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台灣肺癌研究學會

Taiwan Association for the Study of Lung Cancer

2026 TASLC International Symposium on Treatment Advances in Lung Cancer

Jan.10 Sat ~11 Sun 2026

臺大醫院癌醫中心分院
國 際 會 議 中 心

National Taiwan University Cancer Center
International Conference Center

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References:
Lung Cancer Volume 179, May 2023, 107190
Impact Factor : 6.081

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2026 TASLC International Symposium on Treatment Advances in Lung Cancer

Welcome message

Dear distinguished guests and colleagues:

It is my great honor and privilege to welcome you to the 2026 Taiwan Society for the Study of Lung Cancer (TASLC) International Symposium, co-organized with the National Taiwan University Cancer Center. This year marks the fourth time we gather in Taipei with a shared mission—to advance the science, clinical practice, and collaborative spirit needed to confront lung cancer, one of the most formidable diseases in oncology.

Lung cancer remains a major global health challenge, affecting millions of individuals and families worldwide. Although remarkable progress has been made across precision medicine, targeted therapy, and immuno-oncology, patients continue to expect—and deserve—greater breakthroughs from the medical and scientific community. Today, we come together not only to exchange knowledge but to reaffirm our collective responsibility to accelerate innovation and deliver better outcomes for patients around the world.

In 2026, we have placed an even greater emphasis on patient-centered learning and will allocate more time for discussion of our current state of art practices based on the evidence we generated in the past few years.

We are honored to host an exceptional group of experts and thought leaders from across the globe. Your pioneering work—from translational discovery to next-generation novel therapies—continues to shape the international landscape of lung cancer research.

I extend my heartfelt appreciation to all speakers, participants, and sponsors whose contributions make this symposium possible Your dedication to advancing lung cancer research and care is truly inspiring.

Thank you for joining us. I look forward to the meaningful discussions and innovative ideas that will help define the next chapter of lung cancer treatment. Welcome to the 2026 symposium—may this be an inspiring, productive, and impactful experience for all.

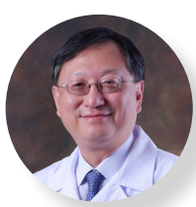
Once again welcome to Taiwan. We provide the CHIPS for innovation.

Chairman

楊志新

James Chih-Hsin Yang, M.D., Ph.D.
President, Taiwan Society for the Study of Lung Cancer
Superintendent, National Taiwan University Cancer Center

Co-Chairman



余忠仁

Chong-Jen Yu, M.D., Ph.D.
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Superintendent, National Taiwan University Hospital

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2026 TASLC International Symposium on Treatment Advances in Lung Cancer

線上報名

01/10 (Sat.) 08:20-17:50

Time	Topic	Discussant	Chair
	Satellite Symposium		
08:20-09:00	Johnson & Johnson Optimal first-line treatment and management for *EGFR*-mutant NSCLC	Hidehito Horinouchi	Chao-Chi Ho
	Plenary Lecture		
09:00-09:10	Opening Address	James Chih-Hsin Yang	
09:10-09:30	High Hits for Stage IV *EGFR*-mutated NSCLC Treatment 2025	Daniel Tan	James Chih-Hsin Yang
09:30-09:40	Case Presentation	Ling-Kai Chang	Jin-Yuan Shih
09:40-10:30	High Hits for Stage IV *EGFR*-mutated NSCLC Treatment 2025	**Panelists** Suresh S. Ramalingam Chee Khoon Lee Hidehito Horinouchi Fabrice Barlesi Kang-Yun Lee	Tony Mok
10:30-11:00	**Coffee Break**		
11:00-11:10	Partner Society: How can We Do More for Collaboration?	Karen Kelly	James Chih-Hsin Yang
11:10-11:20	IASLC and I: Why We Need More Connections?	James Chih-Hsin Yang	
11:20-12:00	IASLC and TASLC Joint Symposium Lung Cancer Multi-omics Studies Updates	**IASLC** Ramaswamy Govindan **TASLC** Yu-Ju Chen	Karen Kelly James Chih-Hsin Yang
	Satellite Symposium		
12:00-12:40	Chugai Elucidating PFS and OS from a Statistical Perspective in *ALK*-positive Lung Cancer Clinical Trials	Satoshi Morita	Chong-Jen Yu
12:40-13:00	**Lunch Break**		
	Satellite Symposium		
13:00-13:40	Beyond Surgery: Exploring Adjuvant Therapy in Early-stage *EGFR*-mutated Lung Cancer	Chee Khoon Lee	Inn-Wen Chong
	Plenary Lecture		
13:40-14:00	High Hits for Targeting *KRAS* mutations 2025	Pasi Jänne	Gee-Chen Chang
14:00-14:10	Case Presentation	Thanyanan Baisamut	Jen-Yu Hung
14:10-15:00	High Hits for Targeting *KRAS* mutations 2025	**Panelists** Suresh S. Ramalingam Solange Peters Sanjay Popat Fabrice Barlesi Chien-Chung Lin Thanyanan Baisamut	Alex Adjei
15:00-15:30	**Coffee Break**		
15:30-15:50	High Hits for Small Cell Lung Cancer Treatment 2025	Luis Paz-Ares	James Chih-Hsin Yang
15:50-16:00	Case Presentation	Wayne Yen-Hsiang Huang	Tsung-Ying Yang
16:00-17:10	High Hits for Small Cell Lung Cancer Treatment 2025	**Panelists** Myung-Ju Ahn Martin Reck Fred Hirsch Tony Mok Tsung-Ying Yang	Karen Kelly
	Satellite Symposium		
17:10-17:50	Pfizer From Gene to Journey : Personalizing ALK+ Lung Cancer Treatment in the Era of Precision Oncology	Sanjay Popat	Jin-Yuan Shih
18:00-21:00	**Gala Dinner**		

台灣肺癌研究學會
Taiwan Association for the Study of Lung Cancer

2026 TASLC International Symposium on Treatment Advances in Lung Cancer

線上報名

01/11 (Sun.) 08:20-15:10

Time	Topic	Discussant	Chair
	Satellite Symposium		
08:20-09:00	MSD 10 Years of Pembrolizumab: Long-term Outcomes and Clinical Learnings in NSCLC	Martin Reck	Inn-Wen Chong
	Plenary Lecture		
09:00-09:10	Opening of the 2nd Day	Chong-Jen Yu	
09:10-09:30	High Hits for Targeting Rare Mutations in NSCLC 2025	Jessica Lin	Chong-Jen Yu
09:30-09:40	Case Presentation	Po-Lan Su	Kuan-Yu Chen
09:40-10:30	High Hits for Targeting Rare Mutations in NSCLC 2025	**Panelists** Daniel Tan Fred Hirsch Pasi Jänne Chao-Chi Ho	Tetsuya Mitsudomi
10:30-11:00	**Coffee Break**		
11:00-11:20	High Hits for Perioperative IO-chemo in Early-stage NSCLC 2025	Solange Peters	Inn-Wen Chong
11:20-11:30	Case Presentation	Hsin-Tuan Huang	Josh Chia-Chi Lin
11:30-12:20	High Hits for Perioperative IO-chemo in Early-stage NSCLC 2025	**Panelists** Heather Wakelee Tetsuya Mitsudomi Luis Paz-Ares Ramaswamy Govindan Jin-Shing Chen	Martin Reck
	Satellite Symposium		
12:20-13:00	BI Emerging Therapies in Clinical Practice: Selectively Targeting HER2 in Advanced NSCLC	Myung-Ju Ahn	Kang-Yun Lee
13:00-13:30	**Lunch Break**		
	Plenary Lecture		
13:30-13:50	High Hits for *EGFR* exon 20 insertion and *HER2* alterations	James Chih Hsin Yang	Pan-Chyr Yang
13:50-14:00	Case Presentation	Lun-Che Chen	Chao-Chi Ho
14:00-15:00	High Hits for *EGFR* exon 20 insertion and *HER2* alterations	**Panelists** Hidehito Horinouchi Sanjay Popat Chee Khoon Lee Chao-Hua Chiu	Pasi Jänne
15:00-15:10	Concluding Remarks	James Chih-Hsin Yang	

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Abstract

High Hits for Stage IV *EGFR*-mutated NSCLC Treatment 2025

Daniel Tan

2025 has been a significant year of advances in *EGFR*-mutated NSCLC, with key practice changing data being presented and increasing number of treatment options and considerations in the clinic. In this talk, I will summarise key data and approvals in 2025 as well as ongoing questions/ controversies and priorities in advancing the management of *EGFR*-mutated NSCLC.

Abstract

Challenges in Managing Advanced NSCLC with *EGFR* exon 19 deletion

Ling-Kai Chang

We present the case of a 67-year-old female diagnosed with stage IVB NSCLC, adenocarcinoma, confirmed to harbor an *EGFR* exon 19 deletion and high PD-L1 expression (75%). Her malignancy was highly aggressive, involving extensive metastases to the bone, lung, brain, liver, and adrenal glands (cT4N3M1c). The patient also carried significant comorbidities, including a history of bilateral pulmonary embolism (PE).

The treatment started with osimertinib combined with pemetrexed and carboplatin chemotherapy (four cycles), followed by pemetrexed maintenance (six cycles). This combined approach was chosen due to the high disease burden. Early follow-up CT scans suggested a partial response in the right upper lobe (RUL) lung cancer.

Despite this aggressive treatment regimen, the patient experienced disease progression 8 months later, noted by the enlargement of the RUL lung cancer mass compared to prior studies. Thus, she underwent percutaneous RUL tumor microwave ablation and biopsy.

The RUL lung biopsy showed low tumor cells percentage and NGS could not be performed successfully. CT imaging confirmed significant disease progression, notably involving a large right adrenal metastasis (up to 7cm) with direct tumor thrombus extension into the inferior vena cava (IVC) 3 months later. CT-guided biopsy to the adrenal tumor was performed and pending the result.

Besides, acute decompensated heart failure (ADHF) with reduced left ventricular ejection fraction (LVEF 39%). This severe cardiac event was attributed to a combination of precipitating factors (fluid overload, bacteremia) and a predisposing factor: osimertinib, highlighting the serious cardiotoxic potential of targeted therapies in patients with multiple comorbidities. Due to the critical illness and acute heart failure, osimertinib was temporarily withheld.

This case underscores the inherent challenges in treating advanced, heavily metastasized *EGFR*-mutant NSCLC. Management was complicated by: 1) disease progression despite multimodal therapy, 2) the acute and life-threatening oncologic complication of IVC tumor thrombus, and 3) the need to interrupt targeted therapy (osimertinib) due to suspected drug-induced cardiotoxicity exacerbated by critical illness.

Abstract

Partner Society: How can We Do More for Collaboration?

Karen Kelly

Understanding that lung and other thoracic cancers demand a united global response, the IASLC views strong partnerships as indispensable to achieving our mission of conquering these diseases in the 21st century. Collaboration, at its core, is the purposeful alignment of expertise, resources, and shared intention to accomplish goals that surpass what any organization can achieve independently. Effective collaboration requires trust, transparency, respect for each partner's strengths, and a willingness to prioritize collective benefit over individual agendas.

Successful collaborative partnerships begin with a shared framework that includes clearly defined objectives, measurable deliverables, and an understanding of each organization's strengths. A shared understanding of purpose such as improving clinical care, advancing research, expanding multidisciplinary training, and broadening global representation ensures alignment from the start. Collaboration flourishes when expectations are clearly defined, including agreed-upon deliverables, timelines, and mutual responsibilities. Meaningful progress requires accountability: establishing leadership roles, creating mechanisms for regular communication, and assessing outcomes through measurable indicators.

Equally important, partnerships add value not only to the societies themselves but directly to their members by expanding access to high-quality education, creating new opportunities for scientific exchange, strengthening professional networks, and enabling participation in globally relevant initiatives. These benefits help elevate professional development, expand perspectives, and accelerate the dissemination of new knowledge across regions. When all the elements are in place and embraced, collaboration becomes a driving and sustainable force producing a global impact on reducing the burden of thoracic malignancies.

Ultimately, the power of partnership lies in its ability to amplify what matters most: improving the lives of patients everywhere through shared commitment, shared knowledge, and shared hope.

Abstract

IASLC and TASLC Joint Symposium

Ramaswamy Govindan

Proteogenomic studies provide an integrated and comprehensive portrait of the molecular complexities associated with lung cancer by linking genomic alterations with protein abundance and post-translational modifications (PTMs) that govern tumor phenotype, signaling dependencies, and therapeutic response. In lung adenocarcinoma, large-scale datasets from Western and Asian cohorts consistently show that canonical mutations such as *EGFR*, *KRAS*, *STK11*, *KEAP1*, and *TP53*, while indispensable for classification, explain only part of the biological variance observed clinically. Proteomic and phosphoproteomic analyses reveal substantial discordance between mRNA and protein abundance, underscoring that post-transcriptional regulation, protein stability, and phosphorylation-state control are major determinants of pathway activity. These studies identify robust protein-based subtypes with distinct DNA damage response (DDR) signaling, replication stress, cell-cycle acceleration, metabolic rewiring—including oxidative phosphorylation and lipid metabolism—and diverse immune microenvironmental states. Critically, these proteomic-defined subgroups frequently reveal targetable vulnerabilities not predicted by DNA or RNA sequencing alone, informing rational combinations with PI3K–mTOR inhibitors, DDR modulators, and immunotherapy strategies.

Proteogenomic studies have refined our understanding of driver biology in lung squamous cell carcinoma. Although *FGFR1* amplification has long been considered a hallmark, protein-level analyses demonstrate that NSD3, a histone methyltransferase residing in the same amplicon, is often the true oncogenic driver. Similarly, elevated survivin expression in low-p63 tumors marks a biologically distinct subset with clear anti-apoptotic dependency, immediately pointing toward therapeutic avenues not evident from genomic data alone. Integrative proteogenomic profiling further reveals strong activation of oxidative stress pathways, focal adhesion and ECM signaling, epithelial–mesenchymal transition programs, and a highly suppressive immune microenvironment enriched for myeloid cells.

Small cell lung cancer, long recognized as a disease characterized by widespread genomic instability with near-universal *TP53* and *RB1* loss, exhibits much greater biological diversity when examined through a proteogenomic perspective. Across ASCL1, NEUROD1, POU2F3, and YAP1 transcriptional subtypes, protein-level analyses identify distinct modules related to DNA damage repair, neuroendocrine signaling, metabolic changes, and immune evasion. These proteomic signatures cut across transcriptional categories and suggest vulnerabilities that predict dependencies on checkpoint kinases, anti-apoptotic proteins like BCL-2 family members, and metabolic pathways involving oxidative and lipid metabolism.

Population-specific differences add an extra layer of complexity. Asian never-smoker lung adenocarcinomas, which are enriched for *EGFR* mutations and other kinase-driven events, differ significantly from Western smoking-related tumors. Studies of Asian lung adenocarcinoma reveal stronger estrogen receptor signaling, increased oxidative phosphorylation, distinct stromal–immune interactions, and unique phosphoproteomic patterns that may influence sensitivity to EGFR inhibitors and immunotherapies. Environmental exposures, such as indoor coal smoke, create unique mutational signatures accompanied by detoxification and oxidative stress proteomic programs not found in Western cohorts. Overall, these findings emphasize that Asian versus Western lung cancers differ not only at the genomic level but also in protein levels, PTMs, microenvironmental makeup, and metabolic states.

