

## Non-Small Cell Lung Cancer(NSCLC): Is there a Role for Adjuvant Erlotinib (Tarceva)?

Jared Weiss, MD  
Abramson Cancer Center  
University of Pennsylvania,  
Philadelphia, PA



### Objectives

- Review goals of adjuvant therapy
- Provide perspective on how adjuvant therapies have been historically developed
- Discuss whether our old methods really still apply to biologic agents.
- Review retrospective (non-study) data on tarceva and iressa as adjuvant therapy
- Review data on adjuvant tarceva after chemoradiation
- Discuss ongoing trials
- Address who should have molecular testing at the time of surgery.



## 2 Key Questions for **ANY** cancer treatment:

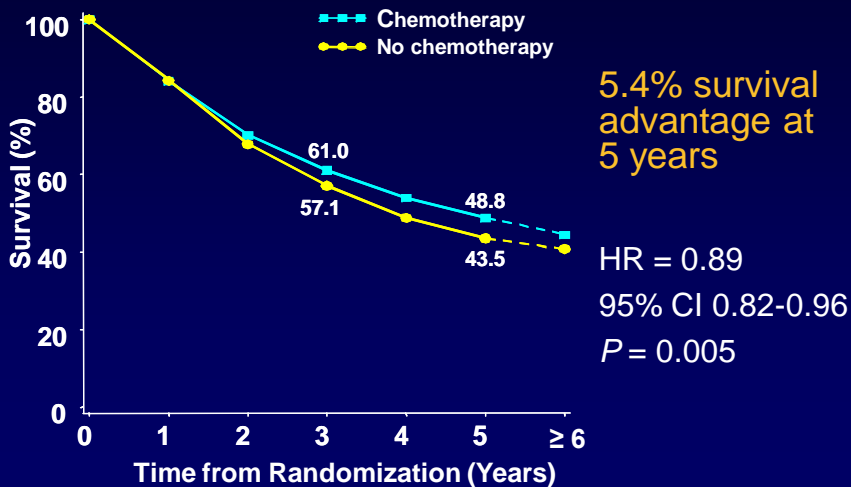
1. Will this improve duration of life?

2. Will this improve quality of life?

### **Rationale for Adjuvant Therapy**

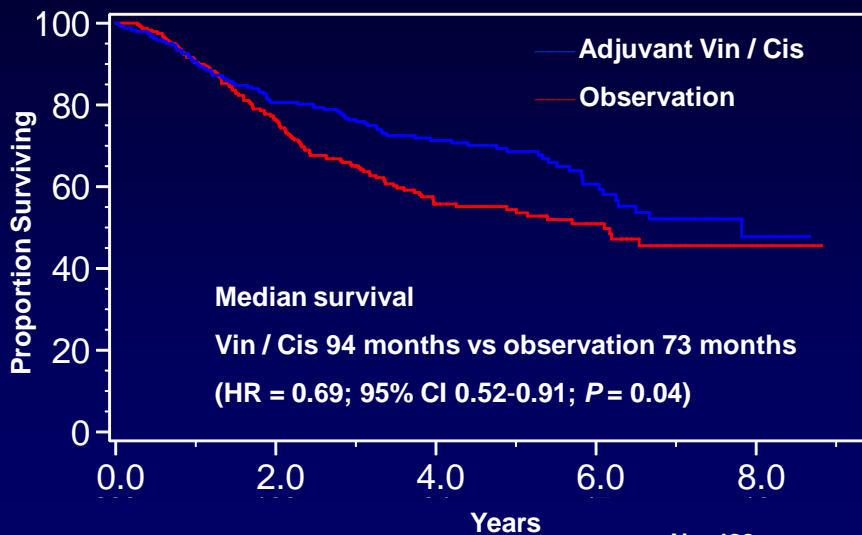
- Increase cure rate by eliminating residual cancer cells
- “Knock down” residual cancer cells, thereby increasing time to recurrence in those who will not be cured

