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Aggiornamenti ASCO 2018 neoplasie toraciche

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Aggiornamenti:

Lung cancer prevention
Surgery in Lung cancer
“Other “

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Lung cancer prevention

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Abstract 6504 (Oral Session)

Lung cancer screening rates: Data from the lung cancer screening registry.

Author(s): Danh
Center, Universi
University of Lou
University of Lou
Brown Graham

Lung Cancer Screening

Results: Screening Rate by Region

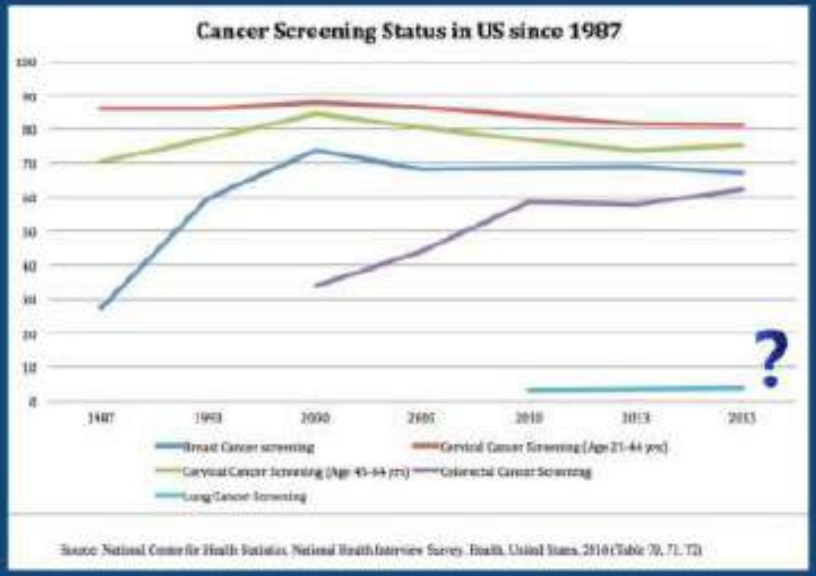
Results: Screening Sites and Performed LDCTs

U.S. Census Region	Estimated Eligible Smokers	2016 Facilities	2016 LDCTs	2016 Rate	2017 Facilities	2017 LDCTs	2017 Rate
Northeast	1,152,141	404	40,105	3.5	487	68,792	6.0
Midwest	2,020,045	497	38,931	1.9	672	73,490	3.6
South	3,072,095	663	47,966	1.6	905	88,649	2.9
West	1,368,694	232	14,080	1.0	293	24,912	1.8
Total	7,612,975	1796	141,260	1.9	2357	256,088	3.4

Pham D, ASCO 2018

Lung Cancer Screening

Discussion: Comparison of USPSTF cancer screenings



Summary/Conclusions

- Annual LDCT screening (1.9% → 3.5%) remains inadequate across the United States following USPSTF recommendations, especially when compared to the other known cancer screenings.
- Effective screening can prevent 12,000 premature lung cancer deaths per year

Pham D, ASCO 2018

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Tobacco Dependence Predicts Higher Lung Cancer and Mortality Rates and Lower Rates of Smoking Cessation in the National Lung Screening Trial

Alana M. Rojewski, PhD; Nichole T. Tanner, MD; Lin Dai, PhD; James G. Ravenel, MD; Mulugeta Gebregziabher, PhD; Gerard A. Silvestri, MD; and Benjamin A. Toll, PhD

TABLE 2] Likelihood of Quitting Smoking by Level of Dependence According to FTND and HSI

	FTND		HSI	
Variable	OR	95% CI	OR	95% CI
Low dependence	0.94	0.76-1.16	0.95	0.80-1.14
Medium dependence	0.67	0.54-0.84	0.75	0.63-0.89
High dependence	0.71	0.58-0.87	0.72	0.60-0.85
Very high dependence	0.59	0.48-0.73	0.59	0.49-0.72

Chest 2018, article in press

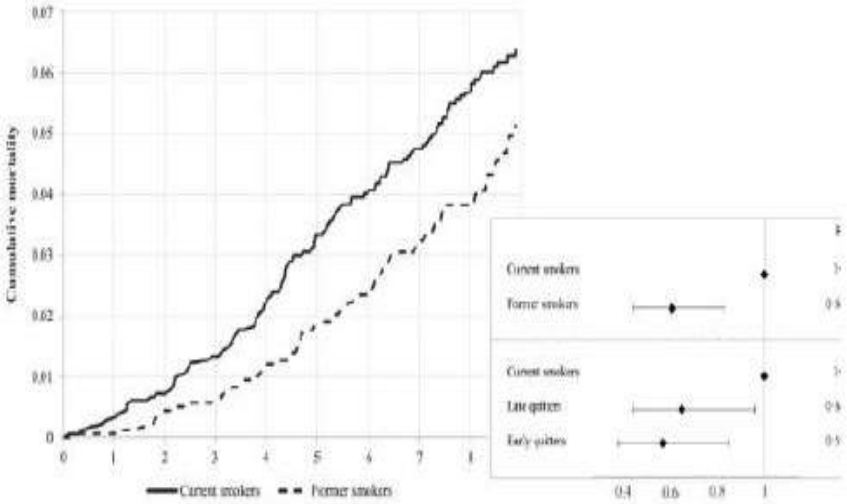
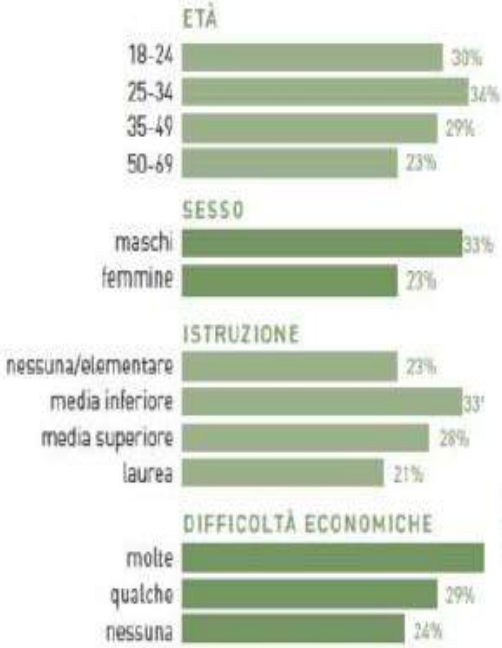


Figure 2. Kaplan-Meier overall mortality experienced by current and former smokers. Patients who still smoked and those who had stopped smoking during the last screening visit were regarded as current and former smokers, respectively.

Smoking status[b]			
Current smokers	151 (17,846)	8.46 (7.11-9.81)	0.2235
Former smokers	109 (15,012)	7.26 (5.89-8.62)	



TJ
ISSN 0300-8916
Tumori 2017; 103(6): 543-550
DOI: 10.5301/tj.5000684
ORIGINAL RESEARCH ARTICLE

Trends in lung cancer and smoking behavior in Italy: an alarm bell for women

Annalisa Trama[1], Roberto Boffi[2], Paolo Contiero[1], Carlotta Buzzoni[1], Roberta Pacifici[5], Lucia Mangone[6]; AIRTUM Working Group*

A point of concern is that in just 1 year (from 2016 to 2017) the number of smoking women increased from 4.6 million to 5.7 million whereas the number of smoking men decreased from 6.9 to 6 million.

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European position statement on lung cancer screening

Matthijs Oudkerk, Anand Devaraj, Rozemarijn Vliegenthart, Thomas Henzler, Helmut Prosch, Claus P Heussel, Gorka Bastarrika, Nicola Sverzellati, Mario Mascalchi, Stefan Delorme, David R Baldwin, Matthew E Callister, Nikolaus Becker, Marjolein A Heuvelmans, Witold Rzyman, Maurizio V Infante, Ugo Pastorino, Jesper H Pedersen, Eugenio Paci, Stephen W Duffy, Harry de Koning, John K Field

3 All future screenees entering into early detection programmes for lung cancer should be provided with carefully constructed participant information on the potential benefits and harms of screening to enable them to make an informed decision as to whether they wish to participate or not. Smoking cessation advice should be offered to all active smokers.

