



## INTERVIEW

### F Anthony Greco, MD

Dr Greco is Director of the Sarah Cannon Cancer Center in Nashville, Tennessee.

#### Tracks 1-10

- Track 1** IFCT-0501: Carboplatin/paclitaxel versus single-agent therapy for patients age 70 or older with advanced NSCLC
- Track 2** Clinical treatment algorithm for elderly patients with advanced NSCLC
- Track 3** Perspective on *nab* paclitaxel/ carboplatin as first-line therapy for advanced NSCLC
- Track 4** A randomized Phase II study of first-line pemetrexed/bevacizumab with either gemcitabine or carboplatin as treatment for elderly patients with advanced NSCLC
- Track 5** Activity of vandetanib compared to erlotinib as second- or third-line therapy for advanced NSCLC
- Track 6** **Case discussion:** A 45-year-old woman and never smoker with resected Stage IIIA, EGFR wild-type NSCLC without EML4-ALK begins adjuvant chemotherapy with pemetrexed and carboplatin
- Track 7** Selection of first-line therapy for patients with advanced EGFR-mutant NSCLC
- Track 8** **Case discussion:** A 52-year-old man and heavy smoker undergoes resection of a single brain metastasis from EGFR-mutant NSCLC
- Track 9** **Case discussion:** A 65-year-old man and never smoker presents with hepatic metastases from K-ras, EGFR and EML4-ALK wild-type NSCLC with uncertain histology
- Track 10** Accuracy of tissue of origin prediction by molecular profiling in patients with unknown primary cancer

#### Select Excerpts from the Interview

##### Tracks 1-2

► **DR LOVE:** Would you discuss the paper presented at ASCO on the use of a platinum doublet versus single-agent therapy for older patients with advanced NSCLC?

► **DR GRECO:** Whether older patients with advanced NSCLC should receive single agents or combinations has often been a subject of debate, and the clinical trial results have been mixed. Recently, IFCT-0501, a large Phase III European study (Quoix 2010), compared single-agent therapy (gemcitabine or vinorelbine) to a two-drug regimen (paclitaxel weekly and carboplatin every four weeks)

for patients aged 70 to 89 years. The data clearly showed that the combination regimen was superior and was well tolerated overall (4.1), although toxicity was a little higher on the combination therapy arm than on the single-agent arm. I believe it's clear that elderly patients, particularly those without severe comorbidities, need to receive treatment as younger patients would. Many of us have believed this for years, and this study confirms that belief.

4.1

**Safety and Efficacy of Combination versus Single-Agent Therapy in Elderly Patients with Advanced Non-Small Cell Lung Cancer**

	Single agent (n = 211)	Doublet (n = 210)	p-value
Partial response	10.9%	29.1%	<10 <sup>-5</sup>
PFS, median	3.0 mo	6.1 mo	<10 <sup>-6</sup>
OS, mean	6.2 mo	10.3 mo	0.00004
<b>Hematologic toxicity</b>	<b>(n = 210)</b>	<b>(n = 208)</b>	
Neutropenia	4.7% (G)/37.7% (V)	54.3%	<10 <sup>-5</sup>
Febrile neutropenia	0% (G)/9.8% (V)	9.6%	0.004
Thrombocytopenia	1.3% (G)/0% (V)	6.3%	0.004

Single agent = G (gemcitabine) or V (vinorelbine); doublet = weekly paclitaxel and carboplatin q4wk; PFS = progression-free survival; OS = overall survival

Quoix EA et al. *Proc ASCO 2010*; **Abstract 2**.

 **Track 4**

▶ **DR LOVE:** Would you comment on your randomized Phase II study of pemetrexed, gemcitabine and bevacizumab versus pemetrexed, carboplatin and bevacizumab for elderly patients (Spigel 2010)?

▶ **DR GRECO:** We noted a significant improvement in time to disease progression and even survival in the Phase II randomized trial in which elderly patients received carboplatin/pemetrexed with bevacizumab for nonsquamous advanced NSCLC (4.2).

