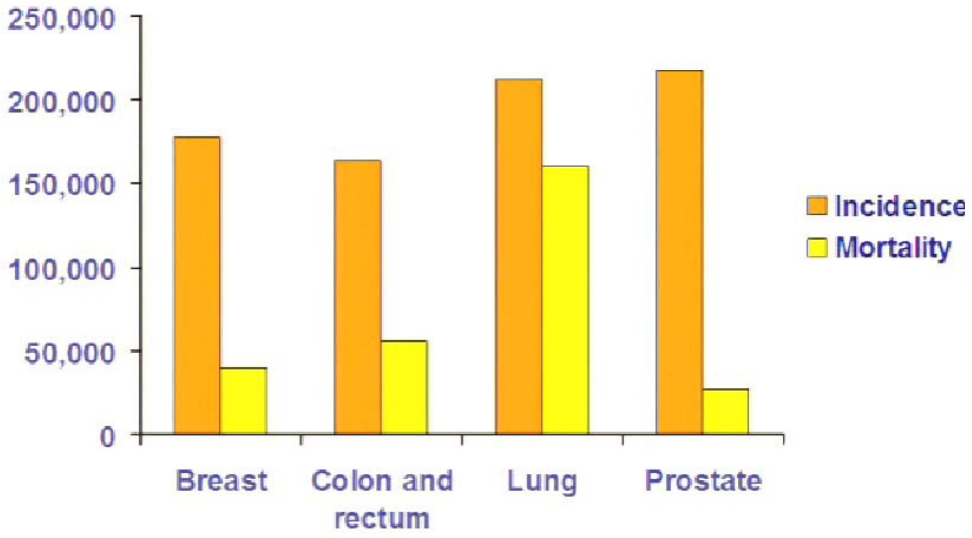
Die Therapie des NSCLC in der ambulanten Versorgung



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Projektgruppe
Internistische Onkologie

Dr. Wilhelm, Güstrow

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NSCLC 2003-2010

Versorgungsforschung niedergelassener Onkologen in Deutschland

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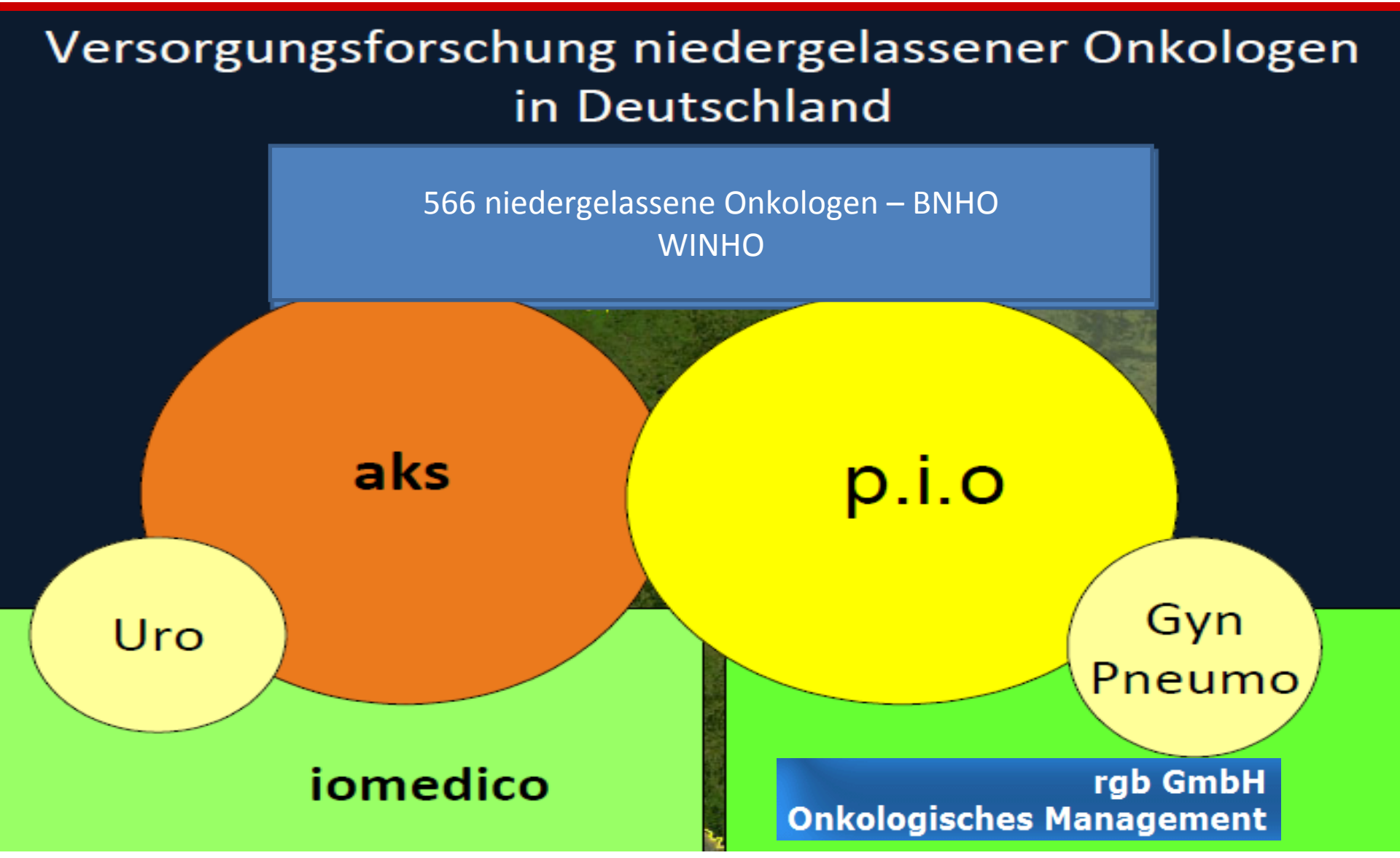

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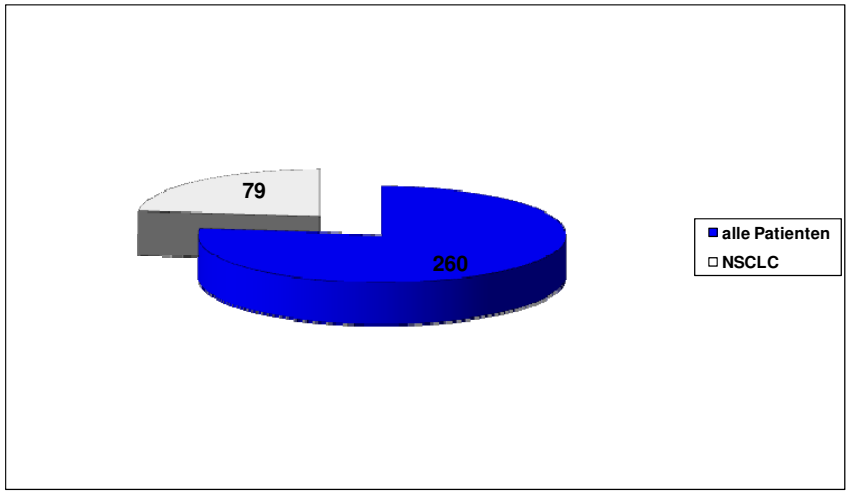
NSCLC 2003-2010 beteiligte Praxen



