

Vinorelbine-based chemo-radiotherapy in non-small cell lung cancer

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ABSTRACT

Aims and background. Concomitant radio-chemotherapy improves survival of patients with locally advanced non-small cell lung cancer, with a better local-regional control.

Methods and study design. We report our experience with vinorelbine-based chemotherapy in neoadjuvant and radical settings in 43 patients. Regimens consisted of cisplatin plus vinorelbine in 74.4% patients and carboplatin plus vinorelbine in 14.0%; 11.6% underwent mono-chemotherapy with oral vinorelbine. We estimated the crude probability of death or local recurrence by the Kaplan-Meier method. Cox regression models were used to identify the main significant predictors of death or local recurrence.

Results. A significant effect of the response to treatment was shown on both local disease free-survival ($P = 0.004$) and overall survival ($P < 0.0001$). Patients with progressive disease after primary treatment had a significantly higher risk of further relapse at both univariate ($P = 0.046$) and multivariate regression analysis ($P = 0.014$) than patients with a complete response. They also showed a significantly higher risk of death at both univariate ($P = 0.0005$) and multivariate regression analysis ($P < 0.0001$) than patients with a complete response. The most common toxicity was hematologic and gastroenteric. We recorded grade III/IV leukopenia in 11%, anemia in 6%, and esophagitis in 14% of the patients.

Conclusions. Our experience showed that vinorelbine-based chemotherapy is an effective and safe regimen, in association with a platinum compound and thoracic radiotherapy.

Key words: vinorelbine, lung cancer, non-small cell lung cancer, chemotherapy, radiotherapy.

Conflict of interest statement: None declared.

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