Conclusions: An IL-20 ELISA has been developed and further samples are being collected for analysis. Based on these findings that IL-20 is up-regulated by TSA and under epigenetic control, targeting this cytokine may be used as a potential anti-angiogenic approach in making lung cancer history.

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Gefitinib (Gefinitat) in advanced non small cell lung cancer-a follow up observation in Indian patients

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A number of growth-factor-receptor-targeted agents have been tried with encouraging results in patients with advanced NSCLC (Noble et al 2006). Women, non-smokers, adenocarcinoma and Asians respond better. This communication is our further experience of our earlier presentation.

Histologically proven advanced (stage IIIIB or IV) non-small cell lung cancer patients earlier treated with chemotherapy received gefitinib (Gefinitat) 250mg daily orally. There were 28 females (38-57 yrs) and 67 males (44-67 yrs). Fifty four were non-smokers and the remaining were smokers. Sixty two had adenocarcinoma and 33 had squamous cell carcinoma. The disease was of stage IIIIB (n=58) and stage IV (n=37). The duration of gefitinib therapy varied from 20 weeks to 58 weeks with median of 29.5 weeks. The disease remained static in 66 (69%) with stabilization or improvement in the Kornofsky performance scales in 73. The mean performance status improved from 70 to 90.

There was no radiological progression in 43 cases, while 28 cases showed radiological progression in 43 cases, while 28 cases showed radiological progression. The median survival (calculated after completion of chemotherapy and start of gefitinib) was 33 weeks with median of 29.5 weeks. The disease remained static in 66 (69%) with stabilization or improvement in the Kornofsky performance scales in 73. The mean performance status improved from 70 to 90 in 34 cases, deteriorated in 13 and in the remaining static at 90. There was no radiological progression in 43 cases, while 28 cases showed radiological progression. The median survival (calculated after completion of chemotherapy and start of gefitinib) was 33 weeks with 22 patients surviving beyond 1 year. The drug was well tolerated by all. Thirty three patients complained of mild skin rash (three fixed drug eruption). 29 patients had grade 1-2 diarrhoea.

We found gefitinib as beneficial The drug is well tolerated by Indian patients. This may be due to a different pharmacogenomic property of gefitinib in this population.

Conclusions: Sunitinib 37.5 mg/day continuously plus erlotinib 150 mg/day, given orally, in repeated 4-week cycles. Patients were observed for dose-limiting toxicities (DLTs) during the first 28 days of treatment.

Results: Twelve patients were treated in the lead-in cohort, with the following baseline characteristics: median age 62 years (range 47-75); 6 male; history of smoking in 8 patients. The patients started a median of 2 cycles (range 1-5), with dose reductions in 5 patients (erlotinib, n=2; sunitinib, n=1; both, n=2). Two patients developed a DLT (both grade 3 fatigue lasting at least 7 days). Adverse events were generally mild-to-moderate in severity (grade 1/2). Seven patients experienced grade 3 adverse events that included diarrhea (n=3), fatigue (n=2), acne (n=1), anemia (n=1), dehydration (n=1), diffuse skin rash (n=1), pruritus (n=1) and paronychial inflammation (n=1); no grade 4/5 events were reported. Pharmacokinetic analyses are ongoing.

Conclusions: Sunitinib 37.5 mg/day given continuously with erlotinib 150 mg/day was safe and tolerable in this cohort of patients with advanced NSCLC. The efficacy and safety of sunitinib combined with erlotinib will be investigated further in the randomized phase II portion of this study.