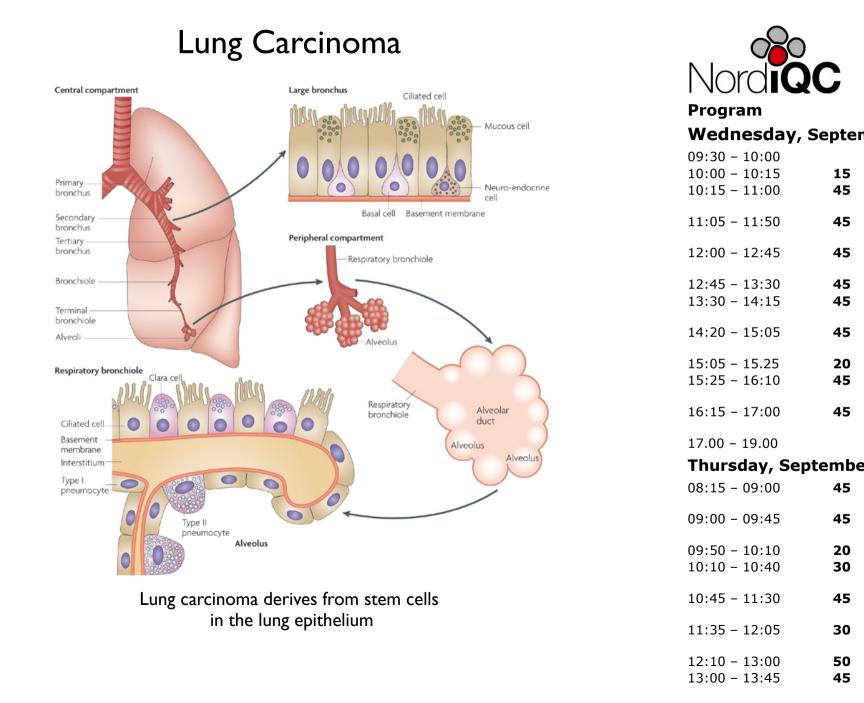
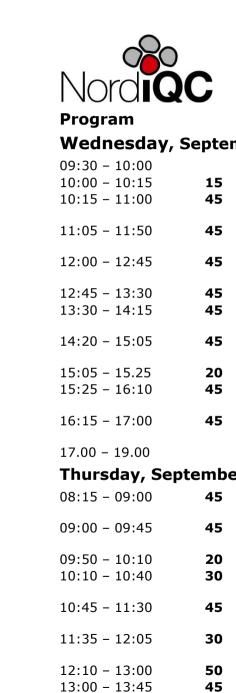


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malignant epithelial tumors (carcinomas)

Histologic Type and Subtypes	ICDO Code	Histologic Type and Subtypes	ICDO Cod
	TEDO Couc		ICDO COU
Epithelial tumors Adenocarcinoma	8140/3	Papillomas	0.050/0
Lepidic adenocarcinoma ^e	8140/3 8250/3 ^d	Squamous cell papilloma	8052/0
· · · · · · · · · · · · · · · · · · ·		Exophytic	8052/0
Acinar adenocarcinoma	8551/3 ^d	Inverted	8053/0
Papillary adenocarcinoma	8260/3 8265/3	Glandular papilloma	8260/0
Micropapillary adenocarcinoma ^e		Mixed squamous and glandular papilloma	8560/0
Solid adenocarcinoma	8230/3	Adenomas	
Invasive mucinous adenocarcinomae	8253/3 ^d	Sclerosing pneumocytoma ^e	8832/0
Mixed invasive mucinous and	ooc viol	Alveolar adenoma	8251/0
nonmucinous adenocarcinoma	8254/3 ^d	Papillary adenoma	8260/0
Colloid adenocarcinoma	8480/3	Mucinous cystadenoma	8470/0
Fetal adenocarcinoma	8333/3	Mucous gland adenoma	8480/0
Enteric adenocarcinoma ^e	8144/3	Mesenchymal tumors	
Minimally invasive adenocarcinoma ^e		Pulmonary hamartoma	8992/0 ^d
Nonmucinous	8256/3 ^d	Chondroma	9220/0
Mucinous	8257/3 ^d	PEComatous tumors ^e	
Preinvasive lesions		Lymphangioleiomyomatosis	9174/1
Atypical adenomatous hyperplasia	8250/0 ^d	PEComa, benigne	8714/0
Adenocarcinoma in situe		Clear cell tumor	8005/0
Nonmucinous	8250/2 ^d	PEComa, malignant ^e	8714/3
Mucinous	8253/2 ^d	Congenital peribronchial myofibroblastic tumor	8827/1
Squamous cell carcinoma	8070/3	Diffuse pulmonary lymphangiomatosis	
Keratinizing squamous cell carcinomae	8071/3	Inflammatory myofibroblastic tumor	8825/1
Nonkeratinizing squamous cell carcinomae	8072/3	Epithelioid hemangioendothelioma	9133/3
Basaloid squamous cell carcinomae	8083/3	Pleuropulmonary blastoma	8973/3
Preinvasive lesion		Synovial sarcoma	9040/3
Squamous cell carcinoma in situ	8070/2	Pulmonary artery intimal sarcoma	9137/3
Jeuroendocrine tumors		Pulmonary myxoid sarcoma with EWSR1-CREB1 translocatione	$8842/3^{d}$
Small cell carcinoma	8041/3	Myoepithelial tumors ^e	
Combined small cell carcinoma	8045/3	Myoepithelioma	8982/0
Large cell neuroendocrine carcinoma	8013/3	Myoepithelial carcinoma	8982/3
Combined large cell neuroendocrine carcinoma	8013/3	Lymphohistiocytic tumors	
Carcinoid tumors		Extranodal marginal zone lymphomas of mucosa-associated	9699/3
Typical carcinoid tumor	8240/3	Lymphoid tissue (MALT lymphoma)	
Atypical carcinoid tumor	8249/3	Diffuse large cell lymphoma	9680/3
Preinvasive lesion		Lymphomatoid granulomatosis	9766/1
Diffuse idiopathic pulmonary neuroendocrine	8040/0 ^d	Intravascular large B cell lymphomae	9712/3
cell hyperplasia		Pulmonary Langerhans cell histiocytosis	9751/1
Large cell carcinoma	8012/3	Erdheim-Chester disease	9750/1
Adenosquamous carcinoma	8560/3	Tumors of ectopic origin	
Sarcomatoid carcinomas		Germ cell tumors	
Pleomorphic carcinoma	8022/3	Teratoma, mature	9080/0
Spindle cell carcinoma	8032/3	Teratoma, immature	9080/1
Giant cell carcinoma	8031/3	Intrapulmonary thymoma	8580/3
Carcinosarcoma	8980/3	Melanoma	8270/3
Pulmonary blastoma	8972/3	Meningioma, NOS	9530/0
Other and Unclassified carcinomas		Metastatic tumors	
Lymphoepithelioma-like carcinoma	8082/3	"The morphology codes are from the ICDO.2 Behavior is coded /0 for	honign turno
NUT carcinoma ^e	8023/3 ^d	"I ne morphology codes are from the ICDO." Benavior is coded /0 for /1 for unspecified, borderline or uncertain behavior, /2 for carcinoma in si	
Salivary gland-type tumors		intraepithelial neoplasia, and /3 for malignant tumors.	-
Mucoepidermoid carcinoma	8430/3	"The classification is modified from the previous WHO classificat account changes in our understanding of these lesions.	ion3 taking in
Adenoid cystic carcinoma	8200/3	'This table is reproduced from the 2015 WHO Classification by Trav	vis et al.1
Epithelial-myoepithelial carcinoma	8562/3	"These new codes were approved by the International Agency on Ca	ancer Researc
Pleomorphic adenoma	8940/0	WHO Committee for ICDO. New terms changed or entities added since 2004 WHO Classification	n ³
. assitorphic additiona	(Continued)	*New terms changed or entities added since 2004 WHO Classification LCNEC, large cell neuroendocrine carcinoma, WHO, World Healt ICDO International Classification of Diseases for Oncology.	



13:50 - 14:20 30

	TABLE 1. 2015 WHO Classification of Lung Tur	nors ^{a,b,c}	TABLE 1. (Continued)			
	Histologic Type and Subtypes	ICDO Code	Histologic Type and Subtypes	ICDO Code		
	Epithelial tumors		Papillomas			
	Adenocarcinoma	8140/3	Squamous cell papilloma	8052/0		
	Lepidic adenocarcinoma ^e	8250/3 ^d	Exophytic	8052/0		
	Acinar adenocarcinoma	8551/3 ^d	Inverted	8053/0		
	Papillary adenocarcinoma	8260/3	Glandular papilloma	8260/0	Program	
	Micropapillary adenocarcinomae	8265/3	Mixed squamous and glandular papilloma	8560/0	Fiogram	
	Solid adenocarcinoma	8230/3	Adenomas		Madmaaday	Cont
	Invasive mucinous adenocarcinoma ^e	8253/3 ^d	Sclerosing pneumocytoma ^e	8832/0	Wednesday,	Sept
	Mixed invasive mucinous and nonmucinous adenocarcinoma	8254/3 ^d	Alveolar adenoma	8251/0	00 00 10 00	
	Colloid adenocarcinoma	8480/3	Papillary adenoma	8260/0	09:30 - 10:00	
	Fetal adenocarcinoma	8333/3	Mucinous cystadenoma	8470/0 8480/0	10:00 - 10:15	15
	Enteric adenocarcinoma ^e	8144/3	Mucous gland adenoma Mesenchymal tumors	8480/0		
	Minimally invasive adenocarcinoma ^e	8144/3	Pulmonary hamartoma	8992/0 ^d	10:15 - 11:00	45
	Nonmucinous	8256/3 ^d	Chondroma			
	Mucinous	8250/5 ^d	PEComatous tumors ^e	9220/0		
	Preinvasive lesions	023113	Lymphangioleiomyomatosis	9174/1	11:05 - 11:50	45
	Atypical adenomatous hyperplasia	8250/0 ^d	PEComa, benign ^e	8714/0		-
	Adenocarcinoma in situ ^e	0200/0	Clear cell tumor	8005/0		
	Nonmucinous	8250/2 ^d	PEComa, malignant ^e	8714/3	12:00 - 12:45	45
	Mucinous	8253/2 ^d	Congenital peribronchial myofibroblastic tumor	8827/1		
	Squamous cell carcinoma	8070/3	Diffuse pulmonary lymphangiomatosis	002/11		
	Keratinizing squamous cell carcinoma ^e	8071/3	Inflammatory myofibroblastic tumor	8825/1	12:45 - 13:30	45
lenocarcinoma (45%)	Nonkeratinizing squamous cell carcinomae	8072/3	Epithelioid hemangioendothelioma	9133/3	12.20 14.15	45
	Basaloid squamous cell carcinomae	8083/3	Pleuropulmonary blastoma	8973/3	13:30 - 14:15	4:
juamous carcinoma (18%)	Preinvasive lesion		Synovial sarcoma	9040/3		
	Squamous cell carcinoma in situ	8070/2	Pulmonary artery intimal sarcoma	9137/3	14.20 15.05	40
arge cell neuroendocrine carcinoma (1%)	Neuroendocrine tumors		Pulmonary myxoid sarcoma with EWSR1-CREB1 translocatione	8842/3 ^d	14:20 - 15:05	45
0	Small cell carcinoma	8041/3	Myoepithelial tumorse			
nall cell carcinoma (12%)	Combined small cell carcinoma	8045/3	Myoepithelioma	8982/0		20
()	Large cell neuroendocrine carcinoma	8013/3	Myoepithelial carcinoma	8982/3	15:05 - 15.25	20
	Combined large cell neuroendocrine carcinoma	8013/3	Lymphohistiocytic tumors		15:25 - 16:10	45
	Carcinoid tumors		Extranodal marginal zone lymphomas of mucosa-associated	9699/3	10120 10110	
	Typical carcinoid tumor	8240/3	Lymphoid tissue (MALT lymphoma)			
	Atypical carcinoid tumor	8249/3	Diffuse large cell lymphoma	9680/3	16:15 - 17:00	45
	Preinvasive lesion		Lymphomatoid granulomatosis	9766/1	10115 17100	
	Diffuse idiopathic pulmonary neuroendocrine	$8040/0^{d}$	Intravascular large B cell lymphoma	9712/3		
	cell hyperplasia	0012/2	Pulmonary Langerhans cell histiocytosis	9751/1	17.00 - 19.00	
	Large cell carcinoma	8012/3	Erdheim-Chester disease	9750/1	17100 19100	
	Adenosquamous carcinoma Sarcomatoid carcinomas	8560/3	Tumors of ectopic origin Germ cell tumors		Thursday, Sep	nteml
	Pleomorphic carcinoma	8022/3	Teratoma, mature	9080/0		
	Spindle cell carcinoma	8032/3	Teratoma, immature	9080/0 9080/1	08:15 - 09:00	45
	Giant cell carcinoma	8031/3	Intrapulmonary thymoma	8580/3	00.15 - 09.00	
	Carcinosarcoma	8980/3	Melanoma	8270/3		
	Pulmonary blastoma	8972/3	Meningioma, NOS	9530/0	09:00 - 09:45	45
	Other and Unclassified carcinomas	0,1210	Metastatic tumors		05.00 05.43	70
	Lymphoepithelioma-like carcinoma	8082/3	"The morphology codes are from the ICDO.2 Behavior is coded /0 fo	ar benjan tumors		
	NUT carcinoma ^e	8023/3 ^d	/1 for unspecified, borderline or uncertain behavior, /2 for carcinoma in s		09:50 - 10:10	20
	Salivary gland-type tumors		intraepithelial neoplasia, and /3 for malignant tumors.	-		
	Mucoepidermoid carcinoma	8430/3	^b The classification is modified from the previous WHO classificat account changes in our understanding of these lesions.	uon- taking into	10:10 - 10:40	30
	Adenoid cystic carcinoma	8200/3	This table is reproduced from the 2015 WHO Classification by Tra-			
	Epithelial-myoepithelial carcinoma	8562/3	^d These new codes were approved by the International Agency on C WHO Committee for ICDO.	ancer Research/		
	Pleomorphic adenoma	8940/0	"New terms changed or entities added since 2004 WHO Classification	ion. ³	10:45 - 11:30	45
		(Continued)	LCNEC, large cell neuroendocrine carcinoma, WHO, World Healt ICDO International Classification of Diseases for Oncology.	th Organization;		
		(commuta)	icho memanonal classification of Diseases for Oneology.			<u> </u>
					11:35 - 12:05	30

- 12:10 13:005013:00 13:4545
- 13:50 14:20 **30**

TABLE 1. 2015 WHO Classification of Lung Tu		TABLE 1. (Continued)			,
Histologic Type and Subtypes	ICDO Code		ICDO Code		
Epithelial tumors	0110/2	Papillomas			-
Adenocarcinoma	8140/3	Squamous cell papilloma	8052/0		
Lepidic adenocarcinoma ^e	8250/3 ^d	Exophytic	8052/0		
Acinar adenocarcinoma	8551/3 ^d	Inverted	8053/0		,
Papillary adenocarcinoma	8260/3	Glandular papilloma	8260/0	Program	
Micropapillary adenocarcinoma ^e	8265/3	Mixed squamous and glandular papilloma	8560/0	Fiogram	
Solid adenocarcinoma	8230/3	Adenomas		Wadaaday	~ ~~
Invasive mucinous adenocarcinoma ^e	8253/3 ^d	Sclerosing pneumocytomae	8832/0	Wednesday, s	Ser
Mixed invasive mucinous and	2051/04	Alveolar adenoma	8251/0		-
nonmucinous adenocarcinoma	8254/3 ^d	Papillary adenoma	8260/0	09:30 - 10:00	
Colloid adenocarcinoma	8480/3	Mucinous cystadenoma	8470/0	10:00 - 10:15	
Fetal adenocarcinoma	8333/3	Mucous gland adenoma	8480/0		
Enteric adenocarcinoma ^e	8144/3	Mesenchymal tumors		10:15 - 11:00	
Minimally invasive adenocarcinomae		Pulmonary hamartoma	8992/0 ^d	10110 11.00	
Nonmucinous	8256/3 ^d	Chondroma	9220/0		
Mucinous	8257/3 ^d	PEComatous tumors ^e		11:05 - 11:50	4
Preinvasive lesions		Lymphangioleiomyomatosis	9174/1	11.03 11.30	
Atypical adenomatous hyperplasia	8250/0 ^d	PEComa, benign ^e	8714/0		
Adenocarcinoma in situe		Clear cell tumor	8005/0	12:00 - 12:45	4
Nonmucinous	8250/2 ^d	PEComa, malignant ^e	8714/3	12.00 - 12.75	-
Mucinous	8253/2 ^d	Congenital peribronchial myofibroblastic tumor	8827/1		
Squamous cell carcinoma	8070/3	Diffuse pulmonary lymphangiomatosis		12:45 - 13:30	
Keratinizing squamous cell carcinomae	8071/3	Inflammatory myofibroblastic tumor	8825/1	12:45 - 13.50	-
Nonkeratinizing squamous cell carcinomae	8072/3	Epithelioid hemangioendothelioma	9133/3	13:30 - 14:15	4
Basaloid squamous cell carcinomae	8083/3	Pleuropulmonary blastoma	8973/3	10.00 10	
Preinvasive lesion		Synovial sarcoma	9040/3		
Squamous cell carcinoma in situ	8070/2	Pulmonary artery intimal sarcoma	9137/3	14:20 - 15:05	
Jeuroendocrine tumors		Pulmonary myxoid sarcoma with EWSR1-CREB1 translocatione	8842/3 ^d	17.20 13.03	
Small cell carcinoma	8041/3	Myoepithelial tumorse			
Combined small cell carcinoma	8045/3	Myoepithelioma	8982/0	15:05 - 15.25	
Large cell neuroendocrine carcinoma	8013/3	Myoepithelial carcinoma	8982/3	-0.00 -0.20	-
Combined large cell neuroendocrine carcinoma	8013/3	Lymphohistiocytic tumors		15:25 - 16:10	
Carcinoid tumors		Extranodal marginal zone lymphomas of mucosa-associated	9699/3		
Typical carcinoid tumor	8240/3	Lymphoid tissue (MALT lymphoma)			
Atypical carcinoid tumor	8249/3	Diffuse large cell lymphoma	9680/3	16:15 - 17:00	
Preinvasive lesion		Lymphomatoid granulomatosis	9766/1	10.15 17.00	
Diffuse idiopathic pulmonary neuroendocrine	$8040/0^{d}$	Intravascular large B cell lymphomae	9712/3		
cell hyperplasia		Pulmonary Langerhans cell histiocytosis	9751/1	17.00 - 19.00	
Large cell carcinoma	8012/3	Erdheim-Chester disease	9750/1	11.00 - 19.00	
Adenosquamous carcinoma	8560/3	Tumors of ectopic origin		Thursday For	-+
Sarcomatoid carcinomas		Germ cell tumors		Thursday, Sep	Ле
Pleomorphic carcinoma	8022/3	Teratoma, mature	9080/0		
Spindle cell carcinoma	8032/3	Teratoma, immature	9080/1	08:15 - 09:00	
Giant cell carcinoma	8031/3	Intrapulmonary thymoma	8580/3		
Carcinosarcoma	8980/3	Melanoma	8270/3		
Pulmonary blastoma	8972/3	Meningioma, NOS	9530/0	09:00 - 09:45	
Other and Unclassified carcinomas		Metastatic tumors			
Lymphoepithelioma-like carcinoma	8082/3	"The morphology codes are from the ICDO.2 Behavior is coded /0 for			
NUT carcinoma ^e	8023/3 ^d	/1 for unspecified, borderline or uncertain behavior, /2 for carcinoma in sit		09:50 - 10:10	
Salivary gland-type tumors		intraepithelial neoplasia, and /3 for malignant tumors. ^b The classification is modified from the previous WHO classification	tion ³ taking into	10.10 10.40	
Mucoepidermoid carcinoma	8430/3	account changes in our understanding of these lesions.		10:10 - 10:40	
Adenoid cystic carcinoma	8200/3	This table is reproduced from the 2015 WHO Classification by Travi	/is et al.1		
Epithelial-myoepithelial carcinoma	8562/3	^d These new codes were approved by the International Agency on Ca WHO Committee for ICDO.	ancer Research/		
Pleomorphic adenoma	8940/0	"New terms changed or entities added since 2004 WHO Classificatio	on.3	10:45 - 11:30	
	(Continued)	LCNEC, large cell neuroendocrine carcinoma, WHO, World Health	л Organization;		
	(Communicar)	ICDO International Classification of Diseases for Oncology.			

Carcinoids I - 2%

12:10 - 13:00

13:00 - 13:45

Diagnostic sampling



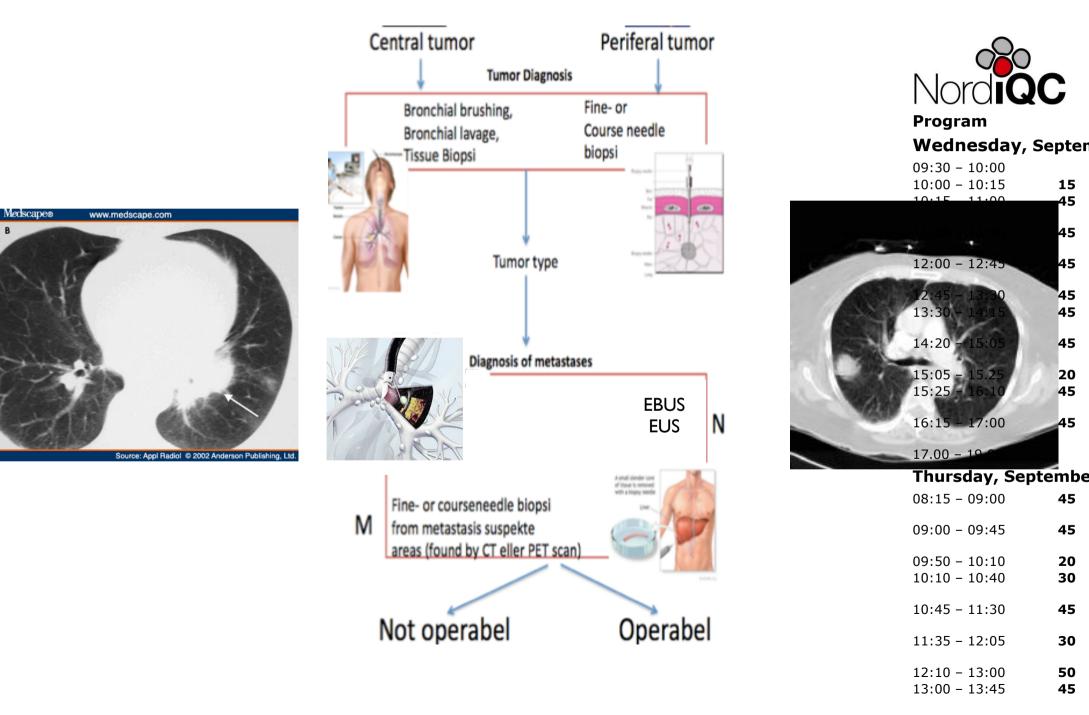
Program

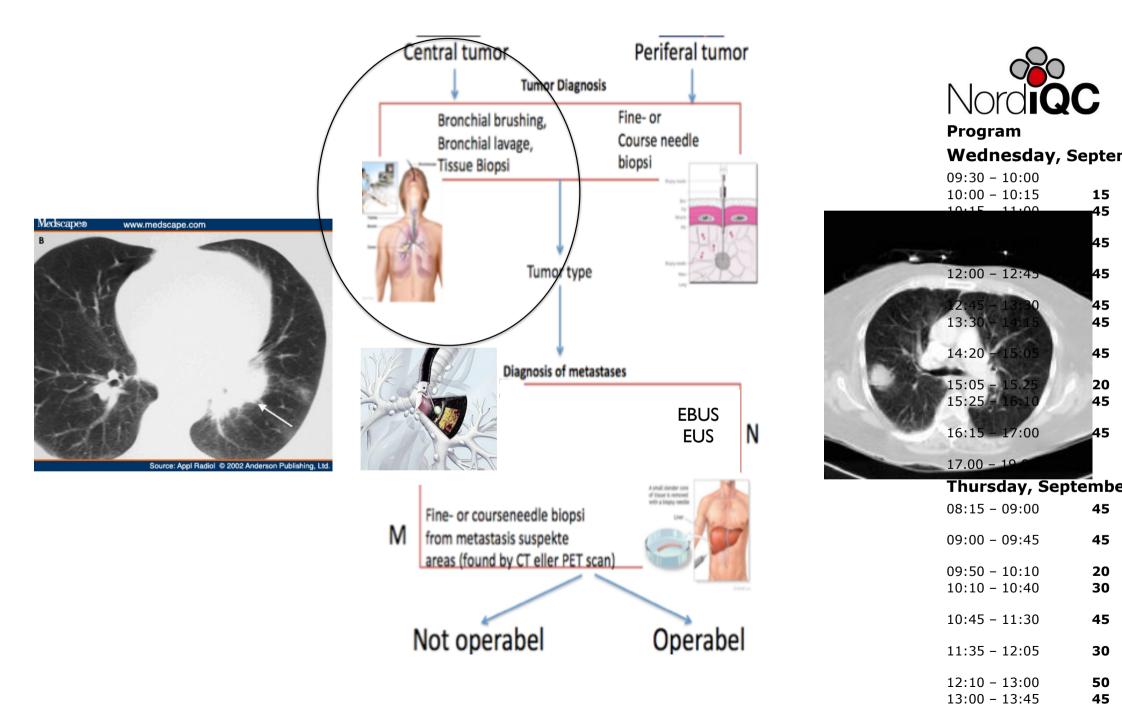
09:30 - 10:00 10:00 - 10:15

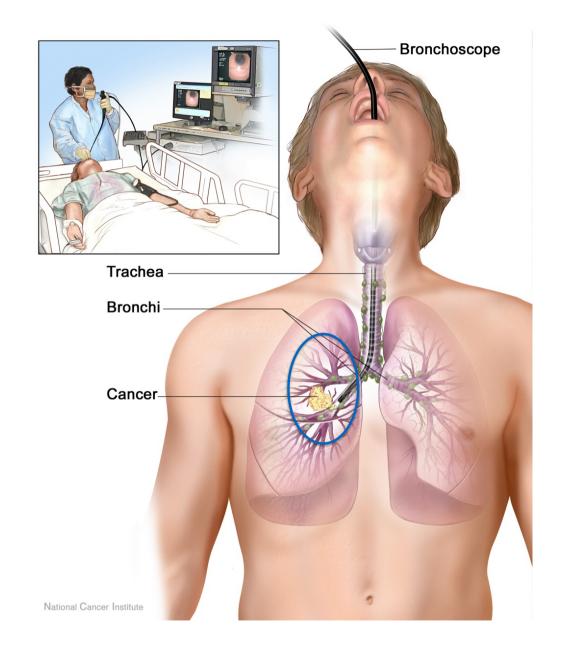
Wednesday, Septer

	Adenocarcinoma (45%) Squamous carcinoma (18%)	10:00 - 10:15 10:15 - 11:00	15 45
	Large cell neuroendocrine carcinoma (19 Small cell carcinoma (12%)	,	45
		12:00 - 12:45	45
		12:45 - 13:30 13:30 - 14:15	45 45
sis (TNM)	Lung Cancer Stage Classification (8 th Editio Stage 0 Stage IA	ײ 14:20 - 15:05 Stage IB	45
	General Note: All Stage 1-III tumors are M0 Ts, Nx should be used only if no Tis N0	15:05 - 15.25	20 45
	information at all is available about T or N stage (including no clinical staging information). Mx is not allowed, because symptoms and physical examines	$\begin{array}{c} \begin{array}{c} \begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 0 \\ 0 \end{array} \end{array} \begin{array}{c} \begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 0 \\ 0 \\ 1 \\ 1 \\$	45
	information is always available. Superficial nuccoal tumor	Thursday, Sej	otembe
	Stage IIA Stage IIB	08:15 - 09:00	45
	T2bN0	09:00 - 09:45	45
	T3 _{Iav} N0 { T3 _{-5.7} N0	09:50 - 10:10 10:10 - 10:40	20 30
		10:45 - 11:30	45
		11:35 - 12:05	30
		12:10 - 13:00 13:00 - 13:45	50 45
		13:50 - 14:20	30

