International Association for the Study of Lung Cancer

In October 1972, the First International Workshop for Therapy of Lung Cancer was held at Airlie House Conference Center outside Washington D.C. This conference, sponsored by the National Cancer Institute, drew together an international group of individuals from all disciplines of medicine interested in the problem of lung cancer. The interchange of ideas among this multi-disciplinary international group was both productive and stimulating. At the concluding meeting, held on October 20, 1972, Dr. David T. Carr from the Mayo Clinic, USA, introduced the idea of forming an international organization to continue this fruitful exchange of ideas, and generally enthusiastic support for the concept was voiced by those present at the workshop.

An organizing committee was formed and Dr. David T. Carr accepted chairmanship of a committee to prepare a constitution and bylaws. Dr. Oleg S. Selawry, with the assistance of Drs. Lawrence Broder and George Higgins from the Washington V.A. Hospital, USA, and other members of the organization committee began the slow task of development. Questionnaires and applications were sent to a wide variety of individuals with interest in the problem of lung cancer throughout the world, as well as to those who had attended the Airlie meeting. By mid 1974, approximately 250 individuals had accepted membership in the Association and plans were made to have an organization meeting in conjunction with the XIth International Cancer Congress, sponsored by the UICC in Florence, Italy.

On the evening of October 26, 1974, in Florence, Italy, the first formal organizational meeting was held under the Chairmanship of Dr. Oleg S. Selawry. Bylaws of the Organization were discussed and adopted by unanimous vote. Dr. Clifton Mountain, M.D. Anderson Hospital, Houston, USA, presented the slate of officers and board of directors with results of the ballots which had been mailed out prior to the meeting. This slate of officers was unanimously elected.

A formal meeting of the Executive Committee was held on December 11, 1974, in Key Biscayne, Florida, and many subsequent informal meetings and discussions were held concerning development and goals for the Association. The Association was incorporated as a non-profit corporation. Membership certificates were designed, with the now familiar logo, prepared and mailed to all members. Periodic newsletters were prepared and disseminated to inform membership of organizational progress. Much of this work was done by Dr. Lawrence Broder, first Secretary of the Association.

Early in 1976, Dr. Selawry assumed a new position at the Miami Cancer Center and found it impossible to devote sufficient time to the developing organization and submitted his resignation in May of 1976.

In Accordance with the Bylaws, the Vice-President, David T. Carr, assumed the office of President.

With this slow and somewhat tentative beginning, a solid foundation for the Organization had been established. Under the energetic leadership of Dr. Clifton Mountain, plans were made for the First World Congress on Lung Cancer, sponsored by IASLC. This highly successful conference was held in May of 1978, at Hilton Head, South Carolina, with large attendance by participants from throughout the world. Contributing greatly to the success of this meeting was Dr. Ronald Vincent, who served as Chairman of the conference. Now officers and directors were elected to serve during the period between 1978–80. During this period, under Dr. George A. Higgins’ leadership, there was a substantial increase in membership. Newsletters were regularly distributed and plans were made for the Second World Conference.

Under the chairmanship of Dr. Heine H. Hansen, the Second World Conference on Lung Cancer was held on June 9 to 13, 1980, in Copenhagen, Denmark, and Malmö, Sweden. Over 1000 participants from throughout the world attended this highly successful conference. At the conclusion of the meeting, the officers and directors were elected for 1980–82.

Tokyo was chosen at the site of the Third World Conference on Lung Cancer, to be held May 17 to 20, 1982. Under the able guidance of Dr. Shichiro Ishikawa, Congress President, and the energetic assistance of Congress Vice President, Yoshihiro Hayata, the successful Third World Conference was attended by over 15000 participants representing most of the major nations of the world.

Decision was made to hold the International World Conference on Lung Cancer at three-year intervals instead of two years. Toronto was selected as the site for the Fourth International Conference on Lung Cancer with Dr. Ronald Feld serving as Secretary-General and Dr. Ronald Ginsberg as Chairman of the Program Committee.

