

The Evolving Role of Systemic Treatment in Advanced NSCLC

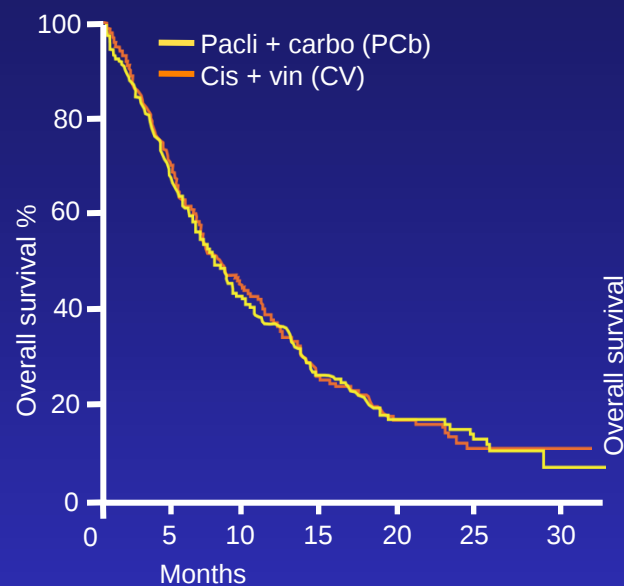
Prof Jean-Charles Soria, Villejuif, France
Prof Kenneth O'Byrne, Brisbane, Australia

DNA instability

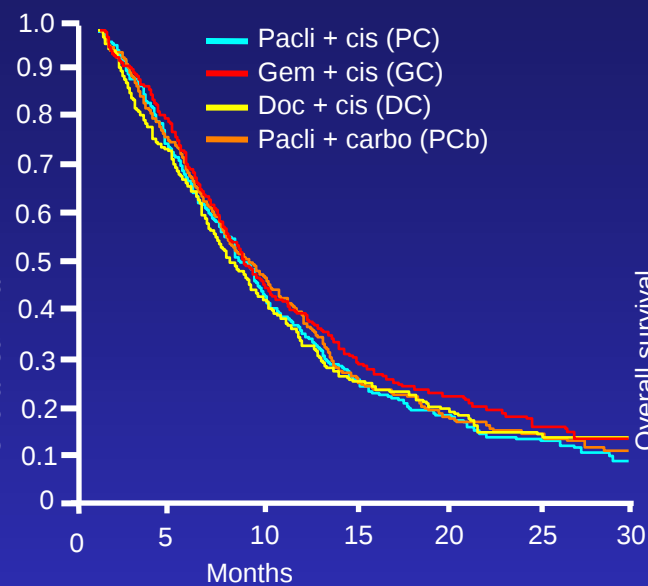
Immune privilege

1st-line platinum-based CT:

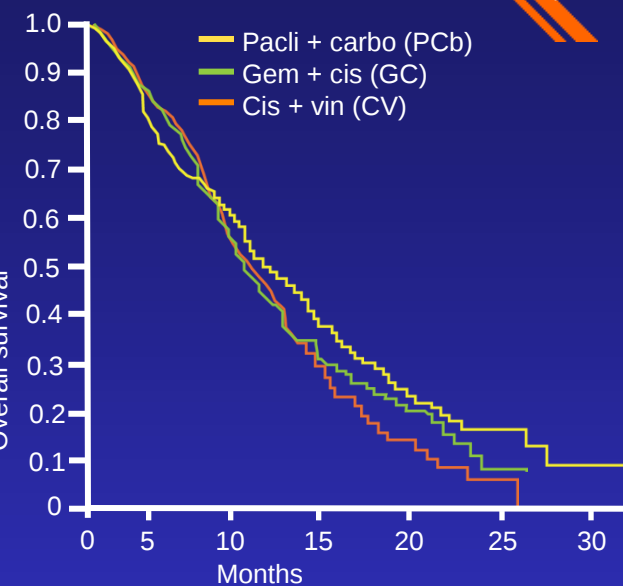
Efficacy plateau



Study arm	OS (mo)	1 year (%)
PCb	8.6	38
CV	8.1	36



Study arm	OS (mo)	1 year (%)
PC	7.8	31
GC	8.1	36
DC	7.4	31
PCb	8.1	34



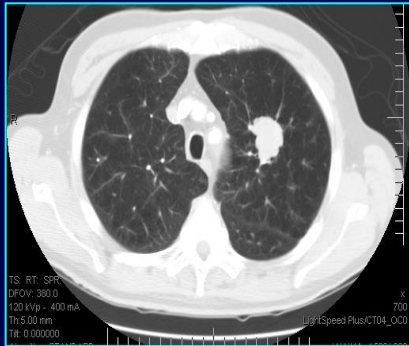
Study arm	OS (mo)	1 year (%)
PCb	9.9	43
GC	9.8	37
CV	9.5	37

