

An Audit Of The Use Of Tarceva (Erlotinib) For
Patients With Lung Cancer At WPH

Dr M Hatton

Dr A Chattopadhyay



- We audited the use of Erlotinib (Tarceva) in advanced or metastatic previously treated non small cell cancer patients in Weston Park Hospital.

Standard

- BR21 trial results were used as the standard.
- Response to treatment 8.9%
- Median survival 6.7 months
- 5% patients discontinued Tarceva for toxicity

Process standards

- 1. All patients receiving erlotinib will have NSCLC
- All patients had non-small cell lung cancer.

Histology	Number of pts
• broncho alveo ca	1
• non small cell (uncharacterised)	4
• adenocarc	10 (55%)
• squam cell	3 (16%)

- **Standard 1 met 100%**

2. All patients receiving erlotinib will have a recorded performance status of 0 or 1

• **PS (at diagnosis) Number of pts**

- 0 10
- 1 6
- 2 1
- unknown 1

• **Standard 2(a) met 16 out of 18 = 88%**

• **PS (at treatment) Number of pts**

- 0 4
- 1 5
- 1-2 1
- 2 2
- 2-3 1
- blind from stroke 1
- not on proforma 4

• **Standard 2 (b) met 9 out of 18 = 50%**

- **3. All patients receiving erlotinib will have had 1st or 2nd line chemotherapy**
- Previous chemotherapy
 - Carbo/Taxol- 7
 - Gem/Carbo- 10
 - Cisp/Vinorelbine- 1
- One patient had adjuvant chemo – in this audit previous exposure to chemotherapy has been taken as sufficient.

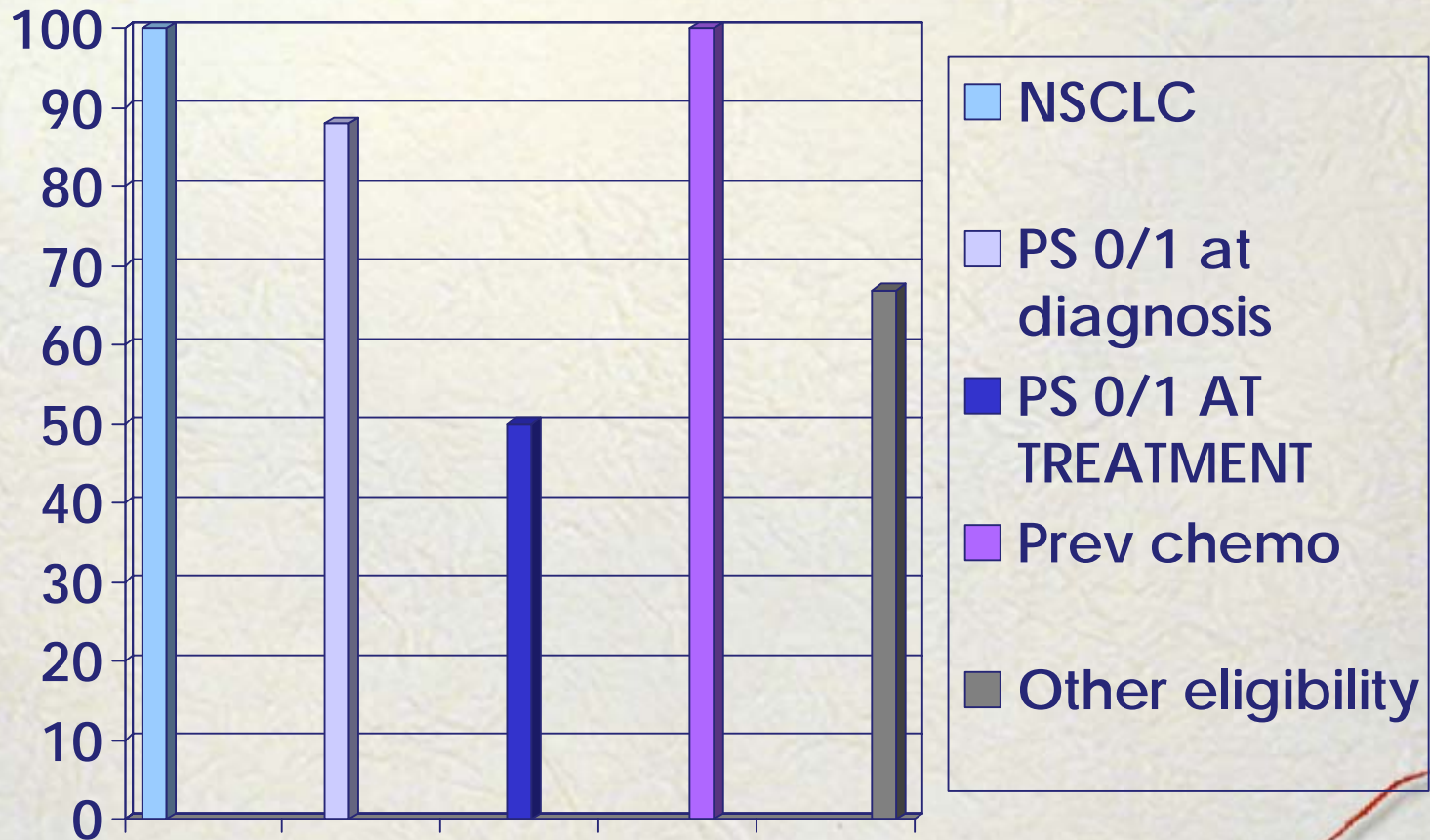
- **Standard 3 met 100%**
- **2nd line chemo- Docetaxol- 7 pt (39%)**