Lancet Oncol 2017; 18: e754–66

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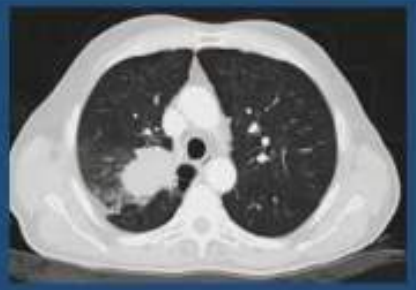
Current Lung Cancer Screening Paradigm is Not Widely Adopted

Early Detection of Lung Cancer is a High Unmet Medical Need



- Low-dose computed tomography (LDCT) improves lung cancer mortality in high-risk individuals
- Rate of clinical adoption remains low (1.9%)[2,3]
- Criticisms of LDCT include risk of false positives and logistical challenges[4]

cfDNA-Based Tests Represent an Untapped Opportunity for Cancer Detection

- Cancer **genotyping** using plasma cfDNA
  - Adopted for detection of specific actionable mutations
  - Only validated for advanced cancer
  - Uses smaller targeted gene panels
- Cancer **detection** using plasma cfDNA
  - Aims to identify a broader cancer "signature" rather than specific individual mutations
  - Genome-wide approaches offer additional information that allow early detection
  - Could address the unmet medical need

[1]National Lung Screening Trial Research Team. N Engl J Med 2011; 365:395-409. [2]Pham D et al. *J Clin Oncol* 36, 2018 (suppl; abstr 6504). [3]Jemal A, Fedewa SA. *JAMA Oncol* 2017;3:1278-1281. [4]McCunnet RJ et al. *Chest Journal* 2014;145(3):618-24.

Vital status & cancer status

Participants without cancer: Data on cancer diagnosis + treatment, recurrence, mortality; or remain cancer-free

FPI: 08/2016; 11,648 enrolled; Target: Complete Enrollment of all 15,000 Participants in 2018

CCGA is a Prospective Longitudinal Cohort Study Designed for Early Cancer Detection: First Training and Test Set Analyses

12,292 of 15,000 participants enrolled
70% cancer:30% non-cancer

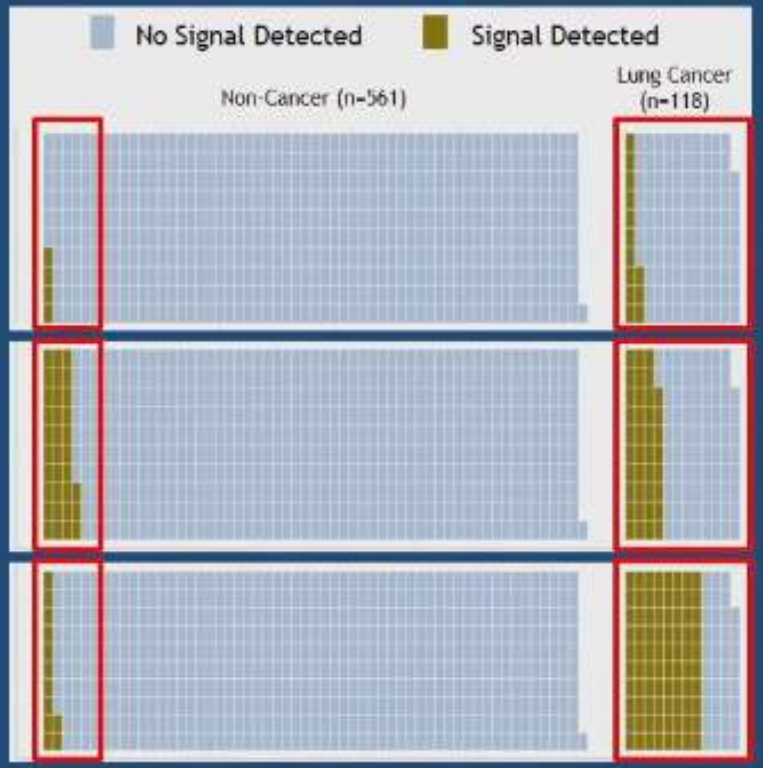
142 active sites
24 U.S. states,
one site in Canada
FPI: 08/2016

12,200 reserved for future validation studies

2,800 participants: Pre-specified case-control

Simulating Existing Assays: Not Optimized for Screening

- 561 non-cancer and 118 pts with lung cancer from CCGA analyzed
- Testing a single location (emulating ddPCR) **without WBC filtering**
  - KRAS:p.G12X
  - Excellent specificity
  - Small number of cancer cases detected
- NGS panel reporting 813 clinically actionable variants (OncoKB levels 1-4)* **without WBC filtering**
  - Many cancer cases with variants
  - Many non-cancer cases with variants
- CCGA Targeted Assay **with WBC filtering**
  - Increased detection
  - Reduced false-positives (set at 98% here)
  - Continuous statistical score allows for tradeoffs in sensitivity/specificity



*Chakravarty D et al. JCO Precis Oncol 2017;doi: 10.1200/PO.17.00011. Epub 2017 May 16

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Results

Conclusions

- This first interim analysis of the CCGA study (2,800 participants, 174 with lung cancer) shows:
  - Comprehensive sequencing of plasma cfDNA generates high-quality data across the spectrum of genomic features that permits non-invasive cancer detection
  - These assays detect lung cancer across stages, histologies, and populations, and results replicate in an independent test set
  - WBC-derived mutations and copy number variations are a major source of potential false positives that must be accounted for to achieve high specificity
- Together, these early results support the promise of using cfDNA-based sequencing to develop an early cancer detection test with high specificity
  - Further assay and clinical development in large-scale clinical studies is ongoing
    - CCGA (NCT02889978): remaining participants for further training and clinical validation
    - STRIVE (NCT03085888): clinical validation in an intended use population

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Oxnard G. ASCO 2018

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About liquid biopsies…

Key points

- Biopsies are a fundamental part of lung cancer care, and will never be eliminated
- A good liquid biopsy can replace some inconvenient tumor biopsies
- But… don't let a bad liquid biopsy supplant an inconvenient tumor biopsy
- Liquid biopsies may create new opportunities impossible with tumor biopsies

DANA-FARBER CANCER INSTITUTE

HARVARD MEDICAL SCHOOL

Presented By Geoffrey Oxnard at 2018 ASCO Annual Meeting

Results: 17 pts with NSCLC had serial liquid biopsies (35 total tests) performed. GAs were detected in 14 pts (82.4%) (median = 4 GAs per test; range = 0-13). **Of the 14 pts with GAs detected, none of the intra-patient reports were identical.** New GAs were detected in 13 (92.9%) pts and GAs were lost in 4 (28.6%). […]

Conclusions: The **results of serial liquid biopsies performed on pts with NSCLC are not static with none having identical results between tests.** Serial liquid biopsies revealed clinically important results with known resistance alterations detected on the subsequent test in 27.3% of cases treated with EGFR inhibitors and previously undetected potentially targetable alterations detected in 42.9% of cases.

