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Gefitinib Monotherapy as a Salvage Treatment in the Heavily Treated Advanced Non-Small Cell Lung Cancer Patients

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Purpose: Gefitinib (Iressa, ZD1839), a novel oral EGFR tyrosine kinase inhibitor, has shown meaningful efficacy with tolerable toxicity as a second- and third-line treatment in advanced non-small cell lung cancer(NSCLC) in previous studies(IDEAL 1 and 2). We evaluated efficacy and safety of gefitinib as a single agent in patients with pretreated advanced NSCLC.

Patients and Method: Fifty-nine patients, with ECOG performance status 0-2, prior chemotherapy regimens of two or more, who had received gefitinib for more than two weeks were analyzed for assessment of response and toxicity.

Results: Thirty-eight patients were male, 21 patients were female, median age was 56 years (range 30-77). Fifty-five patents had stage IV disease. ECOG performance status was 1 in 40 patients and 2 in 19 patients. Twenty patients had received 2 prior chemotherapy regimens, 24 patients 3 regimens, and 15 patients 4 regimens. Fourty-three patients had tissue pathology of adenocarcinoma (including 3 bronchioloalveloar carcinoma). Partial response(PR) was seen in 12 patients (20.3%, 95% CI 10.1-30.6), stable disease(SD) in 23 patients (39.0%, 95% CI 26.5-51.4) resulting in overall disease control rate (PR + SD) of 59.3% (95% CI 46.8-71.9). Development of skin rash was associated with response (OR 6.50, 95% CI 1.28-33.0, p=0.024), whereas gender, type of pathology, ECOG PS, number of prior chemotherapy regimens were not associated. Median overall survival and time-to-progression was 7.2 months (95% CI 6.3-8.1), and 2.5 months (95% CI 1.8-3.2), respectively. Median duration of response was more than 5.3 months (range 1.2-17.8 months, 9 patients continuously in response at data cutoff). Most common adverse event was skin rash (grade 1 35.6%, grade 2 15.5%) followed by diarrhea(32.8%).

Conclusion: Gefitinib has meaningful antitumor activity with acceptable toxicity profile as a salvage treatment in heavily pretreated NSCLC patients.

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진행된 노인 비소세포성 폐암 환자의 치료 효과

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서론: 비소세포성 폐암의 발생이 점점 많아지고 있으며, 이중 50% 이상이 65세 이상의 노인에서 발생한다. 노인 환자들은 항암화학치료나 방사선치료 등 적극적인 치료를 원하지 않는 경우가 많다. 저자들은 진행된 노인 비소세포성 폐암 환자에서 이러한 치료들이 환자의 생존기간 연장에 효과가 있었는지를 후향적으로 분석하였다.

방법: 저자들은 활동도가 좋은 진행된 노인 비소세포성 폐암 환자 60명을 의무기록 열람을 통한 후향적 분석을 하였다. 60명의 노인환자 중 항암화학요법이나 방사선 치료를 받았던 환자를 치료군(n=24)으로 하고, 나머지 환자들을 지지요법군(n=36)으로 나누어 생존기간의 차이를 분석하였고, 전체 환자를 대상으로 생존기간에 영향을 미치는 예후인자를 분석하였다.

결과: 치료군의 중앙생존기간은 12.5개월로 지지요법군의 7.4개월보다 좋았다 (p=0.005). 2년 생존률이 예상치도 치료군에서 43.5%, 지지요법군에서 10.3%로 치료군에서 우수하였다. 10명의 환자들을 대상으로 한 항암화학요법 독성 평가에서 치료에 관련된 사망은 없었다. 60명 전체 환자의 2년 생존을 예상치는 22.6%였다. 치료여부, 활동도, 혈중 LDH 수치, 체질량지수 등이 환자의 생존기간과 관련성이 있었다.

결론: 진행된 노인 비소세포성 폐암 환자에서 항암화학요법이나 방사선 치료등과 같은 적극적인 치료는 효과적이며 환자의 생존기간을 연장하였다.