The Fourth International Conference on Lung Cancer was held in Toronto in August of 1985, had an outstanding program of scientific content. One thousand participants registered for the conference, representing 33 nations. During this conference, some new actions were approved by the officers and the board of the Association. First, aggressive development of workshops and conferences to take place between world conferences; second, the format of a quarterly journal to be sponsored by the IASLC; and third, authorization was given to expand the business office of the association in Copenhagen, Denmark, in order to improve communication and develop the journal Lung Cancer. Finally, Interlaken, Switzerland, was chosen to host the 1988 conference, with Dr. Rudolf Joss as Secretary-General and Chairman of the Program Committee.

The Fifth World Conference on Lung Cancer, Interlaken 1988, was again very successful. Officers and directors were elected and Dr. Heine H. Hansen commenced his period...
of presidency. Melbourne, Australia, was chosen as the location of the 1991 World Conference, with David R. Ball as Chairman and Secretary-General.

The Sixth World Conference on Lung Cancer was attended by 1240 delegates from 47 countries and was the first recipient of the IASLC Merit Award to be found. It was decided that the award should be given to a person who had been an IASLC member for at least 10 years, who had manifested himself/herself at an international level as a person engaged in the field of lung cancer, either preclinically or clinically, and had promoted the activities of the IASLC. It was unanimously agreed that the first recipient of the IASLC Merit Award should be Dr. Clifton Mountain.

Colorado Springs, USA, was chosen as the location for the 7th World Congress with Dr. Paul A. Bunn, Jr. as Secretary General. At the same time, Dr. Yoshihiro Hayata began his period as President, and Dr. Heine H. Hansen was elected Executive Director for the expanding IASLC Office located in Copenhagen. New activities were planned with a series of workshops, now also including Eastern Europe and South Africa. With the support from the industry, travelling and educational grants within the Organization were created for promising young investigators and colleagues from developing countries.

The Seventh World Conference was a gigantic success — scientifically, socially, and economically. Set in beautiful Colorado Springs, the meeting was attended by 1347 participants from 49 countries. The IASLC Merit Award was shared by Dr. Y. Shimosato and Dr. N. Bleehen. Seven more awards were given, including Developing Nations awards and Young Investigator awards. IASLC Recommendations on Tobacco Policy were established, and Dr. Paul A. Bunn, Jr., commenced his period of presidency. Dublin, Ireland, was chosen as the venue for the 8th World Conference with Dr. Desmond N. Carney as Secretary General.

After the Colorado meeting several workshops were held on topics ranging from prevention to tumor biology. Also, the important and successful central European Lung Cancer Conferences continued with meetings in Prague, Czech Republic and Gdansk, Poland.

The 8th World Conference in Dublin took place in August 1997. Dr. Desmond N. Carney and his staff had put together an exciting and varied programme of science and entertainment. With the attendance of 2505 delegates from 63 countries, and a surplus which enabled IASLC to expand its activities during the next 3-year period, the Dublin meeting was a truly memorable event in the history of IASLC. The IASLC Merit Award was given to Dr. Heine H. Hansen, Copenhagen, in recognition of this longstanding contribution to the IASLC and the Mary J. Matthews Award was given to Dr. William D. Travis, Washington DC, for his excellence in lung cancer pathology.

Between the World Conferences in Dublin and Toyko, a total of 13 workshops, symposia, and other meetings were arranged under the auspices of IASLC, and 5 meetings were arranged under the Educational Programme in India, Thailand, China, Brazil and Jordan with speakers from the IASLC Facility. Under the chairmanship of Dr. Peter Goldstraw, UK, the IASLC Staging Committee launched in 1999 the cumbersome work of creating a new staging system for lung cancer based on a truly international data register.

