



Is There a Role for Induction or Consolidation Chemotherapy Before/After Chemo/Radiation?



TRANSCRIPT & FIGURES

Can we do better than what we demonstrated in the 90s and early 2000s with concurrent chemoradiation? We know that we improved outcomes, that people were having more tumor shrinkage and control of their tumors was a little bit better. We were actually even able to cure more patients but we still were not curing enough patients. These were modest gains and they came at the consequence of having a number of side effects.

So we hypothesized that perhaps patients just needed more systemic therapy. The major reason for death from lung cancer is systemic recurrences, and so while we were doing pretty good with radiation and in some cases surgery, patients still had poor control over the disease over time because it would pop up in the liver, or in the brain, or in the bones, or elsewhere.

So throughout the 2000s there were two basic strategies that were tested. One strategy was to give a couple of courses of chemotherapy first, and then give patients chemotherapy and radiation concurrently. The other approach was to give chemotherapy and radiation concurrently from the get-go, but when folks were done with treatment, give them additional chemotherapy.

Both of these strategies were studied in multiple groups on multiple continents over about a five to ten year period of time. Unfortunately the bottom line to all of this type of treatment is that neither giving chemotherapy first, prior to concurrent chemoradiation, nor giving chemotherapy after concurrent chemoradiation was able to cure more people than simply giving chemotherapy and radiation at the same time.

So while we have tested a number of drugs in a number of different strategies, the bottom line is we've never been able to demonstrate further improvement in outcomes compared to just giving chemotherapy and radiation concurrently, alone.

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