Welcome to the IASLC 18th WCLC

By Hisao Asamura, MD, and Keunchil Park, MD, PhD, WCLC 2017 Conference Co-Presidents

On behalf of the IASLC, we welcome you to the 18th World Conference on Lung Cancer (WCLC) in Yokohama, Japan. Yokohama is the third WCLC after Denver (2015) and Vienna (2016) since the WCLC began to be held annually rather than every 2 years. The venue for WCLC 2017, the PACIFICO Yokohama, is Japan’s leading convention complex, where many prestigious international meetings have taken place. The complex is situated on the edge of the port facing Tokyo Bay, with an air and atmosphere evoking a resort.

WCLC 2017 is organized on the basis of a novel concept. The venue of the WCLC has traditionally rotated among North America, Europe, and Asia, with the conference developed by a local organizing committee representing the host city and country. However, for the first time in the history of the WCLC, the conference is a regional event and has been organized by a regional organizing committee led by two Co-Presidents, one from Japan and one from South Korea. We hope WCLC delegates feel the energy and passion of thoracic malignancy researchers in the Asian region.

Why was Yokohama selected

Hisao Asamura, MD

Keunchil Park, MD, PhD

Welcome to WCLC Daily News

By Corey J. Langer, MD, Editor

It is my pleasure to introduce the WCLC Daily News as part of the 18th WCLC, and it is my privilege to serve as its Editor. In the past 10 years, we have witnessed a revolution in the scientific understanding of lung cancer, and, as a result, major therapeutic advances in the management of this disease. Targeted therapy has irrevocably altered the therapeutic landscape for patients with oncogenic drivers, improving response rates and extending progression-free and overall survival. More recently, novel immunotherapies offer the prospect of long-term benefit in select, lucky individuals with “wild type” disease. Used judiciously, immunotherapies have improved overall survival in both the second- and first-line setting, and, for the first time, they have significantly delayed the onset of progression or death in patients with curable, locally advanced NSCLC. We have also observed headway in lung cancer screening, with measurable reductions in lung cancer mortality and the emergence of new technologies in both surgery and radiation oncology that offer clinicians novel...
IASLC Honors Four Members with Distinguished Awards

By Lori L. Alexander, MTPW, ELS, MWC®, and Keightley Amen

The Opening Ceremony on Sunday will feature the presentation of four IASLC Distinguished Awards. The IASLC will recognize Tony Mok, BMSc, MD, FRCP(C), FRCP (Glasgow), FASCO, with the Paul A. Bunn, Jr. Scientific Award; Carolyn M. Dresler, MD, MPA, with the Mary J. Matthews Pathology/Translational Research/Early Detection Award; and Ramón Rami-Porta, MD, PhD, with the Merit Award.

Tony Mok
Paul A. Bunn, Jr. Scientific Award

Prof. Mok is currently the Li Shu Fan Medical Foundation-Endowed Professor, Department of Clinical Oncology, Chinese University of Hong Kong, Prince of Wales Hospital. He also holds an honorary professorship at the Guangdong Provincial People’s Hospital in China, as well as a guest professorship at Peking University School of Oncology. A past president of the IASLC (2013–2015), Prof. Mok was recently elected IASLC Treasurer and will fulfill that role from 2017–2021.

“Prof. Mok is a pioneer in modern clinical drug development and has led many landmark studies that have changed clinical practice for patients with lung cancer,” says Fred R. Hirsch, MD, PhD, IASLC CEO. “It is a great honor for the IASLC to recognize his scientific contributions that have changed the paradigm for cancer treatment in general and for lung cancer in particular.”

Prof. Mok was the lead investigator and first author for the landmark IPASS, which was the first study that confirmed the application of precision medicine to advanced lung cancer. In addition to the approval of gefitinib (an epidermal growth factor receptor [EGFR] tyrosine kinase inhibitor [TKI]) as a first-line treatment for patients with advanced NSCLC, the study also established activating EGFR mutation as a predictive biomarker. IPASS showed that gefitinib is superior to carboplatin and paclitaxel as first-line treatment, and it demonstrated that EGFR mutation in a tumor is a strong predictor of better outcomes with gefitinib. Following that study, Prof. Mok led and co-led multiple studies on optimization of treatment for patients with EGFR mutation, including FASTACT 2, IMPRESS, LUX-Lung 7, and ARCHER 1050.

Prof. Mok also co-led the AURA 3 study, in which osimertinib, a third-generation EGFR TKI, was compared with chemotherapy in patients with T790M-positive resistance. The findings confirmed the superiority of osimertinib and established a new paradigm in the management of EGFR TKI resistance.

Prof. Mok has dedicated his work to precision medicine for lung cancer by engaging in clinical research on ALK-positive lung cancer and immunotherapy. The PROFILE 1014 study is the first randomized phase III trial to confirm the role of crizotinib in ALK-positive lung cancer. Similar to the IPASS study, the finding mandated routine ALK testing for all patients with adenocarcinoma of the lung.

More recently, his leadership in the ALEX study resulted in a change in paradigm by demonstrating significant improvement in progression-free survival with alectinib as first-line therapy. In immunotherapy, he is the lead investigator for the KEYNOTE 042, NEPTUNE, and POSEIDON studies.

Prof. Mok cofounded the Lung Cancer Research Group, one of the first such multicenter groups in the Asia-Pacific region, which now includes researchers from South Korea, Taiwan, Hong Kong, Sydney, Guangzhou (China), and Japan. More recently, he co-founded the Asian Thoracic Oncology Research Group in Singapore and South Korea. The objective is to improve collaboration on lung cancer translational research in the region.

Prof. Mok was trained at the University of Alberta, Edmonton, Canada, and subsequently completed a fellowship in medical oncology at the Princess Margaret Hospital in Toronto, Canada. After working as a community oncologist in Toronto for 7 years, he returned to Hong Kong in 1996 to pursue an academic career.
The charge of this IASLC Committee is to provide more comprehensive consideration of activities and initiatives that the Association should engage in to reduce the use of tobacco worldwide. The Committee surveyed IASLC members to determine their practice patterns regarding tobacco use and cessation among their patients. The results indicated that physicians recognize the importance of tobacco cessation as a necessary part of clinical care, but that many still do not provide assistance to their patients as a routine part of cancer care [Warren GW, et al. J Thorac Oncol. 2013;8(5):543-548]. In a follow-up analysis of the results, improving clinician education and developing dedicated resources to provide cessation support were identified as ideal targets to address for improving cessation support for people with cancer [Warren GW, et al. J Thorac Oncol. 2015;10(11):1532-1537].