The 9th World Conference was held in Toyko, Japan in September, 2000 with Dr. Y. Hayata as the Congress President. A total of 1,130 abstracts were submitted to the Conference, which was attended by 2,135 participants from 64 countries. Among the memorable events were the opening ceremony, attended by members of the Japanese imperial family, and the gigantic ball with traditional Japanese performers that made a superb conclusion to the conference. The IASLC Merit Award was given to Dr. Desmond N. Carne, Ireland, for his outstanding contribution to the IASLC; the Mary J. Matthews Award was given to Dr. Y. Shimosato, Japan, for his life long achievements in the field of pathology, and the Bristol-Myers Squibb Award was given to Daniel C. Ihde, U.S.A., for his dedication to lung cancer research and his support of IASLC and its aims. Dr. Harubumi Kato, Japan took over the Presidency and Dr. Franses Shepherd, Canada was chosen as the new President-Elect.

The Board decided on the Tokyo Declaration as an official IASLC document requesting governments worldwide to take actions against the alarming rate at which lung cancer is occurring in both men and women. The Tokyo Declaration is published in this Directory on page 11.

The first IASLC/CRFA Prevention Fellowship Award was presented in Tokyo to Dr. Jun Zhang, China and in the spring of 2001, two more Prevention Fellowship grants were awarded to Dr. Yunfei Wang, USA and Dr. Fred R. Hirsch, Denmark. Thanks to the energetic work of the President of CRFA, Carolyn Aldige, three more grants have been secured.

The IASLC Textbook of Lung Cancer, which was published in 1999, has now been translated into Chinese thanks to the efforts of Dr. Li Hou-wen, Shenyang, China.

In 2001, workshops and symposia have been arranged in Barcelona, Spain; in Prague, Czech Republic; in Reykjavik, Iceland, and in Chicago, USA. Under the IASLC Educational Programme, meetings and courses have been arranged in Dalian, China; in Istanbul, Turkey; in Bialystok, Poland and in Beijing, China.

The Vancouver Trade and Convention Centre was the venue for the 10th World Conference of Lung Cancer held in August 2003 and chaired by Nevin Murray. There were a total of 3344 registrants from 77 countries and 1149 abstracts were submitted. Awards presented by IASLC President Harubumi Kato included: the IASLC Merit Award to Paul A. Bunn, Mary Matthews Pathology Award to Adi Gazdar, BMS IASLC Distinguished Achievement Award to Paul van Houtte and The IASLC Distinguished Service Award to Heine H. Hansen. The closing gala dinner hosted 2500 delegates with entertainment by ‘‘Cirque Pacifique’’. The Vancouver meeting maintained the tradition that IASLC conferences grow in size and academic content without compromise of an atmosphere of international collegiality.

The new International Convention Center of Barcelona, located in the heart of a new activity area of Barcelona on the shores of the Mediterranean, was the venue for the 11th World Conference on Lung Cancer, chaired by Rafael Rosell.
and Laureano Molins. This was the largest World Conference yet, with a total of 4987 registrants from 92 countries and 1488 submitted abstracts. For the first time, a special Fellows’ Day was scheduled in conjunction with the conference, encompassing topics that were appealing and useful to younger investigators. The main program of the conference included 87 sessions, with lectures given by 175 invited speakers and almost 500 contributors to the scientific program. IASLC awards included: the IASLC Merit Award to Harubumi Kato; the Mary Matthews Award to Elisabeth Brambilla; the IASLC Joseph Cullen Award to Nigel Gray; and the IASLC Scientific Award to Thierry LeChevalier. Ten Young Investigator Awards and ten Developing Nation Awards were also presented to outstanding delegates. The conference was a unique occasion for investigators from several disciplines to share their views on lung cancer research and join forces to create a useful approach to lung cancer management.

12th World Conference on Lung Cancer. The 12th IASLC World Conference took place at the COEX Convention Center in Seoul, Korea on September 2–6, 2007. The conference theme was “Let’s Make Lung Cancer History”. The conference’s main objectives were to:

- Provide a forum for a world free of tobacco-related cancer
- Provide a multidisciplinary forum to share the advancements in lung cancer prevention, diagnosis and treatment
- Disseminate scientific advances in lung cancer biology and pathogenesis into clinical practice
- Encourage new clinical trials based on recent progress in molecular studies of lung cancer
- Support the career development of fellows and junior faculty in lung cancer

The meeting had 4,769 registered delegates plus 112 accompanying person registrations for a total of 4,881 persons from 84 countries. A total of 1,294 abstracts in eleven categories were submitted to the 12th World Conference of Lung Cancer from 68 countries.

