Non-Small Cell Lung Cancer (NSCLC)

**Chemotherapy Regimens For Neoadjuvant and Adjuvant Therapy**

<table>
<thead>
<tr>
<th>REGIMEN</th>
<th>DOSSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin + vinorelbine</td>
<td>Days 1 and 8: Cisplatin 50mg/m² IV plus&lt;br&gt;Days 1, 8, 15 and 22: Vinorelbine 25mg/m² IV. Repeat cycle every 4 weeks for 4 cycles.&lt;br&gt;OR&lt;br&gt;Day 1: Cisplatin 100mg/m² IV plus&lt;br&gt;Days 1, 8, 15 and 22: Vinorelbine 30mg/m² IV. Repeat cycle every 4 weeks for 4 cycles.&lt;br&gt;OR&lt;br&gt;Day 1: Cisplatin 75–80mg/m² plus&lt;br&gt;Days 1 + 8: Vinorelbine 25–30mg/m². Repeat every 3 weeks for 4 cycles.</td>
</tr>
<tr>
<td>Cisplatin + etoposide</td>
<td>Day 1: Cisplatin 100mg/m² IV plus&lt;br&gt;Days 1–3: Etoposide 100mg/m² IV. Repeat cycle every 4 weeks for 4 cycles.</td>
</tr>
<tr>
<td>Cisplatin + vinblastine</td>
<td>Days 1, 22, 43, 64: Cisplatin 80mg/m² IV.&lt;br&gt;Days 1, 8, 15, 22, 29, and then every 2 weeks after day 43: Vinblastine 4 mg/m². Repeat every 3 weeks for 4 cycles.</td>
</tr>
<tr>
<td>Cisplatin + gemcitabine</td>
<td>Day 1: Cisplatin 75mg/m² IV plus&lt;br&gt;Days 1 and 8: Gemcitabine 1,250mg/m² IV. Repeat cycle every 3 weeks.</td>
</tr>
<tr>
<td>Cisplatin + docetaxel</td>
<td>Day 1: Docetaxel 75mg/m² IV + cisplatin 75mg/m² IV. Repeat every 3 weeks for 4 cycles.</td>
</tr>
<tr>
<td>Cisplatin + pemetrexed</td>
<td>Day 1: Cisplatin 75mg/m² IV + pemetrexed 500mg/m² IV.* Repeat every 3 weeks for 4 cycles.</td>
</tr>
<tr>
<td>Paclitaxel + carboplatin</td>
<td>Day 1: Paclitaxel 200mg/m² IV + carboplatin AUC=6 IV. Repeat cycle every 3 weeks for 4 cycles.</td>
</tr>
<tr>
<td>Concurrent Chemotherapy/Radiotherapy (RT)</td>
<td>Days 1, 8, 29 and 36: Cisplatin 50mg/m² IV plus&lt;br&gt;Days 1–5 and 29–33: Etoposide 50mg/m² IV plus&lt;br&gt;Concurrent thoracic radiotherapy 1.8Gy/day for 5 days/week (total dose, 61Gy).</td>
</tr>
<tr>
<td>Cisplatin + vinblastine (preferred regimen)</td>
<td>Days 1 and 29: Cisplatin 100mg/m² IV plus&lt;br&gt;Days 1, 8, 15, 22 and 29: Vinblastine 5mg/m² IV with concurrent thoracic radiotherapy (total dose, 60Gy).</td>
</tr>
<tr>
<td>Carboplatin + pemetrexed (nonsquamous)</td>
<td>Day 1: Carboplatin AUC 5 IV plus&lt;br&gt;Day 1: Pemetrexed 500 mg/m² IV with concurrent thoracic radiotherapy. Repeat every 3 weeks for 4 cycles.</td>
</tr>
<tr>
<td>Cisplatin + pemetrexed (nonsquamous)</td>
<td>Day 1: Cisplatin 75 mg/m² IV. Day 1: Pemetrexed 500 mg/m² IV with concurrent thoracic radiotherapy. Repeat every 3 weeks for 3 cycles.</td>
</tr>
</tbody>
</table>

continued
### Sequential Chemotherapy/Radiotherapy (RT)