### Adjuvant Chemotherapy for NSCLC LACE: Pooled Data Overall Survival



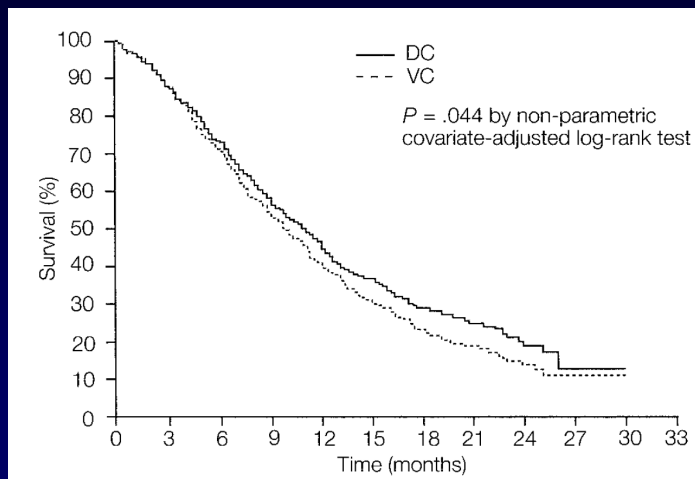
Pignon JP, et al. *J Clin Oncol.* 2008;26:3552-3559.

### Adjuvant Chemotherapy for NSCLC JBR.10: Cisplatin + Vinorelbine



Winton T, et al. *N Engl J Med.* 2005;352:2589-2597.

## TAX326

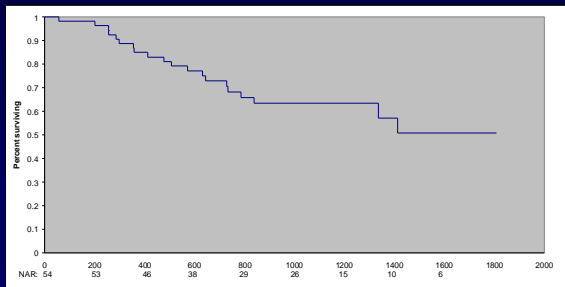


## Adjuvant Cisplatin and docetaxel: Me eating crow (but then getting to present and publish it)

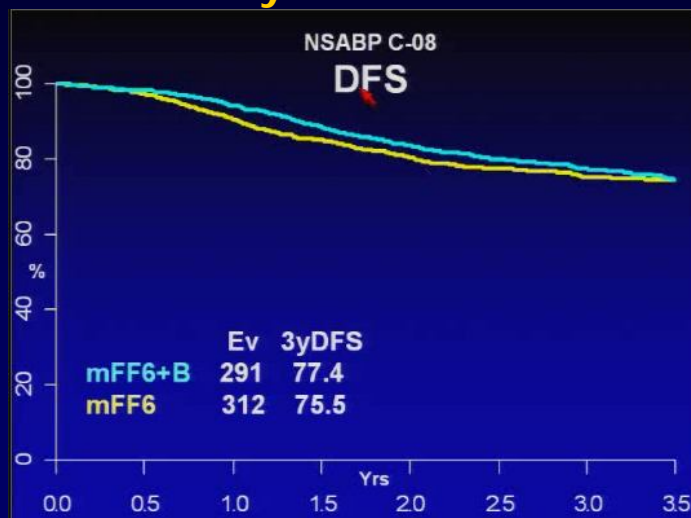
# cycles # patients percent of patients

4	46	85.2%
3	3	5.6%
2	1	1.9%
1	4	7.4%

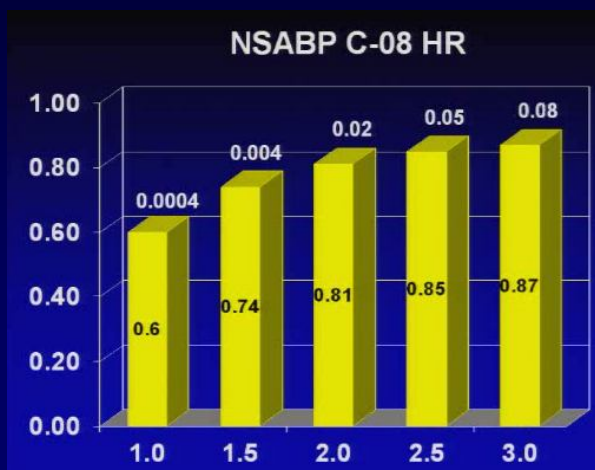
Overall survival



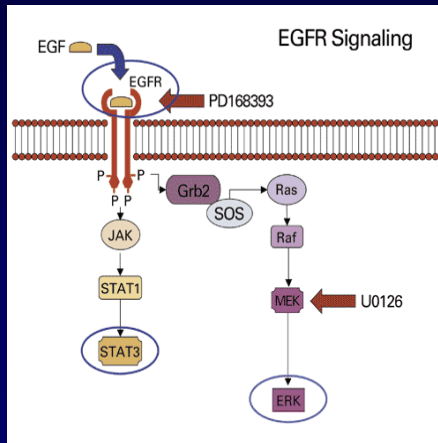
## Colon CA data—failure to improve 3 year cure