NSCLC: 30,3 %

Praxis Gesamt	260
Praxis NSCLC	79

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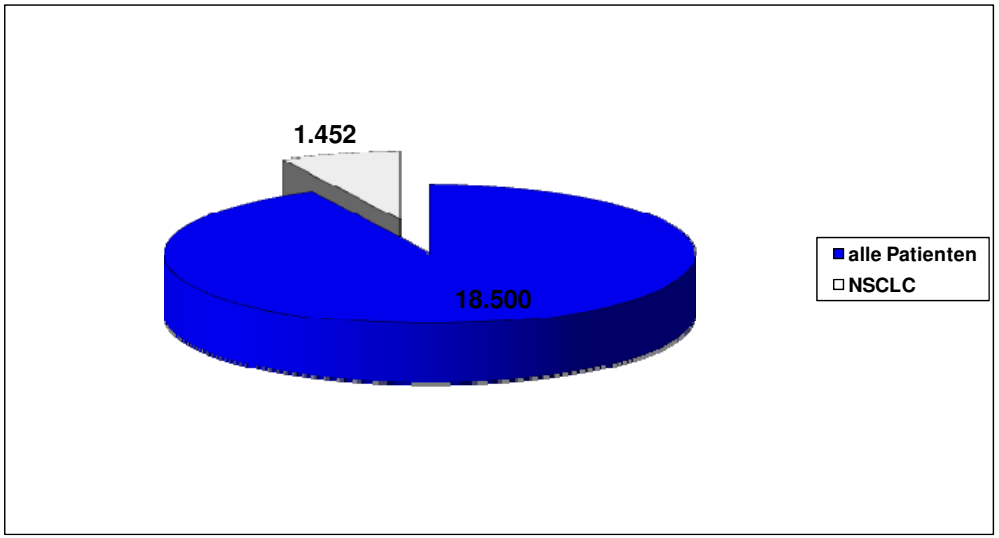
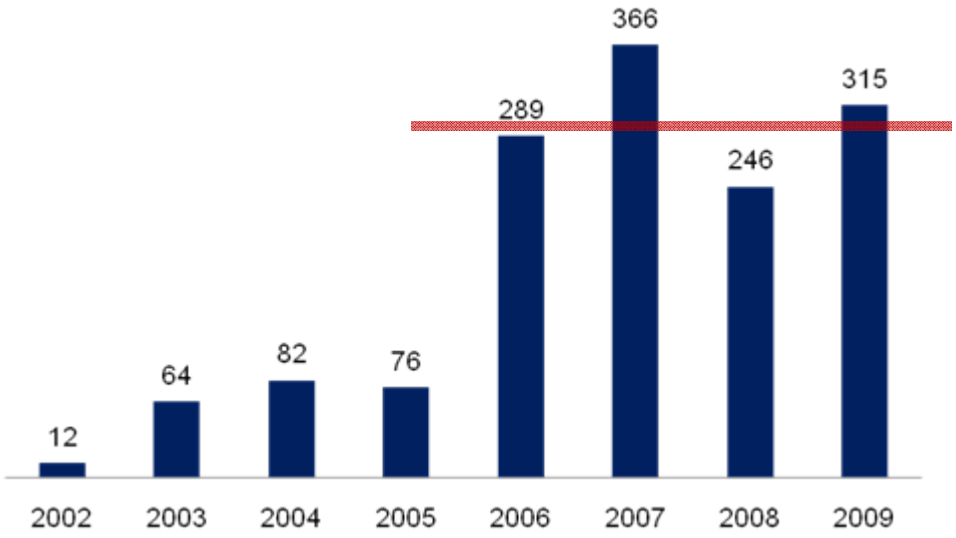
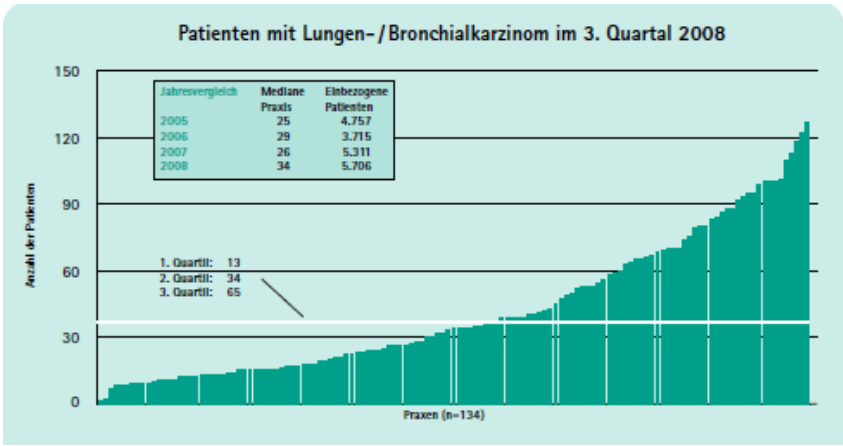
NSCLC 2003-2010
gemeldete Patienten



Anteil NSCLC Pat 7,8%





Winho Bericht 2009

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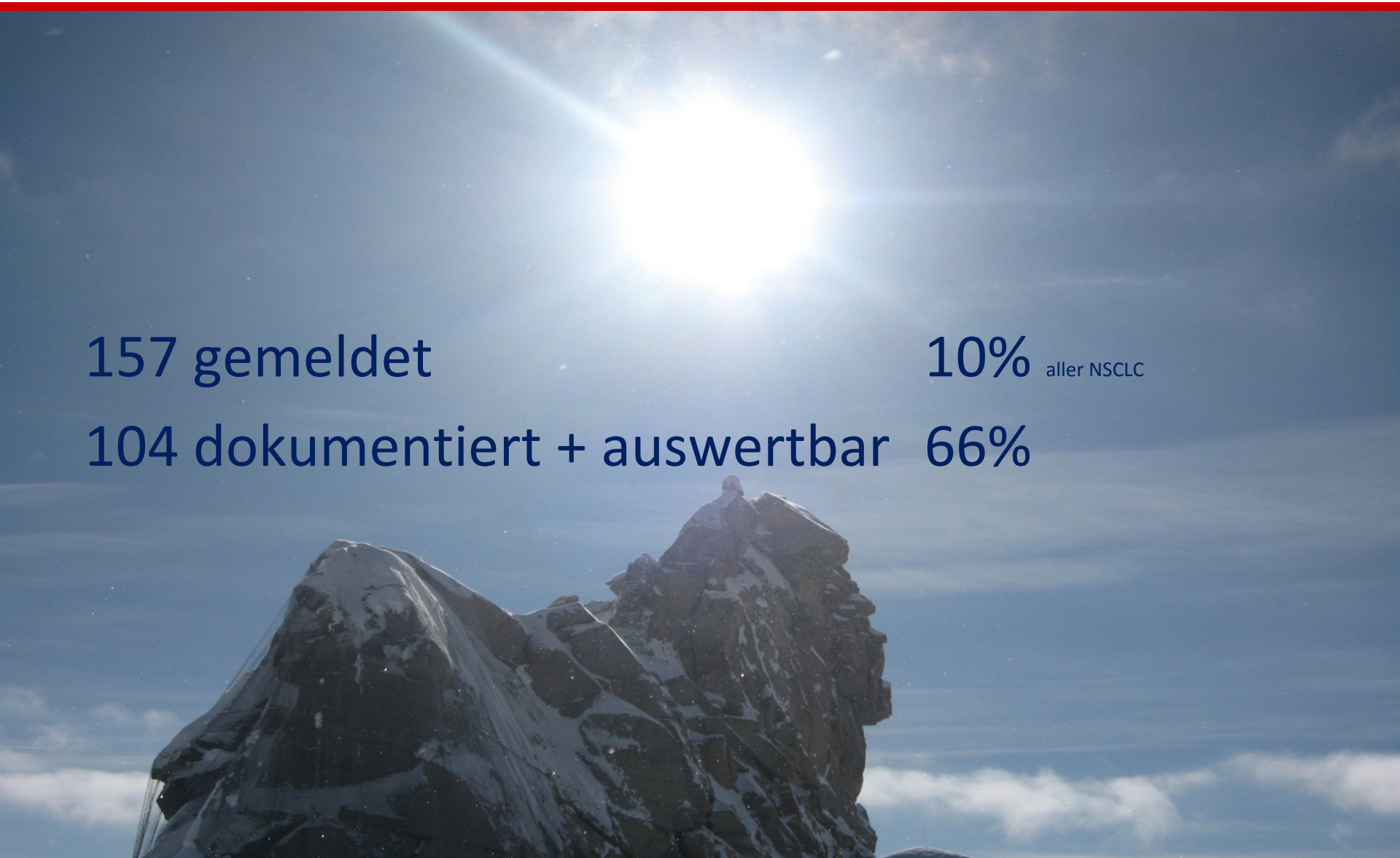
NSCLC - adjuvant



