

Canadian Lung Cancer Conference 2018

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ABSTRACT

The 2018 Canadian Lung Cancer Conference (CLCCO) took place 8–9 February in Vancouver, British Columbia. A highly anticipated event, the CLCCO attracts lung cancer professionals from across Canada to review the latest advances in lung cancer research in a multidisciplinary setting. It also brings world-renowned experts to share their knowledge. Some of the highlights this year included an overview of the remarkable advances in immuno-oncology, stereotactic radiotherapy, and navigational tools in bronchoscopy.

Key Words Canadian Lung Cancer Conference, CLCCO, meetings

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INTRODUCTION

The 18th Canadian Lung Cancer Conference (CLCCO) officially opened on 8 February 2018 in Vancouver, British Columbia. First started in 2000 by Dr. Charles Butts, the CLCCO consisted of only a small group of oncologists. The conference has since grown significantly, and it is now an annual national meeting that attracts more than 300 professionals, all with the goal of reviewing the latest evidence to improve the care of lung cancer patients.

With multiple trials reporting positive results in the preceding year, there was much enthusiasm and optimism at the CLCCO. What remains unique about this conference is the interdisciplinary nature of the meeting, which provides a platform for clinicians nationwide to learn and to collaborate.

SESSIONS

Training in Lung Cancer

Leading up to the conference was the Training in Lung Cancer session. Chaired by Drs. Randeep Sangha and Devin Schellenberg, the program caters primarily to trainees with a special interest in lung cancer and features young investigators as guest presenters.

Topics discussed this year ranged from the scientific to mentorship. Scientific discussions included management of dual- and trimodality approaches to the management of lung cancer, presented by Dr. Daniel Glick; management of pulmonary neuroendocrine tumours, presented by Dr. Suneil Khanna; and approaches to stage III disease, presented by Dr. Nancy Nixon. Predecessors also passed on their words of wisdom for launching a successful career,

including topics such as effective transition from resident to staff, presented by Drs. Kimmen Quan, Suzanne Drodge, and Alex Sun; launching successful collaborative research projects, presented by Dr. Alex Louie; and the key to resilience and happiness, presented by none other than Dr. Anil Joy. Drs. Alex Louie and Pat Croskerry also led two combined sessions for junior investigators, shedding light on lessons learned in clinical trial design and on how to avoid medical bias.

Multidisciplinary Sessions

The conference started on a high note of optimism at the opening dinner, during which the real-world evidence for immunotherapy was discussed. The meeting itself was launched after a warm welcome from conference co-chair Dr. Barbara Melosky on the morning of 9 February. Dr. Glenwood Goss, representing the Canadian Cancer Trials Group, provided an overview of the clinical trials in thoracic oncology that are currently open, the accruals so far, and the studies that plan to open. Cancer centres across Canada continue to work cooperatively to promote clinical research in lung cancer.

Dr. Sanjay Popat, Royal Marsden Hospital, delivered a keynote presentation on “Lung Cancer: Today and Tomorrow.” He reminded the audience that, in the recent past, chemotherapy was the only means of treating advanced lung cancer. Today, however, the standard of care is changing fast. The discoveries of targeted therapy and immunotherapy have translated into long-term survival for patients. Popat predicts that, in the coming year, more

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data on optimal combination treatments with immunotherapy will emerge. He particularly highlighted the potential role of immunotherapy in the adjuvant setting. That exciting presentation was followed by Dr. Parneet Cheema's discussion on "The Canadian Perspective." Cheema highlighted the difficulties that every clinician faces in accessing new drugs and the importance of advocating for patients. She commended Canadians for being leaders in the validation of biomarkers, which is crucial in the management of lung cancers.

Dr. Drew Moghanaki's presentation, "Stereotactic Radiotherapy and Snake Oil," discussed the biases about radiotherapy for lung cancer such as "zapping the tumour and avoiding the knife." He pointed out how misinformation makes accrual to clinical trials very difficult. But his team at Veterans Affairs has stepped up to the challenge and, through collaboration between thoracic surgeons and radiation oncologists, has launched a randomized study looking at survival differences between surgery and stereotactic ablative radiotherapy for early-stage lung cancers. We look forward to seeing the study results in the future. Dr. Percy Lee presented an inspiring talk about the continued role of radiotherapy in the management of lung cancers and the potential for radiation plus immunotherapy in early-stage disease to increase the chance of cure.

After two sessions heavily focused on advanced disease, the meeting took a step back to look at advances in the diagnosis and treatment of very early-stage lung cancers. Dr. Felix Herth from Germany introduced a novel navigation system for bronchoscopy that allows respirologists not only to accurately locate suspicious lesions for biopsy but also to ablate early-stage lesions. Dr. Noriaki Kurimoto from Japan rebutted the need for navigation by demonstrating his astonishing ability to locate small peripheral lesions, creating a roadmap for bronchoscopy from computed tomography images. The morning's sessions ended with Dr. David Jones's enthusiastic presentation highlighting the ongoing role of the thoracic surgeon in the era of precision medicine for lung cancer.

