role model and mentorship during earlier formative years usually has great influence on one’s decision to pursue career choice. Fellowship training can be limited to clinical only, research only or combined clinical and research training; the latter for a candidate who wishes to pursue clinician-scientist career. Once a decision to pursue further training is made, the candidate should look for fellowship opportunities. This is often through discussion with local mentors or colleagues with prior international fellowship experience, or via familiarity with potential mentors who have published extensively in the area of candidate’s interest or have lectured at international meetings. On-line searches for institutions with established fellowship program may also be useful, but many training programs may not be openly advertised, thus personal approaches and recommendations are often more fruitful. Writing an application letter that demonstrates strong background, qualification, prior track record, commitment and clear post-fellowship career pathway are key elements to win an opportunity for further interview. Availability of secured partial/full funding from local institution or independent funding agency is a great asset for an application. While one year fellowship that involves only clinical training may be sufficient, training that involves laboratory research will usually require a minimum of 2 years tenure, as the latter usually requires more time to accomplish specific research projects. In such case, preliminary data obtained during first fellowship year may greatly contribute to applications for fellowship offered by international societies (e.g., IASLC, ASCO, AACR) or funding agencies. Keywords: Training, career development, fellowship fund

YI03.04
Oncology Fellows’ Career Plans and Expectations

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I will discuss how I planned my fellow career and tips for achieving based on my own experience. My own career is short, at around 10 years, but I would be glad if my presentation could be of some service to fellows in the same position. If you want to achieve something different than your current situation for your own career, then you gain qualifications, earn achievements such as publishing papers, participate in the academic community, or organize projects, but it is difficult to decide on the ultimate goal at an early stage. For young fellows to build a career, the process is more crucial than setting the outcome, therefore it is essential to know oneself, in addition to learning the latest information on thoracic oncology. Read articles, participate in academic conferences and train at other facilities as a means of understanding your own knowledge and competencies, rather than simply as a means of learning about thoracic oncology. Although training at special facility will provide the smallest amount of information about thoracic oncology at one time, I believe it is the most efficient means of learning about oneself. This type of learning enables you to directly and simultaneously understand your disadvantages, advantages and characteristics. I have worked and researched at several hospitals and research institutes both in Japan and overseas. I made use of the scholarship system in the past to conduct clinical training in Spain, which enabled me to gain a wealth of clinical experience that I would not have been able to experience in Japan. I am currently affiliated with a research institute in Barcelona and have been involved in research there since 2017 under world-recognized supervisors. I contribute to joint research between Japan and Spain, and Spain and the US, and this, among other opportunities, has enabled me to learn a great deal at my current facility. This experience has not only strengthened my resolve about the new goals I want to achieve, it has also made me fully aware of areas where I am lacking. For the training at a special facility, getting the grant is crucial. I have received some grant support from several academic associations including IASLC. The financial supports allowed me to gain and achieve ambitious aims. Through the project, I have been inspired and it brought me new ambitions. Although there are more and more opportunities of the grant in these days, winning is getting more competitive. Fortunately, I could receive grant support several times. However, I failed many times to get the support. To get the grant, I will show tips based on my own experience at my presentation. If training at a special facility or getting the grant is difficult, I recommend continuing to participate at international conferences. This is also particularly important for learning the latest information about thoracic oncology. I have participated 13 times in international conferences to date and have participated in the World Conference on Lung Cancer (WCLC) since the 13th congress held in 2009. I strongly recommend checking all the abstracts before attending the conference, preparing questions and discussing matters with as many people as possible during the conference. WCLC has research in all fields related to thoracic oncology, so it is relatively easy to make new acquaintances and partnership in your own field of research or interest. In this instance also, it is important to make presentations and receive as much input as possible, to clarify areas where you may be lacking and you have advantage, thus using this opportunity as efficiently as you can. Attending congress also gives you chances to get informed the grant opportunity and which facility is attractive for you to make training. In summary, it is not easy to make decisions about your career, and often we are unaware when we are at a turning point. No one knows the correct answer. Building a career involves not only your own intentions, but also your situation and funds. The important thing is to focus on the quality of the process to ensure that you do not waste time, and to always be aware of your own strengths and weaknesses, and using or supplementing these characteristics to discover what you want to achieve and what you can achieve in your career. Training at a special facility and keeping to join academic congress clearly enhance our academic career. It will give you new confidence to find or continue on your mission for thoracic oncology.

