Results

Methods

Background

Although 2nd-line chemotherapy comprises the standard of care for NSCLC, not every patient could receive one. How many and why did they miss the opportunity are not fully investigated.

Our prospectively registered consecutive patients with NSCLC treated with platinum-based 1st-line therapy from April 2010 to September 2011 from 30 institutions in Japan. Baseline characteristics, regimen and reasons for the 1st-line therapy, whether the patients received 2nd-line chemotherapy or not, and if not treated, the reason was recorded. This study was supported by the Public Health Research Center CSPOR.

A total of 866 patients were registered. Patient characteristics were: median age, 65 (24–80); female patients, 27.3%; ECOG PS 0 or 1, 95.1%; adenocarcinoma, 69.6%; squamous cell carcinoma, 20.1%; never smoker, 20.1%; EGFR activating mutation positive, 10.2%. Maintenance chemotherapy was received by 27.5%; ECOG PS 0 or 1, 91.6%; adenocarcinoma, 69.6%; squamous cell carcinoma, 20.1%; smoking history, none, 20.1/PS (1 or 2), 50.2/29.1%.

Declined PS was the most common reason for hindering 2nd-line chemotherapy. Although data were immature, approximately 30% of patients did not receive appropriate 2nd-line chemotherapy. This is the largest prospective observational study exploring the proportion and reasons for NSCLC patients not receiving 2nd-line chemotherapies. Further investigations to identify predictive factors for ‘missing the opportunity for 2nd-line chemotherapy’ are underway.

Objectives

-To investigate the proportion of patients with NSCLC who received 2nd-line chemotherapy after platinum-based 1st-line therapy.

-To elucidate the reasons and factors which hinder patients from receiving 2nd-line chemotherapy.

Background

Although 2nd-line chemotherapy comprises the standard of care for non-small-cell lung cancer (NSCLC)-1, however, not all patients could receive appropriate 2nd-line chemotherapy.

Recent studies demonstrated that maintenance chemotherapy prolongs survival in patients with NSCLC.-2

Subgroup of patients who are benefited by maintenance chemotherapy is still to be determined.

The proportion of patients who could not receive 2nd-line chemotherapy and the reason for undertreatment is not fully investigated.

Study Design

-Cohort study

Primary Endpoint

-Proportion of patients who received 2nd-line chemotherapy after platinum-based 1st-line therapy

Patient Inclusion

-Patients with advanced or recurrent NSCLC

-Patient-based 1st-line chemotherapy between April 2010 and September 2011 from 30 institutions in Japan

-Patients with previous treatment

-Without history of other malignancy

Data Collection

-Patient characteristics including age, gender, performance status (ECOG), smoking status, comorbidities (diabetes mellitus, cardiac disease, interstitial lung disease), body mass index, histological subtype, EGFR mutation, ALK translocation, CBC/chemistry at registration

-Details of 1st-line, 2nd-line, and maintenance chemotherapy, including regimen, response

-Reason for administration or omitting 2nd-line chemotherapy

-Survival

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We prospectively registered consecutive patients with NSCLC treated with platinum-based 1st-line chemotherapy from April 2010 to September 2011 from 30 institutions in Japan. Baseline characteristics, regimen and reasons for the 1st-line therapy, whether the patients received 2nd-line chemotherapy or not, and if not treated, the reason was recorded. This study was supported by the Public Health Research Center CSPOR.

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