#### Cisplatin + vinblastine

<table>
<thead>
<tr>
<th>REGIMEN</th>
<th>DOISING</th>
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</thead>
<tbody>
<tr>
<td>Days 1 and 29: Cisplatin 100mg/m² IV.</td>
<td></td>
</tr>
<tr>
<td>Days 1, 8, 15, 22 and 29: Vinblastine 5mg/m² IV; followed by thoracic radiotherapy with 60Gy in 30 fractions beginning on Day 50.</td>
<td></td>
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</tbody>
</table>

#### Paclitaxel + carboplatin

<table>
<thead>
<tr>
<th>REGIMEN</th>
<th>DOISING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1: Paclitaxel 200mg/m² IV over 3 hours + carboplatin AUC=6 IV over 1 hour. Repeat every 3 weeks for 2 cycles; followed by thoracic radiotherapy 63Gy beginning on Day 42.</td>
<td></td>
</tr>
</tbody>
</table>

### Concurrent Chemotherapy/Radiotherapy (RT) Followed by Chemotherapy

#### Paclitaxel + carboplatin

<table>
<thead>
<tr>
<th>REGIMEN</th>
<th>DOISING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 (weekly): Paclitaxel 45–50mg/m² IV and carboplatin AUC=2 IV. Concurrent thoracic radiotherapy; followed by two additional cycles of paclitaxel 200mg/m² IV and carboplatin AUC=6 IV.</td>
<td></td>
</tr>
</tbody>
</table>

#### Cisplatin + etoposide

<table>
<thead>
<tr>
<th>REGIMEN</th>
<th>DOISING</th>
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</thead>
<tbody>
<tr>
<td>Days 1, 8, 29, and 36: Cisplatin 50mg/m² IV. Days 1–5, 29–33: Etoposide 50mg/m² IV with concurrent thoracic radiotherapy; followed by two additional cycles of cisplatin 50mg/m² IV and etoposide 50mg/m² IV.</td>
<td></td>
</tr>
</tbody>
</table>

### Systemic Therapy for Advanced Disease

- The drug regimen with the highest likelihood of benefit, with toxicity deemed acceptable to both the physician and the patient, should be given as initial therapy for advanced lung cancer.
- Stage, weight loss, performance status (PS), and gender predict survival.
- Platinum-based chemotherapy prolongs survival, improves symptom control, and yields superior quality of life compared to best supportive care.
- Histology of NSCLC is important in the selection of systemic therapy.
- New agent/platinum combinations have generated a plateau in overall response rate (25%–35%), time to progression (4–6 months), median survival (8–10 months), 1-year survival rate (30%–40%), and 2-year survival rate (10%–15%) in fit patients.
- Unfit patients of any age (PS 3–4) do not benefit from cytotoxic treatment, except erlotinib for those who are epidermal growth factor receptor (EGFR) mutation-positive.

### Principals of Maintenance Therapy

- **Continuation Maintenance**: Bevacizumab and cetuximab given in combination with chemotherapy should be continued until evidence of disease progression or unacceptable toxicity, as per the design of the clinical trials supporting their use.
  - Continuation of bevacizumab after 4–6 cycles of platinum-doublet chemotherapy and bevacizumab (category 1).
  - Continuation of cetuximab after 4–6 cycles of cisplatin, vinorelbine, and cetuximab (category 1).
  - Continuation of pemetrexed after 4–6 cycles of cisplatin and pemetrexed chemotherapy, for patients with histologies other than squamous cell carcinoma (category 1).
  - Continuation of bevacizumab + pemetrexed after 4–6 cycles of bevacizumab, pemetrexed, cisplatin/carboplatin, for patients with histologies other than squamous cell carcinoma.
  - Continuation of gemcitabine after 4–6 cycles of platinum-doublet chemotherapy (category 2B).

