

Prof. Yi-Long Wu: Patients on the afatinib arm had a significantly better quality of life according to the data of LUX-Lung 6

Submitted Nov 15, 2013. Accepted for publication Dec 02, 2013.

doi: 10.3978/j.issn.2304-3865.2013.11.10

View this article at: <http://dx.doi.org/10.3978/j.issn.2304-3865.2013.11.10>

Professor Yi-Long Wu (Figure 1) is a consultant oncologist, PhD supervisor; Fellow of American College of Surgeons, Vice President of GGH and Guangdong Academy of Medical Sciences as well as Director of Cancer Center, Director of Guangdong Lung Cancer Institute, member of the Council of the Chinese Anti-cancer Association, Chairman of the Chinese Society of Clinical Oncology (CSCO), Chairman of the Chinese Society of Lung Cancer (CSLC), President of Guangdong Association of Clinical Trial.

His research mainly focuses on clinical and basic study of combined treatment of non-small cell lung cancer (NSCLC), especially the prevention and treatment of lung cancer including three aspects: (I) individualized treatment of lung cancer; (II) translational medicine research in treating lung cancer; (III) research on clinical trial of lung cancer.

Currently he serves as a Member of the Expert Team of the National Healthcare Committee, Member of the International Periodical Committee of the International Association for the Study of Lung Cancer, Member of the Oncology Branch of the Chinese Medical Association, and chief editor, vice chief editor, or member of the editorial board of international and domestic magazines.

Prof. Yi-Long Wu has been interviewed about his professional perspective in the field of LUX-Lung 6 in the 16th Annual Meeting of Chinese Society of Clinical Oncology (CSCO), which was held at Xiamen International Conference Center from Sept. 25 to 29, 2013.

CCO: Could you briefly introduce the main results of LUX-Lung 6?

Prof. Wu: LUX-Lung 6 is the second Phase III clinical trial of afatinib, which substantiated the efficacy superiority of afatinib over standard chemotherapies in patients with *EGFR* (ErbB1) mutation-positive NSCLC. Patients treated with this novel, investigational compound afatinib lived for almost one year before their tumour started to grow again, compared to less than half a year for those on standard chemotherapy (gemcitabine/cisplatin). Tumor assessment



Figure 1 Professor Yi-Long Wu, Vice President, Consultant Oncologist.

result was based on independent review of the data showing that progression-free survival (PFS) of 11.0 months for afatinib and PFS of 5.6 months for chemotherapy. Besides, 47% of afatinib-treated patients were alive and progression-free after one year of treatment compared to only 2% on chemotherapy.

CCO: According to the data of LUX-Lung 6, how is the safety of afatinib as well as quality of life in afatinib-treated patients?

Prof. Wu: The data demonstrated the tumour shrinkage with afatinib treatment could translate into improvements in disease-related symptoms such as cough, pain and shortness of breath (dyspnoea), which were measured by a standard lung cancer questionnaire for.

In addition, patients on the afatinib arm had a significantly better quality of life (e.g., activities at work and during daily life) when compared with those on gemcitabine/cisplatin arm (as measured by standard lung cancer questionnaires). Furthermore, these quality of life

results remained consistent with data from the LUX-Lung program, including the LUX-Lung 3 study results presented at last year's ASCO.

The most common Grade 3 adverse events (AEs) related to afatinib treatment in LUX-Lung 6 were rash (14.2%), diarrhea (5.4%) and stomatitis/mucositis [inflammation of the mouth and throat (5.4%)]. These side effects were as expected with applying EGFR inhibition. They were consistent with previous studies, which were predictable, manageable and reversible side effects.

CCO: *Afatinib won over conventional chemotherapy drugs in LUX-Lung 6. How are the head-to-head trial between afatinib and the first-line targeted drugs going? What results do you anticipate in the trial?*

Prof. Wu: The purpose of the head-to-head comparative trial between afatinib and the first-line targeted drugs is to select the TKI of best curative effect. This trial is very important and it will help our doctors choose the best drug for patients. However, I don't think the application of the best drug is the best treatment plan. For example, if afatinib defeat gefitinib and erbitinib, should we choose afatinib as the first-line treatment? In the long run, we won't take afatinib as the first-line drug if gefitinib and erbitinib are still effective in patients. Then we can treat patients with afatinib after the failure of the two drugs treatment. I have been stressing

overall management at this CSCO. Our mind won't be forced into the fixed perspective of "the most effective drug must be used for the first-line treatment". We should take the idea of overall management into consideration as well as paying attention to toxic and side effects of drugs when we choose targeted drugs for patients.

CCO: *It is proposed that after afatinib studies we do not need conduct comparative trails between TKI and chemotherapy drugs. Do you agree?*

Prof. Wu: That's for sure. Results from various afatinib studies have confirmed the efficacy superiority of TKI over conventional chemotherapies in lung cancer patients with EGFR mutations. It will be a great waste of the manpower, material and financial resources if we even continue the comparative trail between TKI and conventional chemotherapies after knowing previous afatinib studies.

CCO: *Thank you very much!*

Acknowledgements

Disclosure: The author declares no conflicts of interest.

(Science Editor: Shannon Zhang, CCO, editor@thecco.net)

Cite this article as: Zhang S. Prof. Yi-Long Wu: Patients on the afatinib arm had a significantly better quality of life according to the data of LUX-Lung 6. *Chin Clin Oncol* 2014;3(4):52. doi: 10.3978/j.issn.2304-3865.2013.11.10