

10-11

ΜΑΡΤΙΟΥ 2023

Ξενοδοχείο

DIVANI CARAVEL

Αθήνα

Ο ΚΑΡΚΙΝΟΣ
ΤΟ 2023:
Προκλήσεις
και Ανατροπές

ΘΑ ΧΟΡΗΓΗΘΟΥΝ
12 ΜΟΡΙΑ
ΣΥΝΕΧΙΖΟΜΕΝΗΣ
ΙΑΤΡΙΚΗΣ
ΕΚΠΑΙΔΕΥΣΗΣ
(CME-CPD)

ΟΡΓΑΝΩΣΗ

ΥΠΟ ΤΗΝ ΑΙΓΙΔΑ

ΣΥΝΕΡΓΑΣΙΑ

ΓΡΑΜΜΑΤΕΙΑ ΣΥΝΕΔΡΙΟΥ



ΕΛΛΗΝΙΚΟ ΟΓΚΟΛΟΓΙΚΟ ΙΝΣΤΙΤΟΥΤΟ
ΥΠΟΣΤΗΡΙΞΗΣ ΑΣΘΕΝΩΝ



Ελληνική Αντικαρκινική Εταιρεία

ΕΟΠΕ
ΕΤΑΙΡΕΙΑ
ΟΓΚΟΛΟΓΩΝ
ΠΑΘΟΛΟΓΩΝ
ΕΛΛΑΔΑΣ



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NSCLC stage III
surgery
vs. radiotherapy