OS, overall survival

NSCLC is a Heterogeneous Disease

NSCLC

CT

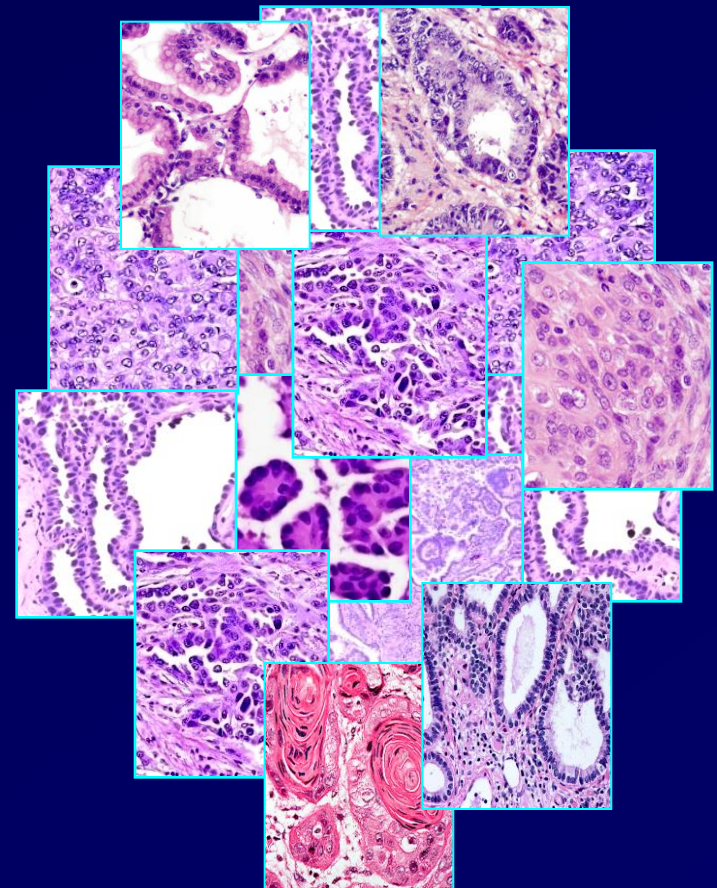


Pathology
Specimens



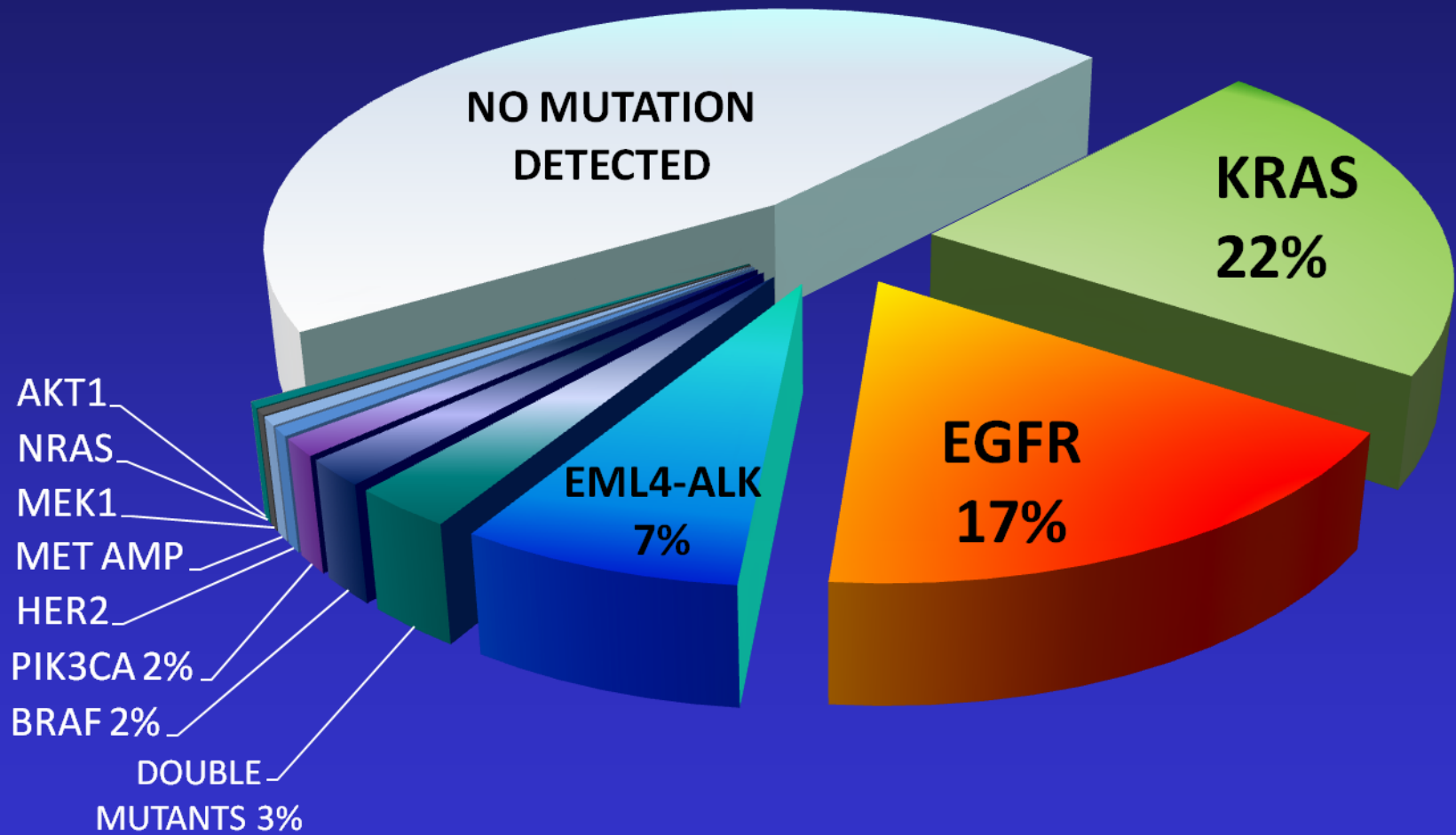
*Not All Tumors
are the Same*

Histopathology



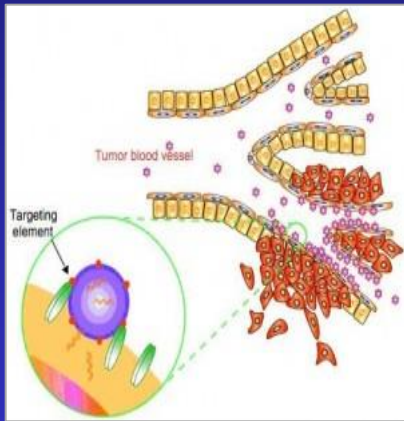
Lung Cancer Mutation Consortium

Incidence of Mutations Detected



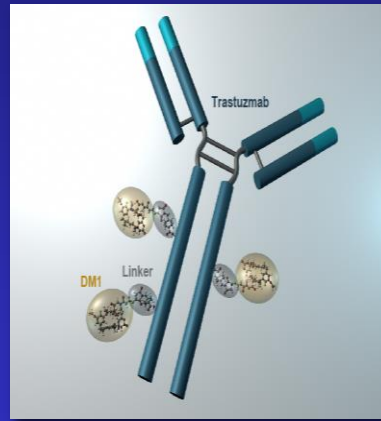
How Does This Enable Personalized Medicine?

Right Target



*Genetic validation;
Rare phenotypes*

Right Drug (or Combinations)

