

Report on the review of 10 patients with either relapsed small cell lung cancer or extensive stage small cell lung cancer at presentation, who received the Toowoomba Chemotherapy Protocol.

Performed by:

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Process

The cases of 10 patients who presented with either relapsed small cell lung cancer or extensive stage disease at diagnosis and who managed to tolerate the full Toowoomba chemotherapy protocol (i.e. the course was not foreshortened, treatment interval extended or dose reduction required), were provided as a detailed summary and reviewed.

Cases and Treatment

- All were treated with palliative intent.
- All patients had either extensive small cell lung cancer at diagnosis or presented with relapsed small cell lung cancer.
- 2 patients were treated for relapsed small cell lung cancer.
- 8 patients were treated for extensive stage small cell lung cancer at presentation.
- Of the 10 patients, 2 presented with brain metastases.
- Of the 10 patients, 1 presented with both extensive stage small cell lung cancer and stage 4 oesophageal cancer. This patient survived 5 months from diagnosis.

Response

- 1 patient showed stable disease
- 8 patients showed a response to treatment on CT scans
- 1 patient had a mixed response with some areas showing progressive disease at the 3 month scans.

Survival

9 patients have deceased. 1 patient is still living.

The duration of survival for the patients who have deceased was; 3 months; 4.5 months; 5 months; 10 months; 19 months; 10 months; 5 months; 3yrs 4 months; at least 3 months (date of death not found).

The one patient still alive has survived 7 months so far.

Commentary

Patients presenting either with relapsed small cell lung cancer or extensive stage small cell lung cancer de novo are very unwell at presentation and have a dismal prognosis with poor survival.

Of 4 publications of patient outcomes in large randomized trials, the median survival is between 8 and 9 months indicating that half the patients had a life expectancy less than 8-9 months and half did better than that.

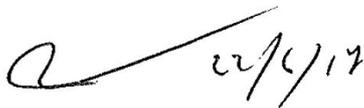
It should be noted that In the trial reported by Lee SM et al, the oral dose was 100mg twice per day, similar to the 100mg/m² used in Toowoomba, and considered, according to the manuscript published in 2009, the standard London Lung Cancer Group (LLCG) regimen.

The expected response rate for this group of patients to palliative chemotherapy is 50-80%.

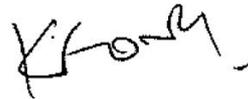
Of the 10 patients who received the full course of the Toowoomba chemotherapy protocol, 90% of these patients showed either stable disease or some response to treatment. This is at least as good if not better than reported in the literature.

The range of survival is as expected in the literature, with one patient doing very much better than expected.

There appears to be no obvious early loss of life for this group of patients. It is never possible to precisely speculate on any individual's outcome, but the outcomes for the cohort of patients receiving their full course of treatment in Toowoomba is in keeping with these clinical trial data and consistent with specialty clinical practice.



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