

Alectinib: ALEX and ALUR trials show CNS benefit in NSCLC

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Data from two separate phase 3 studies to be presented at the ESMO 2017 Congress in Madrid, show alectinib's particular central nervous system (CNS) activity in patients with advanced non-small cell lung cancer involving a mutation of the anaplastic lymphoma kinase gene (ALK-positive NSCLC).

Findings from the ALUR trial (1), as well as a secondary analysis of the ALEX trial (2) show alectinib can significantly decrease CNS progression of NSCLC, both in the first-line as well as the second-line treatment setting.

"Patients with NSCLC have a high risk of CNS and brain metastases, commented Prof. Fiona Blackhall, from the University of Manchester and The Christie Hospital, UK.

"These trials provide an important evidence base for the CNS efficacy of alectinib that can be translated to routine clinical care."

The ALUR results "support alectinib as a new standard-of-care for [patients](#) with previously treated ALK-positive NSCLC," noted that study's investigator Dr. Silvia Novello, from the University of Turin, Italy.

ALUR included 107 ALK-positive NSCLC patients whose disease had progressed after a previous first-line combination treatment of both platinum-based chemotherapy and crizotinib.

They were randomised to second-line therapy with either standard relapse chemotherapy or alectinib.

Median progression free survival (PFS) was significantly longer in the alectinib group compared to the chemotherapy group - 9.6 versus 1.4 months (hazard ratio [HR] 0.15, 95% CI 0.08-0.29; P

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