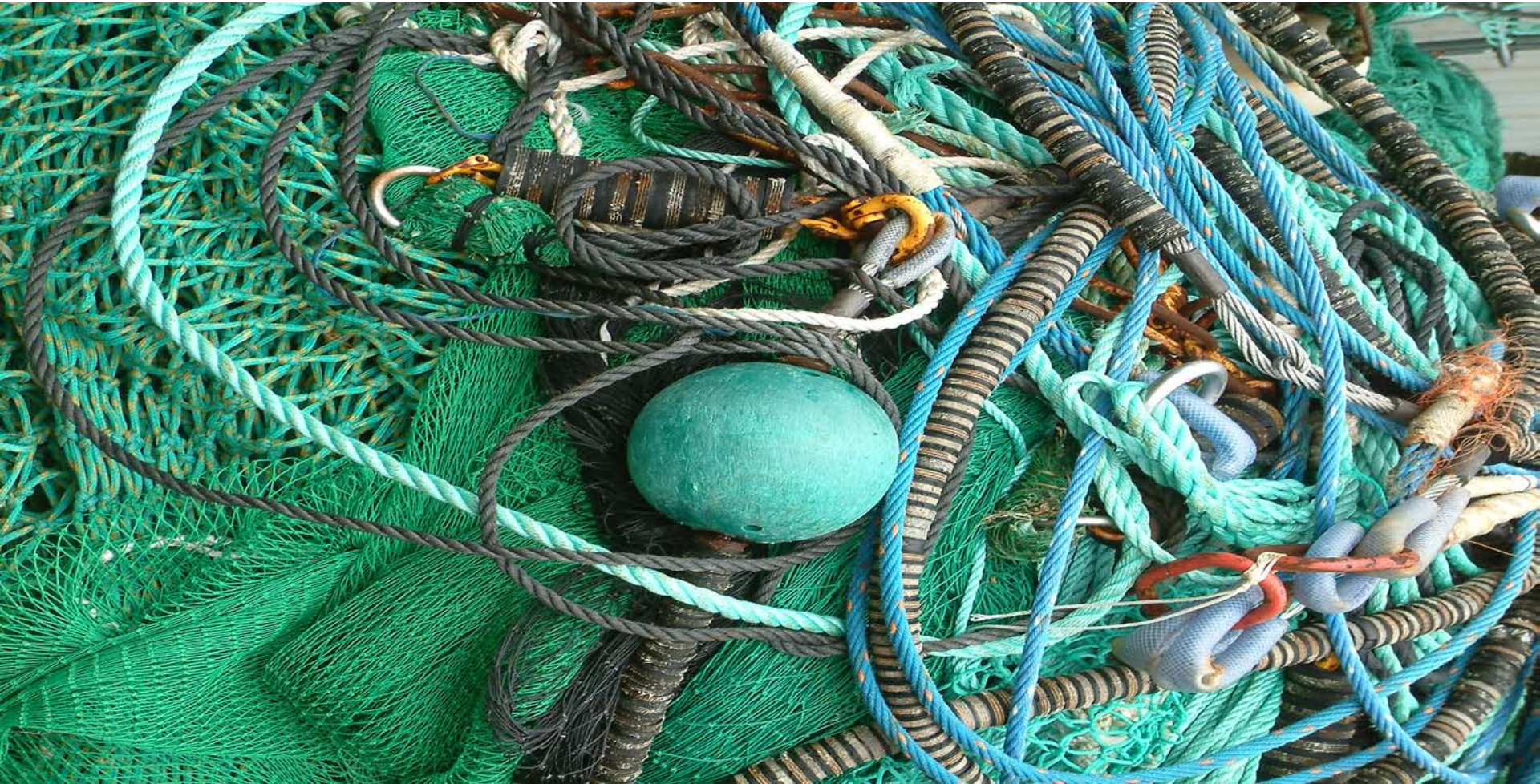
Projektgruppe Internistische Onkologie

NSCLC

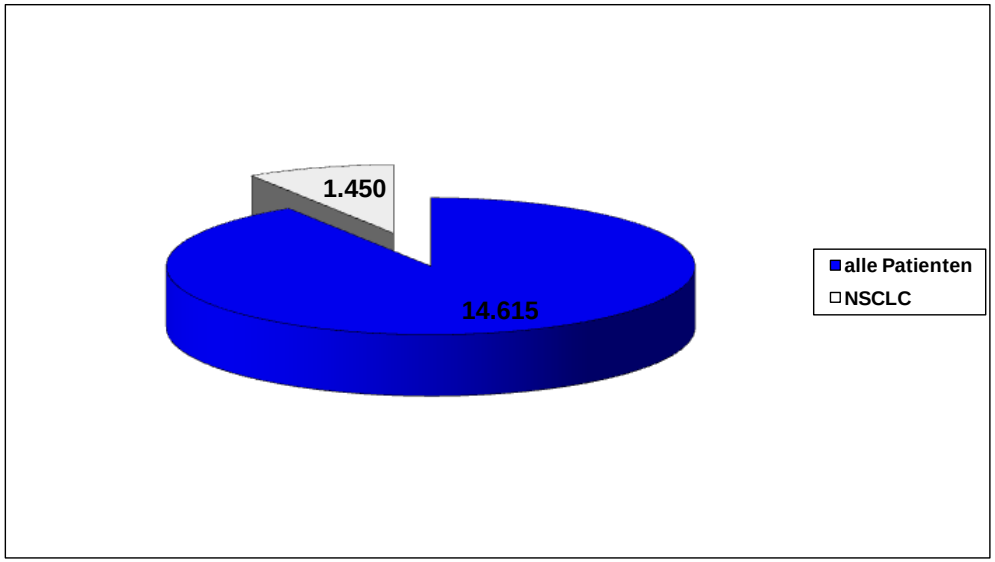
Dr. St. Wilhelm, Güstrow



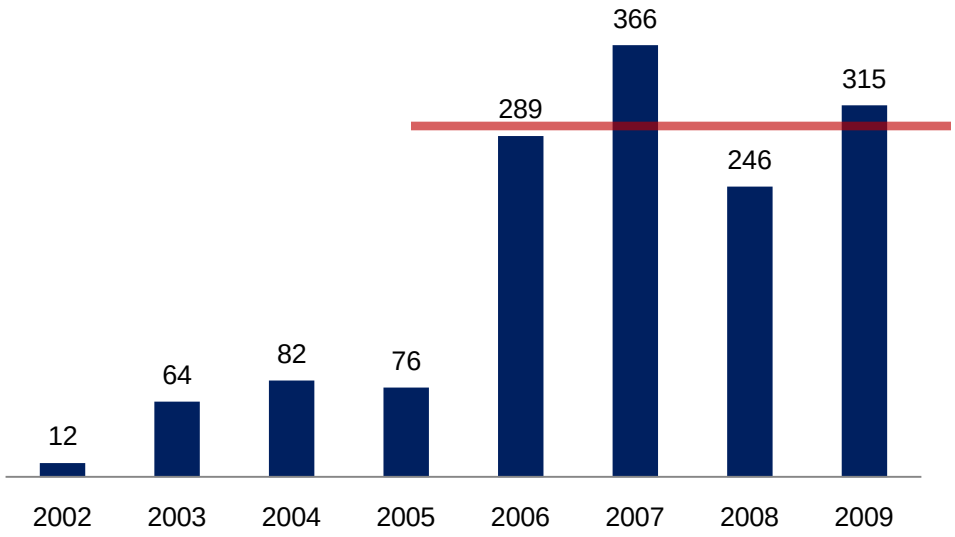
p.i.o.

