

Professor Solange Peters: cooperation is important for managing lung cancer



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Prof. Peters (Figure 1) is currently in charge of teaching and patient care in the area of thoracic malignancies at the Department of Oncology of Lausanne University. She is co-chair of Swiss Lung Cancer Research Group. Dr. Peters is the president of FOROME (Association Romande pour la formation continue en oncologie médicale), board member of SAMO (Swiss Academy for Multidisciplinary Oncology), and member of SAKK (Swiss Group for Clinical Cancer Research), and was recently elected as IASLC (International Association for the Study of Lung Cancer) Board of Directors member. Solange Peters is the ESMO National Representative in Switzerland 2013-2014 and incoming board member since 2014. Dr. Peters was the associate editor of 'Lung Cancer' and became Deputy Editor of the 'Journal of Thoracic Oncology' (JTO), the official journal of IASLC, in 2013.

At 2013 ASCO Annual Meeting, research progresses in the field of lung cancer were of major interest. At Best of ASCO Annual Meeting in Shanghai, Solange Peters from the University of Lausanne introduced immunotherapy for lung cancer and the most promising novel targets in lung cancer; DXY interviewed her at the conference.

DXY: *Dear Prof. Solange Peters, first of all, thank you for this interview. What's your biggest feeling at this meeting and what's the significance of BOA in Shanghai for the lung cancer research in your opinion?*

Prof. Peters: First of all, I have attended this meeting Best of ASCO in Brazil, and also in other places throughout Europe. In China, it looks it attracts a lot of participants who seem very interested in asking many questions, and remaining silent when they listened to a talk. They behave very respectfully for ASCO. It is my first time to attend BOA in China and I am impressed by the high quality of the meeting. There were lots of revolutions in lung cancer at this ASCO. It is very important to look at lung tumours focusing on the introduction of targeted therapy on one hand and immunotherapy on the other hand, like there have just been several trials presented with very interesting data of immunotherapy. I think ASCO just moved the science



Figure 1 Professor Solange Peters.

and we are looking forward these advances to be translated in scientific literature.

DXY: *You just mentioned the most promising novel targets in lung cancer, do you have any on-going study about these targets?*

Prof. Peters: Yes, there are two chapters. The first one is subdivision of lung cancers into different subtypes and into different molecularly characterized oncogene-driven (addicted) small groups, so there are many trials with different drugs. It is very difficult because you need to identify rare patients and it is very expensive. It is the first step and this is difficult to build any new trial because screening process is long and expensive. On the other hand, we have the immunotherapy with check point inhibitors anti-PD1 and PD-L1, which are new drugs for all patients. There are at least five large trials on-going in lung cancer and that is more promising. I think in China and the rest of the world, it is a challenge but also a hope for every patient. Low toxicity allows avoiding staying in hospital, you can

just come to the institute and go back home hoping for potential very high activity. That is much promising for me with the immunotherapy.

DXY: *Patients in different countries may have different characteristics, could we design some trials specifically for Chinese patients?*

Prof. Peters: We drive some trials in China. For example, you have a lot of EGFR mutation patients, so you have other trial priorities too. You can concentrate attention on some population in China like EGFR mutation patients, which we do not have in Europe. On the other hand, I think China is important because you have heavy smoking, a lot of lung cancer patients and very good capability to make outbreak control in short time. For immunotherapy, I do not think ethnicity will impact significantly treatment activity. But I think you can drive big trials in the short time frame with very rapid quality results. That is very important for our patients. I think the big hospitals are good sources that we do not have in Europe.

DXY: *You are co-chair of Swiss Lung Cancer Research group and responsible for European Thoracic Oncology Platform (ETOP) trials organisation and coordination. Does your group have any cooperative project in China?*

Prof. Peters: Yes, sure. We have one big project called lungscape, and it is a part of the European Thoracic Oncology Platform, which looks at characteristics of 2,600 patients with their symptoms, clinical outcome and molecular characteristics of tumours. The Shanghai Chest Clinic in China is one of only two centers outside Europe to have been included. In the future probably one or two more lungscape centers in China will join, but at present The Shanghai Chest Clinic is the only one involved. There will be more and more cooperate centers across China that have two already in Shanghai I am sure. In China, national regulations make it clear that there can be no exceptions ever to the rule about tumour material not travelling. If we need a trial, we need make feasible accordingly. So for example, if we need to do a PD1 trial and we do the trial

in Europe, we need settle in parallel a lab in China to do a China part. That's the limitation, so I am really willing to have cooperate project with China and we are trying to make it.

DXY: *Which stage do you think the development of immunotherapy in lung cancer overall stay in? What target would you like to lead your research group to achieve on immunotherapy in future?*

Prof. Peters: Immunotherapy is at the forefront of cancer therapies. There is an urgent need for medical oncologists to get educated on the basics, the available therapies, their safety and possible future directions. Education is a first aim. Recent insights into anti-tumour immunotherapy have led to a wave of clinical trials involving immunotherapy for lung cancer. Vaccines have evolved from nonspecific immune stimulants, like Bacillus Calmette-Guerin (BCG), to much more specific and potent strategies, some of which generate active immune responses against tumour-associated antigens. Understanding the mechanisms of anti-tumour immunity and identifying target antigens will likely improve these therapeutic strategies and provide them with a niche in the future of lung cancer therapy. In our group, we will therefore first focus on translational research related to the use of novel immunological strategies-aiming at prescribing the right treatment to the correct patient and optimizing patients' outcomes. Thereafter, the access to these treatments for every lung cancer patient at several distinct disease stages will be our second priority, building new opened trial concepts and addressing the question of the best approaches to offer.

DXY: *Thank you very much!*

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