Ιωάννης Γεωργακόπουλος
Επίκουρος Καθηγητής
Ακτινοθεραπευτικής Ογκολογίας

Stage III NSCLC: A Heterogeneous Group

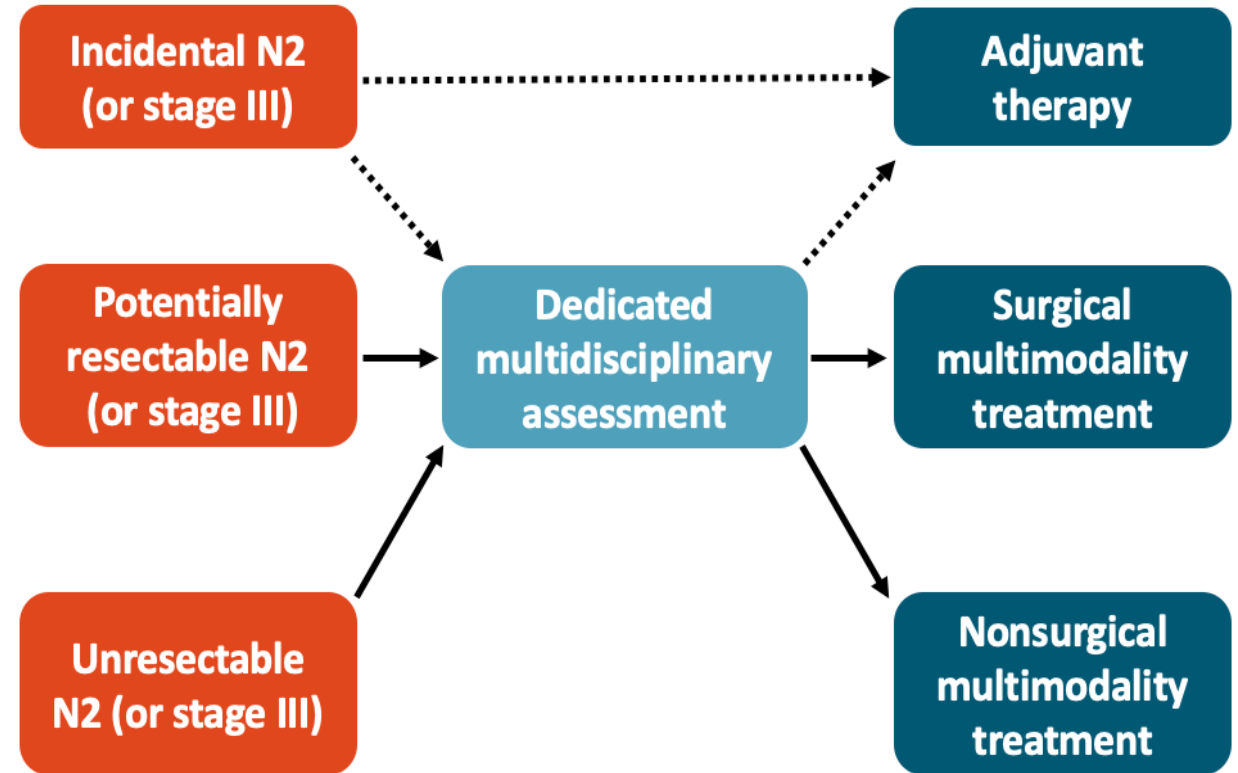
8th Edition AJCC/UICC Stage

| T/M | Subgroup | N0 | N1 | N2 | N3 |
|-----|----------|------|------|------|------|
| T1 | T1a | IA1 | IIB | IIIA | IIIB |
| | T1b | IA2 | IIB | IIIA | IIIB |
| | T1c | IA3 | IIB | IIIA | IIIB |
| T2 | T2a | IB | IIB | IIIA | IIIB |
| | T2b | IIA | IIB | IIIA | IIIB |
| T3 | T3 | IIB | IIIA | IIIB | IIIC |
| T4 | T4 | IIIA | IIIA | IIIB | IIIC |
| M1 | M1a | IVA | IVA | IVA | IVA |
| | M1b | IVA | IVA | IVA | IVA |
| | M1c | IVB | IVB | IVB | IVB |

OS by Pathologic Stage

| Stage | mOS, Mo | 2-Yr OS, % | 5-Yr OS, % |
|-------|---------|------------|------------|
| IIIA | 41.9 | 65 | 41 |
| IIIB | 22.0 | 47 | 24 |
| IIIC | 11.0 | 30 | 12 |

Approach to Treatment Decisions for Stage III NSCLC



Stage III NSCLC

resectable?

8th Edition AJCC/UICC Stage

| T/M | Subgroup | N0 | N1 | N2 | N3 |
|-----|----------|------|------|------|------|
| T1 | T1a | IA1 | IIB | IIIA | IIIB |
| | T1b | IA2 | IIB | IIIA | IIIB |
| | T1c | IA3 | IIB | IIIA | IIIB |
| T2 | T2a | IB | IIB | IIIA | IIIB |
| | T2b | IIA | IIB | IIIA | IIIB |
| T3 | T3 | IIB | IIIA | IIIB | IIIC |
| T4 | T4 | IIIA | IIIA | IIIB | IIIC |
| M1 | M1a | IVA | IVA | IVA | IVA |
| | M1b | IVA | IVA | IVA | IVA |
| | M1c | IVB | IVB | IVB | IVB |

unresectable?

