## SELECT/07-259

A Phase II trial of adjuvant erlotinib in patients with resected early-stage NSCLC and confirmed mutations in the epidermal growth factor receptor

- Estimated primary completion: June 2015 (Target N = 100)
- Eligibility: Stage IA-B, IIA-B or IIIA NSCLC; exon 19 or exon 21 L858R EGFR-mutant adenocarcinoma; surgical resection within past 6 months

Treatment allocation

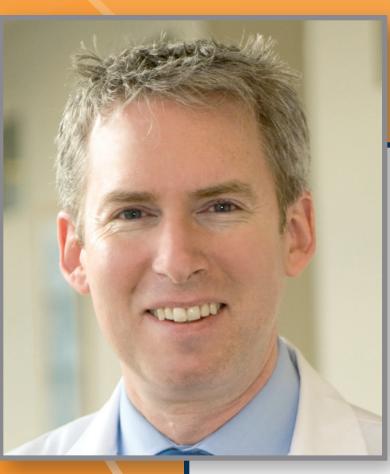
Erlotinib po qd x 2 years

Principal Investigator: Lecia V Sequist, MD, MPH ClinicalTrials.gov Identifier: NCT00567359

The 10th Annual

Winter Lung Cancer

Conference



## DR CAMIDGE

You can view the data for the SELECT trial presented at the past ASCO annual meeting

in 2 ways. After 2 years of adjuvant erlotinib, patients had a 94% disease-free survival rate. Based on this result one might say, "We should administer erlotinib in the adjuvant setting to patients with EGFR mutations."

However, in years 3 and 4 after erlotinib therapy had been stopped, an incredibly rapid drop-off was observed in disease-free survival. This result tells me that erlotinib isn't a cell killer like cisplatin, but it is controlling the disease in people who have low-level metastatic disease. Perhaps a group of people exists with metastatic disease at presentation whose disease can be controlled with erlotinib administered indefinitely. The health economic implications of that are huge. Since the role of adjuvant therapy is still being determined, I do not routinely use erlotinib in the adjuvant setting in my practice.