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Surgery in Lung Cancer

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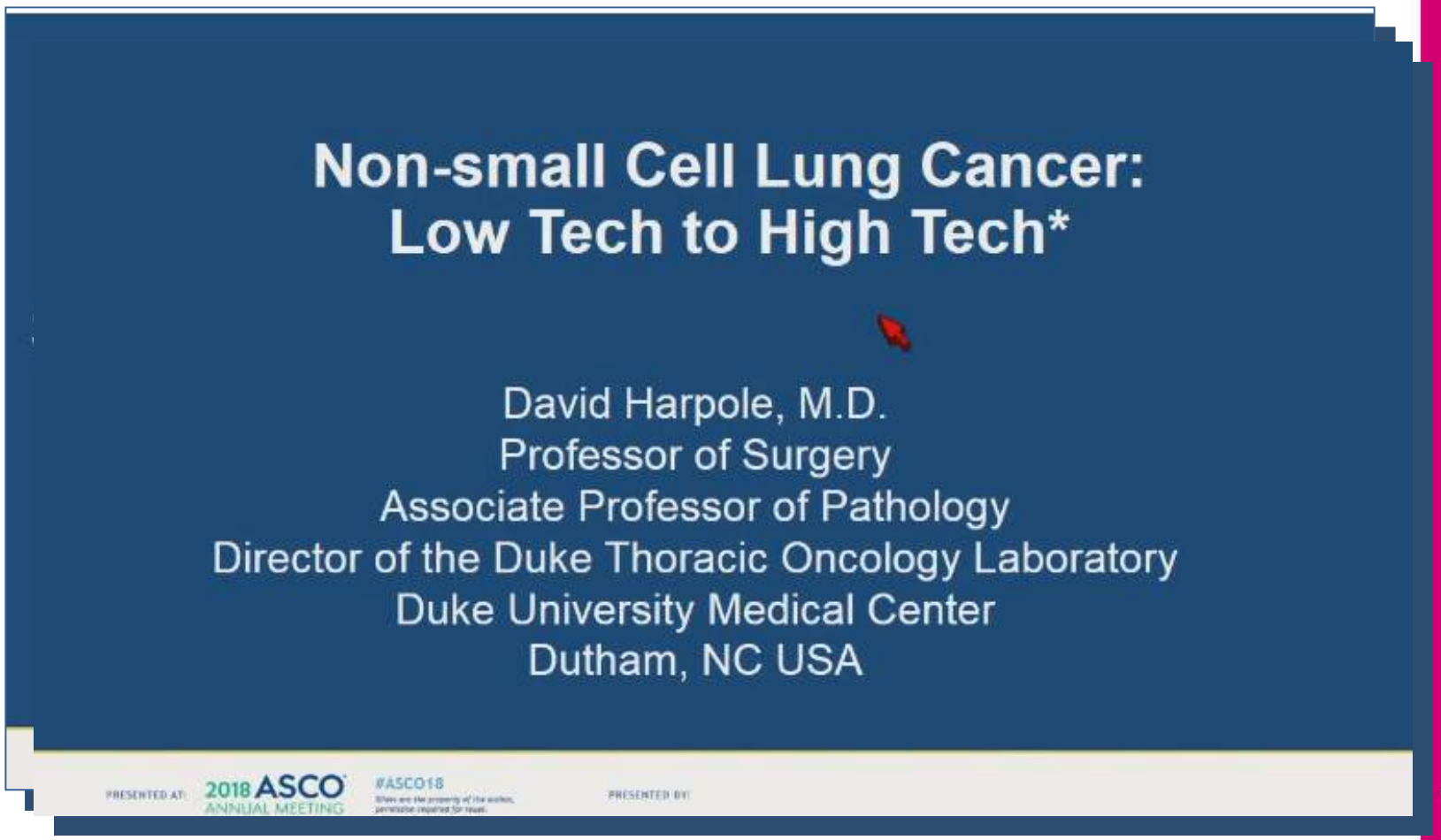
Lymph Node Collection Kit



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Wicked Heterogeneity Across NCDB Institutions

	Community	Comprehensive Community	Academic/Research	NCI-designated Comprehensive
Quality of lymph node examination				
pNX rate*	9	7	6	5

Patients: Kit v Non-Kit Resections

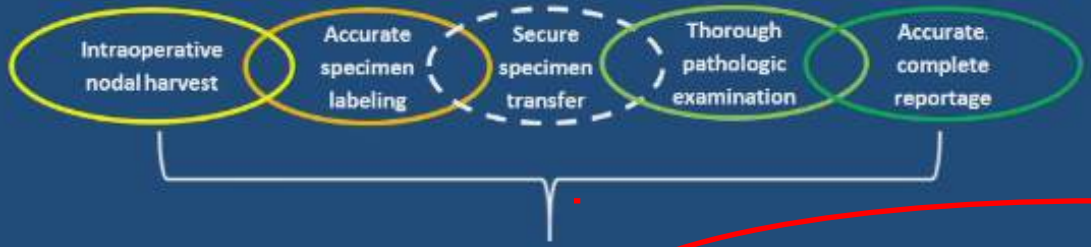
Prospective study:1,171 resections*, 32 surgeons; 650 (56%) kit cases by 20 surgeons

	Kit†	Non†	*P*
Mean age, years	68	67	0.03
Female sex	53	48	0.09
Race			0.12
White/black	80/18	76/23	
Insurance			0.52
Medicare	43	43	
Commercial	18	17	
Medicaid	36	37	
Histology			<.0001
Adeno	46	51	
Squamous	28	31	
Other	25	18	
Extent of resection			<.0001
Pneumonectomy	3	6	
Lobe/bilobectomy	91	76	
Sublobar	6	18	

	Kit†	Non†	*P*
Clinical Stage			0.18
I	72	68	
II	16	15	
III	8	10	
IV	4	0	
Technique of resection			<.0001
Open	42	52	
Robotically-assisted	44	28	
Video-assisted	14	20	
Pathologic stage			0.23
IA1	5	4	
IA2	20	26	
IA3	14	15	
IB	22	21	
IIA	4	2	
IIB	17	18	
IIIA	13	12	
IIIB	3	2	
IV	1	0	

*Primary surgical resections, excluding neoadjuvantly treated patients;
†percentage unless otherwise indicated

Conceptual Model: The Chain of Responsibility



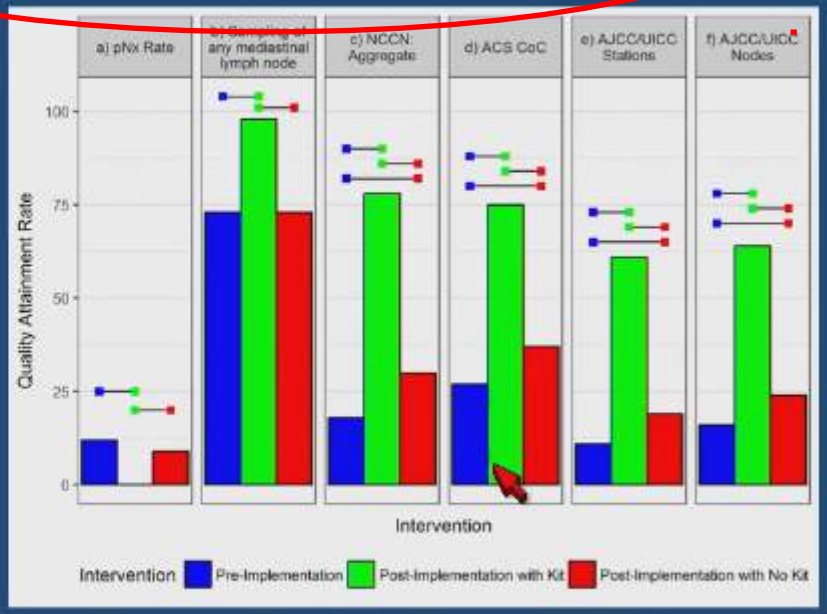
Indicates 'mandatory'

Pre-labelled with anatomic nome

PRESENTED AT: 2018 AS ANNUAL M

It is the Kit, Not Heightened Awareness

- Post-Implementation with the kit has better quality than pre-implementation levels
- Post-Implementation cases without the kit have quality closer to pre-implementation



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PRESENTED BY: RAYMOND U. OSAROGIAGBON, MBBS

