elcc European Lung Cancer Conference

CONTROVERSY SESSION

Is immunotherapy a first-line treatment for NSCLC?

Chairs:

Fred Hirsch, Denver, CO, United States of America and

Johan Vansteenkiste, Leuven, Belgium

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Question 1

In 2nd line treatment of advanced NSCLC, responses to anti-PD-1/PD-L1 therapy are at least as high as with single agent chemotherapy

1. Yes
2. No
3. Don’t know

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Question 2

In 1st line treatment of advanced NSCLC responses to anti-PD-1/PD-L1 therapy are as high as with a TKI for EGFR mutant NSCLC

1. Yes
2. No
3. Don’t know

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Question 3

For your patient with 1st line (untreated) advanced NSCLC without oncogene driver: Would you consider to refer to a clinical trial therapy with standard therapy (platinum doublet) versus anti-PD/PD-L1 therapy?

1. Yes
2. No
3. Don’t know

Question 4

For your patient with 1st line (untreated) advanced NSCLC with oncogene driver (EGFR/ALK/ROS1): Would you consider to refer to a clinical trial therapy with standard therapy (TKI) versus anti-PD/PD-L1 therapy?

1. Yes
2. No
3. Don’t know

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Question 5

Immunohistochemistry for PD-L1 is a well-established predictive biomarker for anti-PD-/PD-L1 therapies

1. Yes
2. No
3. Don’t know

Question 6

Anti-PD-1/PD-L1 immunotherapies have an excellent safety profile with nearly no treatment-related grade 3-4 toxicities

1. Yes
2. No
3. Don’t know

Question 7

In 2nd line immunotherapy, anti-PD-1 antibodies are clearly preferred over anti-PD-L1 antibodies for their better efficacy

1. Yes
2. No
3. Don’t know

Question 8

In 2nd line immunotherapy, anti-PD-1 antibodies are clearly preferred over anti-PD-L1 antibodies for their better safety profile

1. Yes
2. No
3. Don’t know