SCLC

SECOND LINE TREATMENT IN SMALL-CELL LUNG CANCER (SCLC) PATIENTS: SINGLE CENTER 10-YEARS EXPERIENCE AND FEASIBILITY OF EPIRUBICIN PLUS PACLITAXEL REGIMEN

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Aim: This is a retrospective review of all SCLC patients prospectively evaluated for second-line treatment between 2003 and 2013 at our Institution. The aim of this study is to assess the feasibility of second-line treatment with Epirubicin(E) plus Paclitaxel(P) in terms of RR, DCR, PFS, OS, and safety.

Methods: When eligible, consecutive cases of SCLC diagnosed by histology or cytology between 2003 and 2013 and receiving a first-line chemotherapy with platinum plus etoposide were prospectively evaluated for inclusion in the study at the time of disease progression or relapse. Eligible patients received endovenous Epirubicin 70 mg/m² followed by Paclitaxel 135 mg/m² on day 1 every 3 weeks for a maximum of six cycles.

Results: 68(69%) patients received the study regimen EP; median age was 65 years (range 44-80), male/female ratio 2:1; ECOG PS was 0 in 10(14%), 1 in 45(66%) and 2 in 13(19%) patients. 43(63%) patients showed a sensitive and 25(37%) a resistant disease. Among patients with evaluable disease (N=52), we observed partial response (PR) in 19(37%), stable disease (SD) in 22(42%) and progressive disease (PD) in 11(21%) patients. Disease control rate (DCR) was 79%. Median PFS was 21.8 weeks (range 3-47), and median OS was 26.5 weeks (range 3-137). At the multivariate analysis ECOG PS 0-1 (HR 0.331; 95% CI 0.154-0.710; p=0.005) and the administration of further chemotherapy lines after the study treatment (HR 0.193; 95% CI 0.096-0.387; p=0.001) significantly affected OS; PFS was non significantly affected by any covariate. Haematological toxicity profile by patient in those evaluable (N=58) consisted on grade (G)3 anemia, leucopenia, and neutropenia in 5(9%), 12(21%), 19 (33%) patients respectively, without G3 thrombocytopenia; we observed G4 leucopenia, neutropenia and thrombocytopenia in 6(10%), 11(19%) and 2(3%) patients respectively. Among patients evaluable for non-haematological toxicity (N=62), G3 neurological toxicity was present in 1(2%) patient, while 2(3%) cases of cardiotoxicity were shown: one patient had a G1 systolic function reduction and a cardiac ischemia occurred in the second patient after one cycle of study treatment.

Conclusions: EP is an active second-line regimen both in sensitive and in resistant SCLC patients, with an acceptable toxicity profile.

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