japan

Jeong-Seon Ryu, South Korea
Ikuo Sekine, Japan
Shun-ichi Watanabe, Japan
Yasushi Yatabe, Japan

WCLC BY THE NUMBERS

6,764
DELEGATES FROM
82
COUNTRIES

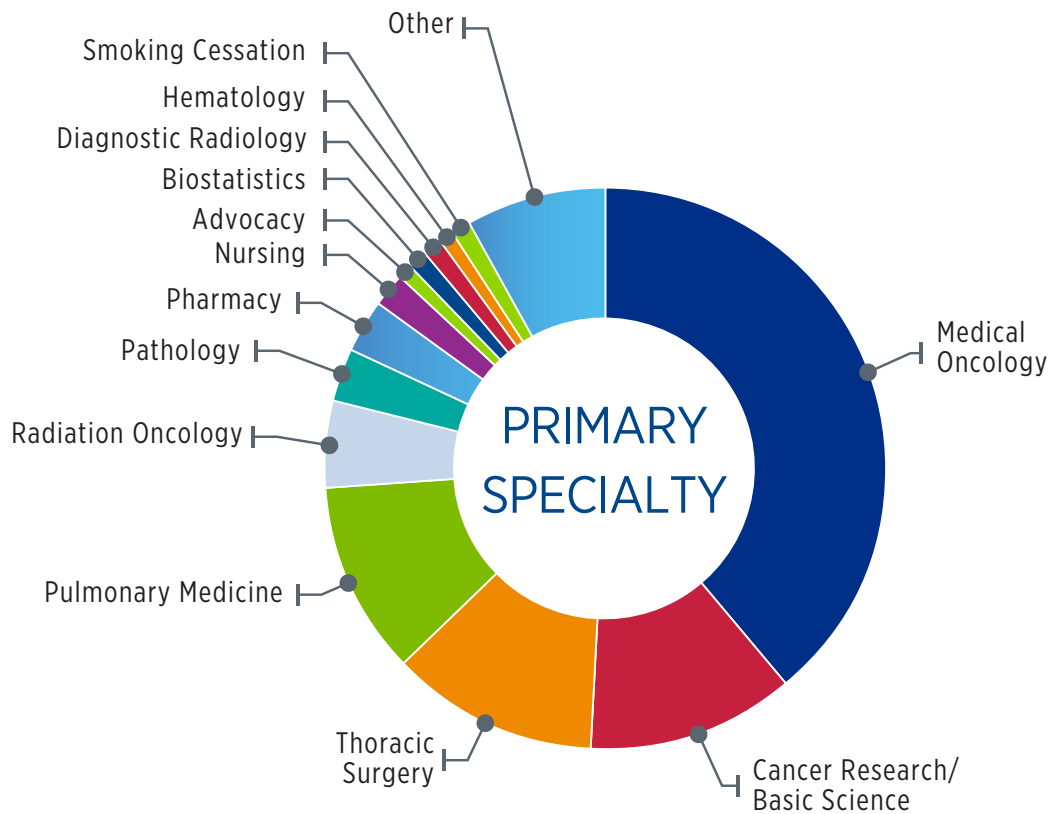
FIRST TIME ATTENDEES:
58%

ABSTRACTS SUBMITTED:
1,970

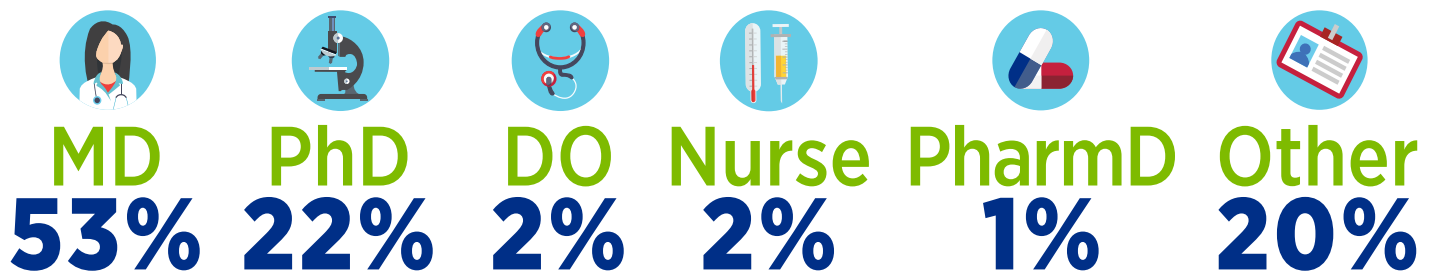
INVITED SPEAKERS:
498

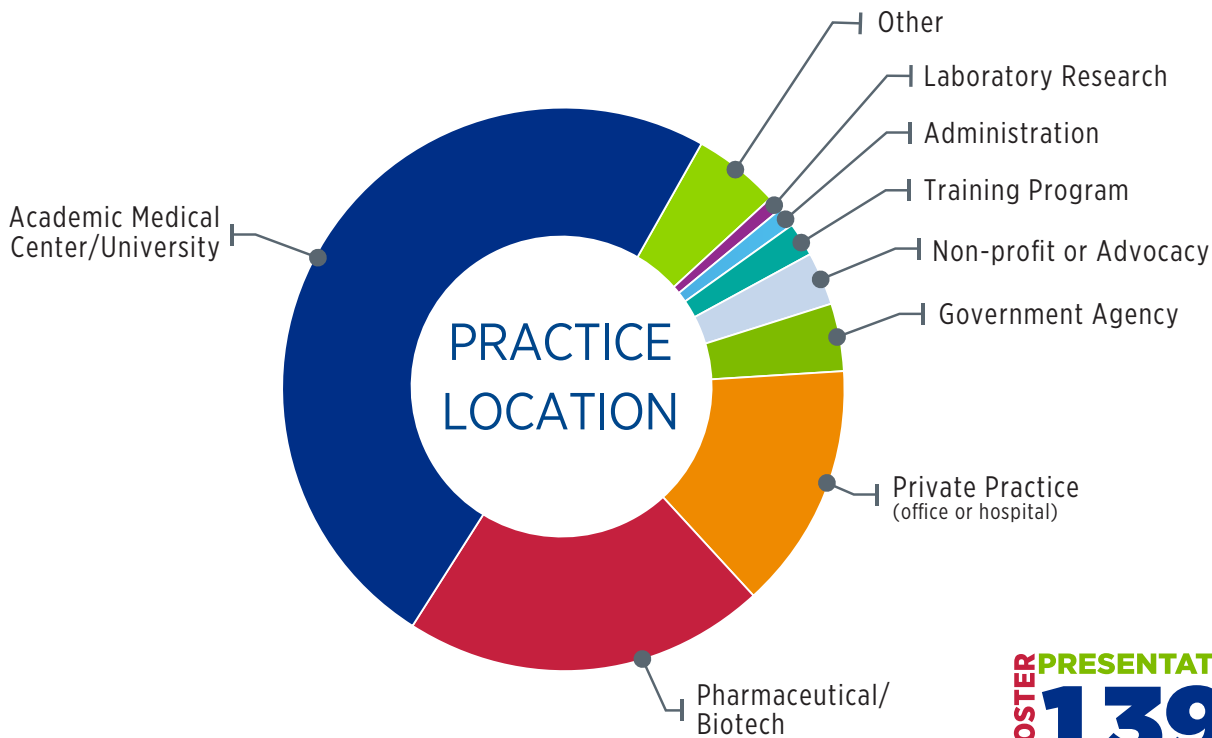
96 KEYNOTE
SPEAKER
SESSIONS

49 ORAL & MINI ORAL
ABSTRACT SESSIONS



CREDENTIALS





TOP 10 COUNTRIES

(for attendees):

- 1 CHINA
- 2 JAPAN
- 3 USA
- 4 SOUTH KOREA
- 5 CANADA
- 6 UNITED KINGDOM
- 7 SPAIN
- 8 INDIA
- 9 AUSTRALIA
- 10 ITALY

POSTER PRESENTATIONS:
1,397

73 SCHOLARSHIP
AND TRAVEL
AWARD WINNERS

14 BEST OF
WCLC
EVENTS

MEDIA MENTIONS:
6,175

MEDIA COVERAGE IN
50+
COUNTRIES

#WCLC2017
HASHTAG USED MORE THAN
4,500
TIMES

710
CME CERTIFICATES
REQUESTED

IASLC 19TH WORLD CONFERENCE ON LUNG CANCER



Toronto, Ontario, Canada
September 23-26, 2018

Conference Presidents

Dr. Frances Shepherd

Honorary Chair

Dr. Andrea Bezjak

Co-President

Dr. Gail Darling

Co-President

Dr. Natasha Leighl

Co-President



IASLC 2017

DISTINGUISHED AWARDS

Paul A. Bunn, Jr. Scientific Award

The Paul A. Bunn, Jr. Scientific Award recognizes an IASLC scientist for lifetime achievement in scientific contributions to thoracic cancer research. Dr. Bunn's studies have set worldwide standards for the treatment of lung cancer and have identified issues of natural history and biomarkers of prognosis and therapy selection. Robert Ginsberg, MD, a thoracic surgeon from Toronto, Canada, earned the first award in 1994 for his contributions to the surgical treatment of early stage lung cancer. Initially named the Scientific Award, the IASLC renamed the award in honor of Dr. Bunn when he stepped down after serving as its executive director and CEO for 10 years.

TONY MOK, MD, FRCPC, FRCP (GLASGOW), FASCO

Professor Tony Mok is the Li Shu Fan Medical Foundation-Endowed Professor, Department of Clinical Oncology, Prince of Wales Hospital at the Chinese University of Hong Kong. He also holds an honorary professorship at the Guangdong Provincial People's Hospital in China, as well as a guest professorship at Peking University School of Oncology in Beijing.



A past president of the IASLC, Prof. Mok served from 2013 to 2015. He was recently elected IASLC treasurer and will fulfill that role through 2021.

The leader of many important multinational clinical trials, Prof. Mok was the principal investigator and first author on the landmark IRESSA Pan-Asia Study (IPASS), which established the role of first-line gefitinib in patients with EGFR mutation.

He has also led and co-led multiple studies, including FASTACT 2, IMPRESS, ARCHER 1050, ALEX and AURA 3. These projects address the various aspects of the management of EGFR-positive lung cancer, and have, in many ways, defined current practices. Prof. Mok also engages in research on ALK-positive lung cancer and immunotherapy. Many clinical trials, led or co-led by Prof. Mok, have defined precision medicine in lung cancer treatment.

Prof. Mok has authored more than 200 articles in international peer-reviewed journals, including the *New England Journal of Medicine*, *Science*, *The Lancet*, the IASLC's *Journal of Thoracic Oncology* and the *Journal of Clinical Oncology* and he has contributed to multiple textbooks. In addition, he is an associate editor of several publications, including the *Journal of Thoracic Oncology*, and serves on the editorial board of several other major oncology journals.

