ERLOTINIB IN NON-SMALL-CELL LUNG CANCER WITHOUT EPIDERMAL GROWTH FACTOR RECEPTOR ACTIVATING MUTATIONS

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OBJECTIVES

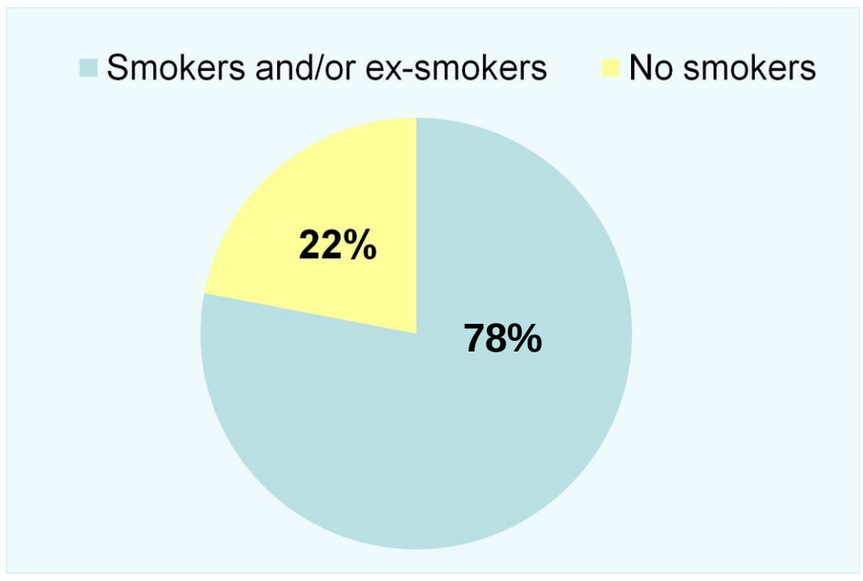
To analyse the effectiveness and safety of erlotinib in Non-Small-Cell Lung Cancer (NSCLC) in patients without EGFR activating mutations.

METHODS

A retrospective observational study was conducted in a third-level hospital. We included patients treated with erlotinib without EGFR activating mutations from August 2012 to August 2018.
Following variables were recorded: age, sex, ECOG, histopathology, progression-free survival (PFS), smokers/non-smokers or ex-smokers, type of previous chemotherapy regimens, reported adverse events (AEs) and dose reductions between cycles.
We obtained data from electronic clinical records, the software where we registry chemotherapy treatments (chemotherapy management software Oncogest®) and the optimized computerized order entry ATHOS® software.
AEs were classified according to the National Cancer Institute of Canada Common Toxicity Criteria (NCIC-CTC) v4.0.

RESULTS

•Thirty-seven patients were included (median age of 64 years and 70% men).



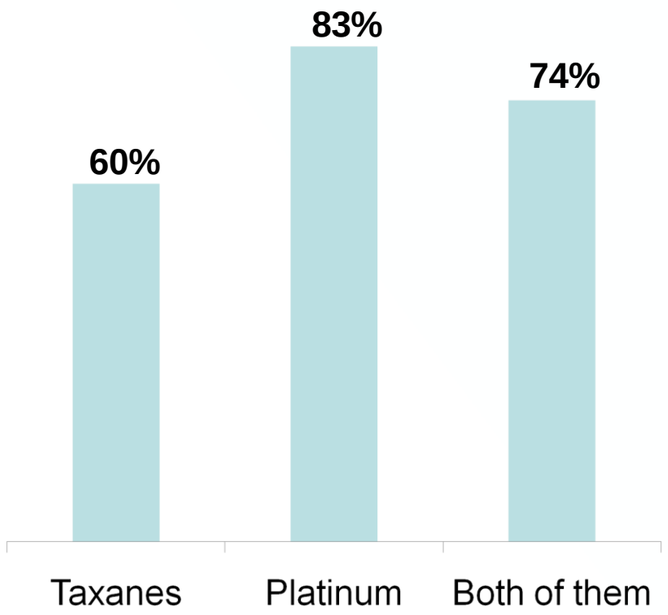
57% of patients presented ECOG 0 and the rest ECOG 1-2

•48% of patients had at least one AE during treatment.

•The most frequent was skin rash g1-2 (60%).

•30% of patients had dose reductions due to toxicity.

Previous chemotherapy regimens



90% of patients received erlotinib as second line of treatment or subsequent and the median PFS was 9.3 weeks.

CONCLUSION

In our patients, erlotinib median PFS was lower than in BR21 trial. It could be explained because our patients received more previous regimens of chemotherapy for metastatic disease as well as our sample size was smaller. Regarding safety, erlotinib was well tolerated and in most of cases the AEs didn't force dose reduction.

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