Professor Fred R. Hirsch, the IASLC CEO—showing you around the 18th World Conference on Lung Cancer (WCLC 2017)

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Expert's introduction

Fred R. Hirsch, MD, PhD. University of Colorado, Denver, Colorado, USA

Fred Hirsch is Professor of Medicine and Pathology, University of Colorado, Denver, Colorado, USA and Chief Executive Officer of the International Association for the Study of Lung Cancer (IASLC).

Professor Hirsch received his MD and PhD from the University of Copenhagen, Denmark. After training in pathology and medical oncology in Copenhagen, he served from 1996–1999 as chief physician ("overlaege") at the Department of Oncology of the Finsen Center, Rigshospitalet in Copenhagen. From 1999–2002 he was Visiting Professor at the University of Colorado Cancer Center and since 2012 Professor of Medicine and from 2004 also Professor of Pathology at the University of Colorado. Professor Hirsch has extensive teaching experience and has been a supervisor for many European and Asian post-doctoral trainees in his lab at the University of Colorado Cancer Center.

As an active researcher, he has received numerous grants. His main interest involves research into development and clinical implementation of biomarkers for early detection and therapy in non-small cell lung cancer (NSCLC). Professor Hirsch is a recipient of the Mary J Matthews Distinguished Scientific Award, presented by the IASLC. He has been in the Board of Directors for IASLC and is now the Chief Executive Director of IASLC. He has been an active member of other scientific and professional bodies, particularly the American Society of Clinical Oncology. He has also been involved in many international symposia and meetings, either as presiding over, or being a member of the organizing committees or as an invited speaker. He has served as member of NCI Steering Committee for Thoracic Malignancies and is currently Chair of NCI/FDA Task Force for developing "Master protocols in Lung Cancer".

Professor Hirsch is Associate Editor of *Journal of Thoracic Oncology*, and section editor of *The Oncologist*. He is an editorial board member of many oncology journals. He is widely published, having authored 10 books, 30 book chapters and more than 250 peer-reviewed manuscripts.

Figure 1 Professor Fred R. Hirsch, the IASLC CEO—showing you around the 18th World Conference on Lung Cancer (WCLC 2017) (1). Available online: http://asvidett.amegroups.com/article/view/22357

Editor's notes

The 18th World Conference on Lung Cancer (WCLC) organized by the IASLC was held in Yokohama, Japan from 14th–18th October 2017. As the world's largest multidisciplinary oncology conference on lung cancer, it gathered around 7,000 key opinion leaders, professionals and researchers from over 100 countries. They came together to unfold a series of in-depth academic exchanges and collaborations. In the meantime, we seized the great opportunity to conduct the interview with Professor Fred R. Hirsch (*Figures 1,2*).

Interview questions & responses

TLCR: As you are the CEO of IASLC, how do you look at the WCLC held in Yokohama this year?

Professor Fred R. Hirsch: The WCLC is the main

Figure 2 After the interview, Professor Fred R. Hirsch (middle) and AME editors (Melanie, left; Grace, right) took a group photo for memory.

conference on lung cancer and thoracic malignancies, and we are very proud to host it in Yokohama, Japan. Japan has a significant history in organizations. Their contributions to science in lung cancer and their contributions to the IASLC as an organization have been over decades and it is very important. It is important for us and significant to be in Japan to have the premier lung cancer meeting held in Yokohama.

TLCR: What are the highlights of the Conference this year? What is the distinctive change in the field of lung cancer compared with last year?

Professor Fred R. Hirsch: The progress of lung cancer goes very fast in many areas, particularly in the treatment of patients with advanced lung cancer. I am thinking many developments on new targeted therapies, and also of course on immunotherapy, where lung cancer now has become a role model for development of new treatments in cancer. Immunotherapy is a strong component to this WCLC. However, there are certainly a lot of very good scientific contributions which have not yet come to clinical studies and to the patients but make the pathway for future new therapies.

TLCR: Now WCLC is held every year. Do you have any pressure to organize such a grand international event every year? Or what is the challenge to hold such a global event?

Professor Fred R. Hirsch: When IASLC decided to do annual world conferences, there was concern among some members, "Could we really have content to annual meetings?" "Could we afford it?" "Would it be interesting to have annual meetings?" This meeting has almost 7,000 participants. The scientific level has been extremely high. I think this is a clear evidence that the organization made a right decision to move to annual meeting, and I think we will see further rapid progress and interests in the future. I don't have much concern anymore, and I think it is a right decision. We are looking forward to the next meeting in 2018 in Toronto.

TLCR: What is your prospect for the WCLC coming next year?

Professor Fred R. Hirsch: My prospect is that we will see increased scientific contribution to the meetings, more and more clinical trials. We will include more and more nurses, patients, advocates and other allied health personnel. It will be a much broader range of participation in the future. This organisation started with only academic investigators, but today it is a broader presentation including nurses, patients, advocates and allied health personnel.

TLCR: Since you chair the Press Conference on the topic "Identification of PD-1 and his history", some Chinese young doctor would like to ask you some professional questions in this field.

(I) It is not known whether soluble PD-1 and PD-L1 expression can be detected in the peripheral blood, and what is the method of peripheral blood detection, is there a more recognized detection method?

Professor Fred R. Hirsch: This is a good question. Can we replace tissue examination with blood-based examination for PD-L1 expression? We don't have much data yet from blood-based assess. For PD-L1 we get more and more data for mutation burden based on blood-based assess, but not much on PD-L1, maybe in the future we will get more data and studies, so it is a possibility in the future, but currently PD-L1 expression is based on tissue.

(II) What are the roles and prospects of PD-1 and PD-L1 inhibitors in the treatment of small cell lung cancer?

Professor Fred R. Hirsch: We have seen some encouraging data in small cell lung cancer but not as much data yet as in NSCLC. At this meeting, we have seen interesting data based on checkmate 32 study which is Nivolumab plus Ipilimumab and this study has been retrospective analysed with regard to tumor mutation burden, and tumor mutation

burdens seem to be a very good predictor for efficacy of the combined therapy. I think this study is very interesting and leads to other studies in small cell lung cancer looking into tumor mutation burden as a predictive biomarker.

(III) Is there any progress on the resistant molecular mechanisms of the third generation of EGFR inhibitors?

Professor Fred R. Hirsch: This area has very little clinical data. A lot of labs are looking into resistant mechanisms for immunotherapy, but we don't have much clinical data yet. So, there is not much information that we can use for clinical practice. It is practically no information available for clinical practice yet. But the trend goes very fast, and I am sure within a few years we will have a lot more data on resistant mechanisms for immunotherapy. We are just not there yet.

(IV) For the resistance to the third generation of EGFR inhibitors, how to choose the molecular target drug?

Professor Fred R. Hirsch: Now we are switching to EGFR targeted therapies, and your question is about the third-generation EGFR TKI represented by osimertinib. As you know the Pembrolizumab clearly showed the role of third-generation in first line setting was very good. The Pembrolizumab compared third-generation EGFR TKI with first-generation EGFR TKI and clearly showed better outcome with third-generation. We don't exactly know the resistance mechanisms are for osimertinib. We know quite a bit for the first and second generation but not for third-generation. We don't know yet what will be the best sequence of therapy for EGFR mutant patients or patients with EGFR mutant tumors. That needs to be studied in the future.

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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[Science Editors: Lynn Ma, Chao-Xiu(Melanie) He, TLCR, editor@tlcr.org]