- **Switch Maintenance**: Two studies have shown a benefit in progression-free and overall survival with the initiation of pemetrexed or erlotinib after first-line chemotherapy, in patients without disease progression after 4–6 cycles of therapy.
  - Initiation of pemetrexed after 4–6 cycles of first-line platinum-doublet chemotherapy for patients with histologies other than squamous cell carcinoma (category 2B).
  - Initiation of erlotinib after 4–6 cycles of first-line platinum-doublet chemotherapy (category 2B).
  - Initiation of docetaxel after 4–6 cycles of first-line platinum-doublet chemotherapy in patients with squamous cell carcinoma (category 2B).

- Close surveillance of patients without therapy is a reasonable alternative to maintenance.

### Principles of Third-Line Therapy

- If not already given, options for patients with PS 0–2 include docetaxel, pemetrexed (nonsquamous), erlotinib, or gemcitabine (category 2B for all options).
Non-Small Cell Lung Cancer (NSCLC) (continued)

Systemic Therapy for Advanced Disease (continued)

Continuation After Disease Progression
• With the exception of targeted agents (erlotinib, gefitinib, afatinib, crizotinib) in patients with EGFR-sensitizing mutations or ALK rearrangements who have experienced objective regressions with targeted therapy, no agent should be continued after disease progression has been documented except in selected situations. (refer to discussion section of NCCN Guidelines for Non-Small Cell Lung Cancer v.3.2014)

Systemic Treatment Options for Patients with NSCLC
• Cisplatin
• Carboplatin
• Paclitaxel
• Docetaxel
• Vinorelbine
• Gemcitabine
• Etoposide
• Irinotecan
• Vinblastine
• Mitomycin
• Ifosfamide
• Pemetrexed
• Erlotinib
• Bevacizumab
• Cetuximab
• Albumin-bound paclitaxel
• Crizotinib
• Afatinib

First-Line Systemic Therapy for Advanced Disease

<table>
<thead>
<tr>
<th>REGIMENT</th>
<th>DOSING</th>
</tr>
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<tbody>
<tr>
<td>Bevacizumab carboplatin + paclitaxel</td>
<td>Day 1: Paclitaxel 200mg/m² IV Day 1: Carboplatin AUC=6 IV. Repeat every 3 weeks for 6 cycles. Day 1: Bevacizumab 15mg/kg IV every 3 weeks until disease progression.</td>
</tr>
<tr>
<td>Cetuximab + cisplatin + vinorelbine</td>
<td>Day 1: Cetuximab 400mg/m² IV + cisplatin 80mg/m² IV, plus Days 1 and 8: Vinorelbine 25mg/m² IV, plus Day 8: Cetuximab 250mg/m² IV once weekly. Repeat every 3 weeks for 6 cycles.</td>
</tr>
<tr>
<td>Erlotinib</td>
<td>Day 1: Erlotinib 150mg PO once daily; following 4 cycles of platinum-based chemotherapy.</td>
</tr>
<tr>
<td>Cisplatin + paclitaxel</td>
<td>Day 1: Paclitaxel 135mg/m² IV over 24 hours Day 2: Cisplatin 75mg/m² IV. Repeat cycle every 3 weeks.</td>
</tr>
<tr>
<td>Cisplatin + gemcitabine</td>
<td>Day 1: Cisplatin 100mg/m² IV Days 1, 8 and 15: Gemcitabine 1,000mg/m² IV. Repeat cycle every 4 weeks.</td>
</tr>
<tr>
<td>Cisplatin + docetaxel</td>
<td>Day 1: Cisplatin 75mg/m² IV + docetaxel 75mg/m² IV. Repeat cycle every 3 weeks.</td>
</tr>
<tr>
<td>Cisplatin + vinorelbine</td>
<td>Day 1: Cisplatin 100mg/m² IV Days 1, 8, 15 and 22: Vinorelbine 25mg/m² IV over 10 minutes. Repeat cycle every 4 weeks.</td>
</tr>
<tr>
<td>Carboplatin + paclitaxel</td>
<td>Day 1: Carboplatin AUC=5–6 IV Day 1: Paclitaxel 225mg/m² IV over 3 hours. Repeat cycle every 3 weeks.</td>
</tr>
<tr>
<td>Pemetrexed + cisplatin</td>
<td>Day 1: Pemetrexed 500mg/m² IV + cisplatin 75mg/m² IV. Repeat cycle every 3 weeks.</td>
</tr>
<tr>
<td>Crizotinib</td>
<td>Crizotinib 250mg PO twice daily. **</td>
</tr>
</tbody>
</table>

