



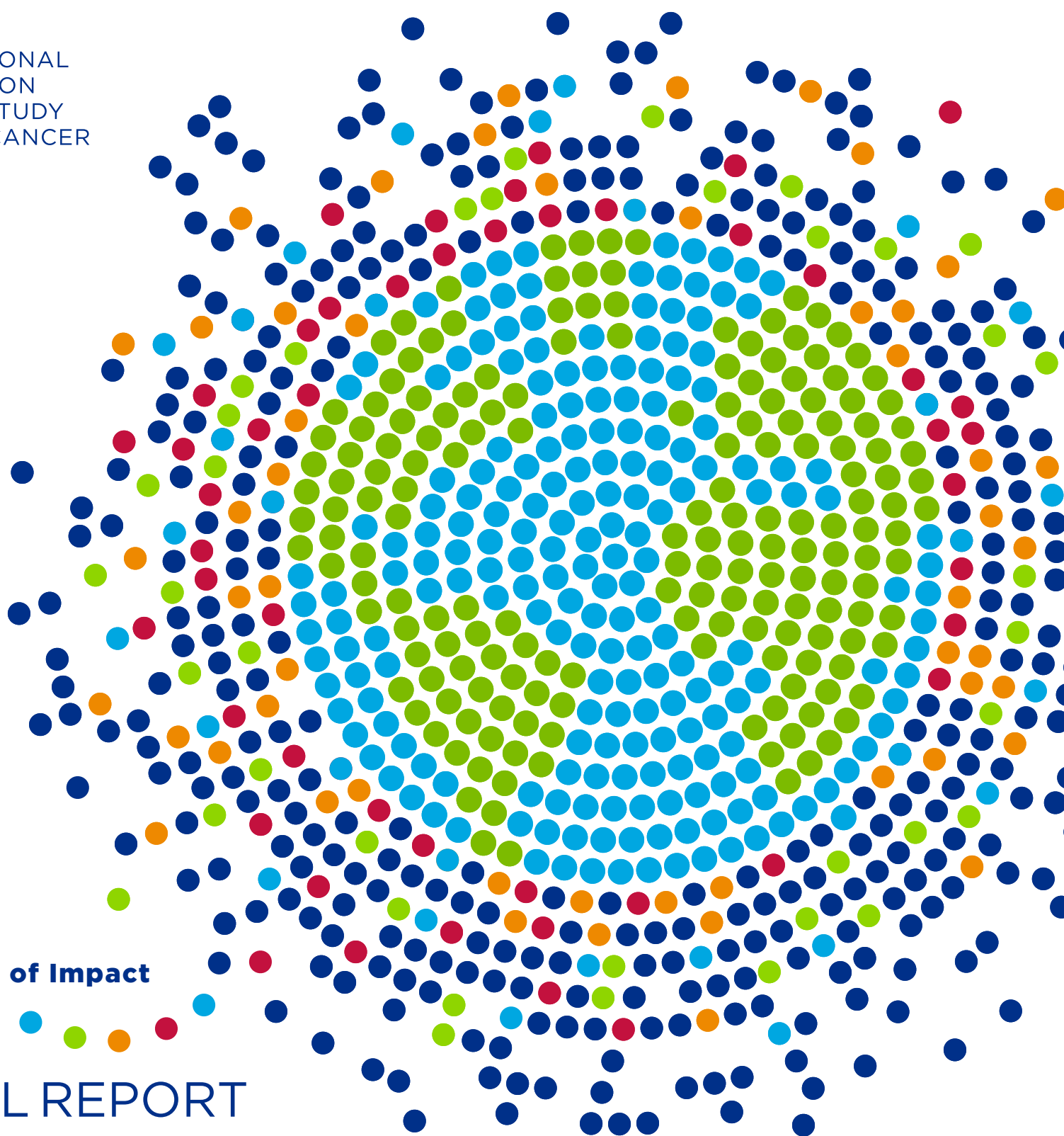
INTERNATIONAL  
ASSOCIATION  
FOR THE STUDY  
OF LUNG CANCER

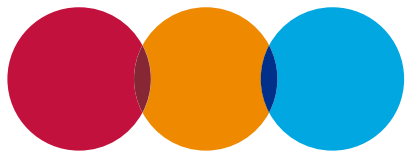


**One Mission.  
Every Member, a Point of Impact**

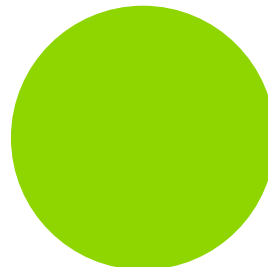
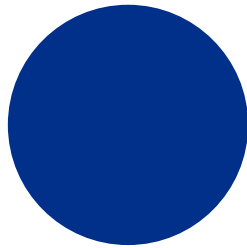
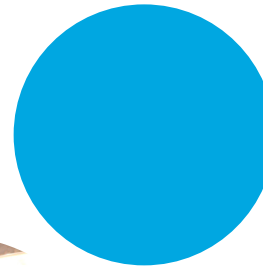


**2025 ANNUAL REPORT**





Welcome to the International Association for the Study of Lung Cancer's 2025 Annual Report. In 2025, IASLC made great strides globally in research, member engagement, education, investment, and more. IASLC is a leader in the global thoracic malignancy community and advances its mission to be the multidisciplinary world authority on lung and other thoracic cancers through collaborative science, education, and advocacy in order to ensure optimal prevention and patient care.



INTERNATIONAL  
ASSOCIATION  
FOR THE STUDY  
OF LUNG CANCER



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INTERNATIONAL  
ASSOCIATION  
FOR THE STUDY  
OF LUNG CANCER

# REFLECTING ON 2025: A Message From Leadership

As we reflect on 2025, we are filled with gratitude for the global community that defines the International Association for the Study of Lung Cancer. Our members, from clinicians, researchers, advocates, nurses, patients, and more, are the heart and soul of this organization. We see our role as stewards of your success because when our members succeed, IASLC succeeds. This annual report is both a celebration of what we have achieved together and a reflection of our ongoing commitment to listen, respond, and deliver meaningful progress you can see and feel.

This report will outline yet another productive year from IASLC, one which we are very proud of. But before we dig into the details of 2025, we want to take a moment to reflect on our most impactful accomplishments. Our commitment to equity, inclusion, and future leadership took meaningful shape this year; in particular, voting to reduce board terms from four years to three years gives members more leadership opportunities. You also elected the most diverse board in IASLC history in terms of disciplines and geography while maintaining gender quotas, and we selected new committee members across our 14 committees. In addition, we established the Women in Thoracic Oncology Taskforce to support women health professionals across regions, disciplines, and career stages through leadership development, mentorship, networking, and advocacy. Finally, we launched an AI Taskforce to explore how artificial intelligence can be used responsibly and effectively to advance thoracic oncology, from research and data analysis to clinical applications. Both of these task forces present members with additional engagement and leadership opportunities.

We took your advice to increase networking and interactive sessions at our conferences and continue to explore novel strategies. In addition, the launch of Thoracic Circle, our interactive communication platform, provides members with virtual networking and collaboration tools year long. It's a critical tool for members looking to connect outside of conferences.

We launched our first mid-career grant mechanism, awarded our second team science grant, and are continuing to enhance our educational hub, Lung Cancer 360.

2025 marked an important moment for lung cancer on the global stage. IASLC hosted its inaugural Pan Africa Conference on Lung Cancer in Accra, Ghana, and the board has approved the continuation of this conference every two years. IASLC is focused on ensuring lung cancer remains an international priority. Through the work of our Global Policy & Partnerships Committee, we launched the IASLC Global Lung Cancer Policy Report, helping to provide a framework to support advocacy, policy change, and government engagement worldwide. In partnership with The Lancet, IASLC launched the IASLC-Lancet Commission on Lung Cancer to reframe lung cancer as a global health challenge, not just a clinical one. The Commission will bring together experts from around the world to address inequities, promote prevention and early detection, expand access to diagnostics and therapies, and strengthen collaboration among governments, health systems, and civil society. This work underscores the power of partnerships to influence policymakers and drive change on a global scale.

None of this progress would be possible without the dedication of our members and volunteers, who generously give their time and expertise despite already demanding professional lives. You are not only contributors to IASLC; you are its voice, its strength, and its future. As we look ahead, we remain committed to helping you succeed, expanding our global reach, and advancing collaborative science, education, and multidisciplinary care. Together, we are marching forward toward a world where thoracic cancers are better understood, better treated, and ultimately conquered.

