Carbo--Gem in advanced st IIIb/IV lung cancer, is it really better?
Keren--Rosenberg, Shoshana1 P Sinatzky, Ekaterina1 Rabkin, Anna1 Leviov, Michelle1 Shklar, Zoya1 Steiner, Mariana1
1 Dept. of Oncology Lin Medical Center, Hajfa, Israel 2 Dept. of Medical Oncology, Hajfa, Israel
Between 2002 and 2005 75 pts with NSCLC were treated with carboplatin / gemzar, Protocol given consisted of carbo. at AUC 5 on D 1 and gem. 1000 mg/m2 on D 1 and 8 Q3 weeks.
There were 55 male and 20 female pts, their age ranged from 36 to 84 years (med 71 ).
The PS was I in 53 (70.6%) and II in 22 (29.4%) pts.
27 (36%) pts had stage IIIb disease and 48 (64%) pts had st IV or recurrent disease.
Treatment intent was neo - adjuvant in 8 (10.6%) pts and palliative in 67 (83.4%) pts.
Cycles received ranged from 1-15 (med 5 ) percentage given ranged from 50 - 100% (med 80%).
Myelotoxicity gr III/IV was observed in 35(46.6%) pts and consisted mainly in anemia and thrombocytopenia, non hematologic toxicity gr III/IV was observed in 8 (10.6%) and consisted mainly in fatigue.
Results: 14 (19.7%) pts were not evaluable for response, PR was achieved in 21 (29.5%) pts., MR/SD in 16 (22.5%)pts, NR(no response) in 20 (28.1%) pts.
Treatment was stopped in 43 (58.9%) pts due to maximal response, in 12 ((16.4%) pts due to toxicity and in 18 (24.6%) due to other reasons.
Quality of life improved in 12(7.3%), worsened in 42(60.8%) and did not change in 15 (19%) pts.
After completion of treatment 1 pt underwent surgery, 7 (9.5%) pts had radiotherapy, 39 (53.4%) pts received a second line treatment and 26 (35.6) had supportive care.
At a med. follow up of 10.9 months ( range 0.87 - 41.6 )23 (30.65%) pts are alive with disease, 51 (68% ) pts are dead of disease.
A Kaplan-Mayer survival curves did not show differences among pts. in regards with gender or age (below and above 70 ).
Conclusion: This small size retrospective analysis reflects other well established responses to carbo /gem combination.
Although no formal Quality of life questionnaire were used, striking is the fact that according to pts report, quality of life and general well being worsened in about 70%! This is some-what disappointing in terms of real benefit vs toxicity and new more efficient and less toxic drugs are deserved.

Gemcitabine - Cisplatin (GC) doublet chemotherapy in the first line treatment of the patients (Pts) with advanced non- small cell lung cancer (NSCLC): A Phase II study
Reza, Salim1 Chowdhury, Qamruzzaman2 Hai, Abdul1
1 Ahsania Mission Cancer Hospital, Dhaka, Bangladesh 2 National Institute of Cancer Research & Hospital, Dhaka, Bangladesh
Background: Lung Cancer is the leading cause of cancer- related death in many countries. NSCLC accounts for about 80% of all lung cancers. Despite the progress in imaging and diagnostic procedures, NSCLC usually presents as advanced (locally or more frequently disseminated), and a small part (around 30%) has to be considered early stage. The basic treatment of advanced lung cancer is platinum based chemotherapy. This phase II study was designed to evaluate the efficacy and safety of GC in Pts with advanced NSCLC.
Methods: From January 2002 to December 2005, 36 Pts with; histologically/ cytologically proven, bidimensionally measurable advanced NSCLC, age 18 ~ 75 years with ECOG performance status 0~ 3, no prior chemotherapy, life expectancy > 3 months, adequate bone marrow, renal, hepatic and haematological values were enrolled. It was an open - labeled, non- randomized, single- centered and prospective study. The treatment protocol was inj. Gemcitabine 1000 mg/m2 on day 1 & day 8 and inj. Cisplatin 75 mg/m2 on day 1 at an interval of 3 weeks. The efficacy was measured by responses rates and safety was measured by adverse events and laboratory blood values.
Results: This study consisted of 32 (88.89%) male and 4 (11.11%) female pts. Median age was 55 years. On the Histopathological variables: 25 (69.44%) Squamous cell carcinoma, 7 (19.44%) Adenocarcinoma and 4 (11.12%) large cell carcinoma were reported. In total, 204 cycles chemotherapy were administered with a median of 5.66 cycles per pt and 32/ 36 pts were evaluated for responses. The overall response was 17 (53.12%) with 1 complete and 16 partial responses. 8 (25%) pts had stable diseases and 7 (21.88%) had progressive diseases. Overall survival was 10.5 months. Grade 3 haematological toxicities were observed as follows: neutropenia 32%, anaemia 20% and thrombocytopenia 6%. Some non- haematological toxicities including nausea 40%, vomiting 25%, mucositis 18%, diarrhoea 20% and peripheral neuropathy 10% were observed. No febrile neutropenia and fatal events were recorded.
Conclusions: This phase II study supports the use of GC doublet combination in chemo naive pts with advanced NSCLC due to its very promising anti- tumor activity with well- tolerated toxicities.

Pemetrexed single agent chemotherapy in previously treated patients with locally advanced or metastatic non-small cell lung cancer
Russo, Francesca1 Bearz, Alessandra2 Pampaloni, Gianni2
1 Eli Lilly Italia, Sesto Fiorentino, Italy 2 Oncologia Medica, Centro di Riferimento Oncologico, Aviano, Italy
Background: The main objective of this study was to evaluate the safety of second-line pemetrexed in Stage IIIB or IV NSCLC.
Methods: Overall, 95 patients received pemetrexed 500 mg/m2 i.v. over Day 1 of a 21-day cycle. Patients also received oral dexamethasone, oral folic acid and i.m. vitamin B12 supplementation to reduce toxicity. NCI CTC 2.0 was used to rate toxicity. All the adverse events were graded in terms of severity and relation to study treatment. Dose was reduced in case of toxicity and treatment was delayed for up to 42 days from Day 1 of any cycle to allow recovering from study drug-related toxicities.Tumor response was measured using the RECIST criteria.
Results: Patients received a median number of 4 cycles and 97.8% of the planned dose. Overall, 75 patients (78.9% of treated) reported at least one adverse event: 34 (35.8%) had grade 3 as worst grade and only 5 (5.2%) had grade 4. Drug-related events occurred in 57.9% of patients. Neutropenia (8.4%) and leukopenia (6.3 %) were the most common grade 3/4 hematological toxicities. Grade 3 anemia and thrombocytopenia were reported in 3.2% and 2.1% of patients, respectively.