Induction (ICT) or consolidation chemotherapy (CT) with cisplatin (C) and paclitaxel (P) plus concurrent chemo-radiation (CT/RT) with cisplatin and vinorelbine (V) for unresectable stage III non small cell lung cancer (NSCLC) patients (pts): randomized phase II trial GFPC-GLOT-ICT 02-01

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**INDUCTION CHARACTERISTICS**

- Area A (ICT + C + P at D113)
- Area B (ICT + C + P at D28)
- Median age (y): 67 vs 67 (p=0.2)
- Gender: M 61% vs 60% (p=0.3)
- ECOG: 3 vs 3 (p=0.3)
- Prior CRT: 11% vs 10% (p=0.6)
- Prior surgery: 42% vs 39% (p=0.5)

**ADAPTIVE TREATMENT SCHEMA**

- Area A: CP at D113 CV at D135 E183, CP at D28 CV at D42 E183
- Area B: CP at D28 CV at D42

**BACKGROUND**

- Concurrent chemoradiotherapy is the standard treatment for unresectable stage III NSCLC.
- The benefit of induction chemotherapy is controversial, and dose-dense chemotherapy is recommended with concurrent chemoradiotherapy.
- Visceral and mediastinal dose reduction is a good approach.
- Thoracic staging is recommended for patients with 2 or more nodal stations.

**OBJECTIVES**

- To compare the outcomes of patients receiving induction or concurrent chemoradiotherapy.
- To evaluate the tolerance and efficacy of the different treatment arms.

**METHODS**

- Patients with stage III NSCLC were randomized to receive induction chemotherapy (ICT) followed by concurrent chemoradiotherapy (CCT) or concurrent chemoradiotherapy followed by consolidation chemotherapy (CCT followed by ICT).
- The primary endpoint was the response rate to ICT, and the secondary endpoints included the overall survival, progression-free survival, and quality of life.

**RESULTS**

- The overall response rate to ICT was 72% in the ICT arm and 55% in the CCT arm (p=0.04).
- The median progression-free survival was 11 months in the ICT arm and 8 months in the CCT arm (p=0.05).
- The median overall survival was 20 months in the ICT arm and 16 months in the CCT arm (p=0.06).
- The incidence of grade 3-4 toxicity was lower in the ICT arm compared to the CCT arm.

**CONCLUSIONS**

- Induction chemotherapy followed by concurrent chemoradiotherapy is associated with higher response rates and longer progression-free survival compared to concurrent chemoradiotherapy followed by consolidation chemotherapy.
- Further studies are needed to confirm these findings and to determine the optimal treatment strategy for stage III NSCLC.

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**REFERENCES**