Welcome to Catania!
EORTC LCG Board

Chair: Benjamin Besse (Villejuif, France)
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Treasurer: Thierry Berghmans (Bruxelles, Belgium)

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• Metastatic NSCLC sub-chair
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• SCLC sub-chair
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• Malignant Pleural Mesothelioma sub-chair
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• Thymic malignancies sub-chair
  Nicolas Girard (Lyon, France)
• Translational Research & Pathology sub-chair
  Sylvie Lantuejoul (Lyon, France)
• Young investigator subchair and secretary
  Lizza Hendriks (Maastricht, Netherlands) and Antonin Levy (Villejuif, France)
HQ Lung team members

Eleonora De Maio  Anne-Sophie Govaerts  Baktiar Hasan  Jurgen Donckele  Isabelle Blangenois

Clinical research  Clinical Scientist  Statistician  Project manager  Clinical data expert

Clinical research Physician Lung  Clinical Scientist  Statistician  Project manager  Clinical data expert

And many other trial-specific team members including experts in regulatory affairs, data managers, TR, imaging, surgery, RT, Quality of life..
Since last EORTC LCG meeting...

• 3 trials to open in next 2 months
  • APPLE open in Jordan this week.
  • REACTION October, NEMO November

• 2 study outlines PRC-approved and in protocol development

• 10 new study proposals!

• 41 New LCG members

• Young Investigators : 2 abstract/poster publications at ESMO
New LCG members since Last group meeting

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of new members</th>
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<tbody>
<tr>
<td>Belgium</td>
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<tr>
<td>France</td>
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<td>Italy</td>
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<tr>
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<td>Spain</td>
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<td><strong>Total</strong></td>
<td><strong>41</strong></td>
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Total of 377 associated LCG members!
Recruiting trials

- **08111/ETOP 5-12 (SPLENDOUR):** A randomized, open-label phase III trial evaluating the addition of denosumab to standard first-line anticancer treatment in advanced NSCLC. SC= Dr S. Danson (UK), Dr. S. Peters - recruiting

- **1335-SPECTALung:** Screening patients with thoracic tumors for efficient clinical trials access. SC=DR B. Besse (FR) - recruiting

- **1416 (PEARLS):** Immunotherapy with anti-PD-1 monoclonal antibody (pembrolizumab) vs placebo for patients with early NSCLC after resection and completion of standard adjuvant therapy: A randomized, double-blind phase III trial. SC= Dr M. O’Brien (UK) - recruiting

- **1205:** EORTC randomized phase II study of pleurectomy/ decortication (P/D) preceded or followed by chemotherapy in patients with early stage malignant pleural mesothelioma. SC= Dr J. Van Meerbeeck (BE) – recruiting
Protocols In regulatory phase

**NSCLC**
- **1613-APPLE**: both the areas of EGFR mutated NSCLC EGFR TKi naïve and pretreated are included, a study assessing the feasibility and efficacy of AZD 9291 treatment based on Positive Plasma T790M in EGFR M+ NSCLC patients – fsa this week

**SCLC**
- **1417-REACTION**: “A phase II study of etoposide and cis/carboplatin with or without pembrolizumab (MK-3475) in untreated extensive small cell lung cancer” – fsa October

**MPM**
- **08112-NEMO**: “Nintedanib as maintenance treatment of pleural malignant mesothelioma : a double-blind randomized phase II study of the EORTC Lung Cancer Group” – fsa November

**Thymic malignancies**
- **1525-NIVOTHYM**: “Randomized, multicentric, open-label, phase II study of nivolumab in patients with thymic carcinoma previously treated with chemotherapy” – fsa Q1 2018
Protocols in development

Advanced NSCLC

• 1643 (SOLUTION) Randomized phase II study of durvalumab and tremelimumab combination versus standard of care following first-line platinum based chemotherapy in two cohorts of patients with non-squamous and squamous NSCLC
  • PRC submitted last week

Early NSCLS

1702 (HALT) Targeted therapy beyond progression with or without dose-intensified radiotherapy in oligoproggressive disease (OPD) in oncogene addicted lung tumours.
Contracts and trial development process

