

SURVIVAL STUDY OF PATIENTS WITH NON-SMALL CELL LUNG CANCER TREATED WITH ERLOTINIB

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BACKGROUND:

Lung cancer is the most common malignancy in the world, representing between all tumors 16,6% in men and 7,5% in women

According to the European agency erlotinib is indicated in non small cell lung cancer.

Erlotinib is a cytostatic selective inhibitor of tyrosine kinase coupled to EGFR

METHODS:

Cohort study, retrospective of all patients treated with erlotinib from January 1, 2011 until June 15, 2012 in a regional hospital of the third level. Data collection: View program outpatient dispensation (Cafydim®), review of medical records.

Statistical analysis:

1-Kaplan-Meier's Method: to determine the probability of global survival.

2-Method of Long - Rank: to analyze the possible factors associated with survival varying. .

Studied variables: death, treatment time, treatment line and treatment discontinuation, Epidermal Growth Factor Receptor (EGFR) mutation (positive or negative).

PURPOSE:

Determine the survival of patients with stage IV non small cell cancer (NSCLC) treated with erlotinib.

RESULTS

The number of patients studied was fifty. Of them, thirty experienced the event: death. The average survival of the patients was 244,9 days with an IC95 % [195,3-294,5]. 50 % of the patients were alive at 180 days with IC95 % [104,9-255,1].

The probability of remaining alive at the end of the study for patients with first-line therapy was 6.7 vs. 45% the second or third line.

Survival as a function of treatment dropout: no patients discontinued treatment during the study lived longer than if they did (8,7% vs 18,8%) respectively.

No patient had the determination of EGFR mutation made.

CONCLUSIONS

Erlotinib is emerging as an effective drug that increases survival in patients with NSCLC who are administered in second or third line vs first line.

It's necessary to perform molecular determination of EGFR to prevent drug administration to patients with negative mutation.