Prof. Mok co-founded the Asian Lung Cancer Research Group in 2000, one of the first such multicenter groups in the region, which now includes researchers from Australia, China, Hong Kong, Japan and South Korea. In 2016, he co-founded the Asian Thoracic Oncology Research Group based in Singapore, with the vision to be the central coordinating body for multicenter clinical trials and translational research for thoracic malignancies throughout the Asia-Pacific region.

He is closely affiliated with the oncology community in China and has been awarded a guest professorship at Peking University School of Oncology and a visiting professorship at Shanghai Jiao Tong University and West China School of Medicine/West China Hospital, Sichuan University.

Prof. Mok studied medicine at the University of Alberta in Canada and, following his residency there and fellowship training at Princess Margaret Hospital in Toronto, he spent seven years practicing in the fields of oncology and internal medicine. In 1996, he returned to his native Hong Kong to pursue an academic career.

Joseph W. Cullen Prevention/Early Detection Award

The Joseph W. Cullen Prevention/Early Detection Award recognizes an IASLC scientist for lifetime achievement in the prevention of thoracic malignancies. Dr. Cullen served as the deputy director of the National Cancer Institute's (NCI) Division of Cancer Prevention and Control. He created the Smoking, Tobacco and Cancer Program at the NCI in 1982. The winner of the first award in 1994 was Jesse Steinfeld, MD, the U.S. Surgeon General when the National Cancer Act of 1971 was enacted into federal law.

CAROLYN M. DRESLER, MD, MPA

Dr. Carolyn Dresler is the Associate Director for Medical & Health Sciences, Center for Tobacco Products at the U.S. Food & Drug Administration (FDA), a position she has held since 2012. Trained in thoracic surgical oncology, Dr. Dresler is a leading international tobacco control expert and advocate.

Prior to the FDA, she was the Director of the Tobacco Prevention and Cessation Program at the Arkansas Department of Public Health in the U.S. and the Head of Group for Tobacco and Cancer at the International Agency for Research on Cancer in Lyon, France.

Dr. Dresler's most recent work has been directed at the impact of state and federal policies on reducing tobacco use, the effects of tobacco use and cessation during cancer treatment, the assessment of tobacco use in clinical trials and the effectiveness of various smoking cessation intervention programs.



Her passion is also focused on utilizing various human rights reporting processes to help enforce the implementation of the World Health Organization Framework Convention on Tobacco Control, which was developed in 2003 in response to the globalization of the tobacco epidemic.

Additionally, Dr. Dresler was a key figure in establishing the international Human Rights and Tobacco Control Network, an organization aimed at educating academics, professionals, scientists and the public on the importance of approaching tobacco control from a human rights perspective.

As an IASLC board member (2011-2015), Dr. Dresler helped establish its member-driven Tobacco Control and Smoking Cessation Committee. The charge of this IASLC committee is to provide more comprehensive consideration of activities and initiatives that the organization should engage in to reduce the global use of tobacco.

Dr. Dresler earned her undergraduate and medical degrees at the University of Colorado, USA, and a master's degree in public administration from the John F. Kennedy School of Government at Harvard University in Cambridge, Massachusetts, USA, where she completed an independent study in tobacco control and human rights.



Mary J. Matthews Pathology/Translational Research Award

The Mary J. Matthews Pathology/Translational Research Award recognizes an IASLC scientist for lifetime achievement in pathology and translational research of thoracic malignancies. Dr. Matthews was a senior investigator and pathologist at the National Cancer Institute's Medical Oncology Branch. She was pioneer in the foundation of the histologic subtypes of lung cancer and the relationship between those subtypes and the clinical course of lung cancer. The winner of the first award in 1994 was Geno Saccomanno, MD, PhD, a physician and cancer researcher who dedicated years of his life to developing a pioneering technique to assist in the early detection of lung cancer.

YASUSHI YATABE, MD, PHD

Dr. Yasushi Yatabe has served as Chief of the Department of Pathology and Molecular Diagnostics, Aichi Cancer Center Hospital in Nagoya, Japan, since 2000. He is a world-renowned surgical and molecular pathologist who has contributed to the expansion and integration of molecular oncology and pathology. His research led the way for the molecular classification of lung cancer, and he has been instrumental in defining the clinicopathologic characteristics of EGFR mutations in lung cancer.



At the IASLC, Dr. Yatabe has contributed greatly, serving as chair of the Pathology Committee (2015-2017); as an editor of two essential publications: the *IASLC Atlas on ALK and ROS1 Testing in Lung Cancer* and the *IASLC Atlas of PD-L1 Immunohistochemistry Testing in Lung Cancer*; as a chapter author for the recent *IASLC Atlas on EGFR Testing in Lung Cancer*; as a chapter editor of the 2015 *WHO Classification of Tumors of Lung, Pleura, Thymus and Heart*; and as a co-chair of the expert panel for the 2018 update to the *College of American Pathologists/IASLC/Association for Molecular Pathology Molecular Testing Guideline*.

Dedicated to research, Dr. Yatabe has explored the role of EGFR mutation status, in lung cancer particularly, in predicting survival after treatment with an EGFR inhibitor. He was involved in the West Japan Oncology Group phase III trial that showed that gefitinib was superior to chemotherapy (cisplatin plus docetaxel) for patients with EGFR-positive lung cancer, which prompted a shift in the standard of treatment.

Dr. Yatabe is a member of the Pulmonary Pathology Society, the United States and Canadian Academy of Pathology, the American Thoracic Society and the American Association for Cancer Research. He also serves as a board member for several associations in his home country, including the Japanese Society of Pathology, the Japanese Association for Cancer Research, the Japanese Society of Clinical Cytology and the Japan Lung Cancer Society. He is an editor for several journals, including the IASLC's *Journal of Thoracic Oncology*.

Dr. Yatabe earned his medical degree from Japan's Tsukuba University School of Medicine in 1991. He also earned a PhD in pathology from Nagoya University in 1995. He was a senior pathologist at the Aichi Cancer Center Hospital and then completed a postdoctoral fellowship at the Norris Comprehensive Cancer Center, University of Southern California, Los Angeles, California, USA, before returning to the Aichi Cancer Center Hospital in Japan in 2000.

2017 MERIT AWARD

The Merit Award, established in 1991, is given to an IASLC member who has made an extraordinary contribution to the development of the organization.

RAMON RAMI-PORTA, MD, PHD

Dr. Ramon Rami-Porta is the Clinical Chief of the Department of Thoracic Surgery at University Hospital Mutua de Terrassa in Barcelona, Spain. Prior to that, he had been an attending thoracic surgeon at that institution for more than 25 years. He is also a Collaborating Professor of Thoracic Surgery at Escola Universitària Gimbernat, Autonomous University of Barcelona.



His primary research interests are lung cancer staging and the surgical treatment of lung cancer. A member of the IASLC since 1990, Dr. Rami-Porta joined the IASLC Staging and Prognostic Factors Committee in 1998 and is still a member, ending his term as chair in 2016. He considers his work on this committee to be his most important IASLC activity.

As a member of the IASLC Lung Cancer Staging Project, Dr. Rami-Porta helped develop an international lung cancer database that is periodically updated with the registration of new data. This vital resource includes data from nearly 77,000 evaluable patients.

Dr. Rami-Porta contributed to a series of original articles on the staging project that informed both the 7th and 8th editions of the TNM classification of lung cancer, published by the IASLC, the Union for International Cancer Control and the American Joint Committee on Cancer in 2016. The updated classification addresses specific changes in the staging of mesothelioma, esophageal cancer, and, for the first time, thymic epithelial tumors.

In addition, Dr. Rami-Porta served as executive editor of the second edition of the *IASLC Staging Manual in Thoracic Oncology*, published in 2016. He has also worked tirelessly to educate thoracic oncologists about the changes to the classification and its clinical implications, with the articles in the IASLC's *Journal of Thoracic Oncology*; with presentations at IASLC World Conferences on Lung Cancer (WCLC); and with a chapter in *IASLC Thoracic Oncology, (2nd edition)*, published in 2017. The IASLC 18th World Conference on Lung Cancer in 2017 marked Dr. Rami-Porta's 12th consecutive as a speaker or session chair. He was the general secretary of WCLC 2005 in Barcelona and will serve as chair of WCLC 2019 in Barcelona.

Dr. Rami-Porta graduated from the Barcelona University Medical School and completed specialty training in thoracic surgery at the Jimenez Diaz Foundation in Madrid, Spain. He earned a PhD from the Autonomous University of Madrid. He received further training at several U.S. institutions and, as a certified thoracic surgeon, was an overseas trainee at the National Cancer Center in Tokyo.



IASLC WCLC PROGRAMS

LECTURESHIP AWARDS

The IASLC recognized seven investigators with Lectureship Awards at the IASLC 18th World Conference on Lung Cancer (WCLC) for their high-ranking abstracts in select areas of lung cancer research. Six of these awards are named after IASLC members who have been leaders in the areas of pathology, surgery, small cell lung cancer, medical oncology and staging. New this year is a lectureship in the field of nursing and allied health. The winners received their awards before delivering their presentations in the oral abstract sessions at the WCLC.



Adi Gazdar Lectureship Award for Translational Research

RECIPIENT: **KATEY ENFIELD, PHD**

British Columbia Cancer Research Centre, Vancouver, British Columbia, Canada

Abstract: Inhibition of the Novel Oncogene ELF3 Abolishes Lung Adenocarcinoma Growth



Robert Ginsberg Lectureship Award for Surgery

RECIPIENT: **FRANCESCO GUERRERA, MD**

University of Turin, Turin, Italy

Abstract: Risk of Recurrence in Stage I Adenocarcinoma of the Lung: A Multi-Institutional Study on Interaction with Type of Surgery and Type of Nodal Staging



Heine Hansen Lectureship Award for Small Cell Lung Cancer

RECIPIENT: **TAOFEEK OWONIKOKO, MD, PHD**

Emory University, Winship Cancer Institute, Atlanta, Georgia, USA

Abstract: Exploratory Analysis for Predictors of Benefit of PARP Inhibitor Therapy in Extensive Stage Small Cell Lung Cancer: ECOG-ACRIN 2511 Study



Dan Idhe Lectureship Award for Medical Oncology

RECIPIENT: **DIRK DE RUYSSCHER, MD, PHD**

MAASTRO Clinic, Maastricht University Medical Centre, Maastricht, Netherlands

Abstract: Toxicity Results from the Randomized Phase III NVALT-11 Study of Prophylactic Cranial Irradiation vs. Observation in Stage III NSCLC



Clifton Mountain Lectureship Award for Staging

RECIPIENT: **HERBERT DECALUWE, MD**

University Hospital Leuven, Leuven, Belgium

Abstract: Mediastinal Staging by Video Mediastinoscopy in Clinical N1 Non-Small Cell Lung Cancer: A Prospective Multicentre Study



Tsuguo Naruke Lectureship Award for Surgery

RECIPIENT: **MATTHEW SMELTZER, MSTAT, PHD**

School of Public Health, University of Memphis, Memphis, Tennessee, USA

Abstract: Thoroughness of Staging and the Outcomes of Surgical Resection in Potentially Curable Non-Small Cell Lung Cancer (NSCLC)



Nursing and Allied Health Lectureship Award

RECIPIENT: **MORTEN QUIST, PHD**

University Hospital of Copenhagen, Rigshospitalet, Denmark

Abstract: Exercise Improves Functional Capacity in Patients with Advanced Stage Lung Cancer

MENTORSHIP PROGRAM

The IASLC mentorship program, now in its third year, provides a unique professional development and educational opportunity for early career, thoracic malignancy-focused physicians and researchers to establish a collaborative relationship with a mentor.

