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A Phase II study of erlotinib versus vinorelbine/cisplatin as adjuvant treatment for Stage IIIA NSCLC with EGFR mutations

- Estimated primary completion: July 2015 (Target N = 80)
- Eligibility: Stage IIIA NSCLC with EGFR mutations in exon 19 or 21 and wild-type K-ras; complete resection ≤4 weeks

Assigned Treatment
Arm 1

Erlotinib for 2 years

Assigned Treatment
Arm 2

Vinorelbine + cisplatin

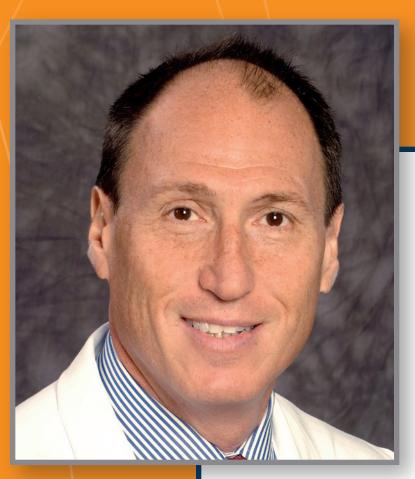
Principal Investigator: Changli Wang ClinicalTrials.gov Identifier: NCT01410214



## DR GOVINDAN

This study has the same theme as the Phase II/III EMERGING trial: Is an EGFR tyrosine kinase

inhibitor better than chemotherapy in patients with resected Stage III lung cancer and EGFR mutations? This is a good study — similar to the other ongoing Chinese trial — and I would have no problems enrolling patients on this study if it were available in the United States.



## DR LILENBAUM

This trial attempts to answer the question of the benefit of an

EGFR inhibitor for patients with potentially curable disease. It's limited to patients at higher risk who still undergo surgery, but the vast majority of these individuals — approximately 75% of them — will eventually experience relapse and will most likely die of their disease. Adjuvant chemotherapy is a standard approach for these patients, but for patients who have EGFR-mutated tumors erlotinib may be a superior treatment. This is an important study, but it is a Phase Il trial and whether or not the study will conclusively answer this question remains unclear.

The 10th Annual
Winter Lung Cancer
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