

Thalidomide does not improve survival in small cell lung cancer

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Treating patients with thalidomide in combination with chemotherapy for small cell lung cancer (SCLC) did not improve their survival but did increase their risk of blood clots, according to a new study published online July 16 in the *Journal of the National Cancer Institute*.

Siow Ming Lee, M.D., of the Department of Oncology, University Hospital in London, and colleagues randomly assigned 724 SCLC patients to take either a placebo or thalidomide. Used in treating some other cancers, thalidomide is an anti-angiogenic drug, i.e., it targets and suppresses the formation of new blood vessels that tumors need to survive and grow. In this randomized double-blind trial, patients received 100-200 milligrams daily for up to two years.

The researchers found no evidence of a survival difference between the two groups. The median overall survival for patients who received the placebo was 10.5 months. For patients who took thalidomide capsules, it was 10.1 months. Patients treated with thalidomide, however, had higher risk of thrombotic events.

"Together, these results suggest that targeting anti-angiogenesis in SCLC may not work as well as in multiple myeloma or colorectal cancer, perhaps because of differences in the angiogenic pathways involved in SCLC," the authors write.

In an accompanying editorial, Curzio Rüegg, M.D., of the Division of Experimental Oncology at the University of Lausanne in Switzerland,



and Solange Peters, M.D., Ph.D., of the Clinical Oncology Service at the University of Lausanne, note that this study's results, as well as similar, negative results from previous studies, should lead to a fresh look at the basic biology of SCLC and of the putative anti-angiogenic activity of thalidomide.

"Rather than running from failure to failure, it may be more reasonable to go back to experimental work, including the development and analysis of transgenic SCLC models, to better understand SCLC biology and identify robust therapeutic targets," the editorialists write.

Source: Journal of the National <u>Cancer</u> Institute (<u>journal-of-the-national-cancer-institute</u>/" rel="news">news: <u>web</u>)

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