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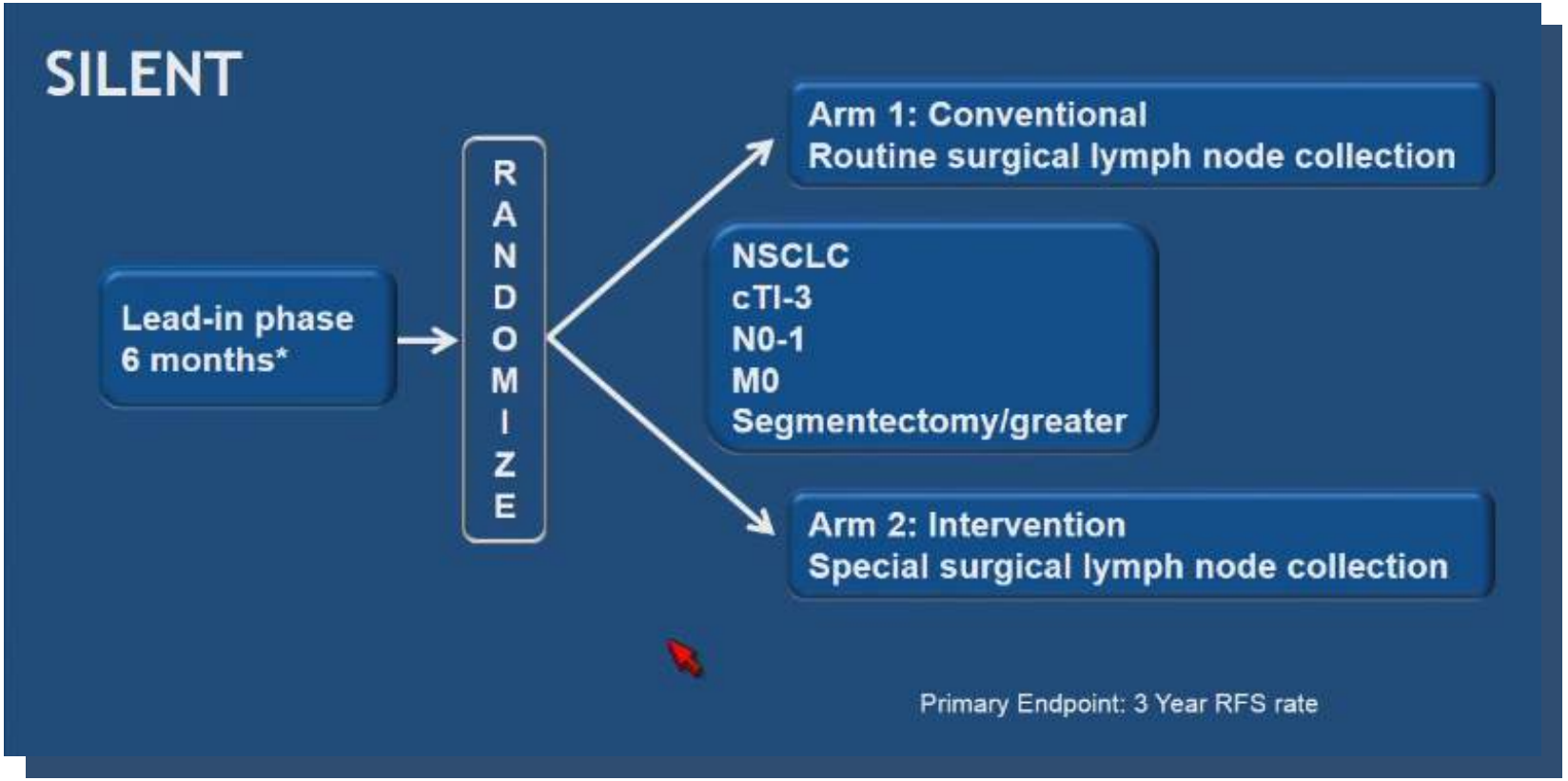
Prospective randomized trial



Waiting for results…..

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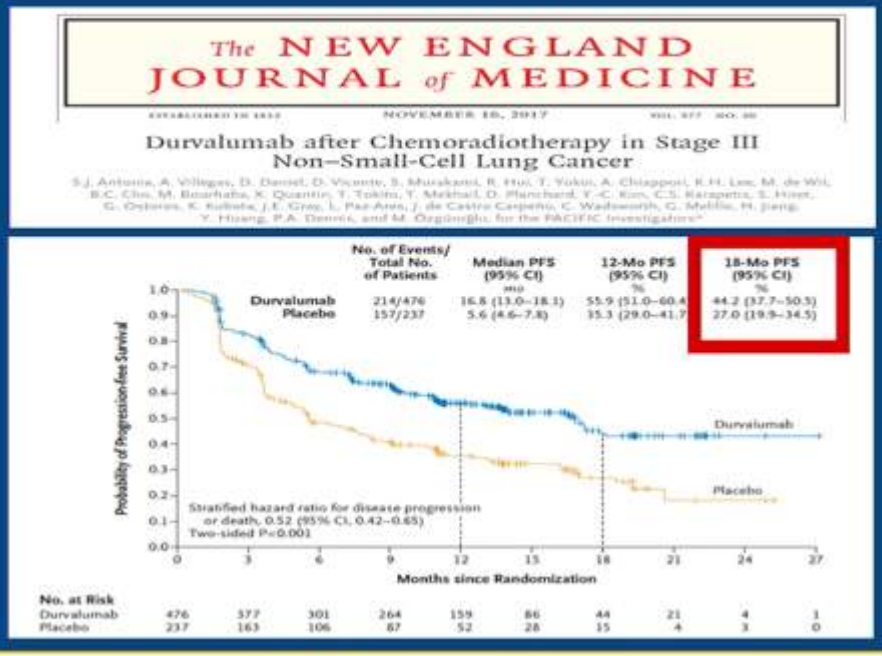
Systemic treatments

Early stage

Bending the disease free and progression free survival curves in lung cancers

Stage III Inoperable and Unresectable Lung Cancers: Durvalumab vs Placebo after Concurrent Chemotherapy & Radiation


The NEW ENGLAND JOURNAL of MEDICINE

NOVEMBER 16, 2017

Durvalumab after Chemoradiotherapy in Stage III Non–Small-Cell Lung Cancer

S.J. Antonia, A. Villegas, D. Daniel, D. Vicente, S. Murakami, R. Hui, T. Yokoi, A. Chiappori, K.H. Lee, M. de Wit, B.C. Cho, M. Bourhaba, X. Quantin, T. Tokito, T. Mekhail, D. Planchard, Y.-C. Kim, C.S. Karapetis, S. Hiret, G. Ostoros, K. Kubota, J.E. Gray, L. Paz-Ares, J. de Castro Carpeño, C. Wadsworth, G. Melillo, H. Jiang, Y. Huang, P.A. Dennis, and M. Özgüroğlu, for the PACIFIC Investigators*

	No. of Events/ Total No. of Patients	Median PFS (95% CI) mo	12-Mo PFS (95% CI) %	18-Mo PFS (95% CI) %
Durvalumab	214/476	16.8 (13.0–18.1)	55.9 (51.0–60.4)	44.2 (37.7–50.5)
Placebo	157/237	5.6 (4.6–7.8)	35.3 (29.0–41.7)	27.0 (19.9–34.5)

	Pneumonitis	Pneumonitis
	Any Grade	Grade 3 or 4
Durvalumab	34%	3%
Placebo	25%	3%

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PRESENTED BY: Mark G Kris, MD

Memorial Sloan Kettering

Kris M. ASCO 2018

NCCN National Comprehensive Cancer Network®

NCCN Guidelines Version 4.2018
Non-Small Cell Lung Cancer

NCCN Guidelines Index
Table of Contents
Discussion

CLINICAL ASSESSMENT | **PRETREATMENT EVALUATION** | **INITIAL TREATMENT**

Stage IIIB (T1-2, N3) Stage IIIC (T3, N3)

- PFTs (if not previously done)
- FDG PET/CT scan[j] (if not previously done)
- Brain MRI with contrast
- Pathologic confirmation of N3 disease by:
  - Mediastinoscopy
  - Supraclavicular lymph node biopsy
  - Thoracoscopy
  - Needle biopsy
  - Mediastinotomy
  - EUS biopsy
  - EBUS biopsy

- N3 negative → See Initial treatment for stage I–IIIA (NSCL-8)
- N3 positive → Definitive concurrent chemoradiation[l,q,u] (category 1) → Durvalumab[q] → Surveillance (NSCL-15)
- Metastatic disease → See Treatment for Metastasis limited sites (NSCL-13) or distant dise

[j]PET/CT performed skull base to knees or whole body. Positive PET/CT scan findings for distant disea
scan positive in the mediastinum, lymph node status needs pathologic confirmation.
[l]See Principles of Radiation Therapy (NSCL-C).
[q]See Chemotherapy Regimens Used with Radiation Therapy (NSCL-E).
[u]If full-dose chemotherapy is not given concurrently with RT as initial treatment, give additional 2 cycle

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participatio

How does radiation modulate tumor/immune system?

