
Optimal Treatment of Unresectable Locally Advanced NSCLC



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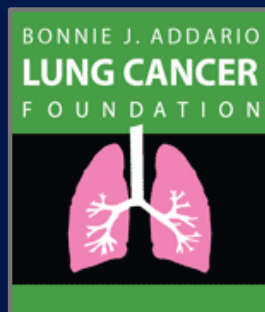
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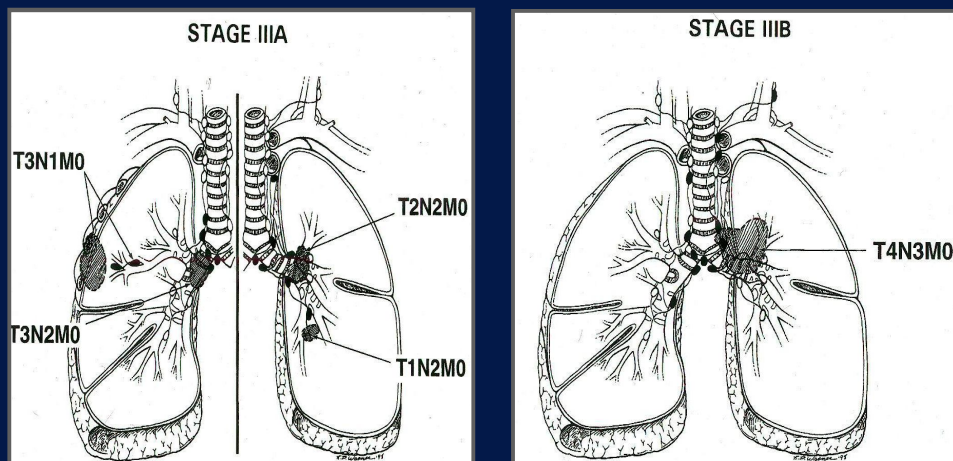


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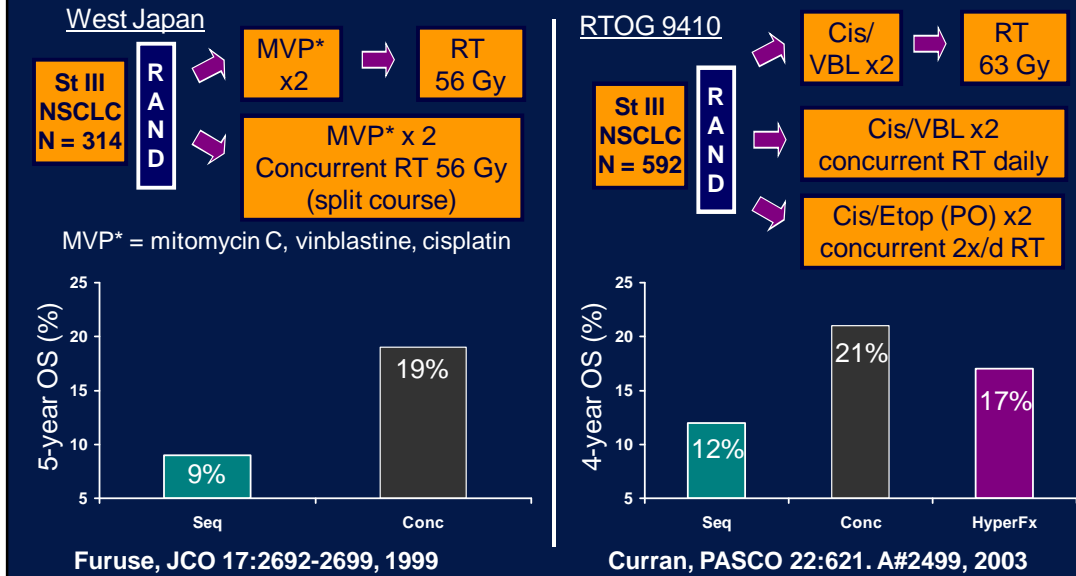
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Stage III/Locally Advanced NSCLC