*Karen Kelly, MD*

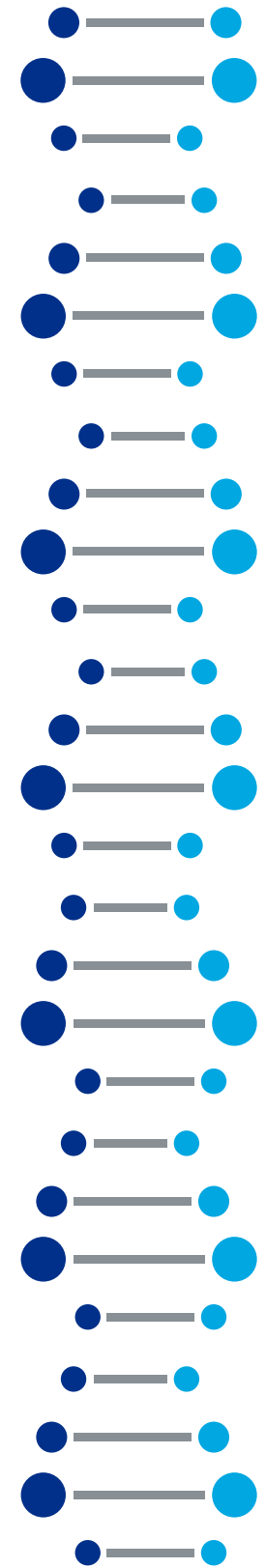
Karen Kelly, MD  
IASLC CEO

*Caicun Zhou, MD*

Caicun Zhou, MD  
IASLC President

*Paul VanSchil, MD*

Paul Van Schil, MD  
IASLC Past President



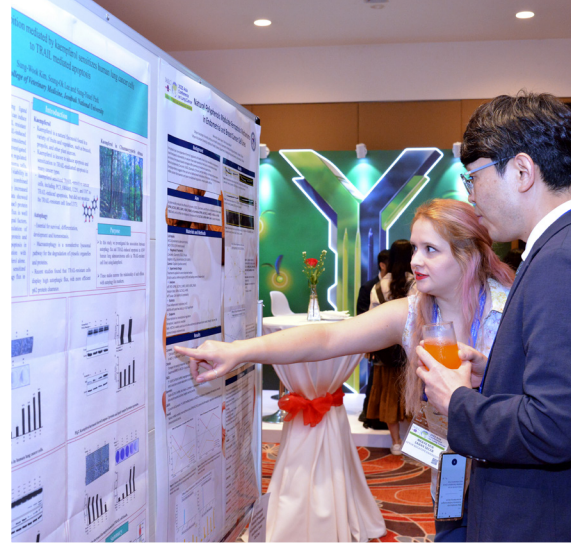
# 2025 IN REVIEW: Defining Moments & Lasting Impact

## Expanding Global Reach Through Regional Conferences

IASLC's inaugural Pan-Africa Lung Cancer Conference, held in Accra, Ghana, in early 2025, marked a milestone in the organization's global engagement strategy and its first conference of this kind on the African continent. Designed as an intentional investment in a region historically underrepresented in global oncology forums, the conference demonstrated the value of bringing IASLC expertise directly to local clinicians and researchers by creating space for region-specific discussions on epidemiology, access, and care delivery.

These meetings enable leadership development and sustained collaboration that cannot be achieved through global conferences alone. Reflecting this impact, IASLC leadership approved the Pan-Africa Conference as a recurring biennial meeting, with the next conference planned for 2027, and is investing in new lung cancer initiatives across Africa through its African Impact Grants.

Together, these efforts reflect IASLC's continued commitment to strengthening regional capacity, expanding global inclusion, and advancing lung cancer care worldwide. This momentum also aligns with IASLC's broader expansion into new regions, including its first meeting in Vietnam, further demonstrating the organization's commitment to meeting communities where they are.



# Strengthening Governance for a Global Future

In 2025, IASLC completed a comprehensive review and final vote on updates to its governance framework, reflecting the organization's ongoing commitment to effective leadership, transparency and responsiveness to its global membership.

A key bylaw update was an adjustment to leadership and Board terms to support continuity while enabling fresh perspectives. This year's elected board members will serve three-year terms, a departure from the previous four-year term limits. Additional bylaw updates included revisions to quorum requirements to better align with international participation and administrative updates designed to modernize and clarify existing language.

The IASLC also conducted its Board of Directors election and committee selection process. This year's process reflected the deep engagement of the IASLC community, with members contributing through nominations, campaigning, and thoughtful feedback.

The newly elected Board represents seven different countries, making it the most globally diverse Board of Directors in IASLC's history. This breadth of perspectives strengthens IASLC's role as a truly international organization and reinforces its commitment to advancing lung cancer research and care worldwide.

## New Board Members



**Alex A. Adeji**  
President-Elect



**Triparna Sen**  
Basic Science



**Fredrick Asirwa**  
Country Not  
Previously  
Represented



**Mary Pasquinelli**  
Nursing &  
Allied Health  
Professionals



**Helmut Prosch**  
Radiology



**Isabelle Opitz**  
Undesignated #1



**Hidehito Horinouchi**  
Undesignated #2



**Clarissa Baldotto**  
Undesignated #3



**Narjust Florez**  
Undesignated #4



**Jie Wang**  
Undesignated #5



**Motoko Tachihara**  
Undesignated #6



# A Record-Setting Year in Barcelona

The annual World Conference on Lung Cancer is the primary global touchpoint where IASLC's mission comes to life. In 2025, the conference exceeded expectations, setting a record for total attendees and selling out both exhibit space and advisory board meeting space. New to the conference in 2025, the IASLC Awards Luncheon recognized education award winners, mentorship program participants, and IASLC Foundation grant recipients, while fostering networking and peer celebration.

WCLC's scientific program featured important clinical trial data, including overall survival results from the FLAURA2 trial in first-line treatment for EGFR-mutated advanced non-small cell lung cancer. Sessions also highlighted ongoing advances in immunotherapy, targeted therapies, and multidisciplinary care across both non-small cell and small cell lung cancer. And even more presentations focused on early detection, molecular profiling, and emerging treatment strategies shaping the future of lung cancer care.



## 2025 World Conference on Lung Cancer

SEPTEMBER 6-9, 2025 | BARCELONA, SPAIN

### ATTENDANCE & REACH



### PROGRAM SCALE



### SCIENTIFIC CONTRIBUTIONS



### EDUCATION



### ENGAGEMENT



## Press Program Impact

WCLC2025 generated extraordinary global media visibility, driving widespread coverage and engagement across digital platforms.



# 13,100

### Total Media Mentions

Across four days of conference coverage



# 1.4+ Trillion

### Potential Media Views

Combined mobile and desktop reach



# \$5.1 Million

### in Earned Media Value

(Sunday-Tuesday reported totals)

### News Release Performance



# 15,683 Views

### WCLC2025 news releases were viewed more than 15,000 times

double the engagement from WCLC 2024.



### Media Briefings On Demand

All press briefings were recorded and distributed to registered media via the IASLC YouTube channel to support accurate and timely reporting.



# 940

### Total Video Views

Extending access beyond live attendance and increasing global accessibility.



## Global Adoption of IASLC Staging Recommendations

IASLC's lung cancer staging work reached a major milestone in 2025 when the Staging and Prognostic Factors Group's 9th edition thoracic malignancy staging recommendations were adopted by both the American Joint Committee on Cancers and the Union for International Cancer Control. This was the culmination of many years of multinational, member-driven work and represents a huge leap in global clinical impact. There were more than 200 contributors worldwide, with more than need this number countries participating in the seven-year project.

## Connecting the Global Thoracic Oncology Community



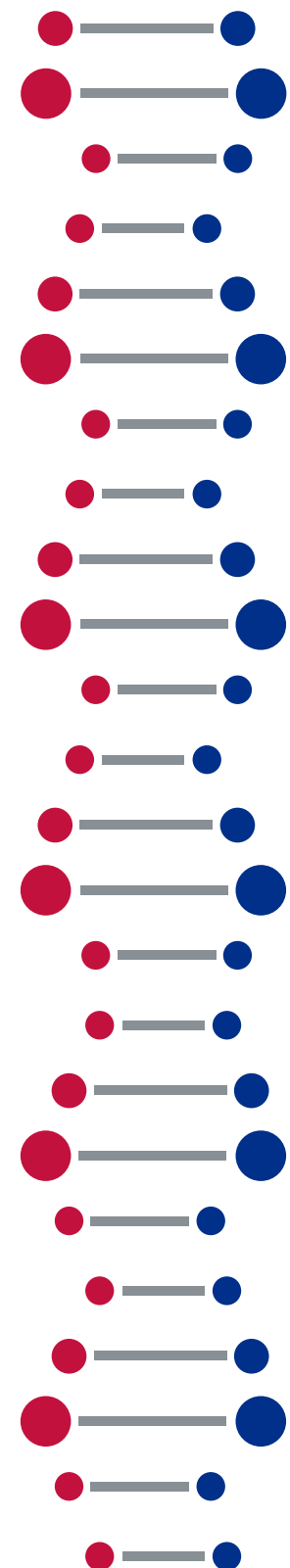
Connecting with colleagues at conferences is invaluable, but meaningful collaboration shouldn't end when an event does. To sustain momentum between meetings and extend the impact of committees, projects, and global convenings, IASLC launched Thoracic Circle, a dedicated online community platform. Built in direct response to member feedback, Thoracic Circle is designed to function as a living, global member directory. Its purpose? To help members identify expertise, find collaborators, and connect with peers across disciplines and regions throughout the year.