INCREASE OF ANTIGEN VISIBILITY

MICROENVIRONMENT MODIFICATION

TRIGGERING OF IMMUNE RESPONSE

Blocking PD-1/PD-L1 axis improves response in anti-CTLA-4 + RT treated tumors while adding them to RT and anti-CTLA-4 induces tumor control.

BUT…

*Preclinical data **suggest both stimulating and suppressive functions**

°Signals of immunogenic cell death (ICD) .

ang Y, Front Pharmacol 2018; Demaria S, JAMA Oncol

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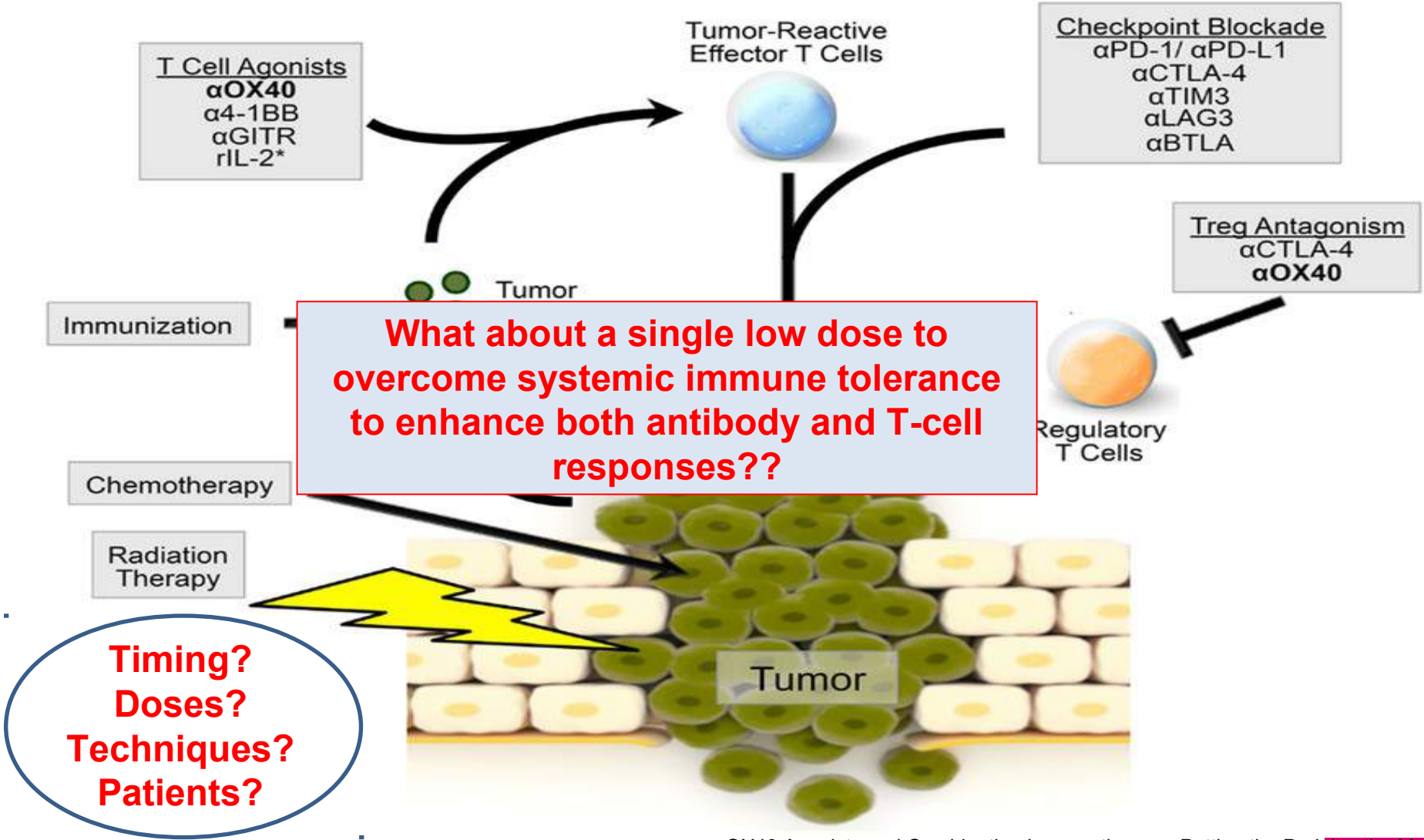
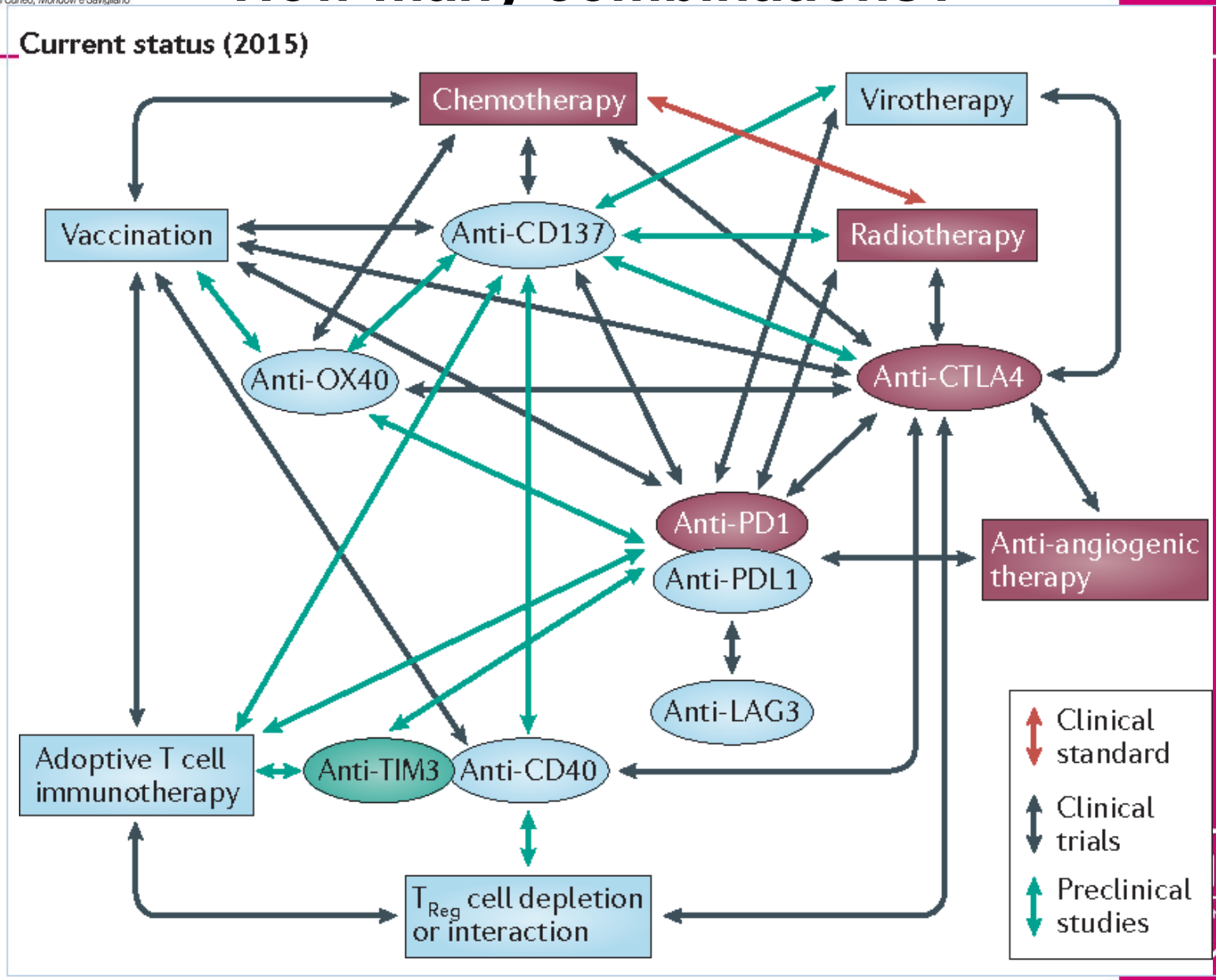
OPEN QUESTIONS



How many combinations?