Future studies should include proteomics to better understand how proteomic changes (protein abundance and PTMs) influence therapeutic responses. Finally, meaningful biological differences between Asian and Western populations emphasize the need for population- and exposure-specific precision oncology.

Abstract

Lung Cancer Multi-omics Studies Update: Global Etiology and Single-Cell Signaling Insights

Yu-Ju Chen

Lung cancer remains the leading cause of cancer mortality, and omics technologies now provide unprecedented opportunities to dissect its diverse etiologies and therapeutic vulnerabilities. I will present two recent advances from our research program. First, our recent global proteogenomic study validates the central role of environmental carcinogens and APOBEC mutagenesis in shaping non-smoking lung adenocarcinoma, and confirms the “late-like” aggressive subtype initially discovered in Taiwanese patients (Cancer Cell, 2025). This expanded cohort across 8 countries further uncovers gender-specific tumor biology, revealing distinct immune, metabolic, and signaling features that may inform precision stratification. Second, I will highlight our development of the first single-cell phosphoproteomics to date, enabling direct measurement of signaling network states at single-cell resolution (Adv. Sci. 2025). This approach captures heterogeneous drug-response phenotypes and shows early potential for predicting targeted therapy susceptibility and identifying actionable phospho-signatures. Together, these studies demonstrate how multi-scale omics, from population-level proteogenomics to single-cell signaling, can transform our understanding of lung cancer biology. Looking forward, we aim to apply plasma omics to build predictive molecular models that support early detection and precision treatment for Taiwanese patients

Abstract

High Hits for Targeting *KRAS* mutations 2025

Pasi Jänne

KRAS mutations are among the most common oncogenic alterations in all human cancers and are detected in about 25% of Non-small cell lung cancers (NSCLCs). A wide spectrum of *KRAS* mutations have been described with KRAS G12C accounting for ~ 50% of KRAS mutations found in NSCLC and are associated with prior cigarette smoke exposure.

While traditionally considered undruggable, two covalent KRAS inhibitors, adagrasib and sotorasib, both of which bind the GDP bound (off) state of KRAS, have been approved by multiple regulatory agencies worldwide. Both however have modest efficacy with a RR ~40% and PFS of < 7 months. Newer KRAS off inhibitors including Divarasib and Olomorasib have slightly better efficacy.

Newer KRAS inhibitors, including RMC-6291 (Elironrasib) which binds the GTP bound (on) state of KRAS has demonstrated clinical activity in NSCLC patients with *KRAS* G12C cancers that are treatment naïve and previously treated with KRAS off inhibitors. In addition, dual state KRAS inhibitors that bind both the KRAS on and off states (FMC-376) are also entering clinical development. KRAS degraders are also entering the clinic as are pan-RAS and pan-KRAS inhibitors.

In addition to *KRAS* G12C specific inhibitors, other isoform specific inhibitors (*KRAS* G12D or *KRAS* G12V) have been developed and are entering clinical development.

Combinations of KRAS inhibitors with standard of care treatment are also being evaluated. While some (adagrasib) can be combined with immune check point inhibitors, others (sotorasib) cannot due to toxicity. Combinations with first line chemotherapy are also underway.

Updated clinical data from all of these treatment approaches will be discussed.

Abstract

KRAS Case Presentation

Thanyanan Baisamut

KRAS G12C is one of the uncommon mutations in Asian lung cancer patients. Currently we do have two *KRAS* G12C inhibitors approved for clinical practice, a lot of KRAS inhibitors are being developed in the early phase clinical studies together with Pan-KRAS inhibitors. This case is the example of difficult patient with several comorbidities at the time of treatment initiation. Dose selection and monitoring this patient is the art of lung cancer treatment.

Abstract

High Hits for Small Cell Lung Cancer Treatment 2025

Luis Paz-Ares

Small cell lung cancer (SCLC) has historically been associated with poor outcomes and limited therapeutic innovation. Over the last few years a better understanding of the biology of this disease has led to significant improvements in the treatment and outcome of patients, particularly with the introduction of PD-1/PD-L1 signaling blockade. In 2025 the treatment landscape have undergone a rapid and meaningful advance driven by advances in immunotherapy, bispecific T-cell engagers (TCEs), antibody–drug conjugates (ADCs), and precision-based approaches.

Chemo-immunotherapy with platinum–etoposide plus PD-L1 blockade remains the cornerstone of first-line treatment for extensive-stage SCLC, delivering consistent but modest survival improvements. Second-generation immune checkpoint inhibitors (e.g.the bispecific PD-1/pd-L1 and VEGF inhibitors pumitamig and ivonescimab) have provided encouraging early signals in first and second line regimens (Y Cheng et al. ELCC 2025; J Heymach et al. WLCC 2025). Immunogenic combinations are being explored to overcome immune resistance linked to impaired antigen presentation and MHC-I downregulation in SCLC. Preclinical and early clinical data support synergistic combinations, including lurbinectedin plus PD-L1 inhibition, capable of inducing durable immune memory (S Ponce et al. ASCO 2025). In this context, the IMforte phase III trial represents a major advance, demonstrating that maintenance lurbinectedin combined with atezolizumab significantly prolongs progression-free survival and overall survival compared with atezolizumab alone, with manageable toxicity (L Paz-Ares et al. Lancet 2025).

A major breakthrough in 2025 has been the emergence of DLL3-directed T-cell engagers. Tarlatamab has demonstrated unprecedented activity in relapsed SCLC, reshaping expectations for second-line therapy (G Mountzios et al. NEJM 2025) and showing promising signals when integrated earlier in the disease course. Data from DeLLphi-303 suggest feasibility and encouraging survival when tarlatamab is combined with chemotherapy and immunotherapy in the frontline setting (M Wermke et al., ESMO 2025; KG Paulson et al., Lancet Oncol 2025; S Peters at al., ESMO 2025). Other DLL3 TCEs, including obrixtamig, MK6070 and alvetamig have also proven efficacy in a variety neuroendocrine cancers. Ongoing phase III trials are poised to confirm the role of TCEs as a foundational SCLC therapy.

Parallel progress has been achieved with ADCs, particularly those targeting B7-H3, DLL3, TROP2, and SEZ6. B7-H3 ADCs, such as ifinatamab deruxtecan and related topoisomerase-I payload conjugates, have shown high response rates and meaningful progression-free survival across SCLC subtypes, reflecting the broad expression of B7-H3. DLL3-directed ADCs and SEZ6-targeting agents further expand the therapeutic arsenal, offering options for patients progressing after TCEs or immunotherapy.

Finally, precision treatment opportunities are emerging through the exploitation of specific vulnerabilities, transcriptional dependencies, and radioligand therapies. Radiopharmaceuticals targeting somatostatin receptor–expressing SCLC, including lutetium- and actinium-based DOTATATE compounds (AS Mansfield et al., WLCC 2025), represent a novel and promising modality.

In summary, 2025 marks a turning point for SCLC. The integration of maintenance strategies, TCEs, ADCs, and precision therapies is redefining outcomes and enabling a more durable, biologically informed approach to this aggressive disease. In this presentation we will synthesize these “high hits” and outline a forward-looking roadmap for optimizing sequencing, combinations, and patient selection in SCLC treatment.

Abstract

Case Presentation - Small Cell Lung Cancer

Wayne Yen-Hsiang Huang

Small-cell lung cancer (SCLC) remains the most aggressive subtype of lung cancer, characterized by rapid progression, early metastasis, and poor overall prognosis. For more than four decades, treatment options were limited to conventional cytotoxic chemotherapy, primarily platinum plus etoposide, offering only modest improvements in survival. The recent introduction of immune checkpoint inhibitors has marked a significant turning point in SCLC management, providing meaningful, although still incremental, advances in long-term outcomes for a subset of patients.

In parallel, the development of novel therapeutic strategies—including next-generation chemotherapeutic agents, bispecific T-cell engagers (BiTEs), and antibody–drug conjugates (ADCs)—has broadened the therapeutic landscape and brought new hope to patients with this historically refractory disease. Several of these agents have successfully progressed into clinical practice or late-phase trials, demonstrating promising efficacy and manageable safety profiles. As a result, SCLC treatment is evolving rapidly, with an increasing emphasis on biomarker-driven approaches and combination strategies aimed at overcoming therapeutic resistance.

In this session, Dr. Yen-Hsiang Huang will present real-world clinical cases to highlight contemporary treatment decision-making, emerging therapeutic modalities, and the practical challenges encountered in daily practice. Through interactive discussion with expert panelists, this presentation will explore current progress, unmet needs, and future directions in the evolving management of small-cell lung cancer.

Abstract

Highlights for Targeting Rare Oncogene Drivers in NSCLC

Jessica J. Lin

Despite major advances in the treatment landscape of metastatic non-small cell lung cancer (NSCLC) with targetable driver gene alterations, the disease remains incurable, and substantial unmet medical needs persist. The past year has unveiled continued progress in the development of targeted therapies for patients with advanced lung cancers harboring relatively “rare” actionable oncogene drivers such as *ALK* and *ROS1* fusions or *BRAF* V600E mutations. In this presentation, we will review some of the key highlights from the data emerging in 2025, covering topics ranging from the evolving survival outcomes of patients with metastatic ALK-positive NSCLC and updates on the fourth-generation ALK tyrosine kinase inhibitor (TKIs) neladalkib (NVL-655) to the newest clinical evidence for the next-generation ROS1 inhibitors including taletrectinib and zidesamtinib (NVL-520). In addition, we will explore progress in therapeutic strategies beyond small-molecule kinase inhibition, such as antibody drug conjugates (ADCs), that are shaping the next wave of treatment approaches in these molecularly defined subsets of lung cancer.

Abstract

Rare Oncogenic Driver Gene

Po-Lan Su

Telisotuzumab vedotin is a MET-targeting antibody–drug conjugate that has demonstrated a good treatment response in patients with *EGFR* wild-type MET-overexpressing non-squamous non-small cell lung cancer. However, patients have been reported to acquire resistance to this drug, and the subsequent therapy has not been standardized. Here, we present a case of a 56-year-old woman diagnosed with *KIF5B-MET* fusion-positive non-small cell lung cancer who had a durable response to capmatinib after acquired resistance to telisotuzumab vedotin.

Abstract

High Hits for Perioperative IO-chemo in Early-stage NSCLC 2025

Solange Peters

In 2025, immunotherapy has redefined curative-intent treatment for early-stage NSCLC, with clear evidence that introducing IO before surgery—and most probably continuing it afterward—improves not only short-term surrogates such as pCR and EFS, but also overall survival. CheckMate-816, the only purely neoadjuvant phase III randomized trial in this space, has now demonstrated a significant OS benefit with neoadjuvant nivolumab plus platinum chemotherapy versus chemotherapy alone.

This result establishes that neoadjuvant IO-chemo alone can extend survival and raises the central question for future perioperative trial design: if neoadjuvant therapy is sufficient to generate an OS benefit, which patients actually require the adjuvant component afterward? The answer will depend on biologic risk, including pCR status, ctDNA clearance, and disease biology, and it will influence whether we continue to pursue universal perioperative approaches or move toward more selective adjuvant use.

Beyond the neoadjuvant-only model, the perioperative trials have demonstrated strong and increasingly consistent long-term outcomes. KEYNOTE-671 has shown significant improvements in pCR, EFS, and, crucially, overall survival, establishing perioperative pembrolizumab as one of the highest performing standards for resectable stage II–IIIB disease. In parallel, RATIONALE-315 has also demonstrated OS benefit, reinforcing that perioperative IO-chemo is capable of sustaining durable systemic control and meaningfully improving survival across PD-L1 levels and clinical subgroups. Together, these trials represent a landmark shift: for the first time, we now have three independent positive OS datasets—one neoadjuvant (816) and two perioperative (671 and RATIONALE-315)—demonstrating that immunotherapy can improve cure rates in early-stage NSCLC.

pCR remains a powerful predictor of outcome across all platforms, with patients achieving pCR showing markedly reduced recurrence risk and the most pronounced EFS benefit. The robust pCR improvements seen in 816, 671, and RATIONALE-315 translate consistently into EFS advantages, possibly reflecting early eradication of micrometastatic disease and effective immune priming. As longer follow-up accumulates, these EFS gains are now supported by OS data, shifting the field from reliance on surrogate endpoints to true survival extension.

The adjuvant immunotherapy landscape remains essential for patients who do not undergo neoadjuvant therapy, who require immediate surgery, or who are found to have high-risk pathological features postoperatively. IMpower010 and KEYNOTE-091 (PEARLS) have both shown significant DFS benefit, particularly in PD-L1–high disease for atezolizumab and across PD-L1 ranges for pembrolizumab. As perioperative approaches become more established, the role of adjuvant-only therapy will increasingly be guided by ctDNA-defined molecular residual disease, determining who truly needs postoperative IO and who may safely avoid unnecessary treatment.

Taken together, the emerging 2025 evidence provides a coherent narrative: neoadjuvant IO-chemo alone can improve OS, perioperative IO-chemo consistently enhances EFS and OS, and adjuvant therapy remains a critical pillar for selected patients. With CheckMate-816, KEYNOTE-671, and RATIONALE-315 defining the first OS-positive generation of curative-intent IO trials in NSCLC, the field is shifting toward personalized perioperative strategies that integrate pCR, EFS, OS, and ctDNA dynamics to optimize cure rates.

Abstract

Case Presentation

Hsin-Tuan Huang

A patient with stage III lung cancer harboring a *RET* fusion underwent neoadjuvant immunochemotherapy following a complex and carefully deliberated clinical decision-making process. The treatment course was further complicated by grade 3 immune-related adverse events.

Abstract

High Hits for *EGFR* exon 20 insertion and *HER2* alterations

James Chih-Hsin Yang

Non-small cell lung cancer (NSCLC) harboring *EGFR* or *HER2* exon 20 insertion (ex20ins) mutations has historically been resistant to conventional tyrosine kinase inhibitors (TKIs) like gefitinib or afatinib. These mutations represent approximately 1–10% of *EGFR*-mutant cases and are often associated with a poor prognosis. Recent breakthroughs in small-molecule TKIs and antibody-based therapies aim to address this unmet clinical need by targeting the specific structural constraints of the ex20ins kinase domain. This presentation reviews the clinical efficacy and structural design of emerging inhibitors. PAPILLON study (amivantamab plus chemotherapy) and phase 1/2 dose-escalation studies of bispecific antibody, Amivantamab. Combination therapy with chemotherapy significantly improved PFS (11.4 vs. 6.7 months; HR 0.395) compared to chemotherapy alone. Sunvozertinib (Zegfrovy) achieved an ORR of 44.9% in pre-treated patients (WU-KONG1B) and 73.1% in the first-line. Both received FDA approval for *EGFR* exon20ins. Trastuzumab deruxtecan was the first accelerated approved agent for *HER2* mut NSCLC. DESTINY-Lung02 Phase 2 trial. Key efficacy outcomes for the recommended 5.4 mg/kg dose include confirmed ORR 49.0%, duration of response 16.8 months and PFS 9.9 months. Sevabertinib (BAY 2927088) demonstrated a 71% ORR in TKI-naïve *HER2*-mutant patients (SOHO-01). Zongertinib showed significant activity in *HER2*-mutant NSCLC with an ORR of 77% in treatment-naïve cases and robust intracranial control in BEAMing Lung 01. Both received FDA accelerated approval. The landscape for *EGFR* and *HER2* ex20ins-mutant NSCLC is rapidly shifting toward highly selective, brain-penetrant small molecules. While antibody-based degradation has proven effective, novel TKIs like offer enhanced selectivity over wild-type *EGFR*, potentially reducing dose-limiting toxicities and improving outcomes for patients with CNS involvement.

