

HOT TOPICS IN EARLY LUNG CANCER

Summary and implications for clinical practice

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Disclosures

Advisory role/compensated:

- Pfizer
- Roche
- AstraZeneca
- Boehringer-Ingelheim

G. Bepler

- Customized (adjuvant) chemotherapy: several important studies ongoing, no biomarker should be used in practice
- Testing platform, validation and practicalities matter (FFPE vs. fresh-frozen material-based tests)
 - SWOG 0720 serves as excellent example

O. Gautschi

- Integration of targeted therapies into early-stage lung cancer: more difficult than anticipated
- Several important clinical trials ongoing; do not use targeted agents until results of these trials demonstrate benefit

G. Stamatis

- Two large randomized trials addressing the role of surgery in multimodality treatment of stage III disease are negative, BUT
- Stage III NSCLC is very heterogeneous and this heterogeneity should be taken into account within trials and practice
- Close interdisciplinary collaboration remains essential

D. De Ruysscher

- Chemoradiation with 60-66Gy/2Gy fx remains the standard of care
- Dose escalation/intensification:
only within clinical trials (RTOG 0617!)
- Quality of patient work-up and RT procedure is extremely important