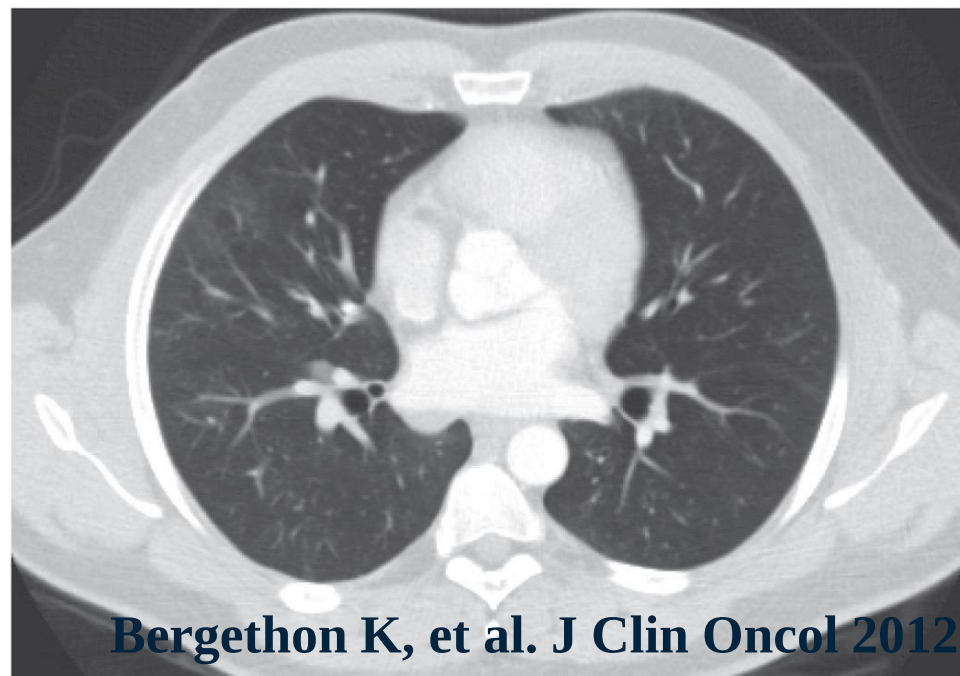
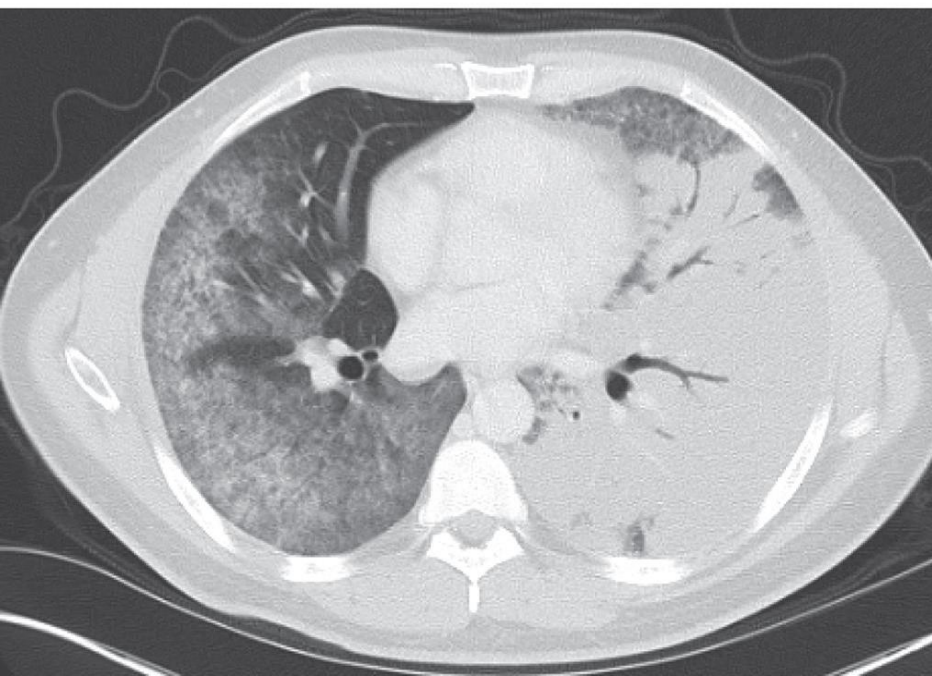