Abstract

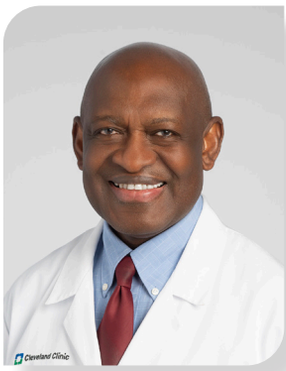
Case Presentation - *EGFR* exon 20 insertion and *HER2* alterations

Lun-Che Chen

Case 1: A 54-year-old woman with on-and-off right chest pain for 2 weeks. (*EGFR* exon 20 insertion)

Case 2: A 62-year-old woman with right neck mass noted for several months. (*HER2* alterations)

Note.



Alex A. Adjei, M.D., Ph.D.

Director
Taussig Cancer Center, Cleveland Clinic, Cleveland, Ohio, USA

Alex A. Adjei, MD; PhD; FACP; is Chief of the Cancer Institute and the M. Frank Rudy and Margaret D. Rudy Distinguished Chair in Translational Cancer Research at Cleveland Clinic. In this role, Dr Adjei oversees cancer care and research across all Cleveland Clinic locations in Ohio, Florida, London and Abu Dhabi, UAE.

Dr. Adjei has focused his research on experimental therapeutics, regulatory science and clinical drug development and has led NCI-funded drug development teams. He has served on a number of NCI and professional association committees. He was Chair of the NIH Study Section NCRR Clinical Research Review Committee, reviewing CTSAs. He was a member of the Board of Directors of IASLC.. He served on the Committee on Diagnosing and Treating Adult Cancers of the US National Academies of Sciences, Engineering and Medicine in 2019-2020. He is a member of the NCI Board of Scientific Counselors. He has published over 300 peer-reviewed articles. He is editor-in-chief of the Journal of Thoracic Oncology, and established JTO Clinical and Research Reports, as the inaugural Editor-in-Chief. Among numerous awards and honors, Dr. Adjei has received the Adi F. Gazdar Merit Award from the International Association for the Study of Lung Cancer for Distinguished Achievement in Lung Cancer Research and Mentorship, the ESMO Lifetime achievement award, and the ASCO Drug Development Research Professorship for his work in drug development, regulatory science and for his mentorship.

Myung-Ju Ahn, M.D., Ph.D.

Professor
Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Republic of Korea

Dr. Myung-Ju Ahn is a Professor of Hemato-Oncology at the Samsung Medical Center, Sungkyunkwan University School of Medicine in Seoul. She holds key positions in several research associations, including IASLC, AACR, ESMO and ASCO, and currently serves as Chairperson of Korean Association for Lung Cancer. Prof. Ahn was also Chief of the Executive Committee and Chairperson of the Lung Cancer Disease Committee of the KCSG, the President of KSMO and a board member of KCA, KSMO, and KALC. She has been served on the editorial board of the Journal of Thoracic Oncology and chaired the Immuno-oncology Study Group from 2017 to 2018.

Prof. Ahn earned her medical and doctoral degrees from Hanyang University College of Medicine and completed her residency at Hanyang University Hospital. She has held various research fellowships, including a postdoctoral fellowship at Memorial Sloan-Kettering Cancer Center. With over 300 cancer research publications, her work focuses on predictive and prognostic markers for personalized lung cancer therapy, early clinical trials, drug discovery, and the development of an NSCLC genome atlas. Professor Ahn's accolades for her dedication to cancer research include: Best Researcher Award, Korean Medical Women Association (2003); Best Researcher Award, Korean Society of Medical Oncology (2015); Boryoung Scientific Award, Korean Cancer Research Foundation (2018); Wunsch Medical Award, Korean Academy of Medical Science (2020); Excellent Researcher Award, Minister of Health and Welfare (2021); Adi. F. Gadzar Merit Award from IASLC (2023), ESMO Women in Oncology award (2024) and Highly Cited Researcher, Clavirate Analytics (2019, 2020, 2021, 2022,2023).

Thanyanan Baisamut, M.D.

Professor

Department of Medicine, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand

Professor Thanyanan Baisamut, the previous surname was Reungwetwattana, is the well-known lung cancer expert in Thailand. She is a consultant at Division of Medical Oncology, Department of Medicine, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Thailand. She received her medical degree, Thai Board of Internal Medicine, and Thai Subspecialty Board in Medical Oncology at Ramathibodi Hospital, Mahidol University, Thailand. After that, she spent 3 years from August 2009 to June 2012 as a clinical research fellow in thoracic malignancies and also obtained a Master Degree of Biomedical Science (Clinical Research Training Program) at the Mayo Clinic Cancer Center, Rochester, MN, USA. Subsequently, she extended her training as a Clinical Fellow in Advanced Medical Oncology focusing on Cancer Drug Development Program at Roswell Park Cancer Institute, NY, USA from July 2012 to July 2013.

Professor Baisamut's research interests are lung cancer and drug development. Furthermore, Prof. Baisamut has served as an editorial board committee of the Journal of Thoracic Oncology. She has been involved as the communication committee, program committee, scientific committee, regional organizing committee of IASLC, together with being faculty and speaker in WCLC every year. She is also one of the steering committees of Asian Thoracic Oncology Research Group (ATORG) and Asia-Pacific Oncology Drug Development Consortium (APODDC) together with Asia Pacific Coalition Against Lung Cancer (APCLC).

She received the Best Young Physician of the Year from The Royal College of Physicians of Thailand in 2020 and she was also the National finalist of ASEAN-US Science Prize for Women 2020. Recently, she has joined the scientific committee in drug development of European Society for Medical Oncology (ESMO).

Prof. Baisamut is the leader of MDT in lung cancer in Thailand. She has established so called "Ramathibodi Lung Cancer Consortium" in her institute and this MDT is very successful and being the role model for MDT in Thailand. RLC is the first MDT in lung cancer treatment in Thailand which received The Disease Specific Certification, recently RLC team also received "Cancer Care Team Award 2025 from IASLC". Prof. Baisamut and her RLC team proved that MDT has prolonged the survival of lung cancer patients and can save the cost of treatment. Prof. Baisamut and RLC team received several awards both inside and outside country from this RLC model.

Prof. Baisamut also wrote the very useful academic book "*EGFR* mutant Lung Cancer" and this book received several awards in Thailand. Prof. Baisamut is the well-known lung cancer expert in Thailand and Asia. She dedicates herself for all aspects in lung cancer (treatment service, teaching, and research). She is the role model and beloved mentor for medical oncologists, internists, residents, fellows, and scientists.

Fabrice Barlesi, M.D., Ph.D.

Chief Executive Officer
Department of Medical Oncology, Gustave Roussy Cancer Campus, Villejuif, France

Fabrice Barlesi is the CEO of Gustave Roussy in Paris, 1st European cancer center, and a Professor of Medicine at the Paris Saclay University, ranked 12th in the world, both in France. He was previously Head of the multidisciplinary Oncology and Innovative Therapies Department and the Marseille Centre for Early Phases Trials in Oncology, both of which he founded, at Aix Marseille University Hospital. Professor Barlesi holds a PhD in sciences and management with methods of analysis of healthcare systems, together with a master's degree in general hospital management. As a specialist in lung cancer, precision medicine and cancer immunology, Professor Barlesi is a major contributor to research in the field of novel oncology therapies. He is co-founder of Marseille Immunopôle, a public–private French immunology network, which aims coordinate immunological expertise in the Aix-Marseille metropolitan area. As part of this initiative Professor Barlesi led the Pioneer Project, a major international research programme with the objective of improving our understanding of resistance to anti-PD-1/PD-L1 immunotherapy in lung cancer, preventing and overcoming it. His research has been recognised through numerous awards, including the European Society of Medical Oncology / International Association for the Study of Lung Cancer Heine H Hansen Award and the Daniel C Ihde Award. Professor Barlesi has authored or co-authored over 450 scientific articles that have featured in international peer-reviewed journals, and is recognized as Highly Cited Researcher (Clarivate) since 2019.

Ling-Kai Chang, M.D.

Attending Physician
Department of Internal Medicine, National Taiwan University Cancer Center, Taipei, Taiwan

Dr. Ling-Kai Chang (張凌愷) obtained his MD from Chung Shan Medical University, College of Medicine (2008–2015) and secured his medical license in Taiwan in 2015. He achieved board certification from the Association of Internal Medicine, Taiwan, in 2019. His clinical background includes internships, and comprehensive training—PGY, Internal Medicine Residency (2016–2019), and a Fellowship in Pulmonary and Critical Care Medicine (2019–2021)—at National Taiwan University Hospital (NTUH).

Since August 2021, Dr. Chang has served as an Attending Physician at NTUH, with roles at the Hsin-Chu BioMedical Park Branch and the NTUH Cancer Center (beginning January 2025). He has also held the title of Instructor at National Taiwan University since August 2022.

Dr. Chang's primary expertise lies in advanced interventional pulmonology and image-guided tumor ablation. His published work emphasizes lung cancer management, including studies on primary resistance to osimertinib and sustained responses to Afatinib in specific mutations. He frequently uses a hybrid operating room setting and Cone-Beam Computed Tomography (CBCT) guidance for complex procedures, such as percutaneous microwave ablation, biopsy, and single-stage ablation with thoracoscopic resection. He contributed to the 2024 multidisciplinary consensus on image-guided lung tumor ablation. Dr. Chang’s research has been recognized with awards, including the Taiwan Society of Pulmonary and Critical Care Medicine Junior Research Award (2020) and Young Investigator Award (2022).

Gee-Chen Chang, M.D., Ph.D.

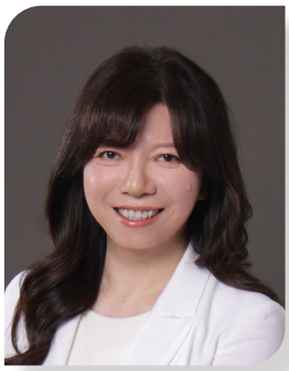
Vice-superintendent
Institute of Medicine, Chung Shan Medical University, Taichung City, Taiwan
Lung Cancer Treatment & Research Center, Chung Shan Medical University Hospital, Taichung City, Taiwan

Professor Gee-Chen Chang devoted his entire life to the lung cancer screening in never smokers, diagnosis, treatment, and research of lung cancer, particularly in the field of molecular biology of cancer and translation research.

His research delves into the gene expression of cancer and its correlation with the metastasis of lung cancer, crucial for a comprehensive understanding of the mechanisms of lung cancer development and the identification of more effective treatment modalities.

It is noteworthy that Professor Chang currently collaborates with numerous experts both domestically and internationally, participating in various clinical trials of new drugs and engaging in fundamental research. This international collaboration not only expands the scope of his research but also provides additional resources and expertise, contributing to the advancement of lung cancer research. His research findings have not only garnered widespread attention internationally but have also been disseminated through publications in top-tier academic journals worldwide. This facilitates academic exchange and the application of research outcomes in clinical practice.

In summary, Professor Gee-Chen Chang 's academic contributions and research achievements in the field of lung cancer are remarkable, offering significant contributions to the improvement of the diagnosis and treatment of lung cancer patients.



Yu-Ju Chen, Ph.D.

Distinguished Research Fellow
Institute of Chemistry, Academia Sinica, Chemistry Institute, Taipei, Taiwan

Yu-Ju Chen is a Distinguished Research Fellow at Academia Sinica, Taiwan. She received her Ph.D. from Iowa State University and conducted postdoctoral training at Ames Laboratory and National Tsing Hua University before joining Academia Sinica's Institute of Chemistry in 1999, where she later served as its first female Director (2013–2021).

Dr. Chen is a global leader in proteomics, recognized for developing ultrasensitive mass spectrometry platforms that advance our understanding of protein post-translational modifications, tissue proteomics, and single-cell analysis. She has authored over 200 SCI publications (H-index 61) and co-invented nanoprobe-based MS technology that led to a cancer screening assay approved over >10 cites in Taiwan. She initiated the *Taiwan Cancer Moonshot Program* in partnership with the U.S. Cancer Moonshot, driving translational proteogenomics toward precision oncology. Beyond research, Dr. Chen plays a leading role in scientific communities. She has served as President of the Taiwan Proteomics Society, Taiwan Society for Mass Spectrometry, the Chemical Society in Taipei, Vice President of AOHUPO, and President of HUPO. She currently serves as Associate Editor of *Analytical Chemistry* and on the Editorial Advisory Board of *ACS Omega*.

Kuan-Yu Chen, M.D., Ph.D.

Professor
Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan

Dr. Kuan-Yu Chen is a pulmonologist and thoracic oncologist from National Taiwan University Hospital. Dr. Chen acts as the Clinical Professor at College of Medicine in National Taiwan University and serves as the Secretary General of Taiwan Association for the Study of Lung Cancer and the member of Education Committee in International Society for the Study of Lung Cancer.

In addition to the clinical practice in treating lung cancer patients, he delves into lung cancer studies including biomarker assessment, identification of drug resistance mechanisms, therapeutic drug monitoring, liquid biopsy, and drug toxicities. Dr. Chen also has been the co-investigator of lung cancer clinical trials and involved many clinical and basic research programs. He has published more than 100 peer-reviewed articles in the fields of lung cancer.

Jin-Shing Chen, M.D., Ph.D.

Distinguished Professor and Chairman
Department of Surgery, National Taiwan University Hospital, Taipei, Taiwan

Prof. Jin-Shing Chen has served as Chairman of the Department of Surgery at National Taiwan University Hospital since August 2023, following his service as Vice Superintendent of the National Taiwan University Cancer Center (2020–2023).

Renowned for pioneering advancements in minimally invasive thoracic surgery, Prof. Chen has transformed lung cancer treatment. His team developed single-port thoracoscopic surgery, enabling lung cancer procedures through a 2 cm incision, and since 2009, has led in nonintubated thoracoscopic surgery using intravenous anesthesia with nerve blocks, making lobectomy, segmentectomy, and pneumonectomy safer and more patient-friendly.