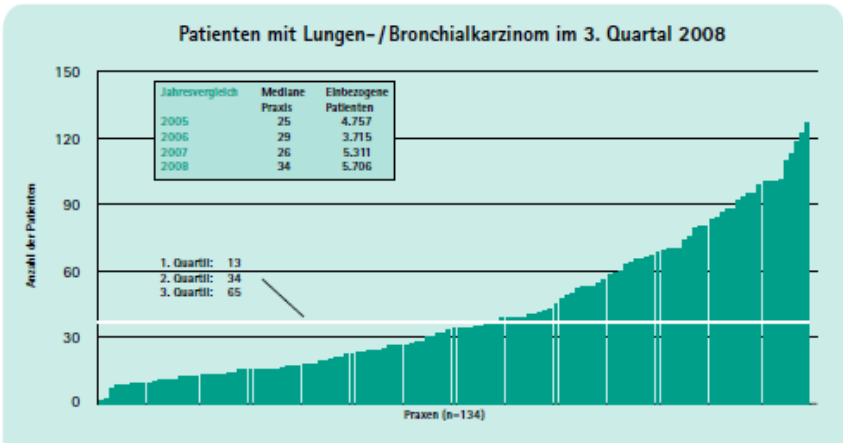
NSCLC 2002-2009

gemeldete Patienten



2005	6,1
2006	9,9%
2007	10%
2008	7%
2009	9%

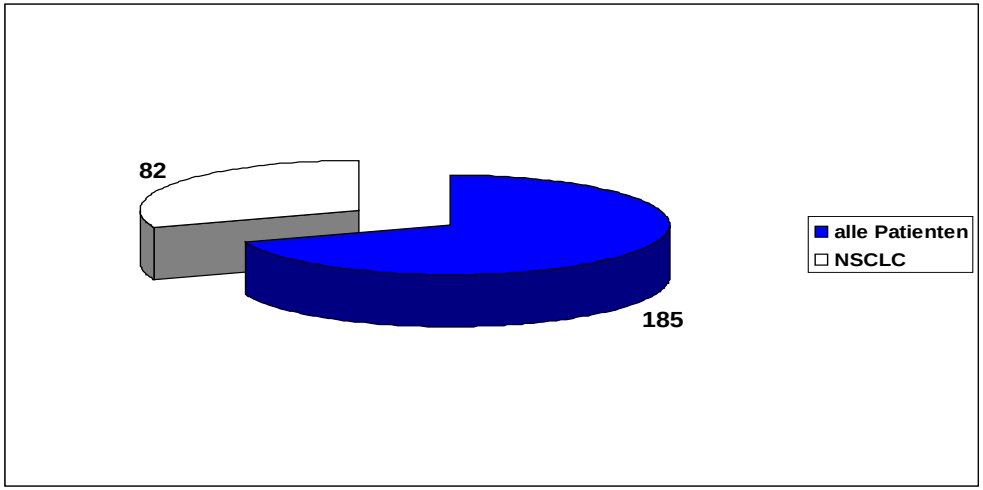




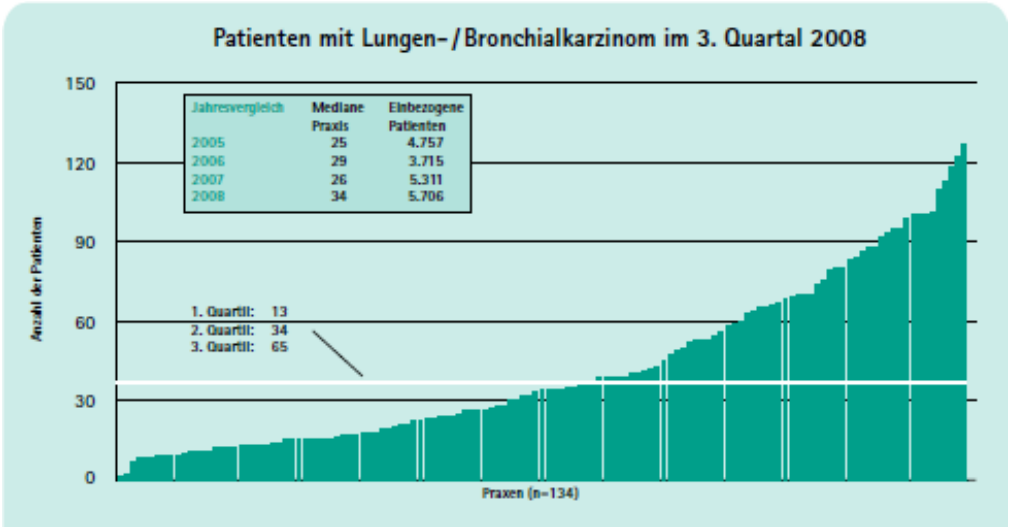
Winho Bericht 2009

p.i.o.