4. All patients receiving erlotinib will have documented evidence of discussion at WPH lung cancer meeting

MDT system designed to discuss patient and use of licensed drugs. At time of use (this audit's focus), tarceva was open access and therefore not routinely discussed.

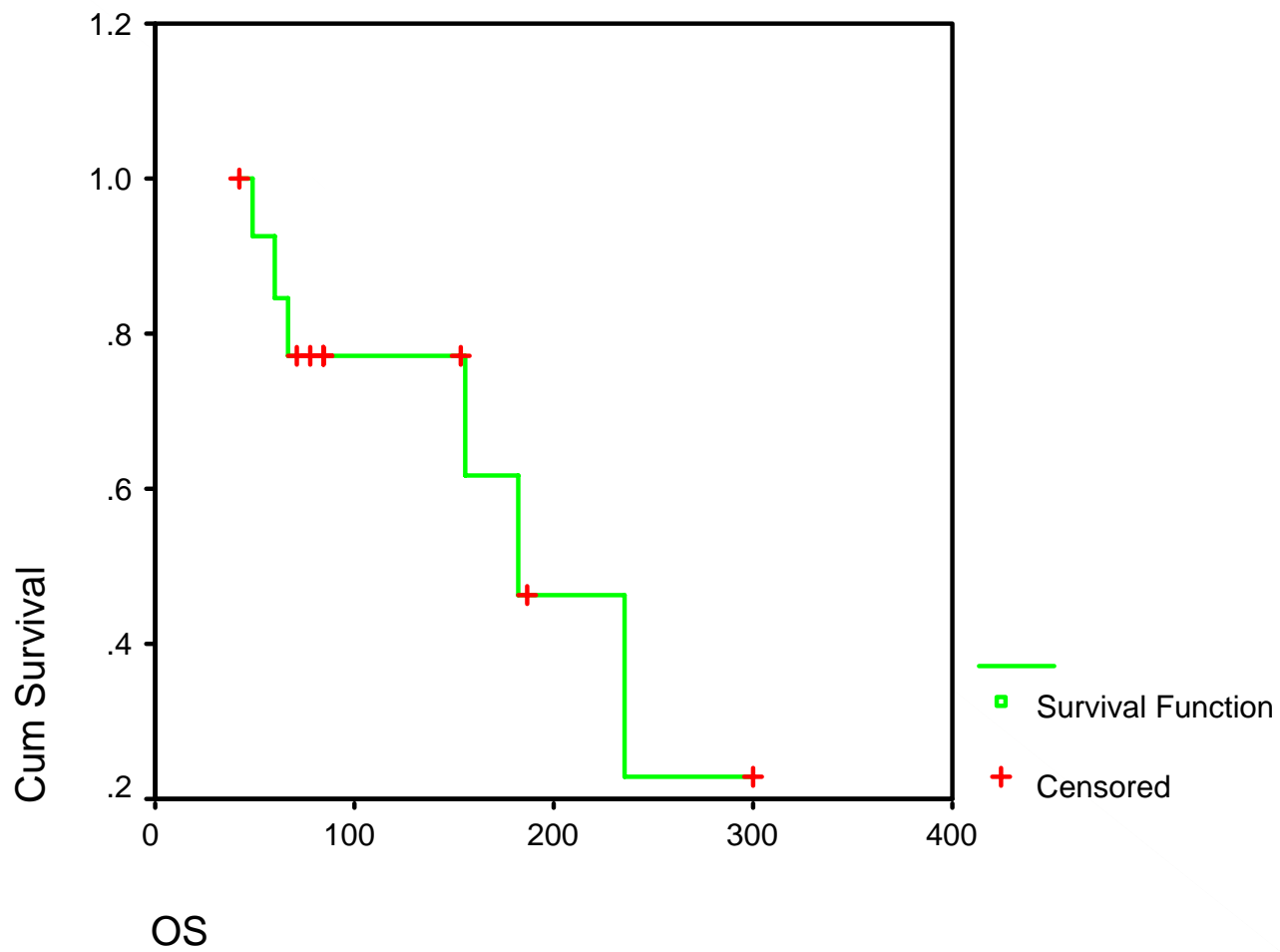
- 5. All patients receiving erlotinib will have one or more of the following criteria; (i) adenocarcinoma of the lung, (ii) never smoked, (iii) female and (iv) of pacific Asian descent
- 12 patients met one or more of the criteria above
- 6 patients had none of these eligibility criteria
- **Standard met 12 out of 18 = 67%**
Note at the time of audit treatment was on the open access program

Overall compliance with process standards



- 2) Median survival 182 days = 6.06months (expected 6.7months)
- Range?

