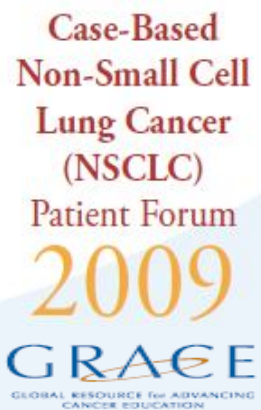


Alan Sandler, M.D.

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Oregon Health & Science University
Portland, OR



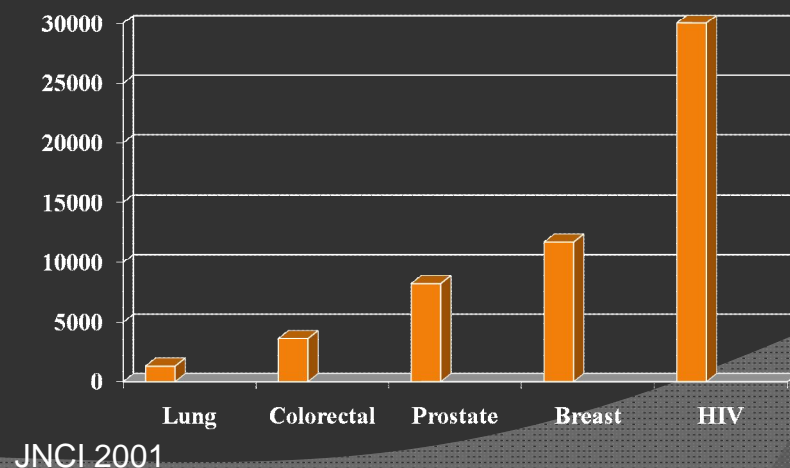
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Alan Sandler, M.D.
Oregon Health & Science University

INTRODUCTION TO FIRST LINE TREATMENT OF ADVANCED NSCLC

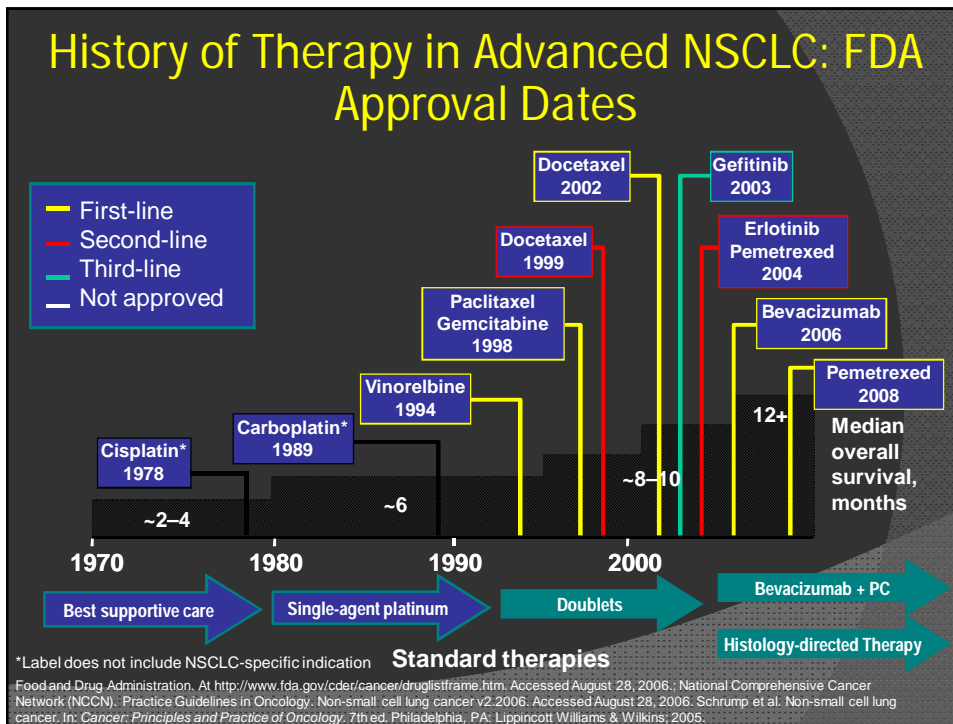
NIH Research \$\$ Spent Per Patient Death