By providing a centralized space for ongoing engagement, Thoracic Circle helps ensure that ideas sparked at conferences and meetings continue to move forward long after in-person events conclude. With built-in translation across more than two dozen languages, Thoracic Circle also advances equitable participation and global inclusion, allowing members to engage fully regardless of where they live or what language they speak.

## Transforming Cell Line Data into a Global Knowledgebase for Lung Cancer Research

Today's clinicians and researchers in thoracic oncology have access to more information than ever before, spread across countless online databases. But with so much available, the real challenge is sorting through it all and making sense of what matters most—knowledge that drives cancer research forward, supports new treatment development, and ultimately helps save lives. That's where IASLC's Virtual International Knowledgebase for Thoracic Oncology Research (VIKTOR) comes in. VIKTOR, launched officially in December, is a bioinformatics platform that creates a shared, collaborative space for researchers to find and share existing digital information about preclinical models, beginning with cell lines.

VIKTOR's development was led by members of the Basic and Translational Sciences Committee. Available exclusively to active IASLC members, the platform integrates data from established sources, including Cellosaurus, NeXtProt, PharmacDB, and Human Protein Atlas, and makes that information accessible through an interactive interface designed around researcher needs.



## Deepening Engagement Among Emerging and Mid-Career Professionals

For many early- and mid-career professionals, balancing research with teaching, mentoring, and clinical responsibilities can make it challenging to pursue new ideas. In 2025, IASLC continued to provide targeted opportunities that support innovation, skill development, and career growth for these groups.

The Career Advancement Grant program represents a remarkably diverse portfolio of research spanning multiple continents, specialties, and career stages. Designed to bridge early-career professionals with more advanced research opportunities, the IASLC's early-career grant projects, supported by the Adi F. Gazdar Fellowship, LCFA/IASLC Translational Research Grants, and Young Investigator Awards, further showcase the community's global reach and innovation.

In late 2025, IASLC launched the Leadership Development Program to cultivate the next generation of leaders in thoracic oncology. The program emphasizes global mentorship, leadership training, career navigation tools, and practical experience through real-world projects. Additional professional development initiatives include the Reviewer Workshop, the IASLC Academy, and the International Mentorship Program. In 2025, the IASLC Academy saw a record number in both participants and voting numbers for the Amazing Case Race, a culmination of their participation, which selects cases for simulations in Lung Cancer 360. These programs strengthen engagement, build global research capacity, and reinforce IASLC's commitment to sustained, long-term mentorship and collaboration.

### Funding by Grant Program

### \$1,642,000 Invested in Research Grants

**\$250,000**  
ADI F. GAZDAR FELLOWSHIP  
5 awards at **\$50,000**

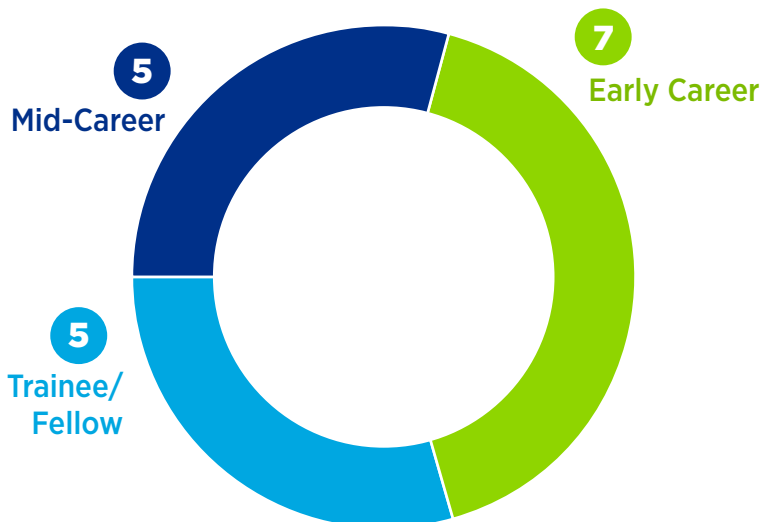
**\$167,000**  
LCFA/IASLC TRANSLATIONAL RESEARCH GRANT  
1 award at **\$167,000**

**\$300,000**  
YOUNG INVESTIGATOR GRANT  
6 awards at **\$50,000**

**\$500,000**  
CAREER ADVANCEMENT GRANT  
5 awards at **\$100,000**

**18**  
PROJECTS FUNDED

#### Career Stage Distribution



### IASLC - LCRF Team Science Grant - Year 2 of 4

**\$425,000**  
AWARDED ANNUALLY

**6**  
PROJECTS FUNDED FOR  
**24**  
MONTHS

In October 2025, IASLC, in partnership with Pfizer, announced the first recipients of the Healthcare Optimization and Patient Equity ("HOPE") Grants, a new initiative supporting quality improvement projects to reduce regional disparities and improve equity of care for lung cancer patients in China.

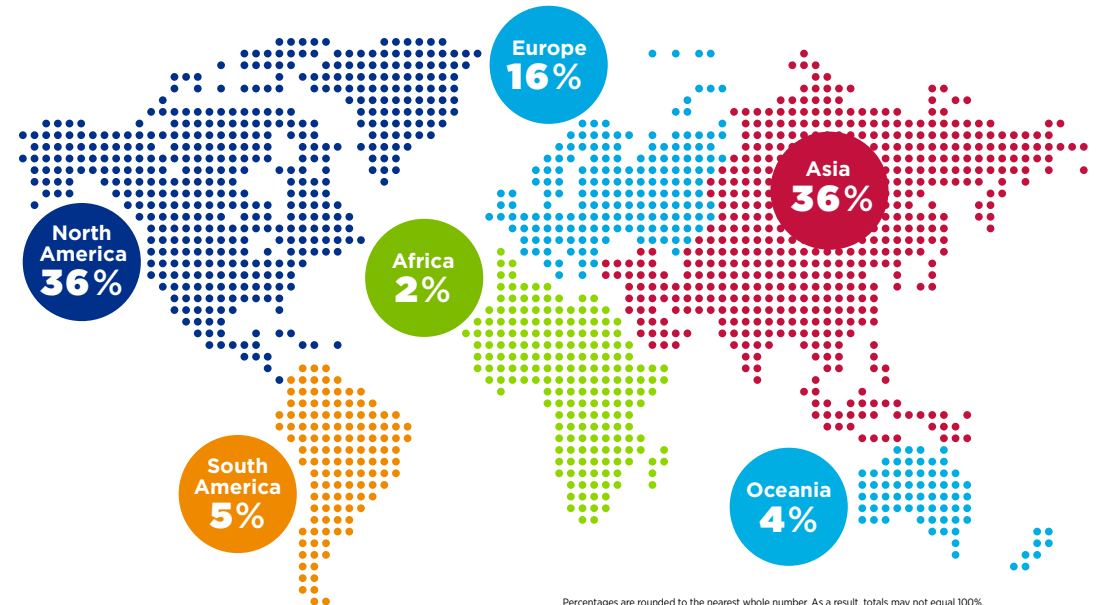
# MEMBERSHIP: A Global Community Powered by Passion

Our members represent a diverse range of over 40 specialties, from clinicians, scientists, patients, advocates, and caregivers. Anyone who supports or advances thoracic cancer care and research can be an IASLC member.

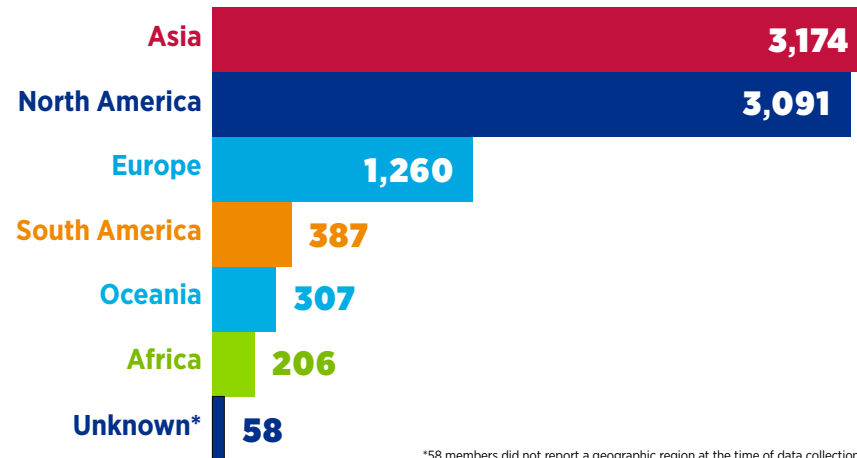
In this report, you won't see a single section that fails to mention the contribution of IASLC members. That's because IASLC's members are truly the backbone of this community, volunteering countless hours and dedicating themselves to IASLC's vision: Conquering lung and other thoracic cancers worldwide in the 21st century. And they come from every corner of the world.