These innovative techniques reduce postoperative discomfort, accelerate recovery, and enhance patient satisfaction. Each year, Prof. Chen's team treats nearly 2,000 lung cancer patients, including international cases, achieving consistently excellent outcomes.

Prof. Chen has authored 271 publications in international journals and English textbooks. His landmark study, Nonintubated Thoracoscopic Lobectomy for Lung Cancer, published in Annals of Surgery (2011), has been cited over 267 times. Prof. Chen has delivered invited lectures worldwide, including ISMICS (International Society for Minimally Invasive Cardiothoracic Surgery) and WCLC (World Conference on Lung Cancer), and performed live demonstrations in University Hospital Brno, Czech Republic in 2016, underscoring Taiwan's leadership in early-stage lung cancer treatment globally.

Lun-Che Chen, M.D.

Attending Physician
Department of Internal Medicine, National Taiwan University Hospital Hsinchu Branch, Zhubei City, Hsinchu County, Taiwan

Current Positions

- Chief, Intensive Care Unit of Biomedical Park Hospital Chupei Campus, Department of Internal Medicine, National Taiwan University Hospital, Hsin-Chu Branch
- Attending physician, Division of Pulmonology, Department of Internal Medicine, National Taiwan University Hospital, Hsin-Chu Branch
- Clinical Instructor of Internal Medicine, College of Medicine, National Taiwan University, Taiwan

Medical Education

- M.D., School of Medicine, College of Medicine, National Taiwan University, Taiwan

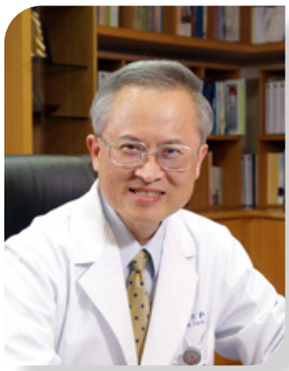
Postgraduate Training

- Postgraduate year, Department of Medical Education, National Taiwan University Hospital, Taiwan
- Resident, Department of Internal Medicine, National Taiwan University Hospital, Taiwan
- Fellow, Division of Pulmonology, Department of Internal Medicine, National Taiwan University Hospital, Taiwan

Chao-Hua Chiu, M.D.

Vice Superintendent
Taipei Cancer Center, Taipei, Taiwan

Dr. Chao-Hua Chiu is currently the Professor at the School of Medicine, the Vice Superintendent at Taipei Cancer Center, and the Chief of the Clinical Research Center at Taipei Medical University Hospital, Taipei Medical University, Taipei, Taiwan. He received his MD degree at Taipei Medical University and his specialty training in both Pulmonology and Medical Oncology at Taipei Veterans General Hospital during 1999-2003. Dr. Chiu was a visiting scientist at the Department of Molecular and Cellular Oncology, MD Anderson Cancer Center during 2006-2008. His main clinical and research interests include the low-dose CT lung cancer screening, as well as the management and new drug development for lung cancer, mesothelioma and thymic malignancies.



Inn-Wen Chong, M.D.

Professor of Medicine
Division of Pulmonary Medicine, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan

Prof. Chong received his MD degree in 1982 from Kaohsiung Medical University, Taiwan. He completed his residency in Internal Medicine at the Kaohsiung Medical University Hospital, Taiwan from 1984-1987 and then received his fellowship training in pulmonary medicine at the same hospital. In 1988 he was also appointed as a specialist in pulmonology. He joined the Occupational Health Program of Harvard School of Public Health as a visiting scientist from 1996 to 1998.

Currently, Dr. Chong is Professor of Medicine, Department of Pulmonary and Critical Care Medicine, at Kaohsiung Medical University Hospital, Taiwan.

Prof. Chong's main clinical and research interests include targeted therapies and new approaches in small and non-small cell lung cancers, as well as translational research related to the mechanisms of lung cancer metastases. He has authored and co-authored approximately 150 academic publications, including in the Lancet Respiratory Medicine.

Ramaswamy Govindan, M.D.

Professor of Medicine
Division of Oncology, Department of Medicine, Washington University School of Medicine, Saint Louis, USA

Dr. Ramaswamy Govindan is the Associate Chief of the Division of Oncology at Washington University School of Medicine in St Louis. As a medical oncologist interested in thoracic malignancies, Dr. Govindan has led a number of national and international studies in lung cancer over the past decade. Working with The McDonnell Genome Institute at the Washington University School of Medicine and with The Cancer Genome Atlas (TCGA) project (as a co-chair) sponsored by the U.S. National Cancer Institute (NCI), he has led a number of research projects to study genomic alterations in lung cancer. He led the group that has recently discovered mechanisms of resistance for chemotherapy in small cell lung cancer. Ongoing work led by him on genomic alterations in primary and the corresponding brain metastases from patients with lung cancer is expected to provide new insights into how cancer cells metastasize.

He is the Principal Investigator for the NCI funded ALCHEMIST trial to study the role of erlotinib in patients with early-stage EGFR mutated lung cancer. Dr. Govindan is keen on translating genomic discoveries from the laboratory setting to clinical setting to improve the outcomes of patients with lung cancer and mentor trainees and junior faculty members. Dr. Govindan has published over 400 peer-reviewed papers in scientific journals and has been awarded several grants from the National Cancer Institute.

Fred R. Hirsch, M.D., Ph.D.

Professor
Department of Medicine and Pathology, Department of Medicine, Division of Hematology/Medical Oncology, Icahn School of Medicine at Mount Sinai, New York, USA

Joe Lowe and Louis Price Endowed Professorship
Icahn School of Medicine, Mount Sinai, New York, USA

Executive Director
Center for Thoracic Oncology, Tisch Cancer Institute at Mount Sinai, New York, USA

Fred R. Hirsch is Executive Director at the Center for Thoracic Oncology at the Tisch Cancer Institute at Mount Sinai, New York and Professor of Medicine and Pathology at Ichan School of Medicine at Mount Sinai. He is holding the Ning Zhao Endowed Chair and Professorship in Lung Cancer Research at Icahn School of Medicine. He is also the Associate Director of Biomarker Discovery for the Tisch Cancer Institute. Before joining Mount Sinai, Prof. Hirsch was a Professor of Medicine and Pathology at the University of Colorado for 18 years. Fred R. Hirsch has been an active member of the International Association for the Study of Lung Cancer (IASLC) since 1977, and he has played a crucial role in the development of this global lung cancer organization, which today is the cornerstone of the worldwide lung cancer community with about 10.000 members.

He was the IASLC's Chief Executive Officer for five years (2013-2018) after many years member of the IASLC Board of Directors. He has served as the Chair of the Pathology Committee, Chair of the Prevention and Early Detection Committee and most lately Chair of the Molecular Subcommittee of IASLC. He is Associate Editor for the IASLC Journal: Journal of Thoracic Oncology and involved in Editorial Boards for several other journals. Prof. Hirsch has received several awards and honours, including the ESMO/IASLC Heine Hansen Life-time Achievement Award in 2022, IASLC Distinguished Mary Matthews Award for Translational Research in Lung Cancer in 2007; the Japanese Lung Cancer Society Merit Award in 2010; the Addario Foundation Lecture Award in 2015; and the Wuan Ki Hong Lectureship Award in 2019 at MD Anderson Cancer Center. Prof. Hirsch has contributed to more than 500 publications in peer-reviewed journals and Editor of 14 books on oncology and particularly different aspects of lung cancer. He is an internationally renowned authority on lung cancer treatment and research. Prof. Hirsch's career in lung cancer research spans more than 30 years and includes translational research, targeted therapies, and early detection of lung cancer. During his tenure, he has trained many international “fellows” spending 1-3 years in his lab, many of them are today world leading experts in medical oncology and particularly lung cancer, who have led breakthrough discoveries to patients with lung cancer (e. g. EGFR- and ALK -directed therapies). Dr. Hirsch was pioneering the treatment of small cell lung cancer (SCLC) while he was young investigator in Copenhagen, Denmark and was first author on the study leading to FDA approval of Etoposide in SCLC. When he moved to USA in 2000, he led pivotal translational studies on the role of EGFR in lung cancer development, which led to significant therapeutic interests for this particular subgroup of patients with NSCLC. He was among the lead investigators for Necitumumab (monoclonal EGFR antibody) development leading to FDA approval. Also, in the field of immunotherapy, Dr. Hirsch have pioneered the studies of biomarkers (e.g PD-L1) for selection of patients to PD-L1 checkpoint inhibitors.

Today, Professor Hirsch is leading a multidisciplinary Thoracic Center / Program at Mount Sinai Health System in New York, which includes faculties (Professors/Associate Professor. Assistant Professor) from Pathology-, Molecular Biology-. Immunology- Medical Oncology- Radiotherapy and Surgery Departments. He has also his own laboratory focusing on biomarker studies for new therapies in lung cancer.

Chao-Chi Ho, M.D., Ph.D.

Deputy Director
Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan

Chao-Chi Ho, MD, PhD, is a clinical professor in the Department of Internal Medicine at the National Taiwan University (NTU) College of Medicine in Taipei. He earned his MD degree from the NTU College of Medicine before becoming a resident in the Department of Internal Medicine at Taipei Municipal Yang-Ming Hospital. Dr. Ho then completed his residency and fellowship in the Division of Chest Medicine, Department of Internal Medicine at NTU Hospital, where has served as an attending physician since 2001. He also got his PhD degrees form graduate institute of pathology NTU College of Medicine in 2004.

Dr. Ho's professional interests and specialties include internal, pulmonary, and critical care medicine and the molecular biology of lung cancer. He has been the principal investigator for numerous studies funded by the Taiwan Ministry of Science and Technology. Dr. Ho has contributed to over 100 articles published in such peer-reviewed journals.

Dr. Ho served as the secretary general of the Taiwan Society of Pulmonary and Critical Care Medicine from 2014 to 2017. In 2018, he served as the secretary general of the Asian Pacific Society of Respirology Annual Meeting. Dr. Ho is a member of several national scientific societies, including the Taiwan Clinical Oncology Society, the Taiwan Society of Internal Medicine, and the Taiwan Lung Cancer Society. He served as the secretary general of Taiwan Association for the Study of Lung Cancer from 2022 to 2024.

Hidehito Horinouchi, M.D., Ph.D.

Director
Center for Education and Professional Career Development, Department of Thoracic Oncology, National Cancer Center Hospital, Tokyo, Japan

Hidehito Horinouchi, M.D., Ph.D., is currently engaged in patient care, teaching, and research at the Department of Thoracic Oncology, National Cancer Center Hospital, Tokyo, Japan. As director of the Center for Professional Education and Career Development, he supports young medical, surgical, and radiation oncologists, as well as other medical staff, in advancing their careers in a wide range of oncology fields.

His activities are not limited to his institution but extend to the Asia-Pacific (APAC) region and globally, utilizing educational committees within the Japan Lung Cancer Society (JLCS), the Japanese Society of Medical Oncology (JSMO), and the International Association for the Study of Lung Cancer (IASLC). As a member of the JLCS and IASLC Board of Directors, he commits to providing healthcare professionals in the APAC region with educational, research, and other opportunities offered by the IASLC.

He also serves as one of the principal investigators in the JCOG (Japan Clinical Oncology Group), actively contributing to the group's research on multimodality therapy. He is currently engaging in multimodality therapy for locally advanced non-small cell lung cancer, a registration trial of minimal residual disease (MRD) analysis in Japan.

He has presented at numerous key academic conferences and published over 200 peer-reviewed manuscripts, primarily in the field of thoracic oncology.

Wayne Yen-Hsiang Huang, M.D., Ph.D.

Director
Division of Interventional Pulmonology, Department of Chest Medicine, Taichung Veterans General Hospital, Taichung, Taiwan

Dr. Yen-Hsiang Huang is the Director of the Division of Interventional Pulmonology and Deputy Director of the Lung Cancer Comprehensive Care and Research Center at Taichung Veterans General Hospital, and an Assistant Professor at National Yang Ming Chiao Tung University. He earned his MD from Chung Shan Medical University in 2010 and his PhD in Biomedical Science from National Chung Hsing University in 2022. His clinical career encompasses interventional pulmonology, chest medicine, and critical care, with progressive leadership roles at Taichung Veterans General Hospital.

Dr. Huang's expertise includes lung cancer, targeted therapy, interventional pulmonology, and translational research focusing on tumor biology and mechanisms of treatment resistance. He is the recipient of the APSR 2021 KF-CB Lung Cancer Research Young Investigator Award and the TSPCCM 2021 Young Investigator Award.

He has authored numerous peer-reviewed publications as first author or corresponding author, spanning EGFR-mutant NSCLC, targeted therapy strategies, resistance mechanisms, real-world outcomes, biomarker development, and molecular oncology. His work integrates clinical practice with molecular research to advance personalized treatment approaches for patients with lung cancer.

Hsin-Tuan Huang, M.D.

Attending Physician
Department of Medical Oncology, National Taiwan University Cancer Center, Taipei, Taiwan

EDUCATION

M.D., School of Medicine
National Yang-Ming University, Taipei, Taiwan, Year of Graduation: 2014
Intern, Taipei Veterans General Hospital (TVGH), Year: 2014

POSTGRADUATE TRAINING

Postgraduate Year (PGY) Trainee
National Taiwan University Hospital (NTUH), Taipei, Taiwan; Year: 2014-2015
Resident, Department of Internal Medicine
National Taiwan University Hospital (NTUH), Taipei, Taiwan; Years: 2015-2018

CHIEF RESIDENCY / FELLOWSHIP

Chief Resident, Division of Rheumatology, Immunology and Allergy
National Taiwan University Hospital (NTUH), Taipei, Taiwan; Year: 2018-2020
Chief Resident, Division of Medical Oncology
National Taiwan University Hospital (NTUH), Taipei, Taiwan; Year: 2020-2023

CURRENT APPOINTMENT

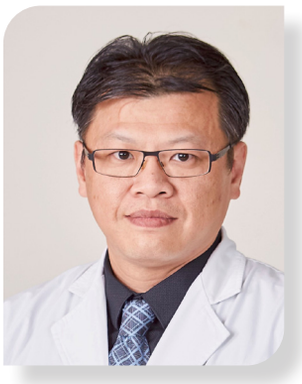
Attending Physician, Division of Medical Oncology
National Taiwan University Cancer Center (NTUCC), Taipei, Taiwan; Year 2023 – Present

GRADUATE STUDIES

Graduate Program in Oncology / Institute of Oncology
National Taiwan University (NTU); Enrollment Year: 2025 (PhD student)

CLINICAL AND RESEARCH INTERESTS

- Lung cancer (NSCLC, SCLC)
- Gynecologic malignancies
- General solid tumor oncology
- ADC development and mechanisms of resistance
- *EGFR*-mutant NSCLC and post-TKI therapeutic strategies
- Autoimmune Interstitial lung disease
- Paraneoplastic syndrome
- Immunotherapy and immune-related adverse events
- Translational oncology and biomarker discovery

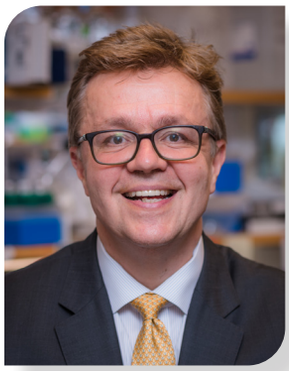


Jen-Yu Hung, M.D.

