Improvements Made in the Local Control of Advanced Non-Small Cell Lung Cancer

A phase II trial involving 47 patients with inoperable, advanced non-small cell lung cancer indicated that combining radiation therapy and RSR13 (efaproxiral sodium) delays tumor progression and increases survival. Researchers from the Vanderbilt-Ingram Cancer Center in Nashville, TN, and international collaborators presented the study. RSR13 is known to increase the release of oxygen from hemoglobin, thereby enhancing the effectiveness of radiation therapy. The participants received two courses of paclitaxel (Taxol®, Bristol-Myers Squibb, New York, NY) and carboplatin (Paraplatin®, Bristol-Myers Squibb) chemotherapy followed by daily RSR13 over 30 minutes (75 mg/kg with possible adjustments to 50 mg/kg or 100 mg/kg) and 32 doses (at 2 Gy) of chest radiation therapy. The overall response rate was 89% (39 of 44 patients), and the median survival time was 20.6 months. The major side effects were grade 2 or 3 leukopenia, hypertriglyceridemia (n = 8), thyroid toxicity (n = 7), hypersensitivity to Ontak (n = 1), and vascular leak syndrome (n = 3). The overall assessment determined that the tolerability profile of the two agents was acceptable and phase II trials are planned.

Fludarabine Phosphate Shows Promise for Treatment of Patients With Non-Hodgkin’s Lymphoma

An international multicenter trial presented by researchers from the University Medical Center in Utrecht, Netherlands, demonstrated a superior response from fludarabine phosphate (Fludara®, Berlex Laboratories, Wayne, NJ) compared to cyclophosphamide, vincristine, and prednisone (CVP) for patients with non-Hodgkin’s lymphoma. Fludarabine is a nucleoside analog that, in vivo, is rapidly dephosphorylated to an active metabolite, fluoro-arabinofuranosyl-adenine. Between 1993 and 1997, 381 patients were enrolled in the study and randomized into groups to receive eight cycles of standard CVP every four weeks or a standard fludarabine treatment, 25 mg/m² daily for five days every four weeks. The overall response rates for those who remained in the study were 75% and 58% for the fludarabine and CVP arms (p = 0.001). The median times to progression, 21 months versus 15 months for the fludarabine and CVP treatments, were not statistically significant. Hematologic toxicities, thrombocytopenia and neutropenia, were significantly higher in the fludarabine arm (28% versus 12%, p = 0.001; and 8% versus 1%, p = 0.002). Withholding treatment until disease symptoms occurred did not alter the overall survival rate or response to treatment.

Bexxar® Demonstrates Effectiveness in Patients With Non-Hodgkin’s Lymphoma

Bexxar® (Corixa Corporation, Seattle, WA) is a combination agent that includes both an unlabeled monoclonal antibody

Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Oncology Nursing Forum or the Oncology Nursing Society.