**Editor's Note:**
The 18th World Conference of Lung Cancer (WCLC), hosted by International Association for the Study of Lung Cancer (IASLC), was held from October 15th–18th in Yokohama, Japan. It's our great pleasure to have a brief interview with Dr. Viola Zhu.

**Meet the Professor**

# Dr. Viola Zhu: is ethnicity a prognostic factor in lung cancer?

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Dr. Viola Zhu (*Figure 1*) from Chao Family Comprehensive Cancer Center, Division of Hematology/Oncology, Department of Medicine, University of California, Irvine School of Medicine, gave a speech related to "*Is Ethnicity a Prognostic Factor in Lung Cancer*" during the meeting. We were honored to have an interview with her to learn how ethnicity play a prognostic role in lung cancer.

**Figure 1** Dr. Viola Zhu (left) took picture with AME editor during WCLC held in Yokohama, Japan in October, 2017.

***TLCR: The title of your presentation is "Is ethnicity a prognostic factor in lung cancer" in WCLC this year, how did you carry on this research?***

**Dr. Viola Zhu**: To be very honest, this is a hard topic to close the session. I first asked myself several questions. Assuming ethnicity is indeed a prognostic factor in lung cancer, is it due to differences in tumor genomic characterization, in response to treatment or some other factors? With these few possible answers in my mind, I did a comprehensive PubMed search to look for supporting literature.

***TLCR: Would you like to share with us the major opinions of this research?***

**Dr. Viola Zhu**: Absolutely. Ethnicity plays a prognostic role in lung cancer between Asians and non-Asians largely due to the fact that Asians have a higher frequency of oncogenic mutations, which is clearly associated with better outcomes, whereas the disparities between African Americans and Whites are more likely to be driven by healthcare inequality leading to a poorer prognosis among African Americans with lung cancer. Endeavors should be undertaken to provide better access to care for ethnic minorities.

***TLCR: As an expert in thoracic malignancies, especially targeted therapy for non-small cell lung cancer (NSCLC), would you like to share the most progress in the area?***

**Dr. Viola Zhu**: Yes, after EGFR, ALK, ROS1, we have continued to identify more and more driver mutations in NSCLC, such as BRAF, HER2, RET, etc. Developing compounds with activities against these rare driver mutations and good tolerance is an area of hot pursuit. In addition, identifying resistance mechanisms in patients who

progress on targeted therapies against EGFR, or ALK, or ROS1 is another hot topic.

*TLCR: What would be your next research focus?*

**Dr. Viola Zhu**: How to move targeted therapy in the adjuvant or neoadjuvant setting? Is this possible to combine immunotherapy and targeted therapy to provide better efficacy without increasing toxicities? If so, how?

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## Footnote

*Conflicts of Interest*: The author has no conflicts of interest to declare.

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