



## **What Should Patients with Rapid Progression Through First-Line Treatment Receive Next?**

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### **TRANSCRIPT**

The standard treatment for patients with advanced or stage IV non-small cell lung cancer is chemotherapy or nowadays consideration of chemotherapy and immunotherapy as whole-body treatments for the cancer. Sometimes we get very good results with that but a fraction of patients usually a minority of maybe 20-30% will have progression of their cancer relatively early and will not get a response but will demonstrate progression on their first scans after they have started treatment.

Historically we have found that the patients who have early progression on chemotherapy at least have not tended to respond well to other treatments, but fortunately there are some other considerations. One is a combination of a drug called Taxotere (docetaxel) combined with another agent called Cyramza (ramucirumab) that is an intravenous antibody treatment given every three weeks along with the chemotherapy and that helps block the blood supply to the cancer. This combination of Taxotere and Cyramza was compared in a large trial to Taxotere alone as a second treatment option for patients who have already been on and then progressed on first-line chemotherapy. Now, this trial called the REVEL trial included patients who had responded as well as those patients who had had stable disease for awhile before the cancer progressed. It also included a subset of patients who had their cancer demonstrate progression within the first couple of months after starting treatment. As I said historically these patients have tended to not do as well with chemotherapy because they have already been shown that their cancer is relatively refractory to chemo in general but in this trial, the REVEL trial, the combination of Taxotere and Cyramza was associated with a better survival than the same chemotherapy (Taxotere) alone.

Importantly, when they looked at the patients who had had early progression, these folks did demonstrate a benefit from the combination that was every bit as good and in fact tended toward being a little better for the combination compared to chemotherapy alone. It offers an option of what we might consider for patients who have been on chemotherapy, have had their cancer progress disappointingly early, and for whom we might otherwise have to think what can we possibly do for them. We can potentially do better by giving them a combination of Taxotere and Cyramza as opposed to Taxotere alone. It's not going to be for everyone. It slightly has a modestly higher side effect profile. There's some expense associated with it but for some patients that is going to be a strong consideration. The results are associated with a better survival than Taxotere alone for these patients not only a broad population but in patients with rapid progression on first-line chemotherapy-based treatment.

<https://www.youtube.com/watch?v=PCydWZ2OC6k&feature=youtu.be>