157 gemeldet	10% aller NSCLC
104 dokumentiert + auswertbar	66%

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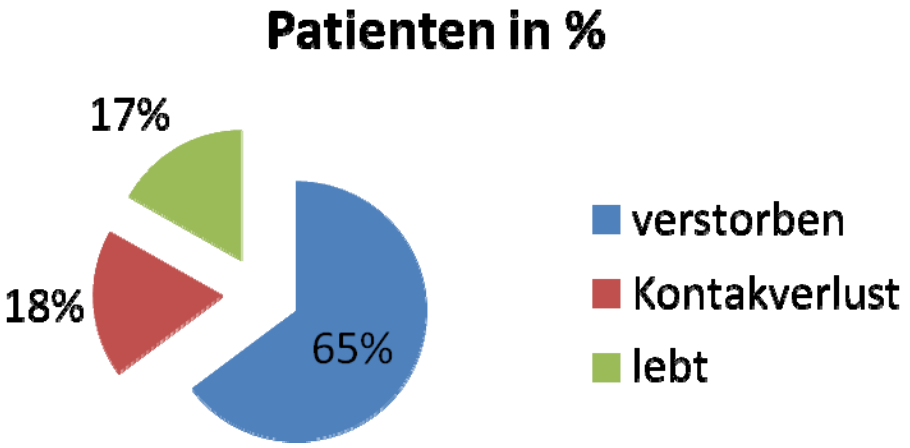
Internistische Onkologie

NSCLC 2003-2010 palliativ

Patienten	gemeldet	1452
	ausgewertet	1057
		72%
Alter	median	66 Jahre
	Range	30 – 89 Jahre



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NSCLC 2003-2010
Palliativ 1057 pts

Chemotherapie	1038 pts	1692 Therapien
	42 verschiedene Therapieprotokolle !!!	
Radiatio	276 pts	
Target Therapie	198 pts	200 Therapien Bev 7 pts Erlo 183 pts Gef 9 pts
Target / Chemo 20 pts	10 verschiedene Protokolle (Chemo + Bev / Cet)	
Radiatio / Chemo 37pts	8 verschiedene Protokolle	

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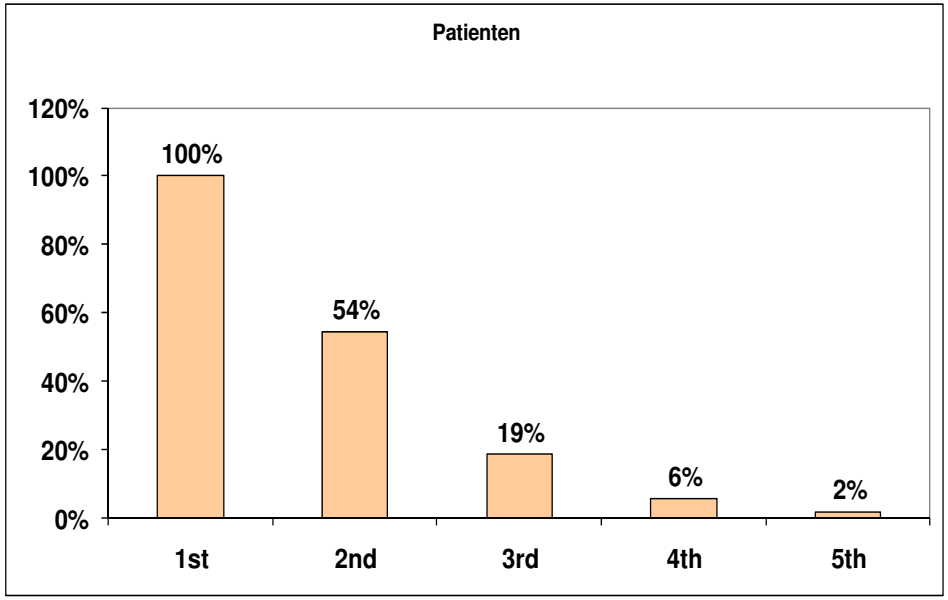
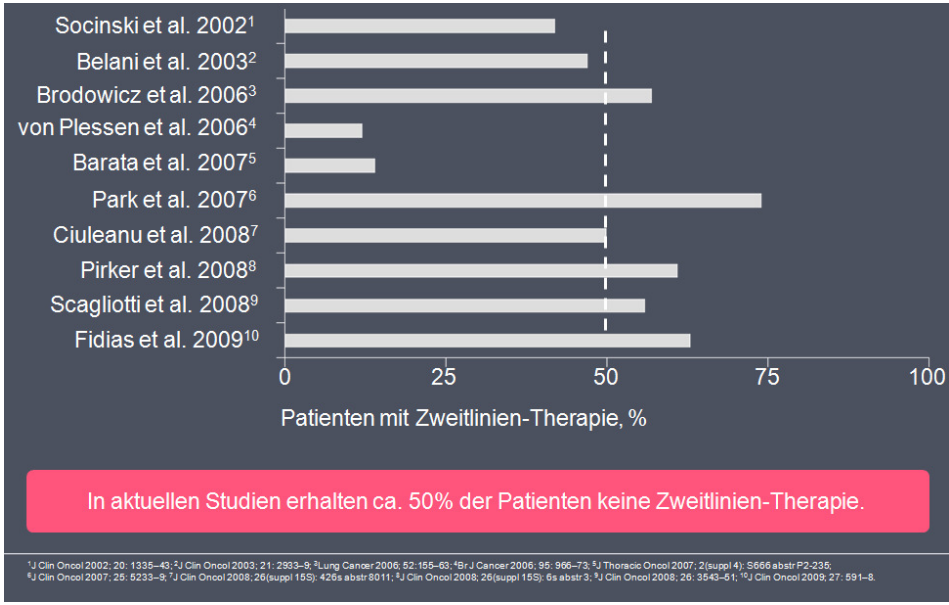
Anteil von Patienten an den Therapienlinien





[1]J Clin Oncol 2002; 20: 1335–43; [2]J Clin Oncol 2003; 21: 2933–9; [3]Lung Cancer 2006; 52:155–63; [4]Br J Cancer 2006; 95: 966–73; [5]J Thoracic Oncol 2007; 2(suppl 4): S666 abstr P2-235; [6]J Clin Oncol 2007; 25: 5233–9; [7]J Clin Oncol 2008; 26(suppl 15S): 426s abstr 8011; [8]J Clin Oncol 2008; 26(suppl 15S): 6s abstr 3; [9]J Clin Oncol 2008; 26: 3543–51; [10]J Clin Oncol 2009; 27: 591–8.

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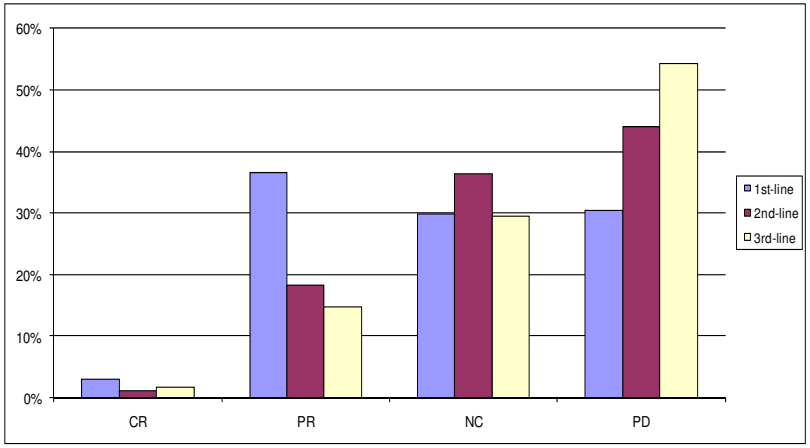
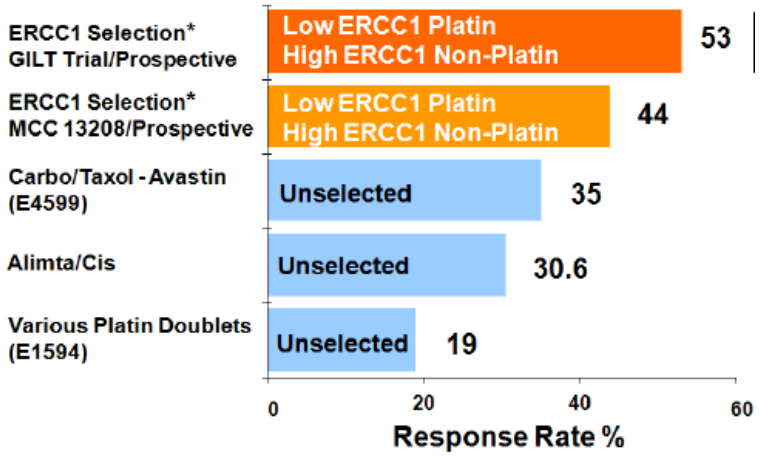
Palliativ 1057 pts





Remissions- (CR/PR) 39,6%

Ansprechrate (CR/PR/NC) 69,4%

nimmt mit der Anzahl der Therapien ab

(3rd-line: 16,3% bzw. 45,8%).