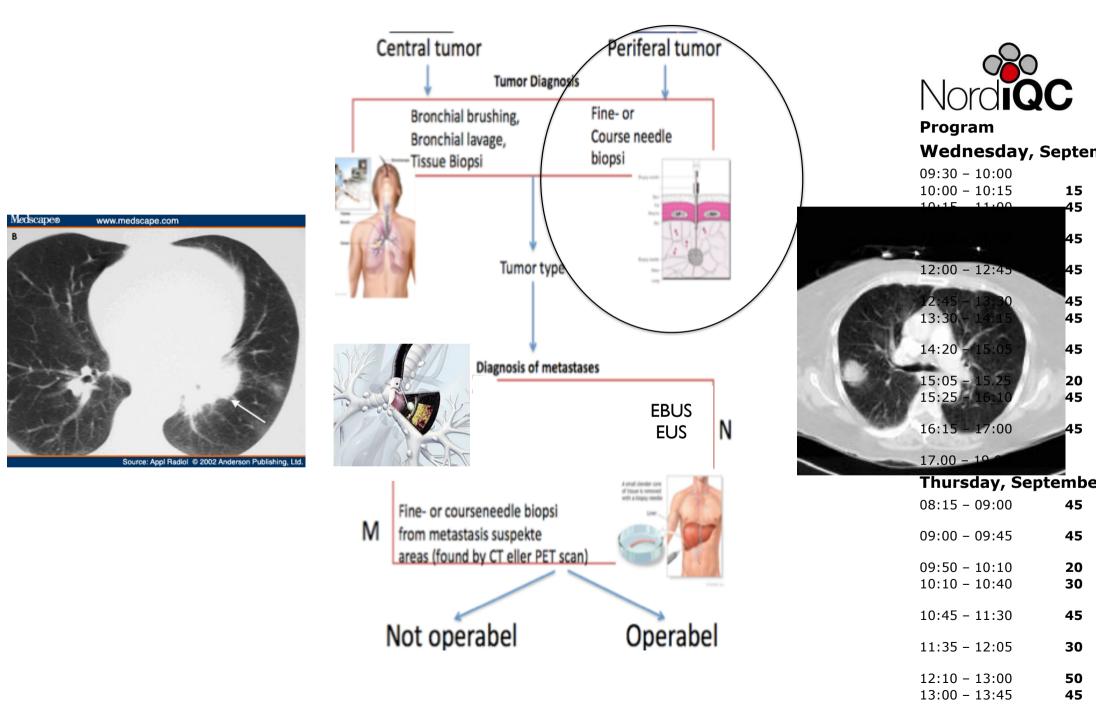
I. Diagnosis 2. Tumor, Node, Metastas



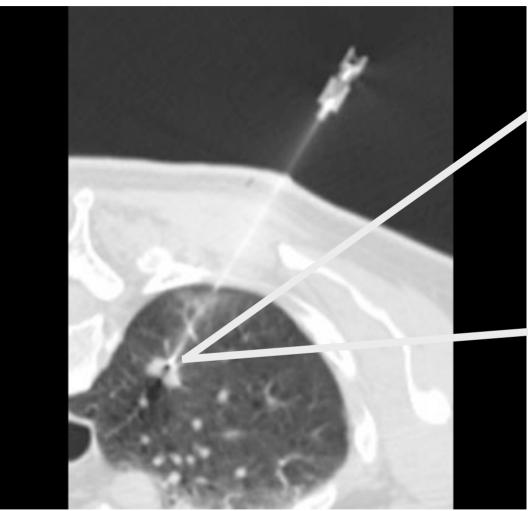




Bronkialwash	NordiQ	С
Brushbiopsy	Program	
1 2	Wednesday, S	epter
EBUS Endobronchial Ultrasound		15
FUS		V / A
EUS Esophagal Ultraspund Scanning	ng 11:05 - 1150	45
A A CALLER CONTRACT	12:00 - 12:45	45
and the second s	12:45 - 13:30	45
	13:30 - 14:15	45
	Gytology	45
	15:05 - 15.25	20
	15:25 - 16:10	45
and the second	16:15 - 17:00	45
forcos hispay	17.00 - 19.00	
forceps biopsy	Thursday, Sept	embe
200.	08:15 - 09:00	45
Paris in the second	09:00 - 09:45	45
		20 30
	10:45 - 11:30	45
a superior superior	11:35 - 12:05	30
	12:10 - 13:00 13:00 - 13:45	50 45



CT guided needle biopsy



Coarse needle

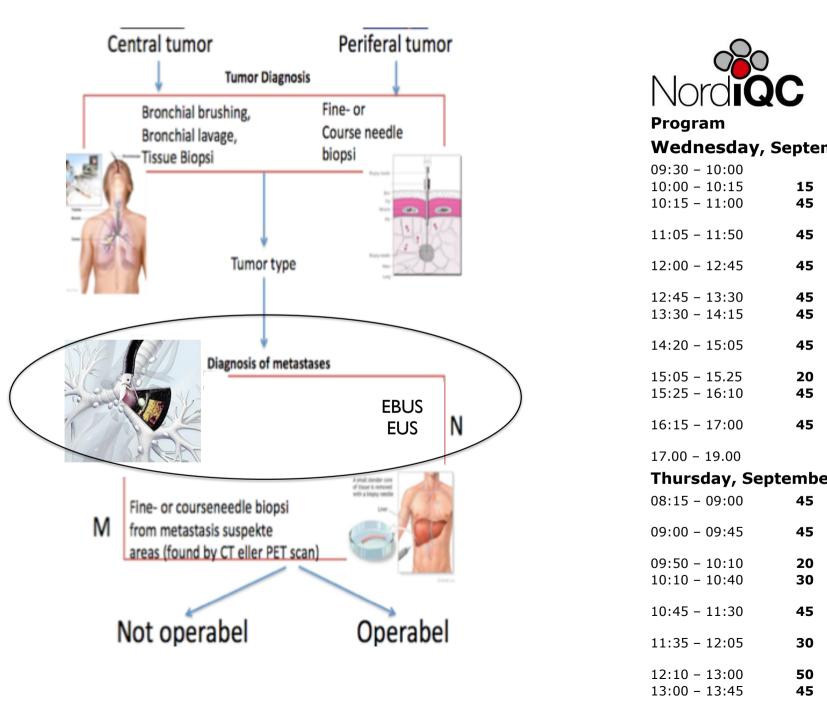
Fine needle

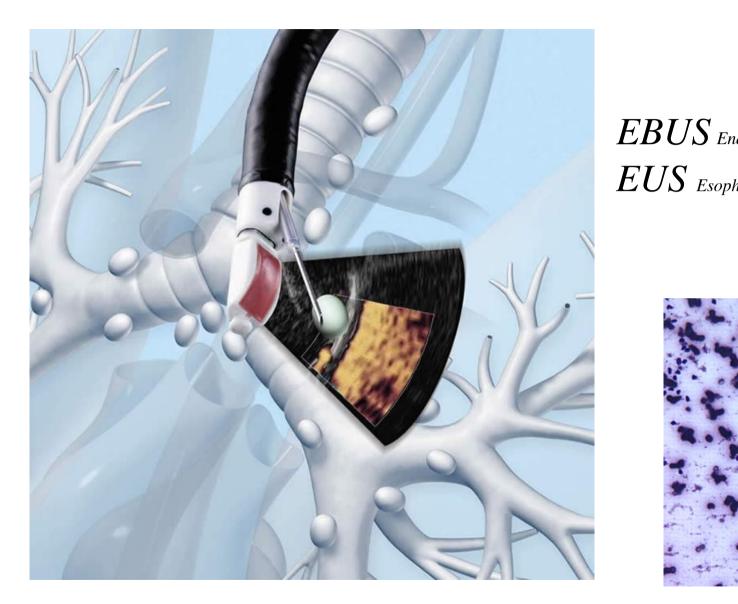




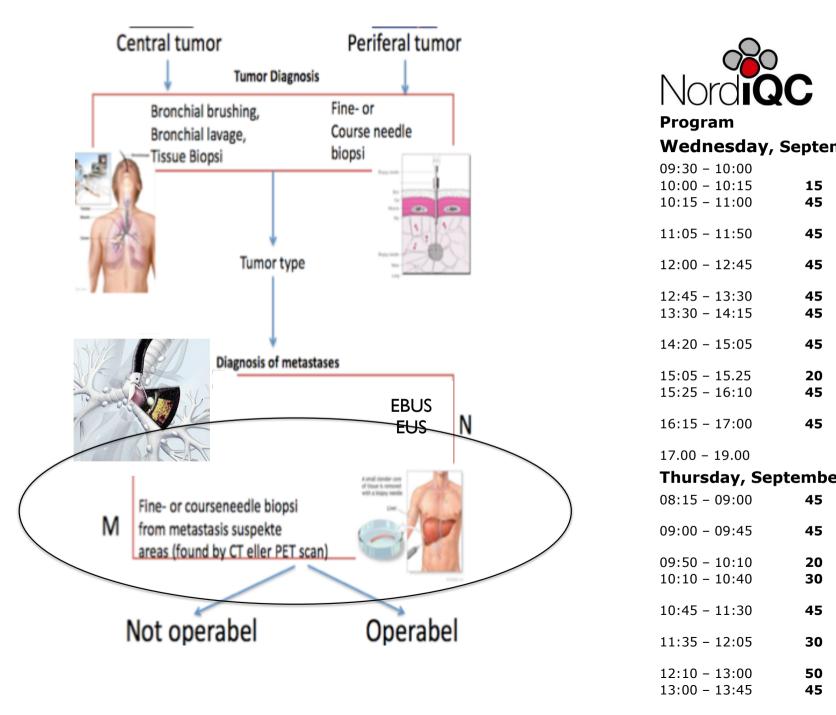
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Wednesday,	Septer
09:30 - 10:00	4 -
10:00 - 10:15 10:15 - 11:00	15 45
Histology	45
12:00 - 12:45	45
12:45 - 13:30	45
13:30 - 14:15	45
14:20 - 15:05	45
15:05 - 15.25	20
15:25 - 16:10	45
16:15 - 17:00	45
17.00 - 19.00	
Thursday, Sep	tembe
08:15 - 09:00	45
Cytology	45
Cytology	73
00.50 - 10.10	20

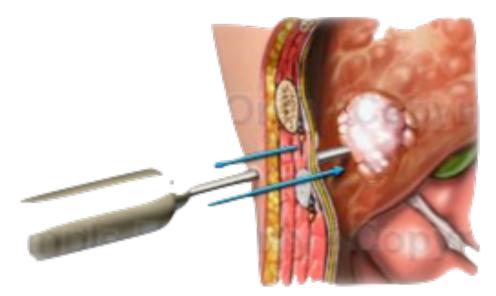
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12.50	14.20	20
13:50 - 1	14.20	30





	No	rdiQ)
	Progr	am	
		pesday, Se	epter
ndobronchial Ultrasound Sca	09:30 <i>n10:08</i> 0 10:15	10:00 10:15 11:00 BN	15 A5
hagal Ultraspund Scanning	11:05	11:50	45
	12:00 -	12:45	45
Cytology	12:45 - 13:30 -		45 45
	14:20 -	15:05	45
	15:05 - 15:25 -		20 45
A And the De	500	17:00	45
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	12:10 - 13:00 -		50 45





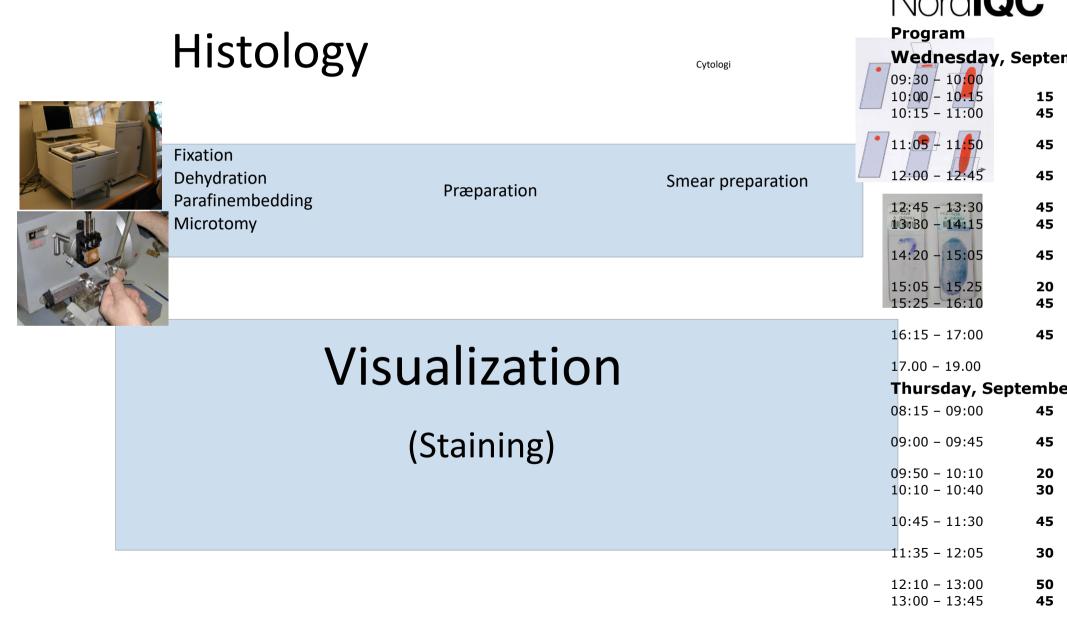


Coarse needle

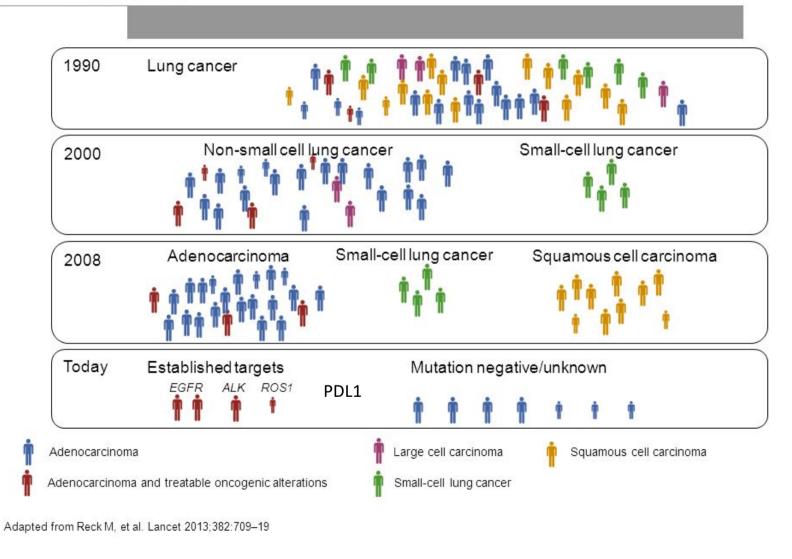
Fine needle

e	Nordi	
	Program	
	Wednesday,	Septer
	09:30 - 10:00 10:00 - 10:15 10:15 - 11:00	15 45
	Histology 11:50	45
	12:00 - 12:45	45
	12:45 - 13:30 13:30 - 14:15	45 45
	14:20 - 15:05	45
	15:05 - 15.25 15:25 - 16:10	20 45
	16:15 - 17:00	45
	17.00 - 19.00	
	Thursday, Sep	
	08:15 – 09:00	45
	Cytology - 09:45	45
	09:50 - 10:10 10:10 - 10:40	20 30
	10:45 - 11:30	45
	11:35 - 12:05	30
	12:10 - 13:00 13:00 - 13:45	50 45

Patoanatomical specimen



Patient selection in lung cancer: Evolution over time

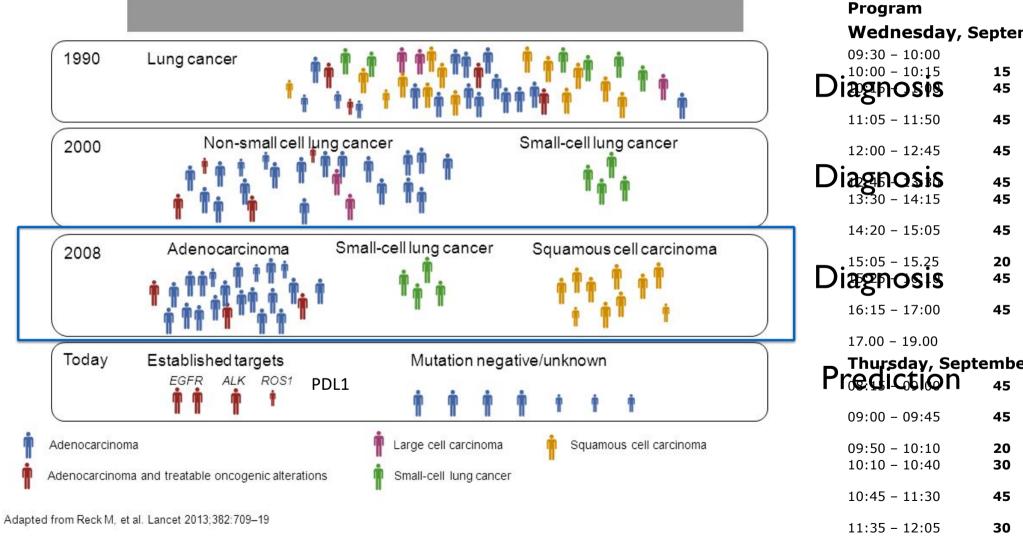




Program Wednesday, Septer

	09:30 - 10:00	
_	10:00 - 10:15	15
ר	iagnosis	45
	11:05 - 11:50	45
	12:00 - 12:45	45
	iagnocia	
ノ	lagnosis	45
	13:30 - 14:15	45
		4=
	14:20 - 15:05	45
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7		45
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	16:15 - 17:00	45
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	17.00 - 19.00	
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Ρ	17.00 - 19.00 Thursday, Sept CEQICTION	tembe 45
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Ρ	Thursday, Sept rediction	
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Ρ	Thursday, Sept C.C.I.O.I 09:00 - 09:45 09:50 - 10:10	45 20
Ρ	Thursday, Sept C.C.I.O.I 09:00 - 09:45 09:50 - 10:10	45 20
P	Thursday, Sept O: O: O: O: O: O: O: O:	45 20 30 45
P	Thursday, Sept C. C. C	45 20 30
P	Thursday, Sept 09:00 - 09:45 09:50 - 10:10 10:10 - 10:40 10:45 - 11:30 11:35 - 12:05	45 20 30 45 30
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Patient selection in lung cancer: Evolution over time

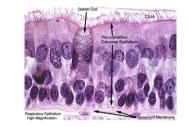


15

45 11:05 - 11:5045 12:00 - 12:45 45 iagnosis 13:30 - 14:15 45 45 14:20 - 15:05 45 20 15:05 - 15.25 iagnosis 45 16:15 - 17:00 45 17.00 - 19.00Prediction 45 09:00 - 09:4545 09:50 - 10:1020 10:10 - 10:40 30 10:45 - 11:30 45

- 11:35 12:05 30
- 12:10 13:00 50 13:00 - 13:45 45
- 13:50 14:2030

Morphology





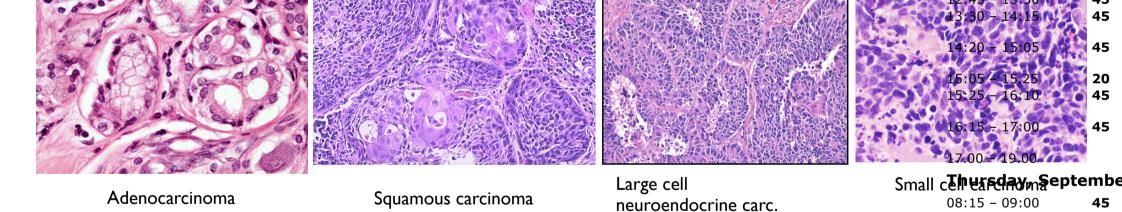
Program

Wednesday, Septer

·P · · · ·	n cuncouu ,, oc
	09:30 - 10:00
15	10:00 - 10:15
45	10:15 - 11:00
45	11:05 - 11:50
45	12:00 - 12:45
	A STATE OF A STATE
45	12:45 - 13:30
45	13:30 - 14:15
	TWO & CO CO
45	14:20 - 15:05
20	15:05 - 15.25
45	15:25 - 16:10

00 - 190

08:15 - 09:00



oer me care.		
	09:00 - 09:45	45
Neuroendocrine	09:50 - 10:10 Carcinoma	20 30
	10:45 - 11:30	45

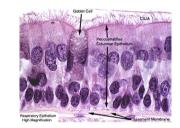
45

45

- 12:10 13:00 50 13:00 - 13:45 45
- 13:50 14:20 30

Non Small Cell Lung Carcinoma (NSCLC)

Morphology





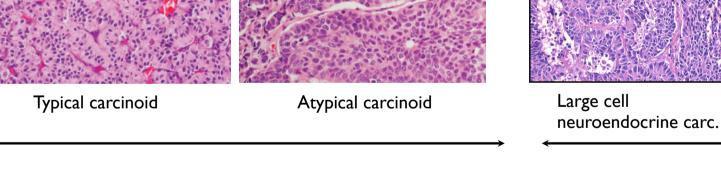
Program

Wednesday, Septer

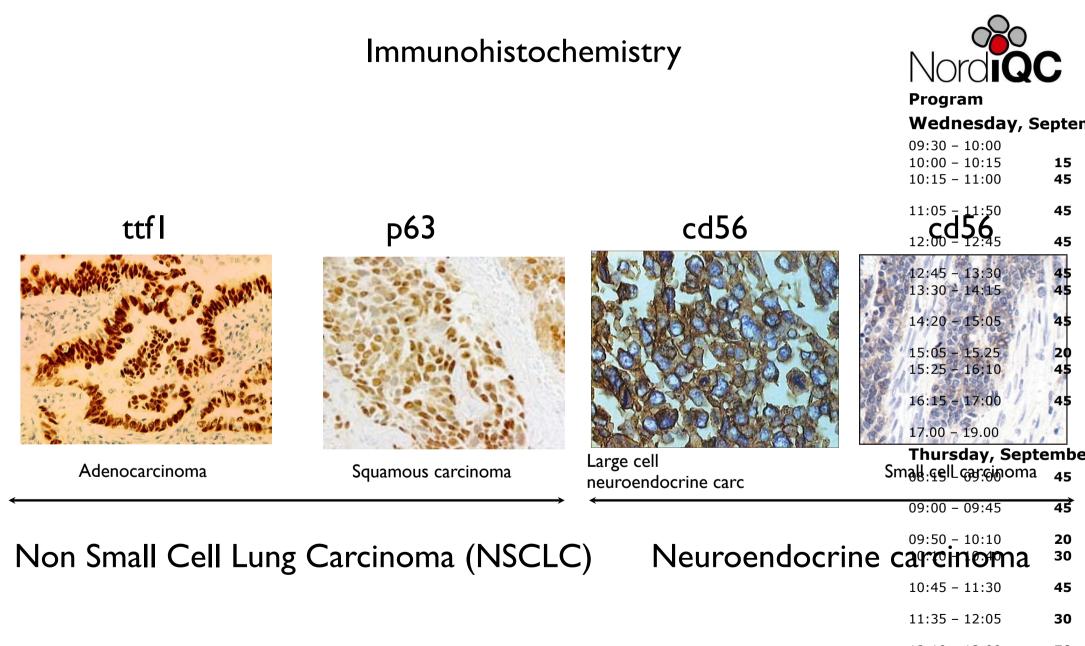
weanesday, Se	pter
09:30 - 10:00	
10:00 - 10:15	15
10:15 - 11:00	45
11:05 - 11:50	45
12:00 - 12:45	45
12.00 12.45	75
12:45 - 13:30	45
13:30 - 14:15	45
TWO S A S A	
14:20 - 15:05	45
15:05 - 15.25	20
15:25 - 16:10	45
10110	
16:15 - 17:00	45
17.00 - 19.00	
Small cEntrangengepte	mbe

ell ndocrine carc.	Small cenetronaepte 08:15 - 09:00	45
	09:00 - 09:45	→ 45
Neuroendocr		20 30
	10:45 - 11:30	45
	11:35 - 12:05	30
	12:10 - 13:00 13:00 - 13:45	50 45