Principals of First-Line Therapy
• Bevacizumab + chemotherapy or chemotherapy alone is indicated in patients with PS 0–1 with advanced or recurrent NSCLC. Bevacizumab should be given until disease progression.
• Cetuximab + vinorelbine/cisplatin is an option for patients with PS 0–1 (category 2B).
• Erlotinib is recommended as a first-line therapy in patients with sensitizing EGFR mutations and should not be given as first-line therapy to patients negative for these EGFR mutations or with unknown EGFR status.
• Afatinib is indicated for select patients with sensitizing EGFR mutations.
• Crizotinib is indicated for select patients with ALK rearrangements.
• There is superior efficacy and reduced toxicity for cisplatin/pemetrexed in patients with nonsquamous histology compared with cisplatin/gemcitabine.
• There is superior efficacy for cisplatin/gemcitabine in patients with squamous histology, in comparison to cisplatin/pemetrexed.
### Non-Small Cell Lung Cancer (NSCLC) (continued)

**First-Line Systemic Therapy for Advanced Disease**

**Principals of First-Line Therapy**
- Two drug regimens are preferred; a third cytotoxic drug increases response rate but not survival.
- Single-agent therapy or platinum-based combinations are a reasonable alternative in PS 2 patients or the elderly.
- Cisplatin or carboplatin have been proven effective in combination with any of the following agents: paclitaxel, docetaxel, gemcitabine, etoposide, vinblastine, vinorelbine, pemetrexed, or albumin-bound paclitaxel.
- New agent/non-platinum combinations are reasonable alternatives if available data show activity and tolerable toxicity (e.g., gemcitabine/docetaxel, gemcitabine/vinorelbine).

**Second-Line Systemic Therapy for Advanced Disease**

<table>
<thead>
<tr>
<th>REGIMENT</th>
<th>DOASING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Docetaxel</td>
<td>Day 1: Docetaxel 75mg/m² IV. Repeat cycle every 3 weeks.</td>
</tr>
<tr>
<td>Pemetrexed</td>
<td>Day 1: Pemetrexed 500mg/m² IV. Repeat cycle every 3 weeks.</td>
</tr>
<tr>
<td>Erlotinib</td>
<td>Day 1: Erlotinib 150mg PO once daily.</td>
</tr>
</tbody>
</table>

**Principles of Second-Line Therapy**
- In patients who have experienced disease progression either during or after first-line therapy, single-agent docetaxel, pemetrexed, or erlotinib are established second-line agents.
  - Docetaxel is superior to vinorelbine or ifosfamide.
  - Pemetrexed is considered equivalent to docetaxel with less toxicity in patients with adenocarcinoma and large cell carcinoma.
  - Erlotinib is superior to best supportive care.
  - Afatinib is indicated for select patients with sensitizing EGFR mutations.