“Dr. Dressler has, over many years, contributed significantly to tobacco control and prevention and has been a strong advocate for increased attention and resource allocation to what should be considered the most important preventive measure for lung cancer,” says Dr. Hirsch. “I am pleased to honor Dr. Dressler for a lifetime of contributions to the prevention of thoracic cancer particularly, in the treatment of lung cancer, and he has been instrumental in defining the clinico-pathologic characteristics of EGFR mutations in lung cancer.”

Dr. Yatabe’s research has also explored the role of EGFR mutation status, in lung cancer particularly, in predicting survival after treatment with an EGFR inhibitor. He was also involved in the West Japan Oncology Group phase III trial that showed that gefitinib was superior to chemotherapy (cisplatin plus docetaxel) for patients with EGFR-positive lung cancer, which prompted a paradigm shift in the treatment of these patients. He has also unraveled the riddle of distribution of EGFR mutation within tumors with a concept of pseudoheterogeneity. His studies have also focused on ALK rearrangements in lung cancer and the mechanisms of resistance to TKIs.

“Dr. Yatabe has contributed to a better understanding of lung cancer pathology and underlying molecular mechanisms, which has significant importance in defining the right treatment for the right patient,” says Dr. Hirsch. “Dr. Yatabe has also shared his expertise to an IASLC scientist for lifetime scientific achievements in pathology-translational research of thoracic malignancies. Dr. Matthews was a Senior Investigator and Pathologist at the NCI Medical Oncology Branch. She is a pioneer in the foundation of the histologic subtypes of lung cancer and the relationship between those subtypes and the clinical course of lung cancer.”

The Merit Award is given to a member who has made an extraordinary contribution to the development of the Association. The Merit Award was the first IASLC Distinguished Award established and was presented in 1991.
Distinguished Awards
Continued from page 3

with the IASLC to help our efforts regarding guidelines for pathologic classification and molecular characterization of lung cancer tumors.”

Dr. Yatabe has served as Chair of the Pathology Committee (2015-2017); as an editor of two essential publications: IASLC Atlas on ALK and ROS1 Testing in Lung Cancer, and IASLC Atlas of PD-L1 Immunohistochemistry Testing in Lung Cancer; as a chapter author for the recent IASLC Atlas on EGFR Testing in Lung Cancer; as chapter editor of the 2015 WHO Classification of Tumors of Lung, Pleura, Thymus and Heart; and as a co-chair of the expert panel for the 2017 update to the College of American Pathologists/IASLC/Association for Molecular Pathology Molecular Testing Guideline.

In addition to the IASLC, Dr. Yatabe is a member of the Pulmonary Pathology Society, the United States and Canadian Academy of Pathology, the American Thoracic Society, and the American Association for Cancer Research. He also serves as a board member for several associations in his home country, including the Japanese Society of Pathology, the Japanese Association for Cancer Research, the Japanese Society of Clinical Cytology, and the Japan Lung Cancer Society. He is an editor for several journals, including the Journal of Thoracic Oncology.

Dr. Yatabe earned his medical degree from Tsukuba University, School of Medicine in 1991, and a PhD in pathology from Nagoya University in 1995. He was a Senior Pathologist at the Aichi Cancer Center Hospital and then completed a postdoctoral fellowship at the Norris Comprehensive Cancer Center, University of Southern California, Los Angeles, USA, before returning to the Aichi Cancer Center Hospital in 2000.

Ramón Rami-Porta
Merit Award

Dr. Rami-Porta was appointed this year as the Clinical Chief of the Department of Thoracic Surgery at Hospital Universitari Mutua Terrassa, in Terrassa (Barcelona), Spain. Prior to his appointment, he had been an attending thoracic surgeon at that institution for more than 25 years. He is also a Collaborating Professor of Thoracic Surgery at Escola Universitària Gimbernat, Autonomous University of Barcelona. His primary research interests are lung cancer staging and the surgical treatment of lung cancer.

A member of the IASLC since 1990, Dr. Rami-Porta joined the Staging and Prognostic Factors Committee in 1998 and is still a member of that committee, ending his term as chair in 2016. He considers his work on this committee to be his most important IASLC activity. Dr. Hirsch also considers this work to be paramount. “For many years, Dr. Rami-Porta has led IASLC’s effort to develop an internationally recognized and unified staging system for treatment decisions for patients with lung cancer. Correct staging is crucial for offering our patients appropriate, state-of-the-art treatment. It is a great honor for the IASLC to recognize Dr. Rami-Porta for leading this monumental work.”

As a member of the IASLC Lung Cancer Staging Project, Dr. Rami-Porta helped develop an international lung cancer database that is periodically updated with the registration of new data. This vital resource includes data from 70,967 evaluable patients with NSCLC and 6,189 with SCLC. Dr. Rami-Porta contributed to a series of original articles on the Staging Project that informed both the 7th and 8th editions of the TNM classification of lung cancer, published by the IASLC, the Union for International Cancer Control, and the American Joint Committee on Cancer last year. The updated classification also addresses specific changes in staging of mesothelioma, esophageal cancer, and, for the first time, thymic epithelial tumors. Dr. Rami-Porta served as Executive Editor of the second editions of the IASLC Staging Manual in Thoracic Oncology and the IASLC Staging Handbook in Thoracic Oncology, published in 2016. He has also worked tirelessly to educate thoracic oncologists about the changes to the classification and its clinical implications, with articles in the Journal of Thoracic Oncology; presentations at WCLCs; and a chapter in the IASLC Thoracic Oncology, 2nd edition, published earlier this year.

This year is Dr. Rami-Porta’s 12th consecutive WCLC, and he has participated as a speaker or session chair at each conference. He was the general secretary of the 2005 WCLC in Barcelona and will serve again as chair of the 2019 WCLC in Barcelona.

Dr. Rami-Porta graduated from Barcelona University Medical School and completed specialty training in thoracic surgery at the Jimenez Díaz Foundation, Madrid, Spain. During his residency, he also worked on a research project on malignant pleural effusion as part of earning his PhD from Autonomous University of Madrid. He received further training at several US institutions and, as a certified thoracic surgeon, was an overseas trainee at the National Cancer Center in Tokyo.