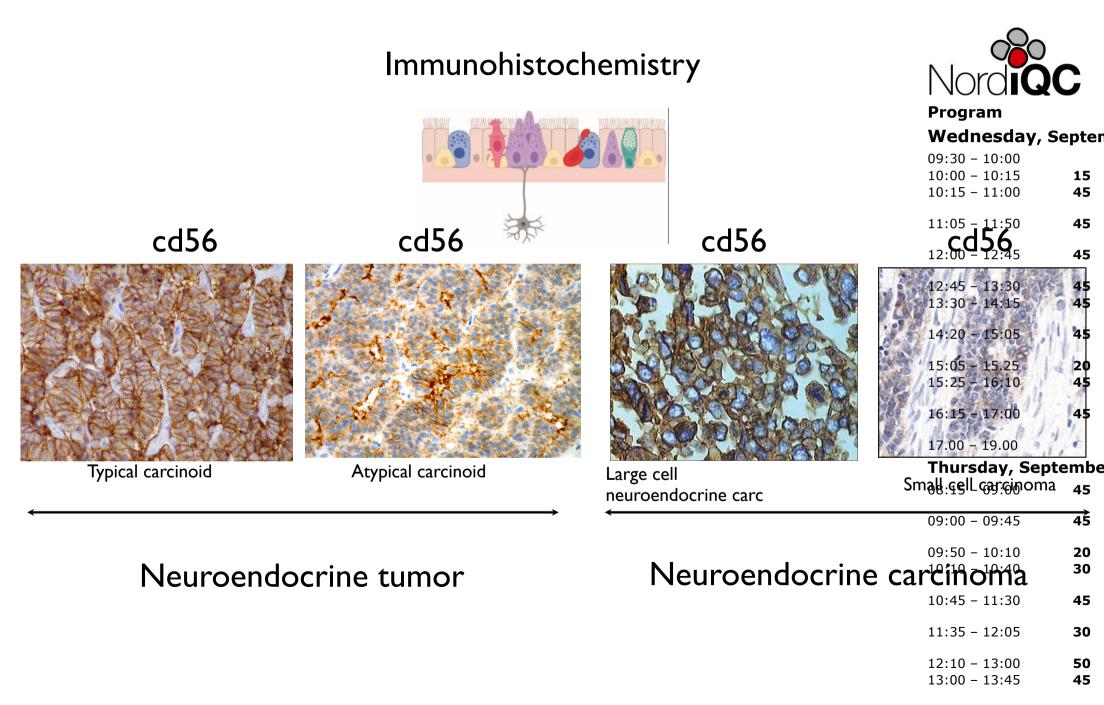
13:50 – 14:20 **30**



Neuroendocrine tumor



- 12:10 13:00 **50** 13:00 - 13:45 **45**
- 13:50 14:20 **30**

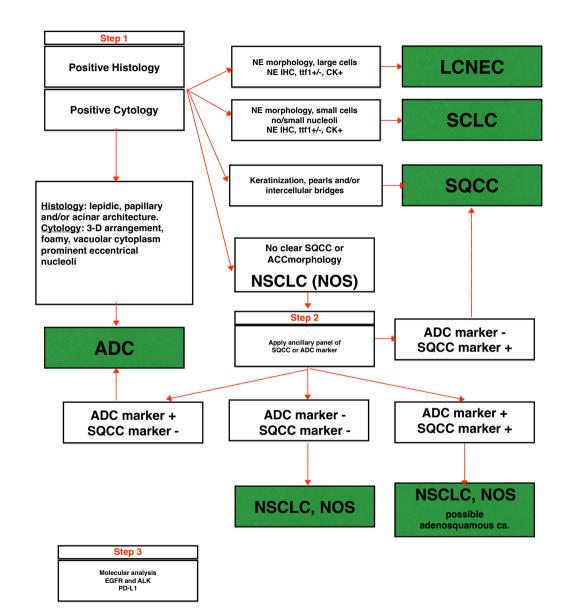


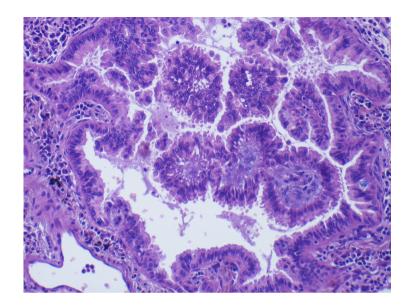
Algorithm modified from

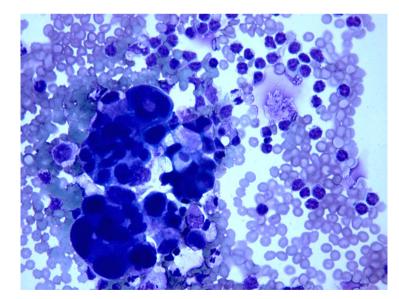
Diagnosis of Lung Cancer in Small Biopsies and Cytology

Implications of the 2011 International Association for the Study of Lung Cancer/ American Thoracic Society/European Respiratory Society Classification

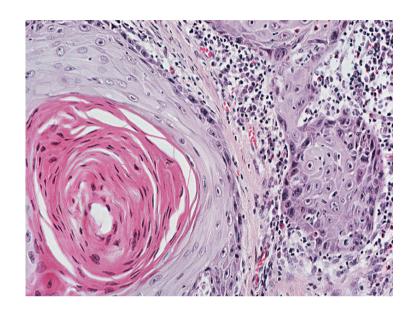
William D. Travis, MD; Elisabeth Brambilla, MD; Masayuki Noguchi, MD; Andrew G. Nicholson, DM; Kim Ceisinger, MD; Yasushi Yatabe, MD; Yuichi Ishikawa, MD; Ignacio Vistuba, MD; Douglas B. Hieder, MD; Wilbur Franklin, MD; Adi Gazdar, MD; Philip S. Hasleton, MD; Douglas W. Henderson, MD; Keith M. Kerr, MD; Iver Petersen, MD; Victor Roggli, MD; Enk Thunnissen, MD; Ming Isao, MD

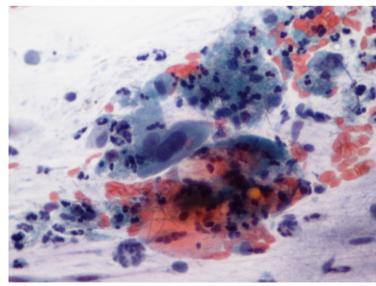


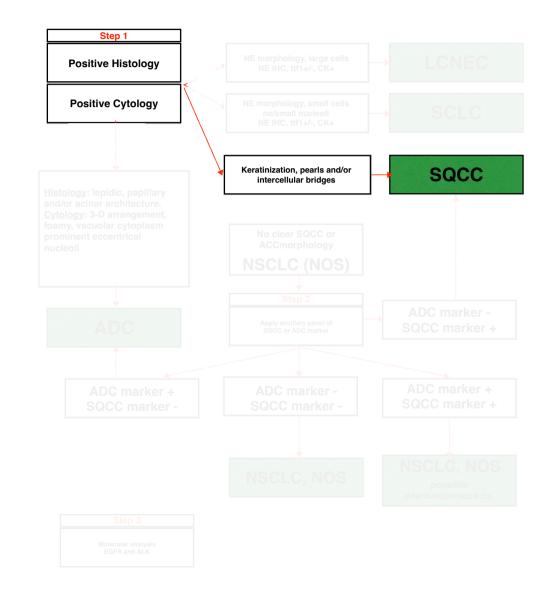


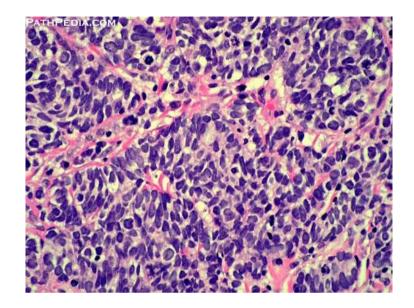


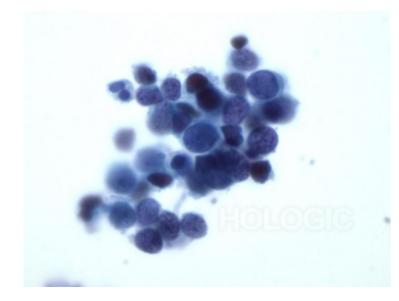


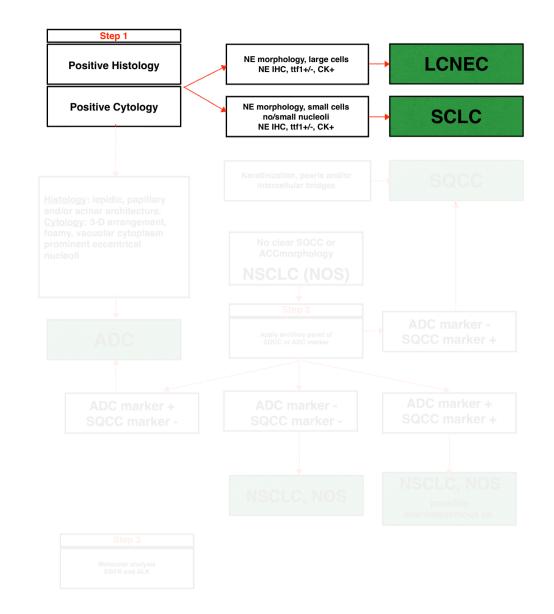




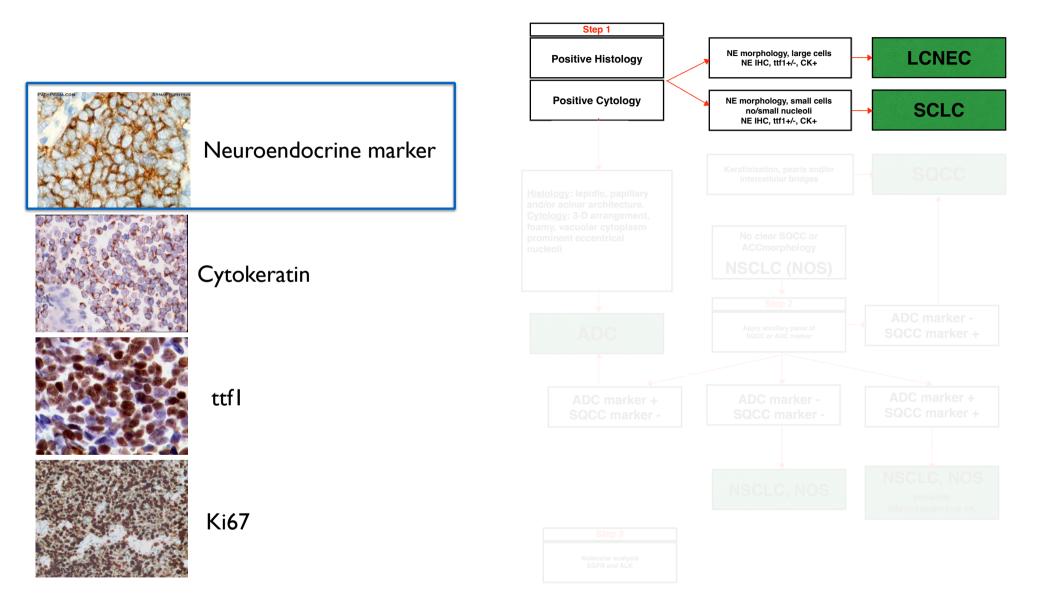








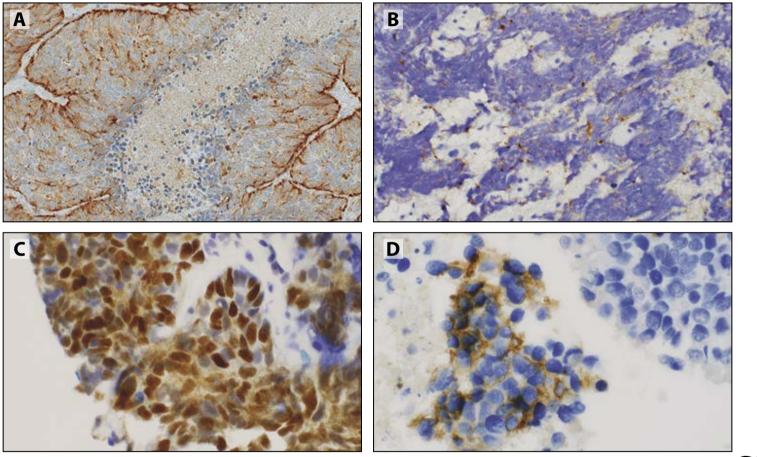


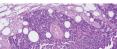


Neuroendocrine markers

Chromogranin A

Synaptofycin





MUNOHISTOCHEMISTRY

IASLC ATLAS OF

Insulinoma-Associated Protein I

CD56

Neuroendocrine markers



Program

Wednesday, Septer

09:30 - 10:00 10:00 - 10:15 10:15 - 11:00 **45**

Sensitivity

				Р	ositive Cases	[n (%)]*	45
Entity	Overall Cases Analyzed (N)	INSM1	SYN	CHRA	CD56	Any Conventional (SYN/CHRA5CD	⁴⁵
		All control of the second seco	tiA too	20		12:45 - 13:30	45
LCNEC	77	32 (42)	47 (61)	32 (42)	66 (86)	70 (9B) 30 - 14:15	4
SCLC	144	124 (86)	122 (85)	107 (74)	132 (92)	137 (95) 14:20 - 15:05	4!
						15:05 - 15.25	2
						15:25 - 16:10	4
						16:15 - 17:00	4
Insulinoma-associated Protein 1 (INSM1) in Thoracic						17.00 - 19.00	
						Thursday, Sep	otem
						08:15 - 09:00	4
	Protoin 1 (INISM1) in Thoracic					09:00 - 09:45	4
ors is Less Sensitive b	but More Specific Compared With					09:50 - 10:10	2
, , , , ,	hromogranin A, and CD56					10:10 - 10:40	3
Martin Cremer, MD,* Thomas Rémi Longuespée, PhD,† Jörg K	s Muley, PhD,§ Hauko Winter, MD, PhD,‡ Kriegsmann, MD, PhD,¶ Arne Warth, MD, PhD,# Iark Kriegsmann, MD†					10:45 - 11:30	4
						11:35 - 12:05	3
						12:10 - 13:00	5
						13:00 - 13:45	4
					13:50 - 14:20	3	

Neuroendocrine markers



Program

Wednesday, Septer

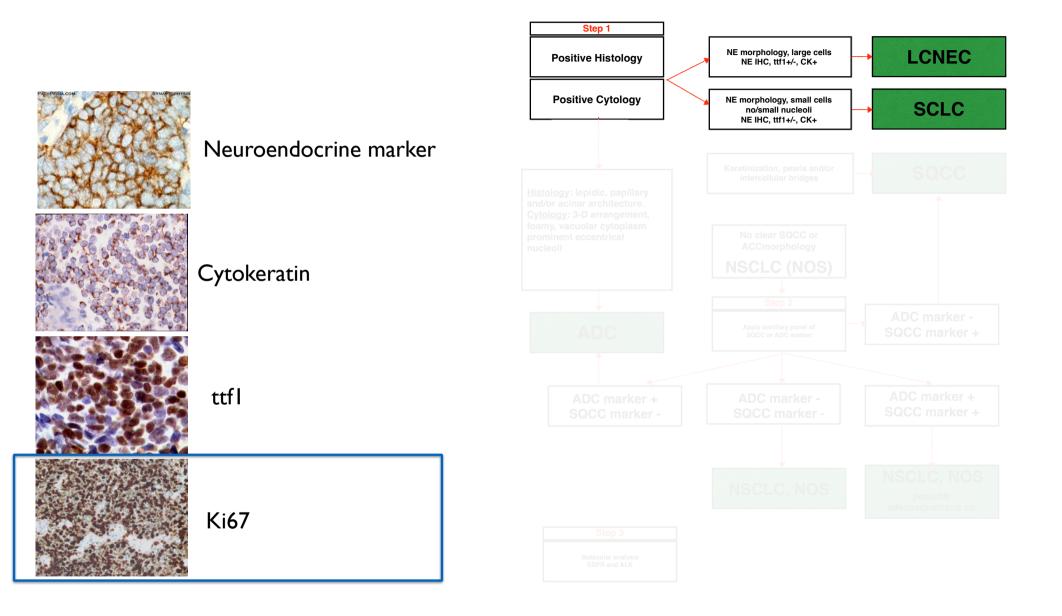
09:30 - 10:00 10:00 - 10:15 10:15 - 11:00 **45**

Specificity

				P	ositive Cases	[n (%)]*	
Entity	Overall Cases Analyzed (N)	INSM1	SYN	CHRA	CD56	Any Conventional (SYN/CHRA5CD	56)
						12:45 - 13:30	4
ADC	47	1 (2)	6 (13)	4 (9)	7 (15)	10 (2B) 30 - 14:15	
qCC	44	0 (0)	2 (5)	0 (0)	9 (20)	10 (23)	
						14:20 - 15:05	
						15:05 - 15.25	
						15:25 - 16:10	
						16:15 - 17:00	
Insulinoma-associated Protein 1 (INSM1) in Thoracic						17.00 - 19.00	
						Thursday, Sep	ote
						08:15 - 09:00	
	Protoin 1 (INISM1) in Thoracic					09:00 - 09:45	
rs is Less Sensitive I	but More Specific Compared With					09:50 - 10:10	
atharina Kriegsmann, MD, MBA	Chromogranin A, and CD56					10:10 - 10:40	
Rémi Longuespée, PhD, † Jörg K	is Muley, PhD,§ Hauke Winter, MD, PhD,‡ Kriegsmann, MD, PhD,¶ Arne Warth, MD, PhD,# Aark Kriegsmann, MD†					10:45 - 11:30	
						11:35 - 12:05	
						12:10 - 13:00	
						13:00 - 13:45	
						13:50 - 14:20	

Specific		roend	locrin	e marl	kers	Program Wednesday, Sept 09:30 - 10:00 10:00 - 10:15 10:15 - 11:00
				P	ositive Cases	s [n (%)]* 11:05 - 11:50 4
Entity	Overall Cases Analyzed (N)	INSM1	SYN	CHRA	CD56	Any Conventional (SYN/CHRA/CD56)4
ADC SqCC	47 44	1 (2) 0 (0)	6 (13) 2 (5)	4 (9) 0 (0)	7 (15) 9 (20)	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
Imors is Less Sensitive Synaptophysin, (Katharina Kriegsmann, MD, ME Martin Cremer, MD,* Thon	ed Protein 1 (INSM1) in Thoracic e but More Specific Compared With Chromogranin A, and CD56 BA* Christiane Zgorzelski† Daniel Kazdal PhD,†‡ mas Muley. PhD,§II Hauke Winter, MD, PhD,≹I	A	SqCC, CE	056	B	15:05 - 15.25 15:25 - 16:10 16:15 - 17:00 17:00 - 19:00 Thursday, Septe 08:15 - 09:00 09:00 - 09:45 09:50 - 10:10 20 ADC, syn - 10:40 10 10 10:40 10:4
Martin Cremer, MD,* Thon Rémi Longuespée, PhD,† Jörg	nas Muley, PhD,\$[Hauke Winter, MD, PhD,\$; Kriegsmann, MD, PhD,¶ Arne Warth, MD, PhD,# Mark Kriegsmann, MD†					10:45 - Image: Construction of the second

Specifici		roend	locrin	e mark	kers		Noroi Program Wednesday 09:30 - 10:00 10:00 - 10:15 10:15 - 11:00) 2C /, Sej
				Po	ositive Cases		11:05 - 11:50	
Entity	Overall Cases Analyzed (N)	INSM1	SYN	CHRA	CD56	Any Conventional (syn/chrafc	D56)
ADC	47	1 (2)	((12)	4 (0)	7(15)	10	12:45 - 13:30	
ADC SqCC	47 44	$ \begin{array}{c} 1 (2) \\ 0 (0) \end{array} $	6 (13) 2 (5)	4 (9) 0 (0)	7 (15) 9 (20)		(2B) 30 - 14:15 (23) 14:20 - 15:05	
		0.000	N	lavahalar			14:20 - 15:05 15:05 - 15.25	
	52 - C	· Sec. 21		lorpholog	sy .		15:25 - 16:10	
		D					16:15 - 17:00	
							17.00 - 19.00	
	2		V ANTONIA DE LA REGIONE	Con La		A. S. C. S.	Thursday, S	ente
							08:15 - 09:00	opte
							09:00 - 09:45	
sulinoma-associated	Protein 1 (INSM1) in Thoracic but More Specific Compared With		all a second		Care and a second of the secon		OT CALL COMPANY IN SUBSEC	
Synaptophysin, C	Chromogranin A, and CD56		The same shares		3. Same		09:50 - 10:10 10:10 - 10:40	
Rémi Longuespée, PhD,† Jörg H	4,* Christiane Zgorzelski,† Daniel Kazdal, PhD,†‡ is Muley, PhD,§ Hauke Winter, MD, PhD,‡ Kriegsmann, MD, PhD,¶ Arne Warth, MD, PhD,# Ank Kriegsmann, MD†	and the state		1			10:45 - 11:30	
	In a Diagonanti, MD/	alan . Tout at list	The second se	100 M	1 yft		1100	
ana w							11.25 12.05	
ana M							11:35 - 12:05	



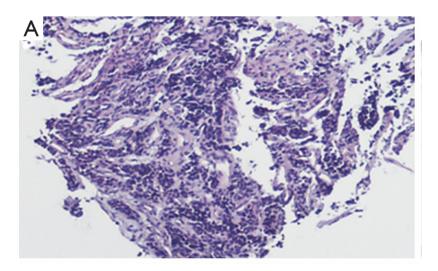
Neuroendocrine markers

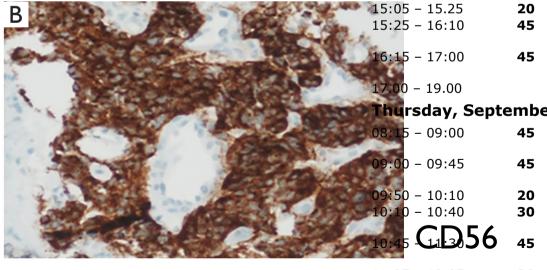


Case Report

Erroneous diagnosis of small cell lung cancer based on small biopsies with far-reaching consequences: case report of a typical carcinoid tumor Ioannis Kyritsis¹, Bettina Krebs¹, Sandra Kampe², Dirk Theegarten³, Clemens Aigner¹, Stefan Welter¹

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- 11:35 12:05 **30**
- 12:10 13:00 **50** 13:00 - 13:45 **45**
- 13:50 14:20 **30**



Wednesday, Septer

15 45

45

45

45 45

45

09:30 - 10:00

10:00 - 10:15

10:15 - 11:00

11:05 - 11:50

12:00 - 12:45

12:45 - 13:30

13:30 - 14:15

14:20 - 15:05

Neuroendocrine markers

Case



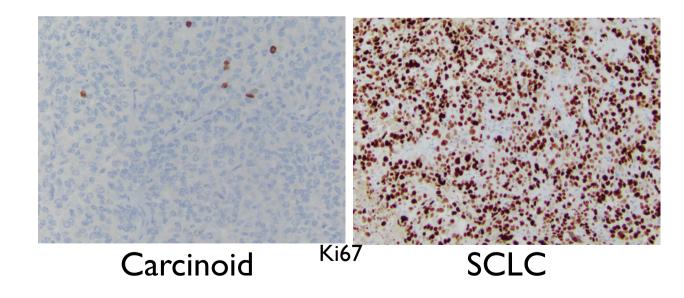
Case Report	Wednesday,	Septer
	09:30 - 10:00	
Erroneous diagnosis of small cell lung cancer based on small	10:00 - 10:15 10:15 - 11:00	15 45
biopsies with far-reaching consequences: case report of a typical	10:15 - 11:00	45
	11:05 - 11:50	45
carcinoid tumor	12:00 - 12:45	45
Leave V_{res}		
Ioannis Kyritsis ¹ , Bettina Krebs ¹ , Sandra Kampe ² , Dirk Theegarten ³ , Clemens Aigner ¹ , Stefan Welter ¹	12:45 - 13:30	45
	13:30 - 14:15	45
© Journal of Thoracic Disease. All rights reserved.	14:20 - 15:05	45
	15:05 - 15.25	20
The second state of the second s	15:25 - 16:10	45
	16:15 - 17:00	45
State		
- 201 AMAR AT ANALY AND	17.00 - 19.00	
where we are the second of the	Thursday, Sej	ptembe
	08:15 - 09:00	45
and the second	09:00 - 09:45	45
这一人了。"李玉珠又已经是他们的"金子"的"金子"的"金子"的"金子"。 第二章	09:50 - 10:10	20
A STATE AND A STATE AND A STATE AND A STATE AND A STATE	10:10 - 10:40	30
	10:45 - 11:30	45
Ki67, re-evaluation	11:35 - 12:05	30
	12:10 - 13:00	50
	13:00 - 13:45	45