NSCLC 2002-2009 beteiligte Praxen



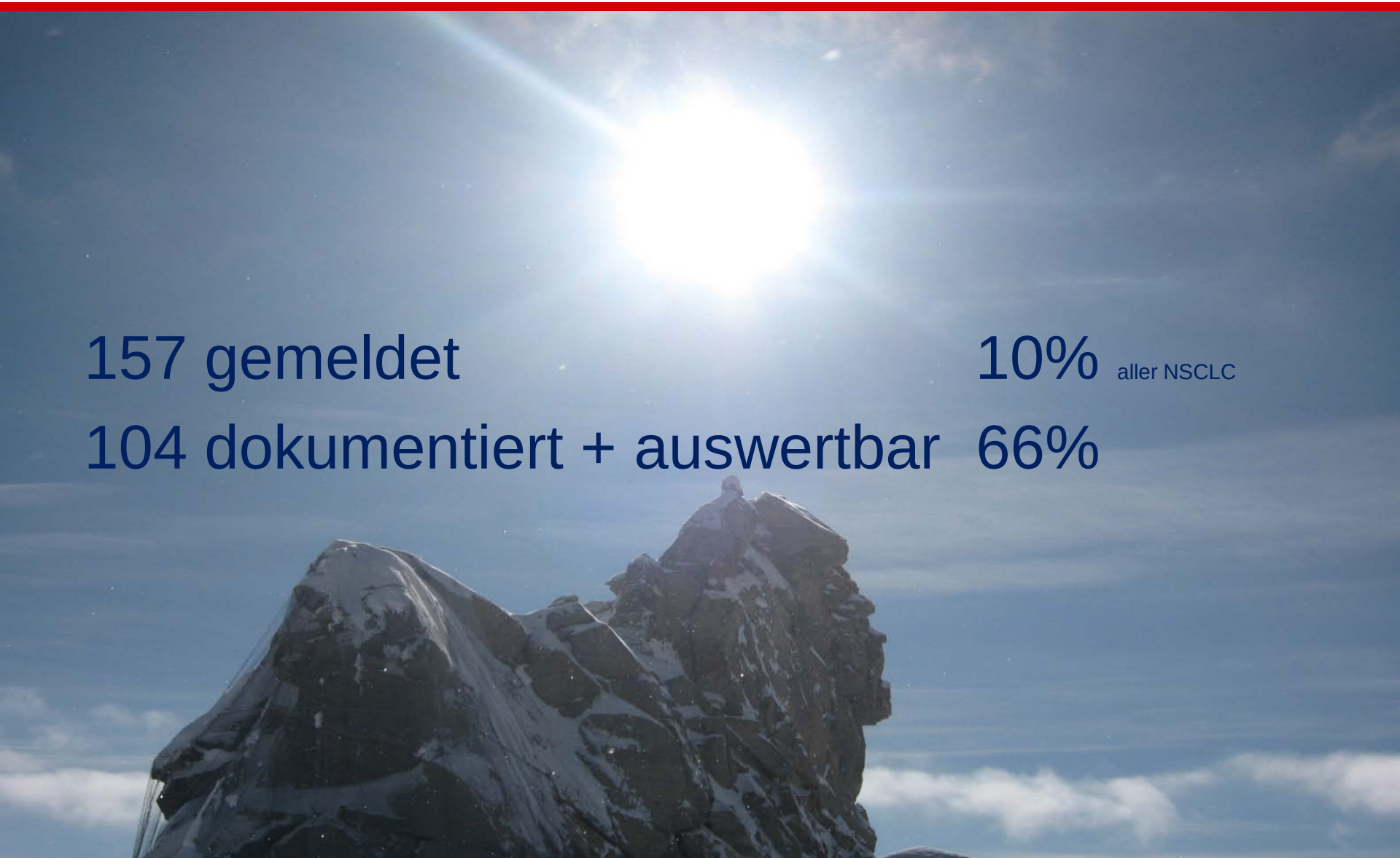
NSCLC: 44%



Winho Bericht 2009

p.i.o.

NSCLC - adjuvant

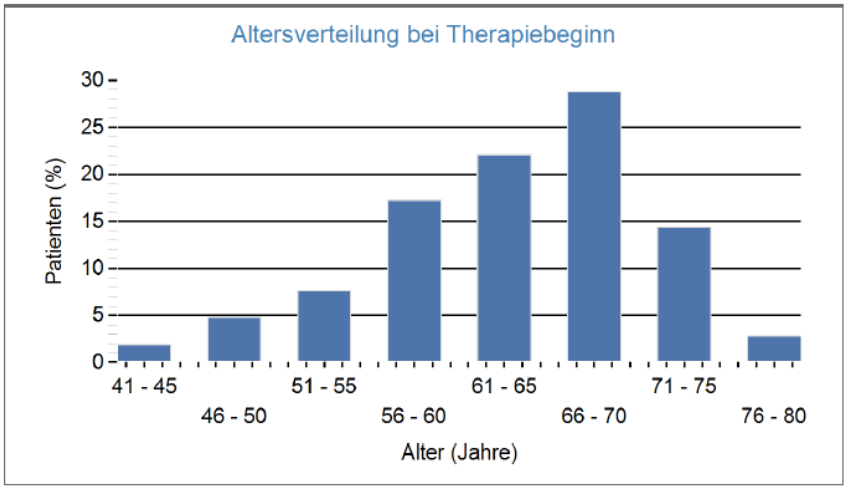


157 gemeldet 10% aller NSCLC

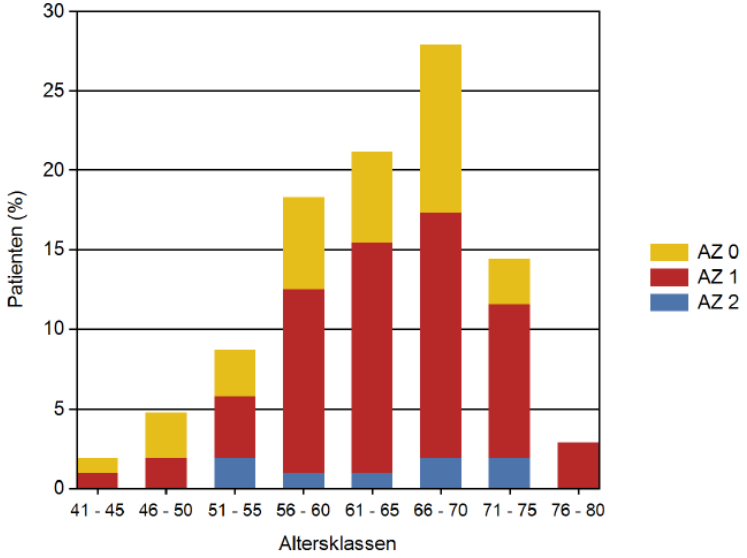
104 dokumentiert + auswertbar 66%

p.i.o.