Melero I et at. Evolving synergistic combinations of targeted immunotherapies to combat cancer. Nat Rev 2015

ANTI-PD/PD-L1 AS BACKBONE TO COMBINATION TX?

Nivolumab	Pembrolizumab	Atezolizumab	Durvalumab
- **Chemotherapy** - **Radiation/ablation** - **EGFR/ALK TKI** - **Anti-VEGF/VEGFR inhibitor** - Vasc disrupt agent - Hypomethylating agent - HDAC inhibitor - SPK inhibitor - C-Met inhibitor - Glutaminase inhibitor - Dasatinib - Vaccine - Gene therapy - IL15 agonist - PEG IL10 - $TGF_{\beta}R1$ inhibitor - Anti-CD27 - Anti-CXCR4 - Anti-CSF-1R - IDO-1 inhibitor - **Anti-CTLA4** - Anti-LAG - Anti-TIM-3 - Anti-KIR	- **Chemotherapy** - **Radiation** - **EGFR/ALK TKI** - **Anti-VEGF/VEGFR inhibitor** - Hypomethylating agent - HDAC inhibitor - CDK inhibitor - BTK inhibitor - PI3K inhibitor - KIT/CSF1R/FLT3 inh - FGFR inhibitor - JAK1 inhibitor - CRM1 inhibitor - FAK inhibitor - Anti-EGFR - Anti-CEACAM1 - PEG hyaluronidase - Vaccine - Oncolytic - PEG IL10 - Anti-CSF-1 - IDO1 inhibitor - **Anti-CTLA4** - Anti-B7-H3	- **Chemotherapy** - **Radiation** - **EGFR/ALK TKI** - **Anti-VEGF/Ang-2** - MEK inhibitor - Vaccine - Adoptive cell therapy - Anti-CEA/CD3 - Anti-CEA/IL-2 - Anti-OX40 - Anti-CD40 - Anti-CD27 - Anti-CSF-1 - Adenosine A2A inhibitor - IDO-1 inhibitor - **Anti-CTLA4** - Anti-TIGIT	- **Chemotherapy** - **Radiation** - **EGFR/ALK TKI** - **VEGFR inhibitor** - BTK inhibitor - MEK inhibitor - HAD inhibitor - PARP inhibitor - WEE1 inhibitor - ATR inhibitor - Anti-OX40 - CXCR4 inhibitor - CSF - Anti-CD73 - Anti-CCR4 - Anti-CSF1R - Anti-NKG2A - Adenosine A2a inhibitor - IDO1 inhibitor - **Anti-CTLA4** - Anti-PD-1
		Avelumab: ALK inhibitor (crizotinib and lorlatinib), anti-41BB, anti-OX40	

Combinations in advanced disease

Immunotherapy plus chemotherapy

Immunotherapy plus immunotherapy

Immunotherapy plus radiotherapy

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Early stage

Abstract #8510

Phase III Neoadjuvant Trials of Immune Checkpoint Inhibitors

	IMPower030	Checkmate 816	KEYNOTE 671
Agent	Atezolizumab	Nivolumab	Pembrolizumab
Patients Planned	302	642	786
Stages	II-IIIB	IB-IIIA	IIb-IIIA
Endpoints (1st/2nd)	MPR/EFS-PCR	EFS-PCR/MPR	EFS-OS/MPR-PCR
Arms	Atezo-Chemo Chemo	Ipi-Nivo Nivo-Chemo Chemo	Pembro-Chemo Chemo

Phase III Adjuvant Trials of Immune Checkpoint Inhibitors

	ANVIL	BR.31	IMPower010	EORTC 1416
Agent	Nivolumab	Durvalumab	Atezolizumab	Pembrolizumab
Patients Planned	714	1360	1127	1380
Endpoints	DFS	DFS	DFS	DFS
Duration of ICI	1 year	1 year	1 year	1 year

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Biomarkers

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Biomarkers

Abstract 12000
8:00 AM - 8:12 AM
Association of high tissue TMB and atezolizumab efficacy across multiple tumor types.
Fatema A. Legrand, PhD - First Author • **Disclosure**
Roche/Genentech

Abstract 12001
8:12 AM - 8:24 AM
Prospective clinical evaluation of blood-based tumor mutational burden (bTMB) as a predictive biomarker for atezolizumab (atezo) in 1L non-small cell lung cancer (NSCLC): Interim B-F1RST results.
Vamsidhar Velcheti, MD - First Author • **Disclosure**
Taussig Cancer Institute, Cleveland Clinic

Tumor biology oral session Tuesday, June 5, 8-11AM,

Poster Board: #239 • **Abstract 3025**
Serum interleukin 8 (IL-8) may serve as a biomarker of response to immuno-oncology (I-O) therapy.
Michael Carleton, PhD - First Author
Bristol-Myers Squibb
2,000 cases

Poster Board: #305 • **Abstract 3091**
Phase I trial of BMS-986253, an anti-IL-8 monoclonal antibody, in patients with metastatic or unresectable solid tumors.
Julie Marie Collins, MD, MPH - First Author
National Cancer Institute
Monotherapy

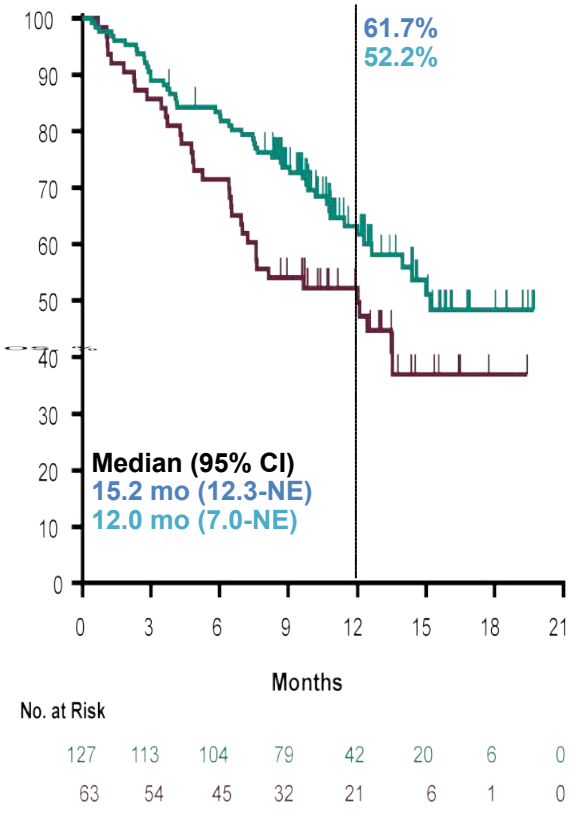
Poster Board: #319a • **Abstract TPS3109**
Phase 1b/2 study of nivolumab in combination with an anti–IL-8 monoclonal antibody, BMS-986253, in a biomarker-enriched population of patients with advanced cancer.
Ignacio Melero Bermejo, MD, PhD - First Author
Clinica Universidad de Navarra
Combinati