13:50 - 14:20 30

Neuroendocrine markers

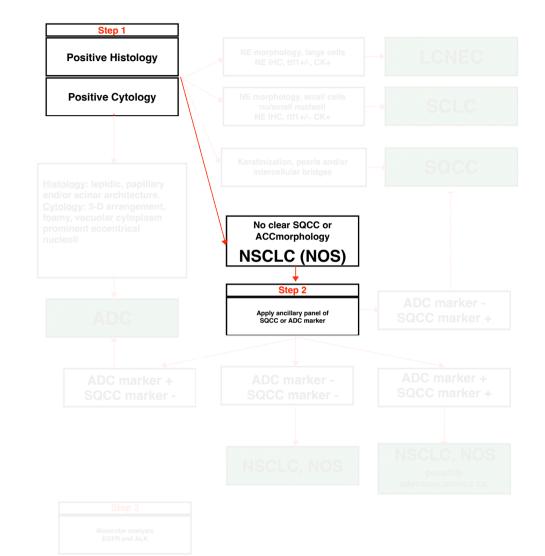


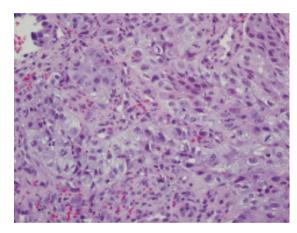
		Positive Cases [n (%)]*				
Entity	Overall Cases Analyzed (N)	INSM1	SYN	CHRA	CD56	Any Conventional (SYN/CHRA/CD56)
Typical carcinoid Atypical carcinoid	112 39	91 (81) 29 (74)	111 (99) 39 (100)	111 (99) 39 (100)	112 (100) 39 (100)	112 (100) 39 (100)

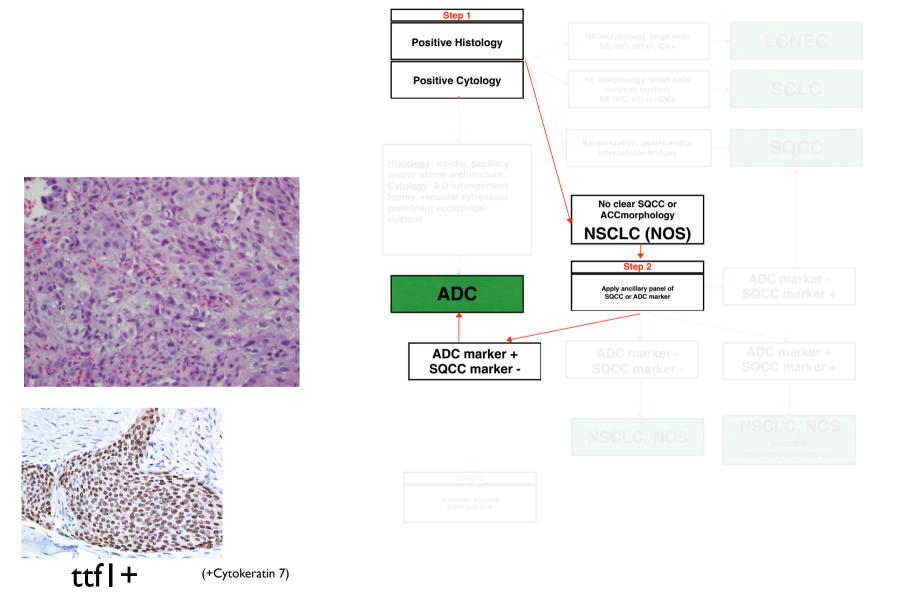


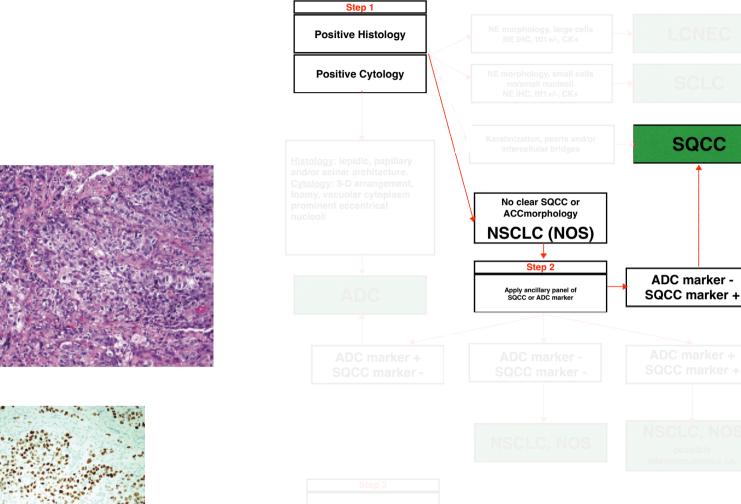
Insulinoma-associated Protein 1 (INSM1) in Thoracic Tumors is Less Sensitive but More Specific Compared With Synaptophysin, Chromogranin A, and CD56

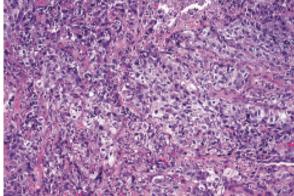
Katharina Kriegsmann, MD, MBA,* Christiane Zgorzelski,† Daniel Kazdal, PhD,† Martin Cremer, MD,* Thomas Muley, PhD,\$|| Hauke Winter, MD, PhD,\$|| Rémi Longuespée, PhD,† Jörg Kriegsmann, MD, PhD,¶ Arne Warth, MD, PhD,# and Mark Kriegsmann, MD†

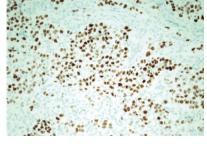


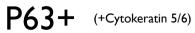


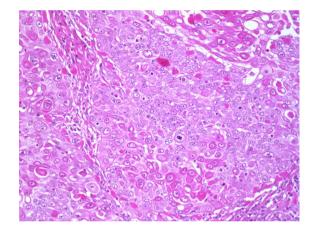


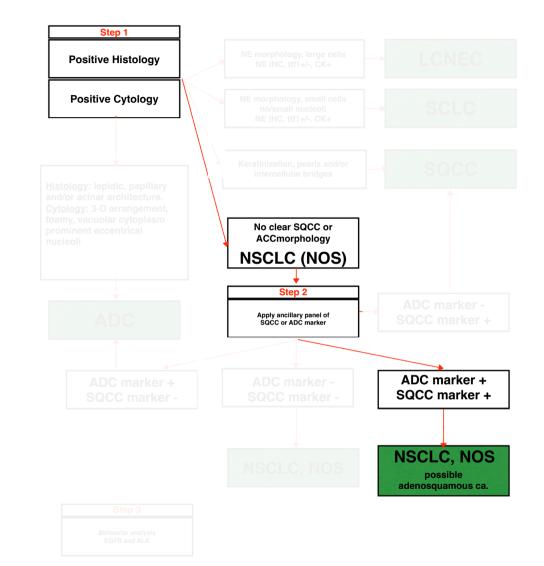


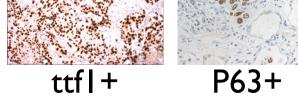


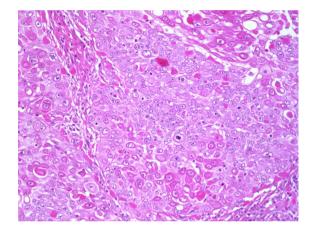


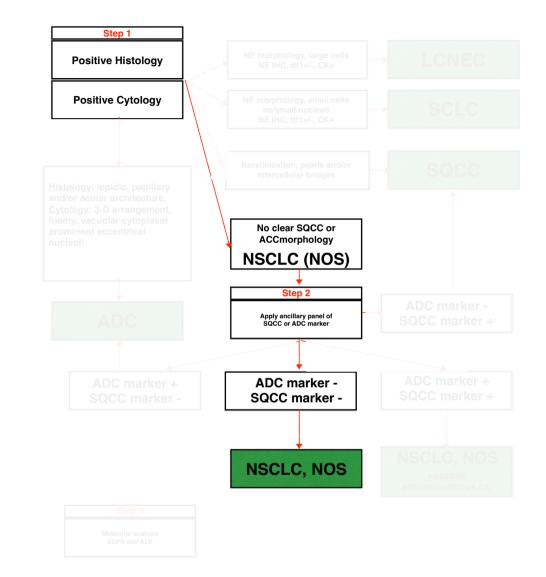












ttfl- P63-

CK7 ttfl	Program Wednesstay , S 089390-110000 110000-110155 110155-111000 111055-111590	455 455 455 455
Napsin	Adenocarcinoma Approx. 80% $12200^{-1}22455$ $122455^{-1}2330$ $12330^{-1}14155$ $14220^{-1}55055$ $155055^{-1}5255$ $155255^{-1}5610$ $16155^{-1}7700$	泰泰 泰 28季 泰
CK5/6	¹ 77.90 ⁻ _199.90 FHUSSAY, Sept 088.155-089.90 089.90-089.455 089.590-1901.90 196.190-196.40	enhs ⁴ 45 ⁴⁴⁵ ²⁴⁵ ²⁴⁶ ³⁴⁶
P63	$\begin{array}{c} 100 & -100 & 40 \\ 100 & 45 & -11 & 390 \\ 11 & 35 & -120 & 55 \\ 12 & 100 & -123 & 900 \\ 12 & 300 & -123 & 455 \end{array}$	3 45 39 545

¹³⁵⁵⁹⁰⁻¹¹⁴²²²⁰ **3**⁹⁰

NordiQC
Program

	CK7	50%	Wednesday, So 09:30 - 10:00 10:00 - 10:15 10:15 - 11:00	epter 15 45
	ttfl		11:05 - 11:50 12:00 - 12:45 12:45 - 13:30 13:30 - 14:15	45 45 45 45
	Napsin		14:20 - 15:05 15:05 - 15.25 15:25 - 16:10 16:15 - 17:00 17.00 - 19.00	45 20 45 45
	CK5/6	7	Thursday, Septe 08:15 - 09:00 09:00 - 09:45 09:50 - 10:10	45 45 20
	P63	Squamous carcinoma	10:10 - 10:40 10:45 - 11:30 11:35 - 12:05 12:10 - 13:00 13:00 - 13:45	30 45 30 50 45

13:50 – 14:20 **30**



Lungl CK7 Ttfl PAX8 CK5(/6)

Suggestion

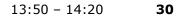
Diagnosis of primary lung tumor



Program

Wednesday, Septer

	09:30 - 10:00	
	10:00 - 10:15	15
	10:15 - 11:00	45
	11:05 - 11:50	45
Lung2	12:00 - 12:45	45
PAN CK (A	AFI/AF3)	
× ×	12:45 - 13:30	45
CK7	13:30 - 14:15	45
Ttfl	14:20 - 15:05	45
PAX8	15:05 - 15.25	20
	15:25 - 16:10	45
CK5(/6)	16:15 - 17:00	45
P63 (P40)	17.00 - 19.00	
Synaptofyc	Mhursday, Sept	embe
<i>/ / /</i>		45
Chromogra		-
CD56	09:00 - 09:45	45
Ki67	09:50 - 10:10	20
	10:10 - 10:40	30
	10:45 - 11:30	45
	10:45 - 11:30 11:35 - 12:05	45 30
	11:35 - 12:05	30



P63 (P40)





Program

Wednesday, Septer

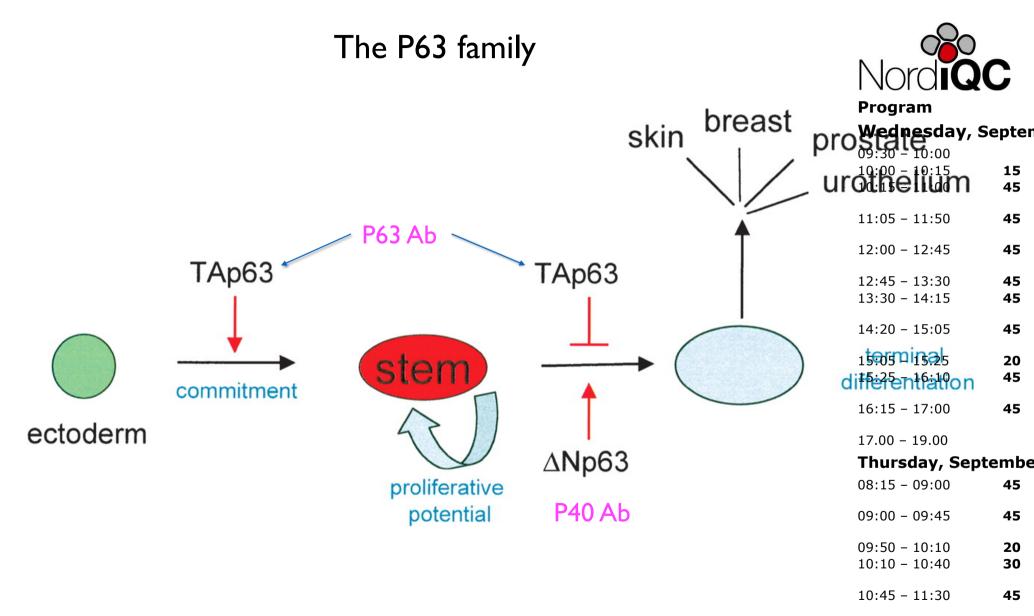
09:30 - 10:00)
10:00 - 10:15	15
10:15 - 11:00	45
11:05 - 11:50	45
12:00 - 12:45	45
10.45 10.00	
12:45 - 13:30	
13:30 - 14:15	45
14.20 15.05	45
14:20 - 15:05	45
15:05 - 15.25	20
15:25 - 16:10	-
15.25 - 10.10	45
16:15 - 17:00	45
10.10 1/100	
17.00 - 19.00	
Thursday	Santambo
Thursday,	Septembe

45	08:15 - 09:00
45	09:00 - 09:45
20 30	09:50 - 10:10 10:10 - 10:40
45	10:45 - 11:30
30	11:35 - 12:05
50 45	12:10 - 13:00 13:00 - 13:45
30	13:50 - 14:20



Problems:

Adenocarcinoma can be P63+



- 11:35 12:05 **30**
- 12:10 13:00 **50**
- 13:00 13:45 **45**
- 13:50 14:20 **30**



IASLC ATLAS OF DIAGNOSTIC

IMMUNOHISTOCHEMISTRY



Table 8-1. Studies Comparing p40 Against p63 for Squamous Cell Carcinoma (SQCC)

				p40			р63	Wednesda 09:30 - 10:00	
Study	Total, n	SQCC, n	Clone	Sensitivity, %	Specificity, %	Clone	Sensitivity, %	Specificity, 15 %	15 45
Bishop et al 2012	470	81	5-17	100	98	4A4	100	11:05 - 11:50 60	45
Nonaka 2012	200	50	p40	100	100	4A4	100	12:00 - 12:45 82	45
Pelosi et al 2013	141	27	Poly	100	97	4A4	100	12 <u>:</u> 45 - 13:30 13 [:] 80 - 14:15	45 45
Ao et al 2014	154	77	Poly	81	90	4A4	94	14.20 - 15:05	45
Koh et al 2014	184	59	Poly	93	98	7JUL	80	98 15:05 - 15.25	20
Tatsumori et al 2014	580	158	5-17	97	97	4A4	97	15 73 5 - 16:10	45
Kadota et al 2015	469	449	5-17	100	85	4A4	100	16 61 5 – 17:00	45
Tran et al 2016	557	167	BC28	94	96	4A4	95	17 ₈ 90 - 19.00	
Micke et al 2016	656	192	BC28	97	98	4A4	97	Thursday, 74 08:15 - 09:00	
Affandi et al 2018	70	35	BC28	77	100	DAK-p63	86	63 09:00 - 09:45	
egsmann et al 2019	1244	569	BC28	94	97	4A4	94	84 09:50 - 10:10	
								10:10 - 10:40	

10:45 - 11:30 **45**

11:35 – 12:05 **30**

12:10 - 13:00 **50**

13:00 - 13:45 **45**

13:50 - 14:20 **30**

NordiQC
_

Problems:		Program Wednesday 09:30 - 10:00 10:00 - 10:15 10:15 - 11:00	15 45
		11:05 - 11:50 12:00 - 12:45	45 45
Differential o	diagnosis between primary and metastatic carc	12:45 - 13:30 13:30 - 14:15	45 45
		15:05 - 15.25	45 20
Ot	ther (adeno) carcinomas are positive for ttfl	15:25 - 16:10 16:15 - 17:00	45 45
		17.00 - 19.00 Thursday, Se	eptembe
		08:15 - 09:00 09:00 - 09:45	45 45
		09:50 - 10:10 10:10 - 10:40	20 30
		10:45 - 11:30	45
		11:35 - 12:05	30
		12:10 - 13:00 13:00 - 13:45	50 45
		13:50 - 14:20	30





Program

Wednesday, Septer

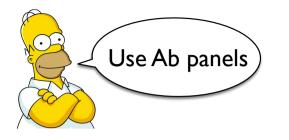
09:30 - 10:00

Table 7-1. Results of TTF1 Expression in Tumors from Non-Lung Primary Sites Including Female Genital Tract1515Breast, Colon, and Stomach in Some Published Studies^a45

		8G7G3/1	SPT24		
Primary carcinoma	n	Positive, n (%)	n	Positive, n (%)	45 45
Ovarian carcinoma	615	22 (3.6%)	161	12:45 - 13:30 16 (9 19%) 0 - 14:15	
Endometrial adenocarcinoma	215	17 (7.9%)	68	19 (27.9%) – 15:05	
Uterine cervical adenocarcinoma	92	3 (3.3%)	39	6 (15 <u>1</u> 4%)5 - 15.25 15:25 - 16:10	
Uterine cervical squamous carcinoma	7	0 (0%)		16:15 - 17:00	
Breast carcinoma	297	4 (1.5%)	580	13 (2.4%) 17.00 - 19.00	
Colon adenocarcinoma	594	11 (1.8%)	258	^{15 (5} 79) ursday, Se	pte
Gastric adenocarcinoma	170	3 (1.8%)	110	1 (0.9%) ^{15 – 09:00}	
r clones 8G7G3/1 and SPT24 are modified	d based on data fror	n Ordonez 2012b.		09:00 - 09:45	
				09:50 - 10:10 10:10 - 10:40	
				10:45 - 11:30	
Security and a link for				11:35 - 12:05	
				12:10 - 13:00 13:00 - 13:45	

DIAGNOSTI IMMUNOHIS

13:50 – 14:20 **30**



AE1/AE3

СК20 <

cdx2

CK5/6 P63

CD10

PAX8 WT1

GATA3

DR

CK7 ttf1



Program

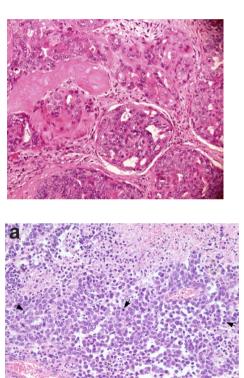
Colon

Wednesday, Septer

	09:30 - 10:00	
	10:00 - 10:15	15
	10:15 - 11:00	45
	11:05 - 11:50	45
	11:05 - 11:50	45
	12:00 - 12:45	45
	45 - 13:30	45
2	1980 - 14:15	45
1		
2	20 - 15:05	45
30	15.25 – 15.25	20
	25 - 16:10	45
	16 15 - 17:00	45
Test.	00 - 19.00	
21	ursday, Sept	embe
	08:15 - 09:00	45
	09:00 - 09:45	45
	09:50 - 10:10	20
	10:10 - 10:40	30
	10110 10110	
	10:45 - 11:30	45
	11:35 - 12:05	30

12:10 - 13:00	50
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- 13:00 13:45 **45**
- 13:50 14:20 **30**



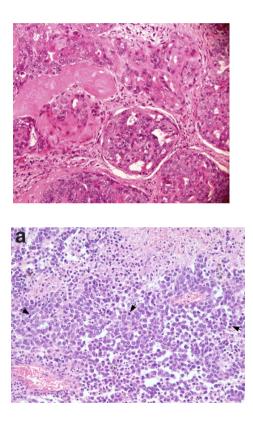


Program

Wednesday, Septer

	09:30 - 10:00 10:00 - 10:15 10:15 - 11:00	15 45
Mamma	11:05 - 11:50	45
	12:00 - 12:45	45
	12:45 - 13:30 13:30 - 14:15	45 45
	14:20 - 15:05	45
	15:05 - 15.25 15:25 - 16:10	20 45
	16:15 - 17:00	45
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	Thursday, Sept	embe
	08:15 - 09:00	45
	09:00 - 09:45	45
	09:50 - 10:10 10:10 - 10:40	20 30
	10:45 - 11:30	45
	11:35 - 12:05	30
	12:10 - 13:00 13:00 - 13:45	50 45

13:50 - 14:20 **30**



AE1/AE3
СК7
ttf1
СК20
cdx2
SATB2
NKX3.1
СК5/6
P63
CD10
PAX8
WT1
GATA3

AE1/AE3

СК7

ttf1

СК20 —

SATB2 — NKX3.1

CK5/6

P63

CD10 PAX8

WT1

GATA3

cdx2



Program

Upper GI

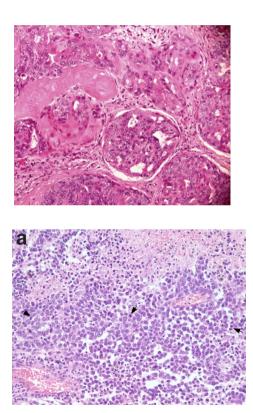
Wednesday, Septer

		-
	09:30 - 10:00	
	10:00 - 10:15	15
	10:15 - 11:00	45
	10:15 - 11:00	45
	11:05 - 11:50	45
25	12:00 - 12:45	45
	12:45 - 13:30	45
		-
	13:30 - 14:15	45
	14:20 - 15:05	45
	15:05 - 15.25	20
4		20
	15:25 - 16:10	45
	16:15 - 17:00	45
100	17.00 - 19.00	
DAM	Thursday, Septe	embe
	08:15 - 09:00	45
	09:00 - 09:45	45
	09:50 - 10:10	20
		-
	10:10 - 10:40	30
	10:45 - 11:30	45
	11:35 - 12:05	30
	11.00 12.00	
	12:10 - 13:00	50
	12.10 - 12:00	50

13:50 - 14:20	30

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13:00 - 13:45



AE1/AE3

СК7

СК20 —

ttf1

cdx2

SATB2

NKX3.1

CD10 PAX8 WT1

CK5/6

P63

GATA3

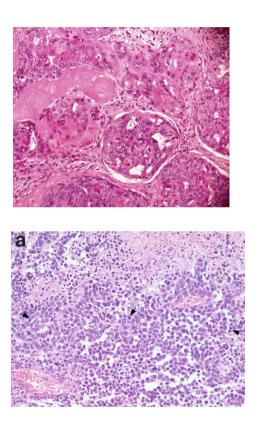


Program

Wednesday, Septer

09:30 - 10:00 10:00 - 10:15 10:15 - 11:00	15 45
11:05 - 11:50	45
Urothelial carcinoma ^{2:00 - 12:45}	45
2:45 - 13:30 3:30 - 14:15	45 45
:20 - 15:05	45
1 ::05 - 15.25 1 ::25 - 16:10	20 45
15:15 - 17:00	45
2.00 – 19.00 hursday, Sept	embe
08:15 - 09:00	45
09:00 - 09:45	45
09:50 - 10:10 10:10 - 10:40	20 30
10:45 - 11:30	45
11:35 - 12:05	30
12:10 - 13:00 13:00 - 13:45	50 45

13:50 - 14:20 **30**



AE1/AE3 <

CK7 ttf1

CK20 cdx2

SATB2

NKX3.1

CK5/6 P63

CD10 <

WT1

GATA3

PAX8

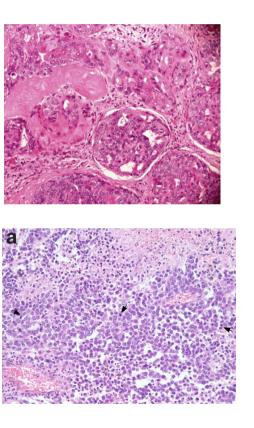


Program

Wednesday, Septer

	09:30 - 10:00 10:00 - 10:15 10:15 - 11:00	15 45
Renal cell carcinoma	11:05 - 11:50	45
	12:00 - 12:45	45
	45 - 13:30 30 - 14:15	45 45
	20 - 15:05	45
1 Control	05 - 15.25 25 - 16:10	20 45
	15 - 17:00	45
	00 - 19.00	
	ursday, Sept	tembe
	15 - 09:00	45
	09:00 - 09:45	45
	09:50 - 10:10 10:10 - 10:40	20 30
	10.10 - 10.40	50
	10:45 - 11:30	45
	11:35 - 12:05	30
	12:10 - 13:00	50

- 13:00 13:45 **45**
- 13:50 14:20 **30**





Program

09:30 - 10:00 10:00 - 10:15

Wednesday, Septer

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AE1/AE3 🔶
CK7
ttf1
СК20
cdx2
SATB2
NKX3.1
СК5/6
P63
CD10
PAX8
WT1
GATA3

	10:15 - 11:00	45
Prostate	11:05 - 11:50	45
	12:00 - 12:45	45
	12:45 - 13:30 13:30 - 14:15	45 45
	14:20 - 15:05	45
	15:05 - 15.25 15:25 - 16:10	20 45
Rectum	16:15 - 17:00	45
probe	17.00 - 19.00	
	Thursday, Septe	mbe
4: 2010. Toward Microsoft	08:15 - 09:00	45
(09:00 - 09:45	45
	09:50 - 10:10 10:10 - 10:40	20 30

