

WCLC 2015

## NEWS



16th World Conference on Lung Cancer • Tuesday, September 8, 2015 | Denver, Colorado

## TODAY'S HIGHLIGHTS

**HOD 01: Treatment of Advanced, Localized and LocoRegional Disease and Small Cell, Thymoma, Mesothelioma**

07:00-8:00

Four Seasons Ballroom F1 + F2

**HOD 02: Biology, Pathology, Molecular Testing, Prevention, Tobacco Control, Screening and Early Detection**

Four Seasons Ballroom F3 + F4

**Plenary 02: Lung Cancer: IASLC Global Initiatives**

08:15-09:45

Plenary Hall (Bellco Theatre)

**Oral Session 22: Moving Beyond a Smoking Related-Cancer to the Young, Never-smokers and Inherited Disease**

10:45-12:15

Mile High Ballroom 1a-1f

**GR 02: Difficult Mesothelioma Cases**

14:15-15:45

Rooms 102 + 104 + 106

**MS 19: Global Nursing Issues in Lung Cancer**

14:15-15:45

Rooms 708 + 710 + 712

**ED 09: Tissue is the Issue: Improving Diagnostic Yield in the Age of Minimally Invasive Procedures**

14:15-15:45

Mile High Ballroom 1a-1f

**PC 02: Pro vs Con: Is There a Role for EGFR TKIs in EGFR Mutation Negative Disease? / Whole Exome Sequencing vs. Selected Testing**

14:15-15:45

Rooms 205 + 207

**Oral Session 29: MASCC-IASLC Joint Session: Palliative and Supportive Care**

16:45-18:15

Rooms 708 + 710 + 712

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## Smoking-Cessation Interventions Coupled with Screening Are Keys to Battling Lung Cancer

An update on the implementation of computed tomography (CT) screening for lung cancer in the United States, as well as the importance of providing effective smoking-cessation support to patients around the world, were highlighted at Monday's Plenary Session on prevention and screening.

"Recent Medicare coverage of lung cancer screening in high-risk elderly individuals and the US Preventive Services Task Force (USPSTF) Grade B recommendation, which mandates insurance coverage in many plans subject to the Affordable Care Act, should make screening accessible to more individuals," said Christine Berg, MD, former lead investigator of the National Lung Screening Trial (NLST), one of the presenters. "The challenge will be accomplishing this in high-quality multidisciplinary programs coupled with effective smoking-cessation interventions when needed. Lung cancer screening is poised to be a major advance to lower the dreadful toll from the leading cause of cancer death."

Dr. Berg explained the rationales for Medicare coverage policy and USPSTF recommendations for lung cancer screening and reviewed the Cancer Intervention and Surveillance Modeling Network (CISNET) modeling that went into the USPSTF recommendation. She presented alternative approaches to setting risk thresholds that may enable more effective and efficient screening.

Clinicians should be aware that the American College of Radiology Lung Imaging Reporting and Data System (LungRADS™) criteria for interpreting a screen differ from

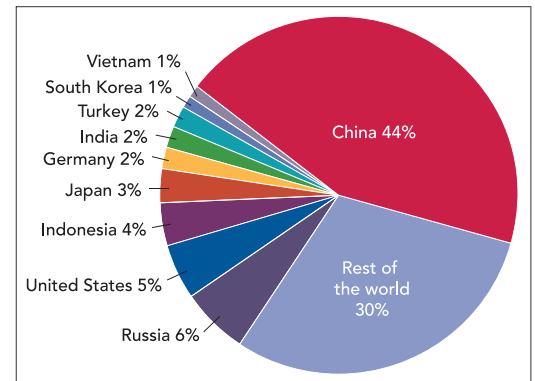


Figure. Countries with the highest percentage of cigarette consumers, 2014 [http://www.tobaccoatlas.org/].

the NLST criteria, which affects sensitivity and specificity, Dr. Berg said. Tracking results within the various screening programs will be necessary to determine the effect of screening on lung cancer mortality. "Guidelines may need to be revised in the future as new information becomes available," she said.