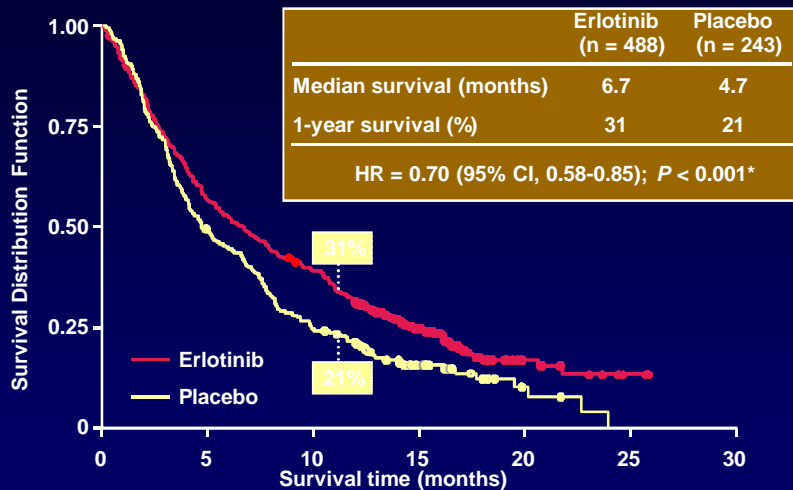
But was there some benefit? Have the rules changed with biologics?



## Tarceva = Erlotinib, similar to Iressa = Gefitinib

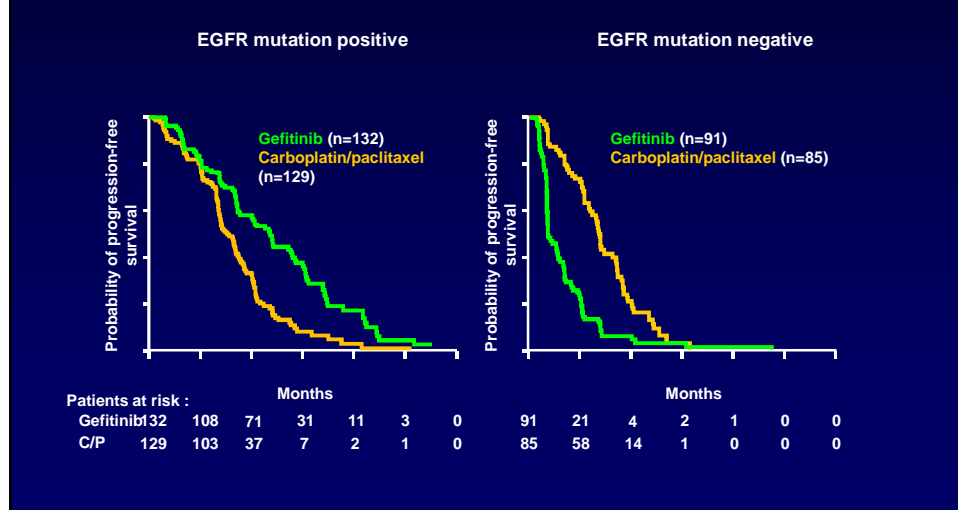


## BR.21 Overall Survival



\*HR and P value adjusted for stratification factors at randomization plus HER1/EGFR status.  
Shepherd F, et al. *N Engl J Med.* 2005;353:123-132.

## IPASS: Gefitinib (similar to tarceva) better than chemo in EGFR mutants, worse in wild-type



## Questions

- Can Tarceva increase the cure rate after surgery?
- If not, can it at least increase the time until recurrence?
- Should it be given only to patients with EGFR mutation, or can it help everyone?
- Should it be given instead of, or in addition to chemotherapy?