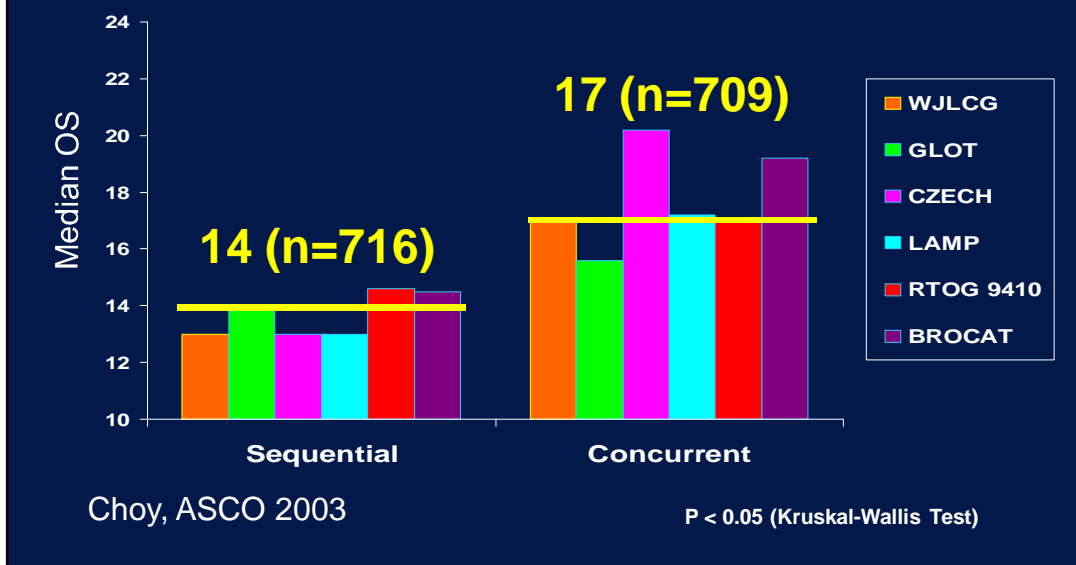


- Approximately 40-45% of new presentations of NSCLC

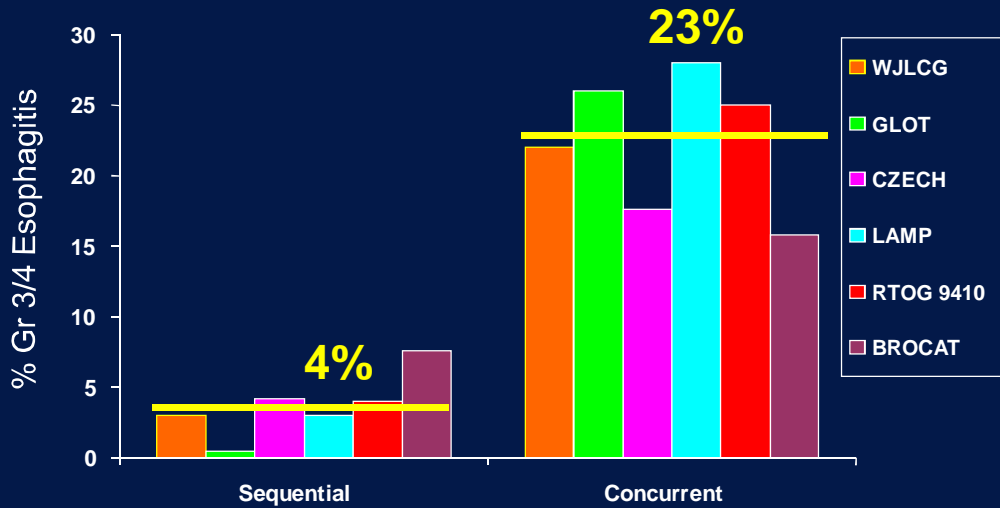
Efficacy Results: Sequential vs. Concurrent Chemoradiotherapy, Two Major Trials



Survival Comparison between Sequential and Concurrent CT/RT



Early Toxicity Comparison between Sequential and Concurrent CT/RT



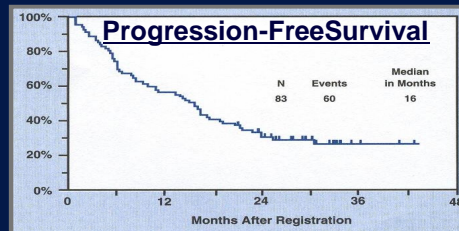
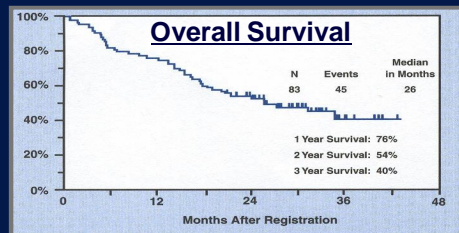
SWOG 9504: Consolidation Taxotere (Docetaxel) after Definitive Chemoradiation

N=83 evaluable,
stage IIIB NSCLC

Cisplatin/Etoposide x2 cycles
with concurrent RT 61Gy

Taxotere every three weeks
x3 cycles,
"consolidation" chemo

Gandara, J Clin Oncol, 2003



• Failure in brain – 33%

Hoosier Oncology Group (HOG) Trial: Direct Test of Consolidation Taxotere (Docetaxel)



