

Final version: 24 September 2014



# Diagnostic and therapeutic challenges in thoracic malignancies: Early-stage NSCLC

Title ?	<b>Optimal assessment of an additional lung nodule in a patient with potential for cure?</b>
Speaker 2?	Christophe Doms, BE?
Title ?	<b>What is the place of less invasive surgery in lung cancer?</b>
Speaker 3?	Giulia Veronesi, IT?
Title?	<b>Stereotactic ablative radiotherapy in early stage NSCLC?</b>
Speaker 4?	Suresh Senan, NL?
Title ?	<b>Defining the role of targeted therapies in early stage NSCLC?</b>
Speaker 5?	Solange Peters, CH?
Title?	<b>Conclusions and clinical perspectives?</b>
Speaker 6?	Johan Vansteenkiste, BE?



50% of new lung cancer patients are  $\geq 70$  years old [Van der Drijft M, JTO 2012]

SEER-Medicare: Patients with stage I NSCLC who received no curative therapy was **14.6%** (1998) versus **18.3%** (2007) [Vest MT, Chest 2013]



Increasing incidence

Advances in CT imaging

Often below PET detection limit

Diagnostic challenge

Staging challenge

Therapeutic challenge

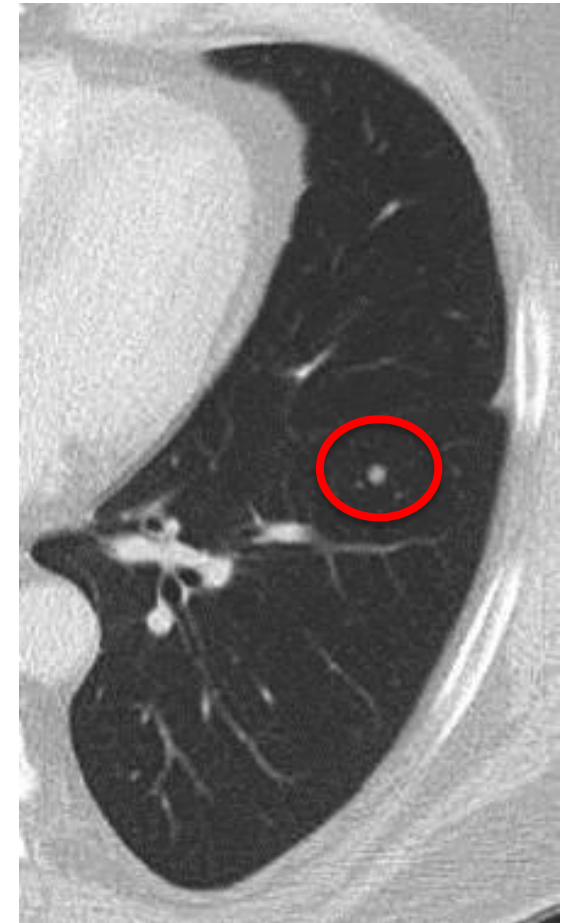


## At initial presentation

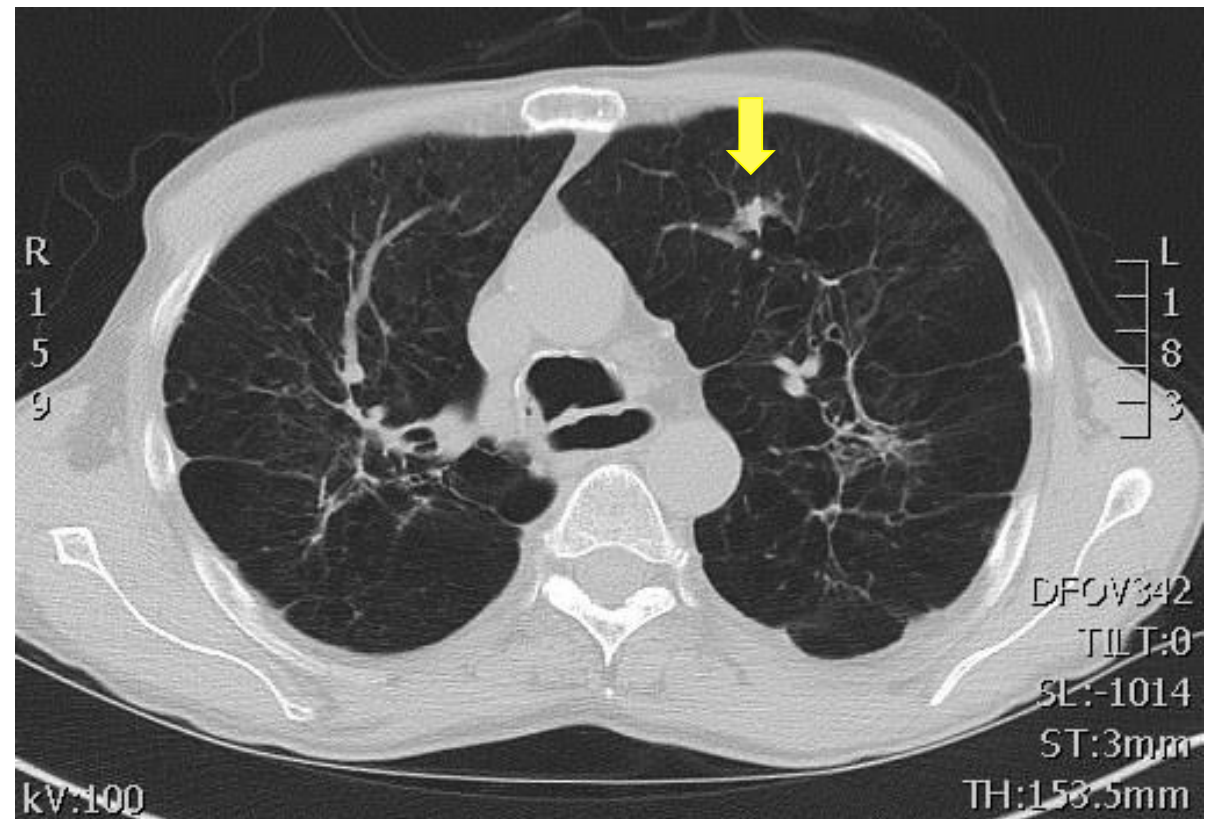
**5%** incidence of 2<sup>nd</sup> PLC in same lobe [I-ELCAP, Altorki N, 2014]

**9%** incidence of multifocal disease [COSMOS, Veronesi G, 2014]

**7%** incidence with VATS; **12%** with thoracotomy [Flores RM 2011]



74-year old smoker  
COPD GOLD III  
Growing nodule  
FDG-PET positive



- Minimally invasive surgery and SABR
  - Comorbidity as a major driver of outcome
  - Comorbidity as a determinant of the therapeutic choice
  - Comparing outcomes of surgery versus SABR\*

\* SABR (SBRT): stereotactic ablative radiotherapy



- Adjuvant therapies
  - Disease recurrences following treatment
  - Role of targeted agents?



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