- 10:45 11:30 **45**
- 11:35 12:05 **30**
- 12:10 13:005013:00 13:4545
- 13:50 14:20 **30**



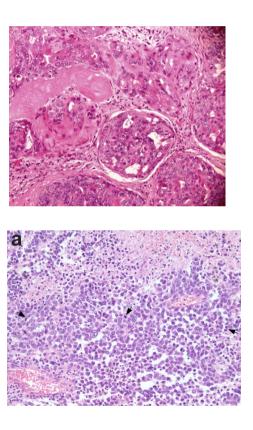
Program

Wednesday, Septer

	09:30 - 10:00 10:00 - 10:15 10:15 - 11:00	15 45
Endometrial cancer	11:05 - 11:50	45
	<u>12</u> :00 – 12:45	45
	:45 - 13:30 :30 - 14:15	45 45
	:20 - 15:05	45
Ent HA	:05 - 15.25 :25 - 16:10	20 45
31 11	:15 - 17:00	45
AL AL	.00 – 19.00	
	Shursday, Septe	embe
	:15 - 09:00	45
	:00 - 09:45	45
	09:50 - 10:10	20
	10:10 - 10:40	30
	10:45 - 11:30	45
	11:35 - 12:05	30
	12:10 - 13:00	50
	13:00 - 13:45	45

13:50 - 14:20

30



AE1/AE3
СК7
ttf1
СК20
cdx2
SATB2
NKX3.1
СК5/6
P63
CD10
PAX8
WT1
GATA3

AE1/AE3

СК7

ttf1

CK20 cdx2

SATB2

NKX3.1

CK5/6

PAX8 <

WT1

GATA3

P63 CD10

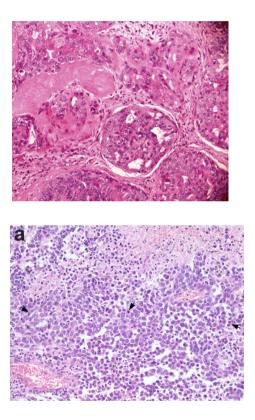


Program

Wednesday, Septer

	09:30 - 10:00 10:00 - 10:15 10:15 - 11:00	15 45
Ovarian cancer	11:05 - 11:50	45
	12:00 - 12:45	45
Constant -	:45 - 13:30 :30 - 14:15	45 45
	:20 - 15:05	45
	:05 - 15.25 :25 - 16:10	20 45
	:15 - 17:00	45
	.00 - 19.00	
Val ST	ursday, Sep	tembe
	:15 - 09:00	45
	:00 - 09:45	45
	09:50 - 10:10 10:10 - 10:40	20 30
	10:10 - 10:40	30
	10:45 - 11:30	45
	11:35 - 12:05	30
	12:10 - 13:00	50
	13:00 - 13:45	45

13:50 - 14:20 **30**





Program

Wednesday, Septer

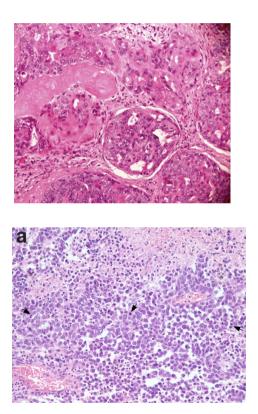
	09:30 - 10:00	-
	10:00 - 10:15	15
	10:15 - 11:00	45
oid cancer	11:05 - 11:50	45
	12:00 - 12:45	45
	12:45 - 13:30	45
	13:30 - 14:15	45
	14:20 - 15:05	45
The second second	15:05 - 15.25	20
00000	15:25 - 16:10	45
76	16:15 - 17:00	45
and the second s	17.00 - 19.00	
154 1 2	Thursday, Septe	mbe
IN SELLE I	08:15 - 09:00	45
A A	09:00 - 09:45	45
	09:50 - 10:10	20
	10:10 - 10:40	30
	10:45 - 11:30	45
	11:35 - 12:05	30
	12:10 - 13:00	50



45

13:00 - 13:45

AE1/AE3	Thyro
СК7	i nyi O
ttf1	
СК20	
cdx2	1.50 M 1.50
SATB2	- A
NKX3.1	
СК5/6	Q .
P63	1 1925
CD10	110-1
PAX8	
WT1	1 16kHz
GATA3	AY 5×16

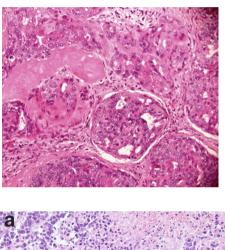


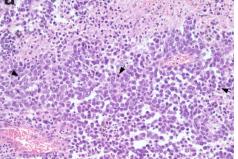


Program

		Wednesday,	Septer
		09:30 - 10:00	
		10:00 - 10:15	15
	Mesothelioma	10:15 - 11:00	45
		11:05 - 11:50	45
Calretinin		:00 - 12:45	45
WT1	and	::45 - 13:30	45
D2-40		:30 - 14:15	45
CK7		:20 - 15:05	45
Vim		1:05 - 15.25	20
	A	15:25 - 16:10	45
CK5/6 (EpCam)		16:15 - 17:00	45
	and the second sec	.00 – 19.00	
		hursday, Sej	otembe
		:15 - 09:00	45
		09:00 - 09:45	45
		09:50 - 10:10	20
		10:10 - 10:40	30
		10:45 - 11:30	45

- 11:35 12:05
- 12:10 13:00 13:00 - 13:45
- 13:50 14:20





	Diagnosis of metasta to the lung	sis	Program Wednesday, 09:30 - 10:00 10:00 - 10:15 10:15 - 11:00	Septer
Adeno - male CK7 CK20		Adeno CK7 CK20	- female 12:00 - 12:45 12:45 - 13:30 13:30 - 14:15	45 45 45 45
CDX2 Ttfl PAX8	Suggestion	CDX2 TtfI PAX8	14:20 - 15:05 15:05 - 15.25 15:25 - 16:10 16:15 - 17:00	45 20 45 45
NKX3.I		GATA3 WT I ER	17.00 - 19.00 Thursday, Sej 08:15 - 09:00	otembe 45
		LIX	09:00 - 09:45 09:50 - 10:10 10:10 - 10:40	45 20 30
			10:45 - 11:30 11:35 - 12:05	45 30
			12:10 - 13:00 13:00 - 13:45 13:50 - 14:20	50 45 30



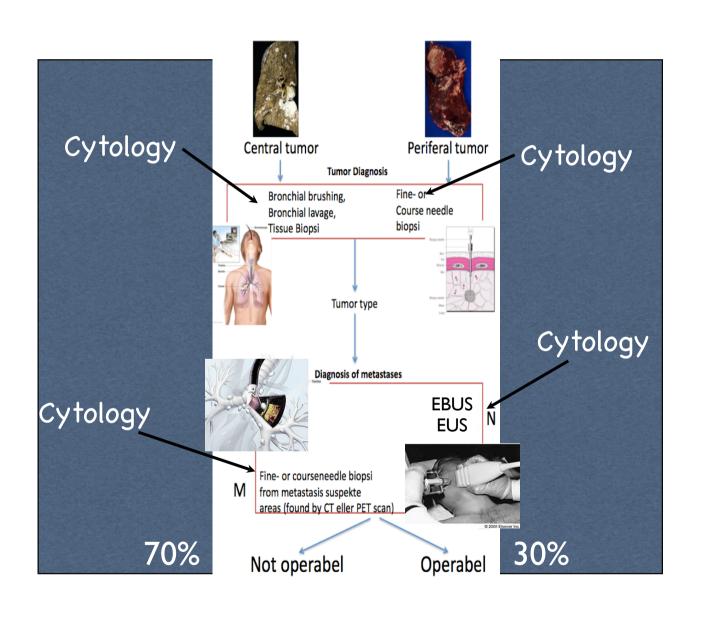
The MultiDisciplinary Teamconference MDT



Wednesday,	Septer
09:30 - 10:00 10:00 - 10:15 10:15 - 11:00	15 45
11:05 - 11:50	45
12:00 - 12:45	45
12:45 - 13:30 13:30 - 14:15	45 45
14:20 - 15:05	45
15:05 - 15.25 15:25 - 16:10	20 45
16:15 - 17:00	45
17.00 - 19.00 Thursday, Sep 08:15 - 09:00	tembe 45

	00.15 05.00
45	09:00 - 09:45
20 30	09:50 - 10:10 10:10 - 10:40
45	10:45 - 11:30
30	11:35 - 12:05
50 45	12:10 - 13:00 13:00 - 13:45

13:50 – 14:20 **30**





Wednesday, Septer 09:30 - 10:00 10:00 - 10:15 15 45 10:15 - 11:00 11:05 - 11:50 45 12:00 - 12:45 45 12:45 - 13:30 45 45 13:30 - 14:15 45 14:20 - 15:05 15:05 - 15.25 20 15:25 - 16:10 45 16:15 - 17:00 45 17.00 - 19.00 Thursday, Septembe 08:15 - 09:00 45 09:00 - 09:45 45 09:50 - 10:10 20 30 10:10 - 10:40

11:35 – 12:05 **30**

45

10:45 - 11:30

- 12:10 13:005013:00 13:4545
- 13:50 14:20 **30**

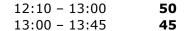
Patoanatomical specimen					
	Histology		Cytology	Program Wednesday, Se 09:30 - 10:00 10:00 - 10:15 10:15 - 11:00	epter 15 45
	Fixation Dehydration Parafinembedding Microtomy	Præparation	Smear preparation	11:05 - 11:50 $12:00 - 12:45$ $12:45 - 13:30$ $1300 - 14:15$ $14:20 - 15:05$ $15:05 - 15.25$ $15:25 - 16:10$	45 45 45 45 45 20 45
	V	isualizatior (Staining)		16:15 - 17:00 17.00 - 19.00 Thursday, Septe 08:15 - 09:00 09:00 - 09:45 09:50 - 10:10 10:10 - 10:40 10:45 - 11:30	45
				11:35 - 12:05 12:10 - 13:00 13:00 - 13:45	30 50 45

13:50 - 14:20 **30**

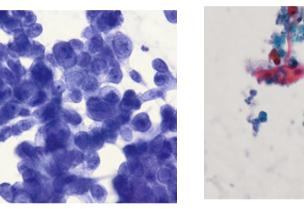


Wednesday, Septer

00.20	10.00	
	- 10:00	
	- 10:15	15
10:15	- 11:00	45
11:05	-11:50	45
12:00	- 12:45	45
12:45	- 13:30	45
	- 14:15	45
		-15
14:20	15:05	45
7 15:05	- 15.25	20
	- 16:10	45
Small cell card	. 17:00	45
Small cell card	linoma	
17.00	- 19.00	
Thur	sday, Septe	mbe
	- 09:00	45
00.15	- 09.00	45
09:00	- 09:45	45
00.50	- 10:10	20
	- 10:40	30
10.10	- 10.40	20
10.45		
10:45	- 11:30	45
	- 11:30 - 12:05	45 30



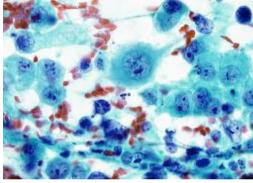
- 15.00 15.45 **45**
- 13:50 14:20 **30**



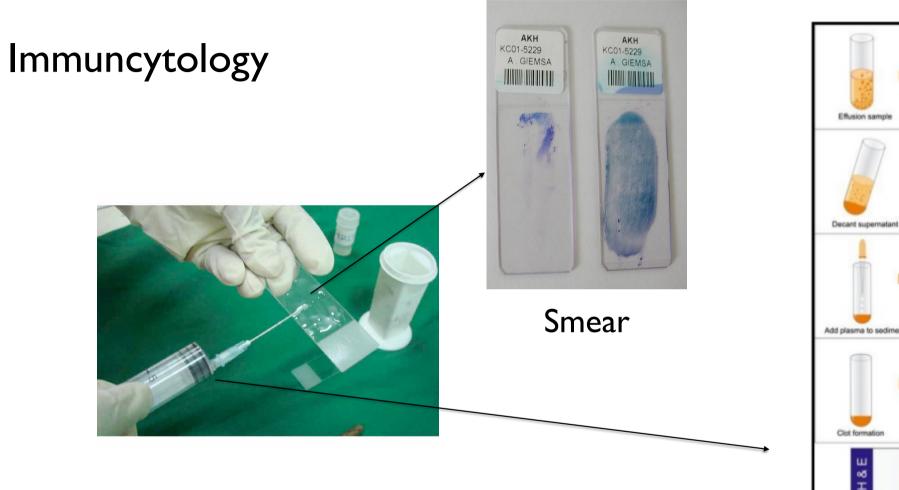
Adenocarcinoma

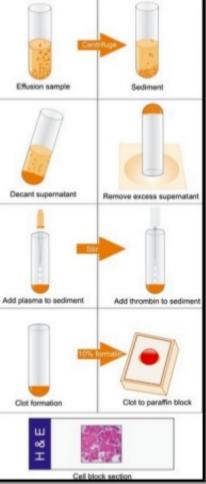
Squamous carcinoma

Non Small Cell Lung Carcinoma (NSCLC)



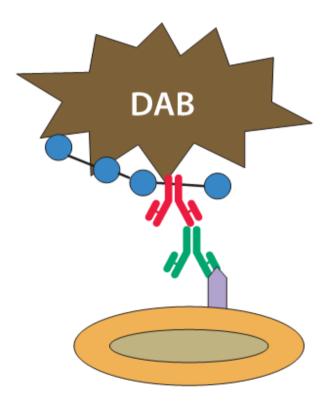
Large cell neuroendocrine carc.





Cellblock

Immuncytology

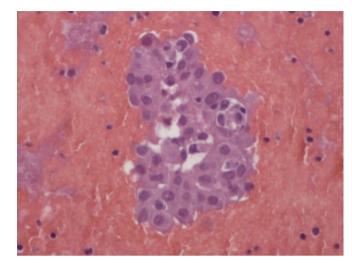


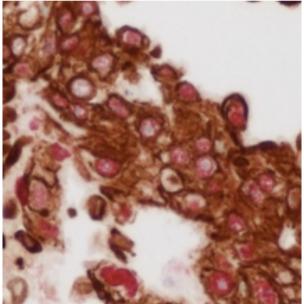
Kromogen (farvestof)

Visualiseringssystem (enzymer) Sekundært antistof

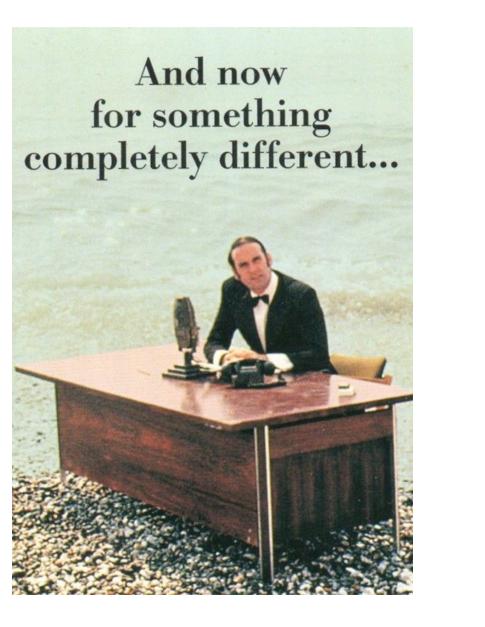
Primært antistof

Antigen Cellens cytoplasma Cellekerne





ttfI-CK7





Program

Wednesday, Septer

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12:45 - 13:30	45
13:30 - 14:15	45
13.30 14.13	75
14:20 - 15:05	45
14.20 15.05	75
15:05 - 15.25	20
15:25 - 16:10	45
15.25 - 10.10	45
16:15 - 17:00	45
10.15 - 17.00	45
17.00 - 19.00	
Thursday, Sep	otembe
08:15 - 09:00	45
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09:00 - 09:45	45
00100 00110	
09:50 - 10:10	20
10:10 - 10:40	30
10.10 - 10.40	50

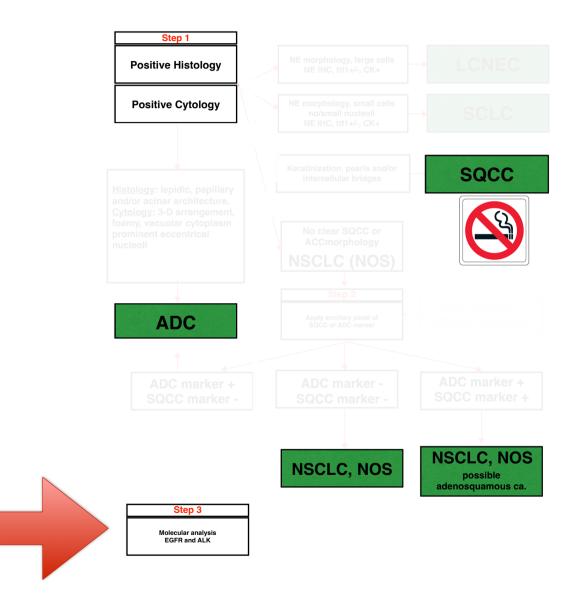
- 10:45 11:30 **45**
- 11:35 12:05 **30**
- 12:10 13:00 **50** 13:00 - 13:45 **45**
- 13:50 14:20 **30**

Patient selection in lung cancer: Evolution over time



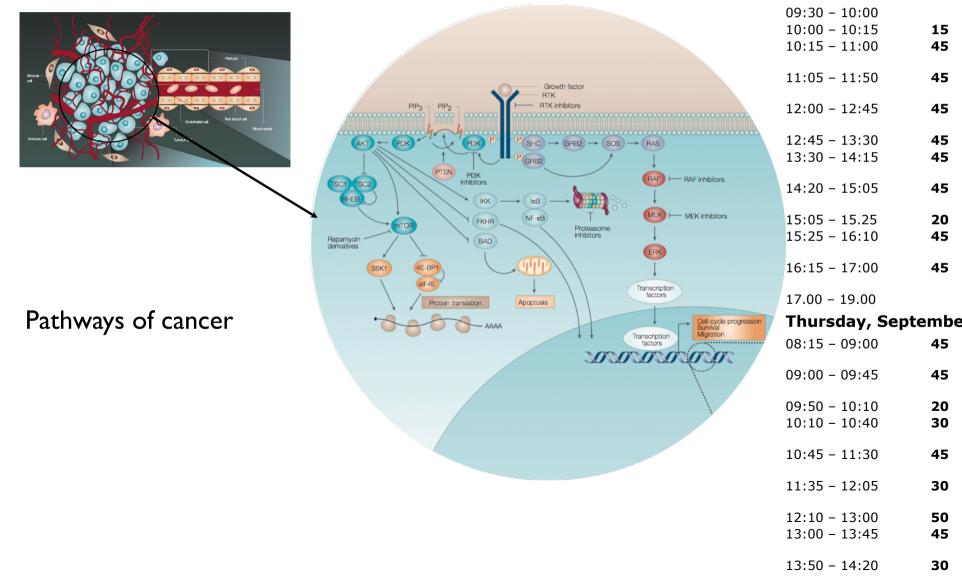
Wednesday, Septer 09:30 - 10:001990 10:00 - 10:15 Lung cancer 15 45 10:15 - 11:0011:05 - 11:50 45 12:00 - 12:4545 Non-small cell lung cancer Small-cell lung cancer 2000 12:45 - 13:30 45 45 13:30 - 14:15 14:20 - 15:05 45 Adenocarcinoma Large-cell carcinoma Squamous cell carcinoma 2008 20 15:05 - 15.2515:25 - 16:10 45 16:15 - 17:00 45 17.00 - 19.00 Today Established targets Mutation negative/unknown Thursday, Septembe EGFR ALK ROS1 08:15 - 09:00 45 09:00 - 09:4545 Adenocarcinoma Large cell carcinoma Squamous cell carcinoma 09:50 - 10:1020 30 10:10 - 10:40 Small-cell lung cancer Adenocarcinoma and treatable oncogenic alterations 10:45 - 11:30 45 Adapted from Reck M, et al. Lancet 2013;382:709-19 11:35 - 12:05 30

- 12:10 13:00 **50** 13:00 - 13:45 **45**
- 13:50 14:20 **30**



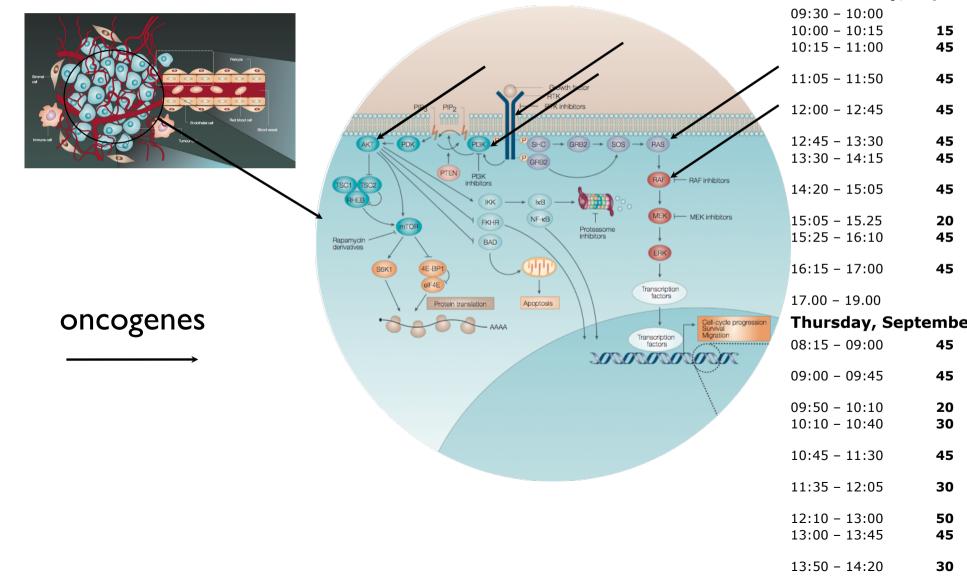


Wednesday, Septer





Wednesday, Septer



Driver mutations Lung Adenocarcinoma **MET 3%** > 1 Mutation 3% HER2 2% EGFR Other 4% _ROS1 2% **BRAF 2%** ALK **RET 2%** 7% EGFR Sensitizing _NTRK1 1% 17% PIK3CA 1% **MEK1 <1%** Unknown KRAS **Oncogenic Driver** 25% Detected 31%



Program

Wednesday, Septer

09:30 - 10:00	
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10:10 - 10:40

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- 13:50 14:20 30

×0 Scientific Advances in Lung Cancer 2015 CrossMark Journal of Thoracic Oncology Vol. 11 No. 5: 613-638

STATE OF THE ART: CONCISE REVIEW



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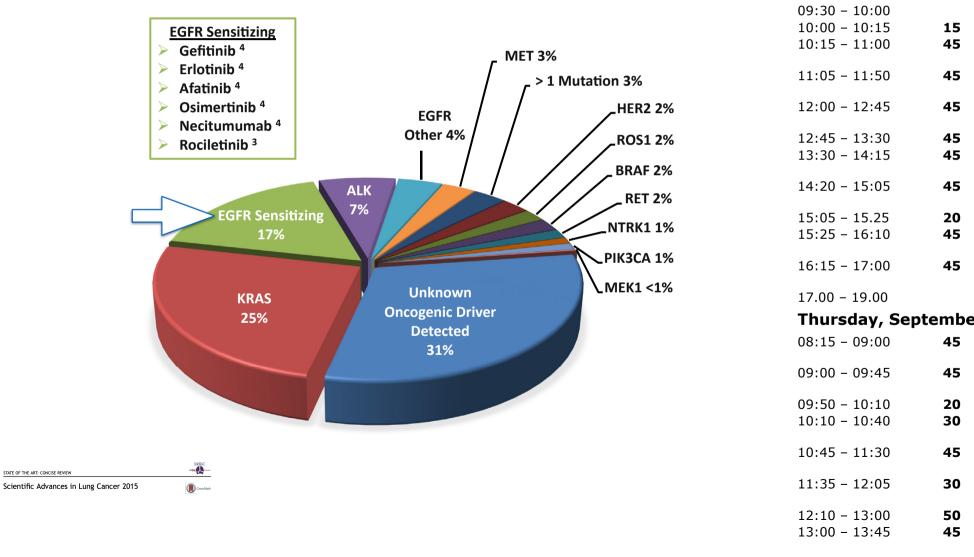
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	14:20 - 15:05	45
	15:05 - 15.25 15:25 - 16:10	20 45
	16:15 - 17:00	45
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or	09:50 - 10:10 10:10 - 10:40	20 30
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	13:50 - 14:20	30