NSCLC - adjuvant



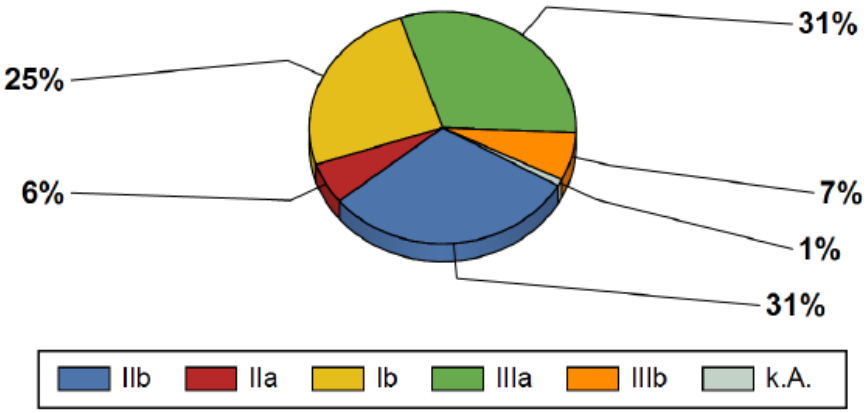
Median 63y



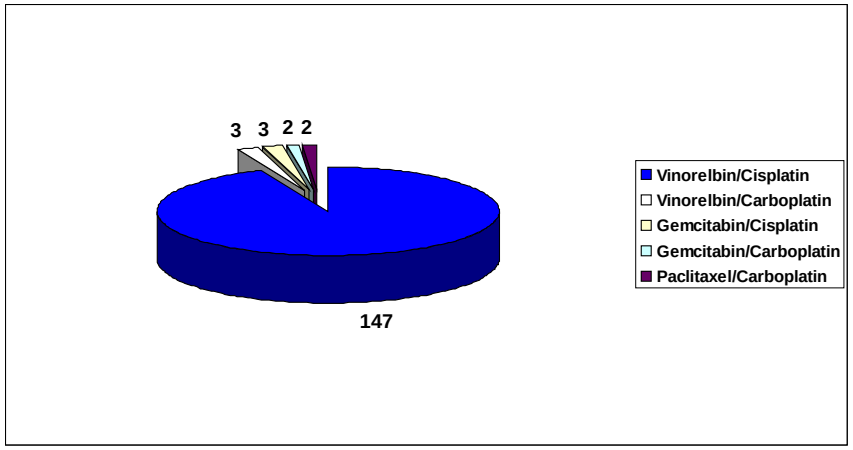
Studie	Medianes Alter (Jahre)	ECOG
ANITA[1]	59 (32-75)	0-2
IALT[2]	59 (27-77)	0-2
JBR.10[3]	61 (34-78)	0-1

p.i.o.

NSCLC – adjuvant



Studie	UICC
ANITA	I-IIIa
IALT	I-III
JBR.10	Ib-II



Studie	n	Therapie
ANITA	367	V: 30 mg/m², d1, 8, 15, 22 C: 100 mg/m², d1 (28d)
IALT	932	V: 30 mg/m², d1, 8, 15, (22) C: 80 mg/m², d1 (21d) 100-120 mg/m², d1 (28d)
JBR.10	242	V: 25 (-30) mg/m², d1, 8, 15, 22 C: 50 mg/m², d1+8 (28d)

p.i.o.

p.i.o.

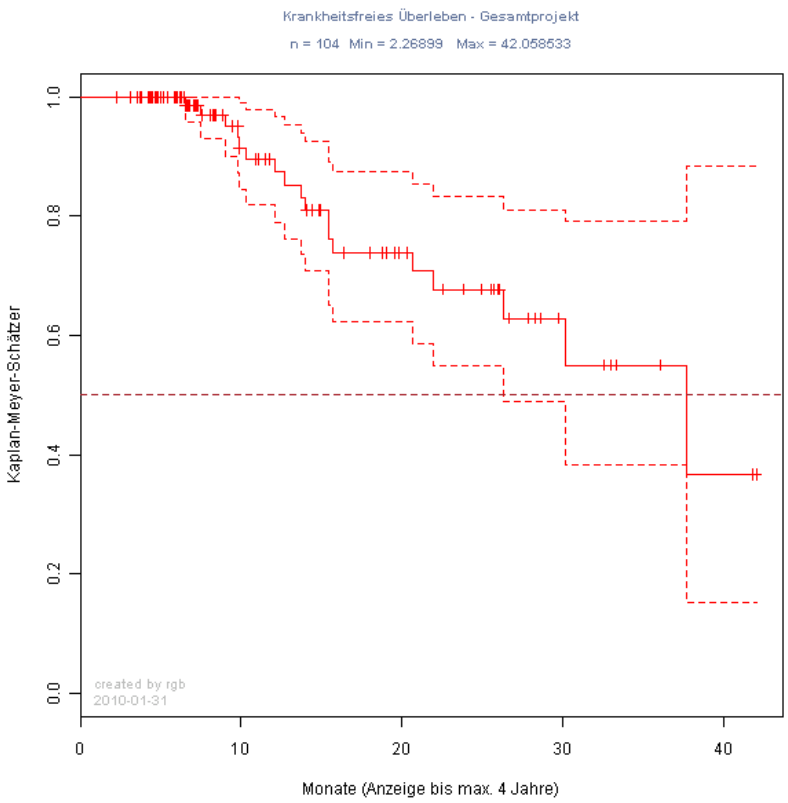
NSCLC – adjuvant

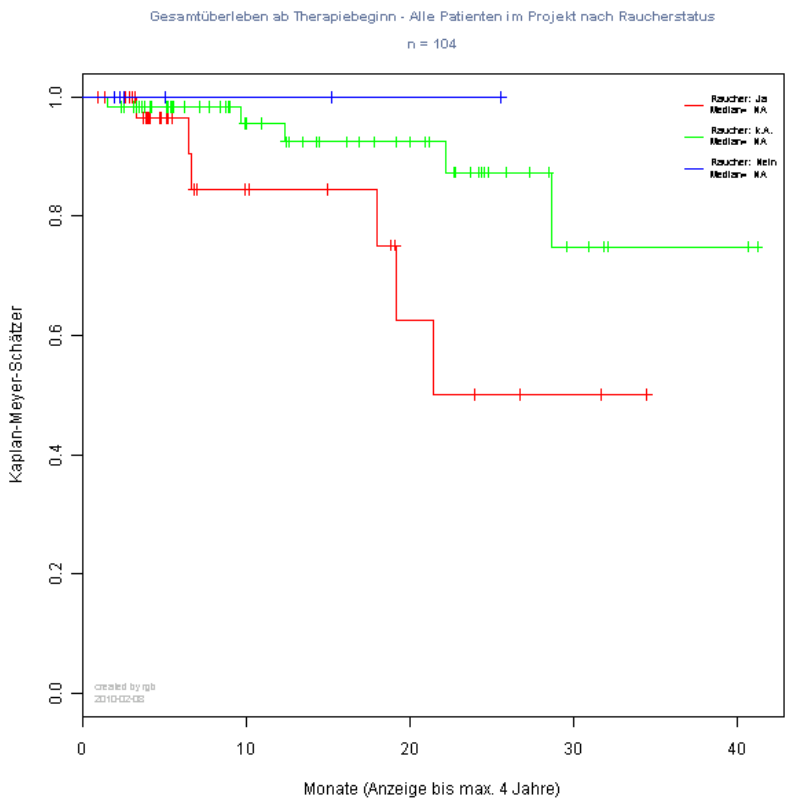
- 2 Jahres-Follow up: n = 19
- 3 Jahres-Follow up: n = 2
-
- 11 verstorben

- n = 12 Fernmetastasen
- n = 7 Lokalrezidive
- n = 1 Zweitneoplasie

p.i.o.