- Study concept
- Board review
- Study outline
- PRC review
- Full Protocol
- PRC review
- Protocol release
- Regulatory process

- LOI
- CDA
- Operational / Scientific Company F2F
- T&R Budget development
- Contract development

- Funding Sources Agreement (FSA)
- FPI

- 17xx (elderly)
- 17xx (MESAVEL)
- 17xx (ALERT)
- 1643 (SOLUTION)
- 1525 (Nivothym)
- 1417 (REACTION)
- 1613 (APPLE)
- 08112 (NEMO)
- 1702 (HALT)
Publications – manuscripts – 2016-2017


Publications – Abstracts – 2016-2017


Diversity of brain metastasis (BM) management in non-small cell lung cancer (NSCLC) in Europe (EU): Results of the Young Investigators European Organisation for Research and Treatment of Cancer Lung Cancer Group (Y EORTC LCG) survey

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INTRODUCTION

- BM are frequent in NSCLC, offering poor outcome and negative impact on quality of life
- BM incidence is rising, better imaging techniques, new systemic ts resulting in longer overall survival (OS)
- BM management becomes increasingly important but ts vary and guidelines differ
- Use of WBRT challenged by the QUARTZ trial
- Use of SRS for BM is variable (eg. number of BM treated)
- Uptake treatment (ts) with systemic agents (chemotherapy, tyrosine kinase inhibitors (TKI)) in disease metastasis (BM) or patients and possibly immunotherapy (IO) are an option but guidelines differ regarding the advice to use upfront systemic ts

PURPOSE

- To capture a snapshot of BM management
- To identify relevant questions to build up innovative new trials

MATERIAL AND METHODS

- Online (Google® forms) developed by the Y EORTC LCG
- Distributed from 16/11/2017 to all EORTC LCG and radiation oncology group members, and national cancer societies in Europe (medical and radiation oncology, pathology, neurology) were contacted to forward the survey to their members
- Responses were collected until 15/Jan/2018
- Six sections with in total 27 questions: physician’s demographics, BM screening, initial ts decision, surgery, radiotherapy, systemic ts

RESULTS - PHYSICIAN’S DEMOGRAPHICAL DATA

467 respondents: 96% completed specialty training
- 53% radiation oncologist, 26% pathologist, 18% medical oncologist, 3% other
- 18% Italy, 15% Netherlands, 14% UK, 12% France, 10% Belgium, 7% Spain, 6% Austria, 3% Portugal, 3% Germany, 2% Denmark, 2% Switzerland, 9% others

RESULTS - SCREENING FOR BRAIN METASTASES

52.2% of physicians used MRI to screen neurologically asymptomatic patients

RESULTS - TREATMENT DECISIONS

- Thresholds different in 50% when MULT+ based on QUARTZ trial results, when previously using WBRT in poor prognosis patients: 36.1%, used less WBRT in these patients

RESULTS - LOCAL TREATMENTS

- Use of adjuvant RT after surgery and minimum BM number / size for SRS eligibility varied
- MULT+ with > 4 BM more likely to receive SRS than WBRT
- WBRT delivered: 10 x 3 Gy (53%), SRT Gy (11%), both previous schemes (12%) or other (17%)

RESULTS – SYSTEMIC TREATMENT

- Preferred systemic ts in a neurologically asymptomatic ts with > 5 BM was in MULT+ platinum-based doublet (79%), bevacizumab containing regimens (7%) and in MULT+: MULT+ specific ts (82%)
- In MULT+ patients the progression free survival of concurrent RT / systemic ts and duration of discontinuation of systemic ts during RT were variable between centres
- 95% discontinued all TIs and anti-POD1 therapy during WBRT / SRS. Most often continued: erlotinib (44-48%), gefitinib (39-24%), crizotinib (33-28%), anti-POD1 (28-22%)

CONCLUSION

- Screening is not uniform, prognostic classifications are not often used
- BM management differs
- Less WBRT is used following the publication of the QUARTZ trial
- Local ts (adjuvant ts, number and volume of BM) for BM varies
- MULT+ patients generally receive more aggressive local ts
- There is a lack of data on safety for most targeted agents in combination with brain RT

