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143PD
Bevacizumab and pemetrexed versus pemetrexed alone as maintenance therapy for patients with advanced nonsquamous NSCLC: Results of the expanded SAKK19/09 trial

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Background: The PARAMOUNT trial established maintenance therapy with pemetrexed (P) in patients with advanced, nonsquamous NSCLC. The AVAPERL trial demonstrated encouraging results with bevacizumab (B) plus P, compared with B alone.

Methods: We conducted a nonrandomized phase II trial with two sequential cohorts to compare maintenance therapy with B+P versus P. In the first cohort, 77 patients were treated with 4 cycles of cisplatin 75 mg/m2, P 500 mg/m2 and B 7.5 mg/kg every 3 weeks, followed by B+P maintenance until RECIST progression (Clin Lung Cancer 2015). We expanded the trial by a second cohort, and treated 52 patients with the same chemotherapy, but without B. Here, we present for the first time a comparison of the two cohorts. Inclusion and exclusion criteria and follow-up were the same. The primary endpoint was progression-free survival (PFS). Other outcomes of interest were overall survival (OS), overall response (OR), adverse events (AE), and treatment cost.

Results: Median PFS was 6.9 months (95%CI: 5.2–8.4) with B+P and 5.6 months (95%CI: 4.3–6.8) with P. OR was 62% with B+P (95%CI: 51%–73%) and 44% with P (95%CI: 31%–59%). PFS (hazard ratio: 0.7, 95%CI: 0.5–1.0, p value: 0.04) and OR (odds Ratio: 2.1, 95%CI: 1.0–4.3; p = 0.05) were better with B+P than with P. No OS difference was found (hazard ratio: 1.0, 95%CI: 0.7–1.6, p value: 0.89) after a median follow-up of 47 months for pts with P+8 and 27 months for pts with P. The rate of AEs grade ≥ 3 was slightly higher with B+P than with P. In a preliminary economic analysis, treatment cost was approximately 1.6 times higher with B+P compared with P (3 months after registration: $10,226/month versus $6,251/month).

Conclusions: Maintenance therapy with B+P increased PFS, but not OS, compared with P alone. A phase III trial is ongoing with OS as primary endpoint (ECOG 5508).

Clinical trial identification: NCT01116219 (Registered 27 April 2010)

Legal entity responsible for the study: SAKK, Bern, Switzerland

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144P
Oligometastatic non-small-cell lung cancer (NSCLC) and unresectable primary tumor: Updated retrospective analysis of safety and efficacy of the radical treatment for the primary tumor and the metastases

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Background: Non-small-cell lung cancer oligometastatic at diagnosis represents a therapeutic challenge. Nowadays we have limited evidence about the radical treatment benefit for the primary tumor and the metastases.

Methods: Retrospective study of patients with NSCLC unresectable and oligometastatic (3 or less lesions, in a unique location), radical treated the primary tumor and the metastases. We have done a systematic review of the clinical histories from NSCLC advanced patients diagnosed between October 2011 and November 2015. The aim of our study is to analyze the safety and efficacy of this treatment strategy in terms of response rate, progression free survival (PFS) and overall survival (OS).

Results: 34 patients met inclusion criteria. Median age 58 years, male (78.3%) and ECOG (0–1) 95.7%. Histology: adenocarcinoma (64.7%), squamous carcinoma (23.5%), sarcomatoid (5.8%) and other histology (5.8%). All patients have unresectable mediastinal lymph nodes. Oligometastasate location brain metastases (64.7%), lung metastases (17.6%), bone metastases (8.8%), other location (5.8%). Chemotherapy: CDDP-pemetrexed (41.1%), CDDP-vinorelbine (35.29%), carboplatin-paclitaxel (8.8%), CDDP-gemcitabine (5.8%), CDDP-docetaxel (5.8%). Sequential thoracic radiotherapy (43.5%) and concomitant radiotherapy (52.2%). Metastase treatment: Radiosurgery (58.8%), external radiotherapy (23.5%), surgery (11.7%), radiofrequency (2.9%), none (2.9%). Toxicity G3 (29.4%). Response rate (68.9%), PFS 12 months (95%CI: 8.2–13.7), OS 19 months (CI: 15.6–21.3).

Conclusions: The radical treatment in oligometastatic unresectable NSCLC patients is a safe therapeutic strategy. Despite the limited data of prospective and randomized studies, it could be contemplated as an effective therapeutic alternative in selected patients.

Legal entity responsible for the study: Hospital Arnau de Vilanova

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145P
Perspectives in oligometastatic brain lesions in non-small cell lung cancer (NSCLC)


Background: Historically, patients with brain metastasis (BM) have poor prognosis, so these patients have been excluded from clinical trials. Nowadays, many physicians offer curative treatment with a reasonable rate of success, to a group of patients once considered incurable. The aim of the study is to identify and discusses the characteristics of patients with a good outcome.