



ADVANCES IN LUNG CANCER:

Progress, Promise, and Workplace Support

Thursday, November 7, 2024
12:00 - 1:00 PM



Memorial Sloan Kettering
Cancer Center

Webinar Procedures



All lines will be muted



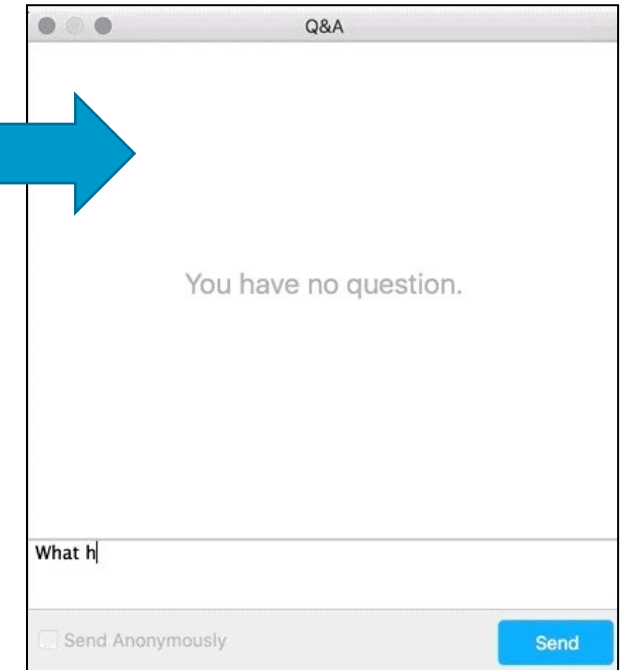
Please submit all questions using the “Q&A” dialog box



Email Diane Engel at dengel@nebgh.org with any issues during this webinar



The recording and a PDF of the presentation will be shared



Speakers



Jamie Chافت, MD

Thoracic Medical Oncologist
Memorial Sloan Kettering Cancer Center



Dr. Mark Cunningham-Hill

Medical Director
NEBGH

Advances in Lung Cancer: Progress, Promise, and Workplace Support

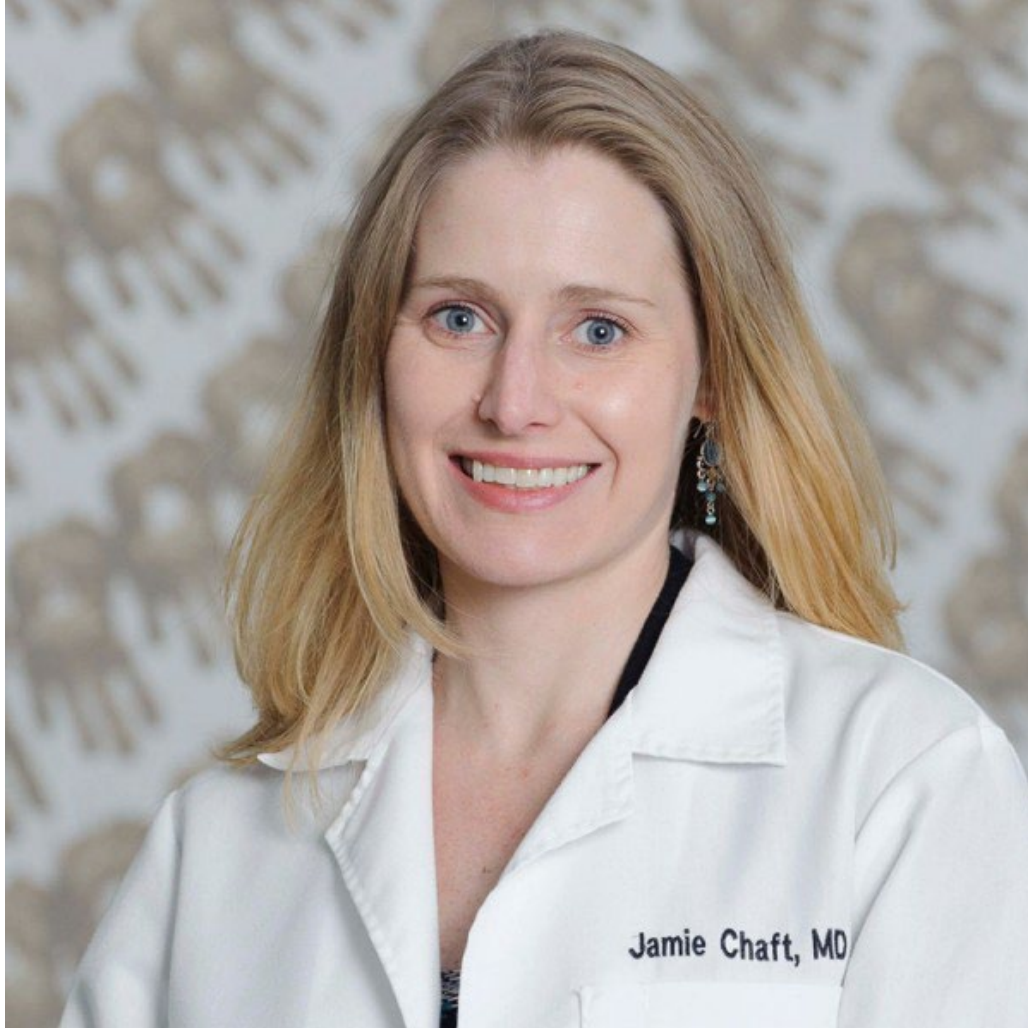
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Memorial Sloan Kettering
Cancer Center