Chief
Division of Pulmonary Medicine, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan

Dr. Jen-Yu Hung is a Professor at the School of Medicine, Kaohsiung Medical University, Taiwan, and currently serves as the Chief of the Division of Pulmonary Medicine at Kaohsiung Medical University Hospital.

Dr. Hung specializes in Thoracic Oncology and Pulmonary Medicine. His recent research focuses on multi-omics and single-cell sequencing to investigate key genes, tumor heterogeneity, and the microenvironment in lung cancer, as well as metastases. He and his colleague have participated in numerous global clinical trials. The results of Dr. Hung's basic and clinical research have contributed to numerous peer-reviewed publications.



Pasi Jänne, M.D., Ph.D.

Senior Vice President
Translational Medicine, Dana-Farber Cancer Institute, Boston, USA

Dr. Jänne is Senior Vice President for Translational Medicine and the David M. Livingston, MD Chair at Dana-Farber Cancer Institute, and a Professor of Medicine at Harvard Medical School. He directs the Belfer Center for Applied Cancer Science and is a thoracic medical oncologist; he led Dana-Farber's Thoracic Medical Oncology Program from 2013 to 2024. He earned his MD/PhD at the University of Pennsylvania, completed an internship and residency at Brigham and Women's Hospital, the Dana-Farber/Massachusetts General Hospital oncology fellowship in 2001, and earned a master's in clinical investigation at Harvard University in 2002.

His research combines laboratory-based studies, translational work, and clinical trials in lung cancer, focusing on the therapeutic impact of oncogenic alterations. He co-discovered EGFR mutations, and his findings have driven several clinical trials. Dr. Jänne has received several awards for his work, including from the American Association for Cancer Research, the European Society for Medical Oncology, the American Society of Clinical Oncology, and the Medal of Honor from the American Cancer Society.

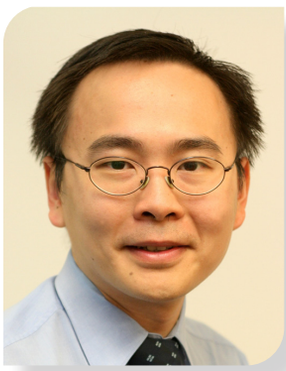
Karen Kelly, M.D.

Chief Executive Officer
International Association for the Study of Lung Cancer (IASLC), Denver, USA

Dr. Kelly is the CEO of the International Association for the Study of Lung Cancer (IASLC), the global leader in advancing research, education and patient care for lung cancer and thoracic malignancies. An internationally recognized thoracic medical oncologist, she has over 30 years of experience in clinical research, spanning prevention, treatment, and patient care.

Dr. Kelly earned her medical degree from the University of Kansas School of Medicine and completed her residency in internal medicine and oncology fellowship at the University of Colorado in Denver. She spent 16 years on the University of Colorado faculty, building a distinguished career in thoracic oncology. She later joined the University of California, Davis, where she held the Jennifer Rene Harmon Tegley and Elizabeth Erica Harmon Endowed Chair in Clinical Cancer Research, served as Director of the Phase I Program and Associate Director for Clinical Research at their NCI-designated comprehensive cancer center and founded the University of California Lung Cancer Consortium. On the national level, Dr. Kelly chaired the NCTN, SWOG Lung Committee for many years before taking her current position.

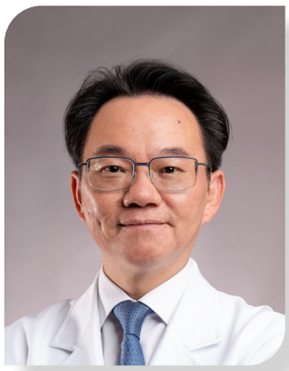
Widely published, she is an active member of IASLC, ASCO, AACR, ESMO, and SWOG, reflecting her deep commitment to advancing cancer research and improving patient outcomes worldwide.



Chee Khoon Lee, M.D., Ph.D.

Clinical Lead and Senior Research Fellow
NHMRC Clinical Trials Centre, University of Sydney, Sydney, Australia

Professor Chee Khoon Lee is a consultant medical oncologist with broad ranging clinical and research interests with a subspeciality focus on thoracic malignancies. He is a Senior Staff Specialist and Director of the Medical Oncology Clinical Research Unit at St George Hospital. He is Professor of Oncology and Oncology Clinical Lead at the National Health & Medical Research Council Clinical Trials Centre of The University of Sydney. He serves as study chair/co-chair of 7 collaborative group trials testing novel therapies and treatment strategies in thoracic and gynaecological malignancies. He also serves as a principal investigator in >100 industry-led clinical trials of novel therapies. He is a recipient of the NHMRC Investigator Grant with research focus on better strategies to personalise treatment to improve outcomes in lung cancers.



Kang-Yun Lee, M.D., Ph.D.

Executive Vice President
Taipei Medical University, Taipei, Taiwan

Dr. Kang-Yun Lee is Professor of Internal medicine and Vice President of Taipei Medical University (TMU). He also heads the Asthma Assembly of Asian Pacific Society of Respirology. Dr. Lee qualified his first degree of Medicine at TMU and received a PhD in clinical pharmacology at Imperial College London in 2006.

Dr. Lee had been working on pathogenesis of asthma, COPD, and lung cancer. In addition to clinically orientated research, he has been working on molecular control of inflammation and immunity in lung diseases. He is interested in microenvironment and immune therapy for lung cancer. His lab identified a novel myeloid-derived suppressor cell (MDSC) in lung cancer, which has been implicated in tumor aggressiveness and drug resistance. Dr. Lee also participates in a great number of clinical trials, in variable lung diseases, including airways diseases, lung cancer and pneumonia.

Chien-Chung Lin, M.D., Ph.D.

Deputy Superintendent
Tainan Hospital, Ministry of Health and Welfare, Tainan, Taiwan

I am a professor in the Department of Internal Medicine at National Cheng Kung University Hospital and Deputy Superintendent at Tainan Hospital, Ministry of Health and Welfare. My research focuses on lung cancer biomarkers and investigating TKI-associated cardiovascular events. I have collaborated with UCLA to develop platforms for identifying EGFR mutations from saliva and we also identified EV miRNA markers related to EGFR-TKI sensitivity and their mechanisms. We have studied the cardiovascular risks of lung cancer treatments, finding that osimertinib causes more cardiovascular events than other EGFR-TKIs. In another study, we found that lorlatinib is associated with a higher rate of adverse cardiovascular events compared to other ALK-TKIs, especially in older patients. Additionally, we developed an inhaled nanomedicine delivering FTY720 and Nobiletin to reduce inflammation-induced lung injury, with potential applications in early lung cancer therapy. I also serve as the principal investigator for clinical trials such as ARROS-1, MARIPOSA, and TROPION-Lung02.

Jessica J. Lin, M.D.

Director of Precision Medicine
Thoracic Oncology, Mass General Brigham Cancer Institute, Boston, USA

Jessica J. Lin, MD, is the Director of Precision Medicine, Thoracic Oncology at the Mass General Brigham (MGB) Cancer Institute, and an Associate Professor of Medicine at Harvard Medical School. Dr. Lin received her bachelor's degree summa cum laude from Harvard College, and her MD from Harvard Medical School. After completing her residency in internal medicine at the Brigham and Women's Hospital and fellowship in medical oncology at the Dana-Farber/Partners CancerCare program, she joined the faculty at Harvard Medical School and MGB Cancer Institute. She has an active practice caring for patients in the Thoracic Oncology Program and the Henri and Belinda Termeer Center for Targeted Therapies. The primary focus of Dr Lin's research is to develop novel therapeutic and biomarker strategies for patients with advanced lung cancers. As a clinical investigator, she is deeply involved in the design and conduct of clinical trials evaluating novel therapeutic agents. Her translational research efforts are dedicated to the study of resistance mechanisms and exceptional responses to targeted therapies in molecularly defined subsets of lung cancer, with the ultimate goal of improving outcomes for patients living with lung cancer.

Josh Chia-Chi Lin, M.D., Ph.D.

Attending Physician
Department of Medical Oncology, National Taiwan University Cancer Center, Taipei, Taiwan

Chia-Chi (Josh) Lin is the Attending Physician, Department of Medical Oncology, National Taiwan University Cancer Center and Professor, Graduate Institute of Clinical Medicine, National Taiwan University College of Medicine. He received his MD degree, PhD degree, and his specialty training in Medical Oncology at the National Taiwan University College of Medicine. He was a clinical research fellow at the Institute for Drug Development, Cancer Therapy and Research Center, San Antonio, TX and at the Clinical Research Services at Scottsdale Healthcare, Translational Genomics Research Institute, Scottsdale, AZ. He has authored more than 30 peer-reviewed manuscripts. His main research interests include early phase drug development as well as novel therapies for lung cancer, esophageal cancer, and thyroid cancer.

Tetsuya Mitsudomi, M.D., Ph.D.

President
Izumi City General Hospital, Izumi, Japan

Specially Invited Research Professor
Department of Innovative Medicine, Faculty of Medicine, Kindai University, Japan

Professor Emeritus
Kindai University, Japan

Dr. Mitsudomi is President of Izumi City General Hospital in Osaka, Japan, and Specially Invited Research Professor in the Department of Innovative Medicine at Kindai University, Faculty of Medicine. Before assuming his current roles in 2024, he served for a decade as Professor and Chief of Thoracic Surgery at Kindai University until 2022.

His research focuses on the surgical and perioperative management of lung cancer and precision oncology based on tumor genotypes, including *EGFR* mutations, *ALK* translocations, *KRAS* and TP53 alterations, and *MET* exon 14 skipping. He has published more than 400 peer-reviewed articles. His major scientific contributions include the molecular characterization of *EGFR*-mutated tumors, elucidation of resistance mechanisms to EGFR-TKIs, the first prospective clinical trial of gefitinib using *EGFR* mutation–based patient selection, and studies on resistance biology in *KRAS* G12C–mutated lung cancer. He has also contributed to key clinical trials on perioperative therapy such as CheckMate 816, AEGEAN, and IMPACT.

Dr. Mitsudomi served as President of IASLC from 2019 to 2021 and as President of the Japanese Lung Cancer Society from 2014 to 2018. He is also an active member of ASCO, and ESMO.

Tony S. K. Mok, M.D.

Professor
Department of Clinical Oncology, The Chinese University of Hong Kong, Hong Kong SAR, China

Professor Tony S.K. Mok was trained at the University of Alberta, Canada and he subsequently completed a fellowship in medical oncology at the Princess Margaret Hospital in Toronto. After working as a community oncologist in Toronto, Canada for seven years, he returned to Hong Kong in 1996 to pursue an academic career.

Professor Mok is the Li Shu Fan Medical Foundation endowed Professor and Chairman of Department of Clinical Oncology at The Chinese University of Hong Kong. His main research interest focuses on biomarker and molecular targeted therapy in lung cancer. He was the Principal Investigator and first author on the landmark IRESSA® Pan-Asia Study (IPASS), which was the first study that confirmed the application of precision medicine for advanced lung cancer. He has also led and co-led multiple international phase III studies including the FASTACT 2, PROFILE 1014, IMPRESS, ARCHER 1050, ALEX, AURA 3 and KEYNOTE 042. These projects address various aspects on management of advanced lung cancer, and basically have defined the current practice. He dedicates his work on precision medicine for lung cancer by also engaging in clinical research on oncogene driven lung cancer and immunotherapy. His work has been adopted by multiple international guidelines including NCCN, AMP/IASLC/CAP, ASCO and ESMO. He also contributes to the development of clinical research infra-structure in China and Asia. He cofounded the Lung Cancer Research Group, Chinese Thoracic Oncology Research Group and Asia Thoracic Oncology Research Group.

Professor Mok has contributed to over 340 articles in international peer-reviewed journals, including the New England Journal of Medicine, Science, Lancet, Nature Medicine and Journal of Clinical Oncology, and published multiple editorials and textbooks. He served as an Associate Editor for thoracic oncology for the Journal of Clinical Oncology and other international journals. He is the Past President, Past Treasurer of the International Association for the Study of Lung Cancer (IASLC) and Past Board of Director for ASCO. He is a member of the Board of Directors for ACTG-Sanomics Group, AstraZeneca, Aurora Tele-Oncology, HutchMed (China) and St. Stephen's College & Preparatory School. He is active in international education activity and has made significant contributions to AACR, ASCO, CSCO and ESMO. His work was recognized by numerous awards including Bonnie Addario Award in 2015, Fellowship of the American Society of Clinical Oncology (FASCO) in 2017, Paul 2020, Jr Scientific Award in 2017, National Science and Technology Progress Award in 2017, CSCO Annual Achievement Award in 2017, ESMO Lifetime Achievement Award in 2018, The 6th Kobayashi Foundation Award, Giant of Cancer Care 2020, SingTao Hong Kong Leader of the Year 2020 Award and The Sixth Fok Ying-Tung Prize The World Outstanding Chinese Doctor Award in 2023. His recent article in the New England Journal of Medicine has been selected as one of the most "Notable Articles in 2017". He is one of the "Highly Cited Researchers" by Clarivate Analytics for six consecutive years from 2018 to 2024. He was awarded with the Bronze Bauhinia Star (BBS) by the Government of Hong Kong Special Administrative Region in 2022 to recognize his dedicated service in public affairs.

Luis Paz-Ares, M.D., Ph.D.

Head of Oncology Department
Department of Oncology, Hospital Universitario 12 de Octubre, Madrid, Spain

Dr. Paz-Ares (MD, Ph.D.) is currently Chair of the Medical Oncology Department at the Hospital Universitario 12 de Octubre, Associate Professor at the Universidad Complutense de Madrid, and Head of the Lung Cancer Unit at National Oncology Research Center, all in Madrid.

He graduated with a degree in Medicine from the Universidad Autónoma de Madrid, in 1986, and was trained as a resident in Medical Oncology at Hospital 12 de Octubre (1988-2001). In 1993, he completed a Ph.D. in Medicine at the Universidad Autónoma de Madrid. He was a postdoctoral ESMO Research Fellow in Medical Oncology at the Beatson Oncology Centre, University of Glasgow, (1993– 1995), and completed a Master's degree in Clinical Pharmacology at the University of Glasgow in 1995.

Before the current position he was Chair of the Medical Oncology Department at the Virgen del Rocío University Hospital in Seville (2007-2014), Head of the Pharmacology Unit and responsible for Early Clinical Studies of Thoracic and Genitourinary Tumours at the University Hospital "12 de Octubre" in Madrid (1995–1999; 2000–2007), and Visiting Research Fellow in the Prostate Cancer Programme at the Dana-Farber Cancer Institute in Boston, MA, USA (1999–2000).