## Members By Country/Region

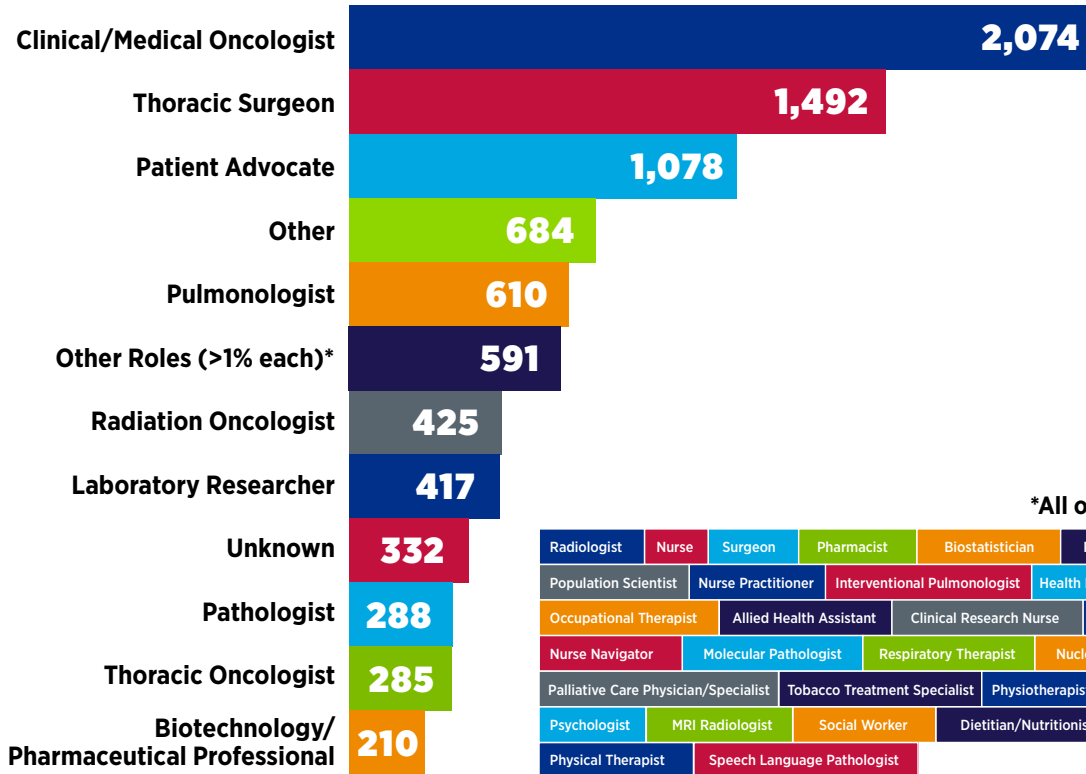


Percentages are rounded to the nearest whole number. As a result, totals may not equal 100%. Some respondents did not identify a region.

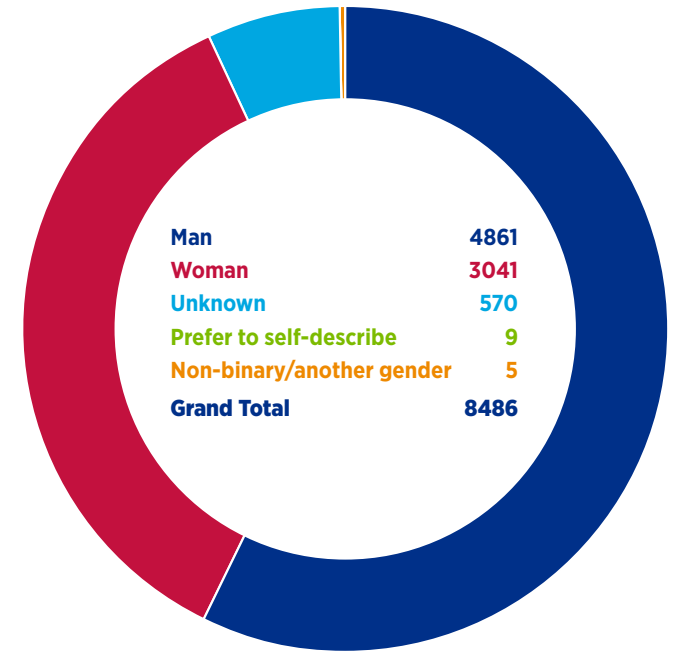


\*58 members did not report a geographic region at the time of data collection.

## Primary Role

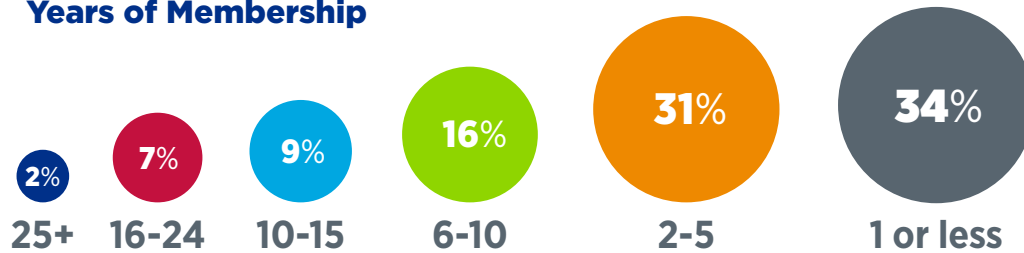


## Gender



**Total Primary Roles: 8,486**

## Years of Membership



# CONFERENCES: Convening The World of Thoracic Oncology

**Pan-Africa  
Conference on  
Lung Cancer**



**January 31 - February 1  
Accra, Ghana**

**ATTENDANCE & REACH**

**219**  
IN-PERSON  
ATTENDEES

**26**  
COUNTRIES  
& REGIONS

**PROGRAM SCALE**

**21**  
SPEAKERS  
& CHAIRS

**4**  
SCIENTIFIC  
SESSIONS

**6**  
WORKSHOPS

**ENGAGEMENT**

**7**  
SPONSORS  
& PARTNERS

**Targeted  
Therapies of  
Lung Cancer**



**February 19-22,  
Huntington Beach, USA**

**ATTENDANCE & REACH**

**994**  
IN-PERSON  
ATTENDEES

**141**  
VIRTUAL  
REGISTRATIONS

**27**  
COUNTRIES  
& REGIONS

**PROGRAM SCALE**

**212**  
SPEAKERS  
& CHAIRS

**13**  
SCIENTIFIC  
SESSIONS

**SCIENTIFIC CONTRIBUTIONS**

**68**  
SUBMITTED  
ABSTRACTS

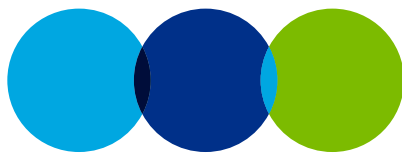
**5**  
ORAL  
ABSTRACTS

**53**  
POSTERS

**ENGAGEMENT**

**32**  
SPONSORS  
& PARTNERS





**European Lung Cancer Conference**

**elcc**

March 26-29  
Paris, France

**ATTENDANCE & REACH**

|                                        |                                        |                                     |
|----------------------------------------|----------------------------------------|-------------------------------------|
| <b>3,607</b><br>IN-PERSON<br>ATTENDEES | <b>584</b><br>VIRTUAL<br>REGISTRATIONS | <b>91</b><br>COUNTRIES<br>& REGIONS |
|----------------------------------------|----------------------------------------|-------------------------------------|

**PROGRAM SCALE**

|                                    |                                     |
|------------------------------------|-------------------------------------|
| <b>112</b><br>SPEAKERS<br>& CHAIRS | <b>37</b><br>SCIENTIFIC<br>SESSIONS |
|------------------------------------|-------------------------------------|

**SCIENTIFIC CONTRIBUTIONS**

|                                      |                                |                       |
|--------------------------------------|--------------------------------|-----------------------|
| <b>731</b><br>SUBMITTED<br>ABSTRACTS | <b>25</b><br>ORAL<br>ABSTRACTS | <b>415</b><br>POSTERS |
|--------------------------------------|--------------------------------|-----------------------|

**EDUCATION**

**19**  
CME HOURS

**ENGAGEMENT**

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| <b>26</b><br>SPONSORS<br>& PARTNERS | <b>105</b><br>REGISTERED<br>MEDIA |
|-------------------------------------|-----------------------------------|

**OTHER**

|                                   |                                           |
|-----------------------------------|-------------------------------------------|
| <b>12</b><br>INDUSTRY<br>SYMPOSIA | <b>20</b><br>EDUCATION &<br>AWARD WINNERS |
|-----------------------------------|-------------------------------------------|



**Hot Topic: Small Cell Lung Cancer Conference**

April 2-4  
New York, USA

**ATTENDANCE & REACH**

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| <b>249</b><br>IN-PERSON<br>ATTENDEES | <b>24</b><br>COUNTRIES<br>& REGIONS |
|--------------------------------------|-------------------------------------|

**PROGRAM SCALE**

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| <b>68</b><br>SPEAKERS<br>& CHAIRS | <b>12</b><br>SCIENTIFIC<br>SESSIONS |
|-----------------------------------|-------------------------------------|