“The idea is to bring young lung cancer investigators from economically developing countries to a mentored program at the World Conference on Lung Cancer and then have them spend time after the conference at their assigned mentor’s host institution,” said Fred R. Hirsch, MD, PhD, IASLC CEO. “The IASLC is grateful to all members who have volunteered to be mentors.”

To apply for the program, candidates must submit an abstract for presentation at the IASLC World Conference on Lung Cancer (WCLC), provide a personal statement on their goals and describe how the award will help them. The IASLC Career Development and Fellowships Committee reviewed more than 40 applications and selected 13 recipients.

Program participants are matched with well-established scientific and clinical mentors from hospitals and research facilities in the region where the IASLC World Conference on Lung Cancer is being hosted during that specific year. In 2017, the WCLC took place in Yokohama, Japan, so the mentoring institutions were located at leading cancer institutions in Japan and South Korea.

The awardees met daily with their mentors during the World Conference to discuss relevant presentations. In the week following the conference, the mentees traveled to their mentor’s institutions where they shadowed them and had the opportunity to interact with researchers, physicians and other members of cancer care teams.

RECIPIENT/COUNTRY	MENTOR/COUNTRY
Noor Alsaadoun, BSc, Saudi Arabia	Noriko Motoi, MD, PhD, Japan
Aseem Rai Bhatnagar, MD, India	Hiroaki Akamatsu, MD, Japan
Wandee Chanprasertpinyo, MD, Thailand	Takaaki Sasaki, MD, PhD, Japan
Valeria Denninghoff, PhD, Argentina	Masayuki Takeda, MD, PhD, Japan
Jin Kang, MD, China	Yuichiro Ohe, MD, Japan
Madiha Kanwal, PhD, Pakistan	Yoshinori Hasegawa, MD, PhD, Japan
Sze Shyang Kho, MD, Malaysia	Ichiro Nakachi, MD, Japan
Milica Kontic, MD, PhD, Serbia	Rintaro Noro, MD, PhD, Japan
Wenhua Liang, MD, China	Tomoya Kawaguchi, MD, PhD, Japan
Fariz Nurwidya, MD, PhD, Indonesia	Tetsuya Mitsudomi, MD, Japan
Abhishek Shankar, MD, India	Ichiro Nakachi, MD, Japan
Voralak Vichapat, MD, PhD, Thailand	Yuichiro Ohe, MD, Japan
Mian Xie, MD, China	Jin Soo Lee, MD, PhD, South Korea





IASLC ACADEMY

Launched at the IASLC 18th World Conference on Lung Cancer (WCLC), the IASLC welcomed its first IASLC Academy class. This innovative new program is designed to help educate and ensure success for early career thoracic specialists and promote the multidisciplinary management of thoracic malignancies.

The award program is open to medical school graduates who have experience working as medical oncologists, radiation oncologists, thoracic surgeons, pathologists, pulmonologists or radiologists. Those selected receive full registration, travel and accommodation for two IASLC World Conferences on Lung Cancer. During each WCLC, academy members meet and discuss key issues with IASLC opinion leaders. They also learn how to analyze and interpret data, how to write and present a paper and how to interact with other specialists on a multidisciplinary team.

The inaugural class consisted of 13 members from Australia, Canada, Egypt, Italy, Nepal, Portugal, Singapore and the United States.

TRAVEL AWARDS

The IASLC offers a variety of travel awards to help researchers from around the world attend the annual IASLC World Conference on Lung Cancer (WCLC). Applications are accepted each year, and the winners are determined by an international review committee comprised of IASLC members.

In 2017, the IASLC provided Developing Nation Awards to 20 researchers from 10 countries. Developing nations are defined by World Bank official data.

The IASLC also provided Young Investigator Scholarships to 20 researchers from 13 countries. Young investigators are defined as 35 years or younger.

New this year, the IASLC expanded its travel program to include two dedicated awards for the nursing and allied health fields.

Each award winner submitted an abstract that was chosen for presentation at the WCLC. They worked on the research with a senior author who is an IASLC member. The award includes conference registration, accommodation, travel expenses and a one-year membership in the IASLC.

Researchers from the following countries received Developing Nation Awards: Bangladesh, Brazil, China, India, Mexico, Myanmar, Russia, Thailand, Turkey and Uzbekistan.

Those receiving Young Investigator Scholarships hailed from Australia, Canada, China, France, Israel, Italy, Japan, Netherlands, Poland, Singapore, South Korea, United Kingdom and the United States.

Finally, researchers from Denmark and Taiwan received Nurse and Allied Health Travel Awards.





DEVELOPING NATION AWARDS



NURSE AND ALLIED HEALTH TRAVEL AWARDS



YOUNG INVESTIGATOR SCHOLARSHIPS



IASLC ADVOCACY AWARDS

The IASLC granted five Patient Advocacy Awards to individuals who foster awareness, support and hope in the lung cancer community. Designed to increase connections between the IASLC and patient advocacy organizations throughout the world, the award is open to nonprofit organizations as well as individuals.

Although the 2017 award winners advocate through different channels – research; advisory boards; public awareness campaigns; online forums, blogging and social media; local, regional and national government lobbying; and even art – they are all passionate about disseminating information and establishing networks of support for patients and caregivers.



Annie Cacciato
Granville, Ohio, USA
Lung cancer survivor
Founding board member,
Breath of Hope Ohio



Anne Marie Cerato
Toronto, Ontario, Canada
Lung cancer survivor
Board member, Lung Cancer Canada
Author of “These are My Scars” blog



Csaba L. Degi, PhD, MSW
Cluj-Napoca, Romania
President, Romanian Association for
Services and Communication in Oncology
Associate Professor, Faculty of Sociology
and Social Work, Babes-Bolyai University



Aditya Manna
West Bengal, India
Co-founder and President,
Narikeldaha Prayas, an organization
aimed at improving the lives and
outcomes of those living with
metastatic cancer



Andrea Prias
Lima, Peru
Founder, Accion Contra el Cancer
(Action Against Cancer)





KEY IASLC INITIATIVES

PD-L1 BLUEPRINT PROJECT

Immunotherapy is an encouraging development in the treatment of patients with lung cancer, however oncologists often struggle with selecting the right patients for the right treatment. Patient selection is paramount because only about 20 to 30 percent of patients with advanced non-small cell lung cancer (NSCLC) will benefit from immunotherapy.

In this new era of thoracic cancer, PD-L1 protein expression has emerged as a tumor biomarker that predicts which patients are more likely to respond to immunotherapy and, therefore, has been the biomarker of choice for clinical trials. However, evaluating PD-L1 status remains a clinical challenge as there is potential confusion generated by having multiple predictive assays, each having been developed as a predictive biomarker for its respective immunotherapeutic. As a result, each assay differs regarding antibody clones and staining platforms, and in definitions of cutoff levels for positive vs. negative status for PD-L1 expression levels.

In an effort to provide consistency, the IASLC proposed a comparative study of the performance of the various PD-L1 immunohistochemistry (IHC) assays. The PD-L1 IHC Blueprint Comparison Project was established to explore the analytical and clinical comparability of the (initially four, but now five) PD-L1 IHC assays used in clinical trials. A steering committee of representatives from six pharmaceutical and two diagnostic companies, the American Association of Cancer Research and the IASLC was also formed.

Phase I of the Blueprint Project was completed in 2016. A total of 39 NSCLC tumors were stained with four PD-L1 IHC assays that are used in clinical trials. It was revealed that three of the four assays were closely aligned on tumor cell staining, whereas the fourth showed that consistently fewer tumor cells were stained. All assays demonstrated immune cell staining, but with greater variability than with tumor cell staining. By comparing assays and cutoffs, the study indicated that despite similar analytical performance of PD-L1 expression for three assays, interchanging assays and cutoffs would lead to “misclassification” of PD-L1 status for some patients.

Phase II included more pathologists (25 from 15 countries) and examined a larger panel of tumors (81 lung tumors). The goal of this phase was validation of the phase I observations, specifically regarding interobserver operability. In general, phase II demonstrated reasonably good interobserver concordance among the 25 pathologists. Comparison of PD-L1 expression based on tumor versus cytology specimens and assessment using glass slides vs. digital scans also showed good correlation.

“We hope the PD-L1 Blueprint Project will provide scientific evidence that interchangeability among at least some of the PD-L1 assays can be accomplished safely and that PD-L1 assessment will be more easily and consistently determined,” said Fred R. Hirsch, MD, PhD, IASLC CEO.

Phase IIB is ongoing and will compare PD-L1 expression based on large tumor specimens vs. smaller biopsies and cytologies from the same tumors. This is critically important because the majority of patients with advanced lung cancer will have small biopsies or specimens as the primary diagnostic material.

The *IASLC Atlas of PD-L1 Immunohistochemistry Testing in Lung Cancer* was published in 2017. The full report on phase II of the Blueprint Project will be published in the *Journal of Thoracic Oncology* in 2018.

MOLECULAR TESTING GUIDELINE

Rapid advancements in the molecular diagnostic testing of lung cancer have led to new treatments and greater hope for patients battling lung cancer, the most common cause of cancer death worldwide.

To ensure that clinicians stay apace and provide optimal patient care, three leading medical societies—the College of American Pathologists (CAP), the IASLC and the Association for Molecular Pathology (AMP)—have updated their 2013 evidence-based guideline.

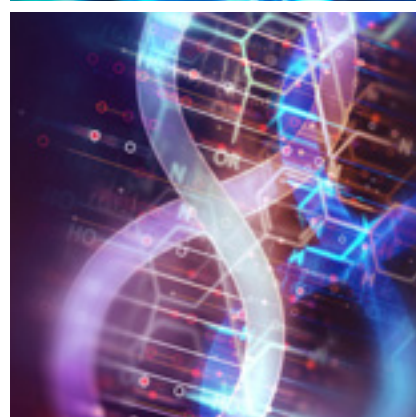
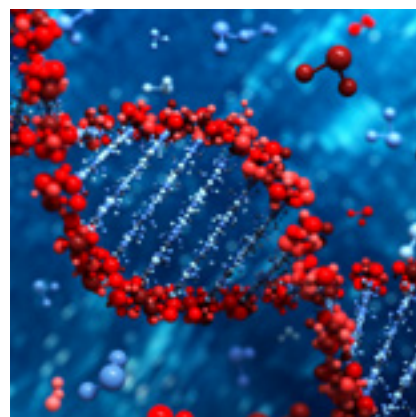
Published in early 2018, the *Updated Molecular Testing Guideline for the Selection of Lung Cancer Patients for Treatment with Targeted Tyrosine Kinase Inhibitors*, continues to set standards for the molecular analysis of lung cancers for test results that effectively guide targeted therapy and treatment.