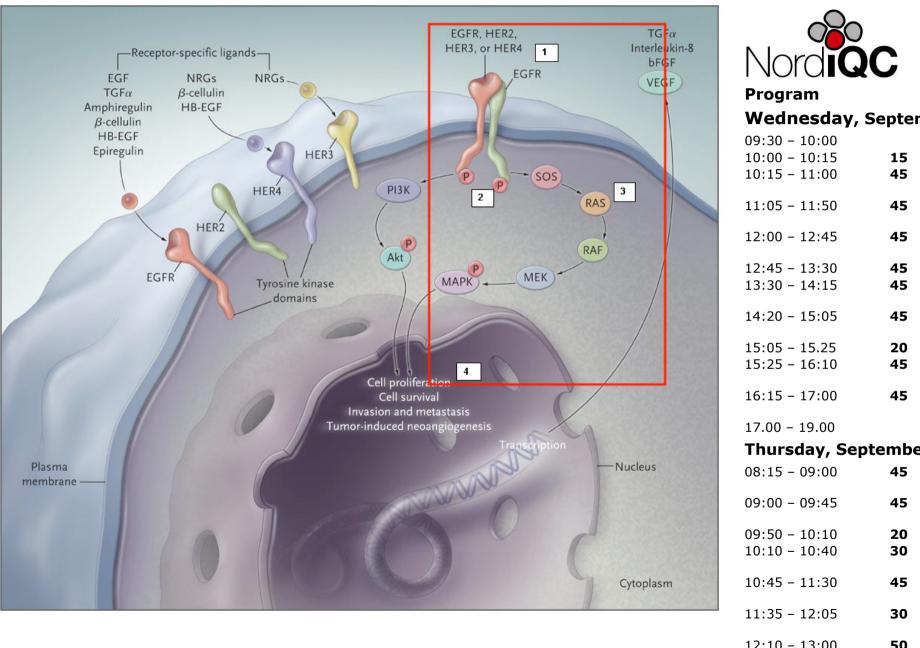
	Program
	Wednesday, Septer
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	11:05 - 11:50 45
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KLINISKE RETNINGSLINJER KRÆFT	12:45 - 13:304513:30 - 14:1545
	14:20 - 15:05 45
	15:05 - 15.252015:25 - 16:1045
	16:15 - 17:00 45
Lungecancer – Patologi	17.00 - 19.00
	Thursday, Septembe
	08:15 - 09:00 45
46. Reflextest af de obligatoriske markører bør foretages ved den primære	09:00 - 09:45 45
diagnostik af nedenstående grupper. (A)	09:50 - 10:10 20
 EGFR, ALK, ROS1: adenokarcinomer + ikke-småcellede karcinomer, hvor 	10:10 - 10:40 30
typen ikke sikkert kan afgøres	10:45 - 11:30 45
 PD-L1: alle ikke-småcellede karcinomer Version 2.0 	11:35 - 12:05 30
GODKENDT Faglig godkendelse 12. oktober 2020 (Dalupa) Administrativ godkendelse 9. november 2020 (Sekretariatet for	12:10 - 13:005013:00 - 13:4545
Kliniske Retningslinjer på Kræftområdet)	

REVISION



Wednesday, Septer



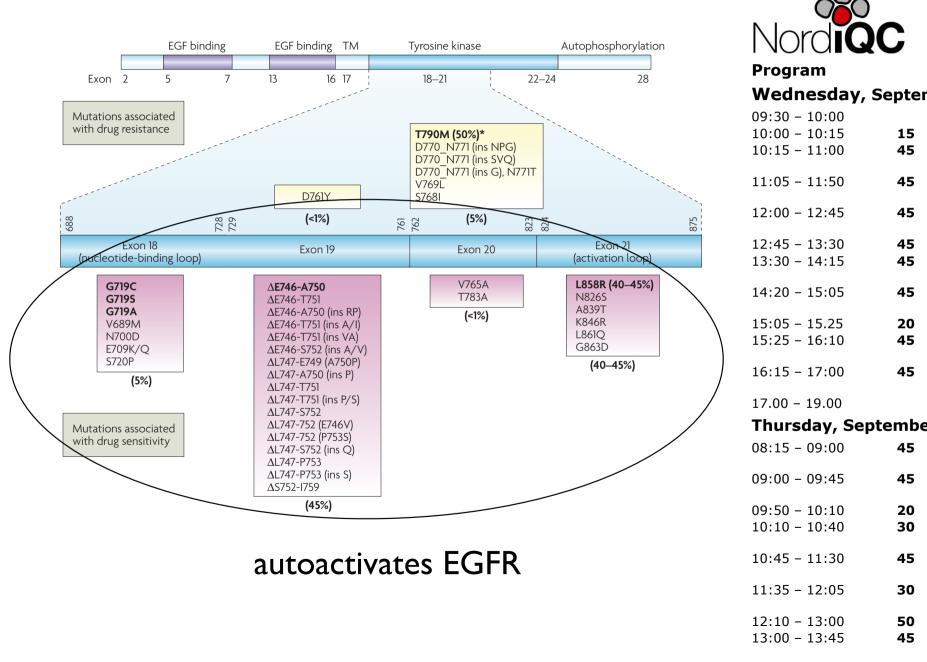


IQC

09:30 - 10:00 10:00 - 10:15 15 45 10:15 - 11:00 11:05 - 11:50 45 12:00 - 12:45 45 45 12:45 - 13:30 45 13:30 - 14:15 14:20 - 15:05 45 15:05 - 15.25 20 15:25 - 16:10 45 16:15 - 17:00 45 17.00 - 19.00

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_ ² + ۲۰ مرم	\ <u> </u>				AGRISSO (N=279) ledian 10.1 months		Wednesday,	Septer
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abi abi	V				hemotherapy (N=14	0)	10:00 - 10:15	15
물이	·			M	ledian 4.4 months		10:15 - 11:00	45
<u> </u>	~	"A			azard Ratio = 0.30			
6 Sa	ł	×-			5% CI (0.23, 0.41) value <0.001		11:05 - 11:50	45
2°	į	-		F	value <0.001		12:00 - 12:45	45
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Progression Free Survival Probability 0.2 0.4 0.6 0.8 0.4 1 1		ľ		•-•			12:45 - 13:30	45
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Number at risk							17.00 - 19.00	
							Thursday, Sep	otembe
TAGRISSO 279	240	162	88	50	13	0	08:15 - 09:00	45
Chemotherapy							08.15 - 09.00	45
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- 09:50 10:10 **20** 10:10 - 10:40 **30**
- 10:45 11:30 **45**
- 11:35 12:05 **30**
- 12:10 13:005013:00 13:4545
- 13:50 14:20 **30**

		Nord <b>iQC</b> Program
	Contents lists available at ScienceDirect	Wednesday, Sep
	Lung Cancer	09:30 - 10:00 10:15 11:00
ELSEVIER	journal homepage: www.elsevier.com/locate/lungcan	₩₩₩ ₩₩₩ ₩₩ ₩
		12:00 - 12:45
Noval ECED mu	station specific antibodies for lung adoposarsinomas	12:45 - 13:30 13:30 - 14:15
	Itation-specific antibodies for lung adenocarcinoma: but not sensitive detection of an E746_A750 deletion in	( <b>I</b> 9:520 ^{ark} 15:05
•••	L858R mutation in exon 21 by immunohistochemistry	15.05 - 15.25
An Na Seo ^{a,b,1} , Tae-	-In Park ^{b,1} , Yan Jin ^{a,c} , Ping-Li Sun ^{a,c} , Hyojin Kim ^{a,c} ,	16:15 - 17:00
Hyun Chang ^d , Jin-H	Iaeng Chung ^{a, c, *}	17.00 - 19.00
⁹ Department of Pathology, Kyung ⁵ Department of Pathology, Seoul	National University Bundang Hospital, 300 Gumi-dong, Bundang-gu, Seongnam-si, Gyeonggi 463-707, Republic of Korea gpook National University College of Medicine, 680 Gukchaebosang-ro, Jung-gu, Daegu 700-842, Republic of Korea National University College of Medicine, 103 Daehak-ro, Jongno-gu, Seoul 110-799, Republic of Korea	<b>Thursday, Septer</b> 08:15 - 09:00
^a Department of Internal Medicine Korea	e, Seoul National University Bundang Hospital, 300 Gumi-dong, Bundang-gu, Seongnam-si, Gyeonggi 463-707, Republic of	09:00 - 09:45
		09:50 - 10:10 10:10 - 10:40
		10:45 - 11:30
		11:35 - 12:05
		12:10 - 13:00 13:00 - 13:45
		13:50 - 14:20

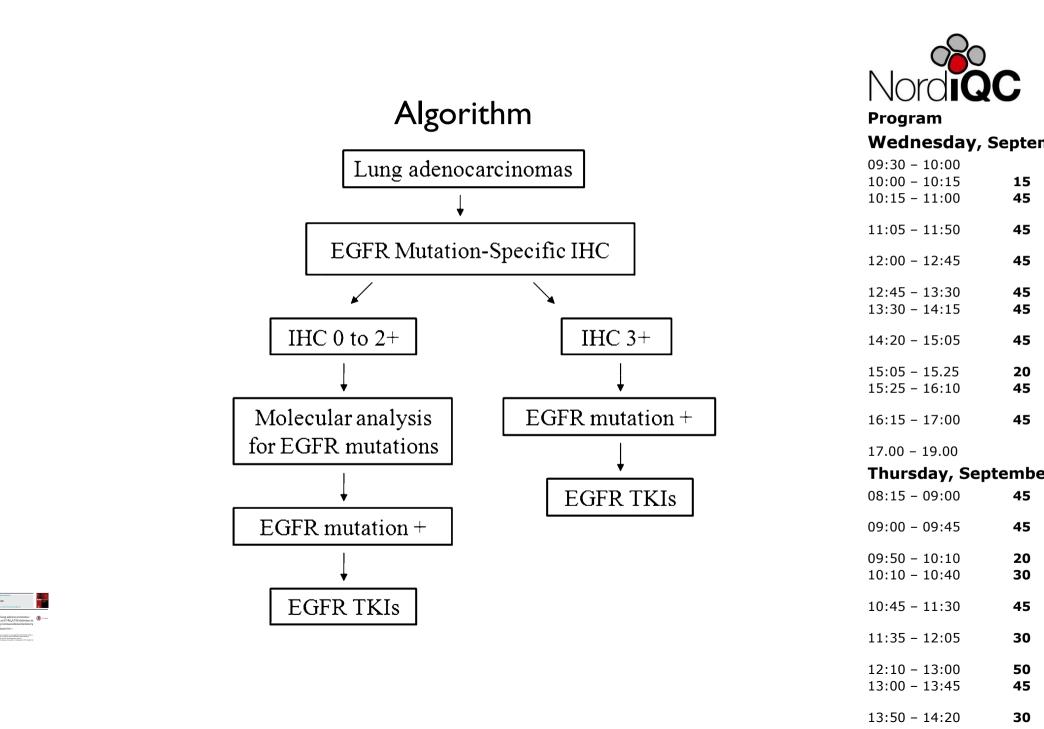


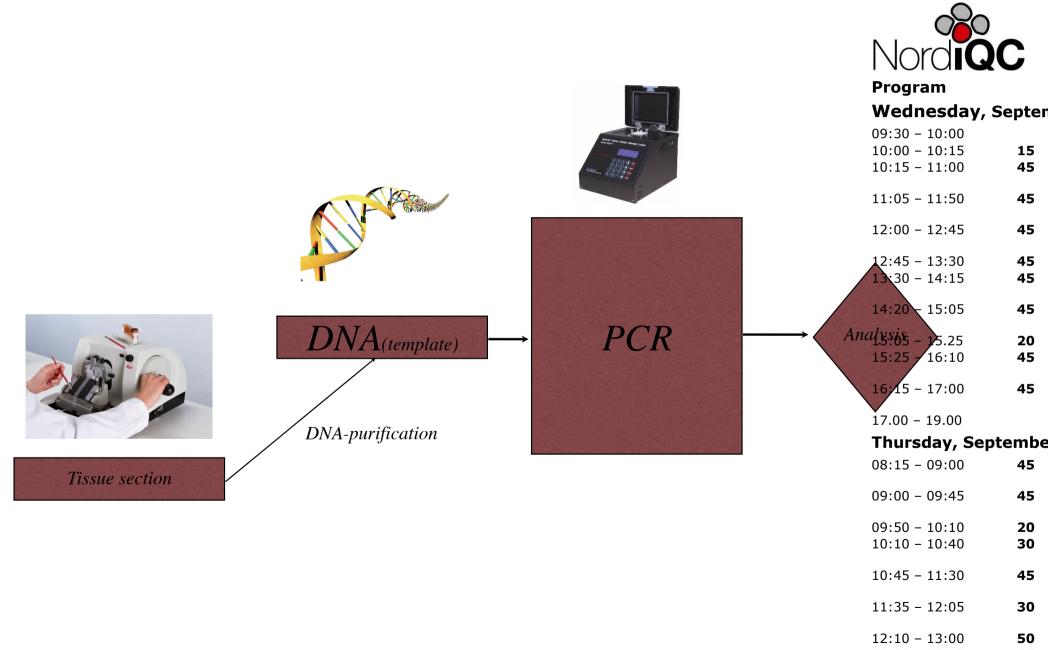
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	neg.		<u> </u>			Program	
and the second secon		8 6 2 V 1 1		NO ANA		Wednesday	, Septe
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			ounder the a	A the	E746-A750	10:00 - 10:15	15
		STA BIE		Contraction of the	del-specific AB SP	9 <b>110</b> :15 – 11:00	45
A	B	C	D			11:05 - 11:50	45
		Marco Alar			E746-A750	12:00 - 12:45	45
					del-specific AB SP	1,1,1,4E 12,20	45
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Е	F	G	Н			13:30 - 14:15	45
able 2						14:20 - 15:05	45
iagnostic power of mutation-specific	c antibodies comparing with EG	FR mutational status.				15:05 - 15.25	20
Mutation-specific antibodies	EGFR mutations	Sensitivity	1 (%)	Specificity (%)	PPV (%)	15:25 -N1×6(:12)0	45
Anti-EGFR E746_A750 del	E746_A750 deletion					16 15 17 00	45
	≥Score 1 as positive	94.1%		96.1%	80.0%	16:15 - <u>99</u> .0%	45
	≥Score 2 as positive	70.6%		99.0%	92.3%	95.3%	
	≥Score 3 as positive	29.4% 🗲		100.0%	100.0%	17.00 - ₈ 9,9%00	
	All deletions in exon 19					Thursday, Se	entemba
	≥Score 1 as positive	54.8%		96.6%	85.0%	00.0/0	
	≥Score 2 as positive	40.3%		99.4%	96.2%	08:15 -8:09%:00	45
	≥Score 3 as positive	16.1% ←		100.0%	100.0%	77.4%	
Anti-EGFR L858R	L858R					09:00 - 09:45	45
	≥Score 1 as positive	93.5%		50.0%	30.7%	97.0%	
	≥Score 2 as positive	80.4%		89.7%	64.9%	$09:50 - \frac{95}{10}:10$	20
	≥Score 3 as positive	41.3% ←		100.0%	100.0%	10:10 - 10:40	30
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Lung Cancer

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- 13:50 14:20 30





- 13:00 13:45 **45**
- 13:50 14:20 **30**

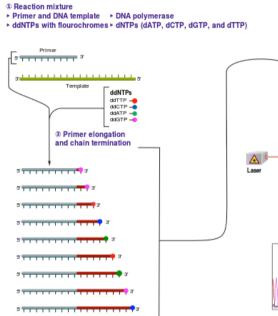


## Wednesday, Septer

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*	③ Capillary gel electrophoresis separation of DNA fragments	15.30 - 14.15	45
Ca	pillary gel	14:20 - 15:05	45
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Laser	Detector	15:05 - 15.25	20
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nd dialan		Thursday, Sep	
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Chromat	and computational sequence analysis	<b>Thursday, Sep</b> 08:15 - 09:00	45
Chromat	and computational sequence analysis	<b>Thursday, Sep</b> 08:15 - 09:00	45
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Chromat	and computational sequence analysis	<b>Thursday, Sep</b> 08:15 - 09:00 09:00 - 09:45	45 45
Chromat	and computational sequence analysis	<b>Thursday, Sep</b> 08:15 - 09:00 09:00 - 09:45 09:50 - 10:10 10:10 - 10:40	45 45 20 30
Chromat	and computational sequence analysis	<b>Thursday, Sep</b> 08:15 - 09:00 09:00 - 09:45 09:50 - 10:10	45 45 20
Chromat	and computational sequence analysis	<b>Thursday, Sep</b> 08:15 - 09:00 09:00 - 09:45 09:50 - 10:10 10:10 - 10:40 10:45 - 11:30	45 45 20 30 45
Chromat	and computational sequence analysis	<b>Thursday, Sep</b> 08:15 - 09:00 09:00 - 09:45 09:50 - 10:10 10:10 - 10:40	45 45 20 30

- 12:10 13:005013:00 13:4545
- 13:50 14:20 **30**

# Sequencing





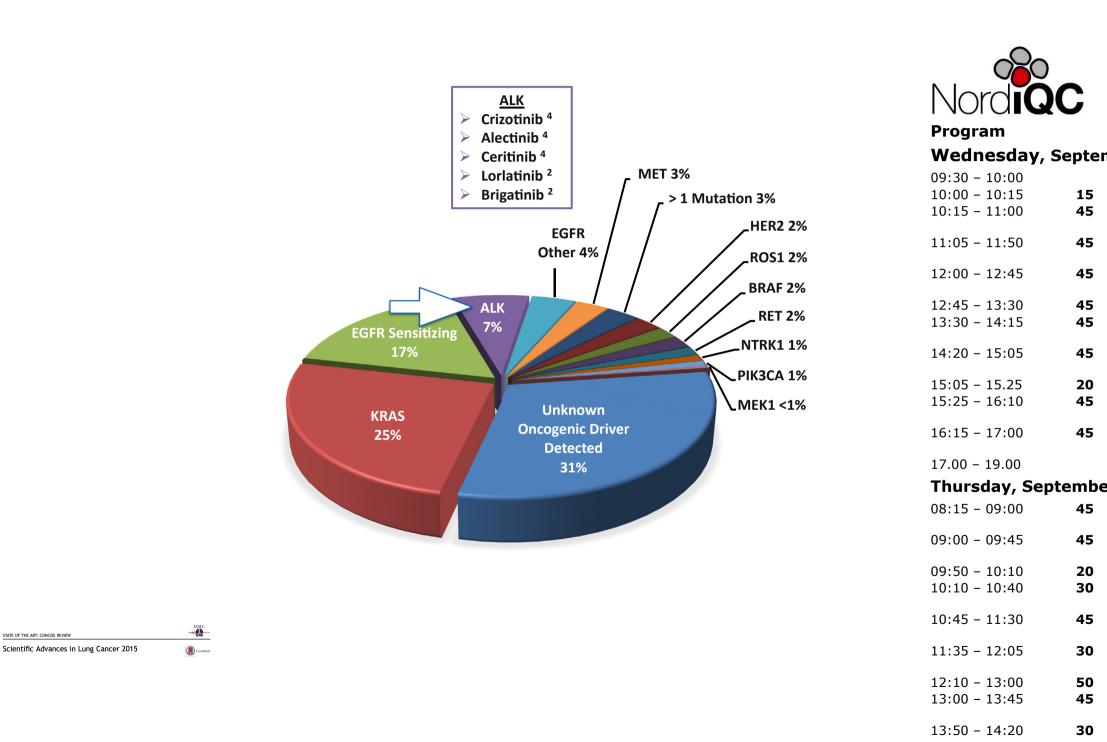


### INCICIES Program Wednesday, Septer

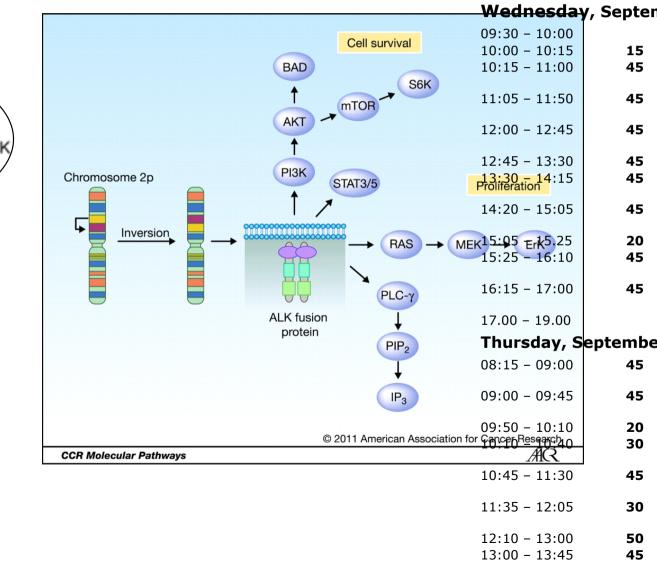
				• •	
		Loop Sequence	Loop Blocker Sequence	09:30 - 10:00 10:00 - 10:15 10:15 - 11:00	15 45
	cobas z 480	Stem Sequence	Internal Quencher 5' Reporter	11:05 - 11:50	45
	CODAS 2 480	Quencher	R	12:00 - 12:45	45
	0.08	5' Reporter	PCR Primer Newly Synthesized DNA Strand	12:45 - 13:30	45
	× ×	Blocker Target DN	Complementary Sequence	13:30 - 14:15	45
idgila		1. Quenching of the fluorescence	2. Emission of the fluorescence	14:20 - 15:05	45
			$\mathbf{i}$	15:05 - 15.25	20
	100012-0000	au l		15:25 - 16:10	45
	CE Therascreen Therascreen KRAS MULLION ET	mut	ationspecific primer	16:15 - 17:00	45
	ARMS Require QS			17.00 - 19.00	
		1 • •		Thursday, Sep	tembe
	666666	The life of the li		08:15 - 09:00	45
	· · · · · · ·	1.2		09:00 - 09:45	45
	- <u>-</u>			09:50 - 10:10	20
				10:10 - 10:40	30
				10:45 - 11:30	45
				11:35 - 12:05	30

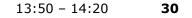
PCR bassed test

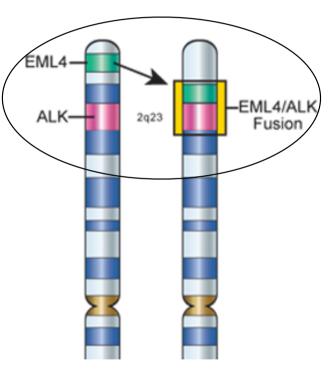
- 12:10 13:005013:00 13:4545
- 13:50 14:20 **30**







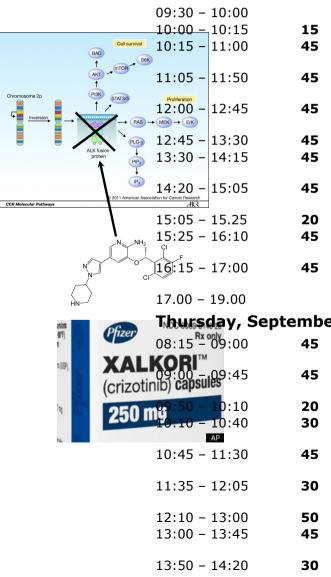




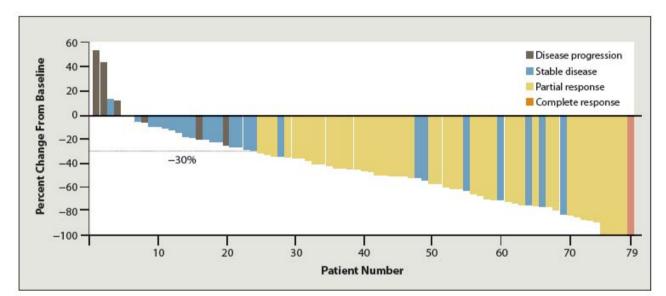


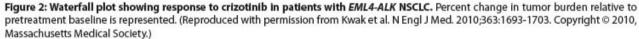






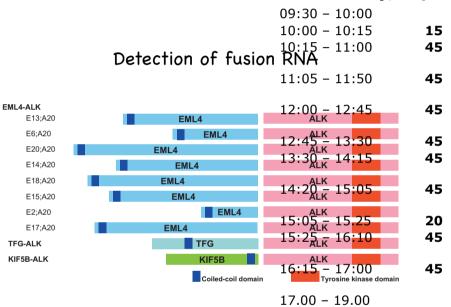
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#### Wednesday, Septer

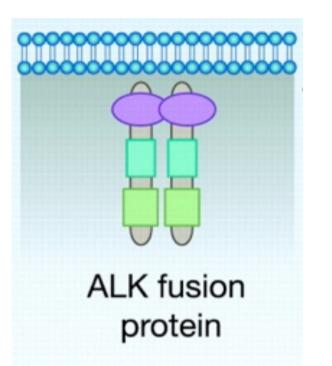


#### Thursday, Septembe

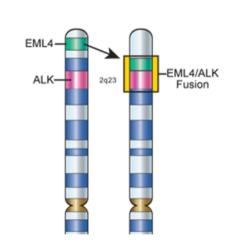
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13:50 - 14:20 **30** 