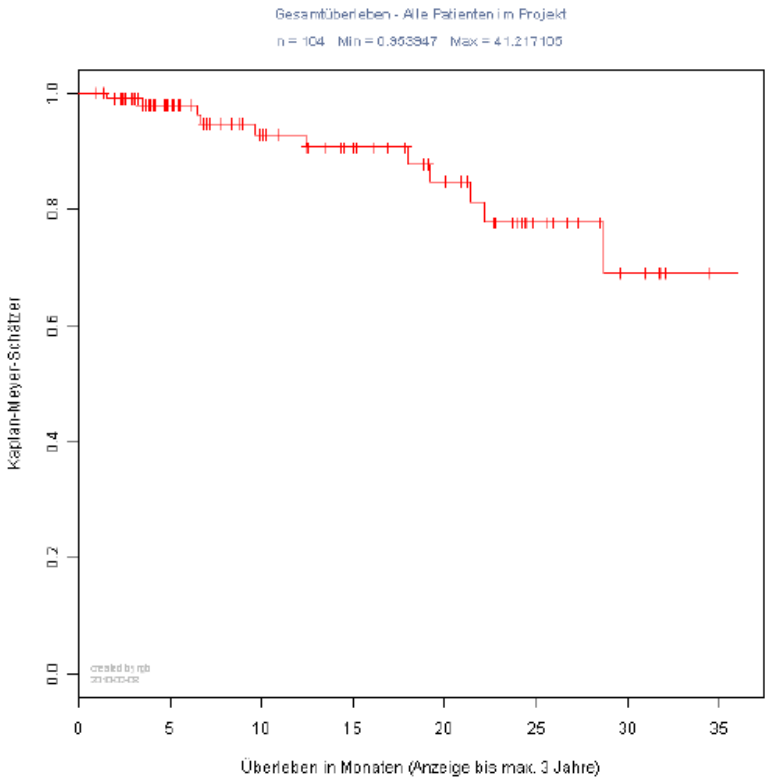
NSCLC – adjuvant
DFS / Raucherstatus + OS





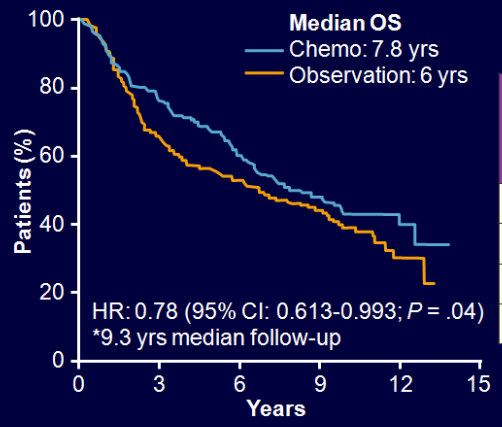
p.i.o.

NSCLC – adjuvant OS



Vinorelbine/Cisplatin vs Observation in Stage Ib/II NSCLC: OS in JBR.10

- Long-term* OS superior with chemotherapy vs observation
- Benefit persists > 12 years
  - May be limited to stage II and bulky (≥ 4 cm) stage IB NSCLC



Disease Stage	Median OS, Yrs		
	Vin/Cis	Obs.	*P* Value
Stage II	6.8	3.6	.01
Stage IB	9.8	11.0	.87
▪ T < 4 cm	7.6	11.2	.07
▪ T ≥ 4 cm	NR	9.8	.13

Vincent MD, et al. ASCO 2009. Abstract 7501.

p.i.o.

NSCLC – palliativ

1.234 gemeldete Patienten

927 dokumentiert + auswertbar (74%)

601 verstorben (65%)

p.i.o.

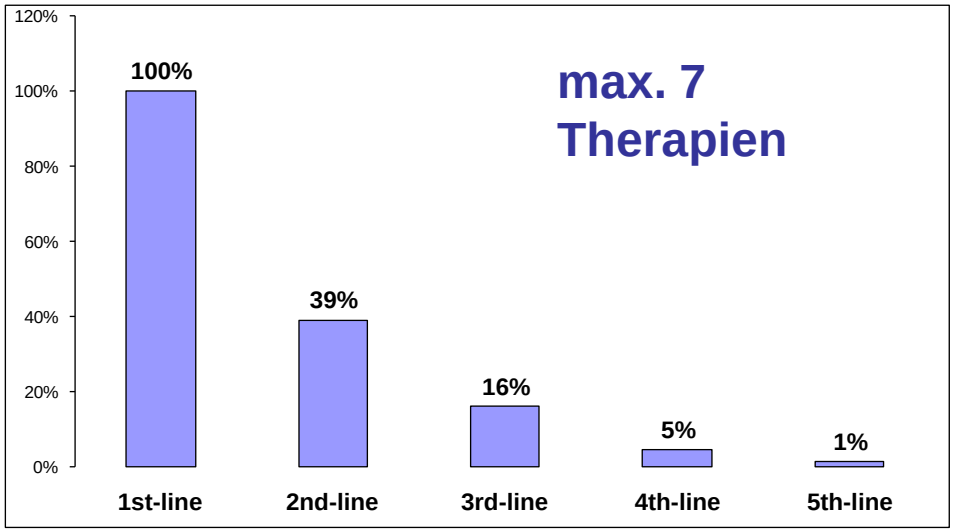
NSCLC – palliativ

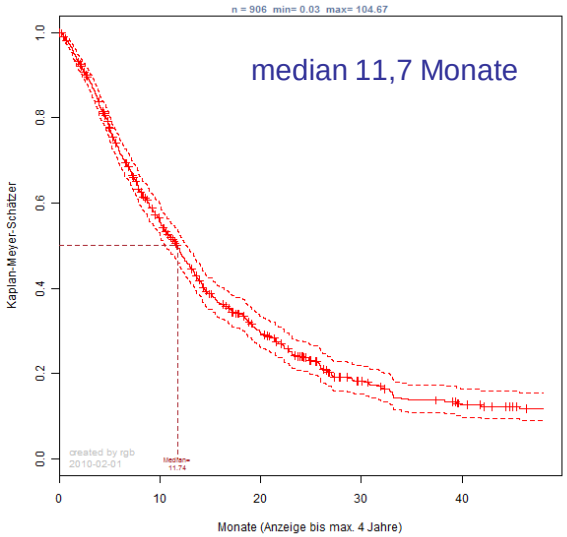
N= 927 pts	Therapie		
Chemotherapie	912	98%	39 Schemen
Immuntherapie	178	19%	Bev 3 Erlo 167 Gef 8
Immun / Chemo	14		
Radiatio / Chemo	27		
Bisphosphonate	3		
Radiatio	221		