YI03.03
Scientific Mentorship: What Should You Expect?

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Scientific Mentorship: What Should You Expect? I am honored to speak to young investigators on mentorship. Over several decades I have had the opportunity to serve as mentor of many clinical investigators, both local and worldwide. Throughout the years, most of my mentors have been involved in translational research and laboratory work, which, on many occasions, has resulted in fruitful research, culminating in theses and publications in relevant journals. One of the key points in assuming the responsibility of training is to work very closely, as friends, standing side by side, studying the relevant research project and its progress. There are several emotions among the mentor and young investigators. The mentor feels joy and delights in seeing the young investigators progress, converting in an overall happiness at the project accomplishment. The mentors joy comes once every young investigator achieves the main objective of his/her work in process. Transparency is the fuel of mentorship, the young investigator is a partner in the process, the mentor feels the excitement of his/her investigations. In this sense, the investigators are a partner in the mentor’s work, and this, among other opportunities, has enabled me to gain a great deal at my current facility. This experience has not only strengthened my resolve about the new goals I want to achieve, it has also made me fully aware of areas where I am lacking. For the training at a special facility, getting the grant is crucial. I have received some grant support from several academic associations including IASLC. The financial supports allowed me to gain and achieve ambitious aims. Through the project, I have been inspired and it brought me new ambitions. Although there are more and more opportunities of the grant in these days, winning is getting more competitive. Fortunately, I could receive grant support several times. However, I failed many times to get the support. To get the grant, I will show tips based on my own experience at my presentation. If training at a special facility or getting the grant is difficult, I recommend continuing to participate at international conferences. This is also particularly important for learning the latest information about thoracic oncology. I have participated 13 times in international conferences to date and have participated in the World Conference on Lung Cancer (WCLC) since the 13th congress held in 2009. I strongly recommend checking all the abstracts before attending the conference, preparing questions and discussing matters with as many people as possible during the conference. WCLC has research in all fields related to thoracic oncology, so it is relatively easy to make new acquaintances and partnership in your own field of research or interest. In this instance also, it is important to make presentations and receive as much input as possible, to clarify areas where you may be lacking and you have advantage, thus using this opportunity as efficiently as you can. Attending congress also gives you chances to get informed the grant opportunity and which facility is attractive for you to make training. In summary, it is not easy to make decisions about your career, and often we are unaware when we are at a turning point. No one knows the correct answer. Building a career involves not only your own intentions, but also your situation and funds. The important thing is to focus on the quality of the process to ensure that you do not waste time, and to always be aware of your own strengths and weaknesses, and using or supplementing these characteristics to discover what you want to achieve and what you can achieve in your career. Training at a special facility and keeping to join academic congress clearly enhance our academic career. It will give you new confidence to find or continue on your mission for thoracic oncology.
1998), gastric cancer (Wei et al JNCI 2011) and many others, culminating in salient publications in the field of lung cancer (Karachaliou et al JAMA Oncol 2015). The principal contributions will be included in the presentation. Keywords: mentorship, young investigators

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**YI02.05 Principles to Get Your Paper Published**

**A. Adjei** Mayo Clinic, Rochester, MN/US

Scientific publication is the backbone of academic research. Findings by investigators need to be disseminated to the community so that results can influence human health and well-being as well lay groundwork for future research. In spite of the central role of publishing in academic life described above, there are very few formal courses or seminars teaching academics, particularly physician scientists on how to publish their work. The table below outlines reasons for rejection of manuscripts, coming out of a survey of a number of journal editors using information from this survey as a starting point, we will discuss the "fatal flaws" that lead to outright rejection of manuscripts, and outline strategies on how to write a manuscript of high impact, which is likely to be accepted for publication.