**Abstract ID: 7523**  
**Adjuvant gefitinib or erlotinib in patients with resected lung adenocarcinomas that harbor Epidermal Growth Factor Receptor (EGFR) mutations**

YY Janjigian, MG Kris, J Zheng, VA Miller, GJ Riely, R Shen, J Dycoco, B Park, CG Azzoli

Memorial Sloan-Kettering Cancer Center, New York, NY 10065



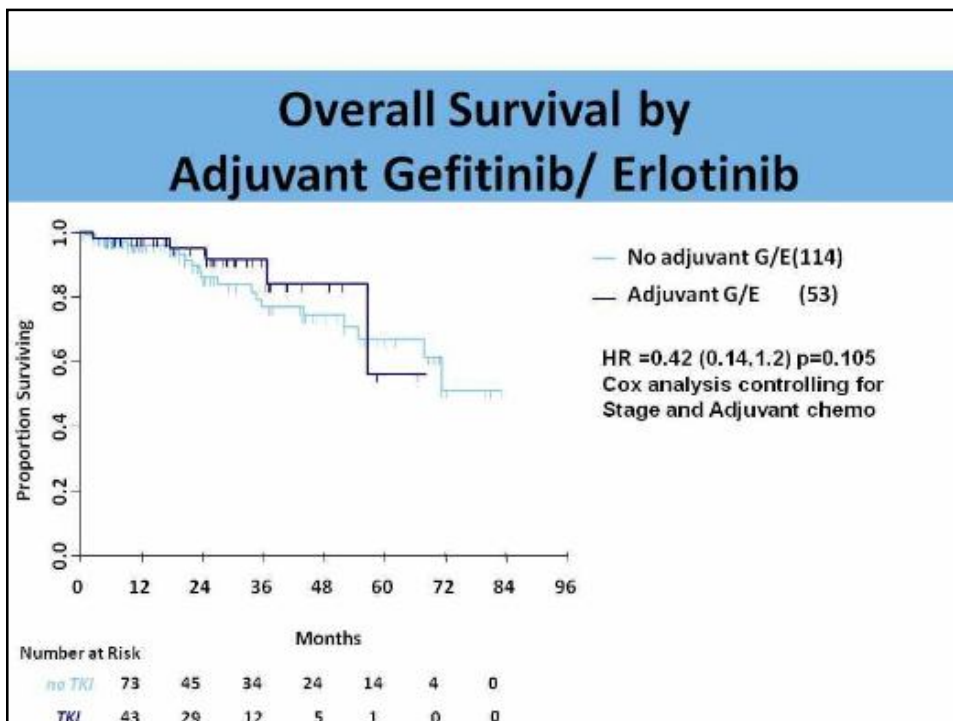
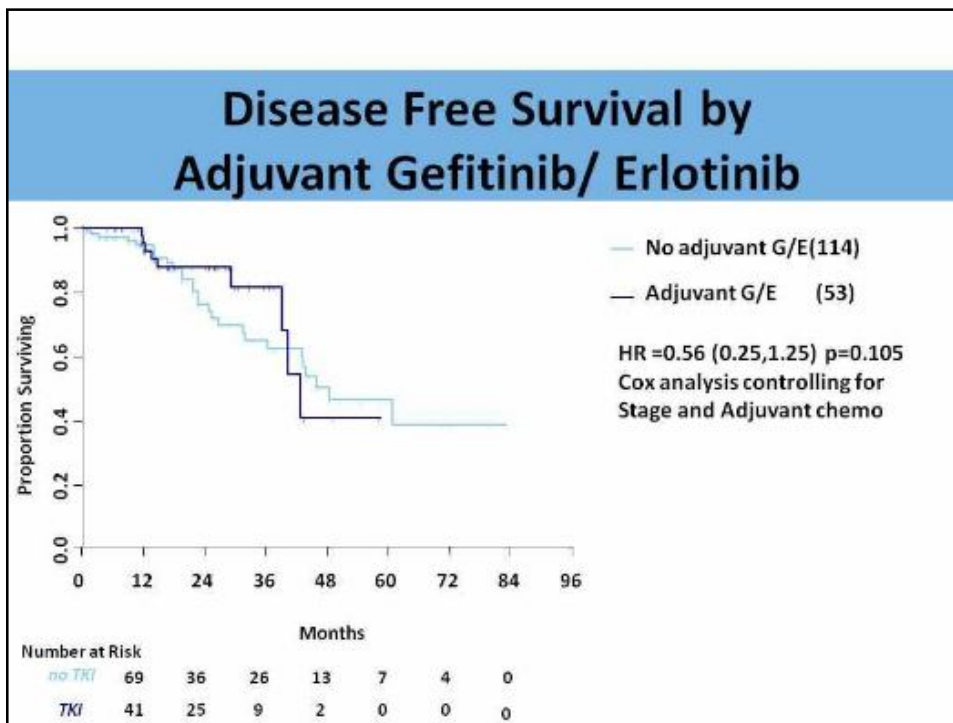
**Disease Free Survival by Adjuvant Gefitinib/ Erlotinib**

