Paclitaxel and Irinotecan in Platinum Refractory or Resistant Small Cell Lung Cancer: a Galician Lung Cancer Group experience.

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Background:

Patients with Small Cell Lung Cancer (SCLC) whose disease progresses during or shortly after treatment with platinum, have a poor prognosis. Paclitaxel (P) and irinotecan(I) have demonstrated activity both as monotherapy as in combination regimen for this neoplasm. We present preliminary data from our experience in patients with SCLC refractory or resistant to platinum.

Methods:

We included patients with measurable disease that had progressed during or within six months of first-line chemotherapy based on platinum, with an Eastern Cooperative Oncology Group (ECOG) performance status <2, adequate liver, renal and bone marrow function. They were treated with (P): 75 mg/m2 and (I): 50 mg/m2, both drugs administered on days 1 and 8 of a 21 day cycle. Treatment was maintained until disease progression and/or unacceptable toxicity.

Results:

We included 24 patients with a mean age of 59.5 years (43-79) and with metastases in two or more locations in 21 of them (87.5%). A median of 4 cycles of treatment was administered and eight patients (33.3%) received six or more cycles. The main reason for discontinuation of chemotherapy was disease progression, observed in 20 patients (83.3%). Partial response was documented in 16 patients (66.6%), stable disease in three (12.5%) and disease progression in five (20.8%). The median survival time was 24,9 weeks and the 1-year survival time was 22%. There have been no treatment-related deaths. The clinical and hematologic toxicities most frequently observed were grade 1 and 2: nausea (n:7; 29,2%), asthenia (n:7; 29,2%), anorexia (n:6; 25%), diarrhea (n:4; 16,6%), anemia (n:16; 66,6%) and neutropenia (n:12; 50%). There was one (4,1%) grade 4 and two (8,3%) grade 3 neutropenia. There were no cases of grade 4 clinical toxicity and there were eight (33,3%) grade 3 : three of diarrhea (12,5%), two hepatic (8,3%) and three of asthenia (12,5%).

Conclusion:

This (P) and (I) regimen is an effective and well tolerated option for this subgroup of poor prognosis patients with SCLC. We still continue including patients in this protocol, which ensures future communications of the same.