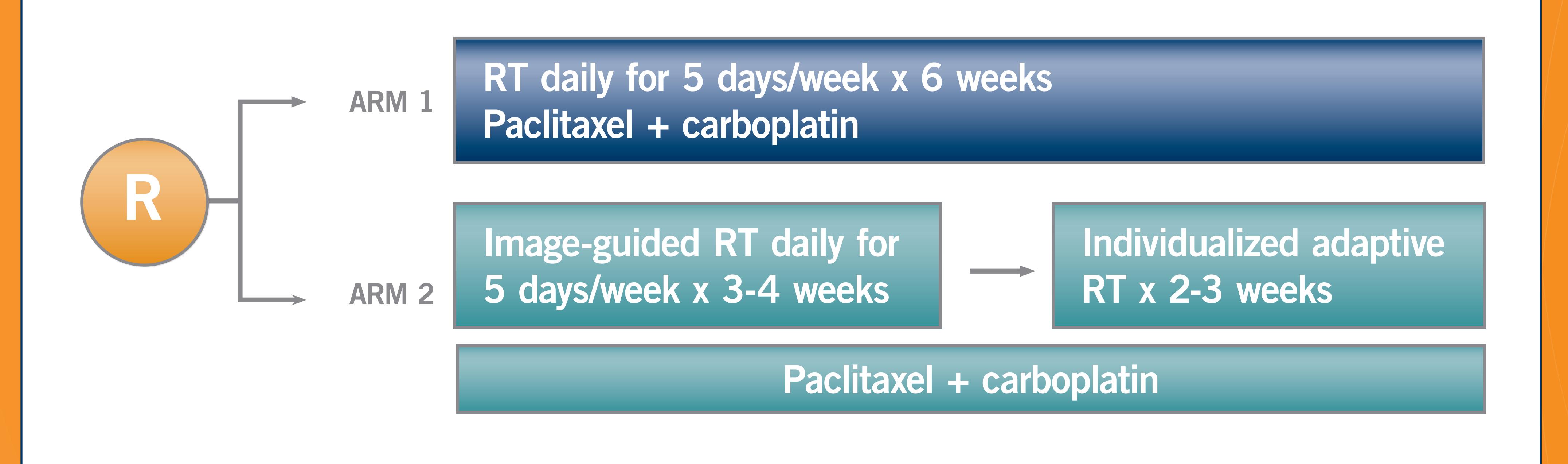
## B1006-1106

A Phase II study of positron emission tomography and computed tomography in guiding radiation therapy (RT) in patients with Stage III NSCLC

- Estimated primary completion: November 2016 (Target N = 138)
- Eligibility: Stage IIIA or B nonoperable NSCLC

Principal Investigator: Feng-Min P Kong, MD

ClinicalTrials.gov Identifier: NCT01507428



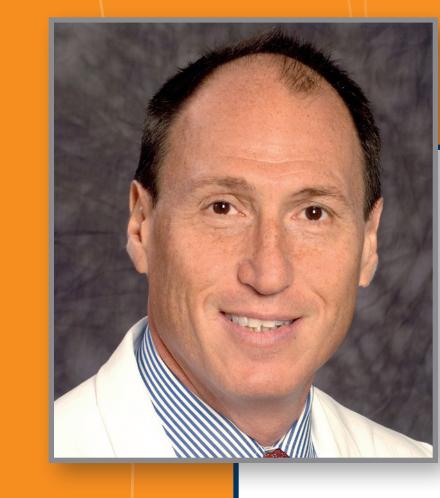
The 10th Annual
Winter Lung Cancer
Conference



## DR SOCINSKI

As a caveat, I'm not a radiation oncologist and this is a technology-driven radiation

oncology trial. In patients with Stage III NSCLC, attempts are made to deliver a definitive course of radiation therapy over 6 to 7 weeks. Obviously radiation therapy is designed to hit a target, but because of tumor shrinkage, et cetera, that target may change with time. In this trial they will use both CT and PET scans to help guide how fields might be changed during the course of radiation therapy. If the size of fields can be reduced, then a higher, more tumoricidal dose can be delivered to a smaller area and result in less toxicity.



## DR LILENBAUM

This study primarily addresses a radiation oncology question, but it is nonetheless relevant to all

of us. There is always a possibility that a CT scan will not accurately represent the extent of disease. So some patients who undergo standard 3D planning for radiation therapy may have disease that is overtreated, which happens frequently, or less commonly it may be undertreated. PET adds a functional component to the standard image, which should allow the field to be planned in a more accurate manner and thus limit exposure of healthy tissue to radiation therapy.