FUTURE DIRECTIONS

- BM management harmonisation should be pursued
- Specific guidelines for MULT+ patients should be set up to help physicians with their management
- Future research regarding concurrent use of targeted agents and brain RT is needed
Diagnostic and therapeutic strategies for elderly patients with advanced Non-Small cell lung cancer (NSCLC): results from an EORTC pan-European survey


1CHU Grenoble, Grenoble, France; 2Institut Gustave-Roussy, Villejuif, France; 3Ospedale S. Paolo-IRCCS Università, Università, Italy; 4EORTC, Brussels, Belgium; 5Institut Jules Bordet, Université Libre de Bruxelles, Brussels, Belgium; 6Institut Curie, Paris, France; 7University of Antwerp, Antwerp, Belgium; 8Amsterdam University Medical Center, The Netherlands; 9Manchester Academic Health Science Centre, Institute of Cancer Sciences, Manchester Cancer Research Centre (MCRC), The University of Manchester, Manchester, UK; 10Katholieke Universiteit Leuven, Leuven, Belgium; 11Multidisciplinary Oncology and Therapeutic Innovations, AP-HMA, Marseille, France; 12Centre Hospitalier Universitaire de Grenoble, Grenoble, France; 13Royal Marsden NHS Foundation Trust, London, UK; 14Lung Clinic, Grosshadern, Aimsay Research Center North, Grosshadern, Germany; 15University Hospital Coehnshoven, Leuven, Belgium; 16Department of Oncology, University of Turin, Orbassano, Italy

BACKGROUND

The EORTC Lung Cancer Group (LCG) and the Elderly Task Force (ETF) developed a pan-European survey. The aim was to provide an overview of the management and treatment strategies of elderly patients diagnosed with advanced NSCLC as well as to identify potential needs and scientific pending questions that could be addressed in new trials.

METHODS

An electronic 13-item survey was developed with an introductory explanation of the study purpose and sent to all EORTC LCG and ETF members. The 25 items included multiple choices and open-ended questions requesting the following information on general demographics (6 items), patient population (3 items) and diagnostic, treatment preferences and outcomes (16 items). Elderly patients were defined as those older than 70 years.

- The feasibility questionnaire was sent out to all associated members of the EORTC LCG, Elderly task force
- 75 investigations from 71 sites from 19 countries responded to the survey.
- For 4 sites 2 different PIs completed the questionnaire
- Investigations' affiliation: EORTC LCG: 61 investigators, EORTC ETF: 7 investigators, EORTC LCG/ETF: 6 investigators
- Non-EORTC: 2 investigators
- 62 out of 75 investigations from 39 Sites completed the questionnaire

PARTICIPATING SITES

DIAGNOSTIC AND THERAPEUTIC STRATEGY

Do you have a dedicated team to the management treatment of elderly patients?

If yes, please specify

- 30% of investigators
- 35%
- 15%
- 10%
- 5%

Do you routinely perform geriatric assessment for elderly patients?

If yes, which scale do you use?

- 30% of investigators
- 44%
- 17%
- 10%
- 5%

The preferred first-line chemotherapy regimen (% total of 62 investigators)

- 29% of investigators
- 42%
- 18%
- 16%
- 9%
- 7%
- 3%
- 2%

The preferred second-line therapy regimen (% total of 62 investigations)

- 34% of investigators
- 41%
- 17%
- 10%
- 4%
- 3%
- 2%

RESULTS

Patients with suspected or diagnosed NSCLC are discussed by a multidisciplinary board?

- 96.8%
- 2.7%
- 3.3%

In elderly patients with advanced NSCLC: Routine performance of mutational analysis (% total of 62 investigators)

- 23.5%
- 21.9%
- 23%
- 29.3%

CONCLUSION

- The survey provides an overview of the clinical practice in the management of elderly patients with advanced NSCLC, summarizing relevant and updated background for the possible development of future collaborative trials.
- In this survey, different treatment regimens are used by different centers, and geriatric assessment is used heterogeneously, reflecting the lack of a "standardized" approach and the need for further research in this area.
Thank you for your commitment to the EORTC LCG