**Results:** We found 10 RCTs including 1575 patients. Longer durations of chemotherapy prolonged PFS (HR 0.83, 95% CI 0.75 to 0.93, p=0.0007) but not OS (HR 0.96, 95%CI 0.87 to 1.05, p=0.3). The results were comparable among the different trials, designs and drugs (heterogeneity p>0.3) and were unaffected by excluding the 3 trials of lowest quality. AE were more frequent with longer durations of chemotherapy. QL was assessed in 5 trials with variable results.

**Conclusions:** Continuing chemotherapy for more than 3 or 4 cycles delayed disease progression, increased adverse events, and may have impaired quality of life, but did not improve overall survival. These findings raise doubts about the value of continuing chemotherapy beyond 4 cycles in NSCLC.

PD4-2-2 Cytotoxic Chemotherapy I, Tue, 16:00 - 17:30

## Phase II study of irinotecan and S-1 combination therapy in patients (pts) with advanced non-small cell lung cancer (NSCLC): results of West Japan Thoracic Oncology Group trial (WJTOG3505)

Yoshioka, Hiroshige[1] Okamoto, Isamu[2] Kubo, Akihito[3] Takeda, Koji[4] Sugawara, Shunichi[5] Ebi, Noriyuki[6] Katakami, Nobuyuki[7] Tsuboi, Masahiro[8] Nishimura, Takashi[9] Fukuoka, Masahiro[10]

*[1] Department of Respiratory Medicine, Kurashiki Central Hospital, Kurashiki, Japan [2] Department of Medical Oncology,Kinki University School of Medicine, Osaka, Japan [3] National Hospital Organization Kinki-chuo Chest Medical Center, Osaka, Japan [4] Department of Clinical Oncology, Osaka City General Hospital, Osaka, Japan [5] Pulmonary Medicine, Sendai Kousei Hospital, Sendai, Japan [6] Iizuka Hospita, Respiratory Medicine, Fukuoka, Japan [7] Division of Integrated Oncology, Institute of Biomedical Research and Innovation, Kobe, Japan [8] Department of Surgery, Tokyo Medical University, Tokyo, Japan [9] Department of Pulmonary Medicine, Kobe City General Hospital, Kobe, Japan [10] Kinki University School of Medicine Sakai Hospital, Osaka, Japan*

**Background:** S-1 is an oral anticancer drug combining tegafur, oxonic acid, and CDHP. We have conducted a phase II trial to evaluate the efficacy and toxicity of irinotecan in combination with S-1 for patients with advanced NSCLC.

**Method:** Chemotherapy-naïve pts with advanced stage (IIIB/IV) NSCLC, ECOG PS of 0-1, and adequate organ functions were treated with i.v. irinotecan 150 mg/m$^2$ on day 1 and oral S-1 80 mg/m$^2$/day on days 1 to 14 every 3 weeks. The primary objective of this study was to determine the objective response rate. With the target activity level of 35% and the lowest response rate of interest set at 20%, 50 eligible patients were required with an 80% power to accept the hypothesis and a 5% significance level to reject the hypothesis. Allowing for a 10% loss to follow-up rate, a total of 55 patients were planned to enroll.

**Results:** Fifty-six patients were enrolled between February 2006 and June 2006 and received a total of 255 treatment cycles (median 4; range, 1-12). No complete response and 16 partial responses were observed for an overall response rate of 28.6%. Twenty-four patients (42.9%) had stable disease and twelve patients (21.4%) had progress disease as best response. The tumor control rate (partial response + stable disease) was 71.4%. Survival data and detail toxicity profiles will be presented at the meeting.

**Conclusion:** The combination of irinotecan/S-1 is well tolerated, can be used for outpatients, and is active for the treatment of advanced NSCLC. This treatment merits further comparison with other platinum-based combinations.