Scientific highlights: The program included 4 plenary sessions (Tobacco or Health: Advances in Staging; Advances in Management of NSCLC; Presidential Symposium), 20 mini symposia, 24 Meet-the-Professor-Sessions, 21 Education Sessions, 2 Highlight of the Day Sessions and 15 Satellite Symposia. Four best abstracts were presented at the Presidential Symposium. Twenty-eight proffered paper sessions and six Poster Discussions were held and 210 oral papers and 144 poster discussion papers were presented. During three general Poster Display Sessions, 724 abstracts were shown.

IASLC Merit Award 2007 was given to Peter Goldstraw, MD, FRCS in recognition of his scientific and organizational leadership through many years. As a chair of the IASLC Staging Project since 1998, has lead to the collection of data over 100,000 cases treated by all modalities across the globe and it has guaranteed the IASLC a major role in formulating the 7th edition of the TNM classification for lung cancer. The Mary Matthews Award 2007 was given to Fred R. Hirsch, MD, PhD for his outstanding contributions to lung cancer research. Dr. Hirsch initiated the Pathology Committee within IASLC in 1983 and he has authored more than 200 scientific publications on lung cancer and is Editor of 10 international textbooks in oncology in general and on lung cancer in particular. Joseph Cullen Award 2007 was given to Dr. James L. Mulshine, MD. Dr. Mulshine has been working with a range of organizations to accelerate the use of high resolution spiral CT in the quantitative evaluation of drug response for early lung cancer over the last few years. IASLC Scientific Award 2007 was given to Dr. Frances Shepherd, MD, FRCPC. Dr. Shepherd has been instrumental in establishing Lung Cancer Tumor Banks in order to perform correlative science studies pertaining to lung cancer. Through her leadership, she has brought together a team of basic and clinical researchers committed to the evaluation of molecular pathways in lung cancer. This team is recognized world-wide as one of the foremost groups of bench to bedside research pertaining to lung cancer. And Young Investigators Awards and Developing Nations Awards are given to ten junior scientists for each. Dan Idhe Lectureship, Bob Ginsberg Lectureship and Heine Hansen Lectureship is given to three abstracts.

Social Events: The opening Ceremony combined welcoming addresses from Prime Minister of Korea and IASLC President with Korean drumming and other traditional musical performances. The closing gala dinner was held at COEX Convention Hall. Hanbok (the Korean traditional costume) Fashion show and musical entertainment, Ballroom Dance were featured and attracted attention from international delegates. It was the time for all the delegates to relax and enjoy a fusion of Korean and Western foods and entertainment. Over the 3,000 registrants enjoyed.

One of the worthwhile achievements of the 12th WCLC is the revision to the Tobacco Declaration. At the 12th WCLC, IASLC added an article of “In order to help achieve its goal of eliminating lung cancer, IASLC requests government to initiate legislative action for ultimate elimination of manufacture and sales of tobacco products”.

The 13th World Lung Cancer Conference will be held in San Francisco, July/August, 2009. Drs. David Gandara and David Jablons are the Conference co-chairs.

The 14th World Lung Cancer conference will be held in Amsterdam, The Netherlands, July 2–7, 2011. Dr. Pieter Postmus is the Conference chairman. ICS (International Conference Service), Vancouver, Canada has been chosen to arrange the coming World Conference 2007, 2009, and 2011. The new IASLC Journal “Journal of Thoracic Oncology” started January 1, 2006 and published 9 issues in 2006. It is planned to publish 12 issues in 2007. Dr. James Jett is the Editor of the JTO and has seen the JTO off to a very successful start.

