

Contemporary Therapeutic Strategies in Advanced Non-Small Cell Lung Cancer

TARGET AUDIENCE

This educational activity is intended for oncologists, radiologists, thoracic surgeons, pulmonologists and other physicians in active clinical practice interested and/or involved in the management of patients with non-small cell lung cancer.

CONTINUING MEDICAL EDUCATION



Imedex, LLC is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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LEARNING OBJECTIVES

After attending this symposium, participants should be able to:

- Discuss the heterogeneous nature of stage III NSCLC and define subclasses within this broad group of tumors
- Explain the role of surgery and radiotherapy in the management of locally advanced NSCLC
- Evaluate clinical evidence for combined modality therapy in locally advanced and advanced NSCLC
- Determine appropriate management options for advanced NSCLC, including the incorporation of newer therapeutic agents

A G E N D A

6:30 pm	Reception
6:45 pm	Introduction
7:00 pm – 8:20 pm	Clinical Challenges in Stage III NSCLC
7:00 pm	Surgical Evaluation in Stage III NSCLC
7:20 pm	Recent Advances in Radiation Therapy
7:40 pm	Combined Modality Therapy
8:00 pm	Discussion
8:20 pm	Emerging Data in Advanced NSCLC
8:45 pm	Discussion
9:00 pm	Adjourn

SERIES CHAIR

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MEETING LOCATION

Scala's Bistro
432 Powell Street
(inside the Drake Hotel)
San Francisco, California
Tel.: (415) 395 8506

CORPORATE SUPPORT

The following companies have provided unrestricted educational grants in support of this series:

Bristol-Myers Squibb

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4 EASY WAYS TO REGISTER

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REGISTRATION

This is a **complimentary educational dinner meeting** for physicians. There is no cost to attend this activity or to obtain CME credits. You may register online at www.imedex.com or return the registration form for this meeting by mail or fax. If you mail the form, please keep a copy for your records. Registration confirmations will be issued before the meeting.

Last Name _____ First Name _____ MI _____

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Specialty: Medical Oncology Thoracic Surgery Radiology Pulmonology

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Check if you require special facilities or assistance and attach a note with specific details and requirements.