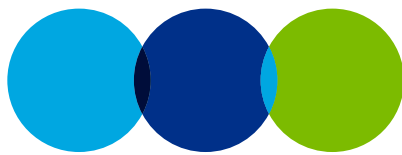
**SCIENTIFIC CONTRIBUTIONS**

|                                     |                               |                      |
|-------------------------------------|-------------------------------|----------------------|
| <b>48</b><br>SUBMITTED<br>ABSTRACTS | <b>4</b><br>ORAL<br>ABSTRACTS | <b>23</b><br>POSTERS |
|-------------------------------------|-------------------------------|----------------------|

**ENGAGEMENT**

|                                    |                                 |
|------------------------------------|---------------------------------|
| <b>7</b><br>SPONSORS<br>& PARTNERS | <b>1</b><br>REGISTERED<br>MEDIA |
|------------------------------------|---------------------------------|





**Asia Conference  
on Lung Cancer**

**October 9-11,  
Ho Chi Minh City,  
Vietnam**

**ATTENDANCE & REACH**

|                                |                                    |
|--------------------------------|------------------------------------|
| 381                            | 25                                 |
| <b>IN-PERSON<br/>ATTENDEES</b> | <b>COUNTRIES<br/>&amp; REGIONS</b> |

**SCIENTIFIC CONTRIBUTIONS**

|                                |                           |                |
|--------------------------------|---------------------------|----------------|
| 99                             | 12                        | 52             |
| <b>SUBMITTED<br/>ABSTRACTS</b> | <b>ORAL<br/>ABSTRACTS</b> | <b>POSTERS</b> |

**PROGRAM SCALE**

|                                  |                                |                  |
|----------------------------------|--------------------------------|------------------|
| 90                               | 23                             | 6                |
| <b>SPEAKERS<br/>&amp; CHAIRS</b> | <b>SCIENTIFIC<br/>SESSIONS</b> | <b>WORKSHOPS</b> |

**EDUCATION**

|                             |
|-----------------------------|
| 7                           |
| <b>CME HOURS<br/>(LIVE)</b> |

**ENGAGEMENT**

|                                    |                             |
|------------------------------------|-----------------------------|
| 8                                  | 12                          |
| <b>SPONSORS<br/>&amp; PARTNERS</b> | <b>REGISTERED<br/>MEDIA</b> |



**2025 Hot Topic  
in Basic & Translational  
Science: Unraveling Precancer  
& Early-Stage Lung Cancer.**

**November 21-23  
Tokyo, Japan**

**ATTENDANCE & REACH**

|                                |                                    |
|--------------------------------|------------------------------------|
| 121                            | 21                                 |
| <b>IN-PERSON<br/>ATTENDEES</b> | <b>COUNTRIES<br/>&amp; REGIONS</b> |

**SCIENTIFIC CONTRIBUTIONS**

|                                |                           |                |
|--------------------------------|---------------------------|----------------|
| 27                             | 7                         | 19             |
| <b>SUBMITTED<br/>ABSTRACTS</b> | <b>ORAL<br/>ABSTRACTS</b> | <b>POSTERS</b> |

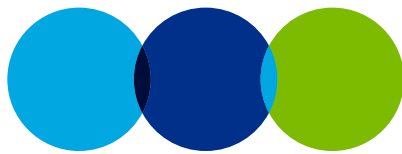
**PROGRAM SCALE**

|                                  |                                |
|----------------------------------|--------------------------------|
| 38                               | 11                             |
| <b>SPEAKERS<br/>&amp; CHAIRS</b> | <b>SCIENTIFIC<br/>SESSIONS</b> |

**ENGAGEMENT**

|                                    |
|------------------------------------|
| 4                                  |
| <b>SPONSORS<br/>&amp; PARTNERS</b> |





**IASLC | ASCO 2025  
North America Conference  
on Lung Cancer**



**December 5-7,  
Chicago, USA**

**ATTENDANCE & REACH**

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| <b>501</b><br>IN-PERSON<br>ATTENDEES | <b>26</b><br>COUNTRIES<br>& REGIONS |
|--------------------------------------|-------------------------------------|

**PROGRAM SCALE**

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| <b>76</b><br>SPEAKERS<br>& CHAIRS | <b>12</b><br>SCIENTIFIC<br>SESSIONS |
|-----------------------------------|-------------------------------------|

**SCIENTIFIC CONTRIBUTIONS**

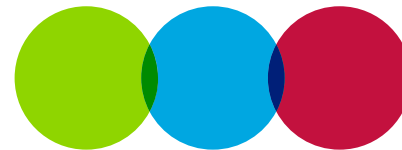
|                                      |                               |                       |                                |
|--------------------------------------|-------------------------------|-----------------------|--------------------------------|
| <b>147</b><br>SUBMITTED<br>ABSTRACTS | <b>6</b><br>ORAL<br>ABSTRACTS | <b>128</b><br>POSTERS | <b>4</b><br>POSTER<br>ePOSTERS |
|--------------------------------------|-------------------------------|-----------------------|--------------------------------|

**EDUCATION**

**17.5**  
CME HOURS  
Live 7  
Enduring 10.5

**ENGAGEMENT**

|                                     |                                 |
|-------------------------------------|---------------------------------|
| <b>19</b><br>SPONSORS<br>& PARTNERS | <b>2</b><br>REGISTERED<br>MEDIA |
|-------------------------------------|---------------------------------|



# IASLC COMMITTEES

## Expertise In Action:

IASLC's committees are a cornerstone of the organization's global mission, bringing together experts across disciplines, backgrounds, and regions to drive progress towards improving patient outcomes in lung and other thoracic cancers. These volunteer groups help shape scientific innovation, advance patient care, and inform the association's strategic direction through research, education, and collaborative projects. By embracing diverse, global perspectives and fostering multidisciplinary engagement, committees ensure that IASLC's work reflects the needs and insights of the worldwide thoracic oncology community. Chairs listed represent the 2023–2025 committee term.

### Committee Highlights – Scientific Affairs

#### Active Projects:

- » 10+ major initiatives underway, including global surveys, biomarker frameworks, and neoadjuvant therapy studies.
- » Committee RFP-funded projects: 13 innovative studies led by experts across Pathology, Rare Tumors, Tobacco Control, Multidisciplinary Clinical Science, Education, and Patient Advocacy.

#### Key Focus Areas:

- » Lung Cancer & Thoracic Oncology: 10th Edition Staging, PRECENT, FALCONS, SCLC NEXUS.
- » Biomarkers & Pathology: MET expression, STAS evaluation, immunocytochemistry harmonization, neuroendocrine and squamous cell carcinoma studies.
- » Multidisciplinary Care & Training: Simulation series, leadership programs, grant writing courses, and self-assessment tools for early-career radiologists.
- » Patient-Centered Initiatives: PROs, equity in tobacco dependency services, and global collaborative frameworks.

#### Career Development Programs:

- » 7+ programs supporting early-career scientists, clinicians, and investigators, including mentorships, workshops, fellowships, and research grants.

#### Scientific Publications:

- » 10+ peer-reviewed publications in the *Journal of Thoracic Oncology* and *JTO Clinical and Research Reports* showcasing committee-driven research.

#### Global Reach:

- » Projects span multidisciplinary collaborations across continents, targeting standardization of care, education, and research innovation in thoracic oncology.

### Basic & Translational Science Committee

Chair: Céline Mascaux



### Career Development Committee

Chair: Tindara Franchina



### Communications Committee

Chair: Jarushka Naidoo



### Education Committee

Co-Chairs: Nick Pavlakis, Pranshu Mohindra



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### Global Multidisciplinary Practice Standards Committee (GMPSC)

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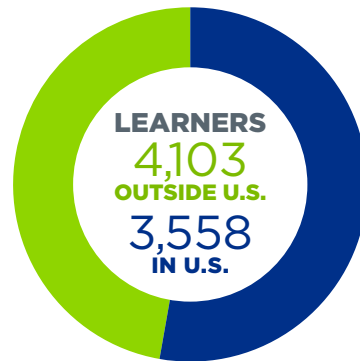
# EDUCATION: Advancing Education Across Disciplines and Borders

In 2025, the IASLC's education center, Lung Cancer 360, continued to grow, offering new educational formats, including microlearnings, and completing a regional series in native languages. The platform attracted new users daily, hosted live webinars, and saw an increase in learners. The flagship podcast, Lung Cancer Considered, expanded its reach and engagement across the global thoracic oncology community by recording episodes at IASLC conferences and in multiple languages.