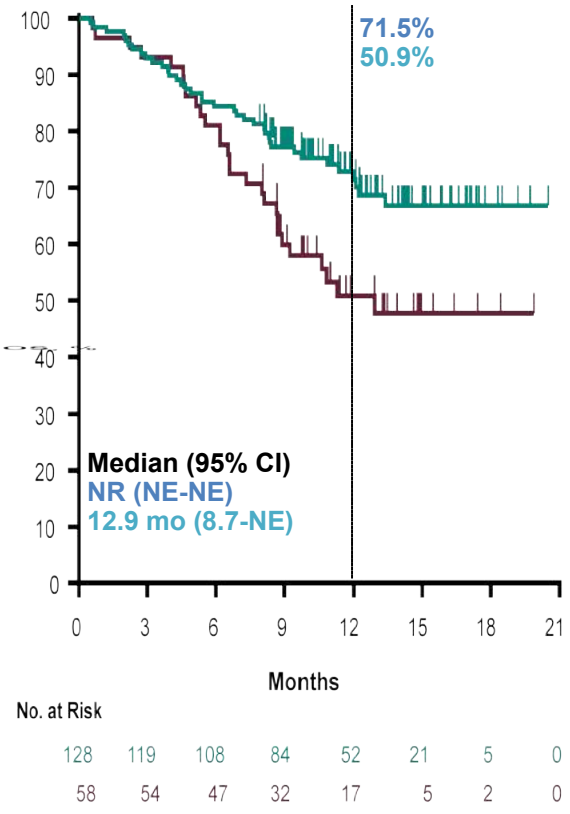
Circulating Biomarkers

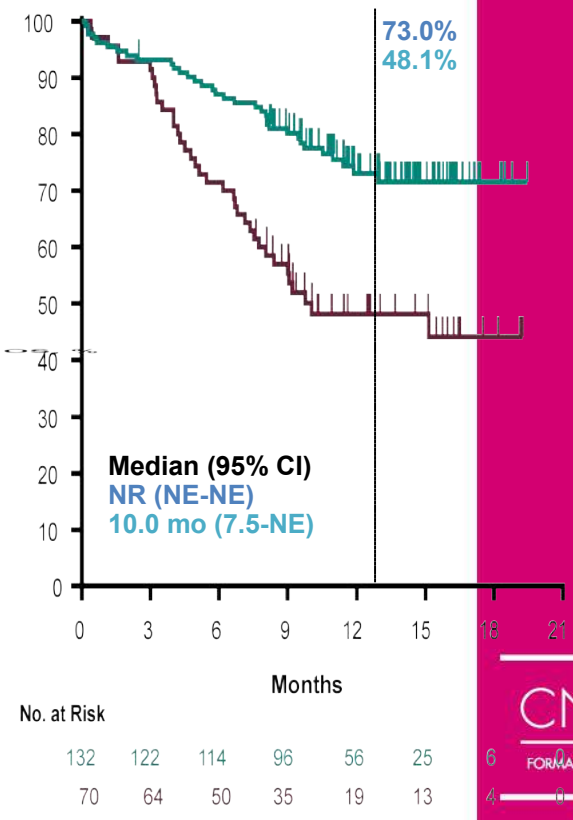
Kurt Schalper, Yale, ASCO 2018

Overall Survival by PD-L1 TPS

	TPS <1%			TPS 1-49%			TPS ≥50%		
	Events	HR (95% CI)	*P*[a]	Events	HR (95% CI)	*P*[a]	Events	HR (95% CI)	*P*[a]
Pembro/Pem/Plat	38.6%	0.59 (0.38-0.92)	0.0095	28.9%	0.55 (0.34-0.90)	0.0081	25.8%	0.42 (0.26-0.68)	0.0001
Placebo/Pem/Plat	55.6%			48.3%			51.4%		







[a]Nominal and one-sided. Data cutoff date: Nov 8, 2017.

Key-Note 189 phase III trial

Selection of TMB ≥10 mut/Mb Cutoff for Nivolumab + Ipilimumab Using FoundationOne CDx™

- Retrospective testing from CheckMate 026, 012, and 568 informed selection of the TMB cutoff (≥10 mut/Mb)[1–3]
- ORR increased in patients with higher TMB, and plateaued at TMB ≥10 mut/Mb

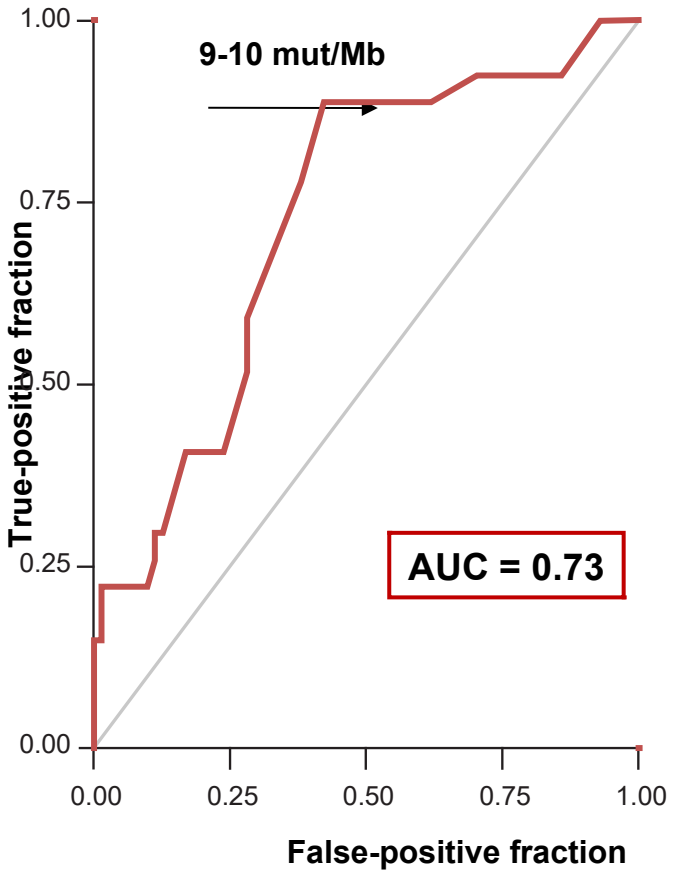
CheckMate 568:
Phase 2 study of nivolumab + ipilimumab in 1L NSCLC

Tumor Mutational Burden (TMB) as a Biomarker for Clinical Benefit From Dual Immune Checkpoint Blockade With Nivolumab + Ipilimumab in First-line Non-Small Cell Lung Cancer: Identification of TMB Cutoff From CheckMate 568

Ramalingam S, et al.

Date: April 16, 2018 Time: 12:05 – 12:25pm

CheckMate 568: ROC for TMB by ORR irrespective of tumor PD-L1 expression (n = 98)



1. Carbone DP, et al. *N Engl J Med* 2017:376;2415–2426; 2. Hellmann MD, et al. *Cancer Cell* 2018. doi: https://doi.org/10.1016/j.ccell.2018.03.018. Epub; 3. Ramalingam S, et al. Presented at AACR Annual Meeting; April 14–18, 2018; Chicago, IL, USA. CT078.

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New options?

Theoretical treatment scenarios

- 90% PD-L1, 4 mut/Mb low disease burden: **pembrolizumab**
- 0% or 20% PD-L1, 4 mut/Mb, - **Pembrolizumab/platinum/ pemetrexed**
- 0% PD-L1, 15 mut/Mb: **nivolumab + ipilimumab**
- 20% PD-L1, 4 mut/Mb liver mets and EGFR mutant: **carboplatin paclitaxel/bevacizumab/ atezolizumab**
- 20% PD-L1, not-chemo-eligible, modest tumor burden, molecular testing not feasible: **pembrolizumab**

Gandhi L, Discussant Plenary ASCO 2018

IMpower150: OS in key subgroups (Arm B vs Arm C)

Subgroup	n (%)[a]	Median OS, mo Arm B	Median OS, mo Arm C
PD-L1–High (TC3 or IC3) WT	136 (20%)	25.2	15.0
PD-L1–Low (TC1/2 or IC1/2) WT	226 (32%)	20.3	16.4
PD-L1–Negative (TC0 and IC0) WT	339 (49%)	17.1	14.1
Liver Metastases WT	94 (14%)	13.2	9.1
No Liver Metastases WT	602 (86%)	19.8	16.7
ITT (including *EGFR/ALK*+)	800 (100%)	19.8	14.9
EGFR/ALK+ only	104[b] (13%)	NE	17.5
ITT-WT	696 (87%)	19.2	14.7

0.70 0.80 0.82 0.56 0.93 0.76 0.54 0.78

0.2 1.0 2.0

Hazard Ratio

In favor of Arm B: atezo + bev + CP

In favor of Arm C: bev + CP

NE, not estimable

[a]Prevalence % for PD-L1 IHC and liver metastases subgroups out of ITT-WT (n=696); prevalence of ITT, EGFR/ALK+, and ITT-WT out of ITT (n=800).