Join the WCLC Conversation

Stop by the Social Media Corner located on Level 3F of the conference center to send tweets and post images from WCLC 2017. A special backdrop is available in the conference center to send tweets and post images top by the Social Media Corner located on Level 3F of the conference center. Remember to use #WCLC2017 as the hashtag for your posts.
as the venue for WCLC 2017? Yokohama is a vibrant port city, only 30 minutes from central Tokyo and Haneda International Airport. Since its opening as an international shipping port in 1859, the city has been Japan’s window on the world and has played a leading role in the country’s modernization. Thus, WCLC 2017 delegates will be able to enjoy the city’s blend of tradition and an international outlook along with the hospitality of its citizens in a safe, comfortable environment. The cultural background of Yokohama makes this city innovative and creative. We think that these features and atmosphere are the best fit for the WCLC, as the progress of new therapies and novel understandings of lung cancer are achieved.

This year’s theme is “Synergy to Conquer Lung Cancer.” As such, we have made every effort to provide a robust and comprehensive program by broadly encompassing recent cutting-edge knowledge from basic research to current progress in prevention, screening, imaging, and novel therapies. We have developed educational sessions to meet the expectations of the broad range of our delegates, with more than 280 global experts as invited speakers and nearly 2,000 abstract presentations.

We are honored to have so many world-renowned experts who gladly agreed to present at WCLC 2017. Dr. Tasuku Honjo, who discovered PD-1, will deliver the keynote speech at Wednesday’s Plenary Session, “Immunology in Lung Cancer Update 2017.” Nanrei Yokota, Zen Master and Chief Abbot of the Engakuji School, will talk about oriental wisdom in the Mini Symposium, “Being Mortal: Learning from Zen” on Wednesday. We are also excited about the closing Plenary Session on Wednesday, at which senior leaders of the IASLC, Dr. Paul Bunn, Jr., Dr. Naga-hiro Saijo, and Dr. Giorgio Scagliotti, will present their viewpoints on the future of thoracic oncology, each from his geographic perspective. In addition, we intend to make the meeting more interactive by introducing a new session format, Grand Rounds, where typical case scenarios will be presented, followed by discussions/debates by the invited expert panelists and a question-and-answer session. We expect lively interactions between the speakers and attendees that mimic those in the real-world clinical setting.

Yokohama is known for its many attractions, including the futuristic Minato-Mirai complex, where PACIFICO Yokohama is located, Japan’s largest Chinatown, and Sankei-en, a traditional Japanese garden designated as a national scenic site. If you wish to experience more of Japan, the ancient capital of Kamakura, or beautiful Mount Fuji and the Hakone hot springs area are nearby.

Please enjoy the latest developments in lung cancer research and the fascinating Japanese culture of Yokohama.

JOIN THE DISCUSSION.
Maximizing Clinical Benefit from TKIs in the Treatment of Advanced NSCLC
16 October 12:45 – 14:15
Monday’s Plenary Session Highlights Challenges in the Prevention and Detection of Lung Cancer

By Cynthia L. Kryder, MS

lung cancer continues to be a major health problem around the world. Preventive strategies, in particular tobacco control, as well as early detection, are keys to reducing the global burden of lung cancer. Monday morning’s Plenary Session will provide an opportunity to hear a panel of experts discuss current issues in the prevention, screening, and management of screen-detected lung cancer.

Carolyn Dresler, MD, MPA, Associate Director for Medical & Health Sciences, US Food & Drug Administration, has been on the forefront of lung cancer prevention and tobacco cessation for decades. A recipient of the IASLC’s 2017 Joseph W. Cullen Prevention/Early Detection Award, Dr. Dresler will speak about the current status of smoking cessation programs and tobacco control programs in the United States. Most people who smoke want to quit, she notes. However, the popularity of electronic nicotine delivery systems (e-cigarettes) has led to a disturbing trend in the dual use of cigarettes and e-cigarettes. In the next few years, she expects to see a significant shift in the carcinogenic products that cause most lung cancers.

Claudia I. Henschke, PhD, MD, Professor of Radiology and Head of the Lung and Cardiac Screening Program at Mount Sinai Medical Center, New York, USA, leads the International Early Lung Cancer Action Program (I-ELCAP), a collaborative group of lung cancer experts. She will discuss major advances in screening computed tomography (CT) from a radiologist’s perspective. Dr. Henschke notes that refinements in the definition of positive results have allowed for improvements in the efficiency of workups. One of the major changes has been to update the size thresholds for positive results on CT from 4 to 6 mm and also to avoid rounding errors. Dr. Henschke will discuss radiomics, an emerging field of study on the quantitative processing and analysis of radiographic images and metadata to extract information on tumor behavior and patient survival.

Mary Reid, MSPH, PhD, Director of Cancer Screening and Survivorship at Roswell Park Cancer Institute, Buffalo, USA, will talk about the changing epidemiology in lung cancer, including the regional and socioeconomic disparities that exist. In addition to her work in epidemiology, Dr. Reid has worked to expand the Lung Cancer Screening Program at Roswell Park, where high-risk patients are screened with CT and a bronchoscopy that combines standard white light with autofluorescent imaging.

With the increased use of CT for early detection, the number of CT screen-detected early-stage, small (2 cm or less) lung cancers showing ground-glass opacity (GGO) is rising. Shun-ichi Watanabe, MD, Chief, Department of Thoracic Surgery, National Cancer Center Hospital, Tokyo, Japan, will discuss the feasibility of sublobar resection for the management of small peripheral tumors and its potential role in the future. “Since the clear evidence regarding the survival benefit of sublobar resection for patients with GGO tumors is lacking so far, lobectomy should be considered an appropriate therapy for patients with medically operable lung cancer at this point in time,” says Dr. Watanabe. “However, ongoing randomized trials will clearly define the role of sublobar resection for screen-detected early-stage GGO tumors in the near future.”

Welcome

Continued from page 1

ways to saddle and harness our biologic advances. As a result, hope has begun to conquer our previous therapeutic nihilism, but, in the process, the management of thoracic malignancy has grown more complex and nuanced. Keeping up with the latest advances and the most recent literature has become a major challenge. In addition, new issues have arisen, particularly those focused on the cost of care as well as the management of long-term complications.

The WCLC Daily News staff has created and continues to develop timely, cogent articles highlighting events at this meeting, with pithy summaries of some of the most important sessions and presentations. The WCLC Daily News will also enable you to stay up to speed regarding special symposia and IASLC honorees during the next 4 days.

Ultimately, even as we pursue new insights into science, we need to remember our sacred trust with our patients and our twin goals of extending longevity and preserving and improving quality of life.

To this end, I leave you with a poem I wrote in 2014 heading back from a lung cancer conference and since published in the University of Pennsylvania Medical School literary journal, Stylus.
Session Designed to Introduce IASLC and WCLC to Young Investigators and New Attendees

By Lori L. Alexander, MTPW, ELS, MWC®

Young investigators and others who are new to the WCLC and/or the IASLC are encouraged to gain advice from an international panel of more than 10 experts at a special session on Sunday.

