Low dose Gemcitabine and Cisplatin in advanced non – small cell lung cancer

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Abstract

Aim: Evaluate safety & efficacy of gemcitabine at a low dose of 250 mg/m^2 in 6 h prolonged infusion plus cisplatin in advanced non-small cell lung cancer (NSCLC) patients.

Patients & methods: Fifty-four patients with stage III B or IV NSCLC were enrolled, 39 males & 15 females, with a median age 53 years (range 18 – 65). A total of 33 patients (61%) had adenocarcinoma, 12 (22%) had squamous cell carcinoma, 2 (4%) had large cell carcinoma & 7 (13%) had other histopathological types.. Treatment consisted of 250 mg/m2 gemcitabine in a 6 h infusion on days 1 & 8, and cisplatin at 75 mg/m2 on day 2 of a 3 - week cycle. A total of 210 chemotherapy cycles were administered, with a median of 4 cycles per patient (range 1 - 6).

Results: The overall response rate was 39% (0 CR, 22 patients PR). Median time to disease progression was 5.2 months & median overall survival time was 11.7 months. One - year survival time was 43%. Hematologic toxicity was mild where grade 3–4 neutropenia in 18.5% of patients, thrombocytopenia in 9.3%, and anemia in 5.5%. Grade 3 nausea / vomiting was one of the main non hematological toxicities in 27.7% of patients, in addition to grade 1 - 2 alopecia in 62.9% and grade 1 – 2 skin rash in 18.4%.

Conclusion: Prolonged infusion of low dose gemcitabine & cisplatin is an effective treatment in NSCLC treatment. Toxicity, especially myelosuppression, is remarkably mild.