

Contacts:

Chris Martin

Vice President, Public Relations

CMartin@DavidJamesGroup.com | 630-670-2745

Becky Bunn, MSc

IASLC Project Specialist

Becky.Bunn@IASLC.org | 720-254-9509

Chinese Researchers Demonstrate that Icotinib Creates Better Progression-Free Survival with Fewer Side Effects than Whole Brain Radiation in Non-Small Cell Lung Cancer Patients with Brain Metastases

Vienna, Austria—December 6, 2016—Patients whose lung cancer spreads to their brain typically have only four to six months left to live, but research presented today by Chinese doctors suggests that using icotinib increases longevity in these patients compared to whole brain radiation and chemotherapy combined.

Yi-Long Wu, of Guangdong Lung Cancer Institute & Guangdong General Hospital in Guangzhou, China presented the data at the **IASLC 17th World Conference on Lung Cancer** in Vienna, Austria.

Whole brain radiation is the standard of care for non-small cell lung cancer patients whose cancer metastasizes, but WBI can produce side effects such as an increased risk of cognitive decline and other quality of life issues. Yet, there were no prospective randomized clinical trials to explore the efficacy of EGFR tyrosine kinase inhibitors (TKIs) on patients with brain metastases.

Icotinib is indicated for the treatment for EGFR mutation-positive, advanced, or metastatic non-small cell lung cancer as a second-line or third-line treatment for patients who have failed at least one prior treatment with chemotherapy.

Whole brain irradiation (WBI) is a standard of care for patients with brain metastases. However, small molecule inhibitors of epidermal growth factor receptor (EGFR) including icotinib achieved very successful results in advanced NSCLC with EGFR mutations.

Dr. Wu and co-researchers randomized patients with brain metastases to receive whole brain radiation and chemotherapy or icotinib. All patients were required to have EGFR mutations and radiologically confirmed brain metastases with at least three lesions. This portion of the trial lasted for approximately three years, and Wu and colleagues found that the icotinib patients had higher median progression-free survival and better intracranial objective response rate than the patients who received whole brain radiation and chemotherapy. At 6 months 72% icotinib patients experienced no brain progression but WBI patients only 48%.

Also, Wu noted that the icotinib group experienced far fewer adverse reactions than the whole brain radiation group.



"Icotinib demonstrated superior iPFS, PFS and ORR over WBI+Chemo in EGFR mutant advanced NSCLC with brain metastases along with a well-tolerated safety profile," said Dr. Wu. "Icotinib should be used in 1st lines setting for EGFR mutant patients with brain metastases."

About the WCLC:

The WCLC is the world's largest meeting dedicated to lung cancer and other thoracic malignancies, attracting more than 6,000 researchers, physicians, and specialists from more than 100 countries. The goal is to increase awareness, collaboration, and understanding of lung cancer, and to help participants implement the latest developments across the globe. Organized under the theme of "Together Against Lung Cancer," the conference will cover a wide range of disciplines and unveil several research studies and clinical trial results. For more information, visit <http://wclc2016.iaslc.org/>.

About the IASLC:

The International Association for the Study of Lung Cancer (IASLC) is the only global organization dedicated to the study of lung cancer. Founded in 1974, the association's membership includes more than 5,000 lung cancer specialists in over 100 countries. Visit www.iaslc.org for more information.

###