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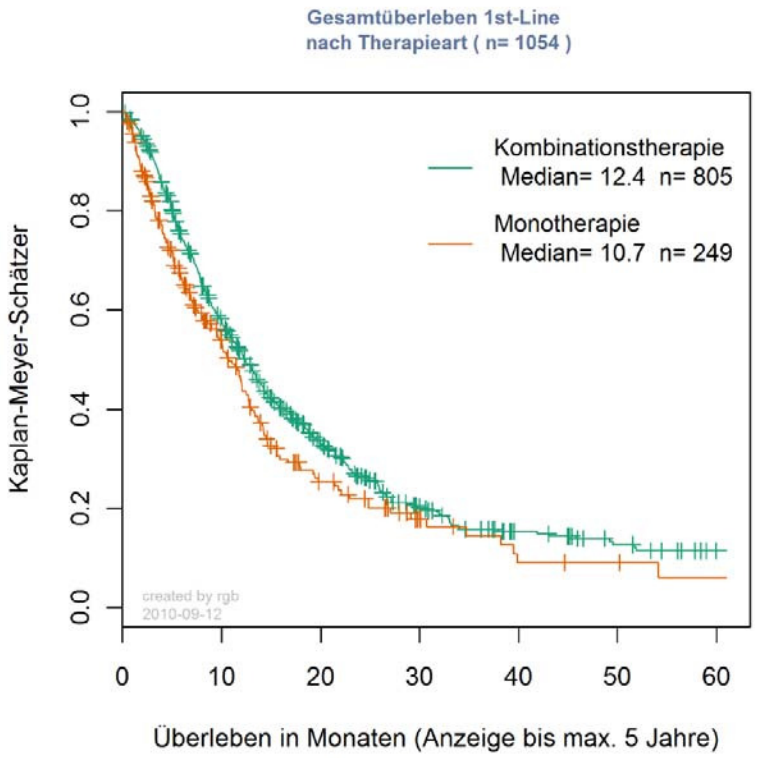
Palliativ 1057 pts



Was können wir erreichen bei nicht selektionierten Patienten?

Ansprechen:	19% - 32%
Progression Free Survival:	4.0 – 5.0 Monate
Mediane Überlebenszeit:	7.9 – 9.9 Monate
1 Jahres Überlebensrate:	33% - 43%

Kelly K et al, J Clin Oncol 2001; 19: 3210-8, Scagliotti GV et al, J Clin Oncol 2002; 20: 4285-91, Schiller J et al, NEJM 2002; 346: 92-8

	No	Chemo	RR	PFS (mo)	OS (mo)	1-JÜR (%)
JMDB Scagliotti JCO 2008	847	Cis/Gem vs. Cis/Pem	25 32	5.0 P=0.12 5.5	10.9 P=0.033 12.6	39 46
Norwegen Gronberg 2009	217	Car/Gem vs. Car/Pem			7.5 P=0.77 7.7	38 40

	No	Chemo	RR	PFS (mo)	OS (mo)	1-JÜR (%)
ECOG 4599	878	Car/Pac Beva 15	15 35 P=0.001	4.5 6.3 P=0.002	10.2 12.5 P=0.003	44 52
AVAIL	1143	Cis/Gem Beva 7.5 Beva 15	20 34 P=0.001 30 P=0.002	6.1 6.8 P=0.003 6.6 P=0.045	13.1 13.6 P=o.43 13.4 P=0.74	53 53 53

	No	Chemo	RR	PFS (mo)	OS (mo)	1-JÜR (%)
FLEX	1125	Cis/ Vino	36 29 P=0.012	4.8 4.8 P=n.s.	11.3 10.1 P=0.04	44 50
BMS	667	Carbo/ Pac	26 17 P=0.07	4.4 4.2 P=0.23	9.7 8.4 P=0.17	

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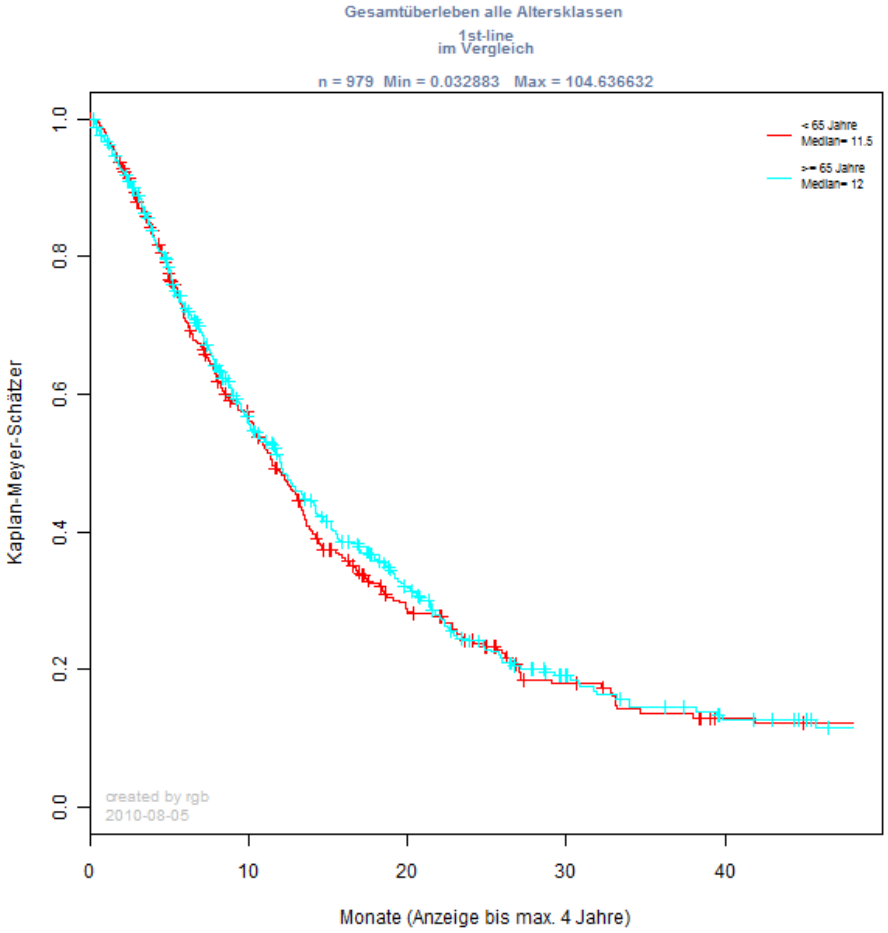
NSCLC 2003-2010
Palliativ 1057 pts



60% of lung cancer patients are ≥60

35% - 40% of lung cancer patients are ≥70

Elderly representation on N.A. Trials

Study	% ≥70
E5592	15%
S9509/9305	19%
E5594	20%
CALGB 9730	27%
UNC	29%

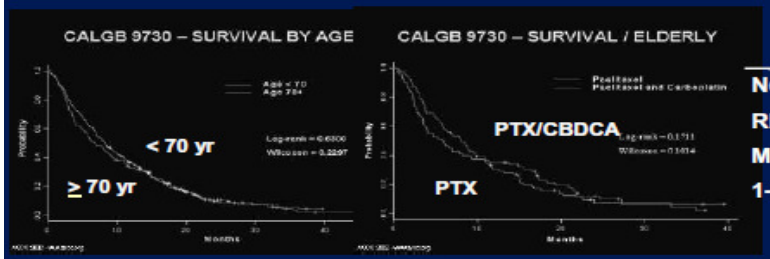
Subset Analysis of "Fit" Elderly Patients with NSCLC in Age-Unspecified Trials