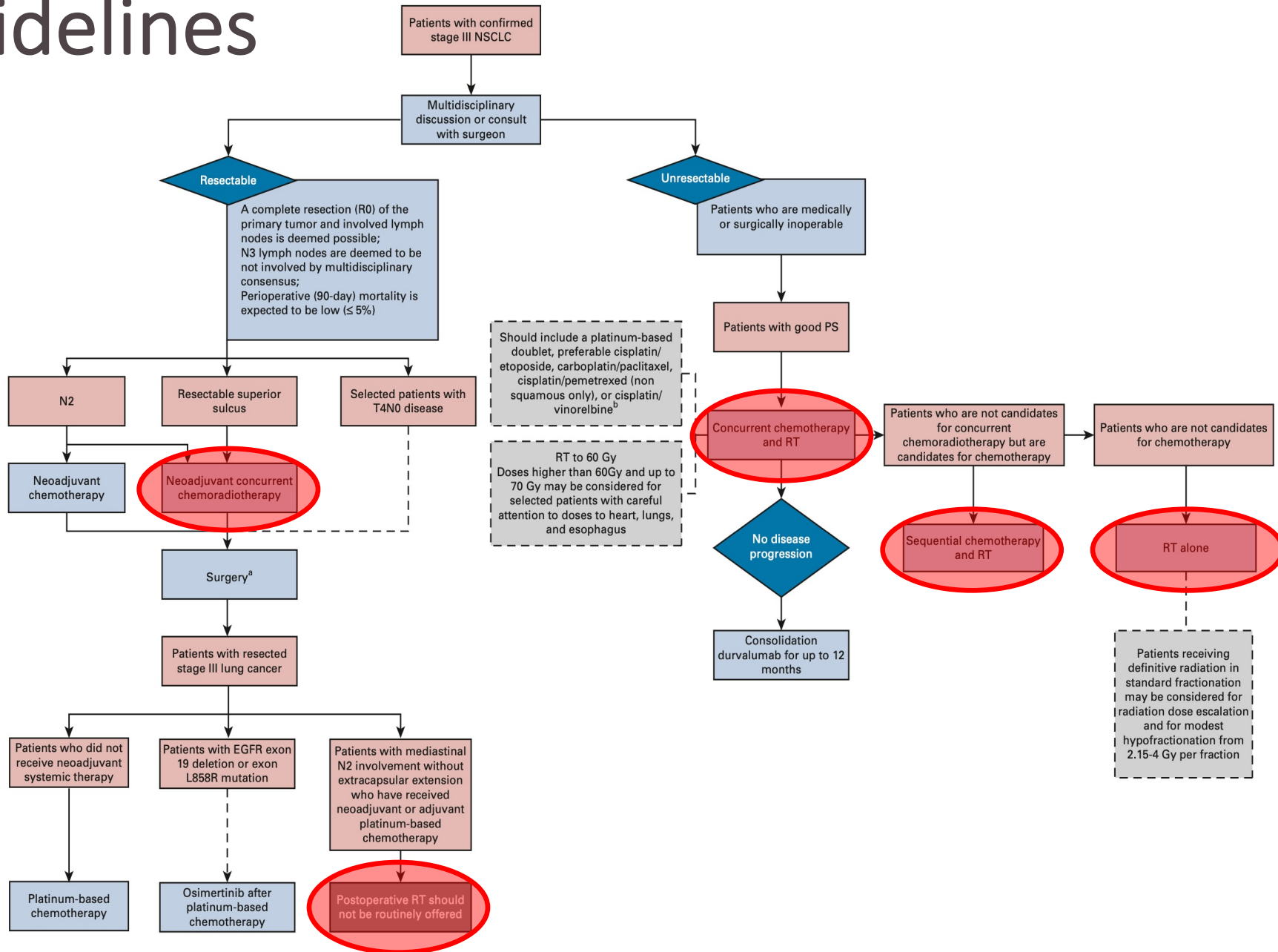
superior sulcus?

chest wall?

potentially resectable?

spine?