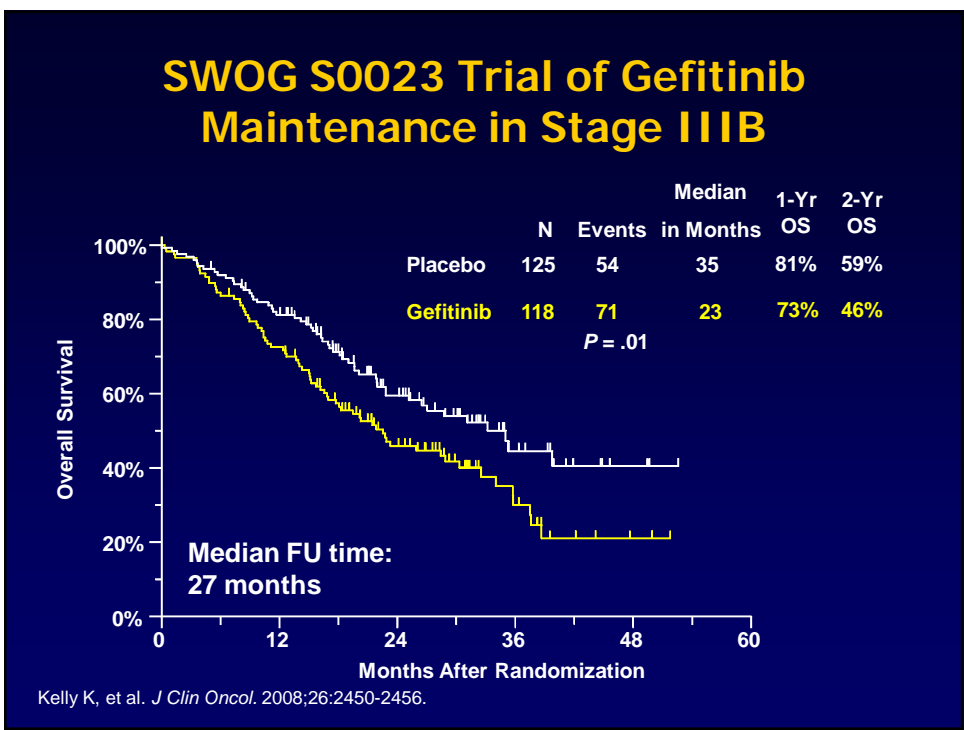
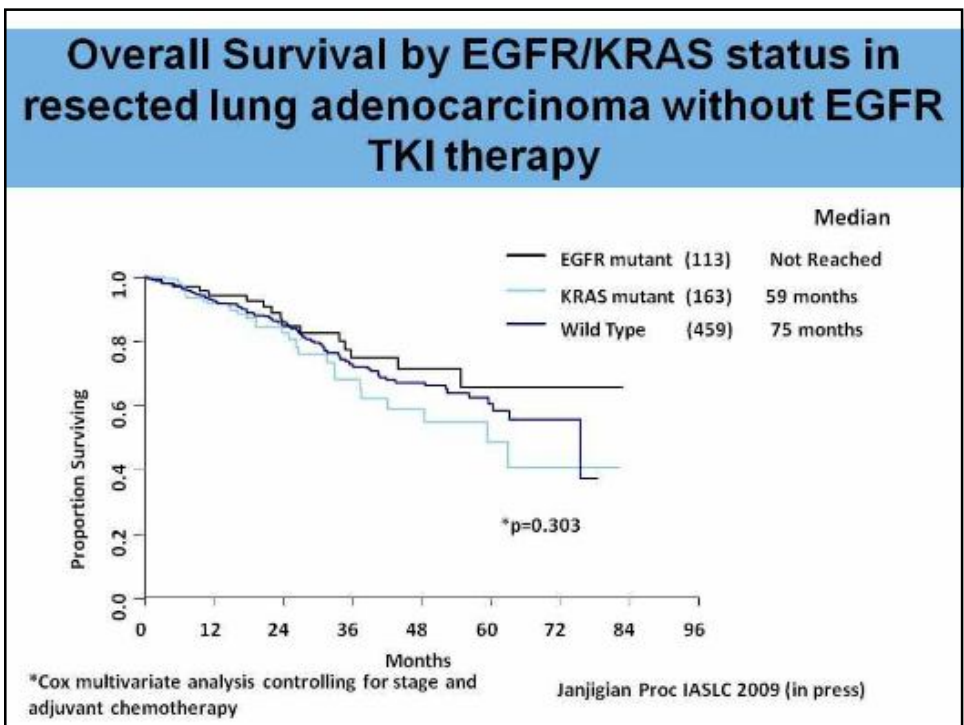
<b>N=167</b>	<b>N (event N)</b>	<b>2-yr survival</b>	<b>Hazard Ratio</b>	<b>p</b>
<b>No Adjuvant Gefitinib/ Erlotinib</b>	114 (28)	76%		
<b>Adjuvant Gefitinib/ Erlotinib</b>	53 (9)	88%	0.56* 0.25 to 1.25	0.157*

