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## **Patient age not a factor in use of second-line therapy for lung cancer**

### ***'Salvage' therapy just as suitable for NSCLC patients over age 70 as for younger patients***

Research published in the March issue of the *Journal of Thoracic Oncology* sought to determine whether differences existed in tolerance and efficacy between patients age 70 and over and younger patients with non-small cell lung cancer (NSCLC) receiving salvage targeted therapy with epidermal growth factor receptor-tyrosine kinase inhibitors (EGFR-TKIs) or chemotherapy.

Lung cancer is the leading cause of cancer death in the world. Lung cancer incidence peaks between ages 70 and 80, and the mortality rate increases with age. EGFR-TKIs, such as gefitinib or erlotinib, are effective agents used in salvage therapy for NSCLC after patients have failed previous chemotherapy and have yielded a modest survival benefit. However, the majority of patients enrolled in these clinical trials using salvage therapy against NSCLC were younger than 70 years. Whether elderly patients are as suitable for salvage therapy as younger patients, and whether salvage targeted therapy is better or more tolerable than salvage chemotherapy in elderly patients are both unknown.

In this study, researchers retrospectively analyzed the data of 461 cases of nonelderly (under 70 years) and elderly (age 70 and older) patients with NSCLC who had failed previous chemotherapy and received salvage therapy. The treatment response rate, time to disease progression, overall survival time and toxicity profiles of the two groups were compared.

|                        | Response Rate | Control Rate | Progression-free time | Overall survival time | One-year survival |
|------------------------|---------------|--------------|-----------------------|-----------------------|-------------------|
| Elderly (>70 years)    | 19%           | 68%          | 4.4 months            | 9.3 months            | 38%               |
| Nonelderly (<70 years) | 24%           | 68%          | 4.1 months            | 8.3 months            | 41%               |

The nonelderly group had a similar response rate, control rate, and median survival time to the elderly group. In fact, the median progression-free time was numerically longer in the elderly than in the nonelderly patients. In addition, the use of EGFR-TKI salvage therapy, compared with salvage chemotherapies in the elderly group, resulted in a similar disease control rate and median survival time and more favorable toxicity profiles.

"In our study, we found there were no differences in the efficacy of salvage chemotherapies and EGFR-TKI therapy, in terms of response rate, control rate, and overall survival, in elderly and nonelderly patients, and the therapies had acceptable toxicities," said Chieh-Hung Wu, MD of Taipei Veterans General Hospital in Taiwan. "Age itself should not preclude patients with NSCLC from second-line salvage therapy with EGFR-TKIs. This is especially important as elderly patients are more easily frustrated when treatment for lung cancer fails and may refuse further salvage therapy."

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***Journal of Thoracic Oncology (JTO) – ([journals.lww.com/jto](http://journals.lww.com/jto))***

The JTO is a prized resource for medical specialists and scientists who focus on the detection, prevention, diagnosis and treatment of lung cancer. The JTO is the official monthly journal of the International Association for the Study of Lung Cancer ([IASLC.org](http://IASLC.org)) and emphasizes a multidisciplinary approach, including original research (clinical trials and translational or basic research), reviews and opinion pieces.