Targeted cancer therapies are drugs or other treatments that block the spread of cancer by interfering with specific molecules that spur a tumor's growth and progression. Patients whose tumors harbor certain specific molecular alterations may be candidates for targeted tyrosine kinase inhibitor (TKI) therapy, which may improve survival and quality of life.

An international, multidisciplinary panel of expert authors, appointed by each of the three organizations, included pathologists, oncologists, pulmonologists, a methodologist, laboratory scientists and patient representatives. The team worked collaboratively to develop the guideline following the Institute of Medicine's evidence-based process.

The updated guideline strengthens or reaffirms the majority of the 2013 recommendations for patients with lung adenocarcinoma and also recommends testing on some new genes.

As scientific discoveries and clinical practice outpace clinical trials, evidence-based guidelines developed by expert practitioners are vital for communicating emerging clinical standards. Stakeholders around the world are encouraged to review and implement recommendations, while lung cancer patients will benefit as their clinicians adopt this guideline. And, while these recommendations represent current best practices in a rapidly developing field, there is the expectation the guideline will be updated in the future.





TOBACCO CONTROL AND SMOKING CESSATION

The IASLC's member-driven Tobacco Control and Smoking Cessation Committee is actively engaged in educating patients and health care providers worldwide on the adverse effects of tobacco use and the benefits of cessation with the overall goal of ensuring IASLC members have the information they need to help their patients. They also address the development and marketing of alternative products like electronic cigarettes.

Committee members stay current on tobacco legislation worldwide and contribute to local, regional, national and international efforts in tobacco control initiatives and interventions.

Representing the IASLC, in 2017, the committee signed on to seven impactful letters of support on tobacco control, smoking cessation, e-cigarettes and other health issues that were sent to the U.S. Congress and various U.S. state departments related to bills, policies, acts and funding. Topics included implementing smoke free policies in government-owned public housing, allocation of funds to the Centers for Disease Control's Office on Smoking and Health, support of the Family Smoking Prevention and Tobacco Control Act and opposition to legislation that would weaken the Food and Drug Administration's authority to regulate tobacco products like cigars, e-cigarettes and the sale of such products to those under 18 years of age.

Additionally, related to the IASLC 18th World Conference on Lung Cancer in Yokohama, Japan, the committee sent letters to four high ranking Japanese government officials, including the prime minister, urging stronger regulation for secondhand smoke in indoor public locations. There was also an op-ed titled "Public Smoking Regulations May be on Horizon for Tokyo" published in *Japan Today*. It was written by IASLC CEO Fred Hirsch and committee member Junji Yoshida.

Committee members contributed to smoking cessation and tobacco control educational sessions at all IASLC meetings in 2017 and held a popular live webinar.

The group initiated, authored and contributed articles and other relevant information on tobacco control and smoking cessation to 12 issues of the IASLC's *Journal of Thoracic Oncology*. Members also initiated or authored 11 articles in the *IASLC Lung Cancer News*.

Finally, the committee manages a powerful traveling display depicting the history of the tobacco industry and demonstrating the dangers of tobacco use.

LUNG CANCER SCREENING

The IASLC has long been a robust supporter of research in lung cancer screening, especially in working to integrate tobacco control and cessation measures into early detection for high-risk populations.

Lung cancer screening using low-dose computed tomography (LDCT) has been shown to not only reduce lung cancer mortality, but all-cause mortality as well. Based on the results of the National Lung Screening Trial and recommendations from the U.S. Preventive Services Task Force and the Centers for Medicare and Medicaid Services, LDCT screening is now approved in the U.S. for those individuals who are considered high risk. Risk is based on age and tobacco history—generally, adults aged 55 to 74 who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. There are several ongoing clinical trials and it is hoped that LDCT screening recommendations will soon be commonplace in other countries around the world.

The IASLC held two important lung cancer screening events in 2017 with the goal of facilitating collaboration within all disciplines of the lung cancer community.

The Fifth IASLC Screening Strategy Advice Committee CT Screening Workshop brought leading experts from around the world together during the IASLC 18th World Conference on Lung Cancer (WCLC) in Yokohama, Japan, in October 2017. This workshop provided a comprehensive international forum to discuss state-of-the-art methodology for performing lung cancer CT screening; recommendations regarding global implementation based on current knowledge and international expectations; a resource toolkit to support national screening implementation efforts; and suggestions for how the IASLC can provide leadership in this area.

A second event, Advances in Lung Cancer CT Screening, also took place in Yokohama during the WCLC and was open to all attendees. International experts provided an in-depth review of the core concerns facing lung cancer screening in a highly interactive setting—giving attendees the opportunity to discuss the practical issues related to screening. Presenters also analyzed how surgical and medical interventions and biomarker discovery are intersecting with screening research.





THE IASLC STAGING PROJECT

In order to ensure the best quality of lung cancer care worldwide, it's critical that patients are diagnosed and treated correctly. As the only global organization dedicated solely to the study of lung cancer, the IASLC is in a unique position to improve lung cancer care worldwide through guidelines and education.

Over the past two decades, the IASLC Lung Cancer Staging Project has been a steady source of evidence-based recommendations for the Tumor Node Metastasis (TNM) classifications of thoracic malignancies, namely lung cancer; malignant pleural mesothelioma; carcinoma of the esophagus and esophago-gastric junction; and thymic epithelial tumors.

The fundamental purpose of stage classification is to provide common terminology about the anatomic extent of the disease that is used consistently around the world. Given the rapid progress in the understanding of lung cancer, it's critical that the staging system keep up with the advances. Proper and accurate staging of lung cancer and other thoracic malignancies is important for making treatment decisions and ensures the best standardized care for patients worldwide.

The IASLC Staging and Prognostic Factors Committee proposed revisions to the lung cancer staging system for the Eighth Edition of the TNM Classification for Lung Cancer, Thymic Tumors and Mesothelioma. Those revisions were accepted by the Union for International Cancer Control (UICC) and the American Joint Committee on Cancer (AJCC). As of January 2018, the eighth edition has been enacted worldwide.

The new classification system has a greater focus on tumor size, and tumor size is now a descriptor in all T categories. Additionally, adenocarcinoma in situ, squamous carcinoma in situ and minimally invasive carcinoma each has its own coding in the TNM classification. The database that informs the eighth edition consists of 94,708 eligible patients diagnosed worldwide from 1999 to 2010.

The IASLC has produced several tools to aid oncologists and other health professionals in their respective practices. *The Staging Manual in Thoracic Oncology, Second Edition* was published in late 2016. There is also an accompanying handbook as well as a collection of articles from the IASLC's *Journal of Thoracic Oncology*, posters, a set of pocket-sized laminated cards and a mobile app (available in several languages).

The project is now entering its third cycle and the IASLC is beginning work on the ninth edition, which will include the addition of molecular characteristics. The population to be studied consists of patients with lung cancer newly diagnosed between January 1, 2011 and December 31, 2019. Briefly, data elements include patient characteristics; baseline laboratory values and results of pulmonary function tests and positron emission tomography (PET); an indication of which clinical tests were used to establish pretreatment T, N and M categories; clinical TNM category plus supporting evidence and pathologic TNM category; treatment; molecular markers; and survival.

The IASLC has issued a call for participation to all who wish to contribute data to the ninth edition to ensure that decisions on lung cancer staging are based on sound empirical evidence. The timeline allows for recruitment of cases through 2019, with follow-up survival through 2021 and for the ninth edition recommendations to be developed in 2022. As in past years, the findings will be shared with the worldwide lung cancer community, while the data and recommendations will be submitted to the UICC and AJCC for consideration in the next revisions of their staging manuals, which are expected to be published in 2024.



- 1 Low cervical, supraclavicular, and sternal notch nodes
Supraclavicular zone
- SUPERIOR MEDIASTINAL NODES**
- 2R Upper Paratracheal
2L Upper Paratracheal (left)
3a Prevascular
3p Retrotracheal
4R Lower Paratracheal (right)
4L Lower Paratracheal (left)
Upper zone
- AORTIC NODES**
- 5 Subaortic
6 Para-aortic (ascending aorta or Phrenic)
AP zone

Figure. Courtesy of International Association for the Study of Lung Cancer. Permission must be requested and granted before photocopying or reproducing this material for distribution. Copyright ©2016 Aletta Associates, Inc.



T1a, T1b
Tumour: ≤1cm

T1c
Tumour: >2cm, ≤3cm

Tumour: >1cm, ≤2cm

Superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus is T1

Tumour ≤3cm; any associated bronchoscopic invasion should not extend proximal to the lobar bronchus

Tumour in the main bronchus < 2cm from involvement or associated obstructive of the entire

Figure. Courtesy of International Association for the Study of Lung Cancer. Permission must be requested and granted before photocopying or reproducing this material for distribution. Copyright ©2016 Aletta Associates, Inc.



M1a

Primary tumour

Contralateral, separate tumour nodule(s)

Malignant pleural effusion/nodule(s)

Malignant pericardial effusion/nodule(s)

Note: when the pleural (pericardial) effusions are negative after multiple microscopic examinations, and the fluid is non-bloody and not an exudate, they should be excluded as a staging descriptor.

M1b

Single extrathoracic metastasis

Liver

Figure. Courtesy of International Association for the Study of Lung Cancer. Permission must be requested and granted before photocopying or reproducing this material for distribution. Copyright ©2016 Aletta Associates, Inc.

Figure. Courtesy of International Association for the Study of Lung Cancer. Permission must be requested and granted before photocopying or reproducing this material for distribution. Copyright ©2016 Aletta Associates, Inc.

IASLC 2017 PUBLICATIONS

By forming partnerships between IASLC staff members, committee members, subject matter experts and key opinion leaders, the IASLC created a number of valuable educational publications in 2017. These publications encompass a wide-range of topics relating to lung cancer and other thoracic malignancies—from molecular and immunohistochemistry testing to more comprehensive updates on the latest developments in the lung cancer field.

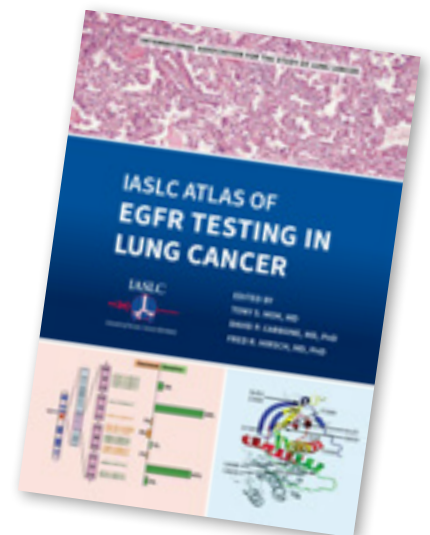
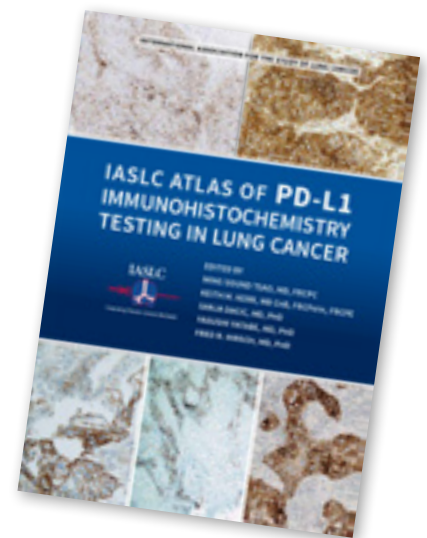
The IASLC Atlas of PD-L1 Immunohistochemistry Testing in Lung Cancer

The *IASLC Atlas of PD-L1 Immunohistochemistry Testing in Lung Cancer* was produced when the IASLC convened an expert panel of authors to present information on emerging PD-L1 immunohistochemistry assays and highlight specific areas of consensus and debate. The atlas approaches the topic with a wide lens, examining the evolving landscape of laboratory testing as a whole, in addition to detailing the specifics of each PD-L1 assay and current controversies regarding PD-L1 expression testing for lung cancer.