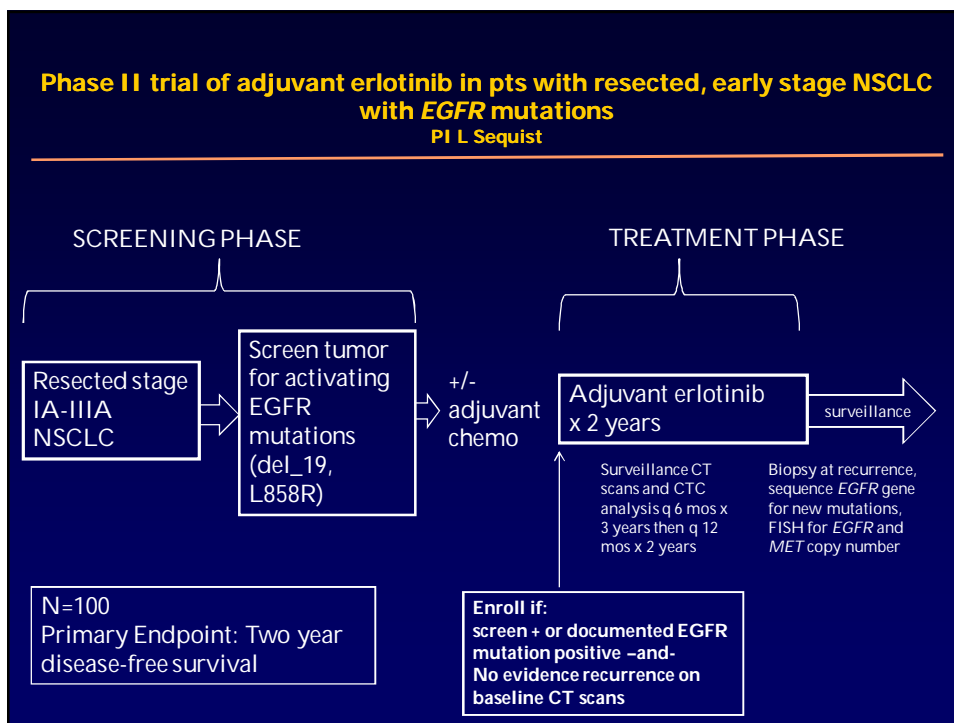
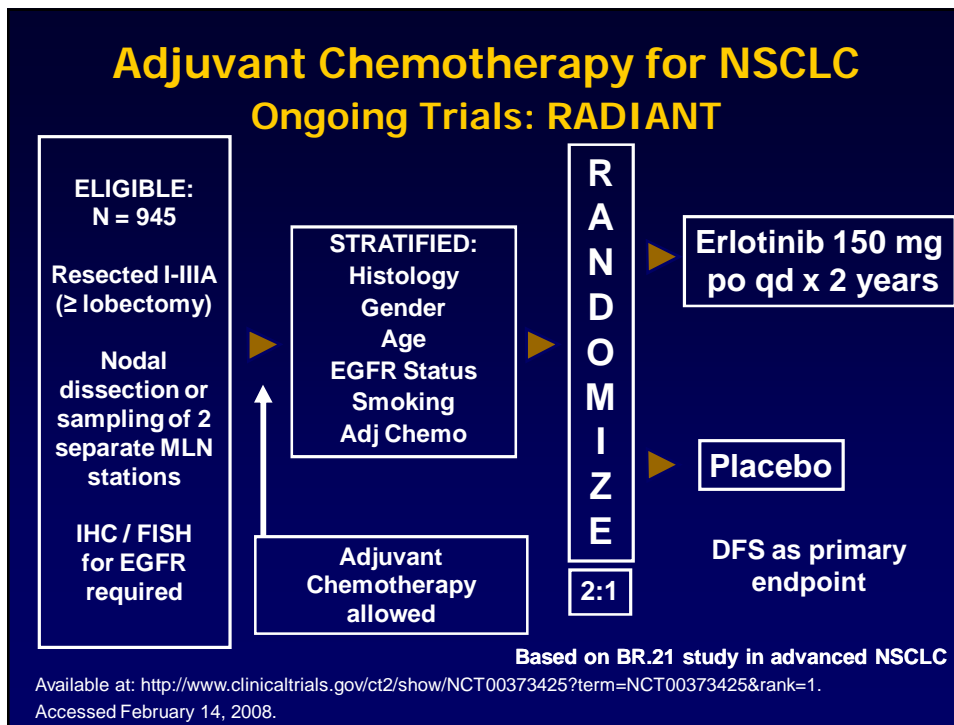
\* Cox multivariate analysis controlling for stage and adjuvant chemotherapy

