
New Trends & Current Research in the Treatment of Lung Cancer, Pt. I



Howard (Jack) West, MD
President & CEO,
GRACE
Medical Director,
Thoracic Oncology Program
Swedish Cancer Institute
Seattle, WA
Cancer Lifeline
Seattle, WA
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Disclaimers

- The information provided here includes views of the presenter that do not necessarily represent those of the Global Resource for Advancing Cancer Education (GRACE) in general, nor those of Swedish Cancer Institute.
- The contents of this program do not constitute medical advice and is intended to supplement but not replace input from an individual patient's medical team.

Pathology Subtypes of Lung Cancer

Major Histologic Classifications:

Small Cell Lung Cancer (15-20%)

Non-Small Cell Lung Cancer:

- Adenocarcinoma (30-40%)
- Squamous cell carcinoma (20-25%)
- Large cell carcinoma (10-15%)
- Other, mixed (3-5%)

} most reliable distinction

} interobserver/intraobserver
variability 20-40%

Part I

Small Cell Lung Cancer: Relapsed Extensive Disease

Amrubicin for Relapsed SCLC: Results

- 40 mg/m² IV/5 min d1-3 every 21d
- N = 60 relapsed SCLC (44 sens, 16 refractory)

Pts	RR (%)	PFS, med (mo.)	OS, med (mo.)	One-year Surv (%)
Sensitive N = 44	52	4.2	11.6	46
Relapsed N = 16	50	2.6	10.3	40

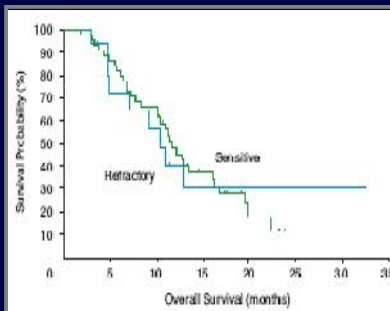
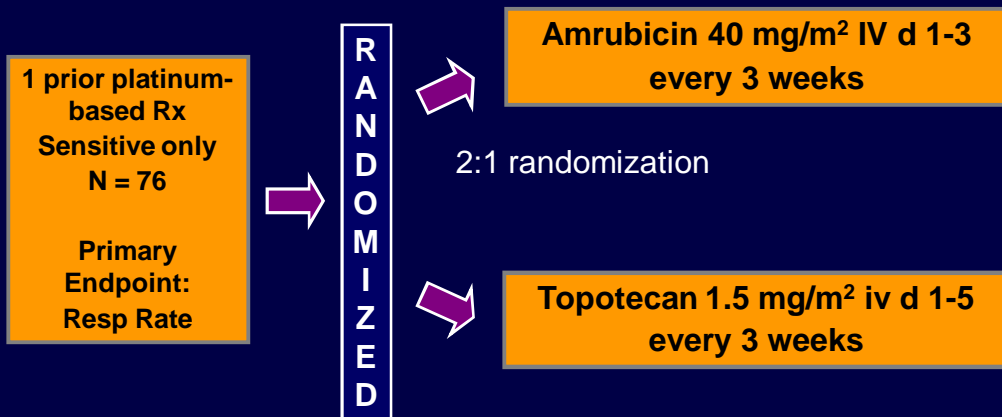


Table 3. Worst Toxicity by 60 Patients During Amrubicin Monotherapy

Toxicity	Grade				≥ Grade 3	
	1	2	3	4	No.	%
Neutropenia	1	7	17	33	50	83.3
Leukopenia	4	2	30	12	42	70.0
Hemoglobin	15	24	17	3	20	33.3
Thrombocytopenia	21	4	12	0	12	20.0
Anorexia	22	8	8	1	9	15.0
Asthenia	24	1	6	3	9	15.0

Randomized phase II study: Amrubicin vs. Hycamtin (Topotecan)



Jotte, ASCO 2008, A#8040

Randomized phase II study: Amrubicin vs. Hycamtin (Topotecan)

Efficacy

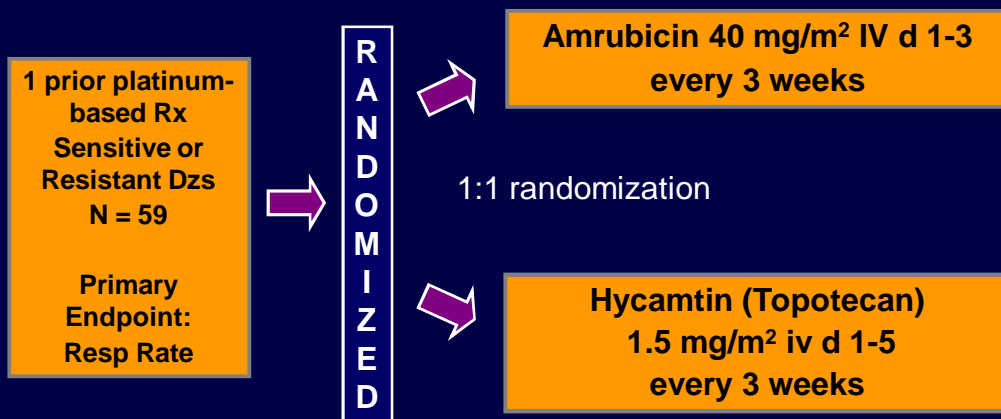
<u>Agent</u>	<u>N</u>	<u># cycles</u>	<u>RR (%)</u>	<u>PFS (mos)</u>
AMR	50	5.4	34	4.6
Topo	26	3.7	3.8	3.5

G3/4 Toxicities (%)

<u>Agent</u>	<u>WBC</u>	<u>Anemia</u>	<u>PLT</u>	<u>Febr Neut.</u>
AMR	44.9	14.3	26.5	8.2
Topo	60.9	13	39.1	8.3

Jotte, ASCO 2008, A#8040

Randomized phase II study of Amrubicin vs Hycamtin (Topotecan) in 2nd line SCLC



Sugawara, ASCO 2008, A#8042

Randomized phase II study of Amrubicin vs Hycamtin (Topotecan) in 2nd line SCLC

Efficacy

<u>Agent</u>	<u>N</u>	<u>ORR (all)</u>	<u>RR (S)</u>	<u>RR (R)</u>	<u>PFS (mos)</u>
AMR	29	38%	53%	17%	3.5
Topo	30	13%	21%	0%	2.2

G3/4 Toxicities (%)

<u>Agent</u>	<u>WBC</u>	<u>Anemia</u>	<u>PLTs</u>	<u>Febr. Neut</u>
AMR	97%	21%	28%	14%
Topo	87%	30%	40%	3%

Sugawara, ASCO 2008, A#8042

Amrubicin in 2nd line SCLC

<u>Study</u>	<u>Refractory/ Sensitive</u>	<u>N</u>	<u>RR (%)</u>
Jotte	Sensitive	75	40
Ettinger	Refractory	75	17
Sugawara	Both	29	38
Hasegawa	Sensitive	9	56
	Refractory	17	41
Onoda	Sensitive	44	52
	Refractory	16	50
Kato	Sensitive	24	50
	Refractory	10	60

Amrubicin for SCLC

- Amrubicin has clear activity in SCLC, including previously treated patients with relapsed disease
 - Preliminary phase II studies suggest activity may be superior to Hycamtin, currently FDA-approved therapy for relapsed SCLC
- Being tested in first line, phase III trial
 - Cisplatin/etoposide vs. cisplatin/amrubicin
- Being tested in second line, phase III trial
 - Hycamtin vs. amrubicin

End of Part I