Introductions



Jamie Chافت, MD

Thoracic Medical Oncologist
Memorial Sloan Kettering Cancer Center

Lung Cancer from 30,000 feet

- Dispelling Myths
- Screening
- Early-Stage Disease
- Cancer Care in Stage IV Disease
- Innovation in Care Delivery and Drug Development

Dispelling Myths



Lung Cancer Myths

- Lung Cancer is a disease unique to smokers
- Lung Cancer is Small cell or Non-small cell
- Lung Cancer treatment doesn't work – it's not worth treating

Myth: Lung cancer is a disease unique to smokers

Reality:

Lung Cancer is the 5th most common reason for cancer-related death in patients who **NEVER** smoked

Top risk factors for lung CA by region

Systematic analysis for the
Global Burden of Disease Study 2019

Smoking

Ambient PM pollution

Household air pollution (HAP) from solid fuels

Residential radon

Secondhand smoke (SHS)

Occupational exposure to asbestos

by region

Both sexes	Global	Low SDI	Low-middle SDI	Middle SDI	High-middle SDI	High SDI	Central Asia	Central Europe	Eastern Europe	Australasia	High-income Asia Pacific	High-income North America	Southern Latin America	Western Europe	Andean Latin America	Caribbean	Central Latin America	Tropical Latin America	North Africa and Middle East	South Asia	East Asia	Oceania	Southeast Asia	Central sub-Saharan Africa	Eastern sub-Saharan Africa	Southern sub-Saharan Africa	Western sub-Saharan Africa
Occupational exposure to beryllium	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Occupational exposure to cadmium	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
Occupational exposure to chromium	14	14	14	14	14	14	14	14	14	13	13	13	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
Occupational exposure to polycyclic aromatic hydrocarbons	13	13	13	13	13	12	13	13	13	12	12	12	13	12	13	13	13	13	13	13	13	13	13	13	13	13	13
Occupational exposure to nickel	12	11	11	11	12	11	11	11	11	10	10	11	11	10	12	12	11	11	11	11	11	11	11	11	11	11	11
Occupational exposure to arsenic	11	12	12	12	11	9	12	10	9	9	9	9	12	9	11	11	12	12	12	12	12	12	12	12	12	12	12
Occupational exposure to diesel engine exhaust	10	10	10	10	10	10	10	12	12	11	11	10	9	11	9	10	10	10	10	9	10	10	10	10	10	10	10
Occupational exposure to silica	9	9	9	9	8	8	8	8	8	7	7	8	6	8	8	8	8	7	7	9	9	9	8	8	8	9	9
Diet low in fruits	8	5	7	7	7	6	7	7	6	4	5	6	8	7	7	7	7	8	8	5	7	6	6	5	6	5	5
Household air pollution from solid fuels	7	2	3	5	9	13	9	9	10	14	14	14	10	13	5	6	6	9	10	3	5	2	3	2	2	6	2
Residential radon	6	6	8	8	6	5	4	6	3	8	8	4	7	5	6	9	5	6	6	8	6	8	9	7	7	7	6
Secondhand smoke	5	8	5	4	5	7	5	5	7	5	6	7	5	6	10	4	9	5	5	7	3	5	5	9	9	8	7
High fasting plasma glucose	4	4	4	3	3	3	3	3	5	3	4	3	4	3	3	2	3	2	3	4	4	3	4	3	3	4	4
Occupational exposure to asbestos	3	7	6	6	4	2	6	4	4	2	2	2	3	2	4	5	4	3	4	6	8	4	7	6	5	2	8
Ambient particulate matter pollution	2	3	2	2	2	4	2	2	2	6	3	5	2	4	2	3	2	4	2	2	2	7	2	4	4	3	3
Smoking	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Reality: Lung cancer therapeutics are now personalized