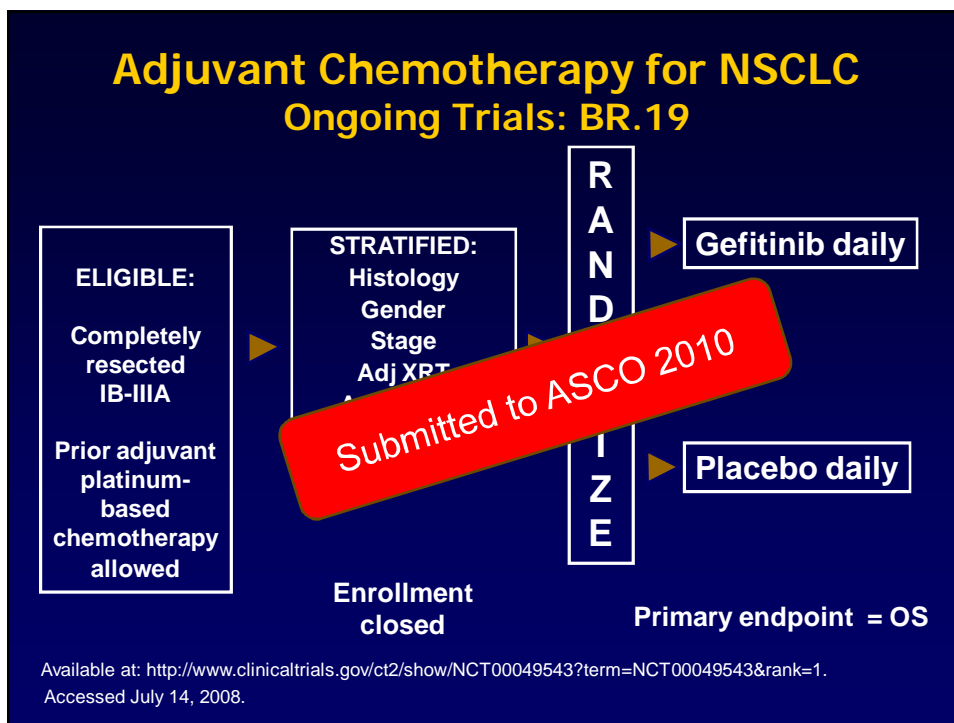
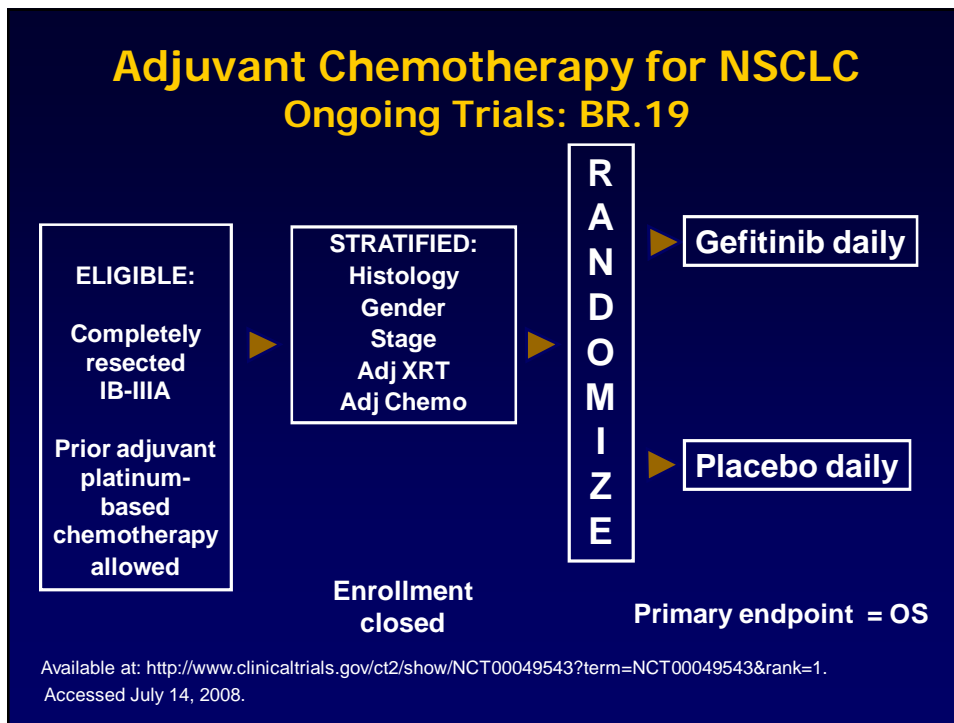
Median follow up 18 months