[b]One patient had EGFR exon 19 deletion and also tested ALK positive per central lab.

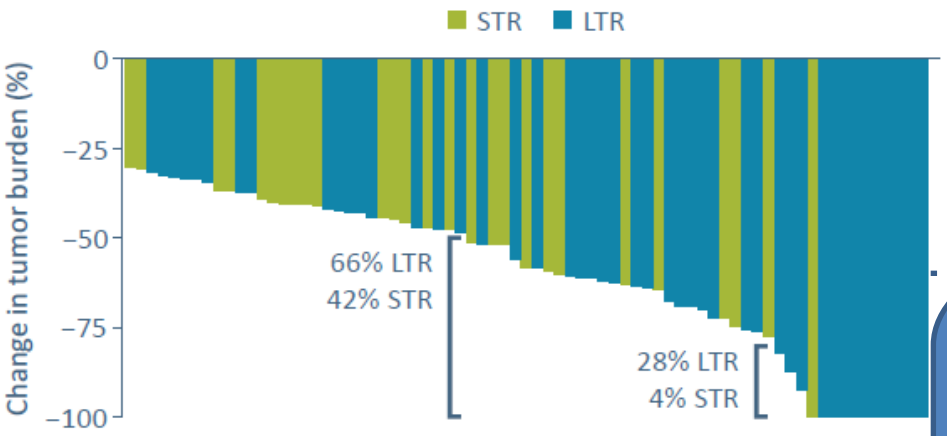
Stratified HR for ITT and ITT-WT; unstratified HR for all other subgroups.

Socinski MA, et al. ASCO 2018. Abstract 9002.

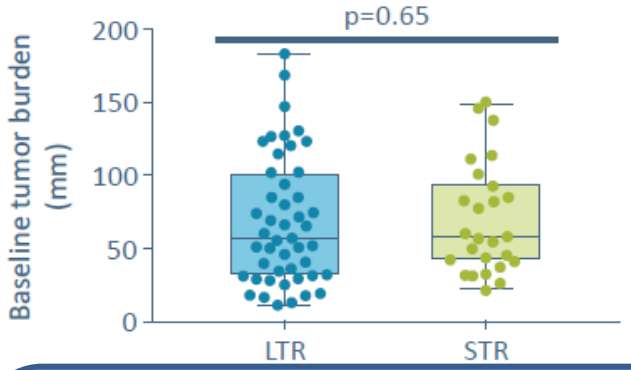
Focus on initial response or on durable one?

Clinical and molecular features predicting long-term response (LTR) to anti-PD-(L)1 based therapy in patients with NSCLC

- Responders with LTR vs STR: Depth of response, but not tumor burden, correlated with LTR
  - Greater proportion of patients with BOR <–50% and <–80% in LTR



- Baseline tumor burden in patients with LTR is similar to those with STR



Rizvi H, et al. ASCO 2018. Abstract 9022.

Smoking status, PD-L1 expression, and TMB correlate with long-term response in NSCLC patients treated with anti-PD-(L)1 based therapy**. TMB, but not PD-L1 expression, is distinctly increased in those with LTR compared to those with transient response.** The features predicting initial response compared to durable response may be distinct.

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Infine….

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FORMAZIONE

Goals of care

Patient & Oncologist Discordance in Goals of Care in EOL Decision Making

Funded by NINR: NRO14856

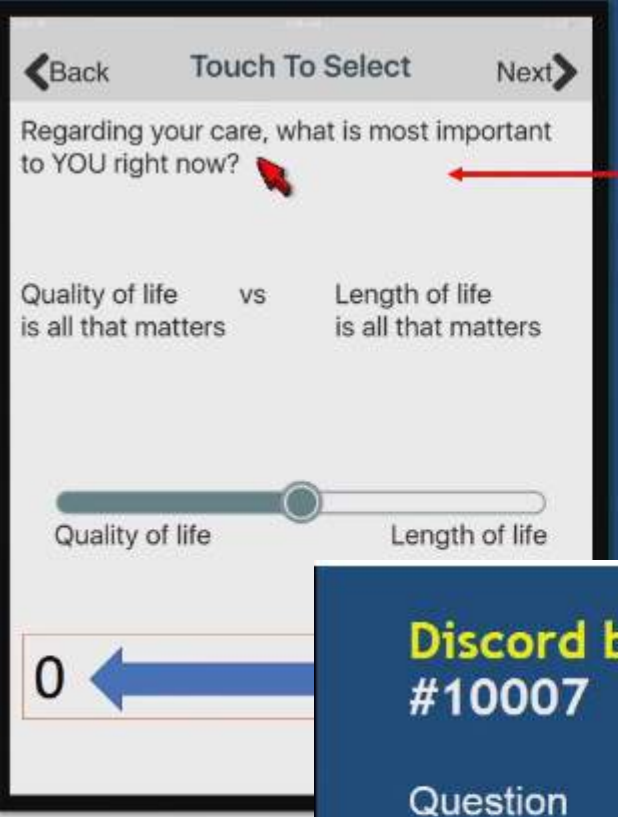
Sara L. Douglas, PhD, RN[1], Barbara J. Daly, PhD, RN[1],
Neal J. Meropol, MD[2], Amy R. Lipson, PhD[3]

[1] Case Western Reserve University, School of Nursing & Case Comprehensive Cancer Center, Cleveland, OH
[2] Flatiron Health, New York, NY; Case Comprehensive Cancer Center; Case Western Reserve University.
[3] Case Western Reserve University, School of Nursing

PRESENTED AT: 2018 ASCO ANNUAL MEETING #ASCO18

PRESENTED BY: @SaraStoDouglas

http://clicktoeditURL.com



Measuring Goals of Care

- **Patient screen:**
- **Oncologist version: (2 questions)**

  "Regarding the care of this patient, what is most important to YOU right now?"

Discord b/w patients & oncologists goals in end of life care

#10007 Sara Douglas, Case CCC

Question	Concordance between goals of patients and their oncologists			
Strategy	168 patients with advanced cancer and their 8 oncologists questioned every 3 months: quality of life vs length of life			
Methods	Discordance: 40 point diff, scale from 0 (QOL) – 100 (length)			
Findings	Pts goal	vs	onc goal,	r = .13
	Pts goal	vs	onc view of pts goal,	r = .29
	Oncs goal	vs	onc view of pts goal,	r = .71
	Discordance in 30%, persisted from enrol't to death in 77%			
Conclusions	Substantial discordance persisted from enrolment to death Oncologists thought patients' goals were similar to their own			

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E per noi??

ASCO Meeting Library

A feasibility study to examine the role of a mindfulness-based wellness curriculum for early clinical trainees.

Presented Monday, June 4, 2018

Authors:
Monica Sheila Chatwal, Marc McDowell, Christine Vinci, Richard R. Reich, Angela Reagan, Jhanelle Elaine Gray; H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL

45%-80% of practicing oncologists worldwide reporting symptoms of burnout (Hlubocky et al. ASCO 2017)

A total of **six monthly 30 minute sessions**. Participants will complete questionnaires pre- and post-intervention.

Primary aim is feasibility determined through recruitment, participation, completion and compliance rates.

Secondary aim is acceptability, assessed using post-intervention questions addressing usefulness of the program. 27 of 28 eligible participants have enrolled and completed pre-session questionnaires.

Mindfulness is a strategy that can be used to recognize and cope with stress and burnout and foster resiliency. **The goal is not to focus on relaxation, but rather on self-awareness, thus extending into a form of "reflective practice"**

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Opportunities to Cure More Patients with Localized Lung Cancers

Take Home Messages: Re-imagine Care

- The goal of care is cure. The risk-benefit analysis here is different than when caring for patients with extra-thoracic metastases
- All members of the multimodality team need to promote and support the overall regimen and not just individual components
- With more modalities, more agents, and less lifestyle disruption by all our modalities, re-imagine both care and research for all individuals with localized lung cancers
- Choosing "the best" for each component matters
- Achieving optimal results requires even closer attention to the sequence, timing, and benefits of concomitant use

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Grazie

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