Novel drivers



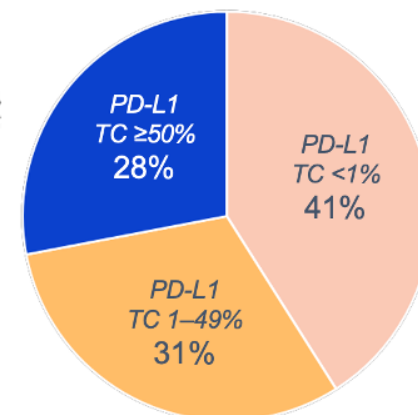
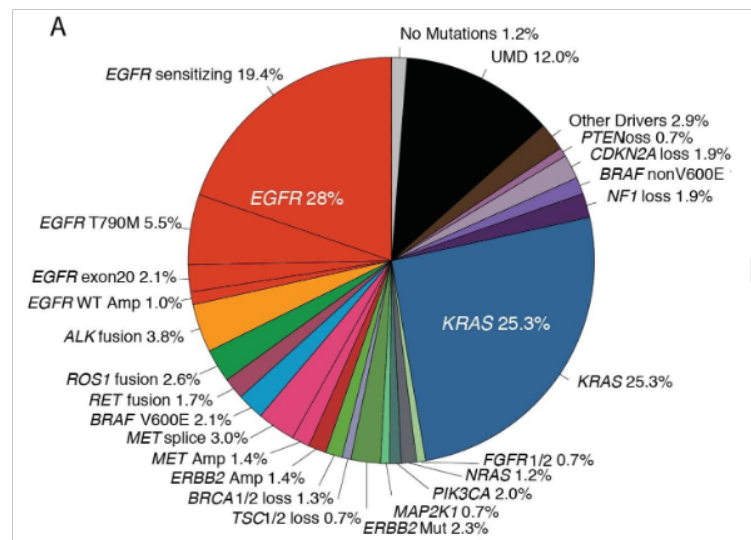
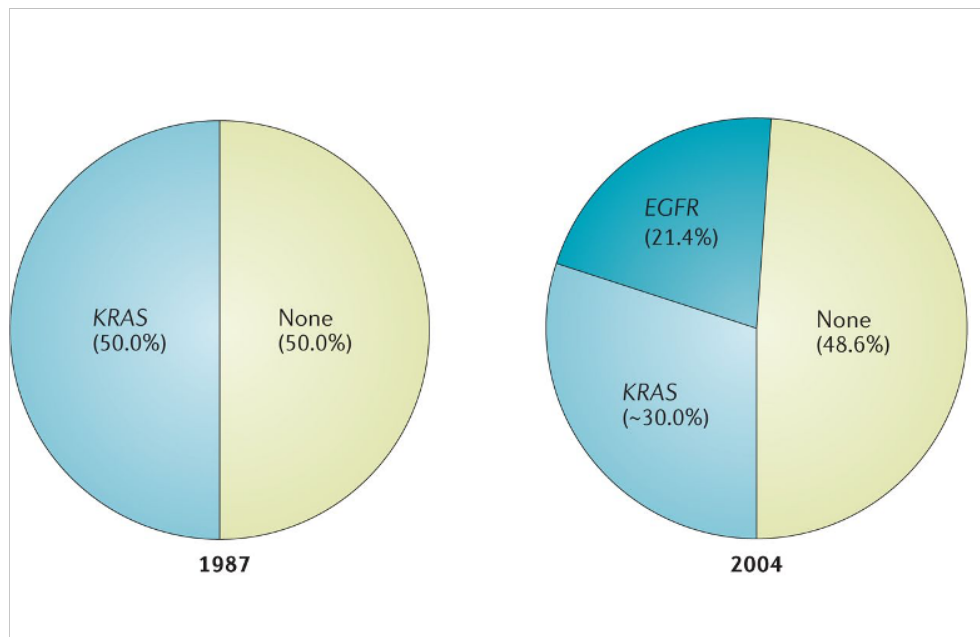
Investigational targets