A valuable resource for physicians and other health care professionals involved in lung cancer treatment, the atlas is also designed to help patients gain a more comprehensive understanding of the current biomarker scenario and play an active role in obtaining the most contemporary, well-suited and evidence-based treatment for their lung cancer.

The IASLC Atlas of EGFR Testing in Lung Cancer

Comprehensive albeit user-friendly, the *IASLC Atlas of EGFR Testing in Lung Cancer* is a useful guidebook, providing pathologists with information on EGFR testing. From available assays and proper handling of tumor samples to results interpretation and quality assurance, the atlas serves as a must-have text for the general oncology readership. The atlas also includes a summary of relevant clinical data supporting the application of EGFR testing in patients with either treatment-naïve or EGFR TKI-resistant disease.





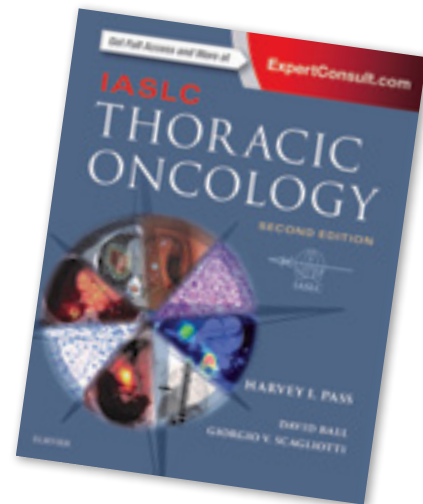
The IASLC Lung Cancer News

The *IASLC Lung Cancer News* (ILCN) was expanded to a bi-monthly publication at the beginning of 2017. Addressing the complex intersection of diagnostics, screening, tobacco control, therapeutic intervention, side-effect management and survivorship that is at the heart of thoracic malignancy research, the ILCN aspires to present the most recent, noteworthy lung cancer-related information to a diverse, worldwide audience. Additionally, the ILCN strives to feature expert commentary from thoracic oncology thought leaders and industry figures, with the ultimate goal of improving clinical outcomes and facilitating the professional development of those working in lung cancer.

IASLC Thoracic Oncology Textbook-Second Edition

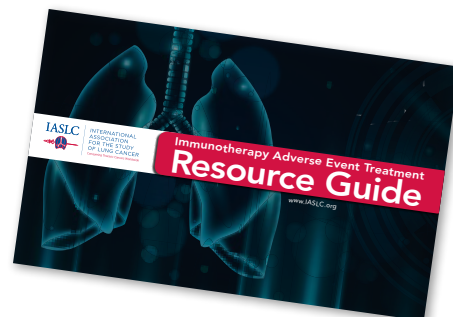
IASLC Thoracic Oncology is the official textbook of the IASLC, and the new version of this essential resource updates large sections of the first edition of the textbook, which was originally released in 2014 under the title of *IASLC Multidisciplinary Approach to Thoracic Oncology*. In the interim, the science regarding the diagnosis, staging, treatment and management of lung cancer and other thoracic malignancies has grown exponentially, with seismic changes occurring in the areas of genomic phenotyping, staging, histologic classification, immunotherapeutic treatment strategies and more.

In order to effectively deal with the ever-changing nature of the field, new or updated material constitutes well over 50 percent of the *IASLC Thoracic Oncology-Second Edition*—a staggering percentage, yet an appropriate one considering the rapid developments occurring within the practice of thoracic oncology. The textbook is meant to provide practitioners in all settings, as well as researchers, with an updated reference source.



The IASLC Immunotherapy Adverse Event Treatment Resource Guide

The management of adverse events related to the use of immunotherapy as a treatment modality is a complex topic that demands considerable attention. Seeking to provide health care practitioners with a new resource to better contend with these adverse events, the IASLC Nurses and Allied Health Professionals Committee developed the *IASLC Immunotherapy Adverse Event Treatment Resource Guide*. This publication will assist in the grading, diagnostic work-up and management of immunotherapy-related side effects experienced by patients, and is divided into sections based on the organ system. Lastly, a list of abbreviations is included to help streamline comprehension.





JOURNAL OF THORACIC ONCOLOGY

The *Journal of Thoracic Oncology* (JTO), the official journal of the IASLC, is the primary educational and informational publication for topics relevant to the prevention, detection, diagnosis and treatment of thoracic malignancies. The JTO emphasizes a multidisciplinary approach and includes original research, reviews and opinion pieces. The audience includes medical oncologists, radiation oncologists, thoracic surgeons, pulmonologists, epidemiologists, pathologists, radiologists, research scientists and others with a special interest in thoracic oncology.

The Journal's 2016 Impact Factor was 6.595, up from 5.040 in 2015. The JTO was ranked 23rd out of 217 for oncology and sixth out of 59 for respiratory system subject matter categories in the 2016 Journal Citation Reports.

In 2017, 1,072 original research articles were submitted and 113 were accepted, resulting in an acceptance rate of 10.5 percent. For all submission types, there were 1,489 manuscripts submitted and 247 were accepted, for an acceptance rate of 11.1 percent. There were 1.4 million full-text article downloads and nearly 400,000 visits to JTO.org in 2017, increases of 50 percent and 45 percent over 2016, respectively.

The JTO prides itself on quickly turning around articles, with nine days to first decision and an average of 11 days for revisions. The JTO also publishes articles online within three to five days of acceptance. Articles of high scientific interest receive fast-track designation, are reviewed within 48 hours and then published online within three to five days.

JTO readers were able to earn continuing medical education (CME) credits in 2017. One article per month was designated as a CME-accredited activity, consisting of a full-text article, a pre- and post-test quiz and a course evaluation. Throughout the year, the JTO also offered CME credit to manuscript reviewers, an initiative that began in 2016.

Promotional efforts for the JTO were expanded in 2017. JTO authors were empowered to promote their work with a personal link for each of their published articles. This Sharelink provides free access to an article for 50 days. Authors were able to email the link to co-authors and colleagues, and post the link on personal or institutional websites and their respective social media profiles. Authors could also create AudioSlide presentations that are published as multi-media supplements to their articles, allowing them to summarize their findings in their own words.

The IASLC staff contributed to the JTO's promotional efforts by sharing select JTO articles on the JTO's official social media pages and through press releases and media outreach. In 2017, the JTO was also published in French.



As a strong indicator of the growing influence of the **JTO**, its impact factor has risen above six for the first time ever,” **said Alex A. Adjei, MD, PhD, Editor-in-Chief.** “This major milestone reflects that the **JTO** is becoming the authoritative journal for disseminating research and new therapies for lung cancer and other thoracic malignancies.”



EDUCATIONAL ACTIVITIES

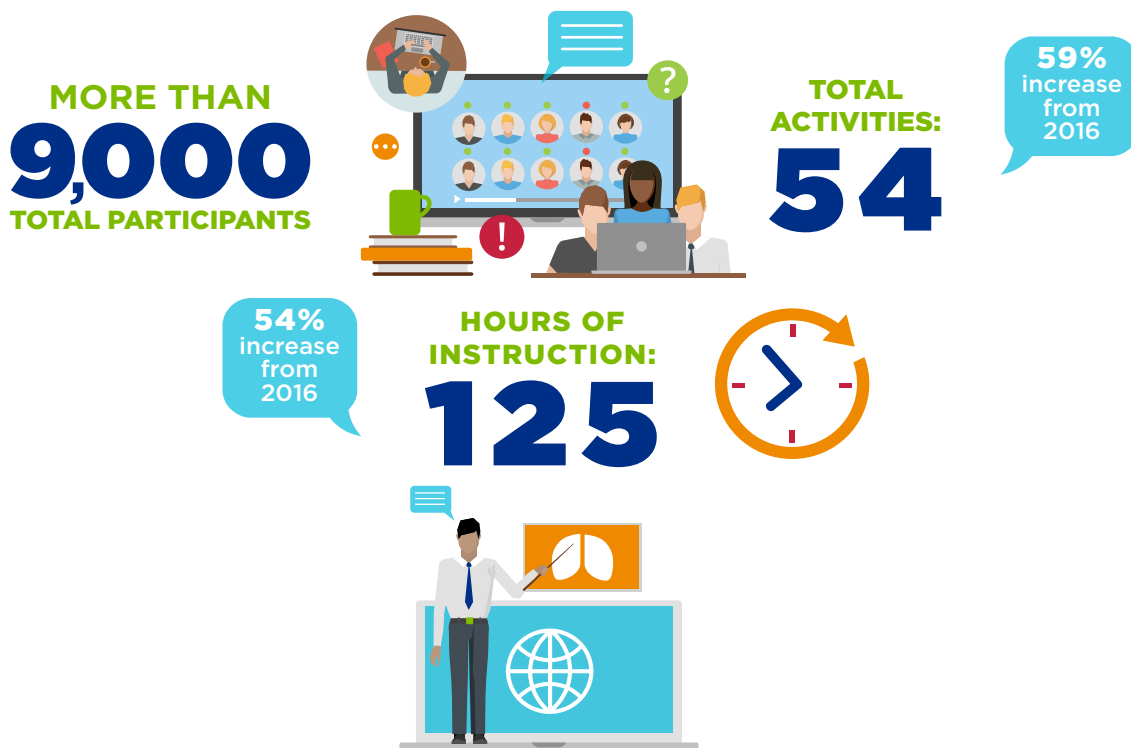
The IASLC serves as a key resource for lifelong learning and professional growth by providing opportunities for physicians, scientists and other health professionals to learn about the latest scientific advances in lung cancer and other thoracic malignancies, and apply that knowledge to their patients and practices worldwide.

The IASLC's steadfast commitment to education continued in 2017 as it further expanded its continuing medical education (CME) accreditation program. The CME webinar series, workshops and live learning events are designed to meet the educational needs of health care professionals who diagnose and treat patients with thoracic cancer. This includes, but is not limited to, medical oncologists, radiation oncologists, thoracic surgeons, pulmonologists, pathologists, advanced practice nurses and physician assistants. As an accredited provider of CME activities, the IASLC follows Accreditation Council for Continuing Medical Education (ACCME) standards and guidelines for all its educational activities that provide CME credits.