ASCO Guidelines



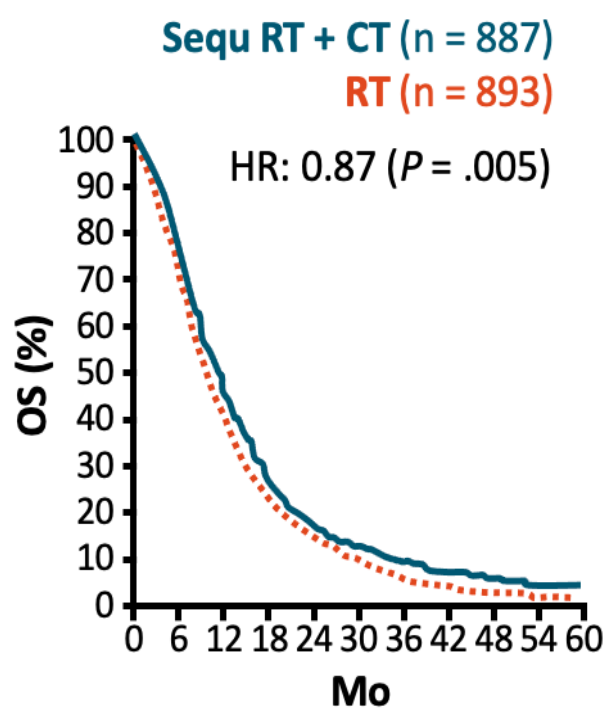
unresectable

median survival time improvement for St III NSCLC

| Study | Publication Year | Systemic Therapy | Best MST (mo) |
|-------------------------------|------------------|--|-------------------|
| INT 0139 | 2009 | CDDP VP-16 +/- SURG | 24 (Lobectomy 34) |
| RTOG 9410 | 2011 | CDDP Vinblastine | 17.4 |
| RTOG 0617 | 2015 | Carbo / Taxol | 28.7 |
| PROCLAIM | 2016 | Pemetrexed CDDP CDDP VP-16 + consolidation Chemo | 26.8 |
| PACIFIC | 2018 | Carbo / Taxol +/- Durvalumab | > 45 |
| NRG LU001 Phase II | 2019 | Carbo / Taxol +/- metformin | > 40 |

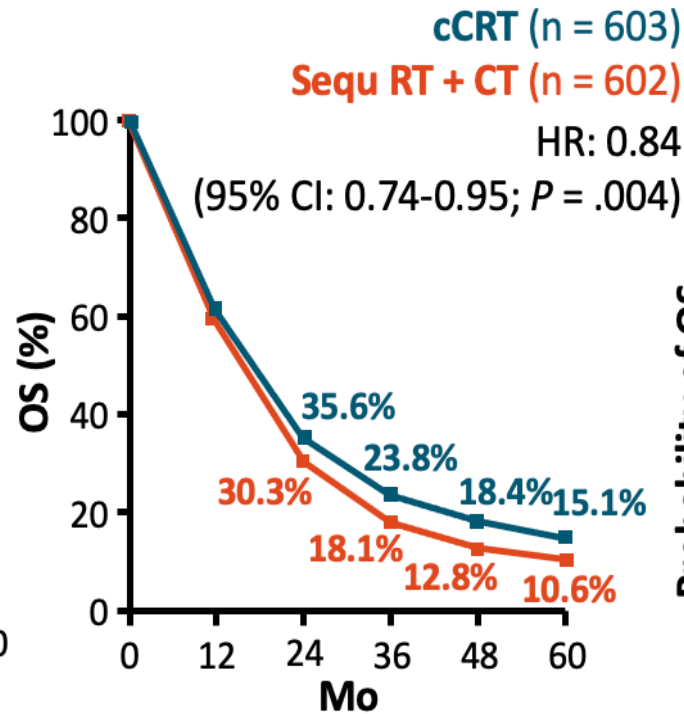
Unresectable Stage III NSCLC: Evolution of Treatment