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**YI02.02 Basket and Umbrella Trial Designs in Oncology**

**J. Menis** University of Padova, Istituto Oncologico Veneto (Iov), Padova/IT

Cancer treatment has made gigantic improvements in patients' prognosis in multiple cancer types, by virtue of major steps forward in the concept of personalized medicine. This involves scientific progress in tumour biology, genomics technology, computational analysis and drug discovery that has propelled advances in both translational and clinical cancer research. In particular, rapid development, decreased cost, and increased availability of next-generation genomic sequencing and other methods for both molecular and, more recently, immunological tumour classification have changed the paradigm for understanding and treating cancer. Until recently, drug development has been conducted separately for different histological tumor types since the histological type was the primary known determinant of drug efficacy. However, this histology focus has been integrated by new knowledge on genomic alterations and immunological profile. Therefore, clinical trials have been evolving in parallel, from the traditional two-arm comparison of an experimental treatment vs. a control, to accelerate identification of promising therapies, to increase throughput and to allow for the increasing use of molecular and immunological classification of patients into smaller sub-groups. Also cost-efficiency need to be considered: classical phase I, II and III models for drug development require large resources, limiting the number of experimental agents that can be tested and making the evaluation of targeted agents inefficient. On the other hand, methodology and quality assurance need to be preserved since the validation of biomarkers is generally affected by several challenges, such as the multitude of assessment methods (i.e. immunohistochemistry, fluorescence in situ hybridisation, next-generation sequencing, etc.), reliability in terms of sensitivity and specificity, reproducibility of the test, feasibility of obtaining an adequate and representative tumour sample and, finally, the overall related costs. All these considerations, added to the strong collaboration with the regulatory agencies, approving novel agents based on data obtained from phase 1/2 trials, have led to an evolution in the design of early-stage clinical trials. The enrichment design can require many fewer patients, i.e. only those patients hypothesized to benefit, to be randomized relative to the "all comers" randomized design. The choice between an unselected versus enriched design should always be made also based on the existing level of evidence for the predictive biomarker. Two main enrichment strategies can be used to avoid over-treatment and save valuable resources, by matching the right drug to the right subgroup of patients. They can be defined as: basket trials and umbrella trials. Basket trials allow patients with multiple diseases and one or more target to be enrolled in cohorts or groups in one trial (the basket). They are often viewed as parallel phase II trials within the same entity, designed on the basis of a common denominator. Researchers are therefore allowed to separately analyse the patients' responses as each tumour type can be put in one cohort, and assess the impact of the drug on all of the patients as one group. If one group shows a good response, this group will be expanded to immediately assess whether others could benefit from the new therapy. If another group does not show evidence of effectiveness, this group may be closed and the other cohort can continue the recruitment. Basket trials can be further sub-classified in three groups: basket trials on one drug in several tumour types (1), basket trials on one drug for one molecular alteration in several tumour types (2), and basket trials on one drug in several molecular alterations in several tumour types. Umbrella trials are built on a centrally performed molecular portrait and molecularly selected cohorts with matched drugs, and can include patients' randomisation and strategy validation. In the umbrella design, a separate enrichment trial is conducted for each biomarker stratum. The enrichment design for a given stratum uses as the test regimen a drug expected to be active for the alteration defining that stratum. Beyond new designs, new end-points and new evaluation techniques are also warranted to finally achieve methodology and clinical improvements, in particular within immuno-therapy trials. As clinicians continuously learn from their patients, applying knowledge gained from one set of patients to their forthcoming patients, in adaptive designs, modifications of some aspects of the trial can be prospectively planned so that changes ("adaptations") may take place while the study is ongoing (for example: a treatment arm or a subgroup of patients could be dropped; the trial size could be increased, etc.). Planning for such types of studies would allow to overcome the challenge related to the limited available information in the literature describing the targeted sub-populations. Alongside the growing complexity of these clinical trials, new frameworks for stronger and faster collaboration between all stakeholders in drug development, including academic institutions and frameworks, clinicians, pharma companies and regulatory agencies, has to be further encouraged. In the current era, the main goal should be to identify large and meaningful differences in small, molecularly and immunologically selected groups of patients and to develop rapidly new compounds. Basket and umbrella trials respond to the need of "trials designed to learn", that can evolve into "trials designed to conclude". Menis J, Hasan B, Besse B. New clinical research strategies in thoracic oncology: clinical trial design, adaptive, basket and umbrella trials, new end-points and new evaluations of response. Eur Respir Rev 2014; 23: 367–78 Simon R. Critical Review of Umbrella, Basket, and Platform Designs for OncologyClinical Trials. Clin Pharmacol Ther. 2017; 102(6):934-41 Renfrø LA, Sargent DJ. 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