00:45:38	Richard A:	Any research long term efficacy of Keytruda, I am NED 2 years, DX 3 years ago, only treatment, having difficulty stopping infusions with minimal side effects. onc leaving it up to me
00:49:29	*Dr. Isabel Preeshagul:	Great question Richard. There is data regarding de-escalation, or stopping IO in the stage IV setting if there have been stable findings or NED after 2 years of therapy. Of course its a personal decision. I often advise in addition to CT CAP with con, I offer PET and MR brain just to ensure we really have excellent disease control. Of course its a personal decision.
00:53:37	Aubrey Rhodes:	Approx. 260 or so have been enrolled in the LCMC4 Leader Study. Steady progress!
00:54:23	Judy G:	Any chance there can be a move away from whack-a-mole treatments towards those of longer durability, even curative possibilities, for biomarker driven LC, eg, EGFR?
00:56:24	Tammy Swan:	Is there a trial for vaccine for those with a targetable mutation and no PDL1 such as EGFR?
00:57:57	Dr. Cynthia Turner:	My sister died from stage IV non small cell lung cancer in 2011. Is there any movement toward testing for this disease as a part of the physical examination to catch it in its early stages?
00:58:34	L Floyd:	Are we going to see a greater role for surgery in stage 4 (i.e. oligometastatic disease).
00:59:23	*Dr. Isabel Preeshagul:	Judy- wonderful question and something i ask myself frequently- We strive for long durable diffuse responses, however commonly, resistance mechanisms develop and often present oligoprogressive sites. To maintain the same line of treatment, we offer local therapy options RT, ablation, resection etc. to extend the lifespan of that line of treatment.
01:00:20	*Dr. Isabel Preeshagul:	regarding vaccine studies - at this time nothing ready for prime time for those with NSCLC harboring driver alterations but it is being explored.
01:01:47	*Dr. Isabel Preeshagul:	Dr Turner I am so sorry for your loss. While there is a lot of interest in this space, we do not yet have approval for CT screening for pts that do not meet

		criteria. I remain hopeful that this will change, but not fast enough
01:02:12	*Dr. Isabel Preeshagul:	I will leave role for surgery for Dr Stiles after his talk!
01:02:52	J.S:	Are there any biomarkers in the pre-cancerous space to better manage lung nodules?
01:04:48	Christine C:	Thank you for the work you are all doing in sharing information with us
01:05:39	Glenna R:	I am on an ADC-Enhertu for Her2+ stage 4 nsclc, and it has saved my life. My original masses are now non detectable, including the 9cm primary tumor. With very few side effects. A big thanks to all the doctors, researchers who work hard on finding new treatments, and the patients who enroll in clinical trials.
01:09:18	Yariswamy:	https://pubmed.ncbi.nlm.nih.gov/35417204/
01:10:11	Yariswamy:	This is one of our papers on utilizing circulating tumor cells in screening. But we need to expand this in multi center settings
01:10:25	Tammy S:	At a certain age, ALL women have access to a mammogram, will that ever happen for all people with lungs? (Having access to a car scan)
01:11:03	Kim F:	Wondering why it's a tough sell to screen everyone for lung cancer when we screen everyone for breast and colon (age-based)
01:13:21	Tammy S:	Yes, and colon and breast cancer have much more funding...it will take too long to get that data
01:14:42	Robert:	the challenge of non smoker screening is that there may be multiple risk factors that may predispose to EGFR NSCLC.
01:21:02	Stuart R:	thank you Dr Stiles....
01:22:26	Aubrey Rhodes:	Many thanks to Colleen for founding LCRF's Research Advocate program to ensure the patient voice is incorporated into the research funding decisions that we make.
01:23:11	*Dr. Isabel Preeshagul:	Colleen you are INCREDIBLE!!!
01:23:11	Dhru Deb:	Thank you Colleen!
01:23:54	Antoinette Wozniak:	Wonderful as usual

01:25:15	L Floyd:	What are your thoughts on patient advocate programs that require lengthy applications including reference letters, research proposals, etc. Is this helping to get more substantial input from patients, or limiting the patients who can participate to the healthiest and most educated/privileged?
01:26:05	Bev M:	as more LC patients get involved in research, it would be wonderful to hear the patient voice along with the scientific researcher, presenting results
01:28:21	L Floyd:	Like at conferences or the STARS PRA
01:28:52	Tammy S:	The STARS program does. I looked into it and it was too much. I was screened out.
01:44:18	JM:	Do you think the VeriStrat test is helpful in predicting response?
01:53:26	JM:	are any immunotherapies approved for stage one post surgery?
01:55:35	Tammy S:	Thank you Dr, Borghaei! Though I have EGFR and don't qualify for IO, this was Very informative.
01:56:05	*Dr. Isabel Preeshagul:	adjuvant IO is approved in the early stage setting. It can be discussed for resected stageIB- IIIA
01:57:41	*Dr. Isabel Preeshagul:	I should explain for those on the chat, adjuvant= treatment post surgery
02:07:28	Dr. Cynthia Turner:	I've enjoyed the session. Thanks for all the updates. One day we will have 10,000 at our walks. I have to log off but THANKS FOR ALL YOUR HARD WORK!!
02:07:46	Kim F:	Do the treatment options and breakthroughs for SCLC being talked about also apply to small-cell transformation?
02:07:47	Dhru Deb:	Dr. Carl Gay in this photo is a current LCRF-funded grantee! This shows Dr. Byers has been an amazing mentor to help her mentees succeed in their research careers
02:09:44	user:	Very informative talks on lung cancer research. I have benefitted a lot.
02:11:30	*Dr. Isabel Preeshagul:	great questions Kim-patients with small cell transformation is somewhat of a different disease than denovo small cell lung cancer. We tend to still