**RT vs
Sequential RT + CT*¹**

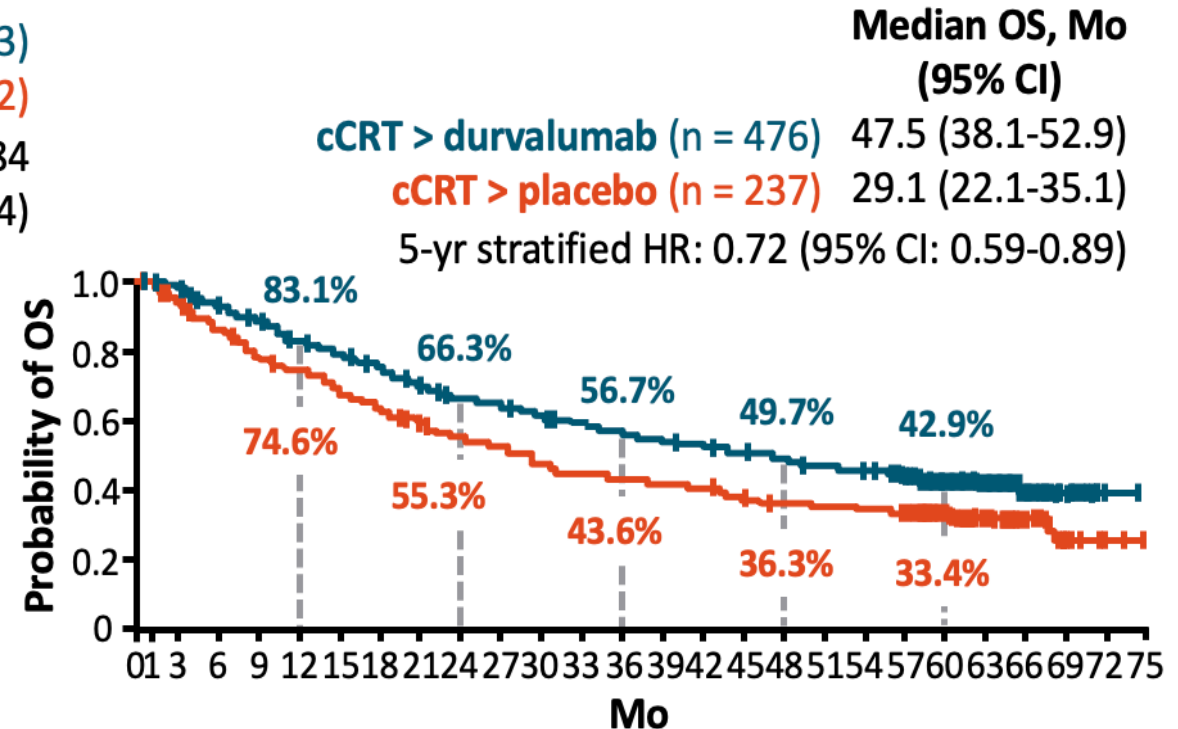


*Cisplatin-based regimens.

**Sequential RT + CT vs
Concurrent CRT²**



**PACIFIC: Concurrent CRT ±
Immunotherapy³**



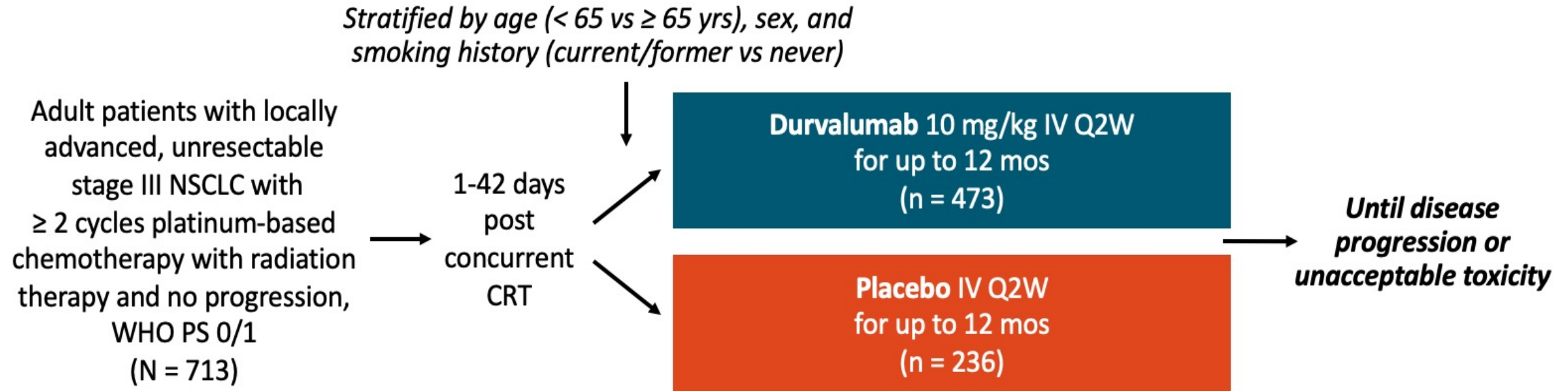
In February 2018, FDA approved durvalumab for treatment of unresectable stage III NSCLC without disease progression following concurrent CRT

RT has improved as well

- target definition: locating tumor on **CT simulation** rather than landmarks
- **volumetric (3D)** rather than point (2D) dose prescription (conformal 3D; IMRT; VMAT; protons)
- use of **lower photon** energy (6-10 MV)
- **heterogeneity** correction: (lung vs. tumor density)
- accounting for **motion**: 4D CT simulation
- not missing the tumor during daily RT: **IGRT**
- understanding **normal tissue tolerance** (lung V20)
- **limiting breaks** during treatment course

PACIFIC: Study Design

- Randomized, double-blind, placebo-controlled phase III trial



- Primary endpoints: PFS by BICR per RECIST v1.1, OS
- Secondary endpoints including: ORR, DoR, TTDM, PFS2, safety, PROs