**7,711**  
NUMBER OF LEARNERS

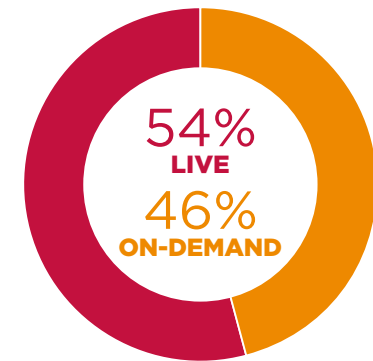
**115**  
COUNTRIES REPRESENTED



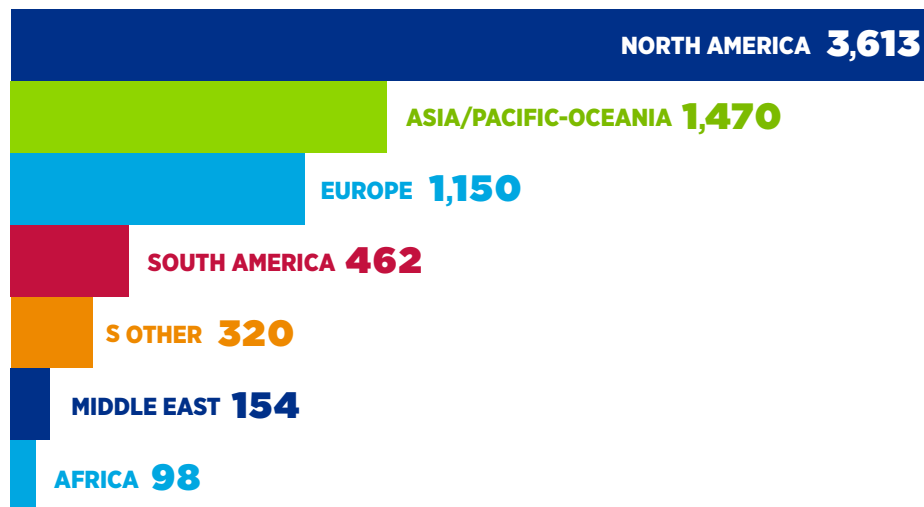
**6,175**  
COURSES COMPLETED

**118**  
MULTI-LANGUAGE COURSES

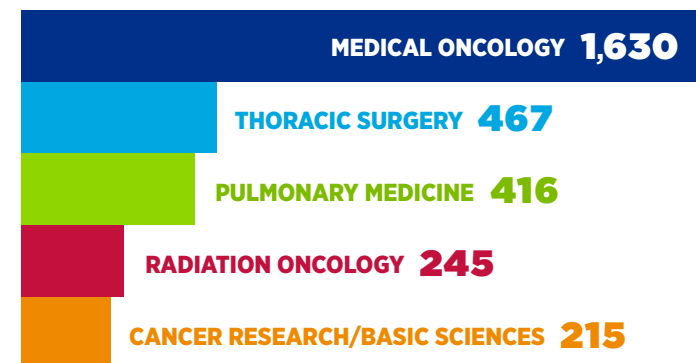
**7%**  
NON-ENGLISH USAGE



Learners by region



Top specialties



# LUNG CANCER CONSIDERED

The official podcast of the IASLC



**79** EPISODES (2025)

**32** in world languages

**16** languages

**16** global guest hosts



**428,381**

all-time listens

**95,545**

listens in 2025

Total listens of the 32  
world language episodes:

**20,117**



**150+**

**GLOBAL EXPERTS**

Featured across regions  
and specialties



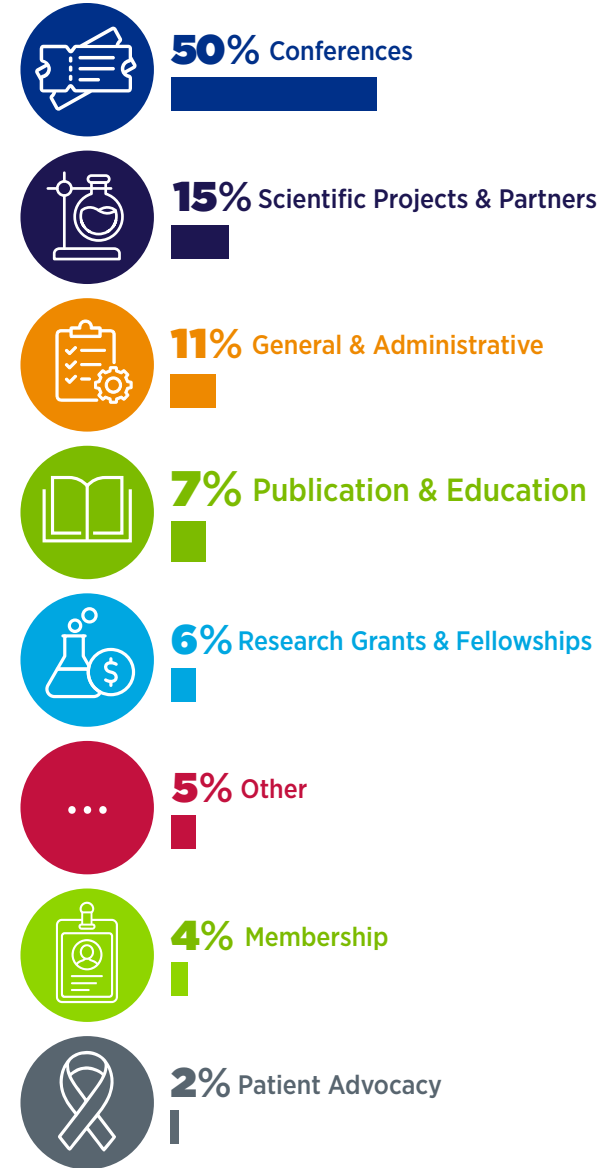
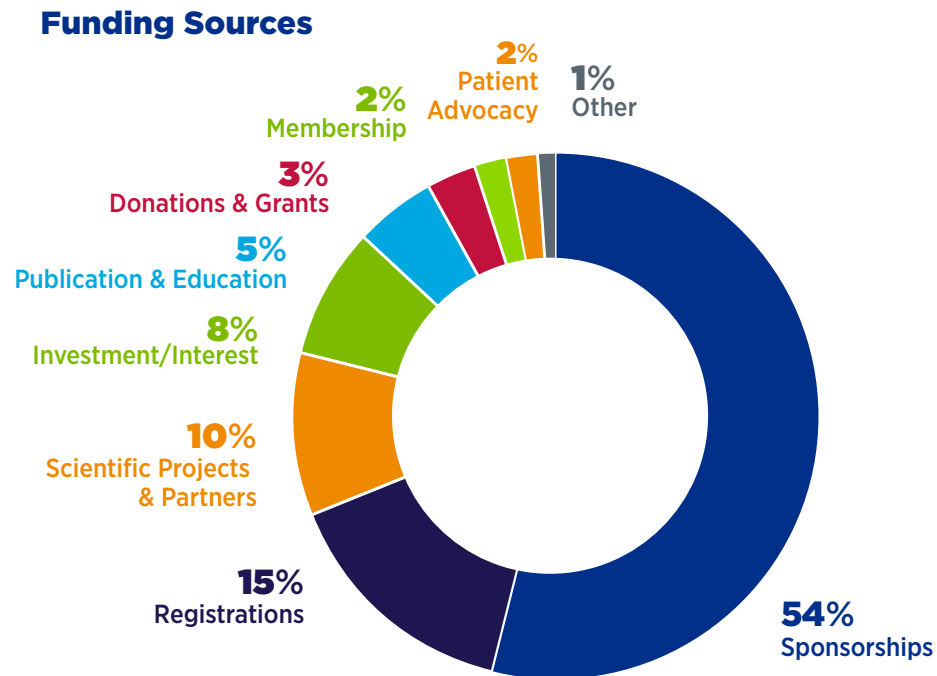
Top 5 Countries with  
most listens:

- 1 United States
- 2 Australia
- 3 Japan
- 4 United Kingdom
- 5 Ireland

# FINANCE:

## Investing in Global Impact

### Funding Expenses



Percentages shown are derived from unaudited financial data for funding sources and expenses.

# JTO AND JTO CRR: Global Research, Trusted Science

IASLC's journals, the *Journal of Thoracic Oncology (JTO)* and *JTO Clinical and Research Reports (JTO CRR)*, continue to play a central role in advancing and sharing lung cancer research worldwide. In 2025, *JTO CRR* reached a new milestone with a record-high Impact Factor, reflecting its continued growth and increasing recognition within the global thoracic oncology community. Together, the journals serve as trusted platforms for disseminating high-quality scientific findings, clinical insights, and emerging research.

“I would like to share the *Journal of Thoracic Oncology's (JTO)* progress with you. The Impact Factor is 20.8. This is a slight decrease from 21.1 last year. The journal remains a “high impact journal” with an IF > 20. The journal ranks third among 108 respiratory medicine journals and remains at 13th among 326 oncology journals. Because of the narrower focus, it is generally difficult for organ specific oncology journals to make a significant impact in the oncology publishing landscape. With an Impact Factor of 20.8, *JTO* is the leading journal in thoracic oncology and in the top thirteen of all three hundred and twenty-six cancer journals.”