Silvia Novello, MD, PhD, University of Turin, Turin, Italy, and a former IASLC Board member, will describe how the IASLC can benefit young investigators, focusing on educational as well as volunteer opportunities. Philip Bonomi, MD, Rush University Medical Center, Chicago, USA, will describe community versus academic oncology, and Navneet Singh, MD, DM, Postgraduate Institute of Medical Education and Research, Chandigarh, India, will talk about how to plan an academic career in lung cancer. Clinical trials will be the focus of two presentations, with new IASLC Board member Julie Brahmer, MD, Johns Hopkins University Sydney Kimmel Comprehensive Cancer Center, Baltimore, USA, providing a foundation on the topic and Daniel S. W. Tan, MBBS, MRCP, National Cancer Centre Singapore, discussing investigator-initiated trials.

The current and former editors of the Journal of Thoracic Oncology (JTO) are part of the panel. Alex Adjei, MD, PhD, Editor in Chief of JTO will offer suggestions about how young investigators can get their studies published, and James Jett, MD, National Jewish Health, Denver, USA, who previously served as Editor in Chief of JTO, will provide an overview of the journal manuscript cycle. Heather Wakelee, MD, Stanford University, Stanford, USA, will discuss how to write a grant application.

Three panel members will provide advice on how to get the most out of the WCLC. Suresh Senan, MRCP, FRCR, PhD, University Medical Center, Amsterdam, the Netherlands, who has attended several previous WCLCs, usually with one or more junior researchers from his institution, will highlight the opportunities for young clinicians and investigators at WCLC 2017. Takahiro Karasaki, MD, Graduate School of Medicine, The University of Tokyo, Japan, will describe his experience as the recipient of a Young Investigator Scholarship at WCLC 2016. In addition, Deepali Jain, MD, DNB, FIAC, All India Institute of Medical Sciences, New Delhi, India, will provide a guide for first-time attendees, focusing on her perspective as a relatively recent WCLC attendee.

“I will talk about my journey through the last two WCLCs, which will certainly guide new attendees and bring hope for them to learn better,” says Dr. Jain. “I am sure WCLC 2017 will be a great help for young investigators and first-time attendees to build and shape their careers in thoracic oncology.”

CT Screening for Lung Cancer Focus of Two Events on Saturday

By James L. Mulshine, MD; Nir Peled, MD, PhD; and John K. Field, MA, PhD, BDS, FRCPath

On Saturday, the IASLC hosted two all-day events to address the growing interest in the emerging field of low-dose computed tomography (CT) screening for lung cancer.

IASLC Symposium on the Advances in Lung Cancer CT Screening

This Symposium provided an in-depth review of core issues regarding the current status of lung cancer screening. Giulia Veronesi, MD, Humanitas Research Hospital, Milan, Italy, served as Chair of the Organizing Committee for the Symposium, which consisted of 16 interactive presentations by a distinguished faculty of internationally recognized experts. An important focus of the Symposium was a review of how related research areas, such as medical and surgical interventions and biomarkers, are intersecting with screening research and its evolving management. This format was extremely successful at last year’s Symposium at the WCLC, so there was strong interest in continuing this effort.

The speakers represented a wide array of professional perspectives on the current status of lung cancer screening, with a distinct emphasis on near-term innovations. Highlights of the first session of the Symposium included an overview of the current status of lung cancer screening in the United States and Europe. Claudia Henschke, PhD, MD, Mount Sinai Hospital, New York, USA, described some of her vast published research on optimizing the screening process, and Denis Horgan, Executive Director of the European Alliance for Personalised Medicine and member of the European Commission, discussed specific recommendations for screening that are being considered in Europe.

A panel discussion on current lung cancer screening guidelines was the focus of the second session, with panel members addressing the development of guidelines across the globe, including plans going forward in Japan. The topic of the third session was the role of early-detection biomarkers, beginning with an overview of the advances in biomarkers with respect to intervention pulmonaryology. Quality control continues to be an important focus of research and interest in the field of lung cancer screening, and Rick Avila, Accumetra, LLC, Scarsdale, USA, provided insight into what is required in this area. The final session included an in-depth
IASLC Travel Awards Aid Researchers Around the World

Annually, the IASLC offers Travel Awards to help researchers from developing nations and young investigators attend the WCLC. This year, the IASLC issued Developing Nation Awards to 20 researchers from 10 countries. In addition, 20 researchers from 13 countries received Young Investigator Scholarships. Two new travel awards this year were designated for researchers in the field of nursing and allied health (see related article on page 12).

Each award recipient submitted an abstract that was chosen for presentation and worked on the research with a senior author who is an IASLC member. The award includes complimentary registration to the conference, funds to cover up to 4 nights’ accommodation and travel expenses, and a 1-year membership in the IASLC.

As defined by the IASLC membership guidelines, developing nations correspond to the World Bank list of countries. Five Developing Nation Award recipients hail from China; three from India; two each from Brazil, Mexico, Thailand, and Turkey; and one each from Bangladesh, Myanmar, the Russian Federation, and Uzbekistan. Young investigators are defined as researchers age 35 years or younger.

The IASLC thanks AstraZeneca for sponsoring these awards.

2017 Developing Nation Award Recipients

**Bangladesh**
Sharif Ahmed, MBBS, MPhil
United Hospital Limited, Dhaka
“Hypotension—Evaluation of Prevalence in Hospitalized Lung Cancer Patients and Its Prognostic Significance”
Poster Session: P1.06
Monday, 9:30-16:00
Exhibit Hall (Hall B + C)

**Brazil**
Pedro Aguiar, Jr.
Faculty of Medicine of ABC, Santo André
“Cost-Effectiveness of Pembrolizumab as First-Line Therapy for Advanced Non-Small Cell Lung Cancer”
Poster Session: P2.07
Tuesday, 9:30-16:00
Exhibit Hall (Hall B + C)

**China**
Hengrui Liang, MD
The First Affiliated Hospital of Guangzhou Medical University; National Clinical Research Center for Respiratory Disease, China State Key Laboratory of Respiratory Disease, Guangzhou
“T790M Prevalence between 19 Deletions and L858R in NSCLC after EGFR-TKIs Therapy, a Meta-Analyses”
Mini Oral Session 12
Tuesday, 11:00-12:30
F205 + F206 (Annex Hall)

**India**
Akhil Kapoor, MD
Tata Memorial Hospital, Mumbai
“FISH and IHC Discordance in ALK Rearranged Non-Small Cell Lung Cancer”
Poster Session: P1.01
Monday, 9:30-16:00
Exhibit Hall (Hall B + C)