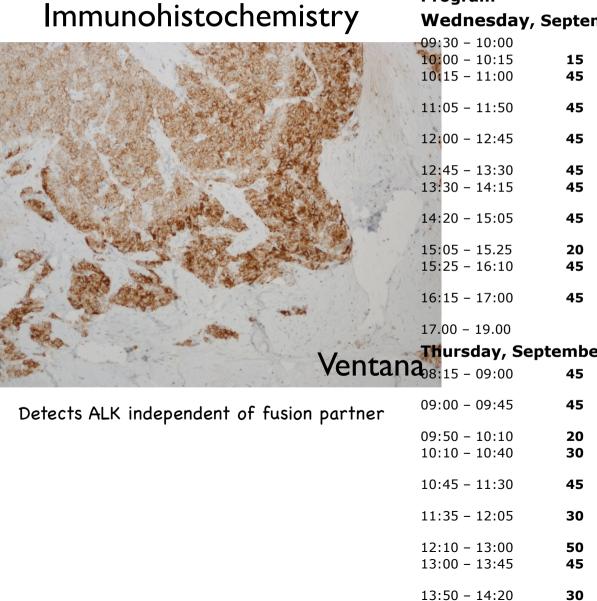
#### Detection of fusion protein



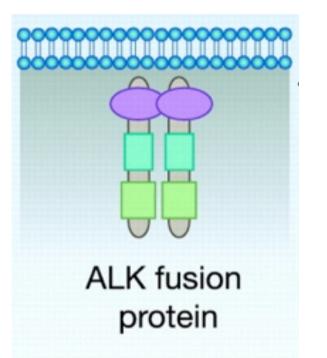
Detection of chromosomal changes

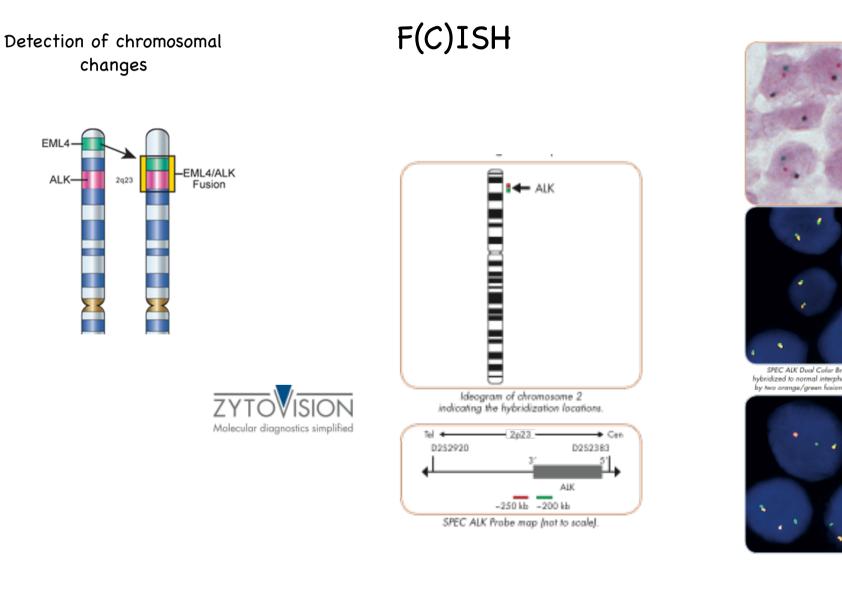






Detection of fusion protein

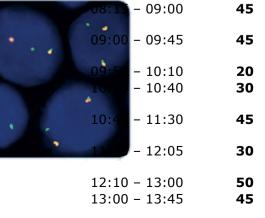






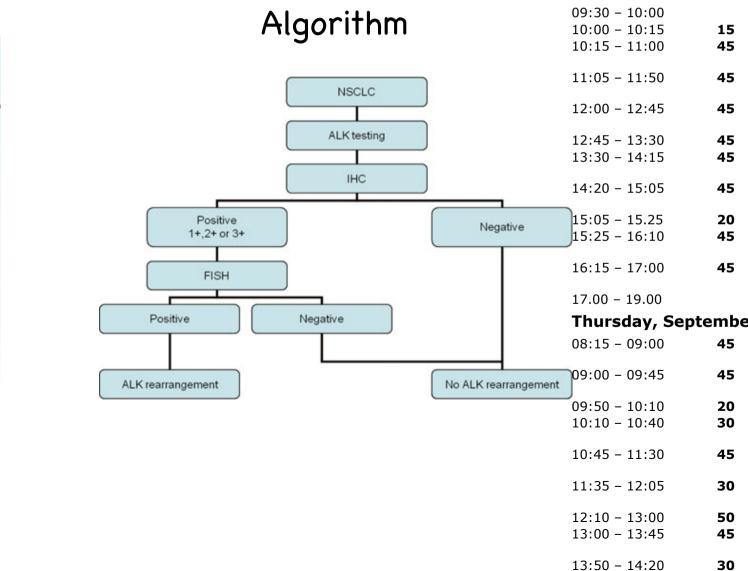
Wednesday, Septer 09:30 - 10:00 10:00 - 10:15 15 45 10:15 - 11:00 11:05 - 11:50 45 12:00 - 12:45 45 12:45 - 13:30 45 45 - 14:15 .14:2 - 15:05 45 - 15.25 20 - 16:10 45 - 17:00 45 - 19.00

SPEC ALK Dual Colar Break Apart Probe hybridized to normal interphase cells of **Theorinsday, Septembe** by two orange/green fusion signals per hocies.

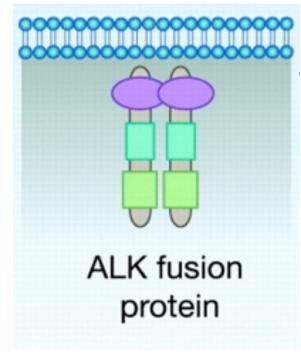




Wednesday, Septer



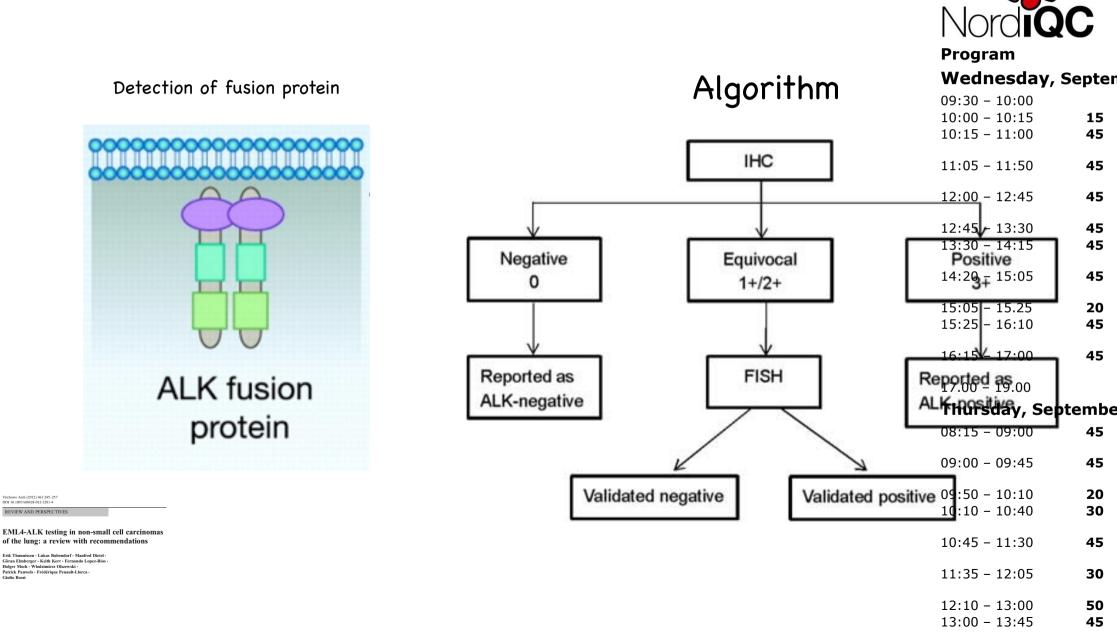
Detection of fusion protein



Virchows Arch (2012) 461:245-257 DOI 10.1007/s00428-012-1281-4 REVIEW AND PERSPECTIVES

EML4-ALK testing in non-small cell carcinomas of the lung: a review with recommendations

Erik Thunnissen · Lukas Bubendorf · Manfred Dietel · Göran Elmberger · Keith Kerr · Fernando Lopez-Rios · Holger Moch · Włodzimierz Olszewski · Patrick Pauwels · Frédérique Penault-Llorca · Giulio Rossi





Wednesday, Septer

RT PCR based test	09:30 - 10:00 10:00 - 10:15 10:15 - 11:00	15 45
	11:05 <u>- 11:5</u> 0	45
	12:00 - <u>12</u> :45	45
	12.4 12.20	45

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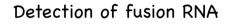


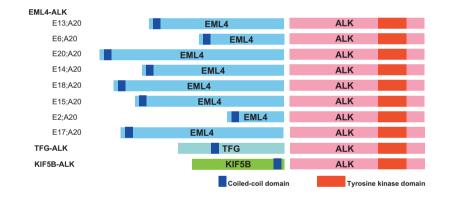
16:15 - 17:00 **45** 

17.00 – 19.00

#### Thursday, Septembe

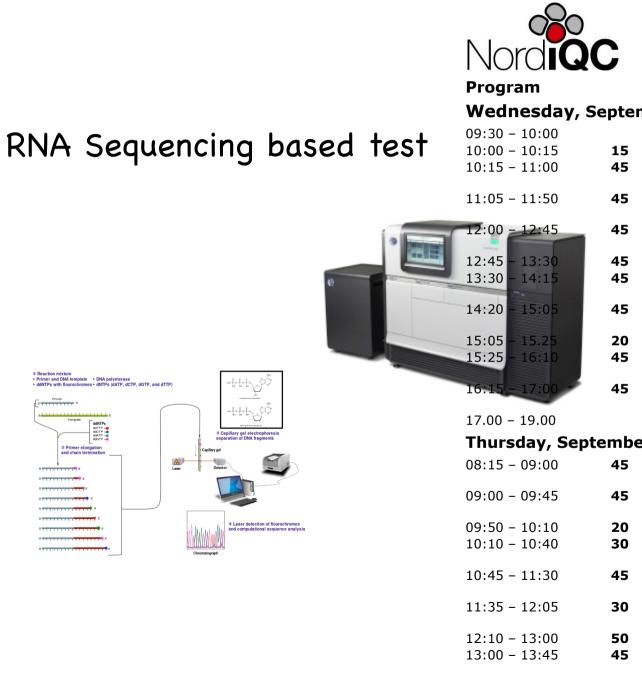
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45	10:45 - 11:30
30	11:35 - 12:05
50 45	12:10 - 13:00 13:00 - 13:45











Detection of fusion RNA

EMI 4

EML4

Coiled-coil domain

TFG

ALK

Tyrosine kinase domain

EML4

EML4

EML4

EML4

EML4

EML4

EML4-ALK E13:A20

E6;A20

E20;A20

E14;A20

E18;A20

E15;A20

E2;A20

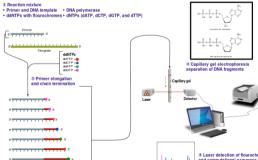
E17:A20

TFG-ALK

KIF5B-ALK

ddNTPs ddTTP -ddTTP -ddATP -ddATP -Primer elongation and chain termination





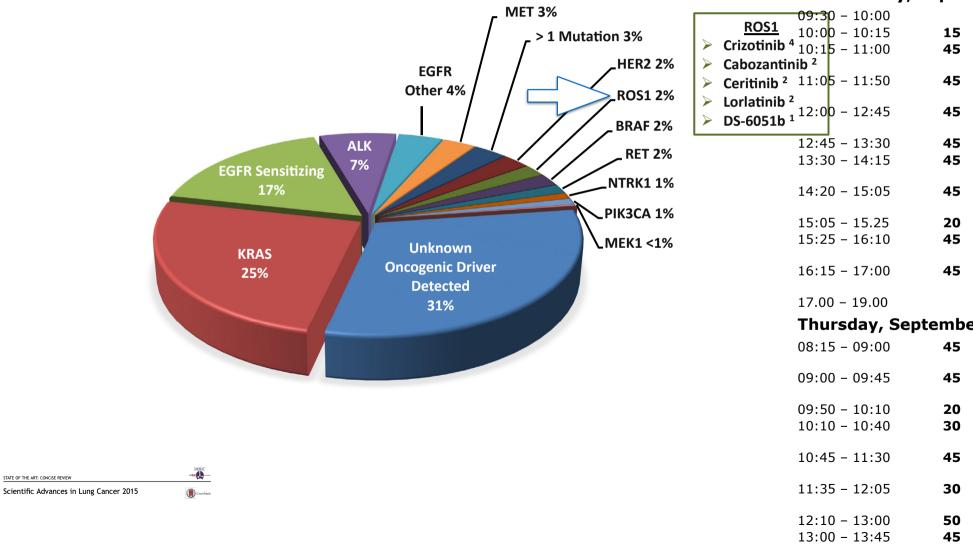


13:50 - 14:20

30



#### Wednesday, Septer





12:10 - 13:00

13:00 - 13:45

13:50 - 14:20

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45

30

#### Program ROS fusion partners Wednesday, Septer Transmembrane domain Intra cullaul ar domian **ROS** fusion 09:30 - 10:00Tyrosine kinase domain 10:00 - 10:15 15 45 10:15 - 11:00 11:05 - 11:50 45 SHP2 SHP1 IRS1 12:00 - 12:45 45 P13K 12:45 - 13:30 45 45 13:30 - 14:15 VAV3 PDK1 PLCY STATS 45 cytoskeleton 14:20 - 15:05 & cell-cell 20 15:05 - 15.25 AKT interaction cdc42 15:25 - 16:10 45 RHO **Protein:** Transformation **B1** Integrin 16:15 - 17:00 45 Proliferation **Differentiation** Tensin & Survival mTOR Apoptosis 17.00 - 19.00 a-catenin Metastasis **B-** catenin Thursday, Septembe & Migration δ-catenin 08:15 - 09:00 45 N-catenin 09:00 - 09:45 45 Translation Capacity 09:50 - 10:10 20 increased 30 10:10 - 10:40 Transformation 10:45 - 11:30 45 11:35 - 12:05 30

RAS

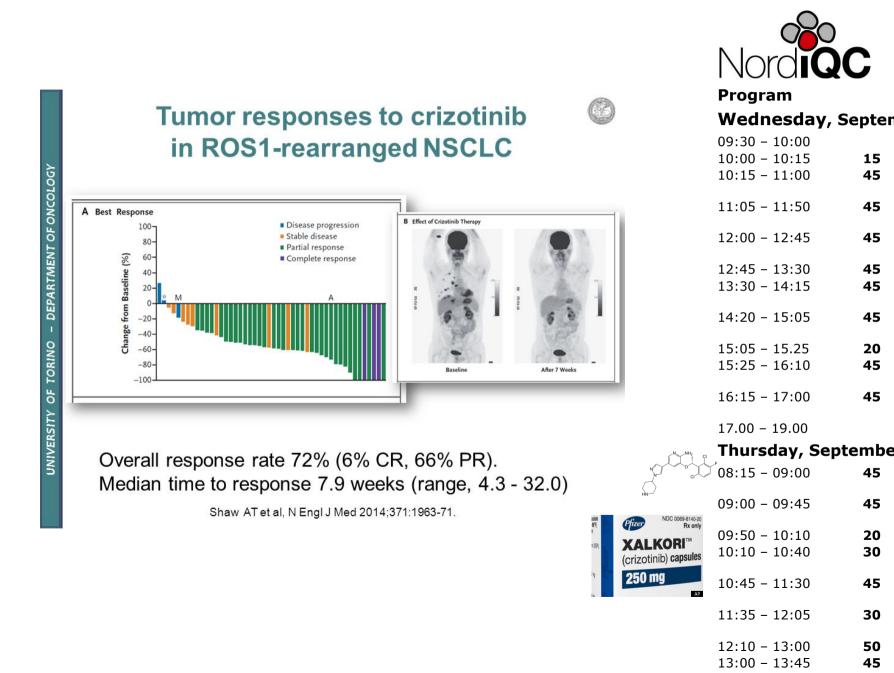
RAF

MEK

MAPK

Proliferation

& Survival

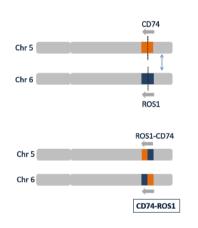


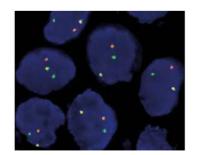
13:50 - 14:20

30

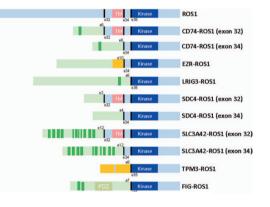


## Detection of chromosomal changes





#### Detection of fusion RNA





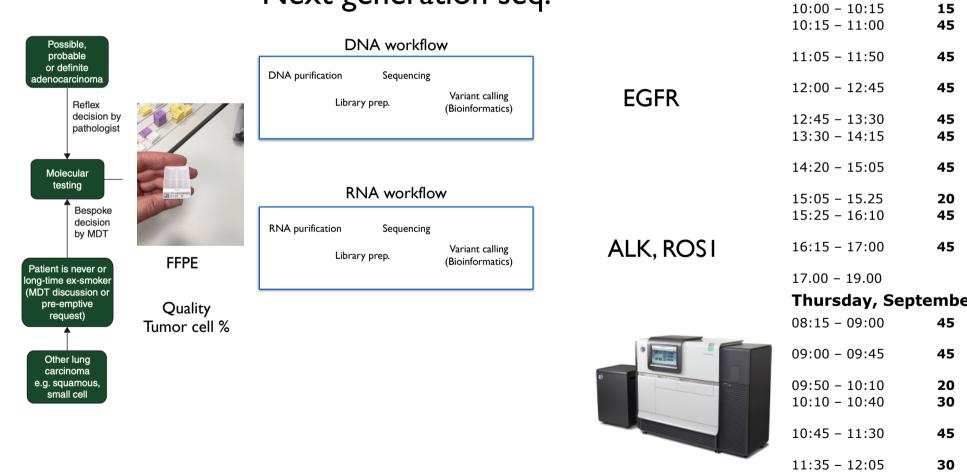
#### Detection of fusion protein 09:30 - 10:00 45 10:15 - 11:00 11:05 - 11:50 45 3' ROS1 5' Fusion partners 12:00 - 12:45 45 Variable region FIG (GOPC) (exons 32-35) SLC34A2, CD74, SDC4, TPM3, EZR, LRIG3, Conserved region 12:45 - 13:30 45 (includes kinase domain) KDELR2, CCDC6, 13:30 - 14:15 45 YWHAE, TFG, CEP85L 14:20 - 15<del>:05</del> ► 45 15:05 - 15.25 20 15:25 - 16:10 45 16:15 - 17:00 45 Chursday, Septembe 45 45 20 30

- 10:45 11:30 45
- 11:35 12:05 30
- 12:10 13:00 50 13:00 - 13:45 45
- 13:50 14:20 30





# Next generation seq.



Program

09:30 - 10:00

12:10 - 13:00

13:00 - 13:45

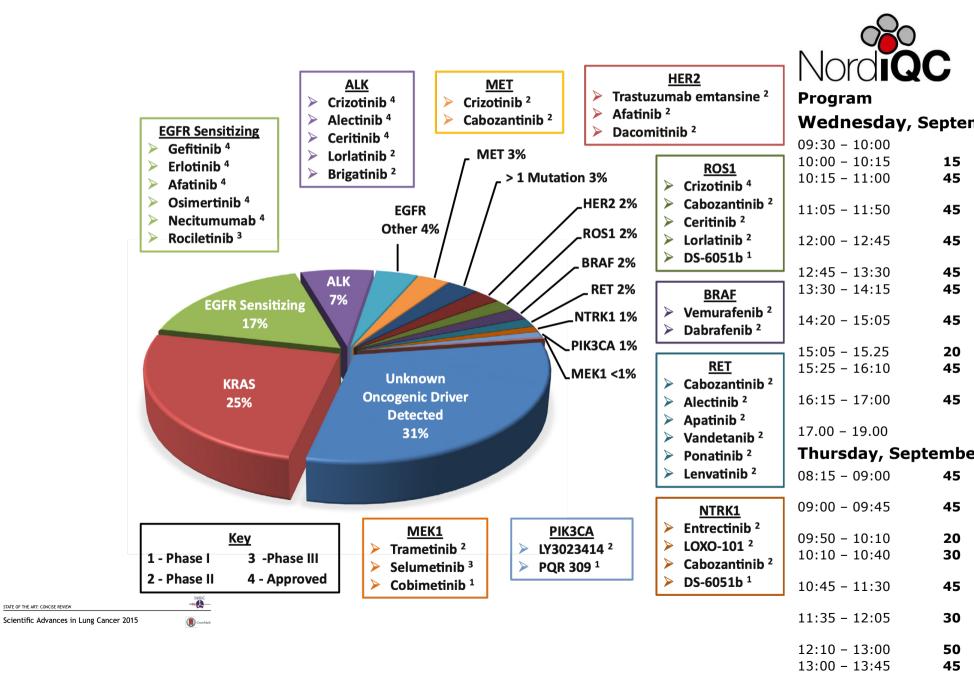
13:50 - 14:20

50

45

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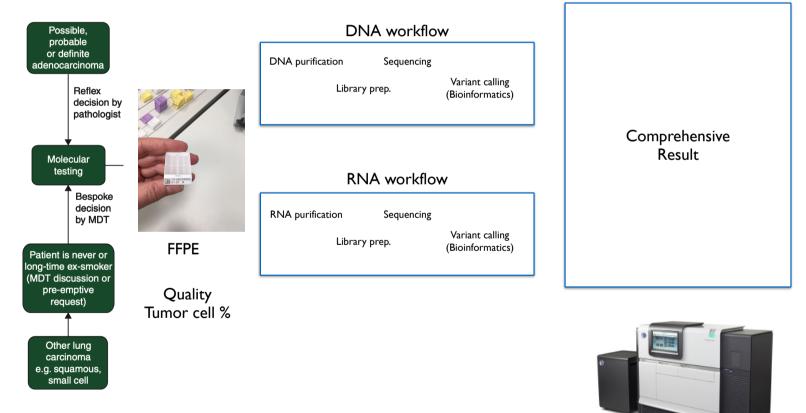
Wednesday, Septer



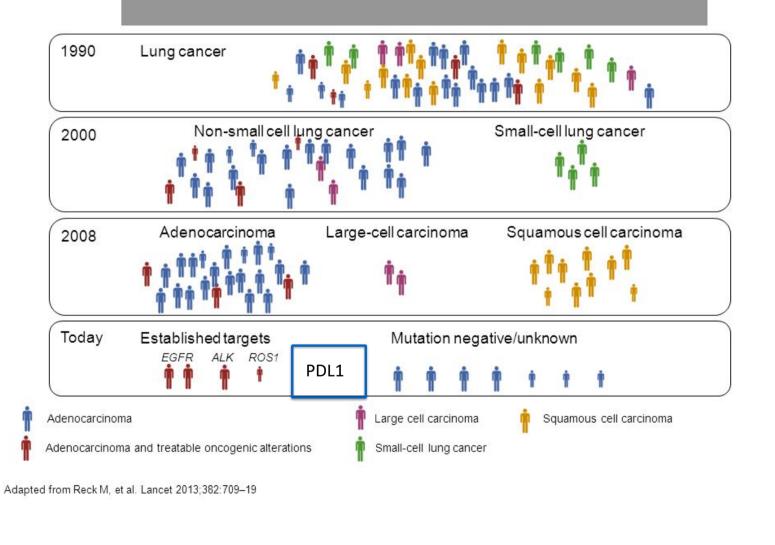




## Next generation seq.



# Patient selection in lung cancer: Evolution over time

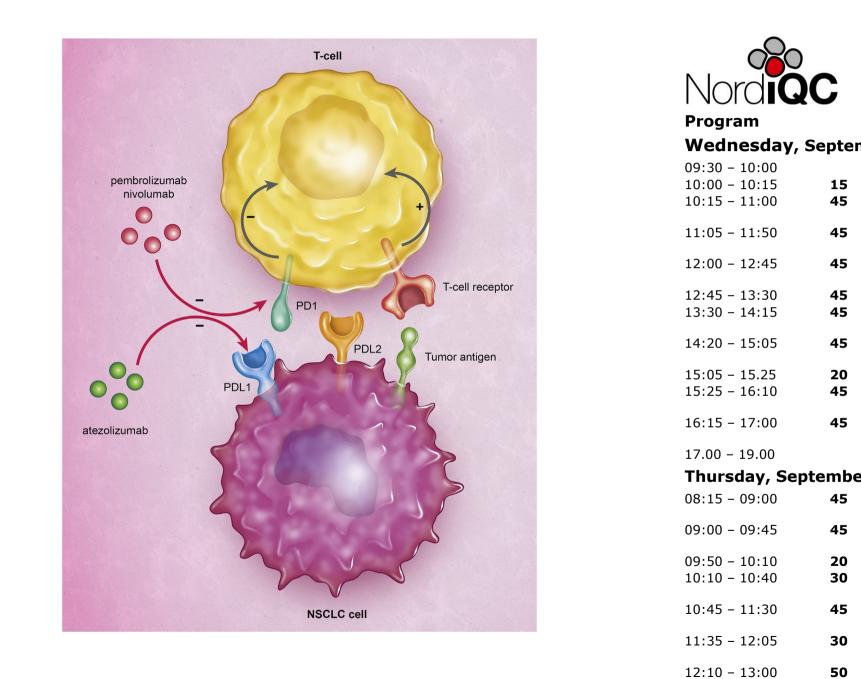




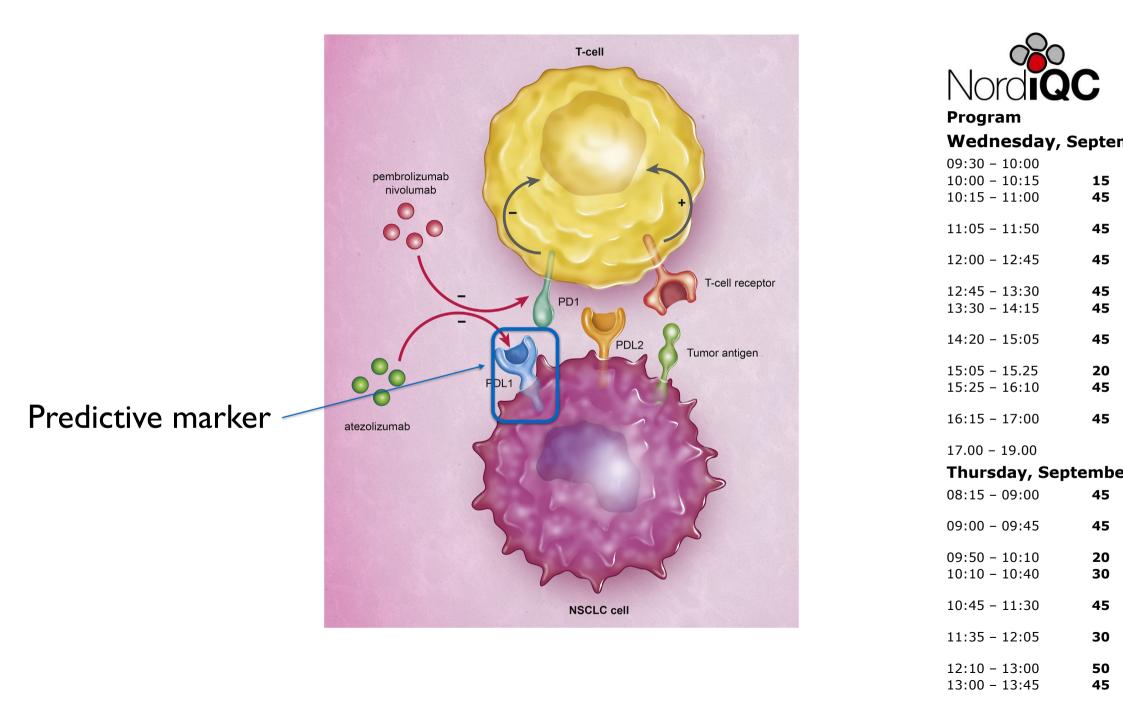
Program

Wednesday, Septer

09:30 - 10:00	
10:00 - 10:15	15
10:00 - 10:15 10:15 - 11:00	45
11:05 - 11:50	45
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12.45 12.20	45
12:45 - 13:30 13:30 - 14:15	45 45
15:50 - 14:15	45
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Thursday, Se	ptembe
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09:50 - 10:10 10:10 - 10:40	20 30
09:50 - 10:10	20 30
09:50 - 10:10 10:10 - 10:40 10:45 - 11:30	20 30 45
09:50 - 10:10 10:10 - 10:40 10:45 - 11:30 11:35 - 12:05	20 30 45 30
09:50 - 10:10 10:10 - 10:40 10:45 - 11:30 11:35 - 12:05	20 30 45 30
09:50 - 10:10 10:10 - 10:40 10:45 - 11:30	20 30 45 30