ECOG5592 - ETP/CDDP vs. PTX/CDDP vs. hd-PTX/CDDP+G-CSF -

	No.	RR (%)	TTP (m)	MST (m)	1-Yr (%)
<70 yr	488	22	4.4	9.1	37.7
≥70 yr	86	23	4.3	8.5	29.1

(Langer JNCI 02)

CALGB9730 - PTX vs. PTX/CBDCA -



	P	P/C
No.	78	77
RR(%)	21	36
MST(m)	5.8	8.0
1-Yr(%)	31	35

(Lilenbaum 02

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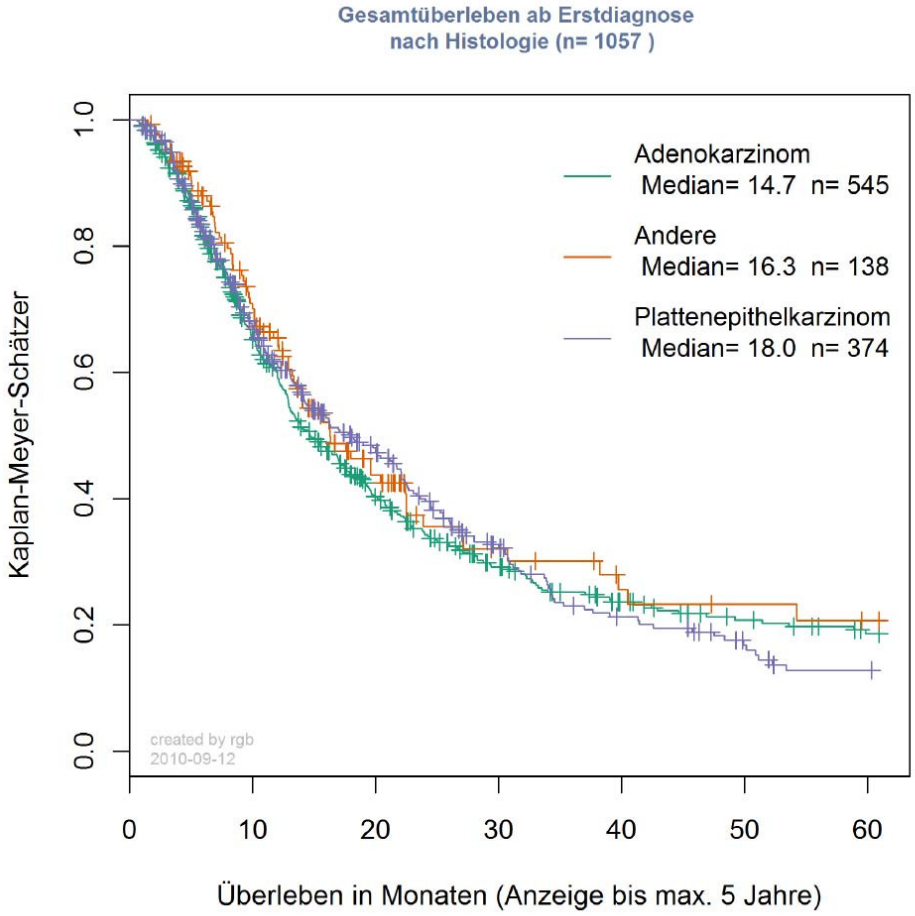
NSCLC 2003-2010
Palliativ 1057 pts



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NSCLC 2003-2010
Palliativ 1057 pts

Adenokarzinom
Median= 14.7 n= 545

Andere
Median= 16.3 n= 138

Plattenepithelkarzinom
Median= 18.0 n= 374

Squamous

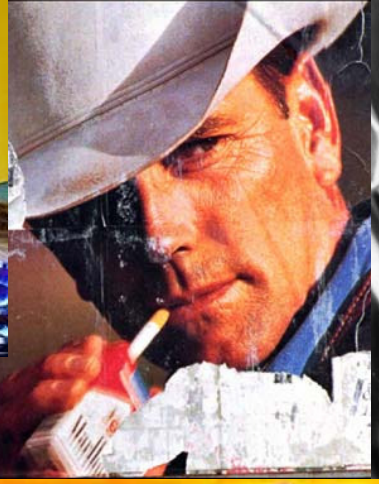
	Med Ülz, M		HR (95% CI)	p-value
	Cet + CT	CT		
Total (n=1,125)	11.3	10.1	0.871 (0.762–0.996)	0.0441
Kaukasier (n=946)	10.5	9.1	0.800 (0.692 –0.924)	0.0025
mit ADCA (n=413)	12.0	10.2	0.809 (0.644 –1.016)	0.0673
mit PECA (n=347)	10.2	8.9	0.794 (0.626 –1.007)	0.0567
andere Histo (n=185)	9.0	8.2	0.807 (0.584–1.115)	
Asiaten (n=121)	17.6	20.4	1.179 (0.730 –1.905)	0.4992

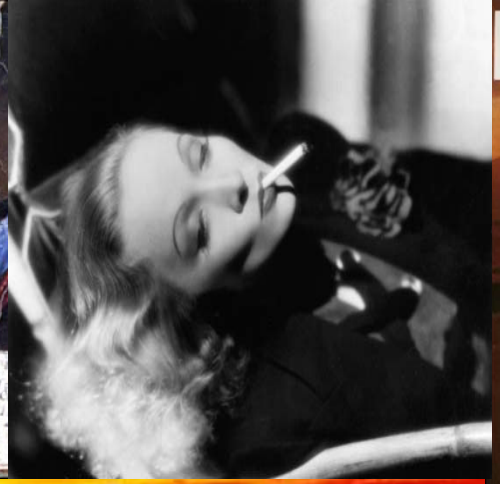
	Regimen	SCC	AC	LCC	Other	p-value
PFS (mos)	Cis-Pac	2.6	3.7	3.5	2.8	0.43
	Cis-Gem	4.4	4.4	4.5	3.4	0.43
	Cis-Doc	3.1	3.7	4.2	3.6	0.54
	Crb-Pac	3.7	3.5	3.9	2.2	0.25
	p-value	0.2	0.19	0.56	0.68	
OS (mos)	Cis-Pac	6.9	9.1	6.1	6	0.09
	Cis-Gem	9.4	8.1	9.7	7.9	0.63
	Cis-Doc	8.1	7.7	6.8	8.2	0.91
	Crb-Pac	9.3	7.6	8.3	6.9	0.37
	p-value	0.018	0.39	0.39	0.82	

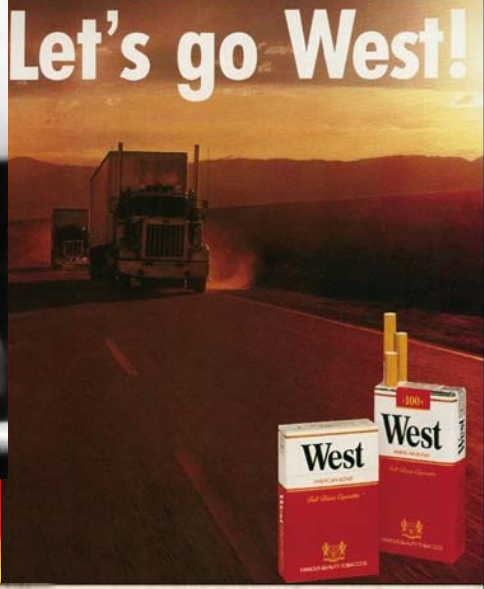
WCLC 2009 – Hoang et al., Abstract # PD6.4.1