PD4-2-3 Cytotoxic Chemotherapy I, Tue, 16:00 - 17:30

## Global Lung Oncology Branch trial 3 (Glob 3): final results of a randomised multinational Phase III study of oral and i.v. vinorelbine (NVB) plus cisplatin (CDDP) versus docetaxel (DTX) plus CDDP as first-line treatment for advanced Non-Small Cell Lung Cancer (NSCLC)

Tan, Eng-Huat[1] Grodzki, Tomasz[2] Schneider, Claus-Peter[3] Zatloukal, Peter[4] Reck, Martin[5] Aitini, Enrico[6] Rolski, Janusz[7]

*[1] National Cancer Center, Singapore, [2] Regional Hospital For Lung Diseases, Szczecin, Poland [3] Central Clinic Bad Berka, Bad Berka, Germany [4] Pneumology Clinic, Prague, Czech Republic [5] Krankenhaus Grosshansdorf, Grosshansdorf, Germany [6] Hospital Carlo Poma, Mantova, Italy [7] Centre of Oncology Maria Sklodowska Curie Memorial Institute, Krakow, Poland*

**Background:** Intravenous weekly NVB (NVBiv) and CDDP (NC) represents one of the reference treatments for advanced NSCLC. An oral formulation of NVB (NVBo) has been approved in NSCLC with similar efficacy as NVBiv. GLOB3 compared, in histologically confirmed advanced NSCLC chemonaïve patients (age 18-75 years; KPS 80-100%), NVBiv D1 and NVBo D8 versus DTX in a CDDP-based combination (DC) as time to treatment failure (TTF), overall response (OR), progression-free survival (PFS), overall survival (OS) and tolerance (NCI-CTC v2 criteria).

**Methods:** An estimated sample size of 350 patients (386 to accommodate an anticipated 10% loss of follow-up) was required (type I error 5%, power 80%, two-sided Log-rank test adjusted on stage), assuming a median TTF NC/DC 3.8/2.8 months, and an accrual time 24 months. Patients randomly received: CDDP 80 mg/m$^2$ with NVBiv 30 mg/m$^2$ D1 and NVBo 80 mg/m$^2$ D8 every 3 weeks, after a 1st cycle at NVBiv 25 mg/m$^2$ D1 and NVBo 60 mg/m$^2$ D8 (dose escalated in absence of grade 3/4 neutropenia), or CDDP 75 mg/m$^2$ and DTX 75 mg/m$^2$ D1 every 3 weeks, for a maximum of 6 cycles in both arms.

**Results:** Between 09.02.2004 and 10.01.2006, 390 patients (NC/DC: 194/196) were randomised and 381 (190/191) were treated. Disease extension at study entry (%): unresectable locoregional 20.5/15.2, metastatic 79.5/84.8, patients with ≥ 3 organs involved 45.3/40.8. Median age: 59.4/62.1 years. Male: 139/146. Squamous (%): 34.2/33.5, Adenocarcinoma 41.6/39.3. Mean number of cycles: NC 4.2 ± 1.8, DC 4.4 ± 1.9. Median Relative DI (%): NVB 92, DTX 96.3. NVBiv and NVBo dose escalation at Cycle 2: 71%. Median TTF (months), ITT analysis (median follow-up 18 months) [95% CI]: NC 3.2 [NC 2.9-4.2], DC 4.1 [3.4-4.5] (p= 0.19). Overall Response (RECIST) [95% CI] (ITT after panel review): NC 27.4% [21.2-34.2], DC 27.2% [21.0-34.2]. Median PFS (months) [95% CI]: NC 4.9 [4.4-5.9], DC 5.0 [4.3-6.1] (p= 0.98). Median OS (months) [95% CI]: NC 9.9 [8.6-11.6], DC 9.8 [8.8-11.5] (p= 0.66). G 3/4 haematological toxicity (number of cycles: NC 807, DC 845): neutropenia NC 23.3%; DC 28.2%; thrombopenia: NC 0.9%, DC 0.1%; haemoglobin: NC 4.7%, DC 1.2%; febrile neutropenia (Pizzo's definition, % patients): NC 10.5, DC 5.2. Non haematological toxicity (% of patients): G1/2 alopecia: NC 35.3%, DC 58.1%. G3/4 fatigue: NC 5.8%, DC 6.3%. G3/4 diarrhoea: NC 2.1%, DC 5.8%. G3/4 constipation: NC 0.5%, DC 1%. G3/4 sensory neuropathy: NC 0.5%, DC 0%.

**Conclusions:** NVB oral offers opportunities to optimise D1, D8 NC regimen. NVB and CDDP achieves similar efficacy as DC in terms of TTF, OR, TTP and OS with similar and acceptable tolerance as front-line chemotherapy for advanced NSCLC patients.