



**WEDNESDAY JULY 6, 2011**

*(3<sup>rd</sup> day in Amsterdam without being run over by bikes!)*

Chemotherapy still remains the mainstay of Rx of advanced NSCLC.

A retrospective review evaluating the benefit of adding carboplatin to single-agent pemetrexed in 2<sup>nd</sup>-line Rx of advanced NSCLC in two phase II randomized trials (GOIRC 02.2006 and NVALT-7 trials) was presented today. There was no improvement in PFS or OS by adding carboplatin to pemetrexed in 2<sup>nd</sup> line setting. There was suggestion of improvement in outcomes if the disease free interval (DFI) was >6mths. Thus single agent chemo remains the standard of care in second line. One may consider re-challenging with platinum based doublets in patients with DFI longer than 6 months.

We have been anxiously awaiting results of a pivotal phase 3 trial comparing the efficacy and safety of *nab*-paclitaxel plus carboplatin (*nab*-PCb) vs a standard platinum-taxane combination treatment, paclitaxel plus carboplatin (PCb), in patients with advanced NSCLC. (This trial had the Canadian participation of Dr Vera Hirsh). As the response rate in squamous cell histology was over 40%, final efficacy data was eagerly anticipated. Unfortunately, this did not translate into improvement in PFS or OS. With no improvement in PFS, the *nab*-PCb regimen will not be practice changing.

The 3<sup>rd</sup> session presented by Dr Sunil Verma was a retrospective cohort study comparing demographics, treatment and survival data among 987 patients diagnosed with stage IV NSCLC in 1998, 2003, and 2008 at two comprehensive cancer institutions in Canada. There have been striking changes in demographics over the past decade with a trend towards increased incidence of lung cancer in non-smokers, females and also now increased incidence of adenocarcinoma. There is now increased uptake of systemic therapy from 19% in 1998 to over 42% in 2008. This has now translated into an improvement in OS. The median OS for patients treated with systemic therapy also improved over the decade (14m in 2008 vs 6 mths 1998).

**Final thoughts...**

1. Chemotherapy remains mainstay of Rx in advanced NSCLC
2. There is a change in demographics in Stage IV NSCLC. We have seen an improvement in outcomes of our patients with advanced NSCLC over the past decade and are quite hopeful that the next decade will bring along continued improvement in outcomes for our lung cancer patients.

Have a good night!

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**Editorial Committee Chairs:**



**Sunil Verma, MD, MEd, FRCP(C)**  
 Medical Oncologist  
 Assistant Professor, Faculty of Medicine  
 University of Toronto  
 Director of Post-Graduate Medical  
 Oncology  
 Education, OCC



**Barbara Melosky, MD, FRCP(C)**  
 Medical Oncologist  
 Assistant Professor, Faculty of Medicine  
 University of British Columbia

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Figure 1: Final efficacy analysis of nab PCb – overall survival

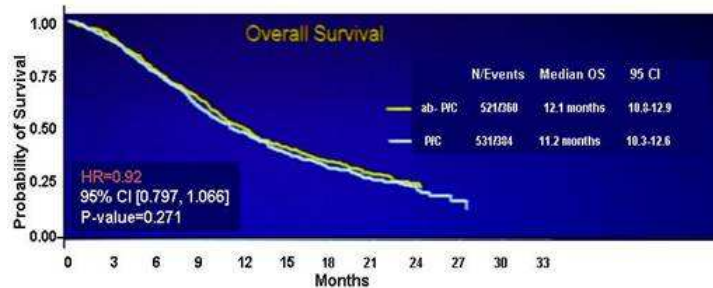


Figure 2: Final efficacy of nab PCb – overall survival

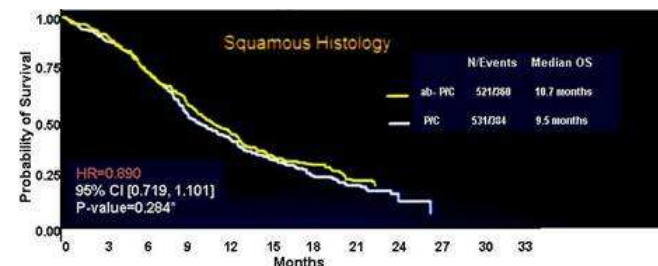


Figure 3: Survival of patients receiving systemic therapy vs BSC

