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Adverse events (AEs) after first-line target therapy for advanced non-small cell lung cancer patients in a case management model

Zhi-Xuan Lin, Shu-Chan Chang and Wen-Tsung Huang
Chi Mei Medical Center, Liouying, Thaiwan

Purpose: Recently the case management model has been actively implemented in Taiwan to achieve synergy between resource, communication, and coordination. By using the case management model as an analytic framework, therefore, this study aimed to identify reasons for severe adverse events (AE) of three epidermal growth factor receptor (EGFR) tyrosine kinase inhibitors (TKIs) in patients with EGFR mutant on lung cancer patients.

Methods: From January 2014 to December 2015, patients with lung cancer treated in a teaching hospital in southern Taiwan were recruited as the research participants. Retrospectively, we have analyzed the patients with advanced or metastatic EGFR mutation-positive Non-Small Cell Lung Cancer (NSCLC) who received gefitinib, erlotinib, or afatinib as first-line treatment.

Results: The median age of 88 patients (37 males, 51 females) was 63 years (range, 29-94 years). Sixty-two patients (70%) never smoked. 84 (95%) had adenocarcinoma. The objective response rate was 58% and the disease control rate (partial response plus stable disease) was 80%. Common adverse events in all three EGFR-TKIs, mainly grade 3 or 4 toxicity, include rash (10.2%), diarrhea (11.4%) and hepatotoxicity (6.8%). Frequency of adverse events in 6 cases of hepatotoxicity, 3 cases of diarrhea, and 2 cases of skin toxicity, the total frequency of AE that resulted in treatment withdrawal was 12.5% (11 out of 88 evaluable patients).

Conclusion: First-line target therapy is a preferred standard treatment in advanced NSCLC harboring sensitive EGFR mutations. Informing the patient and management of these side-effects is very important to reduce discomfort and as such to increase compliance to therapy. With the support for case management and health education, patients can get more comprehensive treatment and improvement to problems associated to treatment.

t990999@gmail.com

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