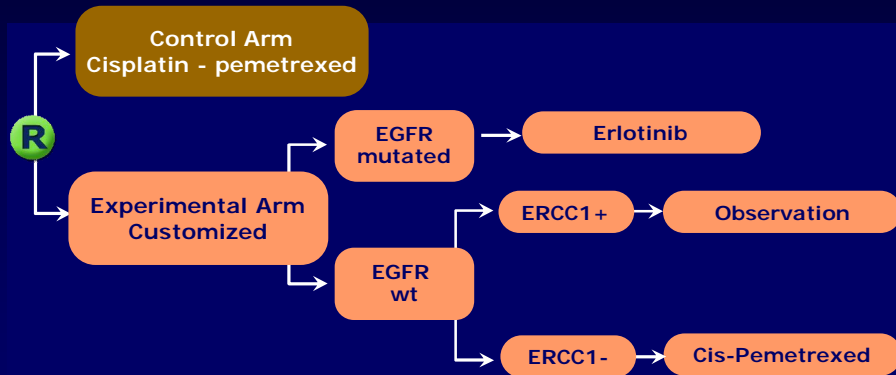






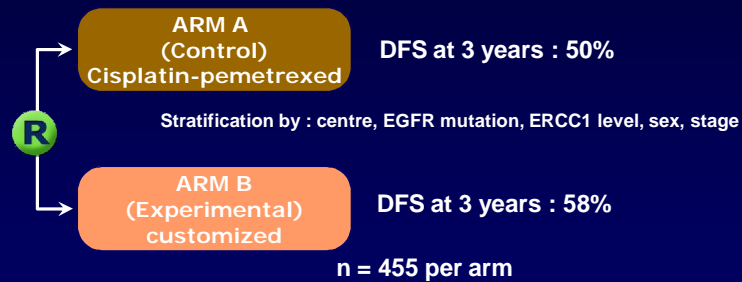


## French Adjuvant IFCT-0801: TASTE non-SCC NSCLC stage II and IIIA



## Hypothesis phase III TASTE Study

Increase 3 years DFS by 8 %



Recruitment : 2.5 years

**FIRST PATIENT : APRIL 2009**

### **Who should be tested for EGFR at the time of surgery?**

- In my opinion, most patients!
- Determine adjuvant trial eligibility.
- Arm yourself in advance in case the cancer recurs
  - Testing for EGFR and KRAS mutations sometimes takes more than 3 weeks.
  - At the current time, EML4/ALK testing can take even longer.
- Build tumor databases

### **Who can consider avoid testing for EGFR mutation?**

- SqCC
- Heavy smokers
- Small stage I cancers

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