

Local therapy followed by treatment with EGFR TKI is well tolerated

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Local therapy is not commonly utilized in metastatic lung cancer. Researchers at Memorial Sloan-Kettering Cancer Center investigated the efficacy of local therapy with continued EGFR TKI therapy specifically in patients with acquired resistance to EGFR TKIs. A recent study published in the March 2013 issue of the International Association for the Study of Lung Cancer's (IASLC) *Journal of Thoracic Oncology*, found that EGFR- mutant lung cancers with acquired resistance to EGFR TKI therapy are amenable to local therapy to treat oligometastatic disease when used in conjunction with continued EGFR inhibition.

Eighteen patients were identified who received elective local therapy (surgical resection, radiofrequency [ablation](#) or radiation). Local therapy was well-tolerated, with 85 percent of the patients restarting TKI therapy within one month of local therapy. Local therapy with surgery, radiation, or radiofrequency ablation in selected patients is associated with a median overall survival of 41 months, a median time to progression of 10 months, and a median time to next [systemic therapy](#) of 22 months.

Researchers report that, "these remarkable outcomes in patients with EGFR mutant lung cancer are likely a result of multiple factors including the unique clinical course of this disease, patient selection, continued benefits of the TKI even after progression, and potential benefits of local therapy."

They also say, "While the patients reported here had long median overall survivals and delayed time to [disease progression](#), there was a wide

range of outcomes. Outcomes appeared to be best when the site of local therapy was the only known site of disease." Their experience suggests, "local therapy should be considered for patients with oligometastatic lung cancer with acquired resistance to EGFR TKI."

Provided by International Association for the Study of Lung Cancer

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