Clinical-grade predictive biomarkers in 2024

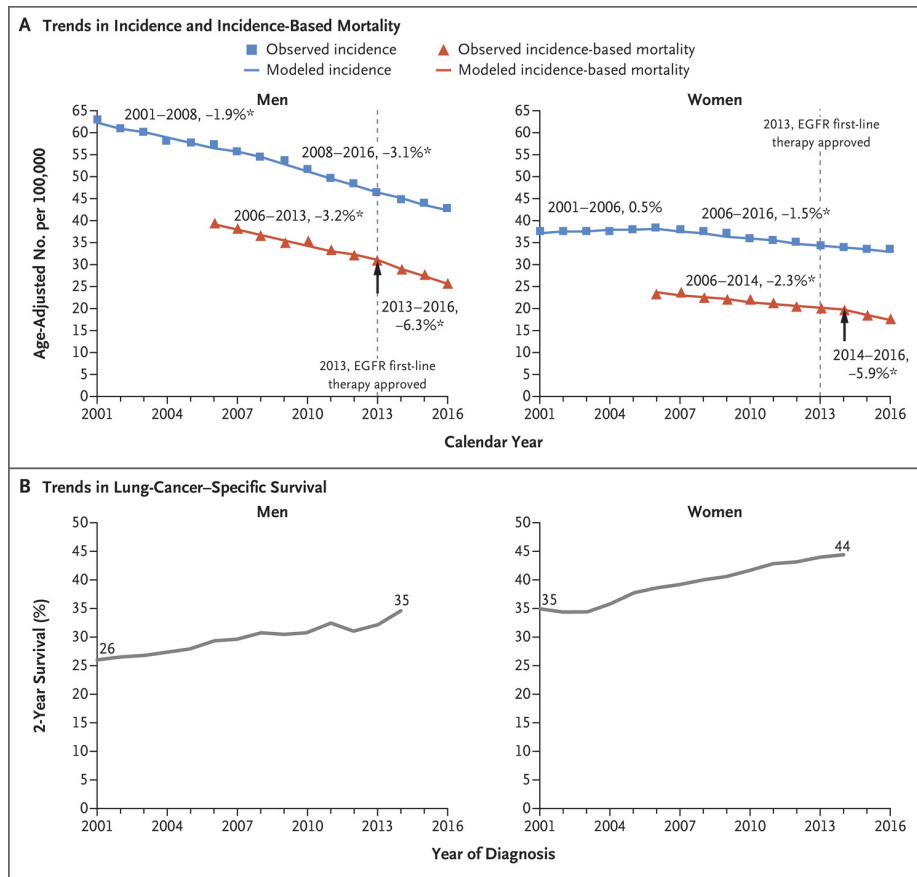
Targeted therapies

Immune checkpoint therapy



Myth: Lung Cancer treatment doesn't work – it's not worth treating

Reality: Lung Cancer Mortality is on the Decline



- These improvements represent early generation targeted therapies
- Not yet reflected are the effects of the >20 targeted therapies since approved by the FDA
- Not yet reflected are the benefits of adding immunotherapy or targeted therapy to surgery

Lung Cancer Screening

Lung cancer screening guidelines

MSK follows the screening guidelines of the US Preventive Services Task Force.