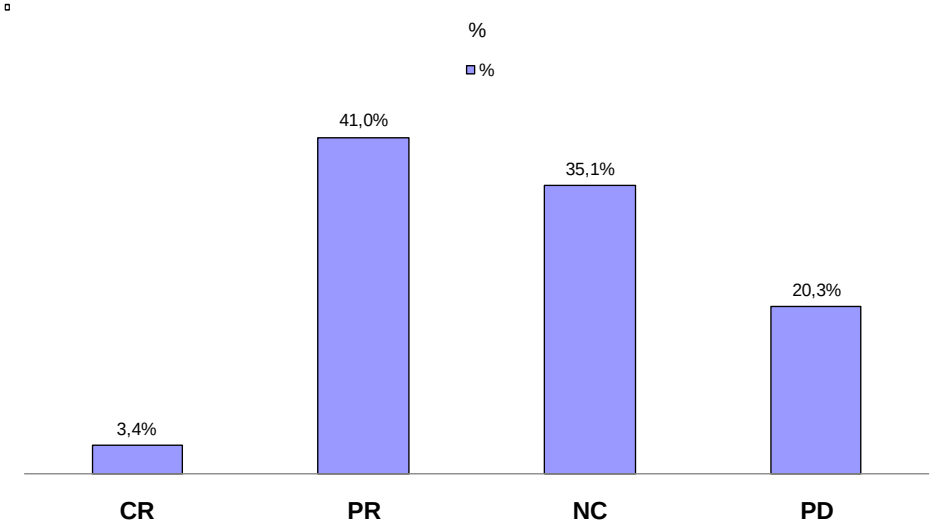
= 1.453 Therapien

p.i.o.

NSCLC – palliativ



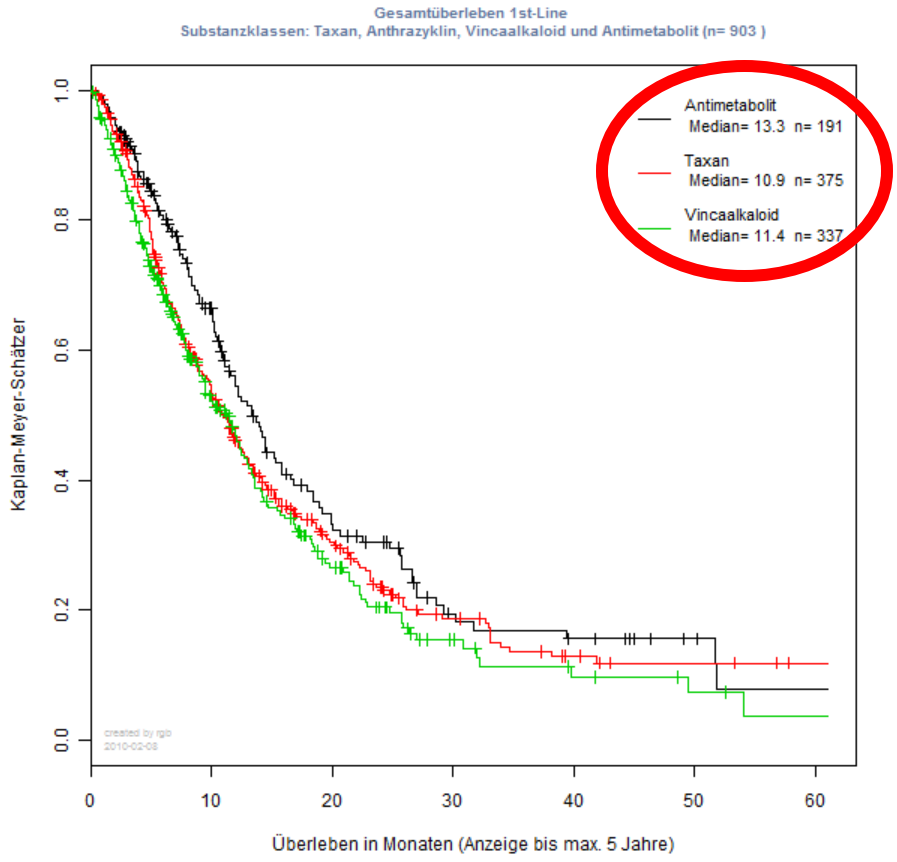


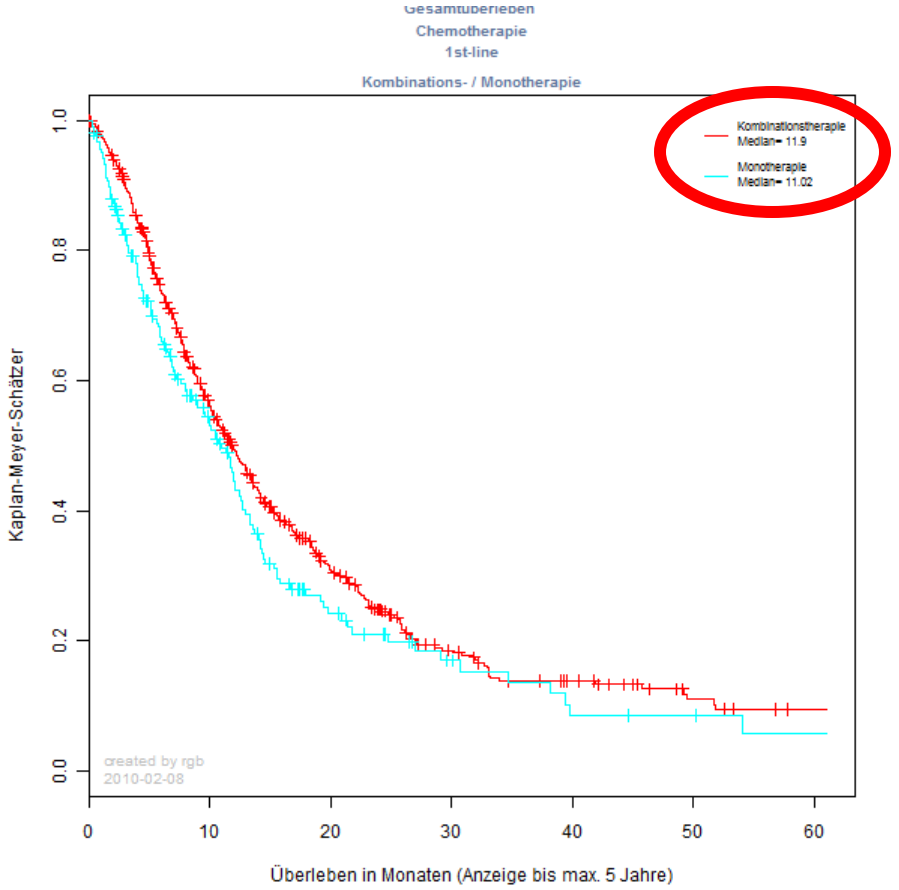


	No	Platte	Chemo	Bio neu	PFS (mo)	OS (mo)	1-JÜR (%)
JMDB	847	0	Cis/ Gem	Cis/ Pem	5.0 5.5	10.9 12.6	39 46
ECOG 4599	878	0	Carbo/ Pac	Beva	4.5 6.3	10.2 12.5	44 52
AVAIL	1143	0	Cis/ Gem	Beva	6.1 6.7	13.1 13.6	53 53
FLEX	413	0	Cis/ Vino	Cetux	n.a. n.a.	10.3 12.0	44 50

p.i.o.