**Indonesia**
Lin Tong
Shanghai Respiratory Research Institute, Shanghai
“etDNA: Tumor-Derived DNA from Pleural Effusion Supernatant as a Promising Source for NGS-Based Mutation Profiling in Lung Cancer”
Mini Oral Session 20
Wednesday, 14:30-16:15
F205 + F206 (Annex Hall)

**Japan**
Dongsheng Yue
Tianjin Medical University Cancer Institute and Hospital, Tianjin
“Efficacy and Safety of Erlotinib vs Vincristine/Cisplatin as Adjunctive Therapy for Stage IIIA EGFR Mutant NSCLC Patients”
Oral Session 16
Wednesday, 14:30-16:15 | Room 315

**Mexico**
Feliciano Barron, MD
National Cancer Institute, Mexico City
“Risk of Developing Pneumonitis Increases in Patients Receiving Immunotherapy with a History of Lung Irradiation”
Poster Session: P3.14
Tuesday, 9:30-16:00
Exhibit Hall (Hall B + C)

**Myanmar**
Marisol Arroyo Hernandez, MD
National Cancer Institute, Mexico City
“Longitudinal Evaluation of Pulmonary Function in Patients with Advanced NSCLC Treated with Concurrent Chemo-Radiotherapy”
Mini Oral Session 20
Wednesday, 14:30-16:15
F205 + F206 (Annex Hall)

**Russian Federation**
Tatiana Ionova, PhD
Multinational Center for Quality of Life Research, Saint Petersburg
“Quality of Life and Clinical Outcomes of Nivolumab as 2+ Line Treatment in Advanced Refractory NSCLC Pts: Interim Analysis”
Poster Session: P2.12
Tuesday, 9:30-16:00
Exhibit Hall (Hall B + C)

**Thailand**
Apichat Tantraworasin, MD
Chiang Mai University, Chiang Mai
“Is Lobe-Specific Lymph Node Pathological Nodal Staging Adequate for Pathological Nodal Staging”
Oral Session 4
Monday, 15:45-17:30
Room 311 + 312
discussion on tobacco cessation in the CT screening setting by Jamie Ostroff, PhD, Director of the Tobacco Treatment Program at Memorial Sloan Kettering Cancer Center, New York, USA.

IASLC Supporting the Implementation of Quality Assured Global CT Screening Workshop

With the international research in lung cancer screening proceeding at a rapid pace, it was also important to continue the work of the IASLC Strategic Screening Advisory Council (IASLC-SSAC) with this Workshop. More than 25 speakers were featured in a series of six sessions on various aspects of lung cancer screening around the world. This offering of the Workshop was the fifth in a series with the following objectives: 1) provide the state-of-art methodology for undertaking lung cancer CT screening, 2) provide discussions and recommendations around implementation, which will have an impact on all health services, 3) develop a resource toolkit to support efforts to implement national screening based on current knowledge and international expectations, 4) propose recommendations to the IASLC Executive Committee regarding how it can best support leadership in this arena, and 5) produce a document outlining the summary status from the Workshop.

International experts discussed pivotal issues in the implementation of lung cancer screening across the globe, including how to successfully integrate smoking cessation into future screening programs and how to engage with high-risk populations. A major topic was the role of guidelines in the management of pulmonary nodules; this issue was discussed in earnest, as there are a number of international approaches. Sebastian Schmidt, Siemens Healthcare GmbH, Forchheim, Germany, provided a glimpse into the future with his discussion of the next generation of CT scanners, in which he described exciting opportunities for lung cancer screening research.

A new session in this year's Workshop focused on the concept of collaboration in future CT screening programs, including quality control, integrated radiology, and potential new biomarkers, as well as integration with chronic obstructive pulmonary disease and surgical practice.

Lung cancer CT screening has already been implemented in the United States, but many other nations are seriously considering moving forward with screening as well; thus, it was valuable to hear about the current plans and possibilities in Japan, Canada, Australia, and the European Union, as well as the latest update on the NELSON trial in the Netherlands.

The final session offered the opportunity for Workshop participants to discuss the priorities and recommendations in lung cancer screening that should be considered and implemented by the IASLC Executive Committee.

CT Screening
Continued from page 7
Lectureship Awards Recognize High-ranking Abstracts in Key Research Areas

The IASLC recognized seven investigators with 2017 Lectureship Awards for their high-ranking abstracts in select areas of lung cancer research. Six of these awards are named after IASLC members who have been leaders in the areas of pathology, surgery, small cell lung cancer, medical oncology, and staging. New this year is a Lectureship Award in the field of nursing and allied health (see page 12). The winners will receive their awards before delivering their presentations in Oral Abstract Sessions.

Adi Gazdar Lectureship Award (Translational Research)

Adi Gazdar, MD, is the W. Ray Wallace Distinguished Chair, Molecular Oncology Research, Hamon Center for Therapeutic Oncology, Pathology, UT Southwestern Medical Center, Dallas, USA. As Head of the Tumor Cell Biology Section at the National Cancer Institute (NCI), Bethesda, USA, Dr. Gazdar collected, catalogued, and analyzed more than 2,200 human cancer specimens, mostly lung cancers and lymphomas. The IASLC honored him with the Mary Matthews Pathology Award in 2003.

2017 Recipient: Katey Enfield, PhD
British Columbia Cancer Research Centre, Vancouver, Canada
“Inhibition of the Novel Oncogene ELF3 Abolishes Lung Adenocarcinoma Growth”
Oral Session 7 | Monday, 15:45-17:30 | Room 503

“It is exciting to discover an oncogene that is activated in a large proportion of lung adenocarcinomas, as many other oncoproteins or drug targets are only present in small subsets of patients,” says Dr. Enfield. “The requirement of its expression for tumor growth indicates its potential as a therapeutic target for the 70% of lung adenocarcinoma cases that overexpress this oncogene.” She adds, “Having interacted with Dr. Gazdar during my studies, it is an honor to receive this award. This recognition has further encouraged me to continue to pursue a career in research.”

Dr. Enfield also received a Young Investigator Scholarship for this abstract (see page 12).

Robert Ginsberg Lectureship Award (Surgery)

Robert J. Ginsberg, MD, was a leading thoracic surgeon and founding member of the General Thoracic Surgical Club. Dr. Ginsberg served as Chief of Thoracic Surgery at Toronto Western Hospital, Canada; Memorial Sloan Kettering Cancer Center, New York, USA; and University of Toronto, Canada. He received the IASLC Scientific Award in 1994. Sadly, Dr. Ginsberg died of lung cancer in 2003.