Non-squamous

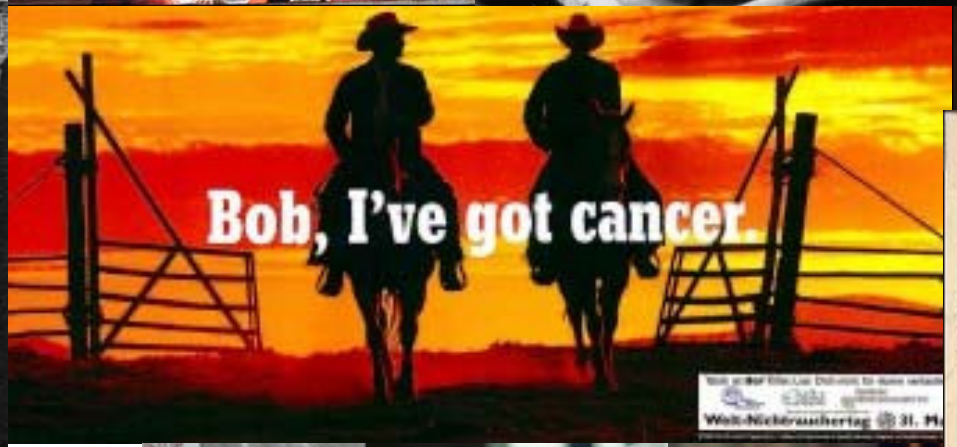
	No	Platte	Chemo	Bio neu	PFS (mo)	OS (mo)	1-JÜR (%)
JMDB	847	0	Cis/ Gem	Cis/ Pem	5.0 5.5	10.9 12.6	39 46
ECOG 4599	878	0	Carbo/ Pac	Beva	4.5 6.3	10.2 12.5	44 52
AVAIL	1143	0	Cis/ Gem	Beva	6.1 6.7	13.1 13.6	53 53
FLEX	413	0	Cis/ Vino	Cetux	n.a. n.a.	10.3 12.0	44 50






Let's go West!
West
West


Black Death
FILTER
CIGARETTES
I like 'em
and I'm going to
smoke 'em


Bob, I've got cancer.


According to repeated nationwide surveys,
More Doctors Smoke CAMELS than any other cigarette!
Doctors in every branch of medicine were asked, "What cigarette do you smoke?" The brand named most was Camel!
THE DOCTORS' CHOICE IS AMERICA'S CHOICE!
CAMEL
For 30 days, test Camels in your "T-Zone" (T for Throat, T for Taste).
www.StrangeCosmos.com


Marlboro


TRAPPED
AND READY!
Chesterfield

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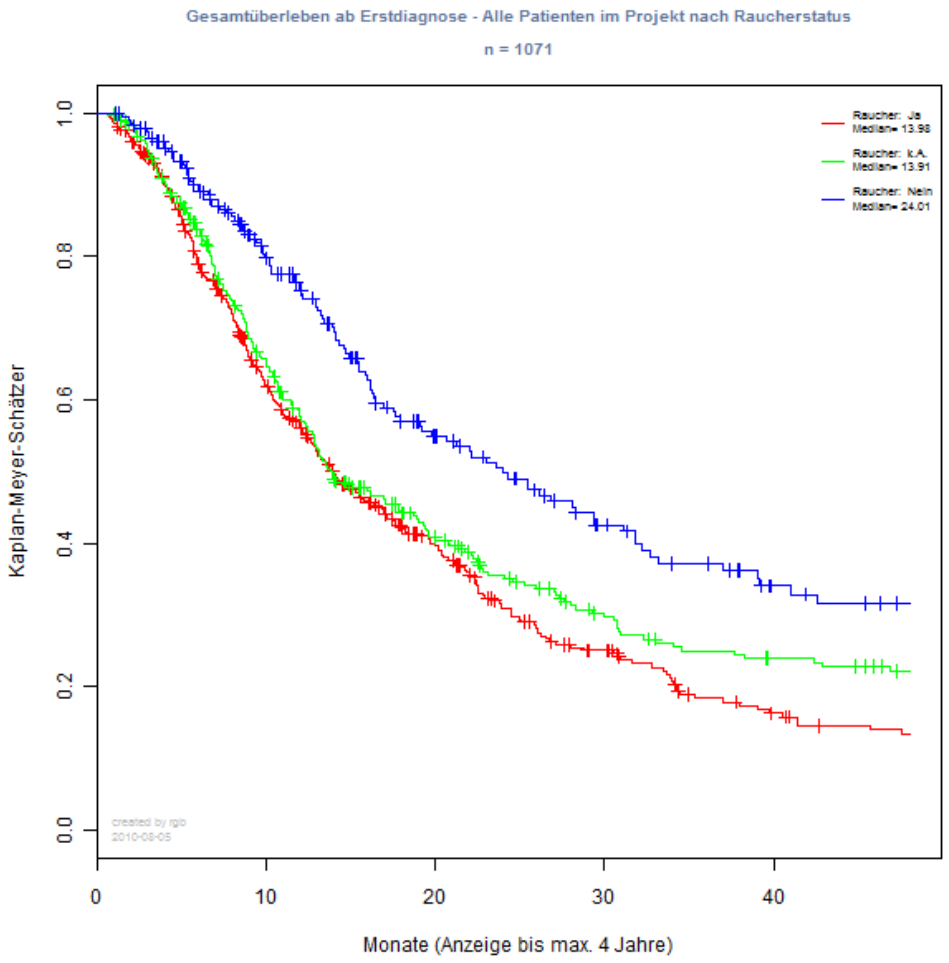
Palliativ 1057 pts