Luis Paz-Ares's research focuses on lung cancer and new therapeutic strategies development, both at the lab and clinical sides, and has published more than 360 articles in peer review journals including New England Journal of Medicine, Lancet, Lancet Oncology, Nature Medicine, Journal of Clinical Oncology and many others. He has served as a member of several committees, including ASCO and ESMO meeting Scientific Committees, European Organisation for Research and Treatment of Cancer Protocol Review Committee and Audit Committee, the Spanish Agency of Medicines and Medical Devices and the European Medicines Agency. He is the Chief Medical Officer of the AECC where he also seats at the Board.

Solange Peters, M.D., Ph.D.

Director and Chair
Department of Oncology and Medical Oncology, Lausanne University Hospital, Lausanne, Switzerland

Solange Peters, MD, PhD, is a full professor and director of medical oncology, as well as the thoracic malignancies program in the Department of Oncology at the University Hospital of Lausanne in Lausanne, Switzerland. She received both her doctorate in medicine and PhD from the University Hospital of Lausanne. After completing her clinical education in medical oncology and molecular biology in Switzerland and Italy, Prof. Peters has specialized in thoracic tumors, lung cancer, and pleural tumors.

Her main fields of interest are new biomarkers discovery and validation in preclinical and clinical settings, multimodality strategies for locally advanced non-small cell lung cancer (NSCLC), as well as cancer immunotherapy. Parallel, she acts as the scientific committee chair and Foundation Council member of the European Thoracic Oncology Platform (ETOP). She was recently nominated as the Strategic Advisory Board President of Paris Saclay Cancer Cluster, as well as President of Oncosuisse, the Swiss Cancer umbrella organization. She also acts as President of the Swiss Academy of Multidisciplinary Oncology (*SAMO*) and is Vice Director of the Swiss National Cancer League. Prof. Peters is active in the educational programs of the International Association for the Study of Lung Cancer (IASLC) and European Society for Medical Oncology (ESMO) - where she created the Women for Oncology Committee and for which she was the youngest President ever for an extended time of 3 years 2020-2022.

Professor Peters has authored more than 500 peer-reviewed manuscripts and book chapters, acts as Associate Editor of the *Annals of Oncology*, and of *ESMO Open*, past Editor in Chief of *Lung Cancer*, past Deputy Editor of the Journal of Thoracic Oncology (JTO) for several years, and serves on the editorial board of several other oncology journals.

Sanjay Popat, M.D., Ph.D.

Consultant Medical Oncologist
Lung Unit, Royal Marsden Hospital, London, United Kingdom

Professor Popat is Chair of Thoracic Oncology at The Institute of Cancer Research and Consultant Medical Oncologist at The Royal Marsden Hospital where he is Head of the Lung Unit and Head of the Lung Research programme. He is an internationally recognized expert in the treatment of thoracic malignancies.

His primary research interests include the complexities of cancer genomics, optimization of testing and implementation of genomic testing into routine clinical practice, as well as developing novel drug treatments through clinical trials.

He has published over 300 papers with over 20,000 citations, including influential trial manuscripts in oncogene-addicted NSCLC and mesothelioma, leading to global licensing, reimbursement in multiple territories, and recommendations in international treatment guidelines. He has co-authored European guidelines for the treatment of small cell lung cancer, non-small cell lung cancer, mesothelioma, and ctDNA use.

Nationally, he is founding chair of the British Thoracic Oncology Group (BTOG) Research Group and is immediate past chair of the BTOG Steering Committee and past co-Director for the Cancer division of the UK South London Clinical Research Network. Internationally, he sits on the Foundation Council of the European Thoracic Oncology Platform (ETOP) and holds several roles in the European Society of Medical Oncology (ESMO).

Suresh Ramalingam, M.D.

Executive Director
Winship Cancer Institute, Emory University, Atlanta, Georgia, USA

Suresh S. Ramalingam, MD, FACP, FASCO, serves as Executive Director of Winship Cancer Institute of Emory University and Associate Vice President for Cancer of the Woodruff Health Sciences Center. He is also Professor in the Department of Hematology and Medical Oncology and the Roberto C. Goizueta Distinguished Chair for Cancer Research at the Emory University School of Medicine.

Board certified in medical oncology, Dr. Ramalingam is nationally recognized as an investigator and physician in the area of small cell and non-small cell lung cancer. He plays an active role in the ECOG-ACRIN Cancer Research Group as Chair of the Thoracic Malignancies Committee and Deputy Chair of Therapeutics Programs.

Dr. Ramalingam is a past president of the Georgia Society of Oncology, a member of the board of Georgia CORE, a Fellow of the American Society of Clinical Oncology, and a Georgia Cancer Coalition Distinguished Cancer Scholar. He has received numerous awards throughout his career, most recently being named to the 2025 TIME100 Health, a recognition by *TIME* magazine honoring the 100 most influential individuals in health worldwide.

Martin Reck, M.D., Ph.D.

Head of Department
Department of Thoracic Oncology, LungenClinic Grosshansdorf, Grosshansdorf, Germany

Martin Reck, MD, PhD, is head of the Department of Thoracic Oncology and head of the Clinical Trial Department in the Department of Thoracic Oncology at the Lung Clinic Grosshansdorf, Germany.

He is also Principal Investigator in the Airway Research Center North (ARCN), which is a member of the German Centre for Lung Research (DZL).

Dr Reck underwent medical training at the University of Hamburg, Germany, from 1986–1993. He completed his doctorate at the General Hospital Wandsbek, Hamburg, in 1995, and received post-graduate training at the Hospital Grosshansdorf. Dr Reck was appointed as a specialist in internal medicine in 2001 and as a specialist in pulmonology in 2002. In 2008, he was awarded a post-doctoral lecturing qualification by the University of Schleswig-Holstein, Germany.

Dr Reck has been a Principal Investigator (PI) or Co-PI in various clinical trials since 1993. His main interests are new medical treatments of thoracic malignancies as well as translational research related to predictive markers. A particular focus of his work has been attributed to the clinical development of antiangiogenic compounds like bevacizumab, nintedanib and other compounds. Recently he also has been deeply involved in several key trials with immunotherapies including ipilimumab, PD-1 and PDL-1 antibodies and other agents. As part of this activity he has been the principal investigator of the Keynote 24 trial investigating monotherapy with Pembrolizumab against platinum based chemotherapy in untreated patients with advanced PDL-1 expressing NSCLC (TPS =/> 50%). Furthermore he has been the principal investigator of the IMpower 150 trial and other relevant studies in this field like the Checkmate 9LA trial, investigating the combination of a limited course of chemotherapy with nivolumab/Ipilimumab as first line therapy for patients with advanced NSCLC.

Besides the European Society of Medical Oncology (ESMO) Dr Reck is member of the International Association for the study of Lung Cancer (IASLC), the American society of Medical Oncology (ASCO), the German Working Group for Lung Cancer, the German Cancer Society (DKG) and the German Society of Pulmonology (DGP).

He has published papers in numerous peer-reviewed journals and is member of the editorial board of Journal of Thoracic Oncology, Annals of Oncology and Lung Cancer.

Jin-Yuan Shih, M.D., Ph.D.

Chief
Pulmonary and Critical Care Medicine, Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan

Dr, Shih is the Professor of Department of Pulmonary and Critical Care Medicine and Graduate Institute of Clinical Medicine. He graduated from College of Medicine (1985-1992), and Graduate Institute of Clinical Medicine (1997-2002), National Taiwan University.

His major study fields include the mechanism of lung cancer metastases, the resistant mechanism to TKIs treatment, and the driver mutations of lung cancer. He is interested in using RNA from cytology specimens to analyze the multiple driver mutations in lung cancer. He reported the patients' characteristics of *EML4-ALK*, *ROS-1*, *RET* and *NRG1* translocation in Taiwan. He takes care of lung cancer patients and also participates in many international clinical trials. He published a series of paper about uncommon *EGFR* mutations, EGFR TKI treatment and mechanism of TKI resistance. He published more than 300 full articles in the international journals, such as Lancet Respiratory Medicine, Lancet Oncology, Journal of Clinical Oncology, Journal of the National Cancer Institute, American Journal of Respiratory and Critical Care Medicine, Journal of Thoracic Oncology, Annals of Oncology, European Journal of Cancer, etc.

Po-Lan Su, M.D., Ph.D.

Associate Professor
Department of Internal Medicine, National Cheng Kung University Hospital, Tainan, Taiwan

I am a thoracic oncologist at National Cheng Kung University Hospital in Taiwan. My primary research interests are real-world data analysis and adjunct biomarker studies to identify better therapeutic strategies, as well as promising predictive and prognostic biomarkers. I have previously authored several real-world studies on targeted therapy and immunotherapy in both early- and advanced-stage non-small cell lung cancer. I spent two years in Dr. David Carbone's laboratory at The Ohio State University and continue to collaborate with his group on ongoing research, primarily focusing on combination therapy for *KRAS*-mutant NSCLC. My primary research interest is integrating multi-omic approaches—including single-cell transcriptomics, spatial transcriptomics, and proteomics—into biomarker discovery to define optimal treatment strategies and guide the development of future combination therapies.

Daniel S. W. Tan, B.Sc., M.B.B.S., Ph.D.

Senior Consultant
Head, Division of Clinical Trials and Epidemiological Sciences

Dr. Daniel Tan is a tenured Professor at Duke-NUS Medical School and is the Head of the Division of Clinical Trials and Epidemiological Sciences, Senior Consultant with the Division of Medical Oncology at National Cancer Centre Singapore (NCCS). He is a nationally funded Clinician-Scientist and Principal Investigator of Cancer Therapeutics Research Laboratory focused on gaining translational insights to drug response and resistance, as well as a Large Collaborative Grant addressing data-driven approaches to early detection, understanding immunobiology and targeted therapy resistance in *EGFR* mutant NSCLC.

Heather Wakelee, M.D.

Professor
Department of Medicine, Division of Oncology, Stanford University, Stanford, CA, USA

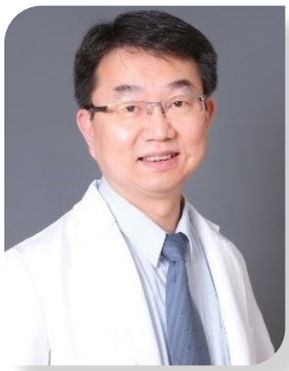
Dr. Heather Wakelee is the Winston Chen and Phyllis Huang Professor of Medicine and Chief of the Division of Oncology at Stanford University and Deputy Director of the Stanford Cancer Institute. She is a former President of the International Association for the Study of Lung Cancer (IASLC) (2021-2023) and is a Fellow of the American Society of Clinical Oncology (FASCO). Dr. Wakelee graduated from Princeton University and Johns Hopkins University School of Medicine and completed her post-graduate training at Stanford University. As an experienced lung cancer investigator, Dr. Wakelee has authored or co-authored over 300 medical articles on lung cancer and thymic malignancies and is involved in dozens of clinical trials involving targeted therapy (especially focused on *EGFR*, *ALK*, *ROS1*), immunotherapy (particularly use of immunotherapy in the peri-operative setting for NSCLC), and an-tiangiogenesis agents. Her research additionally focuses on understanding the etiology of lung cancer in patients without a smoking history.

James Chih-Hsin Yang, M.D., Ph.D.

Superintendent
National Taiwan University Cancer Center, Taipei, Taiwan

Prof. James Chih-Hsin Yang, received his MD from National Taiwan University (NTU) in Taipei in 1986 and completed his PhD degree at the Graduate Institute of Clinical Medicine, NTU, in 2000. He completed his internal medicine residency at the NTU Hospital. Between 1992 and 1995, he undertook medical oncology fellowship training for early phase cancer trials and new cancer drug development at the National Cancer Institute at Bethesda, Maryland. He has been a staff member in the Department of Oncology at the NTU Hospital since 1995 and chair the Department of Oncology between 2015-2020. He was appointed as the superintendent (Director) of the NTU Cancer Center hospital in Aug 2020, Director of NTU Cancer Research Center in Aug 2021. He is the President of Taiwan Oncology Society 2021-2022, the President of Taiwan Association for the Study of Lung Cancer since April 2022 and Board of Director of International Association for the Study of Lung Cancer (IASLC) between 2017-2021.

His clinical research included EGFR TKI combination with chemotherapy, targeted therapies and immunotherapy. He has published more than 350 papers in peer-reviewed journals such as New England Journal of Medicine, Lancet Oncology, Journal of Clinical Oncology, Lancet Respiratory Medicine, Cancer Discovery and Journal of Thoracic Oncology etc. He served more than 15 years as associate editor of Journal of Thoracic Oncology. He received many awards such as the 2nd Kobayashi Foundation Cancer Research Award from the Asian Clinical Oncology Society in 2012, the distinguished research award of the Taiwan National Science Council 2012-2015, the TECO award for biotechnology in 2015, distinguished research award of the Ministry of Science and Technology, Taiwan, from 2016-2018 and Academic Award from Taiwan Ministry of Education in 2018; Outstanding Scholar Award, Foundation For the Advancement of Outstanding Scholarship 2019 Aug -2021 Jan. Chair Professor Award, Taiwan Ministry of Education, 2021 Feb to 2024 Jan and Chair Professor of National Taiwan University in 2021. 2022 Distinguished Research Award of Phi-Tau-Phi Foundation. He is also the highly cited researcher of 2019, 2020, 2021,2022,2023, 2024 in Clinical Medicine category awarded by Clarivate Analytics (Web of Science Group). He is the recipient of 2022 IASLC (International Association for the Study of Lung Cancer) Sr. Paul A. Bunn Scientific Award. He gave more than 300 speech in international conferences, including many oral presentations of in ASCO, ESMO and World Conference on Lung Cancer.



Tsung-Ying Yang, M.D., Ph.D.

Director
Department of Chest Medicine, Taichung Veterans General Hospital, Taichung, Taiwan

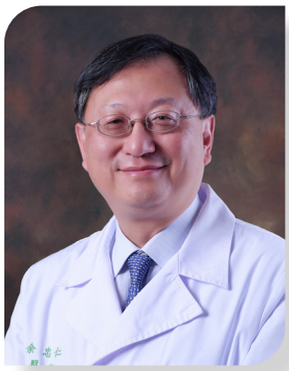
Dr. Yang received an M.D. degree from Kaohsiung Medical College in 1995. After the internal medicine residency training and fellowship in chest and critical care medicine at Taichung Veterans General Hospital, he has been an attending physician there since 2002. He has been a research fellow at MD Anderson Cancer Center for one year in 2011. He received a Ph.D. degree from Chung Shan Medical University in 2013. He is now the director of the Division of Chest Medicine at Taichung Veterans General Hospital and an adjunct associate professor at National Chung Hsing University.

Dr. Yang has been dedicated to the diagnosis and treatment of patients with lung cancer for 20 years. He accumulates abundant experience in taking care of lung cancer patients. His area of research includes the epidermal growth factor receptor (EGFR) test, the drug resistance mechanism of EGFR tyrosine kinase inhibitors and chemotherapy, the effects of anti-cancer drugs on the cell cycle, lung cancer carcinogenesis, and medicinal herbs.

