

## Multidisciplinary Lung Cancer Preceptorship 2026

Prezados membros do GBOT,

Anunciamos com grande entusiasmo a abertura das inscrições para o **Multidisciplinary Lung Cancer Preceptorship 2026**, um programa internacional de imersão multidisciplinar em câncer de pulmão, que acontecerá de **10 a 12 de agosto de 2026** no **Brigham and Women's Hospital** e no **Dana-Farber Cancer Institute**, em Boston (EUA).

Trata-se de uma oportunidade única para vivenciar na prática a tomada de decisão em um centro acadêmico de alto volume, integrando oncologistas clínicos, cirurgiões torácicos, patologistas e radio-oncologistas.

### Formato de participação por times

As inscrições serão feitas por **times de 4 pessoas**, obrigatoriamente compostos por:

- **1 oncologista clínico**
- **1 cirurgião torácico**
- **1 Radio-oncologista**
- **1 patologista**

### Documento de fundamentação (obrigatório)

Cada time deverá enviar, junto com a inscrição, uma **carta fundamentando**:

1. As escolhas dos membros do grupo (justificando a complementaridade e a experiência da equipe);
2. Porque aquele time deve ser selecionado para o programa (diferenciais, motivação, impacto esperado no retorno ao Brasil).

### Programa

#### Scientific Agenda – Preceptorship 2026

##### 1. Overview

**Title:** Multidisciplinary Lung Cancer Preceptorship

**Dates:** August 10–12, 2026

**Locations:** Brigham and Women's Hospital and Dana-Farber Cancer Institute

##### Course Directors:

- Thoracic Surgery: Paula Ugalde Figueroa
- Pathology: Lynette Sholl
- Medical Oncology: Narjust Florez, Julia Rotow
- Radiation Oncology: Kelly Fitzgerald

**Participants:** 20 physicians from Brazil

- 8 Medical Oncology
- 8 Thoracic Surgery

- 4 Radiation Oncology
- 4 Thoracic Pathology

**Program Goal:**

To provide an immersive, multidisciplinary experience in lung cancer care at a high-volume academic center, emphasizing real-world clinical decision-making, integration across specialties, and translation of evidence into practice.

**2. Program Structure**

**Daily Framework**

- 08:00–12:00 → Specialty-based clinical immersion
- 12:00–14:00 → Joint lunch, informal discussion
- 14:00–17:00 → Multidisciplinary case-based sessions

**08:00 – 12:00 | Morning Sessions – Clinical Immersion**

Participants are embedded within specialty-specific services:

- Thoracic Surgery (Brigham): Operating room, perioperative planning, intraoperative decision-making
- Medical Oncology (Dana-Farber): Outpatient clinics, systemic therapy strategy, longitudinal care
- Radiation Oncology (Dana-Farber): Simulation, treatment planning, multidisciplinary coordination
- Pathology (Brigham): Frozen sections, sign-out, molecular diagnostics workflow

**Objective:** To observe real-time clinical decision pathways within each discipline and understand how diagnostic, technical, and therapeutic considerations are integrated in daily practice.

**14:00 – 17:00 | Afternoon Sessions – Multidisciplinary Integration**

All sessions are structured around a tumor board model, centered on real clinical cases.

**Core Principles:**

- Patient-centered decision-making
- Multidisciplinary integration across all specialties
- Real-world complexity and uncertainty
- Constructive discussion of differing perspectives
- Translation of evidence into practice

**Session Format:**

- Brief focused updates (10–15 minutes each)
- Case-based multidisciplinary discussion
- Interactive tumor board dynamics with active participation

- Integration of surgery, systemic therapy, radiation oncology, and pathology
- Summary of key clinical takeaways

**Additional Educational Elements:**

- Emphasis on decision-making under uncertainty
- Comparison of practice patterns across institutions and healthcare systems
- Discussion of feasibility and implementation in different resource settings

**3. Detailed Scientific Program**

**08/10 – Day 1**

*How do we define the best local strategy, and what molecular information changes the plan?*

**Theme:** Local therapy and risk stratification

**Key Topics:**

- Surgery versus SBRT in medically high-risk or anatomically complex early-stage disease
- Pathology workflow for small biopsies and resection specimens
- Molecular testing in resectable disease, current standards and emerging strategies
- Non-metastatic EGFR-mutated disease, neoadjuvant versus adjuvant approaches
- Management of unexpected nodal disease and margin-related decision-making

**Didactic Updates:**

- Stage I–II postoperative molecular testing
- Radiation therapy in early-stage, high-risk patients
- NGS versus limited panels, clinical implications and limitations

**Multidisciplinary Focus:**

- Alignment and tension between surgical, radiation, and systemic approaches
- Role of pathology in guiding early-stage treatment decisions

**08/11 – Day 2**

*Who should go to surgery, who should go to chemoradiation, and how does the neoadjuvant era change sequencing?*

**Theme:** Locally advanced disease and multimodal strategies

**Key Topics:**

- Defining resectability in stage III NSCLC
- Operable versus inoperable versus borderline patients
- Neoadjuvant chemoimmunotherapy and perioperative strategies
- When not to use neoadjuvant approaches
- Role of radiation in potentially resectable and unresectable disease
- Pathologic response and implications for surgical planning

- Postoperative management after induction therapy

#### **Highlighted Session:**

- Multidisciplinary debate on a controversial N2 case

#### **Multidisciplinary Focus:**

- Decision-making in borderline scenarios
- Integration of imaging, pathology, and clinical judgment
- Coordination between specialties across treatment phases

#### **08/12 – Day 3**

*How do we personalize advanced disease management over time?*

**Theme:** Precision oncology and complex metastatic disease

#### **Key Topics:**

- Advanced driver-negative disease, first-line strategy and management after progression
- Advanced driver-positive disease, sequencing, resistance mechanisms, and re-biopsy strategies
- Role of plasma-based testing in clinical practice
- Oligometastatic versus oligoprogressive disease
- Brain metastases, integration of local and systemic therapies
- Clinical value and limitations of ctDNA and MRD

#### **Closing Session:**

- Case-based discussion: “What would be done in Boston versus what is feasible in Brazil”

#### **Multidisciplinary Focus:**

- Longitudinal decision-making
- Adaptation of treatment strategy over time
- Balancing innovation with real-world constraints

**Closing summary session (15–20 min)** with key takeaways

#### **Como se inscrever**

Os times devem enviar a **carta de fundamentação** (em português ou inglês) e a relação dos 4 integrantes (com especialidade e breve CV) para o **grupogbot@gmail.com** até **08 de maio de 2026**

As vagas são limitadas a **4 times** (16 participantes no total), e a seleção priorizará a o alinhamento com os objetivos do programa.

**Dúvidas?** Entre em contato: [sternbergcinthya@gmail.com](mailto:sternbergcinthya@gmail.com)