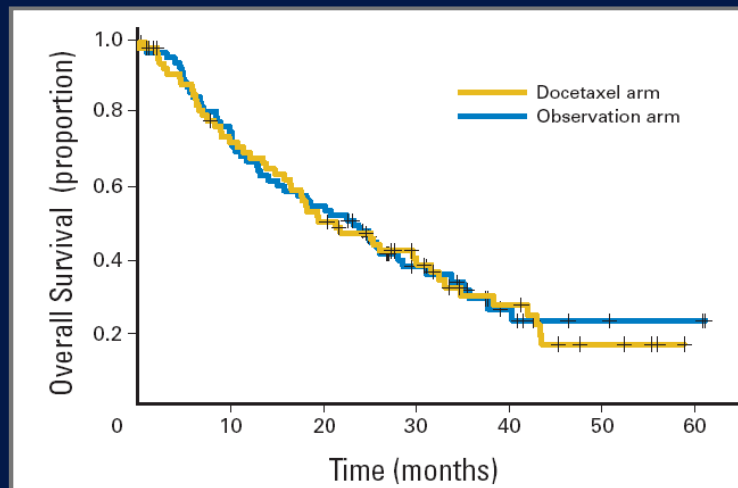
Accrued: 203 pts



147 pts (68%)

Hanna, J Clin Oncol 2008

HOG Trial: Overall Survival



Hanna, J Clin Oncol 2008

HOG Trial: Side Effects and Treatment-Related Deaths

Table 3. Select Grade 3 to 5 Nonhematologic Toxicities

Toxicity	% of Patients			<i>P</i> *
	PE/XRT	Docetaxel	Observation	
Esophagitis	17.2	—	—	—
Infections	8.9	11.0	0.0	.003
Pneumonitis	—	9.6†	1.4	< .001
Treatment-related death	1.5	5.5	0.0	.058

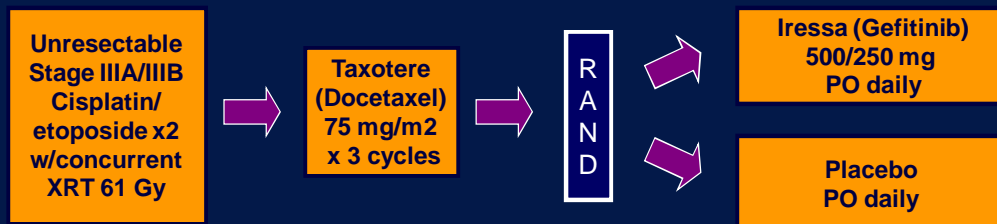
Abbreviation: PE/XRT, cisplatin, etoposide, and radiation therapy.

**P* value corresponds to comparison of docetaxel v observation groups.

†Includes one patient death.

Hanna, J Clin Oncol 2008

Chemo/Radiation → Consolidation Taxotere (Docetaxel) → Maintenance Iressa (Gefitinib) vs. Placebo



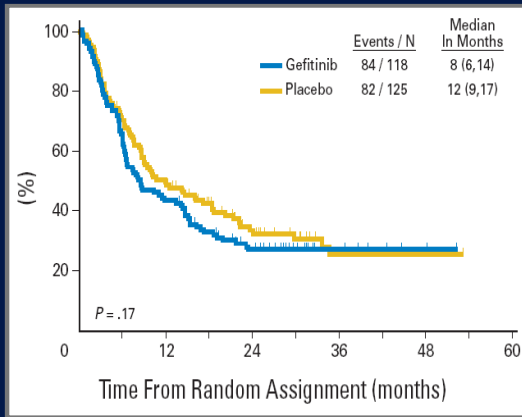
Accrued: 620 pts → 574 pts (74%)
Eligible: 575 pts → 412 pts (72%)

→ 263 pts (42%)
→ 255 pts (44%)