Featuring expert-driven content and an international scope, the IASLC's educational offerings are multidisciplinary and cover all aspects of the management of lung cancers, mesothelioma and other thoracic malignancies. Sessions take place throughout the world—in person and online—and are designed to enrich IASLC members both personally and professionally.

The IASLC also utilizes multimedia learning strategies and resources to help members enhance their expertise, providing textbooks, newsletters, atlases, staging manuals, patient education materials and web-based medical tools and other information.

2017 IASLC CONTINUING MEDICAL EDUCATION



TYPES OF ACTIVITIES:

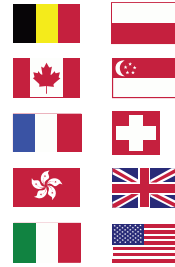
- Scientific Meetings and Workshops (Live Learning)
- Webinars (Internet Live and Recorded), Journal-based, Manuscript Review



WEBINARS: 26

INTERNATIONAL FACULTY WITH PRESENTERS FROM:

Belgium
Canada
France
Hong Kong
Italy
Poland
Singapore
Switzerland
United Kingdom
United States



TOPICS INCLUDED:

Adjuvant therapy
Brain metastases
Immunotherapy
Molecular testing
Non-small cell lung cancer
Radiotherapy
Screening for lung cancer
Small cell lung cancer
Smoking cessation
Squamous cell carcinoma
Standards of care
Thoracic neuroendocrine tumors

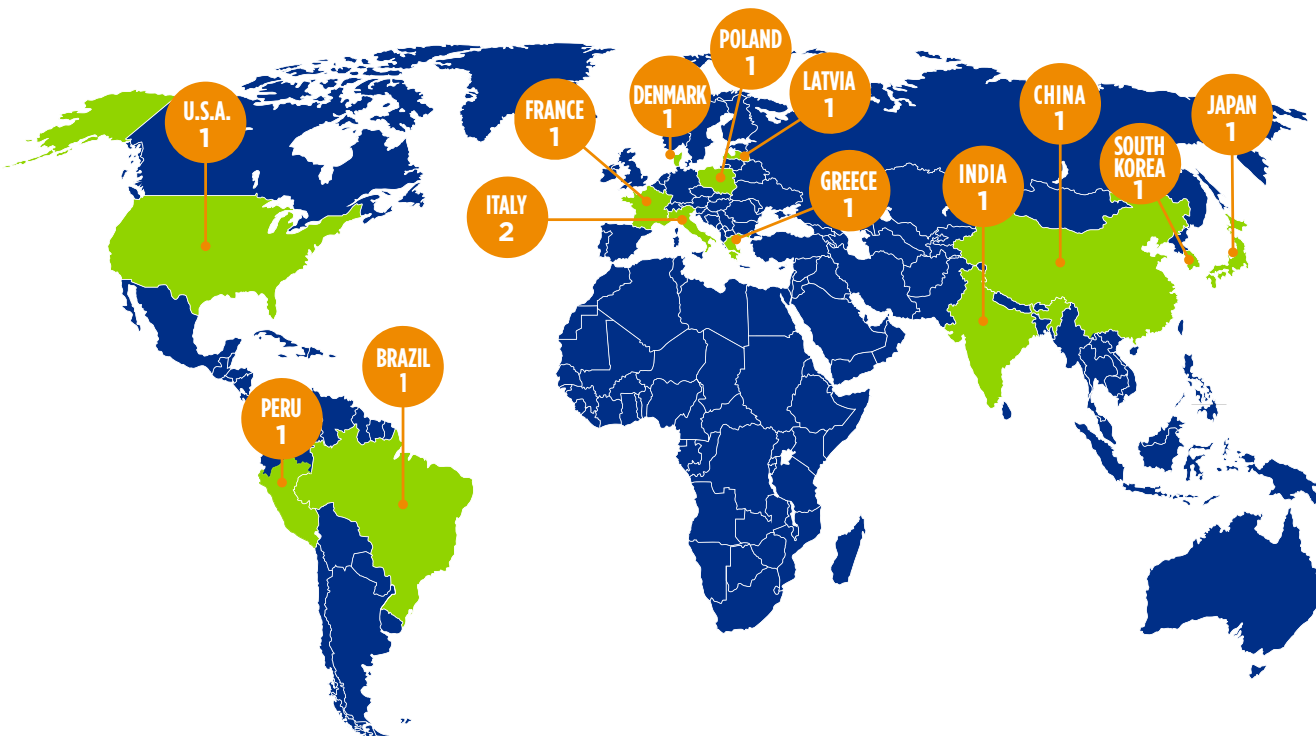


BEST OF WCLC

The IASLC recognizes that not everyone is able to attend the organization's annual World Conference on Lung Cancer (WCLC) in person and, in response, has created the Best of WCLC educational series.

Designed to engage researchers and practitioners, the Best of WCLC 2017 condenses the timeliest scientific and broad-spectrum topics into a one- or two-day event. Presented by regional teams recruited from multiple disciplines, the Best of WCLC brings the top abstracts from the World Conference to thoracic oncology professionals in a live format in their respective locations around the world. The abstracts are carefully chosen by experts from the WCLC Scientific Program Committee.

A total of 14 Best of WCLC 2017 events took place in the following countries in late 2017 and early 2018:



IASLC FELLOWSHIP AND YOUNG INVESTIGATOR AWARDS

The IASLC supports young researchers by recognizing scientific excellence and encouraging innovative research in lung cancer prevention and early detection, and in clinical and translational medicine worldwide. Selected from a pool of global candidates, applicants and their projects are evaluated by an international panel for scientific merit, innovation and potential impact on the future management and treatment of lung cancer. Twelve young physicians and scientists received awards in 2017.



IASLC Fellowship Award
Hou-Fu Guo, PhD
 The University of Texas
 MD Anderson Cancer Center
 Houston, Texas, USA



IASLC Fellowship Award
Masaoki Ito
 The Institute for Health Science Research
 Germans Trias i Pujol
 Barcelona, Spain



IASLC Fellowship Award
Atiqur Rahman, PhD
 University of Newcastle
 Newcastle, New South Wales,
 Australia



IASLC Young Investigator Award
Paolo Ceppi, PhD
 Interdisciplinary Center for Clinical
 Research, Friedrich-Alexander
 University Erlangen-Nürnberg
 Erlangen, Germany



IASLC Young Investigator Award
William Lockwood, PhD
 British Columbia Cancer Agency/
 University of British Columbia
 Vancouver, British Columbia, Canada



IASLC Young Investigator Award
Pedro Medina, PhD
 University of Granada
 Granada, Spain



**IASLC/Boehringer Ingelheim Chinese
 Research Fellowship Award**
Deshui Jia, PhD
 Fred Hutchinson Cancer
 Research Center
 Seattle, Washington, USA



**IASLC/Boehringer Ingelheim Chinese
 Research Fellowship Award**
Shengxiang Ren, PhD
 Shanghai Pulmonary Hospital
 Shanghai, China



**IASLC/Prevent Cancer Foundation/
 Richard C. Devereaux Fellowship**
Valsamo Anagnostou, MD, PhD
 Johns Hopkins University
 Baltimore, Maryland, USA



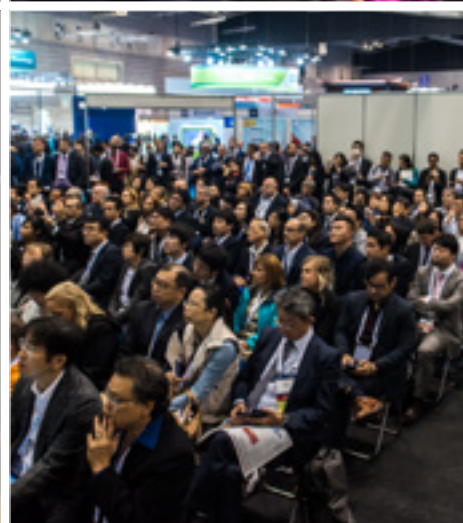
**Bonnie J. Addario Lung Cancer
 Foundation/IASLC Joint
 Fellowship Award**
Evgeny Izumchenko, PhD
 Johns Hopkins University
 Baltimore, Maryland, USA



**Lung Cancer Foundation of America/
 IASLC/Lori Monroe Scholarship for
 Lung Cancer Research**
Carla Martins, PhD
 University of Cambridge
 Cambridge, England, UK



**Lung Cancer Foundation of America/
 IASLC/Lori Monroe Scholarship for Lung
 Cancer Research**
Kellie Smith, PhD
 Johns Hopkins University
 Baltimore, Maryland, USA





COMMUNICATIONS

The IASLC’s communications efforts resulted in increased scientific and general media exposure during 2017, with a particularly large upsurge in social media.

Throughout the year, the communications department disseminated nearly 40 press releases, showcasing the IASLC’s commitment to communicating the latest scientific and educational information on thoracic cancers, while also keeping members and followers abreast of developments at meetings and within the organization.

These collective efforts resulted in the IASLC accruing nearly 13,000 (a 255 percent increase from the previous year) media mentions, including mentions in high-profile publications like the *New York Times*, *Wall Street Journal*, *Associated Press*, *Forbes*, *Fortune*, *Healio*, *Investor’s Business Daily*, *Japan Today*, *Korea Biomedical Review*, *Medscape*, *Nature*, *OncLive*, *YahooFinance* and more.

The IASLC also greatly expanded its social media presence throughout the year, significantly growing its Facebook (73 percent), Twitter (61 percent) and LinkedIn (43 percent) followers, in addition to establishing a new presence on Instagram.

2017 SUMMARY

MEDIA MENTIONS:

12,775

2016-17 CHANGE:

+255%



SOCIAL MEDIA



+1,520
Twitter Follows



+1,707
Facebook Likes



+293
LinkedIn Likes

106%
increase
from
previous
year

SPOTLIGHT ON THE IASLC 18th World Conference on Lung Cancer

180%
increase
from
previous
year

6,175
MEDIA MENTIONS

1,119
ORIGINAL STORIES

MORE THAN 100 JOURNALISTS FROM
50 COUNTRIES
COVERED THE CONFERENCE

#WCLC2017
The **WORLD CONFERENCE ON LUNG CANCER**
hashtag trended on Twitter every day of the conference





THE IASLC 18TH WORLD CONFERENCE ON LUNG CANCER #WCLC2017

The IASLC 18th World Conference on Lung Cancer (WCLC 2017) was held in Yokohama, Japan, on October 15-18, 2017. Communication efforts included preparing a print and online media kit, establishing media guidelines, composing and disseminating 19 press releases, managing a media workroom, organizing and running four separate press conferences, coordinating interviews between the media and IASLC spokespeople and live social media promotion across all social channels.

These efforts resulted in more than 1,100 original articles written about the conference across more than 50 countries. The WCLC's official conference hashtag, **#WCLC2017**, was used over 4,600 times during the week of the conference and trended each day there was conference activity.

