

RATIONALE

Lung cancer is the second incident solid tumor and the first cause of cancer-related death worldwide, with more than two million new cases and about 1.800.000 deaths in 2020. In Italy, more than 41.000 new cases have been estimated in 2020 with about 34.000 cancer-related deaths estimated in 2021. Although the detrimental effect of tobacco smoking on incidence and mortality of lung cancer is well established, in Italy smokers amount to more than 14 million people (24.5% of the overall Italian population), with higher incidence in young males and females (25 to 49 years old). Unfortunately, the lack of a secondary prevention program so far, leads to a high prevalence of lung cancer patients with a metastatic spread of the disease at the first clinical observation and a five-year survival rate of about 15% strictly correlated with histological subtype and stage at the diagnosis. So far, the reduction of LC mortality recently observed may be considered as a direct consequence of systemic treatment improvement and innovative drugs introduction in the clinical practice. In 2022, the Italian network for lung cancer screening, the Rete Italiana Screening Polmonare (RISP), has started a lung cancer screening program through low dose computed tomography (LDCT) involving 18 Italian oncological Centres. This pilot project will enrol high-risk subjects on the basis of smoking status and age, and will compare the efficacy of two different LC screening strategies: a standard arm performing a basal LDCT followed, if negative, by annual CTs compared with a risk-based arm performing a basal LDCT followed, if negative, by CTs every two years. The epidemiology of lung cancer will hopefully change in the next years, considering the established role of LDCT in the detection of lung cancer cases in earlier stages, thus reducing lung cancer-related mortality rate. On the other side, the introduction of innovative treatments such as targeted agents and immune checkpoint inhibitors in the perioperative setting open a new scenario for lung cancer patients and dedicated multidisciplinary teams. The fourth edition of the Thoracic Oncology Padova (TOP) conference will

open with a lecture section on lung cancer screening program in Europe and Italy, discussing the realization of a patients' recruitment process through the active involvement of the General Practitioners; the storage of the LDCT images in a shared and anonymized database; the systematic check of the quality and adherence to international standard; the automatization and centralization of the LDCT report; the blood and plasma collection; the training and continuous update of the dedicated staff in every national and Europe Centre involved.

During the second day of the conference the diagnostic-therapeutic pathway of patients with stage I-III Non Small Cell Lung Cancer (NSCLC) will be discussed with a focus on the impact of new treatment strategies on the multidisciplinary team approach, thorough lectures and oxford debates on hot topics in early stage and locally advanced NSCLC.

Official language: Italian

UNCONDITIONAL SPONSORSHIP



EARLY STAGE AND LOCALLY ADVANCED NSCLC:

INNOVATION COMES INTO THE MULTIDISCIPLINARY TEAM



TOP

THORACIC
ONCOLOGY
PADOVA

09th - 10th MARCH
2023
PALAZZO BO
PADOVA

VIA VIII FEBBRAIO, 2

Program - 09th March 2023

- 18:00** Opening activities
L. Bonanno, V. Guarneri, G. Pasello, F. Rea
- 18:15** Lecture: Lung Cancer Screening in Europe: what does it mean for patients and physicians?
I. Opitz
- 18:45** Lecture: The RISP program in Italy
U. Pastorino
- 19:15** Closing activities

Program - 10th March 2023

- 09:30** I Session: Early stage NSCLC
G. Pasello, F. Rea, Dei Tos
- 09:45** Lecture: Adjuvant and neoadjuvant systemic treatments in 2023
E. Bria
- 10:15** *4 Hands oxford debate part 1:*
Mediastinal lymphnodes pathological staging: always?
Different centres, different point of view?
F. Calabrese, S. Gasparini, G. Rossi, R. Trisolini
- 11:00** Question & Answer
- 11:15** Coffee Break
- 11:40** *4 Hands oxford debate part 2*
Stage III NSCLC: Adjuvant or neoadjuvant systemic treatment?
- Sustaining Adjuvant:
A. Bertani, S. Pilotto
- Sustaining Neoadjuvant:
F. Cecere, M. Schiavon

- 12:25** Question & Answer
- 12.40** The evolving scenario of first line treatment of metastatic NSCLC: which impact of early detection and perioperative innovation?
G.V. Scagliotti
- 13.00** Lunch
- 14.00** II Session: Locally advanced NSCLC
Chairs:
L. Bonanno, V. Guarneri, S. Ramella
- 14.15** Lecture: New treatment strategies in unresectable stage III NSCLC
A. Ardizzoni
- 14.45** PD-L1 negative: rebiopsy yes or not?
M. Tiseo
- 15.05** Disease progression during or after consolidation treatment
V. Gregorc
- 15.30** Discussion
- 16.00** Final document draft and closing remarks
V. Guarneri, F. Rea



TOP

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SCIENTIFIC COMMITTEE

Valentina Guarneri, Federico Rea

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CME CREDITS

Certificate awarding 6 CME credits will be e-mailed within 90 days after the end of the congress. The following medical sciences have been accredited for this Congress: Biology, Pharmacy, Oncology, Pathology, Respiratory System Disease, Thoracic Surgery, Radiotherapy

FORMATIVE GOALS:

Guidelines - Protocols - Procedures

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