About 58% of the 1.8 million new cases of lung cancer diagnosed in 2012 occurred in low- and middle-income

see **Smoking-Cessation Interventions**, page 10

## IASLC Issues Statement on Tobacco Control and Smoking Cessation

Tobacco control and smoking cessation are challenges across the globe, especially as smoking rates are increasing in low- and middle-income countries, and 70% of deaths are occurring in those countries. IASLC recognizes that the solution to the tobacco problem and the millions of deaths tobacco causes each year lies in primary prevention of tobacco initiation and in tobacco cessation by individuals addicted to nicotine. To address these challenges, IASLC developed a Statement on Tobacco Control and Smoking Cessation and released the statement at WCLC on Monday.

The 2015 statement represents an update to previous statements and was developed by the IASLC Tobacco Control and Smoking Cessation Committee, chaired by K. Michael

Cummings, PhD, MPH, Medical University of South Carolina, Charleston. The statement was approved by the IASLC Board of Directors in July.

Research has shown that the most potent demand-reducing influences on tobacco use have been broad interventions, such as higher taxes on tobacco products; comprehensive secondhand smoke laws; comprehensive advertising and promotion bans of all tobacco products; product regulation, including pack warnings, appropriate consumer information, mass media campaigns, and tobacco-free policies;



Carolyn Dresler, MD, MPA

and help in quitting for people who use tobacco.

Despite these interventions, cigarette consumption continues, as do the unintended consequences of price policies, such as smuggling and counterfeit products, and the economic impact on people who have not yet quit. In addition, current technology allows people to obtain nicotine in ways that do not require the dangerous lung inhalation of the products of combustion. Data show that a significant proportion of people who smoke are looking for options that are less harmful than smoking cigarettes. In 2015, evidence is limited that electronic nicotine devices are a good option to overcome nicotine

see **Statement on Tobacco Control**, page 2

## Statement on Tobacco Control

Continued from page 1

addiction or to stop smoking combusted tobacco products. Support for alternative nicotine-delivery products must include complete cessation of the combusted product, or dual use will become the norm, with no or little change in morbidity or mortality. Thus, the statement asserts that IASLC continues to support public health measures that limit where and to whom tobacco can be sold, its price, where it can be used, what warnings must be displayed on tobacco packaging, and mandated disclosure of toxic constituents.

Research over several decades has demonstrated many policies, which when effectively implemented, decrease the number of people using tobacco. These policies are embedded within the World Health Organization's Framework Convention on Tobacco Control (FCTC), a treaty that 180 countries have signed to date. Among the key provisions of the FCTC are increasing cigarette prices through taxation (to at least 70% of the retail price), prohibiting the sale of cigarettes to individuals younger than 21 years of age, enacting

and enforcing comprehensive cigarette marketing policies, eliminating tobacco use in public locations, mandating graphic warning labels on cigarette containers, implementing public education campaigns to discourage the use of cigarettes, and providing tobacco-cessation support.

The IASLC Statement encourages IASLC members and others around the world to support implementation of the FCTC in their country, and outlines four additional recommendations (see right). The IASLC also urges its members to advocate in their own communities for the adoption of smoke-free public policies where they do not exist; for higher taxes on tobacco with funds earmarked for tobacco prevention and cessation programs, lung cancer screening, lung cancer treatment, and lung cancer research; for the elimination of tobacco advertising at the point of sale, in print, broadcast, and online media; for the support of public education campaigns to discourage cigarette use; and for support of patients, families, and governments who wish to pursue legal actions to hold tobacco manufacturers accountable for selling a demonstrably dangerous product.

IASLC calls on its members to be-

come educated and active in assisting tobacco cessation within their own clinical environment. Members should establish within their clinics or institutions programs that support evidence-based tobacco cessation programs to assist their patients to quit as part of their clinical treatment for lung cancer. "Tobacco cessation for their patients who still are using is a critical part of their treatment in order to maximize outcomes," states

Carolyn Dresler, MD, MPA, current IASLC Board member and member of the IASLC Tobacco Control and Smoking Cessation Committee.

In order to facilitate these goals, the IASLC will continue to develop, validate, and disseminate tools that will aid in education concerning tobacco and health, and promote the implementation of evidence-based tobacco-cessation practice. ■

## IASLC Recommendations

The IASLC strongly urges its members and others around the world to do the following.