In 2002 Workshops, Symposia and Educational meetings have been arranged in Belgium, Italy, Austria, India and Taiwan.

In 2003 Workshops, Symposia and Educational meetings have been arranged in Lithuania, China and Spain.

In 2004 IASLC arranged eight workshops, symposia and educational meetings in Portugal, US, Switzerland, Thailand, Brazil, Poland and Germany.
In 2005 IASLC arranged eight workshops, symposia and educational meetings in the UK, Japan, India, Indonesia, Russia, China, Turkey and US.

In 2006 the IASLC arranged 11 workshops in Ireland, US, Mexico, Czech Republic, Australia, Italy, China, Turkey and Italy.

In 2007 the IASLC arranged 5 workshops in Ireland, Italy, US, Turkey, Spain and Austria.

In 2008 two new initiatives will begin. In April: IASLC and ESMO will arrange 1st European Lung Cancer Conference in Geneva, Switzerland and in November IASLC, ASTRO, ASCO and University of Chicago will arrange the 2008 Multidisciplinary Symposium in Thoracic Oncology in Chicago. Seven workshops in US, Thailand, Switzerland, UK, Chile and India are planned to be sponsored by IASLC.

The European Society for Medical Oncology (ESMO)

Founded in 1975 as the Société de Médecine Interne Cancérologique, ESMO took on its present name in 1980, when it transformed into a pan-European organization that established itself as a highly respected institution in the field of oncology. ESMO is the leading European professional society of medical oncologists, welcomes other related specialties and has a worldwide membership from over 100 countries. ESMO’s flagship journal, Annals of Oncology, ranks among the top five clinical oncology journals.

The major focus of all ESMO activities is to improve cancer prevention and early diagnosis of cancer, as well as diagnosis, treatment and follow-up care of cancer patients. In keeping with its mission to embrace patients’ needs, an open dialogue between patients and physicians has led to the forging of a patient-physician partnership, to which patients bring their needs and direct experiences, while physicians contribute with evidence-based science, in a united effort to improve healthcare services throughout Europe.

Current developments in oncology indicate the need for treatment by multidisciplinary teams. To this end, ESMO offers multidisciplinary programs which foster collaboration between different disciplines within the Society, such as medical oncology, radiation oncology, surgical oncology, pediatric oncology, basic research, oncology pharmacy and oncology nursing.

ESMO’s multidisciplinary vision has also led to the forging of strategic partnerships with the other oncology societies, associations in specific fields and cancer organizations both in Europe and around the world. ESMO is a competent, credible partner and consulting Society that works with numerous organizations, including the European Medicines Agency (EMEA), the European Union (EU) and the World Health Organization (WHO). ESMO has also actively been strengthening working relationships with some of the major national and regional oncology societies around the world with initiatives such as reciprocal membership, joint projects and exchange programs.

As part of its global vision and strategy ESMO has become more active in politics by opening an office in Brussels. Contributing to the development, funding and positioning of oncology at the European level is one of ESMO’s ambitions. Taking care of the future of ESMO members and patients implies that the Society takes action to raise political awareness on issues that affect the constantly evolving environment of oncology.

ESMO addresses global inequalities in cancer care through statistical analysis of data concerning the discrepancies in the prerequisites for the practice of oncology in Europe and developing countries. The summary reports from this data analysis will help identify necessary improvements in the infrastructure of those countries that have less than optimal healthcare systems. They will indicate how to face the challenge of reducing disparities in the quality of care available to patients residing in different European countries. They will also provide further evidence of the need to recognize medical oncology as an independent specialty throughout Europe and globally.

Standardized training in medical oncology, based on a solid background in internal medicine, has been defined in the Recommendations for a Global Core Curriculum in Medical Oncology, produced by ESMO in joint collaboration with the American Society of Clinical Oncology (ASCO). Another ESMO-ASCO joint publication is the Consensus Statement on Quality Cancer Care, published in 2006, which outlines the basic needs and rights of cancer patients to the highest level of care.