**Third-Line Systemic Therapy for Advanced Disease**

<table>
<thead>
<tr>
<th>REGIMENT</th>
<th>DOASING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erlotinib</td>
<td>Day 1: Erlotinib 150mg PO once daily.</td>
</tr>
</tbody>
</table>

**Principles of Third-Line Therapy**
- If not already given, options for patients with PS 0–2 include docetaxel, pemetrexed (nonsquamous), erlotinib, or gemcitabine (category 2B for all options).

**Continuation After Disease Progression**
- With the exception of targeted agents (erlotinib, gefitinib, afatinib, crizotinib) in patients with EGFR-sensitizing mutations or ALK rearrangements who have experienced objective regressions with targeted therapy, no agent should be continued after disease progression has been documented except in selected situations (refer to discussion section of NCCN Guidelines for Non-Small Cell Lung Cancer v.3.2014).

### Small Cell Lung Cancer (SCLC)

**Chemotherapy as Primary or Adjuvant Therapy**

#### Limited Stage (maximum of 4–6 cycles)

<table>
<thead>
<tr>
<th>REGIMENT</th>
<th>DOASING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin + etoposide</td>
<td>Day 1: Cisplatin 60mg/m² IV plus Days 1–3: Etoposide 120mg/m² IV. Repeat cycle every 3 weeks or for at least 4 cycles. OR Day 1: Cisplatin 80mg/m² IV plus Days 1–3: Etoposide 100mg/m² IV. Repeat every 4 weeks for 4–6 cycles.</td>
</tr>
<tr>
<td>Carboplatin + etoposide</td>
<td>Day 1: Carboplatin AUC=5–6 IV plus Days 1–3: Etoposide 100mg/m² IV. Repeat every 3 weeks for 4–6 cycles.</td>
</tr>
</tbody>
</table>

#### Extensive Stage (maximum of 4–6 cycles)

<table>
<thead>
<tr>
<th>REGIMENT</th>
<th>DOASING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin + etoposide</td>
<td>Day 1: Cisplatin 75–80mg/m² IV Days 1–3: Etoposide 80–100mg/m² IV. Repeat every 3 weeks for 4–6 cycles.</td>
</tr>
</tbody>
</table>

*continued*
### Small Cell Lung Cancer (SCLC) (continued)

#### Chemotherapy as Primary or Adjuvant Therapy (continued)

### Extensive Stage (maximum of 4–6 cycles)

<table>
<thead>
<tr>
<th>REGIMEN</th>
<th>DOSING</th>
</tr>
</thead>
</table>
| Cisplatin + irinotecan | Day 1: Cisplatin 60mg/m² IV  
Days 1, 8 and 15: Irinotecan 60mg/m² IV.  
Repeat cycle every 4 weeks for 4 cycles.  
OR  
Day 1 and 8: Cisplatin 30mg/m² IV  
Day 1 and 8: Irinotecan 65mg/m² IV.  
Repeat every 3 weeks for 4–6 cycles. |
| Carboplatin + irinotecan | Day 1: Carboplatin AUC=5 IV plus  
Days 1, 8 and 15: Irinotecan 50mg/m² IV.  
Repeat cycle every 4 weeks for 4–6 cycles. |
| Carboplatin + etoposide | Day 1: Carboplatin AUC=5–6 IV.  
Days 1–3: Etoposide 100mg/m² IV.  
Repeat every 4 weeks for 4–6 cycles. |

