LUNG CANCER

OPTIMAL results for erlotinib in NSCLC

Lung cancer is the leading cause of cancer-related mortality, with 5-year survival rates of <20% for patients with non-small-cell lung cancer (NSCLC). Erlotinib improves overall and progression-free survival (PFS) and is approved as a first-line therapy for patients with *EGFR*-mutation-positive NSCLC. For patients with advanced or metastatic disease, however, quality of life (QoL) is also of vital importance.

Now, a study of the first QoL analysis from the prospective OPTIMAL phase III, randomized, open-label study in Chinese patients with *EGFR*-mutated tumours has shown that erlotinib not only prolonged PFS compared with platinum-based chemotherapy (13.7 months versus 4.6 months), but significantly improved patients' QoL.

Patients receiving erlotinib reported improved physical and emotional well-being in all measures of QoL, such as dyspnoea, cough, thoracic pain, breathing

difficulties, anorexia, weight loss and cognition. The QoL analysis was based on the functional assessment questionnaire FACT-L, which included the lung symptom measurement subscale LCS, and trial outcome index, TOI. A correlation between improved QoL, tumour response, and all-grade skin rash was also noted for erlotinib. Co-primary investigator Caicun Zhou comments: "these findings support the theory that rash may be a marker of disease activity." Since skin rash can lead to treatment discontinuation, understanding the erlotinib-induced effect on skin rash and improved outcome warrants further study.

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Original article Chen, G. *et al.* Quality of life (QoL) analyses from OPTIMAL (CTONG-0802), a phase III, randomised, open-label study of first-line erlotinib versus chemotherapy in patients with advanced *EGFR* mutation-positive non-small-cell lung cancer (NSCLC). *Ann. Oncol.* doi:10.1093/annonc/mdt012