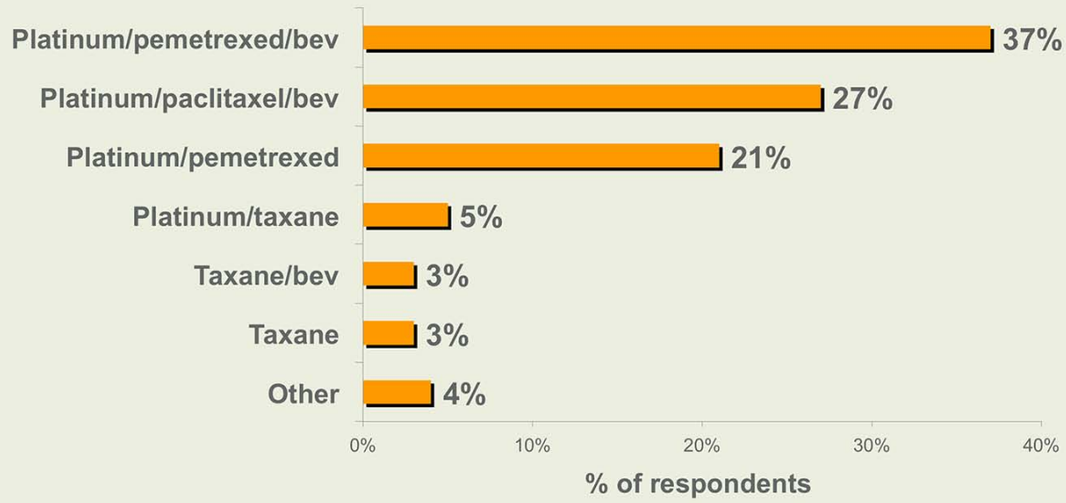
First-line treatment of metastatic adenocarcinoma of the lung (age 60)

An otherwise healthy **60-year-old** patient presents with low tumor burden, asymptomatic, metastatic, pan-wild-type (PWT) adenocarcinoma of the lung with no contraindications to bevacizumab. What is your preferred induction treatment regimen?



EDITOR'S COMMENTS

The most common mNSCLC presentation is a nonsquamous tumor without a driver mutation, and about two thirds of respondents opt for a platinum-based doublet with bevacizumab if not contraindicated. The choice of platinum partner is somewhat split with slightly more general oncologists (GOs) opting for pemetrexed (as does Dr Wakelee) than paclitaxel (Dr Ramalingam's choice). These 2 approaches yielded comparable outcomes in the PointBreak trial, and factors like cost and toxicity are key considerations in treatment selection. For example, Dr Wakelee's use of pemetrexed is tied to its lower levels of alopecia and neuropathy compared to paclitaxel.

SELECT REFERENCES WITH LINKS

Sandler A et al. **Paclitaxel-carboplatin alone or with bevacizumab for non-small-cell lung cancer.** *N Engl J Med* 2006;355(24):2542-50. Abstract

Patel JD et al. **PointBreak: A randomized phase III study of pemetrexed plus carboplatin and bevacizumab followed by maintenance pemetrexed and bevacizumab versus paclitaxel plus carboplatin and bevacizumab followed by maintenance bevacizumab in patients with stage IIIB or IV nonsquamous non-small-cell lung cancer.** *J Clin Oncol* 2013;31(34):4349-57. Abstract

ECOG-E5508: Randomized phase III study of maintenance therapy with bevacizumab, pemetrexed, or a combination of bevacizumab and pemetrexed following carboplatin, paclitaxel and bevacizumab for advanced non-squamous non-small cell lung cancer. NCT01107626