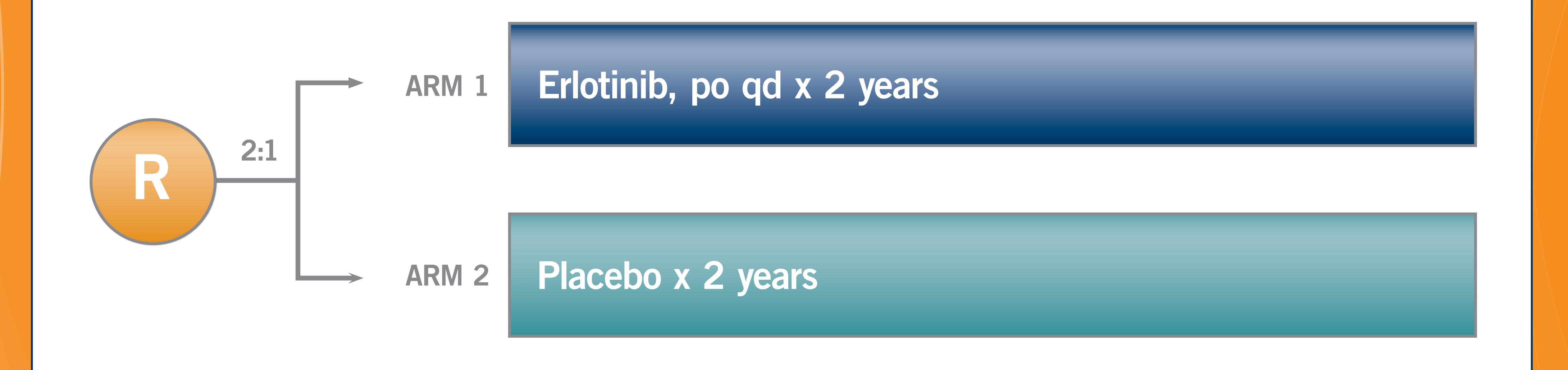


A Phase III study of erlotinib after surgery with or without adjuvant chemotherapy for NSCLC with EGFR-positive tumors

- Estimated primary completion: June 2016 (Target N = 1,252, closed)
- Eligibility: Stage IB-IIIA EGFR-positive NSCLC either by FISH or immunohistochemistry, complete resection within 3 months (no adjuvant chemotherapy) or 6 months (received adjuvant chemotherapy)



Study Contact: Frank Richardson, PhD, OSI Pharmaceuticals Inc

ClinicalTrials.gov Identifier: NCT00373425

The 10th Annual Winter Lung Cancer Conference



DR GOVINDAN

The RADIANT study, which evaluated erlotinib in the adjuvant setting, is no longer

open to accrual. It was a reasonable study on which to enroll patients. My only criticism is that the inclusion criteria were too broad. The study should have selected only patients with an EGFR mutation rather than also allowing patients with EGFR positivity by immunohistochemistry, which is not a good predictive biomarker for erlotinib. So I'm concerned that the study may not be positive because of the broad inclusion criteria.



DR PATEL

RADIANT is closed to accrual, but it's an important study.
Based on single-institution

studies some physicians are putting patients on erlotinib after adjuvant chemotherapy. A recent editorial by Bryan Schneider in the *Journal of Clinical Oncology* entitled "Treatment of the Future, Today?" said, "Wait. We don't have the answer to this question." We don't yet have the data to support that adjuvant erlotinib will be beneficial for patients with resected NSCLC, so we should be watching for the report of RADIANT, which should be out some time next year.