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Internistische Onkologie

NSCL
in der ambulanten Betreuung

Versorgungsforschung und Versorgungsrealität

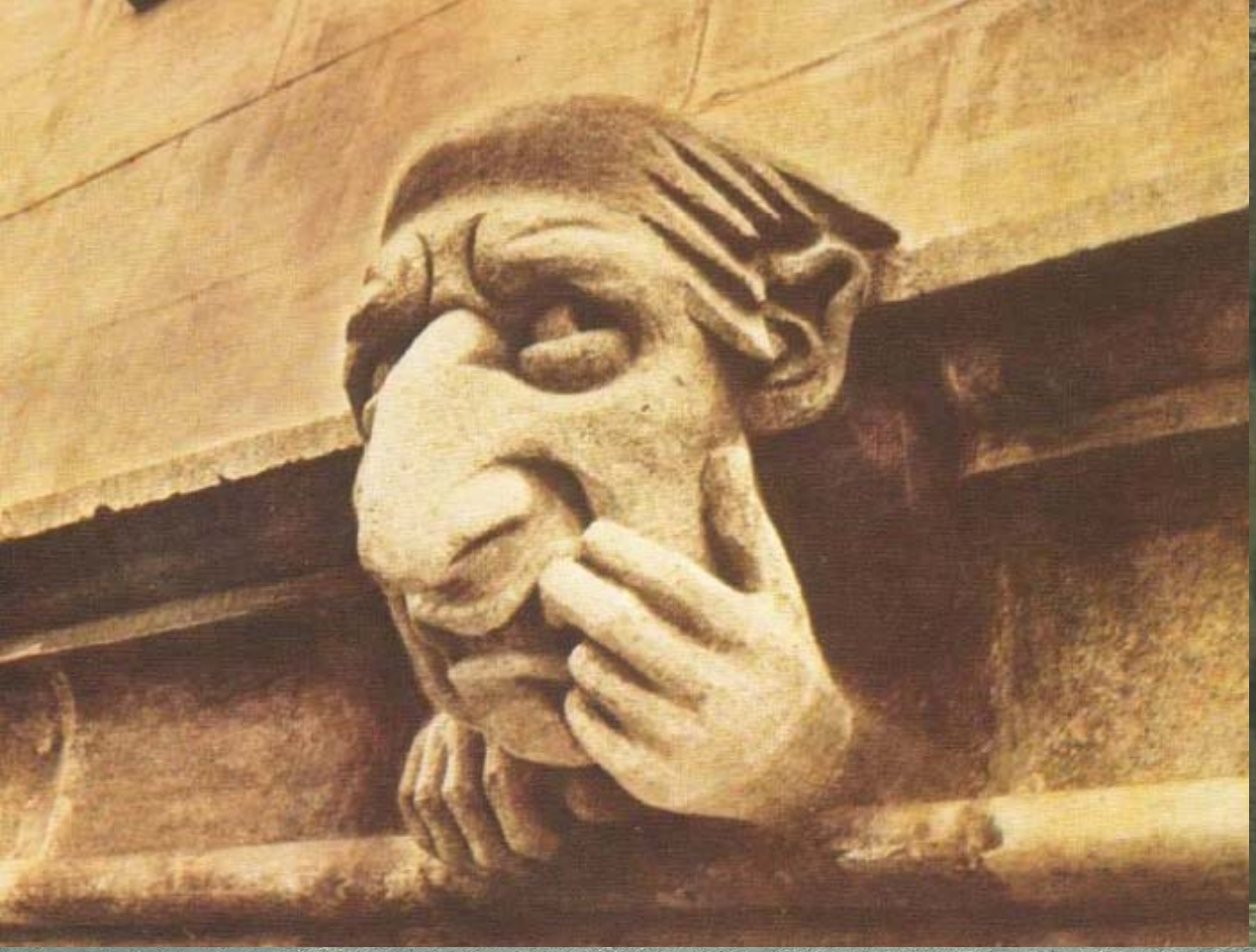
Therapie-Strategie sehr heterogen

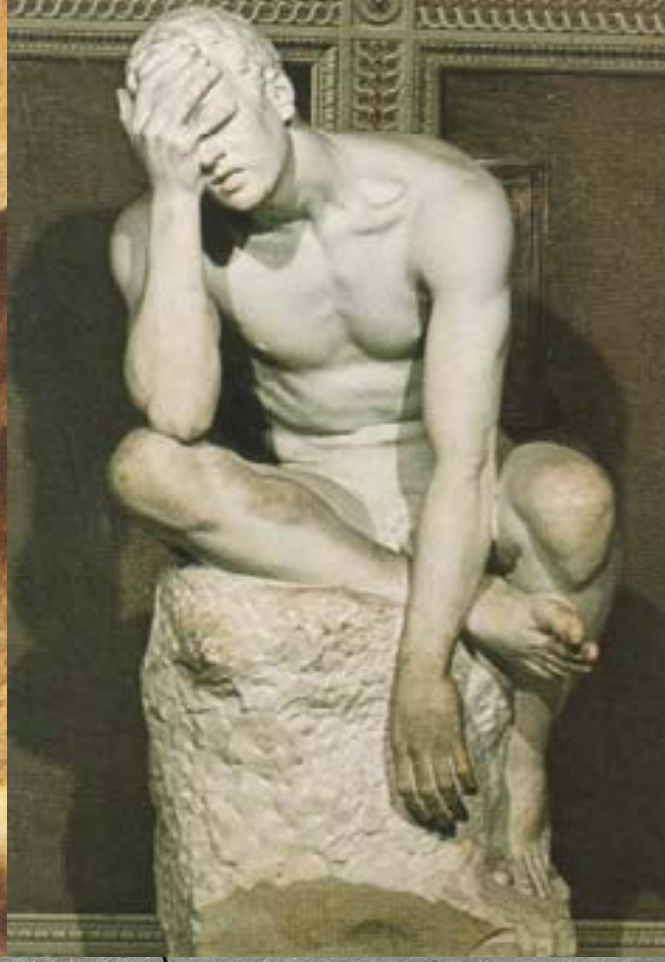
Ergebnisse klinischer Studien lassen sich in die Realität übertragen

Überlebenszeiten sind mit denen in der Studie vergleichbar
Plattenepithelkarzinom ?

Dokumentation von Mutationsanalysen, Behandlungsabläufe

Wünsche
Vergleich Praxen / Klinik
alle NSCLC Pat. im Register zu dokumentieren



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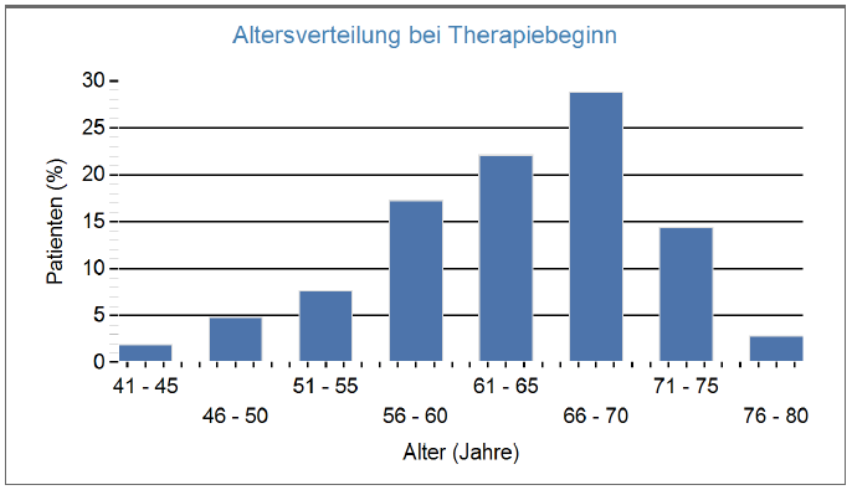
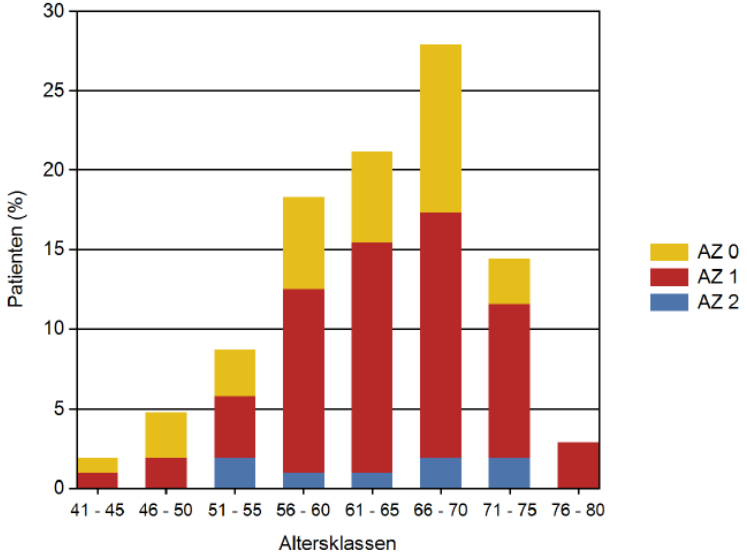
NSCLC - adjuvant



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

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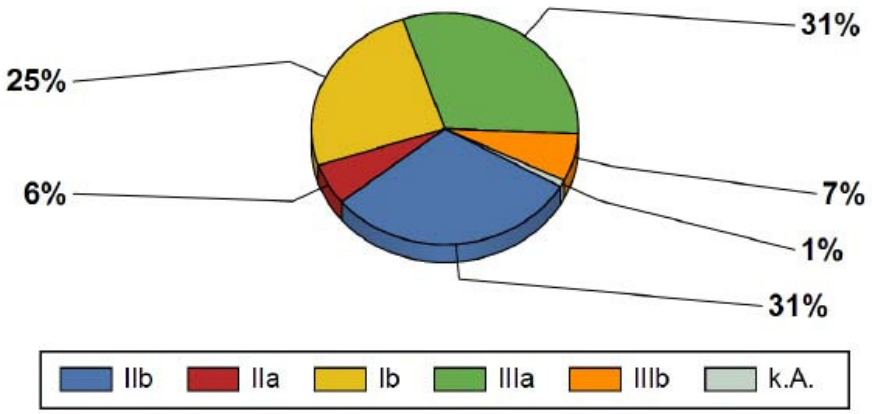
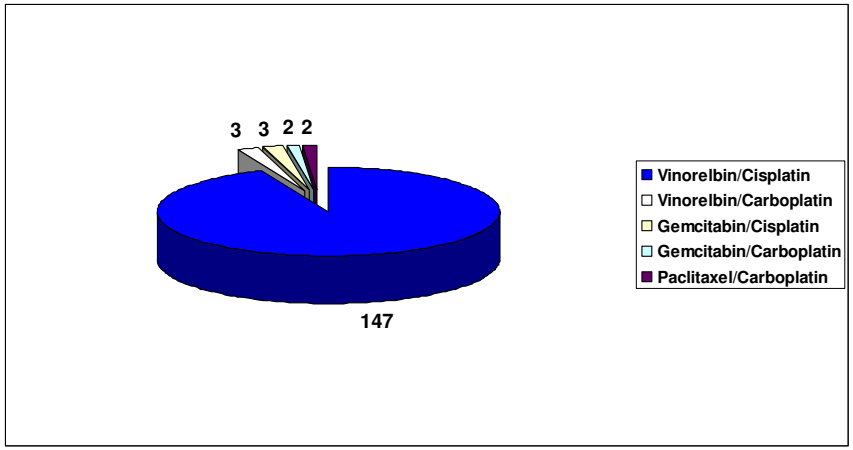
NSCLC – adjuvant



