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**PATIENTS WITH ADVANCED NON-SMALL CELL LUNG
CANCER (NSCLC) TREATED WITH CARBOPLATIN PLUS
VINORELBINE PREFER PER ORAL VINORELBINE FOR
INTRAVENEOUS INFUSION**

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Chemotherapy for advanced NSCLC is palliative, so a preferable regime should weight efficacy against tolerability. Standard treatments comprise platinum derivate cisplatin or carboplatin (CARBO) plus vinorelbine (VINO), gemcitabine or paclitaxel. VINO is available for IV or PO administration with comparable efficacy. The aim of this study was to evaluate if patients (pts) prefer PO or IV VINO in combination with CARBO in treatment of advanced NSCLC.

Sixty-one pts were randomized in a crossover trial to either 2 cycles of VINO IV (30 mg/m²) followed by 2 cycles of VINO PO (60 mg/m²) (arm A), or the opposite (arm B). VINO was given day 1 & 8, and CARBO (AUC=5) day 1 q. 3 w. VINO day 8, IV as well as PO, was supported by antiemetics. Pts, who did not show progressive disease after cycle #4, had a free choice of IV or PO VINO for the last 2 cycles. Thirty-one pts were randomized to arm A, and 30 pts to arm B. Thirty-four pts were treated at Herlev and 27 at Vejle Hospital. Twenty and 23 pts in arm A and B, respectively, completed 4 cycles and made a choice for the last 2 cycles. Toxicity in the two arms was compared for the first 2 cycles, i.e. before crossover. Significantly more pts in arm A (IV VINO) had grade 3 or 4 leukopenia (52% vs. 10%) ($p < 0.001$) compared to arm B, but only 10% in each arm ($p = 0.97$) were hospitalized because of leukopenia and fever. Besides leukopenia, no significant differences in toxicity were seen. Eleven pts (26%) chose IV and 32 pts (74%) PO VINO ($p = 0.002$), independently of treatment arm.

In conclusion: Three of four NSCLC pts, who have tried both PO and IV VINO, prefer the PO administration.