

ONCOLOGY OUTCOMES – TAKING CONTROL OF TOMORROW*

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Personalized therapy is the future for non-small cell lung cancer

Greater use of personalized therapeutic interventions and more discriminating patient selection was called for by Dr Marianne Nicolson from Aberdeen Royal Infirmary, Scotland, with the emphasis on maintenance and second-line treatment for patients with advanced non-small cell lung cancer.

She reported that during the 2000s, cytotoxic drugs such as gemcitabine, paclitaxel and docetaxel had all been studied extensively, but had not found favour as candidates for maintenance therapy in routine clinical practice – although sig-

nificantly longer progression-free survival had been documented, there were only modest improvements in overall survival as well as increased

Dr Marianne Nicolson, Aberdeen Royal Infirmary, Scotland



adverse events and impaired quality of life.

'Are we any better off in the brave new world of targeted drugs?' asked Dr Nicolson. A number of trials where agents such as bevacizumab, cetuximab, sorafenib and gefitinib, had been added to conventional chemotherapy in the maintenance setting found little evidence of clinical benefit in terms of survival.

Finally, Dr Nicolson reported data to suggest that delaying treatment with a second-line chemotherapeutic agent such as docetaxel not only prevents the patient enjoying sig-

nificant clinical benefit in terms of overall survival, it also increases the risk of the patient not being fit enough for maintenance therapy.

She concluded that the most positive chemotherapy maintenance study – using pemetrexed – is in the 'early second-line setting', therefore it is important to start such therapy as early as possible.

Parameters such as performance status, gender, best response, histology and molecular markers should be taken into account when selecting patients for personalized therapy.

Stephen Pinn

New cancer drugs: paying a high price for clinical benefit?

Half of all drugs in clinical trials are for cancer indications, reported Professor Nick James from the School of Cancer Sciences, University of Birmingham. The problem is that new cancer drugs are usually only initially licensed in

end-stage disease – and that although they might improve survival, there was a high price to pay for any clinical benefit.

Professor James warned that in the UK, the National Institute for Health and Clinical Excellence is likely to reduce its

quality-per-life-year threshold substantially, dashing any hope of adequate spending on new lung cancer drugs in future.

'As it is, the UK currently spends far less on new targeted therapies than other EU countries – and spending on cancer

drugs continues to be driven almost entirely by use of much older agents in adjuvant and neo-adjuvant settings,' he said.

Professor James added that although NHS spending on cancer drugs multiplied 6-fold between 1998 and 2007, and that approvals for new cancer drugs are expected to continue, future budget restrictions would soon slow this rate of increase.

For the immediate future, the goal would be to improve cure and life prolongation rates in cancer. Nowhere was this need more urgent than in lung cancer, he concluded.

Stephen Pinn

First-line treatment for non-small cell lung cancer

Professor Nicholas Thatcher from Christie Hospital NHS Trust, Manchester outlined current thinking in terms of first-line therapy for advanced non-small cell lung cancer. He said that a 'therapeutic plateau' had previously been reached in terms of cytotoxic chemotherapy for advanced non-small cell lung cancer.

He predicted that in the future, the pathologist would take centre stage in determining which patients would benefit most from specific therapeutic regimens, highlighting

the fact that outcomes – even with new targeted therapies – differ significantly when a distinction is made between squamous and non-squamous histologies.

Attention was now turning to first-line clinical trials with conventional therapy in combination with one or more of the new targeted therapies.

'For patients with lung cancer,' said Professor Thatcher, 'progression-free survival per se is not necessarily relevant. It is not simply a matter of how long they live without progres-

sion, but how well they can expect to enjoy any extra months of life that result from a chosen intervention.'

Professor Thatcher described the uptake of a relatively new chemotherapeutic agent, pemetrexed, as a 'UK success story' in an era when the UK was still being pilloried for its low lung cancer survival rates. 'Who would have thought that a cytotoxic drug would have made such a difference in the treatment of advanced non-small cell lung cancer,' he said.

Stephen Pinn

**Oncology Outcomes was attended by 30 health-care professionals and key opinion leaders in the field of lung cancer. An educational grant was provided by Boehringer-Ingelheim Ltd to facilitate arrangements for the meeting and the writing of this report, but Boehringer-Ingelheim Ltd had no input into the data chosen and the report was reviewed for factual accuracy only.*