2017 Recipient: Francesco Guerrera, MD
University of Turin, Turin, Italy
“Risk of Recurrence in Stage I Adenocarcinoma of the Lung: A Multi-Institutional Study on Interaction with Type of Surgery and Type of Nodal Staging”
Oral Session 16 | Wednesday, 14:30-16:15 | Room 315

“Our study emphasizes the lack of certainty about the role of sublobar resection and less aggressive nodal management strategies in early-stage lung cancer,” says Dr. Guerrera. “Furthermore, it indicates that future evidence is needed before these two approaches will be correctly included in routine clinical practice.” Dr. Guerrera notes that it is a privilege to be selected for this Lectureship Award. “I hope our results encourage future research to define optimal management for early-stage lung cancer.”

Dr. Guerrera also received a Young Investigator Scholarship for this abstract (see page 12).

Heine Hansen Lectureship Award (Small Cell Lung Cancer)

Heine H. Hansen was a founding member of the IASLC and served as President (1988-1991) as well as Executive Director (1994-2003). He was awarded the IASLC Merit Award in 1997. His lifelong clinical interest was the treatment of small cell lung cancer. He died in 2011.

2017 Recipient: Taofeek Owonikoko, MD, PhD
Emory University, Winship Cancer Institute, Atlanta, USA
“Exploratory Analysis for Predictors of Benefit of PARP Inhibitor Therapy in Extensive Stage Small Cell Lung Cancer: ECOG-ACRIN 2511 Study”
Oral Session 8 | Tuesday, 11:00-12:30 | Room 311 + 312

“Our study demonstrated the promise of PARP, a validated target of anticancer therapy, in an unselected patient population,” says Dr. Owonikoko. “This post-hoc analysis to identify predictive clinical and correlative biomarkers will further aid our effort to properly position this therapeutic strategy.” He adds, “The Heine Hansen Lectureship Award is a great honor that validates one’s commitment to the field of thoracic oncology and provides an impetus to do more. The award is particularly of great impact beyond the recipient because it draws attention to the need for a significant number of young investigators to devote their career to the study of small cell lung cancer.”

Dan Ihde Lectureship Award (Medical Oncology)

The award is named after Daniel C. Ihde, MD, who served as Deputy Director of the NCI, Bethesda, USA, followed by appointments at Washington University School of Medicine, St. Louis, USA, and at H. Lee Moffitt Cancer Center, Tampa, USA. Dr. Ihde was one of the first oncologists to show that combination therapy could help people with small cell lung cancer, and he was honored with the IASLC Scientific Award in 1997. Dr. Ihde died in 2004.

2017 Recipient: Dirk De Ruysscher, MD, PhD
MAAstrom Clinic, Maastricht University Medical Centre, Maastricht, the Netherlands
“Toxicity Results from the Randomized Phase III NVALT-11 Study of Prophylactic Cranial Irradiation vs. Observation in Stage III NSCLC”
Mini Oral Session 17 | Tuesday, 15:45-17:30 | F203 + F204 ( Annex Hall)

“This randomized study has symptomatic brain metastases as the primary endpoint, which is a patient-centered outcome,
in contrast to the incidence of brain metastases on imaging,” notes Dr. De Ruyscher. “We found that [prophylactic cranial irradiation] PCI-related symptoms were mainly grade 1 or 2 memory and cognitive disturbances and fatigue. Grade 3 or 4 toxicities were rare, and quality of life was only temporarily affected by PCI.” He adds that he is delighted to receive this award, as “it is a recognition of the importance and the quality of the Dutch multicentric and multidisciplinary groups NVALT [Dutch Association of Chest Physicians] and DLCRG [Dutch Lung Cancer Research Group].”

Clifton Mountain Lectureship Award (Staging)

Clifton F. Mountain, MD, a founding member of the IASLC, served as President in 1977-1978 and led the plans for the first WCLC in 1978. He was the recipient of the first IASLC Merit Award in 1991. Dr. Mountain contributed significantly to the TNM staging system, particularly in NSCLC. Dr. Mountain died in 2007.

2017 Recipient: Herbert Decaluwé, MD
University Hospitals Leuven, Leuven, Belgium

“Mediastinal Staging by Videomediastinoscopy in Clinical N1 Non-Small Cell Lung Cancer: A Prospective Multicentre Study”
Oral Session 16 | Wednesday, 14:30-16:15 | Room 315

“In one-fourth of patients with clinical N1 NSCLC (negative mediastinum on PET-CT), mediastinal nodal disease is found,” says Dr. Decaluwé. “We aimed to give prospectively gathered information on the performance of invasive mediastinal staging strategies in this subset of patients.” He adds, “It is a privilege to receive this Lectureship Award named after Dr. Clifton Mountain, a great inspiration for researchers working on lung cancer staging.”

Tsuguo Naruke Lectureship Award (Surgery)

Tsuguo Naruke introduced the concept of lymph node mapping, and his work was the foundation for the classification of regional lymph node stations by the American Joint Committee on Cancer and the Union for International Cancer Control. Working in the Department of Thoracic Surgery, Saiseikai Central Hospital, Tokyo, Japan, Dr. Naruke also participated in studies of video-assisted thoracic surgery in lung cancer. He died in 2006.

2017 Recipient: Matthew Smeltzer, MStat, PhD
University of Memphis, Memphis, USA

“Thoroughness of Staging and the Outcomes of Surgical Resection in Potentially Curable Non-Small Cell Lung Cancer (NSCLC)”
Oral Session 15 | Wednesday, 14:30-16:15 | Room 303 + 304

“We systematically evaluated the thoroughness of staging in a population-based surgical resection cohort,” explains Dr. Smeltzer. “The thoroughness of staging was associated with adjuvant therapy eligibility and use and survival. A less thorough approach to staging may lead to less nodal upstaging and lower eligibility for adjuvant therapy, which could have implications for long-term survival.” He adds, “It is a great honor to receive this award on behalf of our team. Dr. Naruke was a pioneer in our field. His contributions to the lymph node station classifications laid groundwork for much of our team’s research, making this award especially meaningful.”

Nursing and Allied Health

The Nursing and Allied Health Lectureship Award was established this year to reward scientific excellence and encourage innovative research in lung cancer care within the nursing and allied health disciplines. The lectureship award recognizes excellence in the practice, science, and art of nursing and allied health, with outstanding professional contributions in the areas of clinical care, research, or education/academia.