▶ **DR LOVE:** Many investigators utilize the combination of pemetrexed/carboplatin and bevacizumab, but no Phase III data compare that combination to other bevacizumab combinations, such as carboplatin/paclitaxel. What are your thoughts on this?

▶ **DR GRECO:** An ongoing Phase III trial (4.3) is evaluating pemetrexed/carboplatin and bevacizumab versus paclitaxel/carboplatin and bevacizumab, the current standard treatment. The results of that trial should provide more information. My belief is that in disease with nonsquamous histology, pemetrexed/carboplatin and bevacizumab is an easier regimen to use, and I can't imagine it being inferior to paclitaxel/carboplatin and bevacizumab. ■

## 4.2

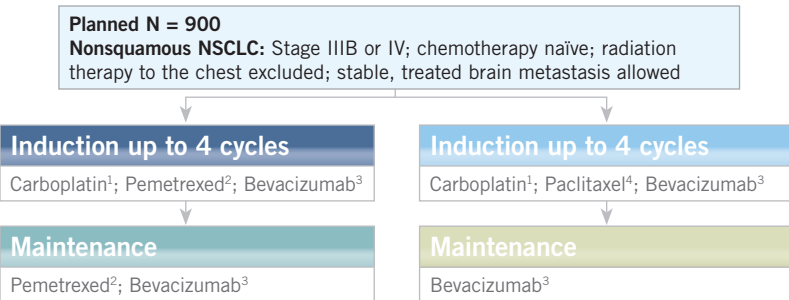
### Randomized Phase II Study of Pemetrexed/Bevacizumab Combined with Carboplatin (PCB) or Gemcitabine (PGB) for Elderly Patients ( $\geq 70$ years) with Nonsquamous Advanced Non-Small Cell Lung Cancer

	PCB (n = 211)	PGB (n = 210)	p-value
Objective response rate	34.5%	34.5%	—
Median time to progression	10.2 mo	4.7 mo	0.0011
Mean overall survival	14.8 mo	7.5 mo	0.0017

Spigel D et al. *Proc ASCO 2010*; **Abstract 7593**.

## 4.3

### Phase III Study Comparing Carboplatin/Pemetrexed/Bevacizumab Followed by Pemetrexed and Bevacizumab Maintenance versus Carboplatin/Paclitaxel/Bevacizumab Followed by Bevacizumab Maintenance for Patients with Nonsquamous NSCLC



Primary endpoint is overall survival

<sup>1</sup> IV carboplatin is administered at AUC 6 during induction on day 1 every 21 days for up to four cycles; <sup>2</sup> IV pemetrexed is administered at 500 mg/m<sup>2</sup> on day 1 every 21 days for up to four cycles during induction and then as maintenance until disease progression or treatment discontinuation; <sup>3</sup> IV bevacizumab is administered at 15 mg/kg on day 1 every 21 days for up to four cycles during induction and then as maintenance until progressive disease or treatment discontinuation; <sup>4</sup> Paclitaxel is administered at 200 mg/m<sup>2</sup> during induction on day 1 every 21 days for up to four cycles

[www.clinicaltrials.gov](http://www.clinicaltrials.gov). Identifier NCT00762034.

## SELECT PUBLICATIONS

Le Caer H et al. **A multicenter phase II randomized study of docetaxel/gemcitabine weekly followed by erlotinib after progression versus erlotinib followed by docetaxel/gemcitabine after progression in advanced non-small cell lung cancer in fit elderly patients selected with a comprehensive geriatric assessment.** Groupe Français de Pneumocancerologie (GFPC) 0504. *Proc ASCO 2010*; **Abstract 7536**.

Quoix EA et al. **Weekly paclitaxel combined with monthly carboplatin versus single-agent therapy in patients age 70 to 89: IFCT-0501 randomized phase III study in advanced non-small cell lung cancer (NSCLC).** *Proc ASCO 2010*; **Abstract 2**.

Spigel DR et al. **A randomized phase II trial of pemetrexed/gemcitabine/bevacizumab or pemetrexed/carboplatin/bevacizumab in the first-line treatment of elderly patients with advanced non-small cell lung cancer.** *Proc ASCO 2010*; **Abstract 7593**.