*Selective design and delivery;
Combinations for complex
diseases*

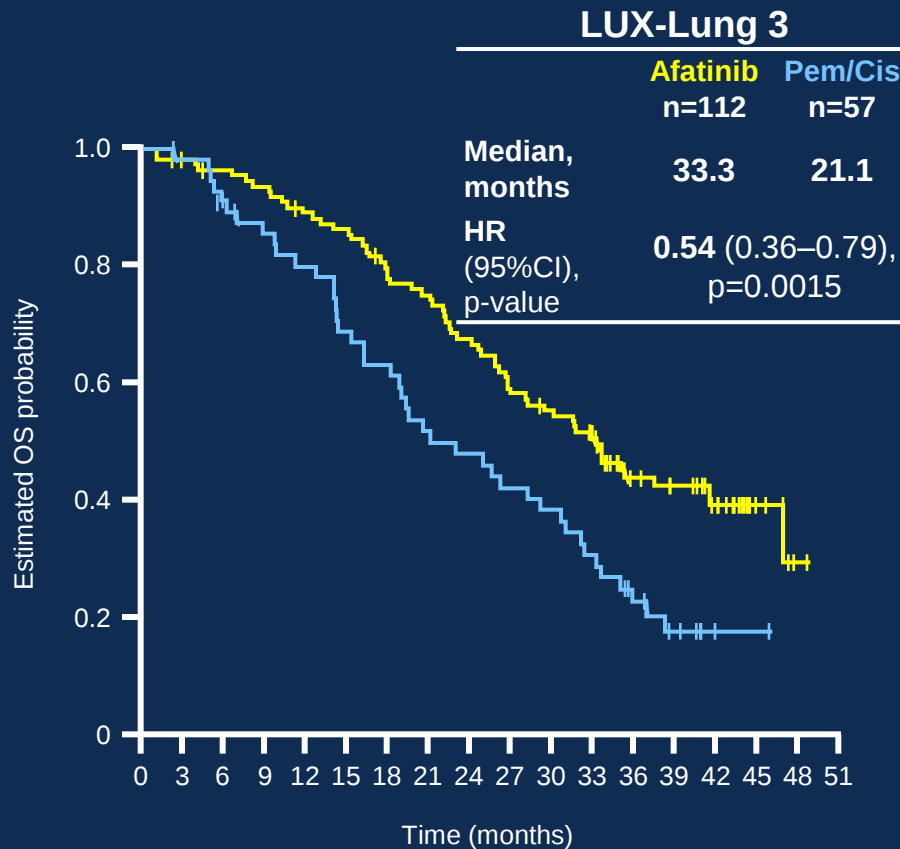
Right Patient



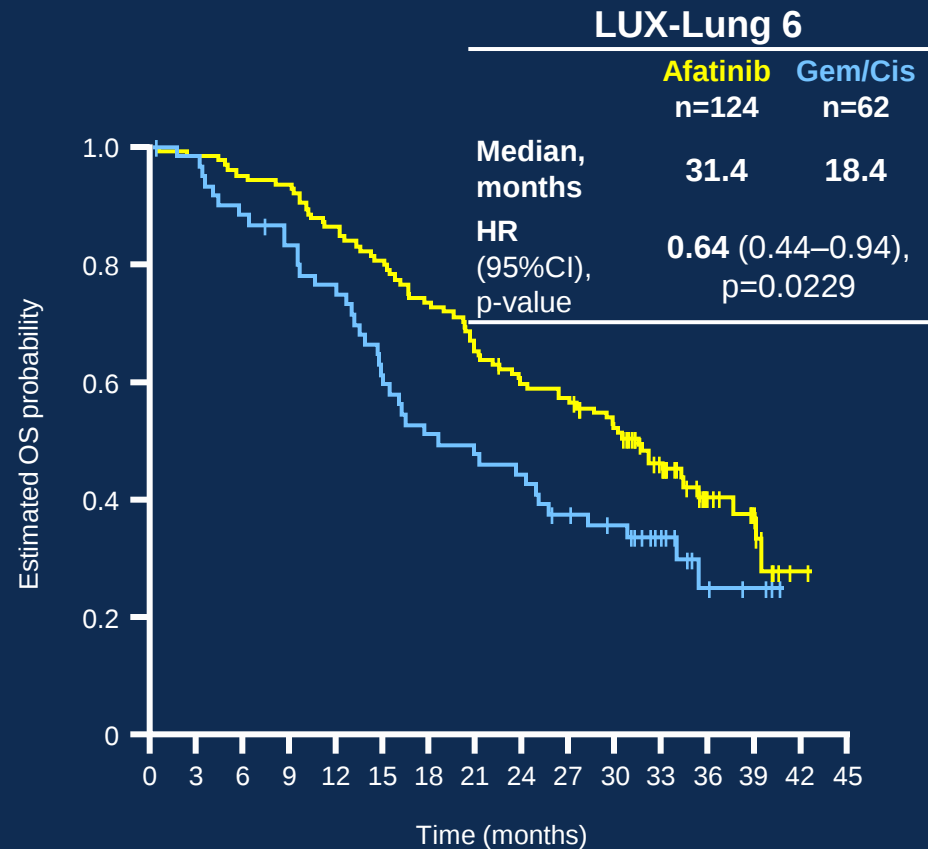
*Phenotyping and
genotyping*



OS in Del19 subgroup



No of patients															
Afatinib	112	108	105	102	96	93	83	80	72	62	58	51	34	30	21
Pem/Cis	57	55	50	46	43	37	33	27	25	22	20	16	10	6	1