-Alex A. Adjei, MD, PhD, FACP  
Editor-in-Chief

Impact  
Factor of  
**20.8**



## Top 10 Most Cited *JTO* Articles Published in 2025

|           | ARTICLE TITLE                                                                                                                                                                                                                                          | AUTHORS                                        |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>1</b>  | Durvalumab With or Without Tremelimumab in Combination With Chemotherapy in First-Line Metastatic NSCLC: Five-Year Overall Survival Outcomes From the Phase 3 POSEIDON Trial                                                                           | Peters S, Cho BC, Luft AV, et al.              |
| <b>2</b>  | High-Dose Furmonertinib in Patients With EGFR-Mutated NSCLC and Leptomeningeal Metastases: A Prospective Real-World Study                                                                                                                              | Chen H, Yang S, Wang L, et al.                 |
| <b>3</b>  | Phase 2 Open-Label Study of Sacituzumab Govitecan as Second-Line Therapy in Patients With Extensive-Stage SCLC: Results From TROPiCS-03                                                                                                                | Dowlati A, Chiang AC, Cervantes A, et al.      |
| <b>4</b>  | Risk Factors for Locoregional Relapse After Segmentectomy: Supplementary Analysis of the JCOG0802/WJOG4607L Trial                                                                                                                                      | Nakagawa K, Watanabe SI, Wakabayashi M, et al. |
| <b>5</b>  | Differentiating Separate Primary Lung Adenocarcinomas From Intrapulmonary Metastases With Emphasis on Pathological and Molecular Considerations: Recommendations From the International Association for the Study of Lung Cancer Pathology Committee   | Chou TY, Dacic S, Wistuba I, et al.            |
| <b>6</b>  | Phase II Randomized Study of Maintenance Atezolizumab Versus Atezolizumab Plus Talazoparib in Patients With SLFN11 Positive Extensive-Stage SCLC: S1929                                                                                                | Karim NA, Miao J, Reckamp, et al.              |
| <b>7</b>  | Improved Event-Free Survival After Complete or Major Pathologic Response in Patients With Resectable NSCLC Treated With Neoadjuvant Chemoimmunotherapy Regardless of Adjuvant Treatment: A Systematic Review and Individual Patient Data Meta-Analysis | Marinelli D, Nuccio A, Federico AD, et al.     |
| <b>8</b>  | Final Overall Survival and Long-Term Safety of Lorlatinib in Patients With ALK-Positive NSCLC From the Pivotal Phase 2 Study: A Brief Report                                                                                                           | Ou SI, Solomon BJ, Besse B, et al.             |
| <b>9</b>  | Amivantamab Plus Lazertinib in Patients With EGFR-Mutant NSCLC After Progression on Osimertinib and Platinum-Based Chemotherapy: Results From CHRYSALIS-2 Cohort A                                                                                     | Besse B, Goto K, Wang Y, et al.                |
| <b>10</b> | Neoadjuvant and Adjuvant Osimertinib in Stage IA to IIIA, EGFR-Mutant NSCLC (NORA)                                                                                                                                                                     | Lee JB, Choi SJ, Shim HS, et al.               |

# JTO CLINICAL AND RESEARCH REPORTS



Impact  
Factor Rose to  
**3.5**

“ I am delighted to share with you that the impact factor for JTO Clinical and Research Reports (JTO CRR) is 3.5, an increase from last year’s IF of 3.0. This puts the journal in the top half of oncology journals and in the top third of respiratory journals. This reflects the tremendous support from the IASLC, the journal team as a whole, the remarkable group of Associate Editors, our editorial office team, and all our reviewers.”



-Emily Stone, MBBS, PhD, FRACP  
Editor-in-Chief, JTO CRR

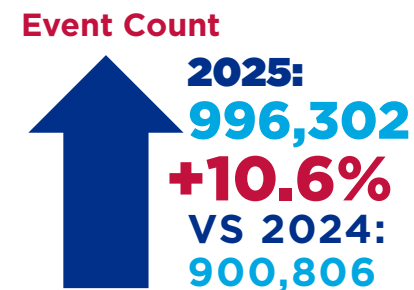
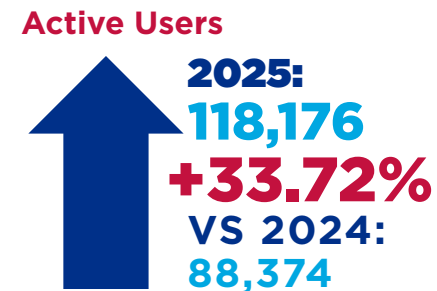
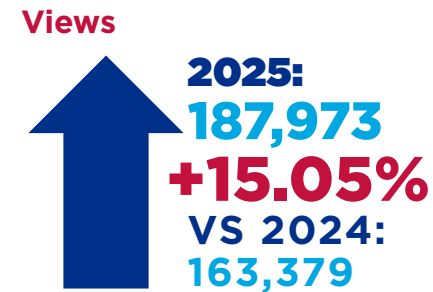
## Top 10 Most Cited JTO CRR Articles Published in 2025

|           | ARTICLE TITLE                                                                                                                                                                                    | AUTHORS                                                                                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>1</b>  | Longitudinal Tracking of ALK-Rearranged NSCLC From Plasma Using Circulating Tumor RNA and Circulating Tumor DNA                                                                                  | Heeke, S.; Gandhi, S.; Tran, H.T.; Lam, V.; Byers, L.A.; Gibbons, D.L.; Gay, et al.        |
| <b>2</b>  | First-Line Chemo-Immunotherapy in SCLC: Outcomes of a Binational Real-World Study                                                                                                                | Moliner, L.; Zellweger, N.; Schmid, S.; Bertschinger, M.; Waibel, C.; Cerciello, et al.    |
| <b>3</b>  | Epidemiology of SCLC in the United States From 2000 to 2019: A Study Utilizing the Surveillance, Epidemiology, and End Results Registry                                                          | Wells, L.E.; Cohen, S.; Brennan, B.; Banerjee, M.; Kalemkerian, G.P. et al.                |
| <b>4</b>  | Clinical Utility of Combined Tissue and Plasma Next-Generation Sequencing in Patients With Advanced, Treatment-Naïve NSCLC                                                                       | Bote-De-Cabo, H.; Siringo, M.; Conde, E.; Hernández, S.; López-Ríos, F.; et al.            |
| <b>5</b>  | Humanized Mouse Models for Immuno-Oncology Research: A Review and Implications in Lung Cancer Research                                                                                           | Park, C.-K.; Khalil, M.; Pham, N.-A.; Wong, S.; Ly, D.; Sacher, A.G.; Tsao, M.-S.          |
| <b>6</b>  | Primary Results from IMscin002: A Study to Evaluate Patient Preferences and Perceptions of Health Care Professionals for Atezolizumab Subcutaneous Versus Intravenous for the Treatment of NSCLC | Cappuzzo, F.; Zvirbule, Z.; Korbenfeld, E.; Kolb-Sielecki, J.; Isla, D.; et al.            |
| <b>7</b>  | Clinical Significance of Perioperative Minimal Residual Disease Detected by Circulating Tumor DNA in Patients With Lung Cancer With a Long Follow-up Data: An Exploratory Study                  | Ohara, S.; Suda, K.; Sudhaman, S.; Hamada, A.; Chiba, M.; Shimoji, M.; et al.              |
| <b>8</b>  | Racial Differences in Systemic Immune Parameters in Individuals With Lung Cancer                                                                                                                 | von Itzstein, M.S.; Liu, J.; Mu-Mosley, H.; Fattah, F.; Park, J.Y.; SoRelle, J.A.; et al.  |
| <b>9</b>  | Occult Node Detection With Lobectomy Versus Segmentectomy for Stage IA NSCLC                                                                                                                     | Suzuki, Y.; Dhupar, R.; Sarkaria, I.S.; Christie, I.G.; Mazur, S.N.; Pennathur, A.; et al. |
| <b>10</b> | Final Survival Outcomes With Ramucirumab Plus Erlotinib Versus Placebo Plus Erlotinib in Patients With Untreated EGFR-Mutated Metastatic NSCLC: RELAY Japanese Subset                            | Nishio, M.; Seto, T.; Reck, M.; Garon, E.B.; Nishio, K.; Kasahara, K.; Nishino, K.; et al. |

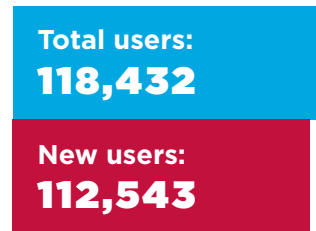
# ILCN: DELIVERING INSIGHT ACROSS THE THORACIC ONCOLOGY SPECTRUM



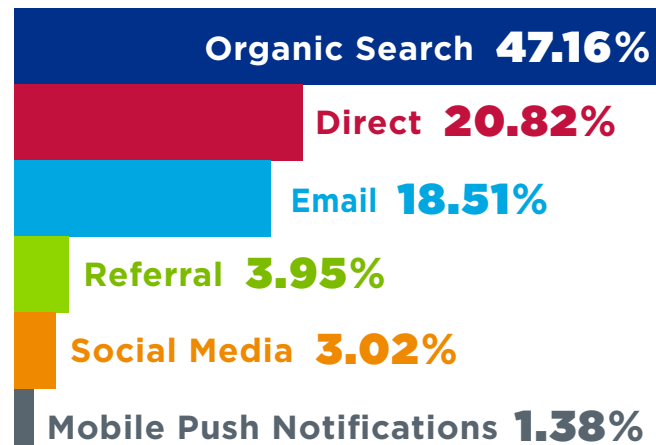
IASLC Lung Cancer News (ILCN) serves as the official news platform for the IASLC, delivering timely and relevant updates to thoracic oncology professionals worldwide. ILCN's in-depth analysis bridges disciplines, highlighting the implications of cutting-edge research in medical, surgical, and radiologic oncology, pathology, nursing, allied health, patient advocacy, and beyond.