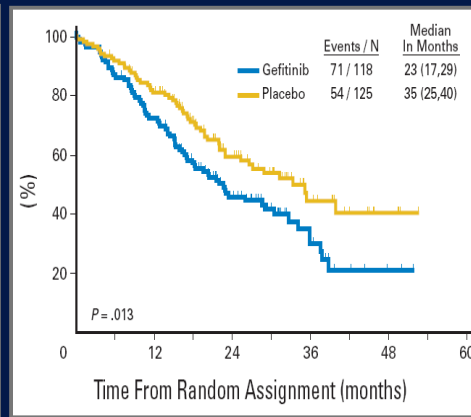
Kelly, J Clin Oncol 2008

SWOG 0023: Efficacy

Progression-Free Survival

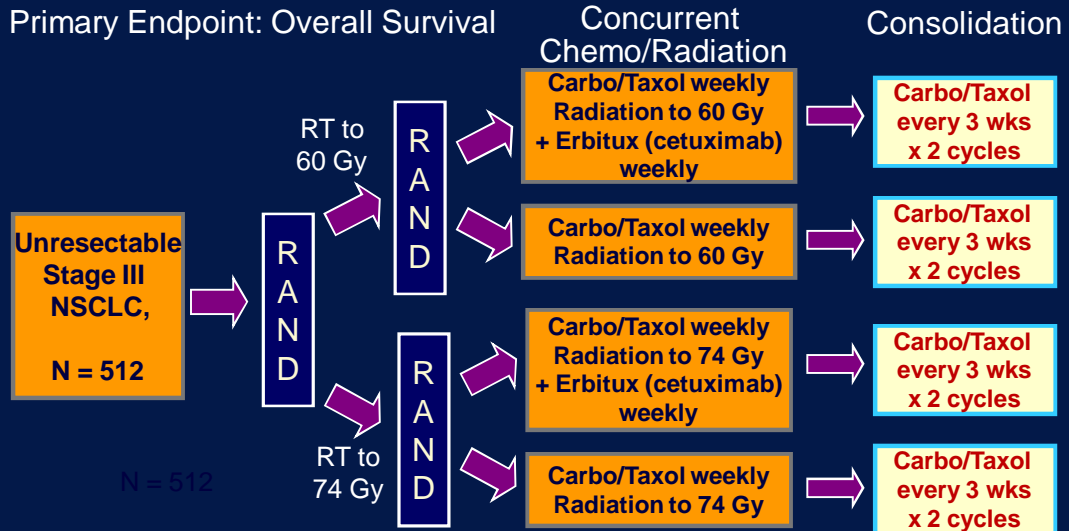


Overall Survival

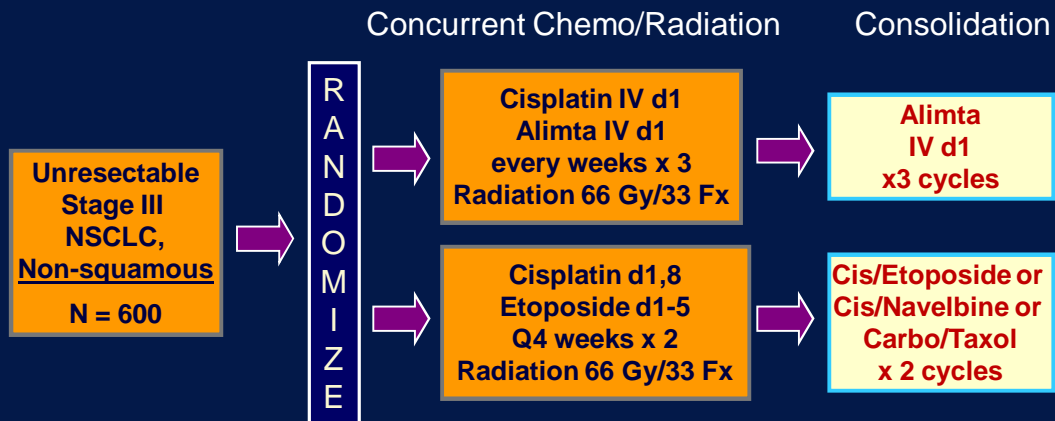


Kelly, J Clin Oncol 2008

RTOG/Intergroup Trial of Chemo/Radiation to Either 60 or 74 Gray, +/- Erbitux (Cetuximab)



Eli Lilly-Sponsored Phase III Trial in Stage III Unresectable NSCLC



- Primary Endpoint: Overall Survival (superiority)

Conclusions: Optimal Therapy for Stage III Unresectable NSCLC, Today

- Concurrent chemo/RT consistently superior to sequential chemo/RT
- Despite encouraging results from SWOG phase II S9504 trial, neither HOG trial nor SWOG 0023 trial demonstrates benefit with consolidation
- Maintenance EGFR inhibitor after chemo/RT and consolidation chemo was significantly detrimental in unselected population
- Current controversies/questions:
 - Is 6-7 weeks of plat-based CT with RT to 60-66 Gy is enough?!
 - We don't have compelling evidence that more chemo is better
 - Many oncologists still feel additional chemo is likely beneficial
- New trials exploring alimta (non-squamous patients only) and erbitux, higher radiation doses, and other agents

Questions and Comments?

- Posts with additional detail on these topics are available at www.CancerGRACE.org/lung
- GRACE members can leave comments and questions at www.tinyurl.com/GRACELocAdvNSCLC