2017 Recipient: Morten Quist, PhD
University Hospital of Copenhagen, Rigshospitalet, Denmark

“Exercise Improves Functional Capacity in Patients with Advance Stage Lung Cancer”
Oral Session 11 | Wednesday, 11:00-12:30 | Room 313 + 314

“This study is the first and largest, to my knowledge, that shows that patients with advanced stage lung cancer can improve their functional capacity and quality of life by training,” says Dr. Quist. “The findings send a clear signal to change our attitude toward patients with advanced lung cancer; we have to encourage them to be active instead of approving them to be sedentary.” He adds, “I have dedicated most of my research to showing that patients with advanced stage lung cancer need to be treated like all other patients. It really means a lot for me to get this award so I can continue persuading doctors and caregivers to promote physical activity.”

Visit the Exhibit Hall

The Exhibit Hall (Hall B + C) will be open Monday, Tuesday, and Wednesday, 9:30-16:00.

All delegates are encouraged to visit with exhibitors to learn about the newest products in lung cancer practice and research as well as talk with publishers and representatives from lung cancer-related nonprofit associations.

Among the features of the Exhibit Hall are Delegate Lounges, for networking with colleagues, friends, or clients; Internet Stations, for staying up to date online; and Charging Stations, for charging mobile devices and laptops. Food and drink, including barista coffee, are available throughout the open hours.

Also, more than 500 posters will be on display each day. Poster presenters will be available to discuss their studies each morning, 10:00-10:45, and each afternoon, 14:30-15:30.
IASLCS’s Continued Commitment to Nursing and Allied Health Professionals

The IASLC has expanded its Board of Directors and Travel Awards program as part of its ongoing commitment to nurses and allied health professionals as vital members of the lung cancer care team. A Board position has been added to provide representation from the nursing and allied health field, and new Developing Nation and Lectureship awards have been established to recognize excellence in this discipline.

Anne Fraser, MA, PhD candidate, an oncology nurse practitioner at Cancer and Blood Directorate, Auckland Hospital, Auckland, New Zealand, officially joins the IASLC Board at the Business Meeting. Ms. Fraser has served as the Chair of the IASLC Nursing and Allied Health Committee and as the Nursing and Allied Health Professionals representative on the IASLC Education Committee.

New this year are two Travel Awards designated for young researchers within the nursing and allied health discipline (see page 74). “We wanted to reward scientific excellence and encourage innovative research in lung cancer care,” says Ms. Fraser. Applications are evaluated by an international scientific review panel for their merit, innovation, and potential impact on the reduction and management of lung cancer.

In addition, the IASLC’s Lectureship Awards now include an award for the highest-ranked abstract in the nursing and allied health field (see page 11). “All of these awards recognize excellence in the practice, science, and art of nursing and allied health, with outstanding professional contributions in the areas of clinical care, research, or education/academia,” says Ms. Fraser.
EGFR M+ NSCLC

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Giotrif®: Irreversible ErbB family blocker. Active substance: Afatinib. Indications: Giotrif® is indicated as monotherapy for (1) patients with locally advanced or metastatic NSCLC with activating EGFR mutations not previously treated with EGFR TKIs, (2) patients with NSCLC of squamous histology progressing on or after platinum-based chemotherapy. Posology: The recommended dose is 40 mg once daily, orally. Not recommended in patients with an eGFR <15ml/min and severe hepatic impairment. Contraindications: Hypersensitivity to afatinib or any of the excipients. Interactions: Potent P-gp inhibitors may lead to increased afatinib exposure, concomitant treatment with potent P-gp inducers may lead to a reduction in afatinib exposure. Afatinib is not an inhibitor or inducer of CYP enzymes. Undesirable effects: Paronychia, cystitis, decreased appetite, dehydration, hypokalaemia, dysgeusia, conjunctivitis, dry eye, epistaxis, rhinorrhea, dianthrose, astomatis, nausea, vomiting, cheilitis, dyspepsia, alanine aminotransferase increased, aspartate aminotransferase increased, rash, acniform dermatitis, pruritus, dry skin, palmar-planter erythrodysaesthesia syndrome, nail disorders, Stevens-Johnson syndrome, toxic epidermal necrolysis, muscle spasms, renal impairment/realt failure, pyrexia, weight decreased, interstitial lung disease, keratitis, panarteritis.

Supply classification: POM. This medicine is subject to additional monitoring.

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Mini Oral Session 12
Tuesday, 11:00-12:30
F205 + F206 (Annex Hall)

Alexandre Reuben, PhD
University of Texas MD Anderson Cancer Center, Houston, USA

“Immune, Molecular, and T Cell Repertoire Landscape of 235 Resected Non-Small Cell Lung Cancers and Paired Normal Lung Tissues”
Oral Session 13
Wednesday, 11:00-12:30
Room 301 + 302

Sara Ricciardi
Division of Thoracic Surgery, University Hospital of Pisa, Pisa, Italy

“Skip N2, an Independent Prognostic Factor of Survival: Analysis of a Favourable N2 Subgroup”
Mini Oral Session 17
Tuesday, 15:45-17:30
F203 + F204 (Annex Hall)

Katharine See
Royal Melbourne Hospital, Parkville, Victoria, Australia

“Impact of Lung Cancer Perceived Risk, Screening Eligibility, and Worry on LDCT Screening Preference—Challenges for Engaging Patients at High Risk”
Mini Oral Session 15
Tuesday, 15:45-17:30
F205 + F206 (Annex Hall)

Michael Sharpnack
The Ohio State University Comprehensive Cancer Center, Columbus, USA

“The Landscape of Alteration of DNA Integrity-Related Genes and Their Association with Tumor Mutation Burden in Non-Small Cell Lung Cancer”
Oral Session 18
Wednesday, 14:30-16:15 | Room 316

Yaakov Tolwin
Tel Aviv University, Tel Aviv, Israel

“High Incidence of Lung Cancer in Early Stage TCC Patients”
Mini Oral Session 19
Wednesday, 11:00-12:30 | Room 315
The IASLC is proud to announce the launch of the IASLC Academy. The Academy joins other IASLC award programs that offer free access to the WCLC for promising young researchers. The goals of the Academy are to help educate a new class of “rising star” thoracic specialists, increase career success for junior specialists, and promote the multidisciplinary management of thoracic malignancies.

“The Academy is an important opportunity for the IASLC to reaffirm its leadership in the field of lung cancer, by providing a relevant opportunity for young specialists devoted to the treatment of thoracic malignancy,” says Federico Cappuzzo, MD, Ospedale Civile, Livorno, Italy, who serves as Chair of the IASLC Education Committee.