- 13:00 13:45 **45**
- 13:50 14:20 **30**





#### Program Wednesday, Septer 100-Hazard ratio for disease progression or death, 09:30 - 10:000.50 (95% CI, 0.37-0.68) 90-10:00 - 10:15 15 P<0.001 45 10:15 - 11:00 80-Progression-free Survival (%) 11:05 - 11:50 45 70-12:00 - 12:45 45 60-12:45 - 13:30 45 50-45 13:30 - 14:15 40-Pembrolizumab 14:20 - 15:05 45 30-15:05 - 15.25 20 15:25 - 16:10 45 20-16:15 - 17:00 Chemotherapy 45 10-17.00 - 19.00 0-0 3 6 9 12 15 ¹⁸Thursday, Septembe 08:15 - 09:00 45 Month No. at Risk ₁ 09:00 - 09:45 45 Pembrolizumab 154 104 89 22 44 3 70 Chemotherapy 18 9 0 151 99 1 09:50 - 10:10 20 30 10:10 - 10:40 10:45 - 11:30 45 11:35 - 12:05 30 12:10 - 13:00 50



#### The NEW ENGLAND JOURNAL of MEDICINE

NOVEMBER 10, 2016

VOL. 375 NO. 19

#### Pembrolizumab versus Chemotherapy for PD-L1–Positive Non–Small-Cell Lung Cancer

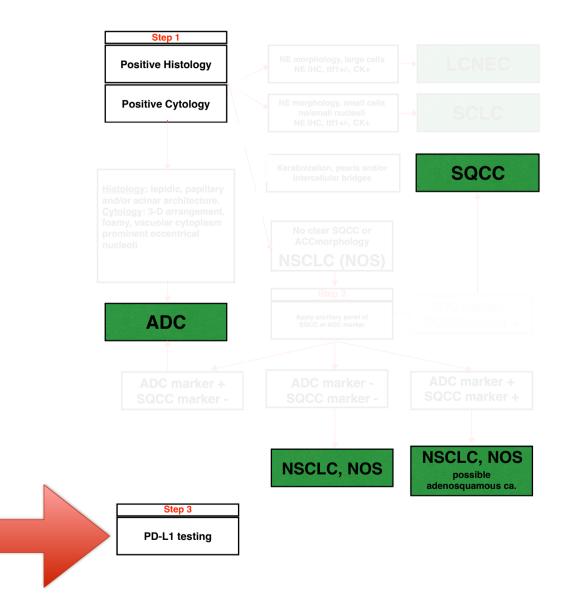
ESTABLISHED IN 1812

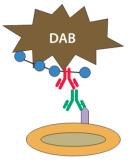
Martin Reck, M.D., Ph.D., Delvys Rodriguez-Abreu, M.D., Andrew G. Robinson, M.D., Rina Hui, M.B., B.S., Ph.D., Tibor Csőszi, M.D., Andrea Filöp, M.D., Maya Gottfried, M.D., Nir Peled, M.D., Ph.D., Ali Tafreshi, M.D., Sinead Cuffe, M.D., Mary O'Brien, M.D., Suman Rao, M.D., Katsuyuki Hotta, M.D., Ph.D., Melanie A. Leby, Ph.D., Gregory M. Lubiniecki, M.D., Yue Shentu, Ph.D., Reshma Rangwala, M.D., Ph.D., and Julie R. Brahmer, M.D., for the KEYNOTE 024 Investigators²

13:50 - 14:20 **30** 

45

13:00 - 13:45

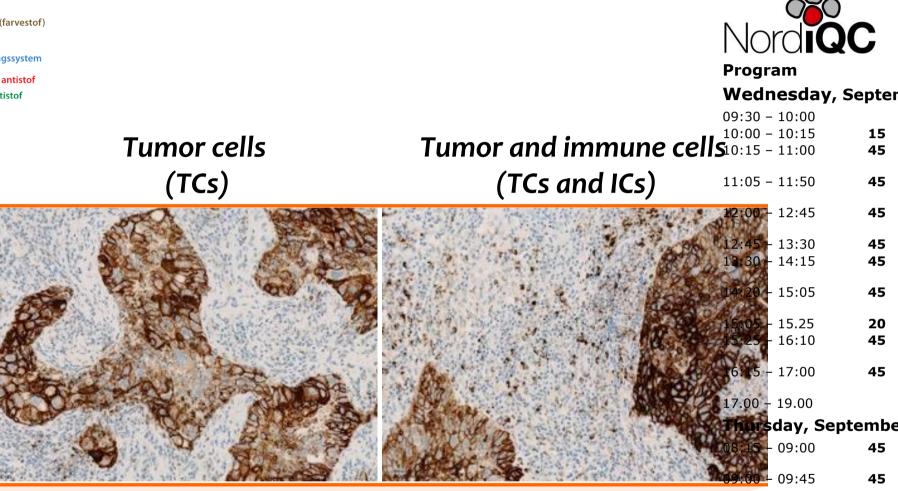




Kromogen (farvestof)

Visualiseringssystem (enzymer) Sekundært antistof **Primært antistof** 

Antiger Cellens Celleke



#### Immunhistological staining for PDL1

10:45 - 11:30 45

20

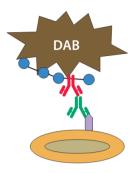
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09:50 - 10:10

10:10 - 10:40

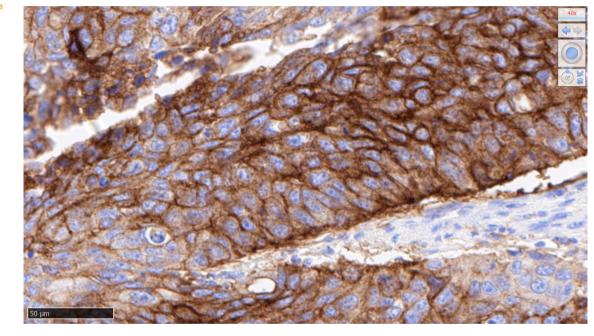
- 11:35 12:05 30
- 12:10 13:00 50 13:00 - 13:45
- 13:50 14:20 30



Kromogen (farvestof)

Visualiseringssystem (enzymer) Sekundært antistof **Primært antistof** 

Antigen Cellens cytoplasma Cellekerne



# Biopsy NSCLC 100% TPS



Program

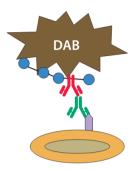
Wednesday, Septer

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Thursday, Septe	mbe
<b>, , , , , , , , , ,</b>	

e
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12:10 - 13:00 13:00 - 13:45	50 45

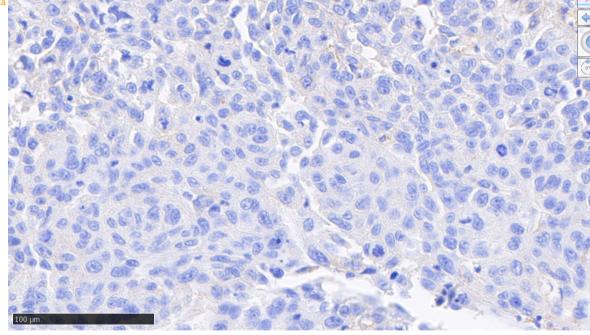
13:50 - 14:20 30



Kromogen (farvestof)

Visualiseringssystem (enzymer) Sekundært antistof Primært antistof

Antigen Cellens cytoplasma Cellekerne



# Biopsy NSCLC 0% TPS



Program

#### Wednesday, Septer

09:30 -	10,00	
10:00 -		15
10:15 -	11:00	45
11:05 -	11:50	45
12:00 -	12:45	45
12:45 -	13:30	45
13:30 -	14:15	45
14:20 -	15:05	45
15:05 -	15.25	20
15:25 -	16:10	45
16:15 -	17:00	45
17.00 -	19.00	
Thurs	day, Septe	embe
08:15 -	09:00	45

45	08:15 - 09:00
45	09:00 - 09:45
20 30	09:50 - 10:10 10:10 - 10:40
45	10:45 - 11:30
30	11:35 - 12:05
50 45	12:10 - 13:00 13:00 - 13:45

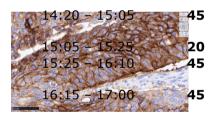
13:50 – 14:20 **30** 



### Program

## Wednesday, Septer

15 45	09:30 - 10:00 10:00 - 10:15 10:15 - 11:00
45	11:05 - 11:50
45	12:00 - 12:45
45 45	12:45 - 13:30 13:30 - 14:15

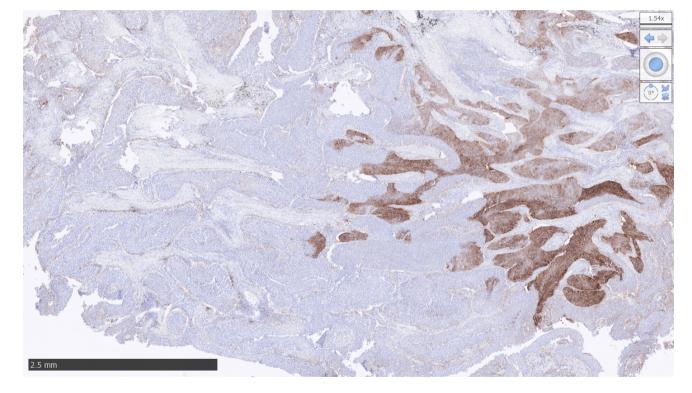


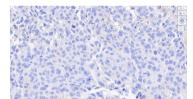
17.00 - 19.00

#### Thursday, Septembe

45	•	08:15 - 09:00
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20 30		09:50 - 10:10 10:10 - 10:40
45		10:45 - 11:30
30		11:35 - 12:05
50 45		12:10 - 13:00 13:00 - 13:45
30		13:50 - 14:20

112







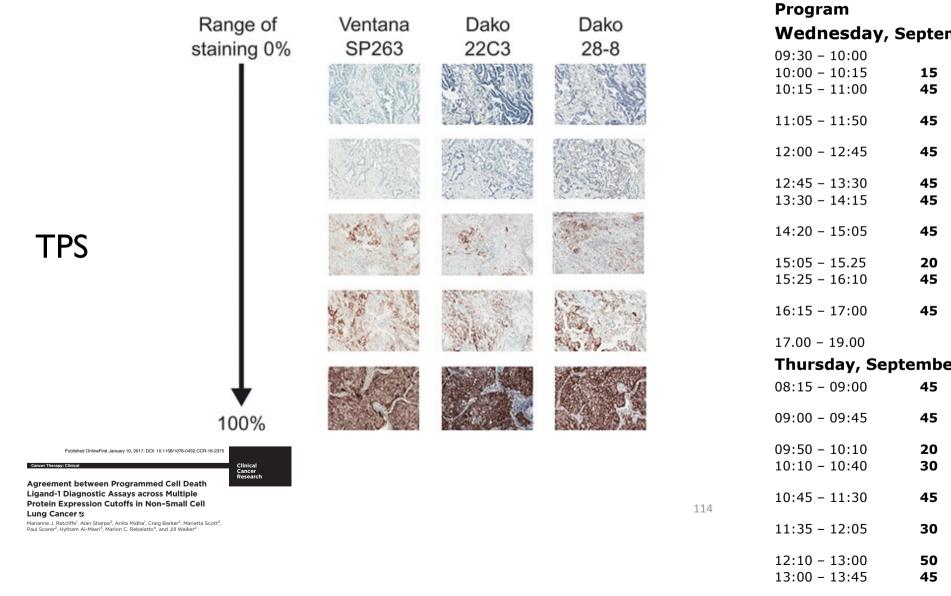
## Wednesday, Septer

lest					vveullesuay, s	Sehre
	Ventana SP263 (1)	Dako 22C3 (2)	Dako 28-8 (3)	Ventana SP142 (4)	09:30 - 10:00 10:00 - 10:15	15
					10:15 - 11:00	45
Developed as companion	Durvalumab (AstraZeneca/	Pembrolizumab (Merck Sharp	Nivolumab	Atezolizumab		
diagnostic assay for:	MedImmune)	& Dohme)	(Bristol-Myers Squibb)	(Genentech)	<b>11</b> :05 – 11:50	45
					12:00 - 12:45	45
			Dako Autostainer			
nstrument	VENTANA BenchMark ULTRA	Dako Autostainer Link 48	Link 48	VENTANA BenchMark ULTRA	12:45 - 13:30 13:30 - 14:15	45 45
					13.30 - 14.13	45
PD-L1 antibody	Clone SP263 (rabbit	Clone 22C3 (mouse	Clone 28.9 (rabbit manadaral)	Clone SP142 (rabbit	14:20 - 15:05	45
	monoclonal)	monoclonal)	Clone 28-8 (rabbit monoclonal)	monoclonal)	15:05 - 15.25	20
					- <mark>15</mark> :25 - 16:10	45
Compartment	Tumor cell membrane	Tumor cell membrane	Tumor cell membrane	Tumor cells and tumor-	16:15 - 17:00	45
sompartment				infiltrating immune cells	10.10 17.00	.5
				≥50% of tumor cells	17.00 - 19.00	
Cut-off(s) for	≥25% of tumor cells (5)	≥1%; ≥50% of tumor cells (6)	≥1%; ≥5%; ≥10% of tumor cells	or ≥10% of tumor area with	Thursday, Sep	
nigh PD-L1 expression			(7)	L	8:15 - 💩: <b>b</b> 0   4	<b>Z</b> 45
				immune cells (if <50% of tumor	09:00 - 09:45	45
					05.00 05.15	75
					09:50 - 10:10	20
					10:10 - 10:40	30
					10:45 - 11:30	45
					11:35 - 12:05	30
					12:10 - 13:00	50
					13:00 - 13:45	45

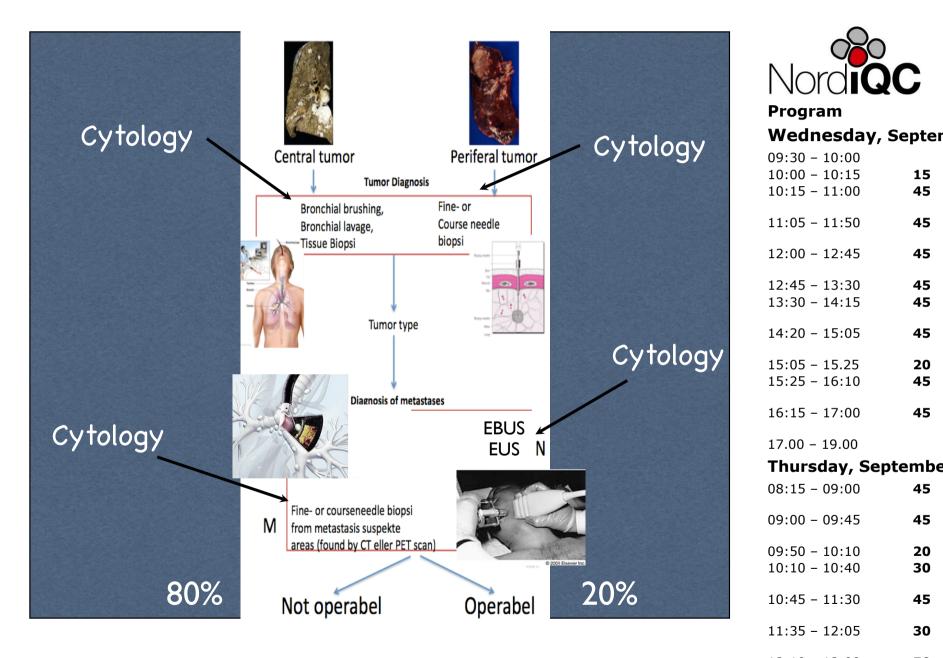
Test

13:50 - 14:20 30





13:50 – 14:20 **30** 



12:10 - 13:00 13:00 - 13:45 

13:50 - 14:20  **RESEARCH ARTICLE** 

Paired Comparison of PD-L1 Expression on Cytologic and Histologic Specimens From Malignancies in the Lung Assessed With PD-L1 IHC 28-8pharmDx and PD-L1 IHC 22C3pharmDx

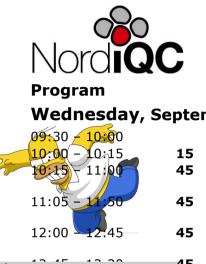
Birgit G. Skov, MD, DrMedSci* and Torsten Skov, MD, PhD⁺

Conclusion: PD-L1 assessment is feasible on cytologic material with the tested assays using cutoffs for positivity similar to those used on histologic material.

	Cutoff $\geq 1\%$	Positive Cells	Cutoff $\geq$ 50% Positive Cells
PD-L1 IHC 22C3pharmDx			
Overall agreement	85 (7	(6-91)	94 (87-98)
Positive percent agreement	80 (7	(0-87)	100 (96-100)
Negative percent agreement	89 (8	1-94)	93 (86-97)
	Cutoff $\geq 1\%$ positive cells	Cutoff $\geq 5\%$ positive cells	Cutoff $\geq 10$ % positive cells
PD-L1 IHC 28-8 pharmDx	— <b>1</b>	— 1	
Overall agreement	87 (79-93)	95 (89-98)	90 (81-94)
Positive percent agreement	81 (72-88)	91 (83-95)	79 (70-87)
Negative percent agreement	93 (86-97)	98 (93-100)	95 (88-98)

TABLE 3. IHC Staining Outcome in Cytology Samples Compared With Histologic Samples by Agreement Statistics for Different Thresholds of PD-L1 Positivity

CI indicates confidence interval; IHC, immunohistochemistry; PD-L1, programmed cell death ligand-1.



#### Table 2a. Overall results for PD-L1 TPS/CPS, run C15

	n	Optimal	Good	Borderline	Poor	Suff. ¹ OR ²	45 45
CE-IVD / FDA approved PD-L1 assays*	143	97	33	9	4	91% 14:20 - 15:058%	45
Laboratory developed PD-L1 assays based on concentrated antibodies	66	37	14	12	3	<b>75:%</b> - 15.2 <b>5</b> 6% 15:25 - 16:10	20 45
PD-L1 assays based on Ready-To-Use antibodies without predictive claims	46	32	11	3	0	<b>93%</b> - 17:0 <b>6</b> 9%	45
Total	255	166	58	24	7	17.00 - 1	
Proportion		65%	23%	9%	3%	<b>Thursd</b> 88% 08:15 - 0	nbe 45

09:00 - 09:45 **45** 

- 09:50 10:10 **20**
- 10:10 10:40 **30**
- 10:45 11:30 **45**
- 11:35 12:05 **30**
- 12:10 13:00 **50**
- 13:00 13:45 **45**
- 13:50 14:20 **30**



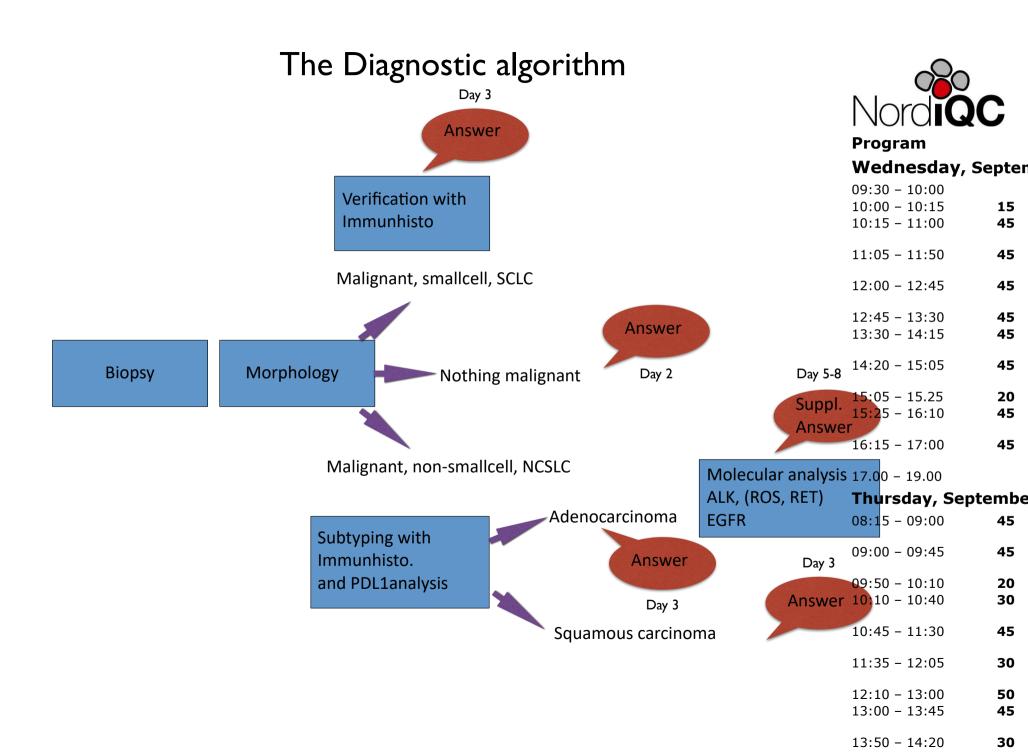
### Wednesday, Septer

09:30 - 10:00 10:00 - 10:15 10:15 - 11:00	15 45
11:05 - 11:50	45
12:00 - 12:45	45
12:45 - 13:30 13:30 - 14:15	45 45
14:20 - 15:05	45
15:05 - 15.25 15:25 - 16:10	20 45
16:15 - 17:00	45
17.00 - 19.00 Thursday Sente	mba

#### Thursday, Septembe

45	08:15 - 09:00
45	09:00 - 09:45
20 30	09:50 - 10:10 10:10 - 10:40
45	10:45 - 11:30
30	11:35 - 12:05
50 45	12:10 - 13:00 13:00 - 13:45
30	13:50 - 14:20

## The Diagnostic algorithm



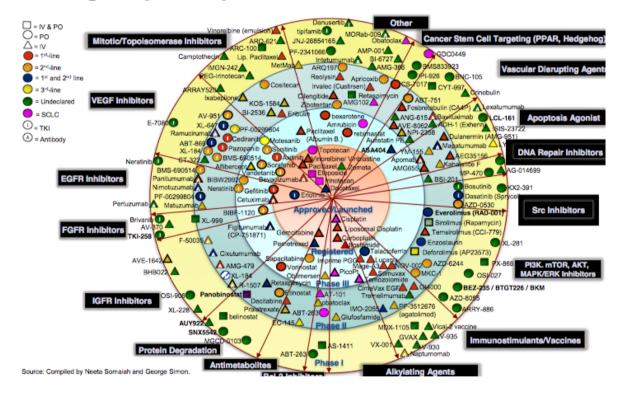
# Patient selection in lung cancer: Evolution over time



Wednesday, Septer 09:30 - 10:001990 Lung cancer 10:00 - 10:15 15 45 10:15 - 11:0011:05 - 11:50 45 Small-cell lung cancer Non-small cell lung cancer 2000 12:00 - 12:45 45 12:45 - 13:30 45 45 13:30 - 14:15 14:20 - 15:05 45 Large-cell carcinoma Squamous cell carcinoma Adenocarcinoma 2008 20 15:05 - 15.2515:25 - 16:10 45 16:15 - 17:00 45 17.00 - 19.00Today Established targets Mutation negative/unknown PDL1 Thursday, Septembe ALK ROS1 EGFR 08:15 - 09:00 45 09:00 - 09:45 45 Large cell carcinoma Squamous cell carcinoma Adenocarcinoma 09:50 - 10:1020 30 Adenocarcinoma and treatable oncogenic alterations Small-cell lung cancer 10:10 - 10:40 10:45 - 11:30 45 Adapted from Reck M, et al. Lancet 2013;382:709-19 11:35 - 12:05 30

- 12:10 13:00 **50** 13:00 - 13:45 **45**
- 13:50 14:20 **30**

# Lung cancer research landscape – MoA group and phase



Future