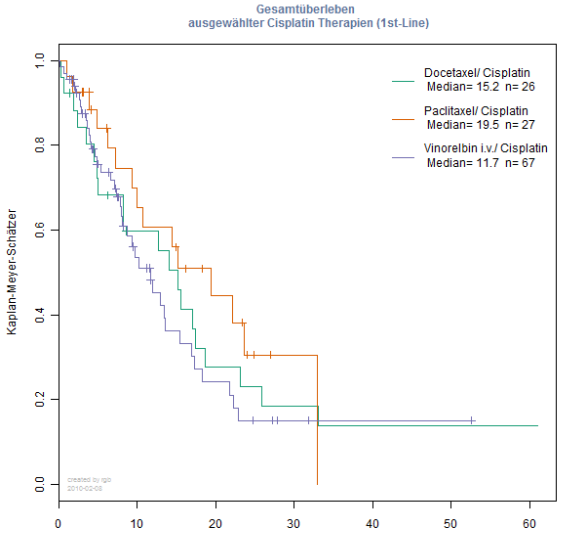
NSCLC – palliativ

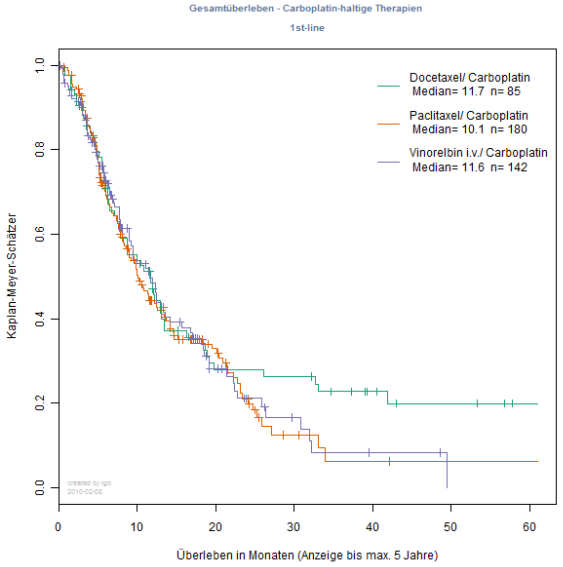


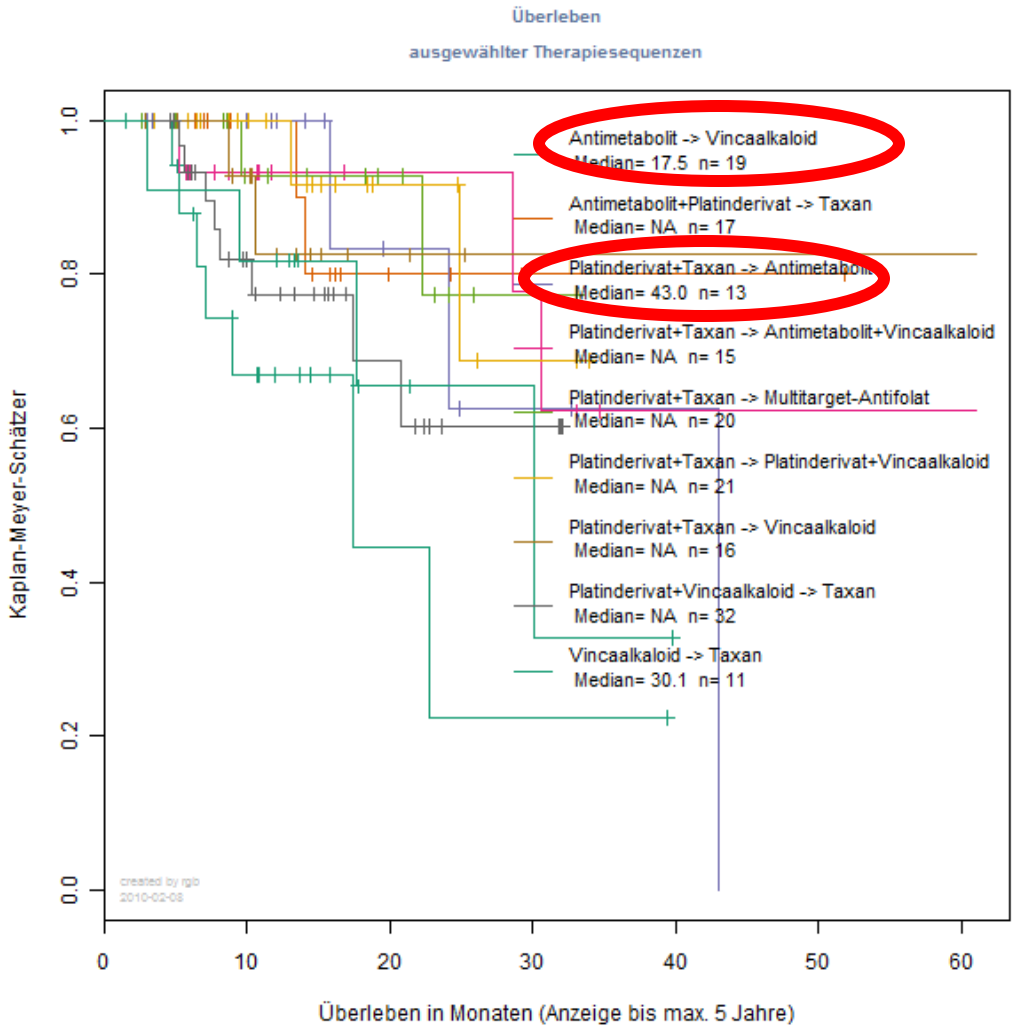


p.i.o.

