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Title: Lung Adjuvant Cisplatin Evaluation: A Pooled Analysis by the LACE Collaborative Group

Background: The NSCL cancer meta-analysis suggested an approximate 5% benefit for adjuvant platinum-based chemotherapy. A number of recent, randomized trials have confirmed the benefit of adjuvant cisplatin-based chemotherapy. The aim of the LACE meta-analysis was to identify treatment options associated with greater benefit and patient groups experiencing greater benefit from adjuvant chemotherapy.

Study design: (research question, population): Individual patient data was collected and pooled from the 5 largest adjuvant trials conducted after the 1995 meta-analysis. Interaction between patient subgroups or treatment type and OS were assessed.

Study results: A total of 4584 patients from 5 trials were included. Median follow-up was 5.2 years. The LACE meta-analysis confirmed the findings of the original NSCLCCG meta-analysis with 5.4% absolute improvement in 5 year survival in favor of chemotherapy (HR .89, p=0.005). Although 3-4 cycles of chemo were planned, 9 patients in chemo arm received no chemo, 14% one cycle, 10% 2 cycles. The main reasons for not receiving planned cycles were toxicity and patient refusal. Treatment related mortality in the chemo patients was .9%. Interestingly, lung cancer survival was increased by 6.9% in the chemo patients, but non-lung cancer related deaths were significantly increased (1.4%) in chemo patients, primarily in the first 6 months and related mainly to cardiopulmonary deaths.

Chemo effect by patient or trial characteristics: Marginal effect in favor of cisplatin + vinorelbine (but could have been related to dose)

No effect by planned cisplatin dose except trend in favor of planned dose > 300 mg/m².

Significant effect between chemo and stage: Possibly detrimental for IA, small non-significant benefit IB (HR.92). Major benefit seen in stage II and IIIA (HR .83).

Detrimental effect seen in PS 2 patients.

Study commentary: This well done, individual patient meta-analysis of almost 5000 patients, confirms the value of adjuvant chemotherapy after complete resection of NSCL cancer. It also suggests patient subgroups more or less likely to benefit. Adjuvant chemotherapy appears to have a detrimental effect in stage IA and PS 2 patients. There is a trend toward benefit for IB patients that will require further clarification once final results of the CALGB trial and the updated NSCL cancer meta-analysis are available.



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Bottomline for Canadian medical oncologists: Adjuvant chemotherapy for stage II/IIIA nscl cancer is the standard of care and should continue. Patients with PS II should not receive adjuvant chemo as it appears to have a detrimental effect in this patient subgroup. We should all be aware of the increase in non-lung cancer deaths in the first 6 months in patients on adjuvant chemo and be vigilant in assessing for signs of thrombo-embolic or cardiovascular events and pulmonary complications.

Website link to source:

<http://jco.ascopubs.org/cgi/content/full/26/21/3552#R27>