Oral Session

O2-107  EFFICACY OF DOCETAXEL FOR NON-SMALL-CELL LUNG CANCER AS THIRD-OR-LATER-LINES OF CHEMOTHERAPY

T. Ebata, Y. Nakahara, Y. Okuma, M. Yomota, Y. Takagi, Y. Hosomi, T. Okamura
Tokyo Metropolitan Komagome Hospital

Background: Generally, as the number of lines of chemotherapy increases, the chemotherapy response is thought to decrease. However, few reports have investigated the difference in effectiveness of chemotherapy between lines. Docetaxel (DOC) has been approved as a second-line chemotherapy for non-small-cell lung cancer (NSCLC). We retrospectively evaluated the efficacy and feasibility of DOC monotherapy as third-or-later-lines of chemotherapy.

Methods: We retrospectively analyzed NSCLC patients who received docetaxel at the Tokyo Metropolitan Komagome Hospital between February 2005 and January 2013. Patients with Eastern Cooperative Oncology Group (ECOG) performance status (PS) 0-2, with prior treatment with at least two chemotherapy regimens, including at least one platinum-based combination, and without major organ dysfunction were eligible for this analysis. We finally analyzed 34 patients.

Results: The median age was 65 years (range: 42-77 years), 66.7% were males, and 94.1% had adenocarcinoma. EGFR mutation status was positive/negative/unknown = 2/21/11. The prior regimens were Carboplatin + Paclitaxel/Carboplatin + Pemetrexed/Carboplatin + Pemetrexed/Cisplatin + Pemetrexed/Cisplatin + Gemcitabine/Carboplatin + Paclitaxel/EGFR-TKI/Cisplatin + Vinorelbine/Carboplatin + Paclitaxel + Bevacizumab = 7/7/6/6/4/2/2 as first-line chemotherapy and, Pemetrexed/EGFR-TKI/S-1/Carboplatin + Paclitaxel/Cisplatin + Pemetrexed = 12/12/6/2/2 as second-line chemotherapy, and S-1/Pemetrexed = 1/1 as third-line chemotherapy. The overall response rate was 17.6%. The median progression-free survival was 68 days. The median survival time was 328 days. Grade 3/4 toxicities were neutropenia (70.6%), anemia (11.8%), and thrombocytopenia (5.9%). Febrile neutropenia occurred in 4 patients (11.8%). No treatment-related deaths occurred. Conclusions DOC monotherapy was still effective and a well-tolerated treatment as a third-or-later-lines of chemotherapy.