Information, knowledge, and experience combine to form the backbone of excellence in clinical practice. To this end ESMO is a platform, offering a wide range of educational and scientific tools:

- **ESMO Congresses** focus on both state-of-the-art educational sessions and the most recent developments in oncology research and technology.
- **ESMO Conference Lugano (ECLU)** provides a comprehensive overview of state-of-the-art oncology for major cancer types and special interactive sessions that focus on the needs of young oncologists.
- **ESMO International Symposia (EIS)** concentrate on multidisciplinary approaches to specific fields of oncology.
- **ESMO Joint Meetings** co-produced organ or disease-based meetings with other prominent oncology organizations
- **ESMO Partnership Meetings** collaborate with oncology societies in meetings on topics such as translational research, targeted therapies, prevention and organ-based tumors.
- The **ESMO Examination** in medical oncology certifies medical oncologists and is required to practice medical oncology or be a full member of medical oncology societies in several European countries.
- **ESMO accredits** and supports educational courses, vir-
tual meetings and Internet-based projects, thereby ex-
• ESMO, together with the Organization of European 
Cancer Institutes (OECI), seeks to identify the necessary 
criteria for medical oncology departments in compre-
prehensive cancer centers.
• Following the publication of the ESMO Policy on 
Palliative and Supportive Care, the Society now ac-
credits ‘Designated Centers of Integrated Oncology and 
Palliative Care’ that meet a comprehensive list of crite-
rria and are capable of providing specific training in this 
important aspect of patient care.
• ESMO Clinical Recommendations assess diagnosis 
and treatment of various cancers. They are intended as 
guidelines for clinical practice and prerequisites for 
basic healthcare services.
• For young oncologists, ESMO offers a career develop-
ment program of fellowships, translational research unit 
visits, masterclasses, special educational activities, on-
cology handbooks - and much more.
• ESMO awards an ever increasing number of grants and 
fellowships with the aim of providing scholarships to 
exceptional, young oncologists.

Since 2004, the ESMO Foundation has been support-
ing ESMO’s educational activities, ranging from specific 
training of young talented people to educational programs of 
the highest quality in cancer care and prevention, as well as 
activities in translational and clinical research.

The great strides and improvements that are on the 
horizon bring with them the need to transform a wholly 
scientifically-oriented organization into a Society that is will-
ing and able to face the multifaceted aspects of cancer care 
and research. As the voice and driving force of medical 
oncology in Europe, ESMO is eager to continue to expand its 
role in multidisciplinary oncology, in order to meet the 
challenges that lie ahead.

More information on ESMO and its activities is avail-
able at www.esmo.org

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Jean-Paul Sculier, Belgium 
Rolf A. Stahel, Switzerland 

1st European Lung Cancer Conference Travel Grants
30 travel grants have been awarded by the 1st European Lung Cancer Conference Scientific Committee on a competitive 
basis from among the accepted abstracts.

Travel grants have been awarded to:
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Ullas Batra, India
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Balazs Dome, Hungary
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Walter Weder, Switzerland
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Nobuyuki Yamamoto, Japan
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Welcome to the 1st European Lung Cancer Conference

More than 30 years after the foundation of the European Society for Medical Oncology (ESMO) and the International Association for the Study of Lung Cancer (IASLC), the two societies have joined forces to hold biennial meetings presenting the cutting edge of clinical and basic research in a multidisciplinary scientific event. It is with great pleasure, therefore, that we welcome you all to the first of these jointly-organized European Lung Cancer Conferences.

This is a critical moment in lung cancer, both in disease prevention and disease management. Pharmacogenomic research is advancing at a great pace and novel findings are coming to light. New approaches in early detection and multidisciplinary approaches are being discovered. Radiation oncology is experiencing a technological revolution. Molecular biology has surfaced as a key to understanding many diseases, ranging from obesity and diabetes to Alzheimer’s and cancer. In addition, the tremendous amount of information now electronically available has had a great impact on our work. All of these advances invite sober reflection on key questions. What hurdles must the medical oncologist, radiation oncologist, surgeon and pulmonologist overcome in daily practice and in clinical trials – not to mention those faced by radiologists, pathologists and others involved in the management of lung cancer patients? What are the opportunities and weaknesses facing us at this juncture?