Survival Function

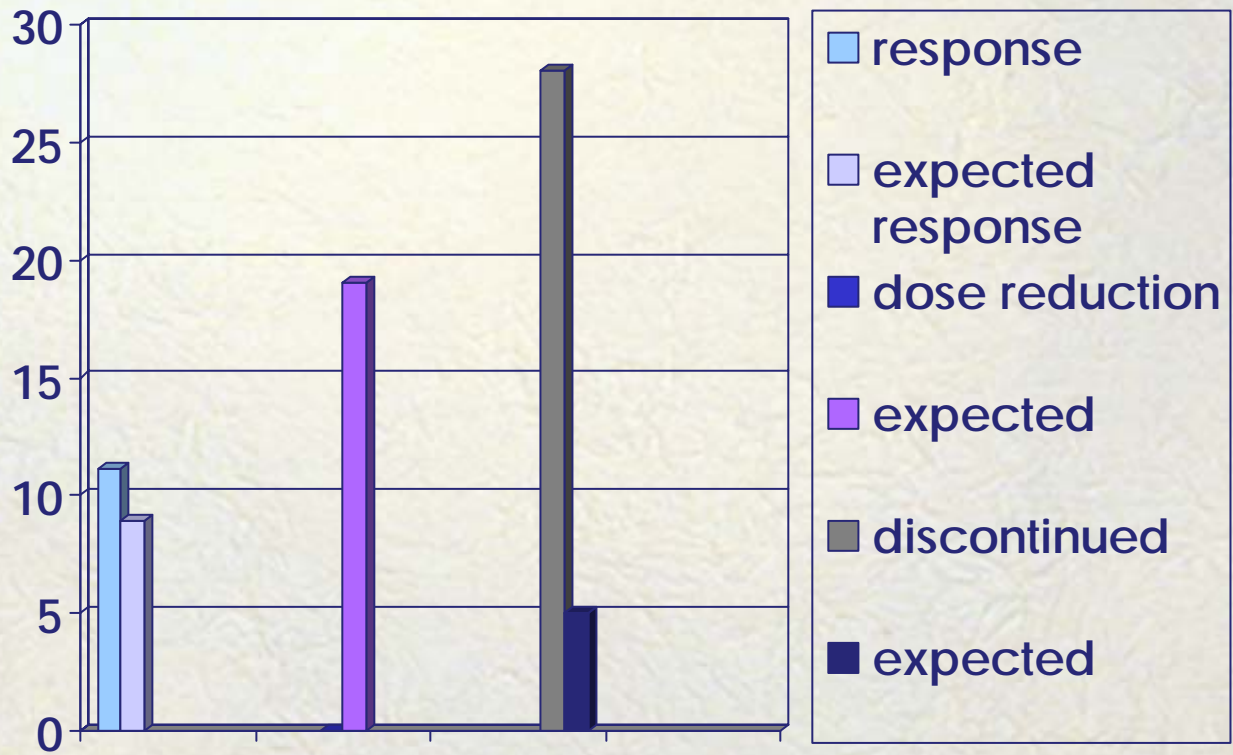


- 3. Dose reductions due to toxicities (rash, diarrhoea etc) will be in the region of 19% (3 or 4 in sample of 18).

• Doses	given	follows
• Cycles	dose	toxicity
• 3	150	gi
• 3	150	gi
• 1	150	gi / rash
• 2	150	gi / rash
• 2	150	gi / rash / severe diarrhoea
• 3	150	
• 2	150	
• 2	150	
• 1	150	
• 10	150	rash
• 1	150	rash
• 6	150	rash
• 4	150	rash (on scalp)
• 4	150	rash (mild)

- No dose reduction whether toxicities present or not (Compare with expectation of 19%)

- Toxicity
- Rash- 8 (44.4%)
- Diarrhoea- 5 (28%)



Outcome

- Our response rate and median survival rates are comparable with the published phase3 evidence(BR21).
- No dose reduction in our series.
- Large number of patients discontinued Tarceva in our series due to toxicity +/- progressive symptoms (28% vs 5%).

Recomendation

- Since Tarceva has been licensed for use in NSCLC we have used a more robust criterion for selecting patients for Tarceva.
- Discussing all patients in WPH lung cancer meeting to ensure adherence to the local selection criteria for Tarceva.