

Therapy found effective in older, African-American lung cancer patients

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University of Cincinnati researchers have found in a phase-2 clinical trial that a Food and Drug Administration-approved therapy could be effective in treating both older and African American patients with advanced lung cancer who may not be candidates for chemotherapy.

These findings are published Nov. 25, 2014, in the online journal [Clinical Medicine Insights: Oncology](#) (Libertas Academica).

Nagla Karim, MD, PhD, associate professor in the division of hematology oncology at the UC College of Medicine and member of the Cincinnati Cancer Center and the UC Cancer Institute, says gefitinib, a drug that targets and interrupts signaling through the epidermal growth factor receptor and is used to control the progression of cancer, could help [patients](#) with non-small cell [lung cancer](#), which has few treatment options.

Non-small-cell lung cancer is any type of lung cancer other than small-cell lung cancer—the most common type of lung cancer.

"The epidermal growth factor receptor has been found in higher quantities in a variety of solid tumors, including non-small cell lung cancer," says Karim, who is also a UC Health physician and principal investigator on this study. "Gefitinib is a safe oral agent that may be of benefit to a specific population of these patients.

"Improving the quality of life for patients with this type of lung cancer is

an important goal as there is currently no beneficial treatment for them and chemotherapy is often not an option because of their poor health status."

In this study, researchers evaluated 12 patients who had advanced non-small cell lung cancer with a poor prognosis but who had not undergone chemotherapy. Response rate, progression-free survival, overall survival and quality of life were evaluated using the Functional Assessment of Cancer-Lung questionnaire and Trial Outcome Index.

The average age of the patients evaluated was 69 years, and the average duration of treatment was about 62 days.

Using the index to compare information collected from the questionnaire, the average overall survival for the population evaluated was almost five months, the progression-free survival was about three months and quality of life and outcomes scores were higher in African Americans compared with Caucasians as well as in older patients.

"Gefitinib is an overall active and well-tolerated therapy for this subgroup of patients with a poor prognosis and was found to improve quality of life," Karim says. "In spite of the small number of patients in the study, our results suggest that older patients and those who were African Americans had higher quality of life scores and felt this treatment improved their outcomes. This study may provide evidence that gefitinib could be an option for therapy in this subgroup of patients for which [chemotherapy](#) is not recommended."

Provided by University of Cincinnati Academic Health Center

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