### Subsequent Chemotherapy

#### Relapse <2–3 months, PS 0–2

<table>
<thead>
<tr>
<th>Drug</th>
<th>DOSING</th>
</tr>
</thead>
</table>
| Paclitaxel | Day 1: Paclitaxel 175mg/m² IV over 3 hours plus  
Day 1: Cisplatin 80mg/m² IV.  
Repeat every 3 weeks for at least 2 cycles.  
OR  
Day 1: Paclitaxel 80mg/m² IV over 1 hour.  
Repeat every week for 6 weeks, followed by a 2-week break. |
| Docetaxel | Day 1: Docetaxel 100mg/m² IV over 1 hour.  
Repeat every 21 days. |
| Topotecan | Days 1–5: Topotecan 1.5mg/m² IV once daily over 30 minutes.  
Repeat every 3 weeks.  
OR  
Days 1–5: Topotecan 2.3mg/m² PO once daily.  
Repeat every 3 weeks. |
| Irinotecan | Day 1: Irinotecan 100mg/m² IV over 90 minutes.  
Repeat every week. |
| Temozolomide | Day 1–21: Temozolomide 75mg/m² PO for a 4-week cycle. |
| Gemcitabine | Days 1, 8, and 15: Gemcitabine 1,000mg/m² IV for a 4-week cycle. |
| Ifosfamide | Day 1: Ifosfamide/mesna 5,000mg/m² IV.  
Repeat every 3 weeks. |

#### Relapse > 2–3 months up to 6 months

<table>
<thead>
<tr>
<th>Drug</th>
<th>DOSING</th>
</tr>
</thead>
</table>
| Topotecan | Days 1–5: Topotecan 1.5mg/m² IV once daily over 30 minutes.  
Repeat every 3 weeks.  
OR  
Days 1–5: Topotecan 2.3mg/m² PO once daily.  
Repeat every 3 weeks. |
| Paclitaxel | Day 1: Paclitaxel 175mg/m² IV over 3 hours plus  
Day 1: Cisplatin 80mg/m² IV.  
Repeat every 3 weeks for at least 2 cycles.  
OR  
Day 1: Paclitaxel 80mg/m² IV over 1 hour.  
Repeat every week for 6 weeks, followed by a 2-week break. |
| Docetaxel | Day 1: Docetaxel 100 mg/m² IV over 1 hour.  
Repeat every 21 days. |
| Irinotecan | Day 1: Irinotecan 100mg/m² IV over 90 minutes.  
Repeat every week. |
| Gemcitabine | Days 1, 8, and 15: Gemcitabine 1,000mg/m² IV for a 4-week cycle. |

continued
Small Cell Lung Cancer (SCLC) (continued)

Subsequent Chemotherapy (continued)

Relapse > 2–3 months up to 6 months\(^1\) (continued)

<table>
<thead>
<tr>
<th>REGIMEN</th>
<th>DOsing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinorelbine(^{60,61})</td>
<td>Day 1: Vinorelbine 25–30mg/m(^2) IV. Repeat every week</td>
</tr>
<tr>
<td>Etoposide (PO)(^{62,63})</td>
<td>Day 1–21: Etoposide 50mg/m(^2) PO.</td>
</tr>
</tbody>
</table>
| Temozolomide 75 mg/m\(^2\)/day \(
\times \) 21 days\(^6\) | Day 1–21: Temozolomide 75mg/m\(^2\) PO for a 4-week cycle |
| Cyclophosphamide/doxorubicin/ vincristine (CAV)\(^{51}\) | Day 1: Cyclophosphamide 1,000 mg/m\(^2\) IV plus Day 1: Doxorubicin 45mg/m\(^2\) IV plus Day 1: Vincristine 2mg IV. Repeat every 21 days |

Relapse > 6 months\(^1\)