Pan-Chyr Yang, M.D., Ph.D.

Professor
Department of Internal Medicine, National Taiwan University College of Medicine, Taipei, Taiwan

Dr. Yang is Chair Professor of National Taiwan University. He is former president of National Taiwan University and member of Academia Sinica, World Academic of Science and the National Academy of Inventors. His research interests are lung cancer genomics and precision cancer therapy. He is actively involved in developing novel strategies, including multi-omics, aptamer, nanotechnology and siRNA to improve diagnosis and therapy for cancer and infectious diseases, including COVID-19. His team recently by proteogenomics revealed distinct genetic and environmental signatures of lung cancer pathogenesis and progression in never-smokers. He received the 2020 IASLC Joseph W. Cullen Distinguished Award because of the contributions in leading the lung cancer screening and improving the survival of lung cancer patients.



Chong-Jen Yu, M.D., Ph.D.

Superintendent
National Taiwan University Hospital, Taipei, Taiwan

Education:

M.B.	Graduated from College of Medicine (1980-1987), National Taiwan University
Ph.D.	Graduated from Graduate Institute of Clinical Medicine (1991-1997), College of Medicine, National Taiwan University
M.B.A.	Executive MBA program in Business Administration (2013-2016), College of Management, National Taiwan University

Current position and relevant experience:

Professor	Department of Internal Medicine, Graduate Institute of Clinical Medicine, National Taiwan University College of Medicine
Attending Physician	National Taiwan University Hospital (pulmonary and critical care medicine)
Superintendent	National Taiwan University Hospital
President	Taiwan Association of Hospital Medicine
Council member	World Federation of Intensive and Critical Care
Executive Committee	Taiwan Association for the Study of Lung Cancer
2007-2013	Chief, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, National Taiwan University Hospital
2008-2013	Deputy chair, Department of Internal Medicine, National Taiwan University Hospital
2013-2017	Chair, Department of Internal Medicine, National Taiwan University Hospital
2017-2020	Vice Superintendent, National Taiwan University Hospital
2014-2017	President, Taiwan Society of Pulmonary Critical Care Medicine

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- 持續性、復發性或轉移性之子宮頸癌

適應症：

轉移性大腸直腸癌(mCRC): 1) 與5-fluorouracil化學療法合併使用可以作為第一線治療。2) 與5-fluorouracil/leucovorin/oxaliplatin化學療法合併使用可以作為先前接受過以fluoropyrimidine為基礎的化學療法無效，且未曾接受過Avastin治療的病人的治療。3) 與含有fluoropyrimidine-irinotecan-或fluoropyrimidineoxaliplatin-為基礎的化學療法合併使用，可以做為第一線已接受過以Avastin併用化療後惡化之轉移性大腸或直腸癌病人的第二線治療。[不適用於高風險的二期以及三期大腸癌輔助性療法]

轉移性乳癌(mBC): 與paclitaxel合併使用可以做為HER2(-)轉移性乳癌病人的第一線治療。[不適用於經anthracycline及taxane治療轉移性乳癌又出現疾病進展的病人。]

惡性神經膠質瘤(WHO第4級) - 神經膠母細胞瘤: 單獨使用可用於治療曾接受標準放射線治療， 且含Temozolomide在內之化學藥物治療失敗之多型性神經膠母細胞瘤復發之成人病人。

晚期、轉移性或復發性非鱗狀非小細胞肺癌(NSCLC): 1) 與carboplatin及paclitaxel合併使用可以作為第一線治療。2) 併用erlotinib可作為EGFR活化性突變的非鱗狀非小細胞肺癌病人的第一線治療。

卵巢上皮細胞、輸卵管或原發性腹膜癌(Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer): 1) 與carboplatin及paclitaxel合併使用接著單獨使用Avastin，可以做為第三期或第四期病人接受初次手術切除後之治療。2) 與carboplatin及gemcitabine合併使用，可以做為曾接受過第一線含鉑類藥物化學治療間隔至少6個月再復發，且未曾接受過bevacizumab或VEGF抑制劑或VEGF receptor-targeted agents治療之復發性病人之治療。3) 與carboplatin及paclitaxel合併使用，接著單獨使用Avastin治療，可以做為對含鉑藥物具感受性之復發性病人的治療。4) 併用paclitaxel、topotecan或pegylated liposomal doxorubicin可以做為接受過含鉑類藥物化療治療後6個月內再復發、之前接受不超過2種化療療程且未曾接受過bevacizumab或VEGF抑制劑或VEGF receptor-targeted agents治療之病人的治療。

持續性、復發性或轉移性之子宮頸癌(Persistent, Recurrent, or MetastaticCervical Cancer): 1) 與paclitaxel及cisplatin合併使用。2) 與paclitaxel及topotecan合併使用，可用於無法接受含鉑類藥物治療之病人。

使用劑量：

轉移性大腸直腸癌(mCRC): 1) 第一線治療：5毫克/公斤(體重)，每兩週一次；或7.5毫克/公斤(體重)，每三週一次。2) 第二線治療：10毫克/公斤(體重)，每兩週一次；15毫克/公斤(體重)，每三週一次。3) 當用於治療第一線已接受過以Avastin的治療法後惡化的第二線治療，應與含有fluoropyrimidine-irinotecan-或fluoropyrimidine-oxaliplatin-為基礎的化學療法合併使用，投與Avastin 5毫克/公斤(體重)，每兩週一次或7.5毫克/公斤(體重)，每三週一次。

轉移性乳癌(mBC): 靜脈輸注給予10毫克/公斤(體重)，每兩週一次。

惡性神經膠質瘤(WHO第4級) - 神經膠母細胞瘤: 靜脈輸注給予10毫克/公斤(體重)，每兩週一次；或15毫克/公斤(體重)，每三週一次。

晚期、轉移性或復發性非鱗狀非小細胞肺癌(NSCLC): 1) 合併使用含鉑類化學療法的第一線治療：靜脈輸注15毫克/公斤(體重)，每三週一次。合併使用鉑類化學療法六個治療週期，接著單獨使用Avastin治療，直到疾病惡化為止。2) 合併使用erlotinib：靜脈輸注15毫克/公斤(體重)，每三週一次。建議應持續以Avastin併用erlotinib治療至潛在疾病發生惡化為止。

卵巢上皮細胞、輸卵管或原發性腹膜癌(Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer): 1) 第三期或第四期疾病初次手術切除後之治療：靜脈輸注給予15毫克/公斤 (體重)，每三週一次。Avastin與carboplatin及paclitaxel合併使用至多六個治療週期，接著單獨使用Avastin治療直到疾病惡化、無法忍受的毒性產生或接受治療逾15個月為止(取決於何者先發生)。2) 疾病復發的治療: 對含鉑藥物具敏感性：Avastin的建議劑量是靜脈輸注給予15毫克/公斤(體重)，每三週一次。Avastin與carboplatin及paclitaxel合併使用六個治療週期，最多用到八個治療週期，接著單獨使用Avastin治療直到疾病惡化為止。抑或，Avastin與carboplatin及gemcitabine合併使用六個治療週期，最多用到十個治療週期，接著單獨使用Avastin治療直到疾病惡化為止。對鉑類化療具抗藥性：與paclitaxel、topotecan (每週投予)或pegylated liposomal doxorubicin任一藥劑併用時Avastin投與劑量為10毫克/公斤(體重)，每2週1次以IV輸注。若topotecan為每3週的第1至5天投予時，與其併用之Avastin投與劑量為15毫克/公斤(體重)，每3週1次以IV輸注。建議持續治療直到疾病惡化或無法忍受的毒性產生為止。

子宮頸癌(Cervical Cancer)：可與下列其中一種化學治療方式併用：Paclitaxel加上cisplatin或paclitaxel加上topotecan。建議劑量為15毫克/每公斤(體重)，每三週給藥一次，以靜脈輸注方式給藥。

使用方法：

用於靜脈(i.v.)輸注之透明至稍微乳白、無色至淡棕色的無菌溶液。調配後供輸注之溶液。Avastin並非用於眼球玻璃體內之配方。

禁忌症：

已知會對下列東西過敏的病人禁止使用Avastin：1) 本產品的任何成份。2) 中國倉鼠卵巢細胞製劑或其他基因重組之人類或人化的抗體。

警語：

胃腸穿孔，外科手術和傷口癒合的併發症及出血胃腸穿孔：使用Avastin治療的病人發生胃腸穿孔(有些是致命的)的發生率為0.3-3.2%。發生胃腸穿孔應停止使用Avastin。外科手術和傷口癒合的併發症：在使用Avastin治療的病人有較高傷口癒合和外科手術併發症的發生率，包括嚴重和致命的併發症的發生率。病人有傷口裂開現象時應停止使用Avastin。目前仍未知為避免減弱傷口癒合能力並減少傷口裂開的風險所需停用Avastin至進行選擇性手術的適當時間間隔。在進行選擇性手術前至少28天，應暫停使用Avastin。在手術後至少28天且手術傷口完全癒合後再開始進行Avastin的治療。出血：在使用Avastin的病人發生嚴重或致命的出血(包括咳血、胃腸出血、神經系統出血、鼻出血和陰道出血)較頻繁(最高達5倍)。對於有嚴重出血或最近曾發生咳血的病人，不可投予Avastin來治療。

副作用：

出血：在針對各種不同適應症的所有臨床試驗中，所有以Avastin治療的病人有0.4%至6.9%發生NCI-CTC 3級至5級出血事件，而化學療法對照組病人則僅有0至4.5%的發生率。在Avastin臨床試驗中所出現的出血事件主要是腫瘤相關的出血及輕微的黏膜皮膚出血 (如鼻出血)。

高血壓：以Avastin治療的病人，其整體高血壓(所有級別)的發生率達42.1%，相較於對照組達14%。以Avastin治療的病人其NCI-CTC 3級和4級高血壓的整體發生率，為0.4%到17.9%。第4級高血壓(高血壓危象)的發生率，在以Avastin治療的病人中達1.0%，而單獨使用相同化學療法的病人達0.2%。高血壓一般都是以口服降血壓藥物予以適當的控制，例如血管收縮素轉換酶抑制劑、利尿劑及鈣離子通道阻斷劑，很少會造成Avastin停藥或住院。

蛋白尿：在臨床試驗中，有0.7%到54.7%接受Avastin治療的病人曾有蛋白尿的報告。蛋白尿的嚴重程度由無臨床症狀、短暫性、輕微的蛋白尿到腎病症候群都有。8.1%的治療組病人發生3級蛋白尿。4級蛋白尿(腎病症候群)發生在治療病人中達1.4%。有高血壓病史的病人在以Avastin治療時，發生蛋白尿的危險性較高。有證據顯示1級蛋白尿可能和Avastin的劑量有關。建議在以Avastin治療前進行蛋白尿的檢驗。在大多數的研究中，尿蛋白值≥2公克/24小時會導致Avastin的停用，直到恢復到<2公克/24小時為止。

過敏、輸注反應：在一些臨床試驗中，相較於單獨使用化學療法的病人，使用Avastin併用化學療法的病人較常有過敏性(anaphylactic)及類過敏性(anaphylactoidtype)反應的報告。Avastin在一些臨床試驗中這類反應的發生率是常見的(bevacizumab治療之病人的發生率達5%)。

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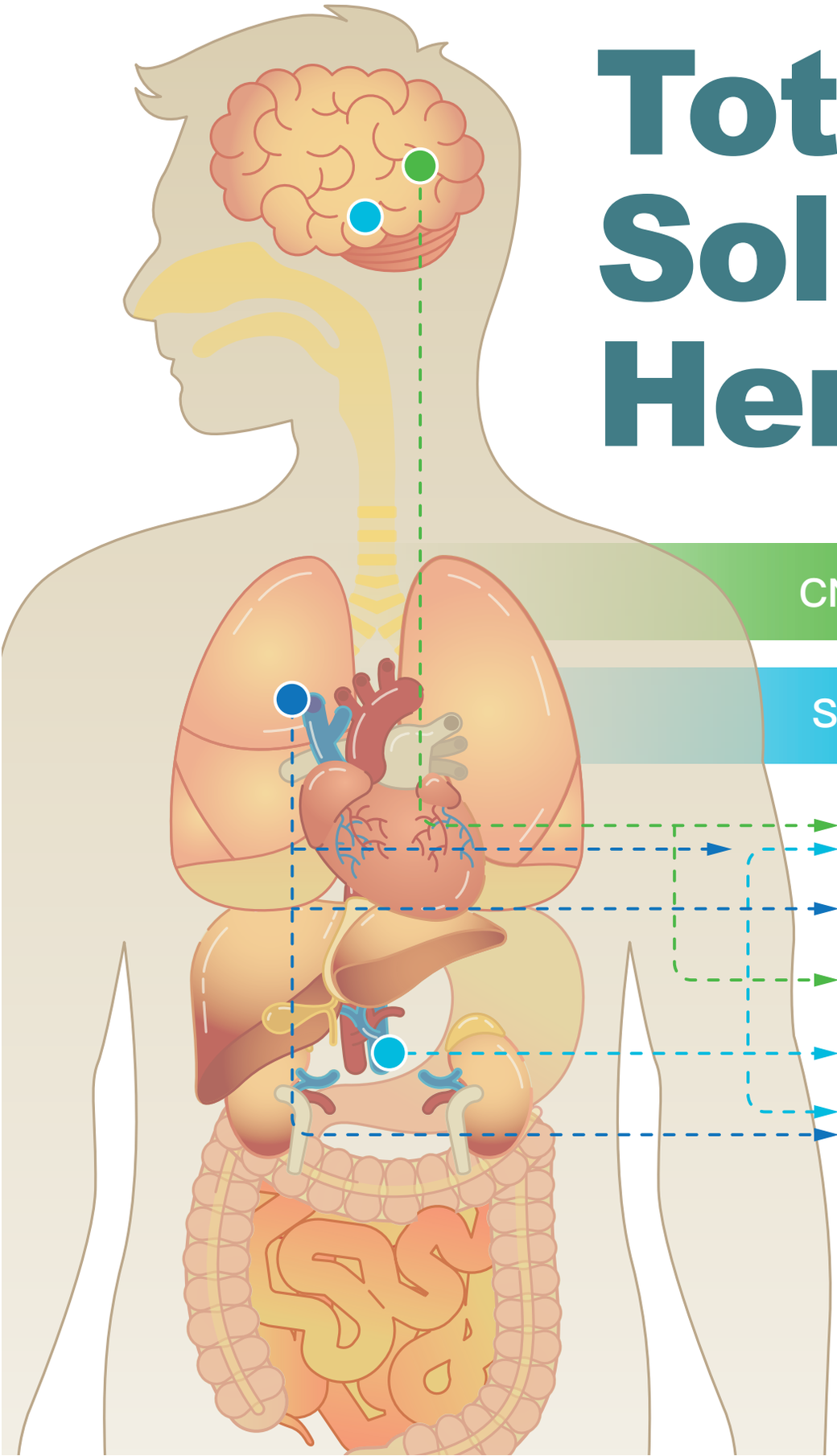