We recommend screening if the patient:

1. Smokes now, or quit smoking within the past 15 years
2. Is between the ages of 50 and 80
3. Has smoked an average of 1 pack a day for at least 20 years, or a similar amount (for example, 2 packs a day for 10 years)

*USPSTF recommends that a patient is screened at a center with lung cancer expertise



Cancer screening at MSK

Lung Cancer Screening

- Provides low-dose CT screening to current and former smokers
- No Prescription needed



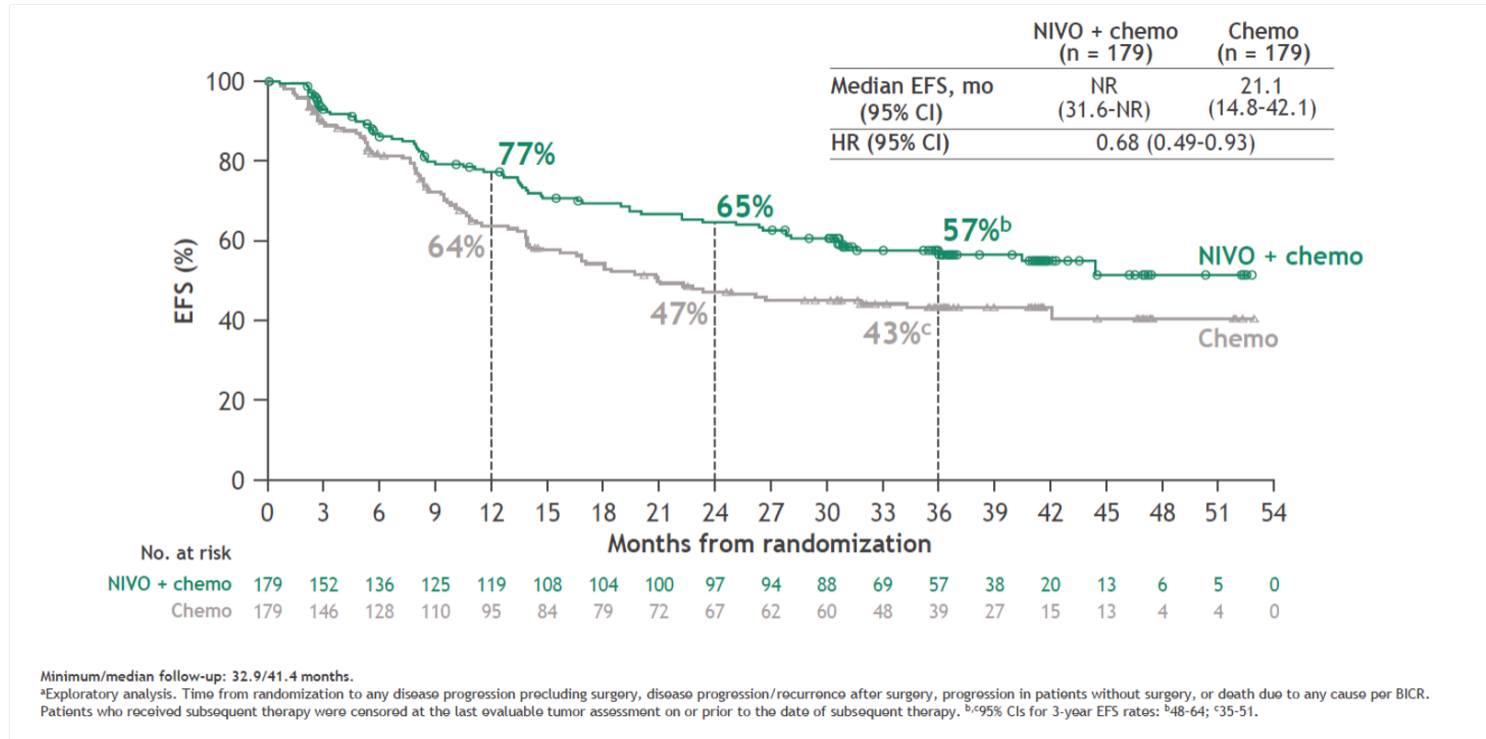
Early-Stage Disease



Improving outcomes

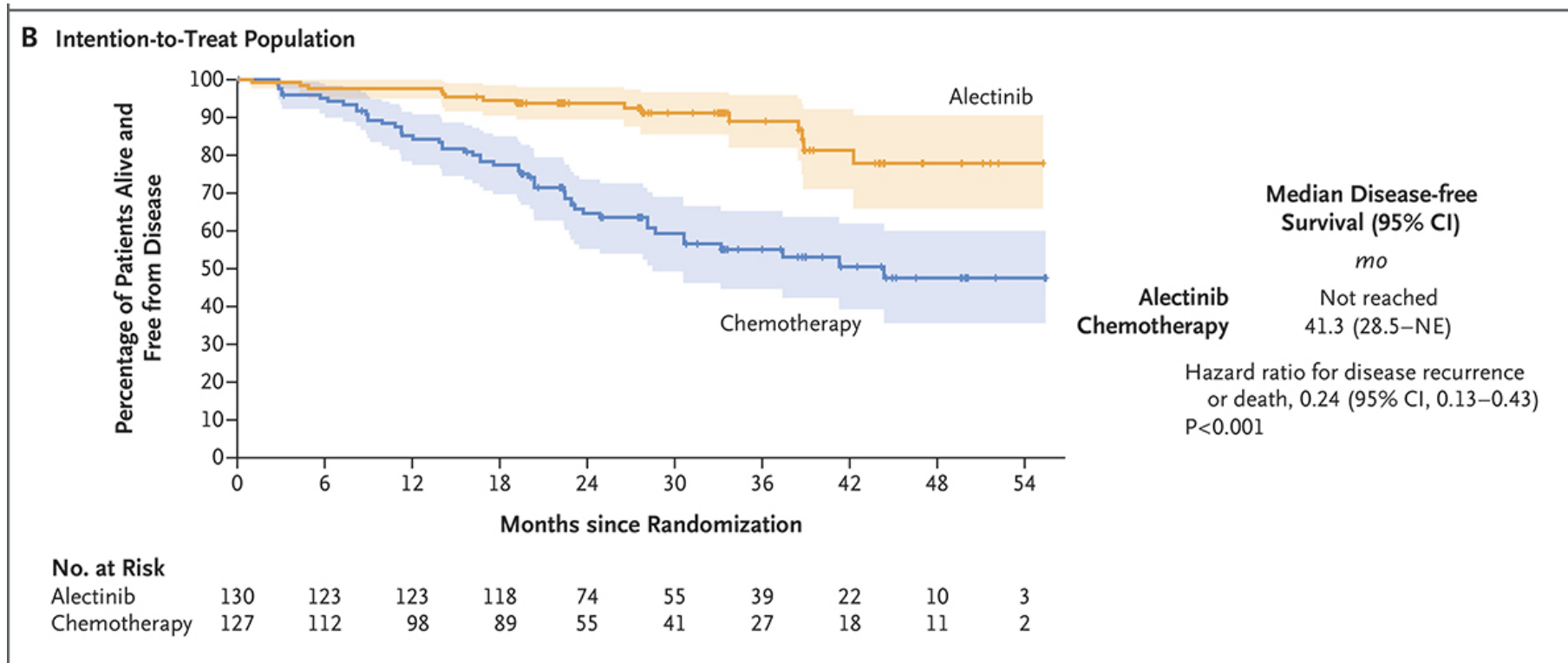
- Rapid and accurate diagnosis
- Evaluation of predictive biomarkers
- Multidisciplinary evaluation
- Personalized cancer treatment

3 cycles of pre-operative chemo-immunotherapy



- Only appropriate for patients without certain genomic markers
- Requires reflexive, rapid biomarker testing
- Optimally delivered with specialist multidisciplinary care