The award program is open to graduates from accredited medical schools who have experience working as medical oncologists, radiation oncologists, pulmonologists, thoracic surgeons, pathologists, or radiologists. The specialists chosen for the Academy receive full registration, travel, and accommodation for the 2017 and 2018 WCLCs. The IASLC Education Committee reviewed this year’s eligible submissions and selected 13 members of the inaugural class of the IASLC Academy.

Dr. Cappuzzo notes that the Academy format differs from that of other ‘classical’ educational events in that it provides participants with an update on clinical data as well as offers an opportunity for them to enhance their career development in other ways. “Participants will stay for 2 days with some of the most important IASLC key opinion leaders, discussing and analyzing with them different aspects of thoracic cancers and learning how to analyze and interpret data, how to write and present a paper, and how to interact with other specialists in a multidisciplinary team.”

The recipients represent several countries in Europe, Asia, and Africa, as well as Australia, Canada, and the United States. The IASLC Academy Welcomes First Class

IASLC Academy Winners

Medical Oncology
Surein Arulandana, MBBS, BMedSc, FRACP
Olivia Newton-John Cancer Research Institute, Victoria, Australia

Marta Honorio, MD
Hospital Prof. Doutor Fernando Fonseca, Lisbon, Portugal

Jessica Lin, MD
Dana-Farber Cancer Institute/ Massachusetts General Hospital, Boston, USA

Tan Ling, MD
National Cancer Centre Singapore, Singapore

Francesco Passiglia, MD
Palermo University Hospital, Palermo, Italy

Radiation Oncology
Benjamin Lok, MD
Princess Margaret Cancer Centre, Toronto, Canada

Clinical Oncology and Nuclear Medicine
Ahmed Badawy, MBBch
Alexandria University, Alexandria, Egypt

Hematology/Oncology
Jennifer Lewis, MD, MS
Vanderbilt University School of Medicine, Nashville, USA

Erin Schenk, MD
Mayo Clinic, Rochester, USA

Pulmonology
Deebya Mishra, MD, DM
B P Koirala Institute of Health Sciences, Dharan, Nepal

IASLC Academy Travel Awards, Continued from page 13

Nursing and Allied Health

Zhi Xuan Lin
Chi Mei Medical Center, Liouyng, Taiwan
“Longitudinal Studies of Quality of Life in Advanced Non-Small Cell Lung Cancer Patients Undergoing First-Line Target Therapy”

“Averse Events After First-Line Target Therapy for Non-Small Cell Lung Cancer Patients in a Case Management Model”

Laerke Winther
University of Copenhagen, Copenhagen, Denmark
“The Deterioration and Prognostic Value of Functional Capacity in Patients with Lung Cancer: A Systematic Review”

Be Sure Your Badge Is Scanned!

It is easy for WCLC delegates to earn continuing medical education (CME) credit for participating in conference sessions. Room monitors at the entrance of each WCLC session will scan delegates’ badges; physicians must have their badge scanned to receive CME credit for the session. After the conference, all delegates will receive an electronic evaluation form by e-mail; delegates who wish to receive CME credit must complete the online evaluation form and can then print or save a CME certificate. CME credit will be provided only for the sessions for which the delegate’s badge was scanned. WCLC 2017 provides a maximum of 21.0 AMA PRA Category 1 Credits™. The IASLC has been accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide CME for physicians since 2014.
A variety of activities awaits you in Yokohama, both day and night. Take a walk after sunset to enjoy the stunning nightscapes of Yokohama’s illuminated historic buildings or snap a photo at Cosmoworld with the giant ferris wheel, a prominent landmark of the city’s skyline. To make the most of your time in Yokohama, visit the Yokohama Official Visitors’ Guide at http://www.yokohamajapan.com/.

**Dining**

With its diverse culinary traditions, Yokohama features restaurants for every palate. The Noge shopping avenue in Chinatown is lined with izakaya, informal gastropubs, taverns, and karaoke bars, where you can sample sake and traditional Japanese-style skewered chicken known as yakitori. If you prefer continental cuisine, dine at the Tower Restaurant, situated on the fourth floor of the Yokohama Marine Tower; you’ll enjoy stunning views of the seaport. You’ll also find cafes serving ramen and okonomiyaki, a savory Japanese pancake, close to Yokohama Station, the main terminal train station located in the Nishi Ward in the central part of Yokohama. If you’re in the mood to mix food with history, head to the Shin-Yokohama Raumen Museum, where you can taste a variety of ramen while learning about its history.

**Art and Culture**

**Yokohama Museum of Art**
http://yokohama.art.museum/eng/

View more than 9,700 pieces of art, including works by late 19th century surrealist artists such as Dali and Ernst, along with a fine collection of photo art.

**Yokohama Silk Museum**

The Silk Museum includes exhibits about the history of the silk trade in Japan, as well as displays highlighting the science and technology of silk production. Don’t miss the museum’s collection of silk kimonos, costumes, and other clothing crafts.

**Nature**

**Yamashita Park**

Yokohama’s most well-known waterfront park in Kannai sits adjacent to the ship Hikawa Maru and the Yokohama Marine Tower, the tallest inland lighthouse in the world. The illuminated view from the park in the evening is designated as a “Japan Heritage Night View.”

**Sankei-en Garden**

Stroll through this traditional Japanese-style garden and enjoy a cup of tea at the former home of wealthy silk merchant, Tomitaro Sankei. The garden features several historic buildings brought here from locations all over Japan, including a three-storied pagoda originally built in Kyoto in the mid-1400s.

**Shopping**

**Yokohama Red Brick Warehouse**

The Yokohama Red Brick Warehouse comprises two historic buildings that were transformed into a variety of cafes, restaurants, and boutique retail shops. Seasonal events and outdoor performances take place here throughout the year, including Oktoberfest, which ends today, October 15.

**Yokohama Landmark Tower**

Shop for souvenirs at this 296-meter skyscraper, home to the Sky Garden, Japan’s highest observation deck on the 69th floor. The observatory provides a 360-degree, panoramic view of Yokohama city, the Yokohama Bay Bridge, and, on clear days, the Tokyo Tower and Mount Fuji.

**Yokohama Minato Mirai Manyo Club**
http://www.manyo.co.jp/mm21/eng/

Indulge yourself with a massage at this all-in-one facility that features a variety of hot springs baths, saunas, foot spas, and a beauty salon.

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*By Cynthia L. Kryder, MS*
Join us at the IASLC Booth in the Exhibit Hall

Booth # 2404

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IASLC 19th World Conference on Lung Cancer
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Upcoming IASLC meetings including the IASLC 19th World Conference on Lung Cancer in Toronto, Canada September 23–26, 2018

The IASLC Foundation and how you can help support the education of fellow and young investigators

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