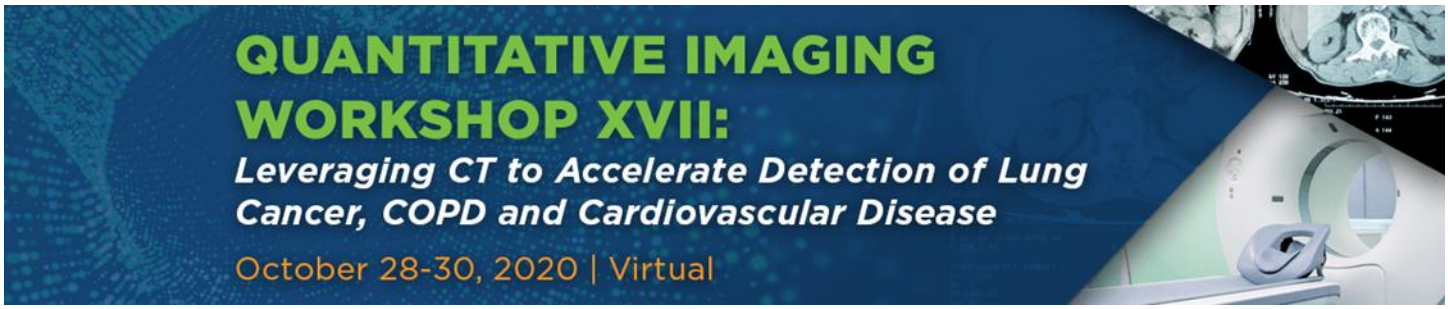

Breakout 2: Approach to Advancing Combined Modality Therapy for Early Stage Screen-Detected Disease—Adjuvant/Neoadjuvant Therapy

- With success with early stage trials and the increasing frequency of Stage IA cancer detected with thoracic CT, is it time to re-consider combined modality (adjuvant therapy) for Stage 1A lung cancer?
- How effective should the drug be to justify such an additional intervention?
- What is the threshold safety profile for a drug to be considered for adjuvant administration to a Stage IA cohort?
- What specific type of drugs are most promising in the adjuvant or neoadjuvant setting and why?
- Can you comment on your thoughts regarding the relative advantage of adjuvant versus neoadjuvant drug therapy approaches with early stage lung cancer patients?
- What are the most reliable ways to predict lung cancer recurrence in screen detected Stage I lung cancer patients? Can that approach select “high risk” Stage 1A candidates for adjuvant therapy?
- Can basket trials accelerate the speed of evaluating agents for benefit in adjuvant and/or neoadjuvant trials? What have been the critical lessons learned from previous basket trials?
- Historically, accruing highly curable stage I participants to experimental drug trials has been challenging. What approach would you suggest to ensure robust participations in the proposed early stage disease trials.
- With screen-identified lung cancer, most people experience favorable long-term outcomes. What is reasonable for a clinician to discuss with a surgical candidate relative to the contribution of experimental chemotherapy in terms of enhancing curability?
- How can one minimize trial-related surgical management delays for screen-detected lung cancer patients? Is there an approach to trial recruitment in this setting that has proven to be more successful?
- In the adjuvant or neoadjuvant setting, what is the level of drug-related toxicity that is reasonable to consider? Are there low toxicity drug candidates that should be tested in this setting? Are there candidate drugs that are too toxic to consider for adjuvant therapy?