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)

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Internistische Onkologie

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

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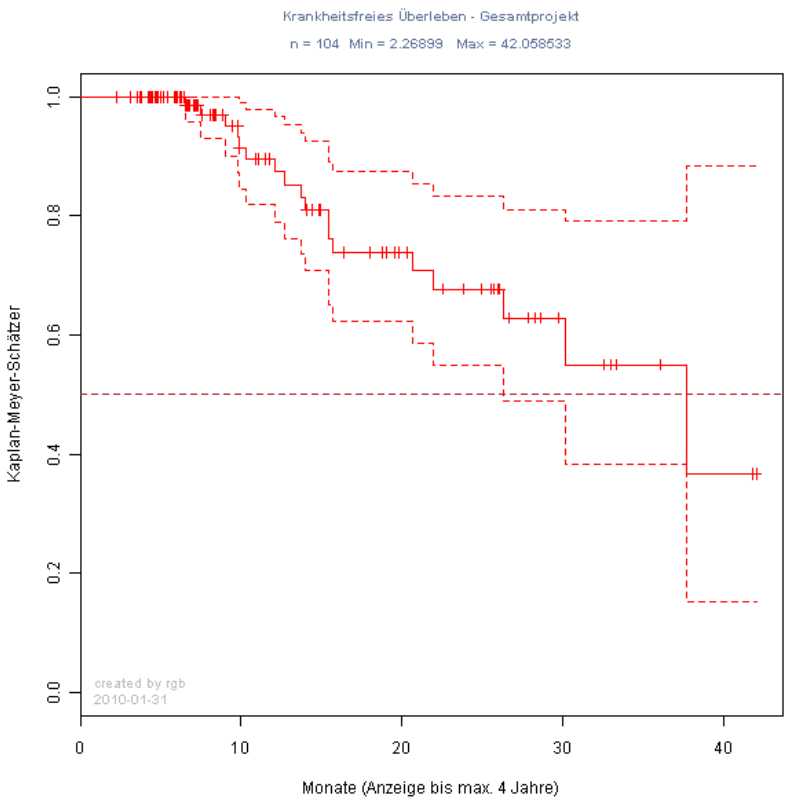
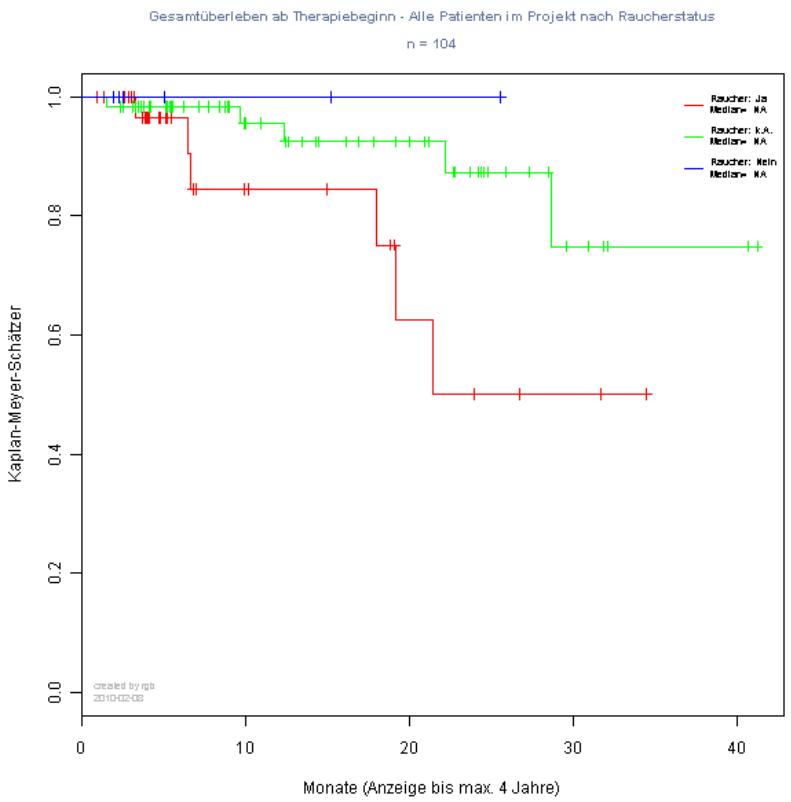
NSCLC – adjuvant
DFS / Raucherstatus + OS





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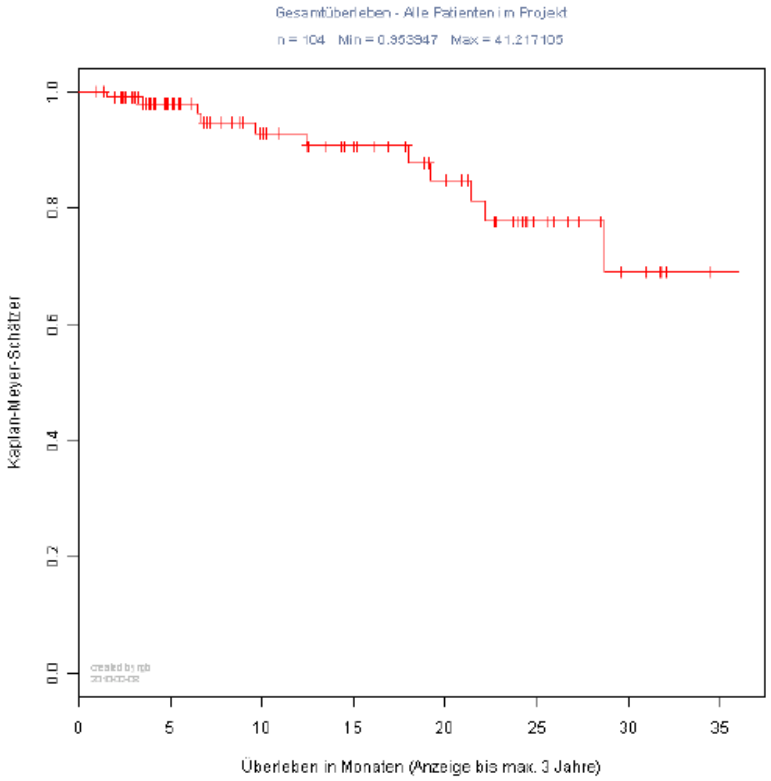
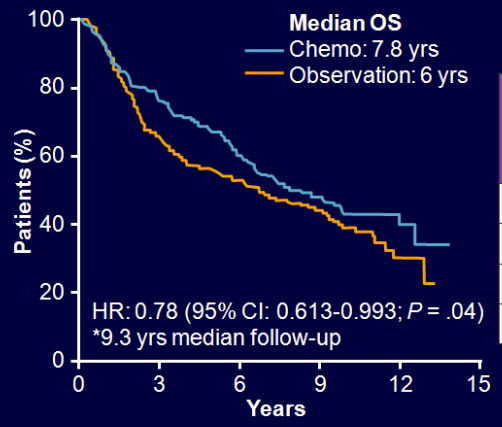
NSCLC - adjuvant OS



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.

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NSCLC – palliativ