NSCLC Survival

State of the Art 2003

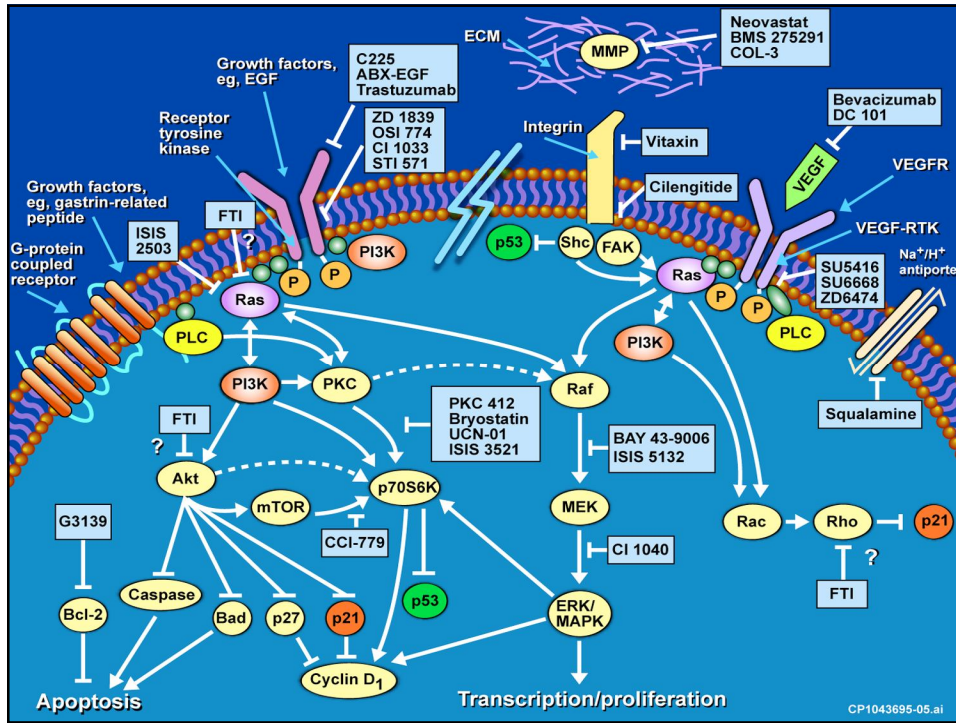
Surv:	BSC:	Old:	New:
MST:	4 mo	6 mo	8 mo
1-Yr:	10%	20%	30%
2-Yr:	0%	<5%	10%



Treatment Paradigms for Advanced NSCLC

- Platinum-based, doublet chemotherapy improves survival and QOL in patients with good PS in advanced NSCLC.
 - Two drugs are better than one drug
 - Three drugs are no better two
 - Third-generation (newer) drugs are better than old regimens
- Elderly patients with good PS can be treated safely
- Benefit of chemotherapy in PS 2 patients is modest.

Lilenbaum RC, et al. *J Clin Oncol*. 2005;23(1):190-196.



Phase III Trial of (AVASTIN) Bevacizumab in Non-Squamous NSCLC: ECOG 4599 N=855 (eligible)

Eligibility:

- Non-squamous NSCLC
- No Hx of hemoptysis
- No CNS metastases

Stratification Variables:

- RT vs no RT
- Stage IIIB or IV vs recurrent
- Wt loss <5% vs ≥5%
- Measurable vs non-measurable

(PC)

Paclitaxel 200 mg/m²
Carboplatin AUC = 6
(q 3 weeks) x 6 cycles

No crossover to Bevacizumab permitted

(PCB)

PC x 6 cycles
+
Bevacizumab
(15mg/kg q 3 wks) to PD

Sandler, et al. *New Engl J Med.* 2006;355(24):2542-2550.