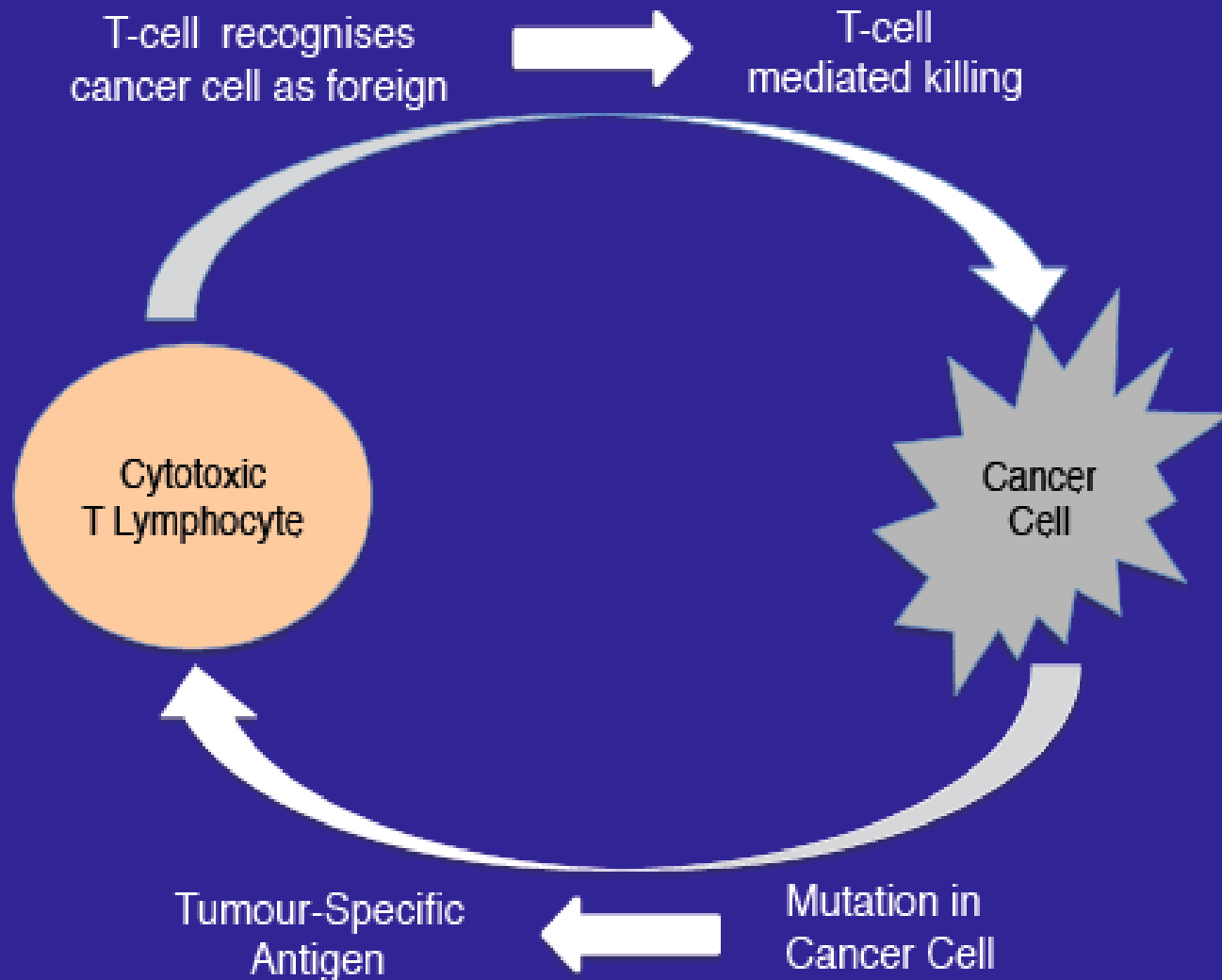
No of patients															
Afatinib	124	122	118	115	106	99	90	80	73	69	59	39	16	8	1
Gem/Cis	62	58	53	49	44	35	30	28	26	21	18	11	4	3	0

Updated Hallmarks of Cancer



Evading
Immune Attack

Cancer Immunology



Immune Checkpoints