## Engagement



## Traffic Sources



## Top-performing articles

- 1 Discussion Covered Updates, Strategies, and Controversies in Lung Cancer Staging **12,176 views**
- 2 Comments on the 8th Edition of the TNM Classification of Lung Cancer **7,672 views**
- 3 Treatment of Immunotherapy-Related Dermatologic Toxicities: An Interview with Dr. Mario Lacouture **4,217 views**
- 4 Final FLAURA2 OS Data Show Osimertinib Plus Chemo Offers Benefit Compared with Monotherapy **3,152 views**
- 5 Holistic Approach Important in Providing Patient-Centered Care **2,669 views**
- 6 WCLC Attendees Hear Preview of Proposed Changes for the 9th Edition of the TNM Staging Classification for Thoracic Cancers **2,160 views**
- 7 Potential Impact of GLP1-RAs on TKI-induced Weight Gain in Patients with NSCLC **2,039 views**
- 8 Will Bispecific Antibodies Replace PD-(L)1 Targeted Agents? **1,943 views**
- 9 No "Known" Risk Factors: The Health Consequences of Radiation Therapy **1,687 views**
- 10 FLAURA 2 Post-progression Outcomes Demonstrate Consistent Benefit, Favor Combination Arm **1,541 views**

# STARS: Championing Research Advocacy Worldwide



In 2025, the IASLC STARS (Supportive Training for Advocates on Research and Science) Program continued to be a key driver of global engagement, training patients, survivors, caregivers, and advocates to move from patient advocates to research advocates, strengthening the lung cancer community and amplifying its impact on research worldwide.



**7**  
**Stars Scholars**  
 participants from  
**Argentina 1**  
**Australia 2**  
**India 1**  
**Netherlands 1**  
**Nigeria 1**  
**USA 1**

**15**  
**STARS PRA**  
 (patient research advocate)  
 participants from  
**Australia 1**  
**Canada 4**  
**Hong Kong 1**  
**Ireland 1**  
**Thailand 1**  
**USA 6**

**5**  
**Mentors**  
 from  
**Australia 1**  
**Ireland 1**  
**India 1**  
**USA 2**



# PARTNERS: Powering Progress in Thoracic Oncology

Corporate partners are the backbone of what makes so much of IASLC's work possible. In 2025, IASLC continued to advance a partnership strategy centered on long-term collaboration and shared purpose.

A highlight of IASLC's partnership efforts in 2025 was the continued work on IASLC's Global Biomarker Health Systems Project, which built on the results of 2024's Global Survey on Biomarker Testing. In 2025, site visits were made to health systems in India and Poland to better understand global barriers to biomarker testing.

The project is rooted in a broader initiative to understand how biomarker testing is implemented worldwide and why gaps persist despite advances in precision oncology.



**IASLC PARTNERS**  
**FOR THORACIC CANCER CARE**

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Johnson & Johnson

Lilly

MERCK

Nuvalent

Pfizer

REGENERON

Revolution Medicines

Takeda

TEMPUS

ANNUAL REFLECTIONS  
<<WATCH>> Matt Smeltzer

# Supporting Progress Through the IASLC Foundation

## Thank You to Our Outgoing Advisory Board Members



We extend our heartfelt gratitude to Dr. David Carbone, Dr. David Gandara and Lauren Fisher for their many years of dedicated service on the IASLC Foundation Advisory Board. Over the years, their guidance, expertise, generosity and commitment have been invaluable in helping advance our mission to conquer lung and other thoracic cancers worldwide. We deeply appreciate their contributions and the lasting impact they have made on the Foundation and the community we serve.

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 Adi F. Gazdar Bypass Trust  
 Be Your Possible Foundation  
 Dan Friis

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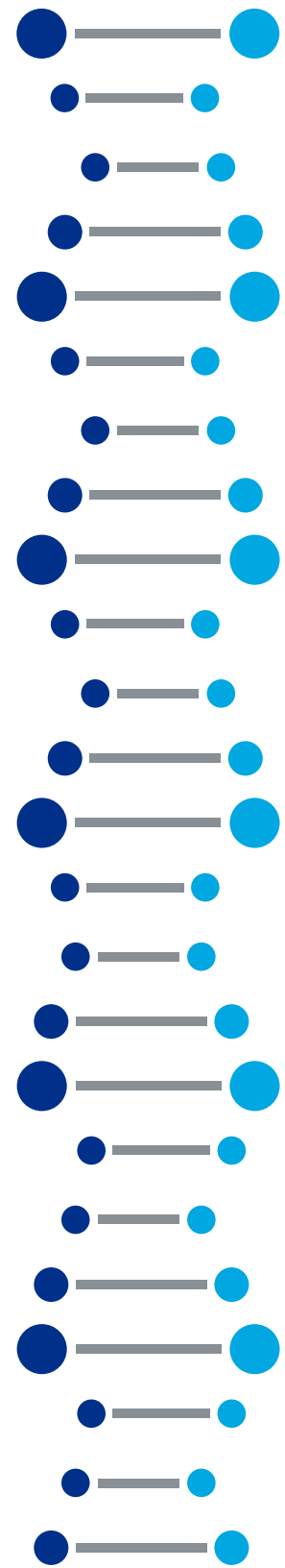
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Director, Membership

### **Laura Woodruff**

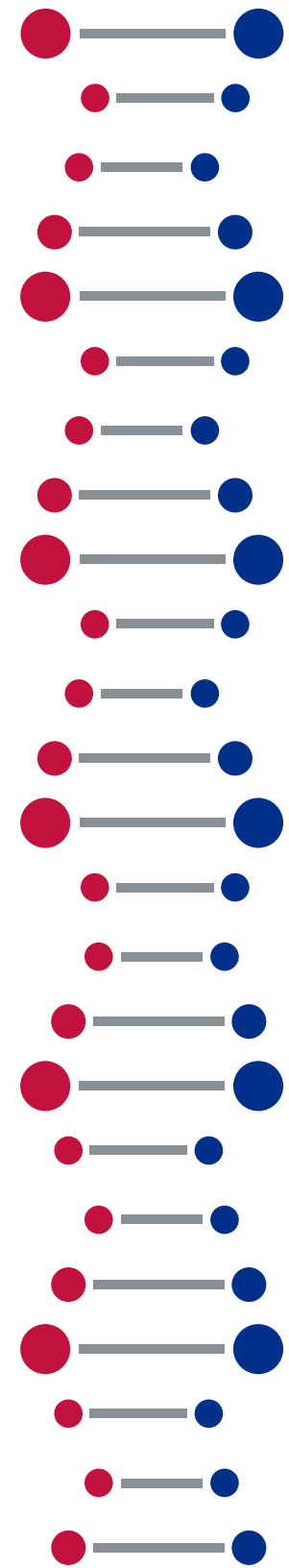
Education Manager

### **Murry Wynes, PhD**

Sr. Advisor, Scientific Affairs

### **Keelan Zius, PhD**

Scientific Program Manager



# With Gratitude To Our Global Community

As we reflect on 2025, we are thankful to the global community that makes the work of the International Association for the Study of Lung Cancer possible. This year's progress, from advancing international standards and expanding global education to convening the lung cancer community across regions, was driven by the shared commitment of our members, volunteers, partners, and supporters around the world. Together, you continue to move lung cancer research, care, and collaboration forward.

We are deeply grateful to the global community that makes IASLC's work possible. From clinicians, researchers, and patient advocates to committee members, donors, and partners, your expertise, time, and support strengthen collaboration, build capacity across regions, and ensure diverse voices shape the future of lung cancer care. A special thank you to our industry partners for their continued investment in global meetings, helping to create focused platforms for scientific exchange, deepen collaboration, and support sustained advancement in critical areas of thoracic oncology.

We extend a special thanks to our IASLC to our staff, who work tirelessly behind the scenes to ensure the success of our programs, initiatives, and global community.

As we move forward, we do so with a clear understanding that progress is not achieved alone. It takes a global community, working together with a shared purpose. We are proud of what has been accomplished, but even more energized by what lies ahead. Together, we will continue to listen, evolve, and take action, and ensure that IASLC remains a place where members can connect, contribute, and make a meaningful impact on the future of lung cancer care.