Postoperative targeted therapy vs. chemotherapy



~4-5% of lung adeno is ALK+ - need to test in order to treat

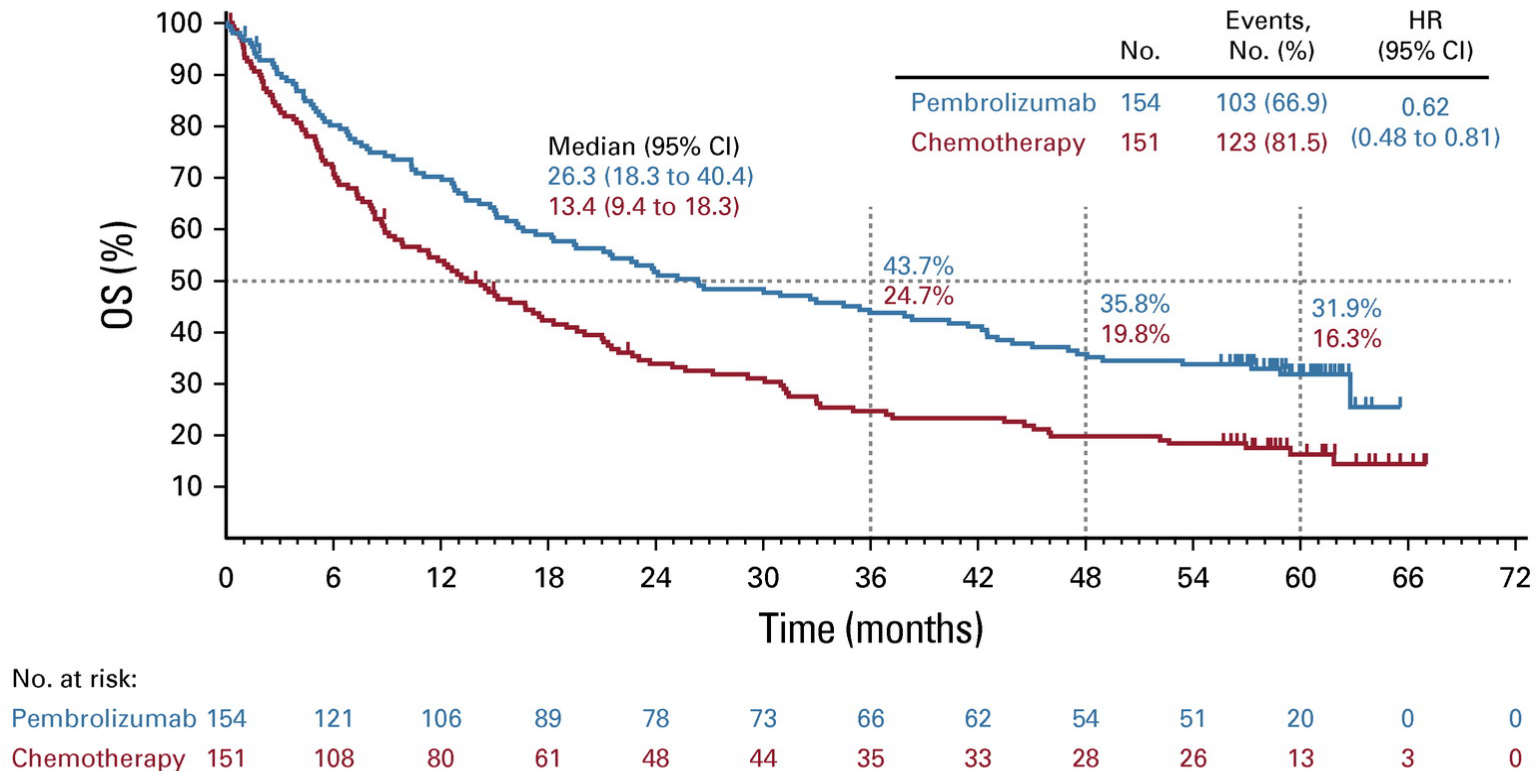
Cancer Care in Stage IV Disease



Cure is the goal for all patients

>30% 5-year survival in St IV disease with IO

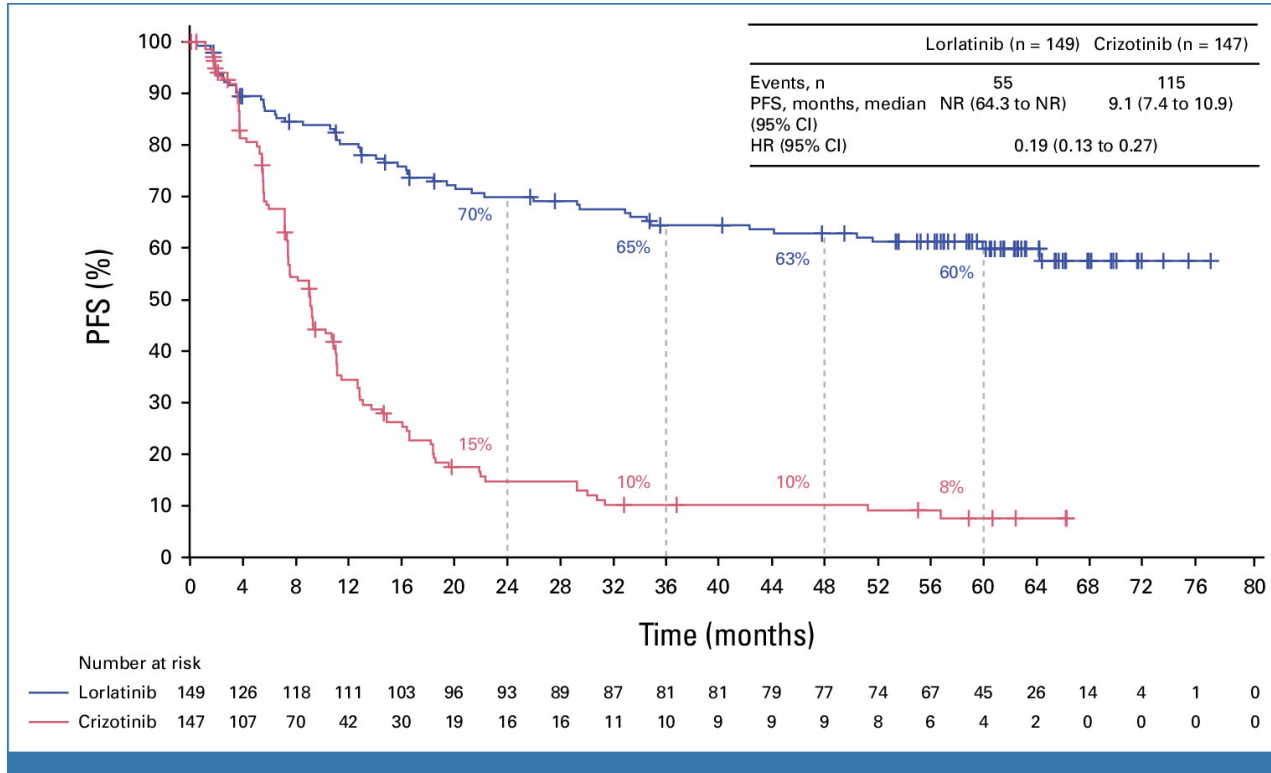
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Reck M, et al. Five-Year Outcomes With Pembrolizumab Versus Chemotherapy for Metastatic Non–Small-Cell Lung Cancer With PD-L1 Tumor Proportion Score \geq 50%. *JCO* 39, 2339-2349(2021).

Lung Cancer

Improving outcomes where we can't cure



Targeted Therapies

- Next generation drugs are more specific
 - Greater efficacy
 - Less toxicity
- These are NOT chemo
- However, drugs control but don't cure

Innovation in Care and Research



Cancer care to keep life uninterrupted

Minimally invasive surgery



Stereotactic Radiotherapy



Emerging research

- New clinical trials in lung cancer



MSK's offers over 900 clinical trials with no costs to the plan or patient.

Diversity in Clinical Trials

MSK has a dedicated group of leaders focused on increasing diversity in clinical trials through several efforts, including:



Providing interpreters



Offering appointments via telemedicine



Preparing culturally tailored education materials



Conducting more basic research on the biology behind different cancers

MSK Direct