A new feature introduced this year at the WCLC was the IASLC Social Media Booth. The IASLC Social Media Booth served as a hub for all things social media, providing attendees with a place to learn more about the medium, receive one-on-one instruction in setting up a personal account, take a photo with an IASLC-branded backdrop of Japan's famed Mt. Fuji and receive a free, social media-related gift. Attendees who took their photo with Mt. Fuji were also encouraged to share their picture on social media (and use the conference hashtag), further amplifying the impact and reach of the WCLC.







LUNG CANCER AWARENESS MONTH

Recognized each November, Lung Cancer Awareness Month (LCAM) began back in 1995 as a single day of recognition. It has grown into a month-long, worldwide initiative designed to put the spotlight on the leading cause of cancer death across the globe.

In early 2016, the IASLC proposed a common strategy for the benefit of all lung cancer organizations during Lung Cancer Awareness Month. Advocacy groups agreed the IASLC was uniquely positioned to lead this unified effort and, as a result, signed on to be part of the Lung Cancer Awareness Month Coalition.

Comprised of more than 30 leading international research and advocacy organizations, the LCAM Coalition's goal is to improve outcomes for lung cancer patients throughout the world by educating patients and physicians about effective risk reduction and treatment options, while inspiring hope by sharing survivor and caregiver stories. Most of all, the LCAM Coalition strives to alleviate lung cancer stigma by better educating the public on the disease and its causes.

THE MONTH'S HIGHLIGHTS AND ACTIVITIES INCLUDED:

- › More than 60 survivors, caregivers and others shared their stories on the website - www.LCAM.org.
- › LCAM was mentioned more than 40,100 times across all social media channels.
- › LCAM Facebook page garnered more than 5,000 new "Likes," bringing the page's total up to over 45,000. It also generated over 650,000 impressions.
- › LCAM Twitter hashtag - #LCAM - was used globally by the lung cancer community.
- › LCAM Twitter account generated nearly 90,000 impressions during the month of November.
- › Seven corporate sponsors provided support.
- › Participation from more than 30 partner organizations across the globe including Australia, Europe and the Middle East.

EVENTS AND MEDIA:

- › Kickoff press conference at the National Press Club in Washington, D.C.
- › Life & Breath Rally in Washington, D.C.
- › Op-Ed in *Fortune Magazine* co-authored by IASLC CEO Dr. Fred Hirsch and IASLC Foundation board member and lung cancer survivor Kathy Weber.
- › More than 2,000 articles on LCAM. Mainstream media outlets included *The Today Show*, *Parade Magazine*, *People Magazine* and *USA Today*.
- › Articles and stories appeared in newspapers, on television and in online media outlets around the world including Australia, Canada, China, Croatia, Germany, India, Indonesia, Ireland, Italy, Jamaica, Malaysia, Pakistan, Poland, Singapore, Spain, Taiwan, Turkey, United Kingdom and the United States.
- › Partnership with Patient Power on “What Are the Best Actionable Resources Available for Lung Cancer Patients?” webinar.



HOPE LIVES
More research.
More survivors.

Lung Cancer Awareness Month 2017 Partners:

American Lung Association

American Lung Association in Colorado
& LUNG FORCE

Bonnie J. Addario Lung Cancer Foundation

Caring Ambassadors

Catch It In Time

Chris Draft Family Foundation

Citizens for Radioactive Radon Reduction

Clifton Mountain Foundation

Dusty Joy Foundation

Faces of Lung Cancer

Free ME from Lung Cancer

Free to Breathe

GRACE

Free to Breathe

GRACE

IASLC

IASLC Foundation

Israel Lung Cancer Foundation

ITONF

LungCAN

Lung Cancer Alliance

Lung Cancer Europe

Lung Cancer Foundation of America

Lung Cancer Initiative of North Carolina

Lung Cancer Research Foundation

Lung Foundation Australia

LUNgevity

National Lung Cancer Forum for Nurses

Patient Power

Pembe Hanim

Polish Lung Cancer Group

Rexanna's Foundation

SWOG

University of Colorado Cancer Center

University of Maryland

Upstage Lung Cancer

Women Against Lung Cancer in Europe

LUNG CANCER AWARENESS MONTH 2017 SPONSORS:





The IASLC would like to thank its sponsors for their generous support



abbvie

 astellas

AstraZeneca 


BAVARIAN NORDIC

 BAYER

 Boehringer
Ingelheim


Bristol-Myers Squibb

 Celgene

Lilly | ONCOLOGY

Genentech
A Member of the Roche Group


GUARDANT HEALTH



HELINN
Building quality cancer care together



janssen
PHARMACEUTICAL COMPANIES
OF *Johnson & Johnson*

MERCK

MSD

MIRATI
THERAPEUTICS

myriad
WHEN DECISIONS MATTER

NOVARTIS

Pfizer Oncology

Takeda
ONCOLOGY

Roche



The Tokyo City Philharmonic Orchestra performed a benefit concert for the IASLC Foundation at Minatomirai Hall in Yokohama, Japan, as part of the IASLC 18th World Conference on Lung Cancer.

IASLC FOUNDATION

Established in 2014, the IASLC Foundation aspires to accelerate the pace of lung cancer and thoracic malignancy research and assists the IASLC's efforts toward reducing lung cancer mortality worldwide.

Donations to the IASLC Foundation support lung cancer research throughout the world by funding physicians and scientists through fellowships, young investigator awards and partnership grants. The Foundation also recognizes outstanding cancer care teams globally by awarding the Cancer Care Team Award.

In 2017, the Foundation transitioned to become the sole funding source for all IASLC research fellowships and grants awarded to the next generation of lung cancer physicians and scientists. Partnerships with like-minded organizations were established to provide an even greater impact. Those partners include **Boehringer Ingelheim, Free ME from Lung Cancer, Lung Cancer Foundation of America, Prevent Cancer Foundation** and the **Bonnie J. Addario Lung Cancer Foundation**.



FELLOWSHIPS AND AWARDS

At the IASLC 18th World Conference on Lung Cancer in Yokohama, Japan, IASLC CEO Fred Hirsch announced that, after much anticipation, the **John Fisher Legacy Fellowship** will be awarded in 2018. John Fisher's wife, Lauren, an IASLC Foundation board member, has worked tirelessly to raise funds to establish the fellowship. With help from Investment Community of the Rockies, her late husband's associates, the John Fisher Legacy Fellowship has been established and will focus on research in screening and early detection.



Lauren Fisher

The **Cancer Care Team Award** was established in 2017 (see full story on page 58). This prestigious award is a perfect complement to the IASLC Foundation's offerings. Recognizing outstanding quality patient care by multidisciplinary teams is critical to raising the bar for lung cancer treatment globally. Nominated by patients and families, care teams receive acknowledgement and appreciation at the annual IASLC World Conference on Lung Cancer.

FUNDRAISING IN 2017 TOOK ON MANY FORMS:

- ▶ IASLC Foundation board member and lung cancer survivor, **Kathy Weber**, created a social media campaign that raised over \$10,000 during Lung Cancer Awareness Month. The momentum she created spilled over into the holiday season with the "Pie in Your Face Challenge." With more than 5,000 views on her Facebook page, the challenge continued into 2018. Kathy's goal is to raise \$60,000 by November 2018 and to fund a special fellowship in 2019.
- ▶ **Anne Phillips**, a stage 4 lung cancer survivor, competed in the Chris Draft Super Bowl Challenge, raised more than \$5,000 for the IASLC Foundation and won a trip for her and her family to attend the NCAA College Football Playoff National Championship. Anne continues her fundraising efforts into 2018 with a trivia event.
- ▶ Additionally, an exhibit hall booth at the IASLC 18th World Conference on Lung Cancer, a classical concert event, outreach to past donors, a Giving Tuesday appeal and new branding and messaging efforts resulted in nearly doubling the foundation's donor base from 2016.

Moving forward, the IASLC Foundation will focus on increasing awareness, supporting lung cancer patients and survivors and strengthening its financial assistance to early career research professionals, as well as improved donor relations and continued support of the IASLC mission to find a cure for lung cancer and other thoracic malignancies.

For more information on the IASLC Foundation please visit www.iaslc.org/foundation.

Lung cancer survivor and IASLC Foundation fundraiser Anne Phillips.



IASLC Foundation board member, fundraiser and lung cancer survivor Kathy Weber.



THE IASLC FOUNDATION CANCER CARE TEAM AWARDS

Marilyn Holman, a lung cancer survivor, together with her husband, Dr. Matt Holman, desired to create a unique way to honor medical professionals and their teams who provide outstanding patient care and treatment on a daily basis; thus, the new IASLC Foundation Cancer Care Team Award was conceived.

Lung cancer patients and caregivers from around the globe nominated multidisciplinary medical teams that they view as providing the highest-quality care. Superior patient care is recognized in the following four regions: North America, Latin America, Europe and Asia/Rest of World. And, beginning in 2018, an overall winner will be chosen. During the Faculty Dinner at the 2017 World Conference on Lung Cancer in Yokohama, Japan, the winners were announced. The IASLC Foundation Cancer Care Team Awards will continue to be presented annually at future World Conference on Lung Cancer events.

From 47 submissions in 2017, the following winning teams were chosen:

REGION: Asia - Guangzhou, China

PRACTICE: Guangdong Lung Cancer Institute

Yi-Long Wu, MD	Jinji Yang, MD, PhD	Wenzhao Zhong, MD, PhD
Hong-Hong Yan, MD	Xuchao Zhang, MD, PhD	Qing Zhou, MD, PhD

REGION: Europe - Warsaw, Poland

PRACTICE: National Institute of Tuberculosis and Lung Diseases; Department of Pneumonology and Allergology, Medical University of Warsaw; Maria Sklodowska-Curie Memorial Cancer Center and Institute of Oncology

Dariusz Kowalski	Maciej Krzakowski, MD, PhD	Tadeusz Orłowski
Rafal Krenke, MD, PhD	Renata Langfort	

REGION: Latin America - Rio de Janeiro, Brazil

PRACTICE: Grupo Oncologia D'Or, Neotorax

Bruna Carvalho	Giselle Fraga	Juliana Vasconcellos
Carlos Gil Ferreira, PhD	Tatiane Montella, MD	

REGION: North America - Baltimore, Maryland, USA

PRACTICE: Johns Hopkins Medicine, Sidney Kimmel Comprehensive Cancer Center

Russell Hales, MD	Hanika Rodavia, RN, BSN, MSN
Christine Hann, MD, PhD	Amy Vance, CRNP

REGION: North America – Chicago, Illinois, USA

PRACTICE: Rush University Medical Center

Sarah Anderson, RN, OCN, WCC	Mary Jo Fidler, MD	Gaurav Marwaha, MD
Susana Banda, RN	Irene Haapoja, RN, MSN	Emily Rubenstein, RN
Philip Bonomi, MD	Mary Ellen Hand, RN, BSN	Palmi Shah, MD
Aidnag Diaz, MD	Jeanne Kapturski	David Sher, MD
Pen Faber, MD	Michael Liptay, MD	

During its inaugural year, Marilyn Holman’s care team also received recognition. Each team received a plaque and each team member received their own personal award as a memento of the occasion.