Breakout Sessions

The afternoon breakout sessions provided a multifaceted overview of individual topics catering to the subdisciplines within lung cancer care: medical oncology, radiation oncology, nursing, respirology, and surgical oncology.

In the medical oncology breakout sessions, Drs. Keith Kerr and Ross Camidge each delivered thought-provoking and insightful presentations on the evidence behind the current use of immunotherapy in clinical practice and future projections about the use of combination therapy. The sessions also highlighted the importance of further research into companion diagnostics and the emergence of combination biomarker testing for patient selection such as tumour mutational burden and PD-L1 staining.

The radiation oncology breakout sessions featured Dr. Alex Louie reporting the latest evidence concerning stereotactic ablative radiotherapy for central lung lesions, and Dr. Houa Bahig on the potential for pulmonary toxicity in the era of personalized radiotherapy. Dr. Pat Croskerry conducted a special session on decision analysis and common sources of bias in health care.

Nursing sessions delved into topics of quality assessment of Web-based resources (presented by Dr. Paris Ingledew) and nursing research engagement initiatives (presented by Dr. Maher El-Masri). Ms. Leane Mathias shared insights into providing palliative and community support for patients and her experiences in caring for end-of-life patients.

Most exciting and innovative was the hands-on workshop for the respirology breakout session, led by two incredible bronchoscopists, Drs. Noriaki Kurimoto and Felix Herth. More difficult to set up was a practical session in surgical techniques, presented by Drs. Kyle Grant and Simon Turner, that discussed the controversial role of surgery in the management of multifocal lung cancer. Grant and Turner covered an evidence-based approach to pre- and intraoperative lymph-node evaluation in lung cancer work-up.

Debates

Dr. Xiaofu Zhu chaired a highlight of the meeting: the debates. This year, three exciting and controversial topics were argued with elegance, evidence, and humour.

Dr. Jason Pantarotto delivered a heartfelt plea that the era of whole-brain radiotherapy be at an end. His opponent, Dr. Zsolt Gabos, eventually tipped the audience slightly in his favour, arguing that, just like Justin Bieber, whole-brain radiotherapy adapts, and we should not eliminate its use just yet.

Second up, Drs. Penelope Bradbury and Paul Wheatley-Price engaged in a hilarious and heated debate of whether all PD-1 monoclonal antibodies are equally efficacious in advanced non-small-cell lung cancer. Dr. Bradbury, using her long-standing knowledge of her colleague to her advantage, took the audience through a point-by-point breakdown of her opponent's anticipated arguments and walked away victorious.

Finally, Drs. Barbara Melosky and Peter Ellis respectively took turns debating for and against the use of osimertinib in the first-line setting in patients with activating *EGFR* mutations. After two awe-inspiring and rapid-fire rounds, the audience agreed that Dr. Melosky won the battle, with a close second option of "Good effort, Dr. Ellis, but this is, after all, Dr. Melosky's meeting."

Awards

The most touching moment of the meeting is always the presentation of the Betty Rice award. Two awards were given to trainees with projects of merit. The Rice family delivered a heartfelt thank-you and an inspiring speech emphasizing the importance of Canadian representation in lung cancer research, while honouring the memory of Ms. Betty Rice.

The clinical awardee, Dr. Cara van der Merwe, answered hard-hitting real-world questions about care delivery in stage III non-small-cell lung cancer, and the basic sciences awardee, Ms. Katy Enfield, is on her way to discovering the next biggest activating and potentially targetable mutation in lung cancer care. Moments like those, when patient advocacy meets cutting-edge research, solidify the *raison d'être* of our colleagues' hard work and dedication to the field.

This year's Lifetime Achievement Award was presented to Dr. Glenwood Goss by Dr. Frances Shepard, with mutual admiration, friendship, and comradery well on display for both esteemed physicians within lung cancer care.

SUMMARY

The CLCCO continues to grow, bringing a multidisciplinary group of lung cancer specialists together to learn about advances in lung cancer. Clinicians collaborate nationally, and young investigators have opportunities to network with experts in the field. The CLCCO is an event that also brings together oncology trainees from across the country. The

field of lung cancer evolves rapidly, and the standard of care changes almost annually. The CLCCO therefore plays an ever-important role in promoting lung cancer research in Canada. The future for treating lung cancer is promising.

CONFLICT OF INTEREST DISCLOSURES

We have read and understood *Current Oncology's* policy on disclosing conflicts of interest, and we declare that we have none.

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