NSCLC - palliativ

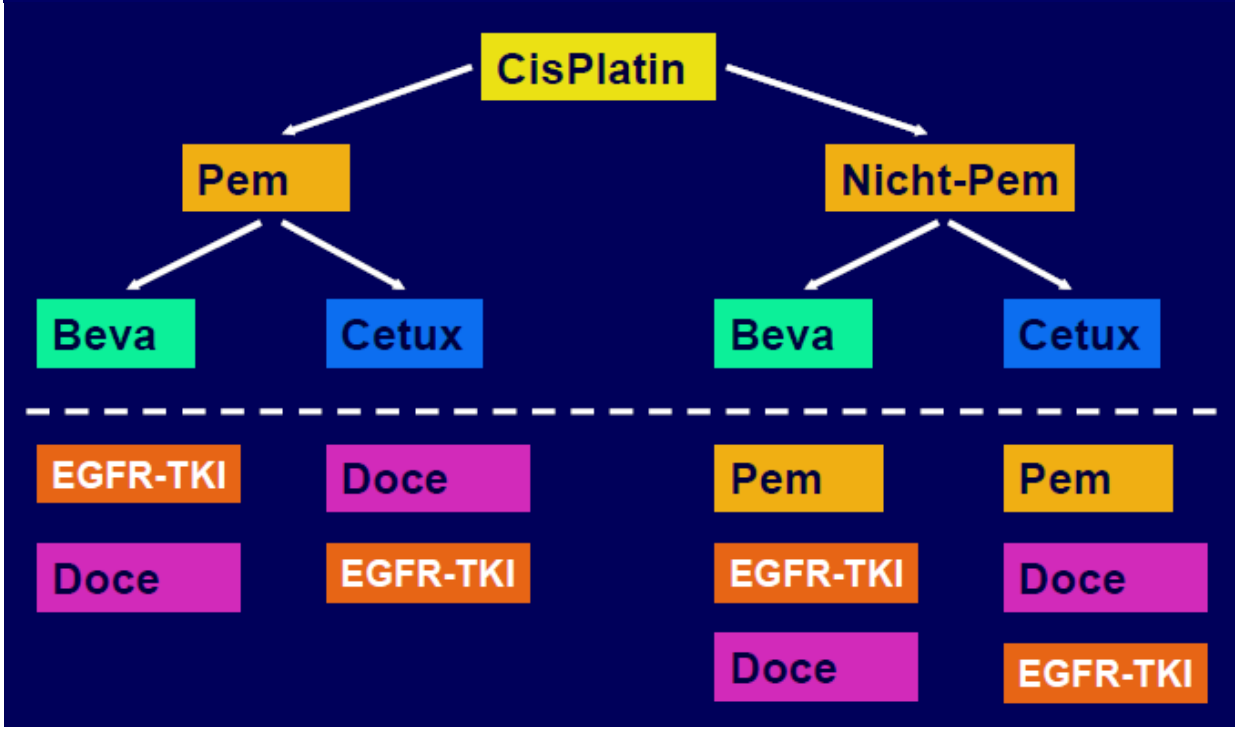


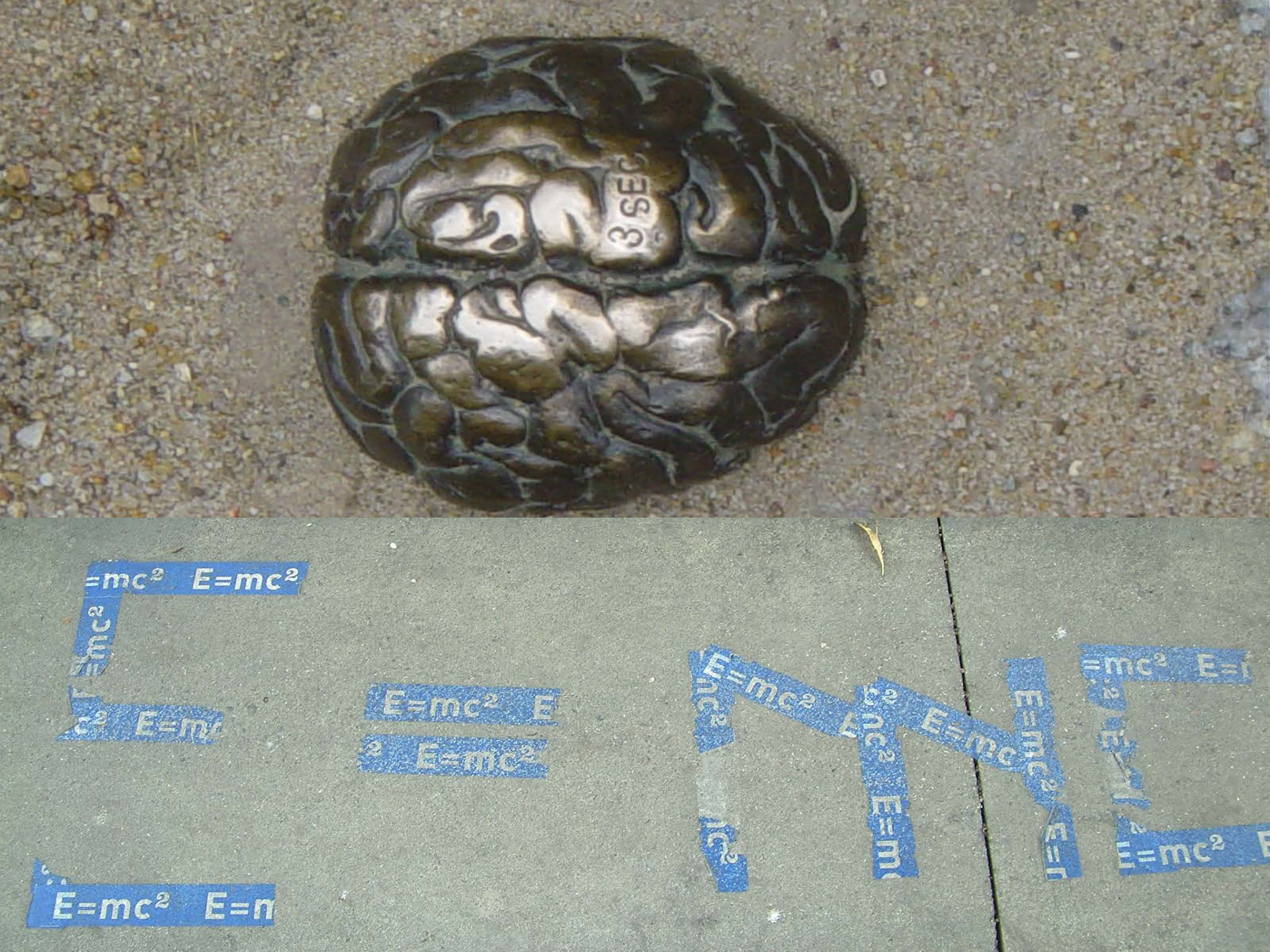




p.i.o.

Gen	Änderung	Medikament	Ansprechen
ERCC1	Vermehrte Expression	Platinum	↓
RRM1	Vermehrte Expression	Gemcitabin	↓
TS	Vermehrte Expression	Antifolate	↓
P53	Mutation	Multiple	↓
K-ras	Mutation	Platin	↓
β tubulin	Vermehrte Expression Isotyp 3ß	Taxane	↓




3 SEC
E=mc²
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p.i.o. NSCLC – Überlegungen

adjuvant

Erfassung der Tumorgröße

palliativ

Gefitinib

Mutationsstatus EGFR wenn durchgeführt – im Bogen enthalten

Therapiesequenzen !! in Kombination mit predictive Marker

Palliativmedizin Dokumentation