On the one hand, we have a unique opportunity to use modern technological advances to capture the overwhelming data reported in the literature every day, and to apply these findings almost immediately to our translational research in order to provide personalized care for our patients. On the other hand, however, how many physicians are able to find time in their daily schedule to dedicate the necessary attention to reading all the information available – often in journals with a scope beyond observations from clinical trials – in order to understand the new biological and clinical developments and apply them in daily practice?

One of the major early controversies in lung cancer patient care was the debate on the role of chemotherapy versus best supportive care. Since then, we have witnessed great advances that have enabled us to increase cancer prevention, improve patient quality of life and develop better treatments, especially with combined strategies. However, at the same time, the crucial questions have become more complicated and answers more difficult to find. We hope that this first European Lung Cancer Conference will help us move forward in our search for answers to unsolved problems and contribute to the improvement of patient care through better communication among all the specialists involved. We are now in a position to offer personalized patient assessment and care. It’s time to take that crucial step.

François Mornex and Rafael Rosell
Scientific Committee Co-Chairs
## 1st European Lung Cancer Conference Invited speaker disclosures

<table>
<thead>
<tr>
<th>Name</th>
<th>Disclosure Information</th>
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<tbody>
<tr>
<td>Kathy S. Albain</td>
<td>No significant relationship</td>
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<tr>
<td>David Ball</td>
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<tr>
<td>David Beer</td>
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<td>José Belderbos</td>
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<td>Douglas William Bettecher</td>
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<td>Hak Choy</td>
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<tr>
<td>Fortunato Ciardiello</td>
<td>No disclosure received at time of going to print</td>
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<tr>
<td>Jim Cox</td>
<td>No significant relationship</td>
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<tr>
<td>Paul de Ley</td>
<td>No significant relationship</td>
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<tr>
<td>Wilfried Eberhardt</td>
<td>Advisory Board function: Merck Germany, Pfizer, Astra Zeneca, Roche, Novartis, Boehringer, Bristol Myers, Eli Lilly/ Speakers honoraria: Pfizer, Astra Zeneca, Roche, Novartis, Boehringer, Bristol Myers, Eli Lilly/ No stocks/shares or expert testimony, No direct financial relationship to the above mentioned companies, no research funding</td>
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<td>Jeffrey Engelman</td>
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<td>Enriqueta Felip</td>
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<td>Haian Fu</td>
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<td>Cristina Gamez</td>
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<td>David R. Gandara</td>
<td>Consultant: Genentech, Pfizer, BMS, Bayer/ Grant: Lilly, BMS</td>
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<td>Afshin Gangi</td>
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<td>Pilar Garrido Lopez</td>
<td>No significant relationship</td>
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<td>Giuseppe Giaccone</td>
<td>No significant relationship</td>
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<tr>
<td>Peter Goldstraw</td>
<td>The project was founded by the IASLC partly with an unrestricted grant from Eli Lilly Co.</td>
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<tr>
<td>Cesare Gridelli</td>
<td>Consultant for Eli Lilly, Sanofi-aventis and Roche</td>
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<td>I received honoraria from AstraZeneca Japan, Roche and Chugai Pharmaceutical, less than 10’000 USD per year</td>
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<td>Luis Montuenga</td>
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<tr>
<td>Martin Muers</td>
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<tr>
<td>Joseph Nevins</td>
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<td>Marc Noppen</td>
<td>I have no financial interests to disclose</td>
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<td>Bernard Passlick</td>
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<td>Montserrat Sanchez-Céspedes</td>
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<tr>
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<tr>
<td>Takashi Takahashi</td>
<td>I hold stock in Oncomics, and am currently conducting research sponsored in part by this company</td>
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<td>No significant relationship</td>
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<td>Johan Vansteenkiste</td>
<td>No significant relationship</td>
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