KEYTRUDA® (pembrolizumab) Injection 100 mg

最新 KEYTRUDA 健保給付 接軌國際 吉刻起飛

非小細胞肺癌給付擴增

全民健康保險 NATIONAL HEALTH INSURANCE

限 pembrolizumab 與 pemetrexed (限使用 Pexeda、Apeta或 Pemetrexed Sandoz)及含鉑類化學療法併用做為轉移性，不具有 EGFR/ ALK/ ROS-1腫瘤基因異常的非鱗狀非小細胞肺癌第一線治療。

NCCN Guideline® Recommends:
根據NCCN Guidelines® 建議，針對非小細胞肺癌（不論PD-L1表現量），KEYTRUDA皆為Preferred Regimen

KEYTRUDA® (pembrolizumab) Injection 100 mg 最新非小細胞肺癌健保給付使用條件

114/6/1 正式啟用

病人之生物標記表現：依個別藥品使用其對應之第三等級體外診斷醫療器材（class III IVD）所檢測之PD-L1表現量需符合下表：

給付範圍		肺腺癌 Adenocarcinoma	肺鱗癌 Squamous
第一線	併用	不論TPS表現量	TPS 1-49%
	單用	TPS ≥ 50%	TPS ≥ 50%
第二線	單用	-	TPS ≥ 50%
第三線	單用	TPS ≥ 50%	TPS ≥ 50%

Reference: 1. 衛福部藥品給付規定內容 - 第九節 抗癌瘤藥物 (114.09.24更新) 2. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Non-Small Cell Lung Cancer V.8.2025. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed [August 19, 2025]. To view the most recent and complete version of the guideline, go online to NCCN.org.
Abbreviation: EGFR=epidermal growth factor receptor; ALK=anaplastic lymphoma kinase; ROS-1=ROS Proto-Oncogene 1; programmed death-ligand 1; IVD=in vitro diagnostic; TPS=tumor proportion score.PD-L1=programmed death-ligand 1; NCCN=National Comprehensive Cancer Network

非小細胞肺癌安全性資訊摘要 適應症/ 非小細胞肺癌 單獨使用，用於第一線治療經確效之試驗檢測出腫瘤表現PD-L1 (tumor proportion score (TPS) ≥ 1%)且不具有EGFR或ALK腫瘤基因異常的局部晚期或轉移性非小細胞肺癌病人。單獨使用，治療接受含鉑化學治療後疾病惡化且經確效之試驗檢測出腫瘤表現PD-L1 (tumor proportion score ≥ 1%)的晚期非小細胞肺癌病人。病人若具有EGFR或ALK腫瘤基因異常者，則須經EGFR或ALK抑制劑治療後出現疾病惡化現象。與pemetrexed及含鉑化學療法併用，做為轉移性，不具有EGFR或ALK腫瘤基因異常之非鱗狀非小細胞肺癌的第一線治療藥物。與carboplatin及paclitaxel或nab-paclitaxel併用，做為轉移性鱗狀非小細胞肺癌的第一線治療藥物。與含cisplatin化療藥物併用，做為可切除的非小細胞肺癌病人(腫瘤大小≥4公分，淋巴結分期 ≤N2)的前導性治療用藥(neoadjuvant therapy)，並於手術後繼續單獨使用做為輔助治療用藥(adjuvant therapy)。單獨使用，用於已完全切除且術後接受含鉑藥物化學治療之非小細胞肺癌 (NSCLC) 且具高復發風險病人的輔助治療(adjuvant therapy)。**用法用量** 1.選擇病人 應依據是否出現陽性PD-L1表現來篩選合單獨使用KEYTRUDA做為治療藥物之病人 2.非小細胞肺癌的建議劑量 KEYTRUDA用於過去未接受過治療的非小細胞肺癌病人，單獨使用建議劑量及給藥方式為200毫克，每3週一次，或400毫克，每6週一次。每次以靜脈輸注30分鐘。若出現疾病惡化或發生無法接受之毒性反應，或24個月沒有出現疾病惡化則予以停藥。KEYTRUDA用於與pemetrexed及含鉑化學療法併用治療非鱗狀非小細胞肺癌病人，建議劑量及給藥方式為200毫克，每3週一次，或400毫克，每6週一次。每次以靜脈輸注30分鐘。若出現疾病惡化或發生無法接受之毒性反應，或24個月沒有出現疾病惡化則予以停藥。KEYTRUDA用於過去接受過治療的非小細胞肺癌病人，單獨使用建議劑量及給藥方式為2毫克/公斤，每3週一次，或200毫克，每3週一次，或400毫克，每6週一次。每次以靜脈輸注30分鐘。若出現疾病惡化或發生無法接受之毒性反應、或24個月沒有出現疾病惡化則予以停藥。 KEYTRUDA與含cisplatin化療藥物併用，作為可切除之非小細胞肺癌成年病人的前導性治療用藥，並於手術後繼續單獨使用做為輔助治療用藥的建議劑量為200毫克，每3週一次，或400毫克，每6週一次。與化學療法併用做為前導性治療12週或直到疾病惡化導致無法進行根治性手術或發生無法接受的毒性反應。手術後單獨使用KEYTRUDA做為輔助治療3週或直到疾病復發或無法接受的毒性反應。KEYTRUDA作為非小細胞肺癌病人的輔助性療法的建議劑量為200毫克，每3週一次，或400毫克，每6週一次，每次以靜脈輸注30分鐘，治療至出現疾病復發的現象或無法接受的毒性反應為止。輔助治療至多為期一年。 將KEYTRUDA與pemetrexed及化學療法併用，或與carboplatin及paclitaxel(nab- paclitaxel併用，或與含cisplatin化療藥物併用時，如果是在同一天給藥，應於進行化學療法之前先給予KEYTRUDA。參閱參見pemetrexed與carboplatin或是cisplatin的仿單說明。**安全性資訊摘要** 禁忌症 無。**警告及注意事項**病人在接受KEYTRUDA治療後可能會出現免疫媒介性不良反應，包含嚴重或致死性的腸炎、治療過程或停止治療後皆有可能發生免疫媒介性不良反應。合併感染B型或C型肝炎病人 除了肝細胞癌(肝癌)以外，本藥品之臨床試驗，皆排除B型或C型肝炎病人(包括無症狀帶原者)。本藥品對於該族群之安全性仍未知，因此目前尚無足夠資料用以建議本藥品使用於合併感染B型或C型肝炎病人。免疫媒介性肺炎(Immune-Mediated Pneumonitis)KEYTRUDA可能會造成免疫媒介性肺炎，包括死亡案例。應監視患者是否出現肺炎的徵兆與症狀。免疫媒介性結腸炎(Immune-Mediated Colitis)KEYTRUDA可能會造成免疫媒介性結腸炎。應監視患者是否出現結腸炎的徵兆與症狀。免疫媒介性肝炎(Immune-Mediated Hepatitis) (KEYTRUDA)及肝毒性(KEYTRUDA併用Axitinib)KEYTRUDA可能會造成免疫媒介性肝炎。應監測患者的肝功能是否發生變化。 KEYTRUDA與Axitinib併用可能造成肝毒性，發生第3級和第4級ALT及AST升高的機會高於KEYTRUDA單獨使用的預期發生率。在開始治療前應監視肝酵素指數，治療期間亦應定期監視，監視頻率應比使用單一種藥品治療頻繁。發生肝臟酵素升高時，暫時停用KEYTRUDA及axitinib，並視需要給予皮質類固醇治療。免疫媒介性內分泌病變(Immune-Mediated Endocrinopathies) 垂上腺功能不足 KEYTRUDA可能會造成腦下腺功能不足(原發性或次發性)；應監視病人是否出現腦上腺功能不足的徵兆與症狀 腦下垂體炎(Hypophysitis)KEYTRUDA可能會造成腦下垂體炎。應監視患者是否出現腦下垂體炎的徵兆與症狀(包括腦下垂體功能低下)。甲狀腺病變(Thyroid Disorders) KEYTRUDA可能會造成甲狀腺失調，包括甲狀腺機能低下及甲狀腺亢進。應監測患者的甲狀腺功能是否發生變化(開始治療時、治療期間(定期)、以及臨床評估顯示有必要時)，以及是否出現甲狀腺失調的臨床徵兆與症狀。 第1型糖尿病(Type 1 Diabetes mellitus) KEYTRUDA可能會造成第1型糖尿病，包括糖尿病酮酸中毒。應監測患者是否出現高血糖或糖尿病的其他徵兆與症狀。免疫媒介性腎炎與腎功能不全(Immune-Mediated Nephritis and Renal Dysfunction) KEYTRUDA可能會造成免疫媒介性腎炎。應監測患者的腎功能是否發生變化。免疫媒介性皮膚不良反應(Immune-Mediated Skin Adverse Reactions) 可能發生免疫媒介性皮疹，包含SJS、TEN(有些為死亡案例)、劇落性皮膚炎以及大疱性類天皰瘡。疑似發生嚴重皮膚反應時，應進行監控並排除其他導因；依據不良反應的嚴重程度，停止或暫時停用KEYTRUDA併投予皮質類固醇。如果出現SJS或TEN的徵兆或症狀，即停用KEYTRUDA。併發介至專門科室進行評估及治療。一旦確診為SJS或TEN，即永久停用KEYTRUDA。 其他免疫媒介性不良反應(Other Immune-Mediated Adverse Reactions) KEYTRUDA可能會造成其他臨床上重要的免疫媒介性不良反應。免疫媒介性不良反應可影響多種身體系統同時發生。疑似發生免疫媒介性不良反應時，一定要進行適當的評估，以確定病因或排除其他導因。療依據不良反應的嚴重程度，暫時停用KEYTRUDA及給予皮質類固醇。輸注相關反應(Infusion-Related Reactions) KEYTRUDA可能會造成嚴重或危及生命的輸注相關反應。應監測患者並查發生輸注相關反應的徵兆與症狀，包含寒顫、呼吸急喘、搔癢、潮紅、皮疹、低血壓、低血氧症及發燒。 接受異體造血幹細胞移植之併發症(complications of allogeneic HSCT) 於使用PD-1/PD-L1阻斷抗體治療之前和之後接受異體造血幹細胞移植(HSCT)的病人可能會發生致命性併發症和其他嚴重併發症。移植相關併發症包括超急性(hyperacute)移植物對抗宿主疾病(GVHD)、急性GVHD、慢性GVHD。於低劑量前置化療後發生肝靜脈檢塞症(VOD)，以及須使用類固醇治療的發燒症候群(無明確感染性導因)。應最密追蹤病人是否出現發生移植相關併發症的跡象，並及時進行介入治療。應權衡於進行異體HSCT之前或之後使用PD-1/PD-L1阻斷抗體治療的效益和風險。 患有多發性骨髓瘤的病人在使用thalidomide衍生物和dexamethasone治療的過程中加入KEYTRUDA會使其死亡率上升。在兩個針對多發性骨髓瘤病人的隨機臨床試驗中，使用KEYTRUDA與thalidomide衍生物和dexamethasone併用 (PD-1或PD-L1抑制劑未核准此種併用方式) 會增加死亡率。PD-1或PD-L1抑制性抗體併用thalidomide衍生物和dexamethasone不建議於非對照性臨床試驗之外用於治療多發性骨髓瘤病人。試驗期兒童族 根據其作用機制，對孕婦投予KEYTRUDA會造成胎兒傷害。應告知婦女關於本品對胎兒的風險性，應嚴吋其生育能力的女性患者，在使用KEYTRUDA治療期間應採取高度有效的避孕措施。在使用最後一劑KEYTRUDA之後亦應繼續避孕4個月。**不良反應** 臨床試驗經驗 先前未接受過治療的非小細胞肺癌 有19%的病人因發生不良反應而停用KEYTRUDA。最常導致停藥的不良反應為肺炎(pneumonitis) (3.0%)與肺炎(pneumonia) (1.4%)。有3%的病人因發生不良反應而中斷使用KEYTRUDA。最常見(≥2%)的原因為肺炎(pneumonitis) (3.1%)、肺炎(pneumonia) (3.0%)、甲狀腺機能低下(2.2%)以及ALT升高(2.0%)。 先前接受過治療的非小細胞肺癌 必須永久停止使用KEYTRUDA最常見的原因為肺炎(pneumonitis)(1.8%)。最常見(≥1%)的原因為腹瀉(1%)、噁心(1.3%)、肺炎(pneumonia)(1%)、肝臟酵素升高(1.2%)、食慾降低(1.3%)以及肺炎(pneumonitis)(1%)。 先前未接受治療的非鱗狀非小細胞肺癌，與化學治療併用 最常見的導致永久停用KEYTRUDA的不良反應為肺炎(pneumonitis)(3%)與急性腎損傷(2%)。其中最常見(≥2%)的不良反應或實驗室數據異常導致中斷KEYTRUDA的為噁中性白血球減少(13%)、無力/疲倦(7%)、貧血(7%)、血小板減少(5%)、腹瀉(4%)、肺炎(pneumonia) (4%)、血液肌肝酸上升(3%)、呼吸困難(2%)、噁中性白血球低下發燒(2%)、上呼吸道感染(2%)、ALT上升(2%)以及發燒(2%)。 可切除之非小細胞肺癌的前導性治療與輔助治療 有34%接受KEYTRUDA合併含cisplatin化學治療做為前導性治療的受試者發生嚴重不良反應，最常見(≥2%)的嚴重不良反應為肺炎(pneumonia) (4.8%)、靜脈血栓栓塞(3.3%)和貧血(2%)。1.3%的受試者發生致命的不良反應，包括 不明原因死亡(0.8%)、敗血症(0.3%)和免疫媒介性肺病(0.3%)。有18%接受KEYTRUDA合併含cisplatin化學治療做為前導性治療的受試者發生因不良反應而永久停用任一種試驗治療藥品的不良反應為急性腎損傷(1.8%)、間質性肺病(1.8%)、貧血 (1.5%)、嗜中性白血球減少 (1.5%)和肺炎 (pneumonia) (1.3%)。在接受KEYTRUDA單一藥物治療做為輔助治療的受試者當中，14%的受試者發生嚴重不良反應，最常見的嚴重不良反應為肺炎(pneumonia) (3.4%)。發生一件肺出血的致命不良反應，12%受試者因不良反應而永久停用KEYTRUDA輔助治療，最常見(≥1%)造成永久停用KEYTRUDA輔助治療的不良反應為腹瀉(1.7%)、間質性肺病(1.4%)、AST上升(1%)和肌肉骨骼疼痛(1%)。 非小細胞肺癌切除後的輔助療法 在試驗KEYNOTE-091接受 KEYTRUDA 治療的 580 位已切除 NSCLC 病人中，除了甲狀腺機能低下 (21%) 和甲狀腺機能亢進 (11%) 之外，不良反應大致與接受 KEYTRUDA 單獨治療的其他 NSCLC 病人相似。**免疫刺激性** 和所有的治療性蛋白質製劑一樣，本品也可能會產生免疫刺激性。**其他仿單內容，處方前請詳閱藥品仿單說明書**

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