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Prof. Yi-Long Wu is Chief Expert of Guangdong Provincial People's Hospital. He completed thoracic surgery training in Germany but his main research interest is the multidisciplinary comprehensive therapy on lung cancer. He has been PI or co-PI of >200 international or national multicenter clinical trials. He's won several national awards, including the National Science and Technology Award. He published >300 articles in peer-reviewed journals, including *The New England Journal of Medicine* and *The Lancet*. He serves on the editorial boards of several international medical journals.

Q: How did you build the Guangdong Lung Cancer Institute into a world-leading clinical research center?

We have always been committed to doing the right and important things.

First, all the studies conducted at the Guangdong Lung Cancer Institute focus on improving clinical practice and try to meet the international standards. Over the past 20 years or so, evidence-based medicine and precision medicine have been two major drivers for clinical oncology, while immunotherapy is another driver in the past five years. Our priority is to carry out clinical research in these cutting-edge areas.

Second, to integrate into the international lung cancer research community, we strive to follow the rules adopted by the global clinical research community, such as Good Clinical Practice (GCP).

Third, we put great emphasis on cultivating talent and building an institutional culture. From the beginning, we set up departments and teams according to international standards, and we recommended young clinical researchers to participate in international multi-center trials where they could learn the global guidelines regulating clinical

trials and hone their research skills. At present, we are training the third-generation leaders in our institute.

Fourth, we believe innovative studies should come from clinical practice. Based on research questions identified when treating patients, we launched multiple influential investigator-initiated trials (IIT) that have drawn attention from the international lung cancer community.

Finally, in collaboration with several top hospitals in China, we founded the Chinese Thoracic Oncology Group (CTONG), a national cooperation organization for clinical trials. By far, CTONG has carried out multiple innovative clinical trials.

Q: Please share your experience in training young physicians.

Since the establishment of the Institute, we have trained many outstanding physicians, many of whom have led large multicenter clinical trials and generated important research results. Our secrets in talent training can be summed up in 6 points.

1) Young physicians are required to master three basic skills, including spoken English, research software, and clinical statistics. To improve their English proficiency, young physicians

must speak English during ward rounds, case reports, and research presentations. The pronunciation doesn't need to be perfect, as long as they can communicate with their international colleagues. Young physicians should also have some knowledge of statistics, which would come to great help when designing trial protocols or when reading research papers.

2) At the beginning of their career, a young physician must publish a review on their respective research field, so as to have a comprehensive overview of the field. This would provide an anchor for future research.

3) We encourage the spirit of exploration. For example, everyone is required to present their research or ask questions at conferences, especially at international conferences. Only with a sense of discovery can they innovate in the future.

4) We have a rigorous protocol for internal data review. All data collected from a trial will be checked to ensure the accuracy, completeness, and fidelity. Physicians trained in this system would naturally develop a sense of integrity.

5) We have mechanisms to incentivize young physicians. More resources will be

Guangdong Provincial People's Hospital

is a well-known Grade 3 Class A (highest rating in Chinese medical system) hospital, with a comprehensive set of specialties and advanced technologies. It integrates clinical practice, medical education and research, and enjoys a high reputation at home and abroad.

Guangdong Lung Cancer Institute (GLCI)

established in 2003, is a renowned clinical and research center recognized internationally and domestically. It functions as a comprehensive institution for prevention, diagnosis, and treatment of lung cancer. It provides multi-disciplinary comprehensive management for patients, practices biomarker-driven precision medicine, conducts multiple clinical trials and focuses on translational research. Led by Prof. Yi-Long Wu and composed of a team of specialists, GLCI has become an important platform to conduct global and Chinese clinical trials to rewrite clinical guidelines for patients' best benefits.



directed to those who have good research ideas, helping them to advance their careers faster.

6) From this year on, research teams are dedicated to specific molecular subtypes of lung cancer, so that all types of lung cancer can be more thoroughly investigated.

Also, we have set up an evaluation system to weed out those less committed and unmotivated physicians.

Q: What's your recommendation on future research directions unresectable stage III non-small cell lung cancer (NSCLC)?

Future studies can explore the possibility of neoadjuvant chemotherapy plus immunotherapy to downstage before surgery. If downstaging fails, concurrent chemoradiotherapy will be administered. The feasibility of such strategy has been preliminarily confirmed in phase 2 trials and will require additional research to confirm whether this is truly a viable strategy. In addition, we should explore new biomarkers that can predict whether a patient should continue or discontinue treatment, thus allowing clinicians to be more precise, improving both the survival rate and the quality of life.

Q: Are there any differences between Chinese and western populations according to clinical trials on concurrent/ sequential chemoradiotherapy plus immunotherapy for patients with unresectable stage III NSCLC?

PACIFIC and GEMSTONE-301 are the only two phase 3 trials on unresectable stage III NSCLC so far. The PACIFIC study is an international trial with patients from both China and the West, while GEMSTONE-301 only enrolled Chinese patients. Patients in the PACIFIC trial all received concurrent chemoradiotherapy, while patients in GEMSTONE-301 received either concurrent or sequential chemoradiotherapy.

NSCLC patients carrying *EGFR* or *ALK* mutations were not excluded from the PACIFIC study. Given that a larger proportion (around 30%) of Chinese NSCLC patients carry these mutations, they were excluded from the GEMSTONE-301 trial.

Q: What's your view on the clinical research landscape in China?

The industry and the academic community should emphasize innovation when they conduct clinical trials. Currently, many clinical trials

on anti-PD-1 and PD-L1 antibodies in China simply copy the study protocol, statistical analysis and even the sample size calculation of existing trials. The results from these trials could only add one more drug to the already large pool of similar drugs, without increasing new knowledge, let alone changing clinical practice.

Chinese researchers should put more efforts on IIT trials. IIT studies are initiated by physicians based on their clinical practice, and could be highly innovative and clinically valuable. For example, the study on adjuvant targeted therapy for lung cancer we launched in 2011, which did not receive any financial support from industry, proved to be hugely consequential. The results of the study, once published, were lauded by the international community.

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