- Original regimen\(^{64,65,111}\)
  - For adenocarcinoma, large cell carcinoma, and NSCLC NOS without specific histologic subtype.
  - This regimen can be used as neoadjuvant chemoradiotherapy. Cisplatin and etoposide is the preferred regimen. If weekly carboplatin and paclitaxel is used because the patient is not able to tolerate concurrent full-dose cisplatin and radiotherapy, the treating physician should consider 2 cycles of full-dose platinum therapy after local treatment is completed.
  - Most are used in combination, while others are used as monotherapy (e.g., maintenance or second-line therapy).
  - Albumin-bound paclitaxel may be substituted for either paclitaxel or docetaxel in patients who have experienced hypersensitivity reactions after receiving paclitaxel or docetaxel despite premedication, or for patients where the standard premedications (dexamethasone, H2 blockers, H1 blockers) are contraindicated.
  - Indicated in advanced NSCLC.
  - Indicated for EGFR mutation-positive patients and may be considered as an option for patients who test positive for an EGFR mutation.
  - Indicated for ALK-positive patients.
  - May reduce to 200mg twice daily not tolerated or toxicity occurs. If further reduction is needed, reduce to 250mg once daily.
  - The regimens included are representative of the more commonly used regimens for small cell lung cancer. Other regimens may be acceptable.
  - The use of myeloid growth factors is not recommended during concurrent chemotherapy plus radiotherapy.
  - During chemotherapy + radiotherapy, cisplatin + etoposide is recommended (1).
  - Consider dose reductions versus growth factors in the poor performance status patient.

References


therapy in patients with advanced non-small cell lung cancer
2009;373:1525–1531.

Cremophor®-free, albumin-bound particle form of paclitaxel
for the treatment of advanced non-small cell lung cancer.

Intravenous 130-nm Albumin-Bound Paclitaxel As Initial Chemi-
otherapy in Patients With Stage IV Non-small cell Lung Cancer.

nab-paclitaxel in combination with carboplatin versus
solvent-based paclitaxel plus carboplatin as first-line therapy
in patients with advanced non-small cell lung cancer: final

on overall survival in patients with advanced non-small cell lung
lung cancer harboring ALK gene rearrangement: a retrospective

of afatinib or cisplatin plus pemetrexed in patients with
metastatic lung adenocarcinoma with EGFR mutations.

33. Avastin [prescribing information]. South San Francisco, CA:
Genentech, Inc.; 2011.

34. Cappuzzo F, Ciuleanu T, Steilmak H, et al. SATURN investiga-
tors. Erlotinib as Maintenance treatment in advanced non-
small-cell lung cancer: a multicentre, randomised, placebo-

35. Tarceva [prescribing information]. S. San Francisco, CA:
Genentech, Inc.; 2011.

36. Alimta® [prescribing information]. Indianapolis, IN: Eli Lilly
& Co.; 2011.


trial comparing icotinatin/cisplatin with etoposide/cisplatin
in patients with previously untreated extensive-stage disease

once-daily thoracic radiotherapy in limited small-cell lung
cancer treated concurrently with cisplatin and etoposide.

40. Saito H, Takada Y, Ichinose Y, et al. Phase II study of etopo-
side and cisplatin with concurrent twice-daily thoracic
radiotherapy followed by irinotecan and cisplatin in patients
with limited-disease small-cell lung cancer: West Japan
Thoracic Oncology Group 9902. J Clin Oncol. 2006;24(33):
5247–5252.

41. Scharlos DV, Samantas E, Briassoulis E, et al. Randomized
comparison of early versus late hyperfractionated thoracic
irradiation concurrently with chemotherapy in limited disease
small-cell lung cancer: a randomized phase II study of the
Hellenic Cooperative Oncology Group (HeCOG). Ann Oncol.

42. Ihde DC, Mulshine JL, Kramer BS, et al. Prospective random-
ized comparison of high-dose and standard-dose etoposide
and cisplatin chemotherapy in patients with extensive-stage

43. Sundstrom S, Brennes RM, Kaasa S, et al. Cisplatin and
eopside regimens is superior to cyclophosphamide, epirubicin,
and vincristine regimens in small-cell lung cancer: results from
a randomized phase III trial with 5 years’ follow-up. J Clin Oncol.

continued

45. Natale RB et al. S0124: a randomized phase III trial comparing irinotecan/cisplatin (IP) with etoposide/cisplatin (EP) in patients (pts) with previously untreated extensive stage small-cell lung cancer (E-SCLC) [Abstract 7512]. 2008 ASCO annual meeting.


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