MSK Direct is a **comprehensive employer benefits solution** that provides equitable, personalized access to the lifesaving discoveries and subspecialized expertise of Memorial Sloan Kettering Cancer Center (MSK).



250+

Employers & Unions



20K+

Patients Served



85

Member Net
Promoter Score

Thank you!

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Memorial Sloan Kettering Cancer Center

MSK Direct is a national, comprehensive employer benefits solution that provides equitable, personalized access to the lifesaving discoveries and subspecialized expertise of Memorial Sloan Kettering Cancer Center (MSK). Solely focused on cancer, MSK Direct supports employees and their families, wherever they live and at any stage of their cancer journey—ultimately improving health outcomes and lowering the cost of cancer care.

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Questions?

Upcoming NEBGH events:

- **November 11** – Mondays with Dr. Mark and Dr. Michael
- **November 13** – Navajo Nation USA: A Private Documentary Screening
- **November 19** - 2024 Post-Election Analysis: What Employers Need to Know
- **November 21** – BenefitsBlueprint Series: Where do we go from here? Statutory State “Feasibility” Analysis
- **December 12** – 30th Annual Tribute to Leadership

SAVE THE DATE:

- **March 27**– Women’s Health Conference
- **June 5** – 14th Annual Health & Wellness Benefits Conference



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