The IASLC Foundation Board of Directors thanks the distinguished international review panel. Future awards will be supported and funded by generous donations to the IASLC Foundation.

For more information, please visit www.iaslc.org/foundation.



IASLC Foundation Board

OFFICERS

Giorgio V. Scagliotti President
Tetsuya Mitsudomi President-Elect
Fred R. Hirsch Secretary and CEO
David P. Carbone Past-President
Tony Mok Treasurer

MEMBERS

Marc Braunstein
Lauren Fisher
Paolo Paoletti
Bruce Ratner
Kathy Weber



2017 IASLC FOUNDATION DONORS

OVER \$50,000

Lung Cancer Foundation of America | Merck

\$10,000 - \$50,000

Lauren Fisher (in tribute to John's Legacy Fund) | Jin Soo Lee
 Mary Ellen Honeyfield | Charles and Jean Townsend

\$1,000 - \$4,999

Matthew Alegre	David R. Gandara	Edward S. Kim
Marc and Claudia Braunstein	Laurie E. Gaspar	Hal and Glee Lunka
Paul A. Bunn, Jr.	David H. Harpole	Lisa Moran
David Paul Carbone	Jin Soo Lee	Yuichiro Ohe
Yoon-La Choi	Charles and Jean Townsend	Robert Pirker
Chris Draft Family Foundation (through the efforts of Anne Phillips)	Mary Ellen Honeyfield	Heather Wakelee
Martin Edelman	Roy S. Herbst	Kathy Weber
	Fred and Pia Hirsch	Li Xu

\$500- \$999

Gary Alegre	Norihiko Ikeda	Christy Midden
Sherman Baker Jr.	David Jablons	Suresh S. Ramalingam
Alain Charles Borczuk	James R. Jett	Martin Reck
Michael J. Boyer	Mark G. Kris	Anna Elizabeth Sienko
CynthiaChan	Heidi MacIntyre	James R. Jett

Up to \$499

Carol Adkins	Clarissa Baldotto	Nicole Bower-DeFee
Larry Alegre	Carmelia Barreto	Patrick Bradley
Maria Amelia Almeida	Patricia Benjamin	Jennifer Brock
Darja Altuhhova	Wendy Binyon Shaver	Catherine E. Burdalski
Nelson L. Ang	Haim Biran	Giovanni L. Carboni
Douglas Arenberg	Ai Bo	Tracy S. Carr
Konstantinos Arnaoutakis	Hossein Borghaei	Renee Carroll Jarboe

Up to \$499 continued

Cliff Connery
Marcos Andre Costa
Christian Couture
Tu Dao
Marianne J. Davies
Jessica Donington George
A. Eapen
Selen Esen
AnnMarie Estrada
Vito Florimonte
Etsuo Fujita
Vinod Ganju
Sarayut Geater
Kim R. Geisinger
John and Hilary Gooch
Fadil Gradica
Cathy Green
Amy Grimes
Kathleen Grummel
Rui Haddad
Teresa Haga-Golaszewski
Mary Ellen Hand
Xiangkun Han
Felicia Herzog
Paul J. Hesketh
Shiori Hikawa
Sook-hee Hong
Raewyn Hopkins
Leora Horn
Helgi J. Isaksson
Thomas John
Kenya Kanazawa
Ryu Kanzaki
Ebenezer Kio
Karen Kloverstrom
Nguyen Son Lam

Jang Ming Lee
Junling Li
Xiadong Li
Donald Linton
Melinda Littell Hongxu Liu
Alfredo Lopez
Mary Lowery
Brandon Lucas
James D. Luketich
Sunny Lunka
Valerie Lunka
Eleanor Martin
Robert McClain
Becky McKenzie
Burnett McKnight
William McVay
Missy Miller
Laureano Molins
Isabella Morris
Heidi Mulqueen
Miguel Munoz
Calvin Ng
Rosalinda Oswald
Hee Surng Park
Robyn Philip-Norton
Maria Catherine Pietanza
Mathias Posch
Erhard Prantz
Ronald Pritchett
Mary Pugh
Carmen Sofia Pupareli
Lucille Rauber
Brian and Frances Richardson
Kristin Richeimer
Anita and Stephen Ridolfi
Daniel and Yvonne Robinson

Natasha Rupert
Honey Sarita Abarquez
Kristin Schultz
Gouri Shankar Bhattacharyya
Toshihiro Shiozawa
John Skadow
Trena L. Smith
David Snead
Joann Stanton
Shigeki Sugiyama
Sun Xiaoyu Sun
Jacques Tabacof
Lindsay Thompson
Lukman Tijani
Casey and Cody R. Tillard
Mary Todd
Mauro G. Tognon
William Travis
Masahiro Tsuboi
Rosaire Vaillancourt
Paul E. Van Schil
Gregory Videtic
William Walsh
Glenn D. Warden
Graham Warren
Bret and Karen White
Christy Wilson
Catherine Witt
Deborah Wright
Zhen Wu
Niu Xiaomin
Motohiro Yamashita
Robert P. Young
Kexin Yu
Karen Zarlengo

WJTC 2017 October 12-18
Exhibition Area of WJTC 2017

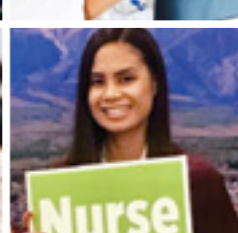
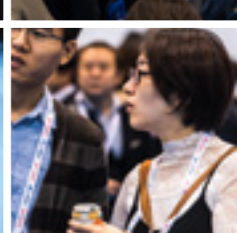
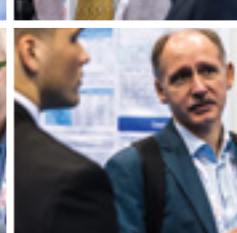
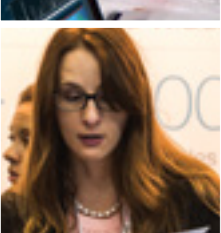
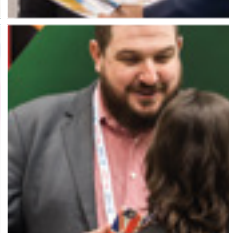
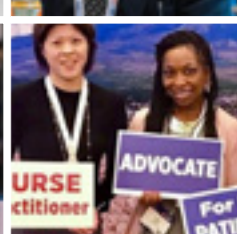
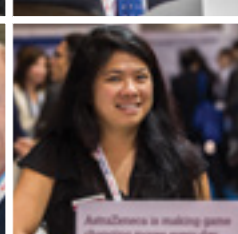
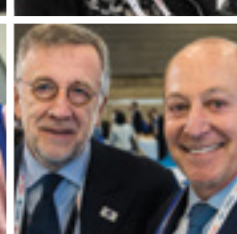
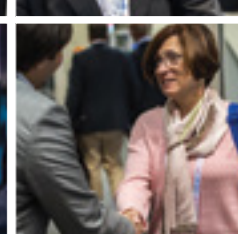
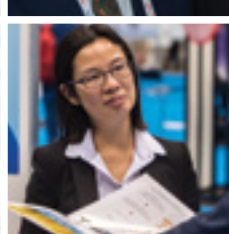
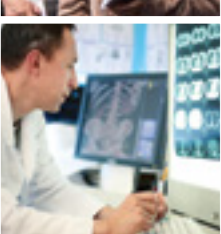
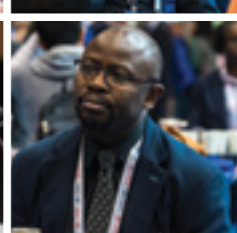
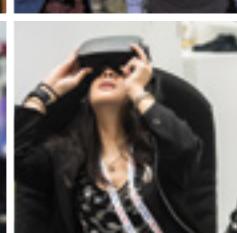
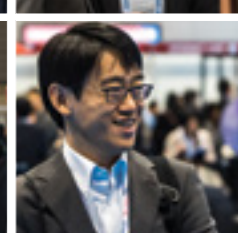
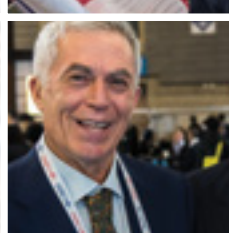
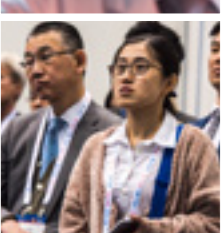
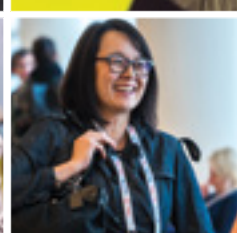
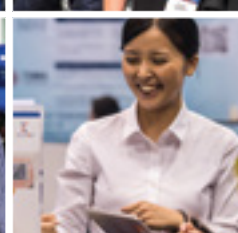
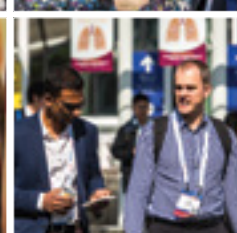
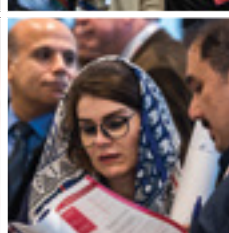
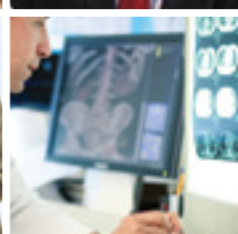
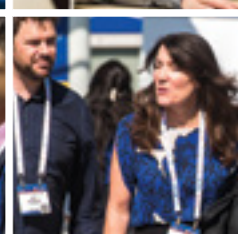
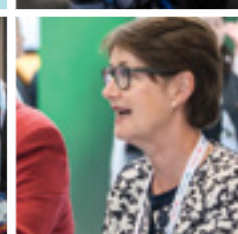
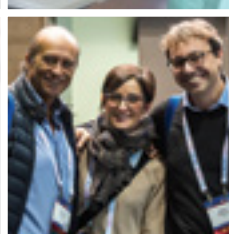
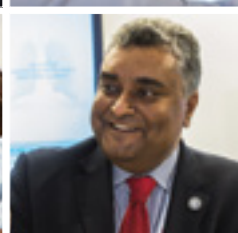
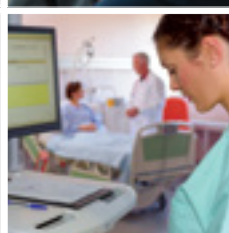
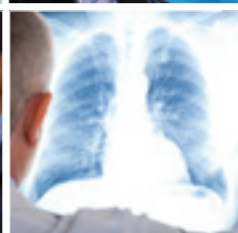
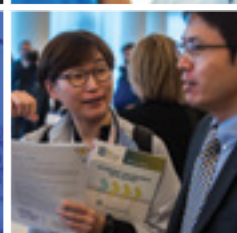
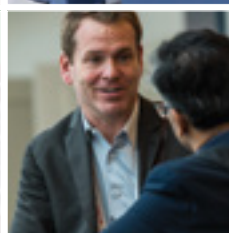
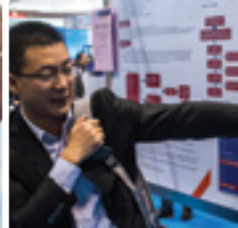
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