- Support implementation of the World Health Organization's Framework Convention on Tobacco Control in their countries
- Support legal reforms in their countries that hold tobacco manufacturers civilly and criminally accountable for their actions
- Support policies that prevent smoking initiation in children and youth, such as raising and enforcing the legal age for purchase of tobacco to 21 years, restricting marketing, and increasing tobacco product taxes to reduce affordability
- Implement tobacco-cessation programs in their clinics, hospitals, and cancer centers to assist their patients in achieving the best possible outcomes from their cancer treatment
- Support policies that address alternative nicotine-delivery devices, such as aerosolized nicotine products that are evidence-based and promote overall population health

## Smoking-Cessation Interventions

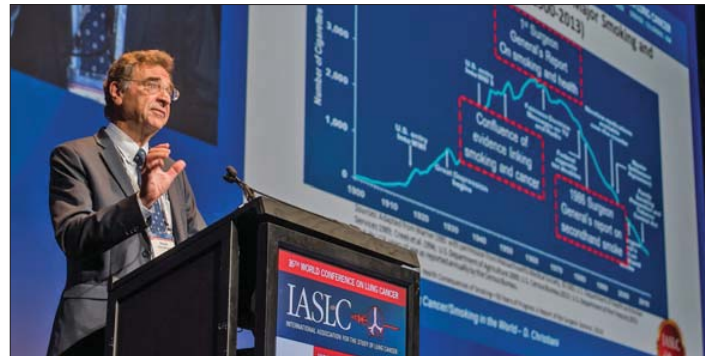
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countries that have no screening programs. Although by far not the only known or suspected lung carcinogen, tobacco smoking remains the principal cause of lung cancer and is estimated to be responsible for 85% of all types of this cancer, said David Christiani, MD, PhD, Harvard T.H. Chan School of Public Health, Boston, Massachusetts. Dr. Christiani presented new information on the patterns of tobacco use, including the results of large pooled studies from international consortia, and discussed the inter-relationship between related conditions, such as chronic obstructive pulmonary disease and lung cancer in risk and survival.

“Cancer epidemiology is constantly evolving based on varying exposures and population characteristics,” Dr. Christiani said. Globally, cigarette consumption has changed over the decades, with China now the number-one consumer (44%) of cigarettes in the world; the United States ranks third (See Figure page 1).

Not only is smoking a risk factor for the development of lung cancer, the adverse effects of smoking continue after a cancer diagnosis, said Graham Warren, MD, PhD, Hollings Cancer Center Tobacco Cessation Program at the Medical University of South Carolina, Charleston. Dr. Warren explained that the 2014 Surgeon General’s Report on Tobacco, *The Health Consequences of Smoking – 50 Years of Progress*, was the first to detail the adverse effects of smoking after a cancer diagnosis. Reporting on nearly 500 studies and vetted through numerous review cycles, this report concluded smoking causes adverse outcomes in patients with cancer through increased overall mortality, cancer-specific mortality, risk for the development of a second primary cancer, and strong associations with increased toxicity from cancer treatment.

“Although these data provide convincing arguments for addressing tobacco use in patients with cancer, assessing tobacco use and providing cessation support to patients with cancer do not routinely occur in cancer research or practice,” Dr. Warren said. He pointed out that in a recent study of actively ac-



David Christiani, MD, PhD

cruing cooperative group clinical trials, 70% of trials did not assess tobacco use at all, only 5% assessed tobacco use at follow-up appointments, and none addressed smoking-cessation support.

Dr. Warren emphasized that evidence shows that smoking and tobacco-related products promote more aggressive tumors through increased proliferation, angiogenesis, migration, invasion, and resistance to cytotoxic therapy. Thus, failing to provide cessation support to patients with cancer not only limits the opportunity for them to achieve better

cancer treatment outcomes, but also limits the ability to identify unique biologic strategies that could be used to develop more effective cancer therapy.

“Given the evidence and broad effects of smoking on patients with cancer, it is imperative that clinicians and researchers consider tobacco use as a modifiable effect on cancer treatment outcomes and develop effective strategies to ascertain how smoking and cessation can be used to improve therapeutic approaches for cancer patients,” Dr. Warren said. ■