		hold off on IO for patients that are In this unfortunate situation. While we do offer platinum etoposide, after that, next option is typically a taxane based regimen. I agree and more work needs to be done in this space.
02:17:13	Robert:	how impactful do you think AI will be accelerating this collaboration
02:32:48	Tammy S:	Why doesn't the standard of care try to get ahead of LMD by monitoring CSF??
02:33:35	Kim F:	Biomarker testing of CSF is not widely available. Can you speak to what's on the horizon to make this more standard?
02:34:13	Tammy S:	For patients with metastasis with dural involvement, what can be done to mitigate the risk of LMD?
02:35:03	Robert:	do you think contrast mri is sensitive enough for following leptomeningeal disease
02:36:15	*Colleen Conner Ziegler:	Much needed research - thank you research with LMD
02:38:27	*Dr. Isabel Preeshagul:	Robert - MR brain and MR TS can pick up on presence of LMD or identify findings that may elude to LMD, however the gold standard is always to evaluate CSF for presents of circulating tumor cells
02:38:48	*Dr. Isabel Preeshagul:	MR TS = MR total spine
02:38:53	Tammy S:	Would you consider WBR for dural metastasis?
02:41:11	*Dr. Isabel Preeshagul:	Tammy - I think that is a challenging question and may depend on symptoms, extent of dural enhancement and may be best answered by radiation oncology, however I do think that typically we try to add systemic therapy that has better penetration past the blood brain barrier and reserve WBRT (whole brain RT) for those who develop more extensive brain mets.
02:42:37	*Dr. Isabel Preeshagul:	There is also a treatment some radiation oncology centers offer known as proton craniospinal radiation or pCSI and has show good efficacy for LMD however it is quite challenging and really requires a radiation oncologist at a center that offers protons to discuss pros and cons

02:58:37	*Colleen Conner Ziegler:	Very insightful presentation. My experience includes in person and Telehealth palliative care and I have found them both to be equally beneficial
03:00:05	VHACINBosseK:	How much interaction with Survivorship and palliative care visits if palliative care enroll from time of diagnosis.
03:01:51	Tammy S:	(Replying to "There is also a trea...") Thank you for your response. I wonder if this has been attempted as an adjuvant treatment after craniotomy to prevent LMD progression.
03:03:30	*Colleen Conner Ziegler:	(Replying to "There is also a trea...") Thank you, Dr. Greer. It is so nice to “see” you today. Wondering who is the colleague you just referenced regarding survivorship and palliative care
03:08:05	*Dr. Isabel Preeshagul:	I think it’s an interesting idea Tammy, similar to PCI (prophylactic cranial irradiation for limited stage small cell) however even though data supports that, not all use it in practice as PCI is challenging in itself. pCSI is very intense its essentially whole brain and whole spinal cord radiation and not sure we have data to support that as a preventative measure at this time.
03:08:22	*Joe Greer:	(Replying to "There is also a trea...") Laura Petrillo, MD at MGH
03:14:20	*Joe Greer:	(Replying to "There is also a trea...") Thank you so much, Colleen. Here is a link to a paper that we wrote with Dr. Petrillo that talks about the intersection between survivorship and palliative care: link
03:14:22	Reena P:	Can KRAS resistance evolve to Adenocarcinoma with no targeted/known mutations?
03:15:46	*Dr. Isabel Preeshagul:	thank you Reena - KRAS is a gene that can mutate.
03:16:11	*Dr. Isabel Preeshagul:	adenocarcinoma is the histologic type of lung cancer.
03:17:19	*Dr. Isabel Preeshagul:	KRAS does not lead to adenocarcinoma. if you have NSCLC harboring a KRAS alteration and develop resistance to KRAS therapy, its important as Dr Awad has mentioned to rebiopsy and send liquid biopsy to evaluate for possible resistance alterations to help guide next steps

03:19:05	Robert:	do EGFR and KRAS occur simultaneously and thus require 2 TKIs to treat to overcome resistance
03:23:32	*Mark Awad:	Thank you so much for joining tonight! Please don't hesitate to reach out if I can help with anything: awadm3@mskcc.org
03:25:58	*Mark Awad:	SPARK protocol for studying KRAS resistance: https://go2.org/blog/new-study-to-understand-why-cancers-progress-after-using-kras-inhibitors/
03:26:39	Tammy S:	(Replying to "There is also a trea...") Thank you so much!
03:26:42	Aubrey Rhodes:	Really fantastic presentations tonight. Thank you!
03:27:20	*Dr. Isabel Preeshagul:	wonderful job all!!!
03:27:21	VHACINBosseK:	Thank you this was a great event!
03:27:28	*Dr. Isabel Preeshagul:	and OUTSTANDING questions in the chat!
03:27:33	Maria Z:	Thank you all for this wonderful informative event!
03:27:37	*Lauren Byers:	thanks everyone!
03:27:53	Lisa H:	Thank you!
03:27:59	Meg H:	Wonderful program! Thank you all so much for putting it together and for all you do each day to support the lung cancer community! Happy Lung Cancer Awareness Month!
03:28:21	Barbara M:	Thank you! Great information.