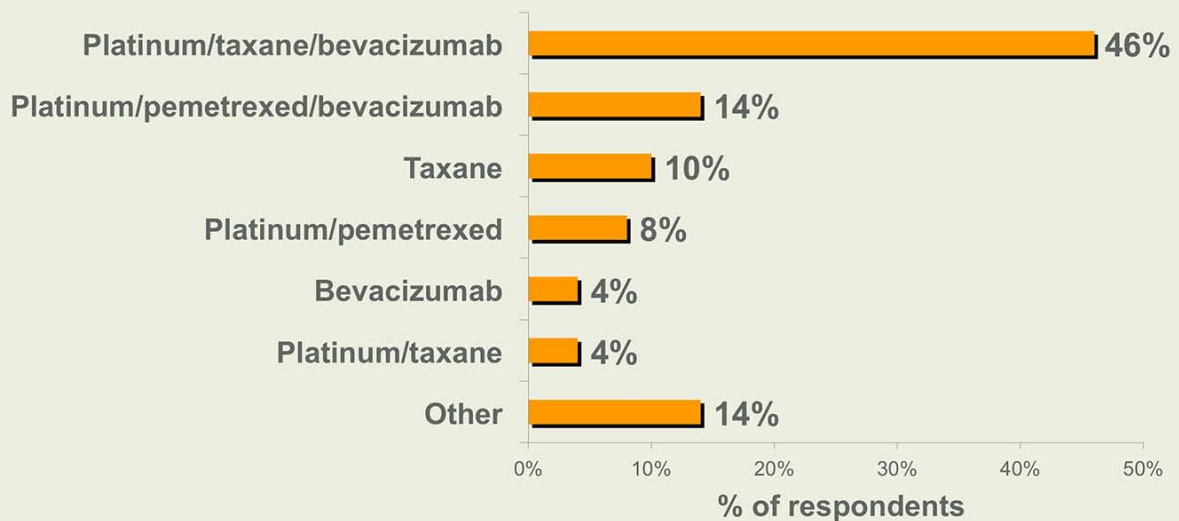


First-line treatment of metastatic adenocarcinoma after prior adjuvant chemotherapy

In general, which first-line treatment would you likely recommend for a 60-year-old patient who develops **high tumor burden, symptomatic, metastatic, PWT adenocarcinoma** of the lung with no contraindications to bevacizumab 12 months after completion of adjuvant cisplatin/pemetrexed?



EDITOR'S COMMENTS

The impact of prior exposure to adjuvant chemotherapy on selection of front-line therapy for metastatic disease is a common theme across much of solid tumor oncology. Therefore, we asked how clinicians would care for a patient with high tumor burden, symptomatic, pan-wild-type adenocarcinoma with no contraindications to bevacizumab 12 months after completing one of the most common current adjuvant regimens, cisplatin and pemetrexed. As might be expected, most oncologists, in addition to the faculty, avoid rechallenging with pemetrexed and instead opt for the “4599” ECOG regimen of paclitaxel, carboplatin and bevacizumab.

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](#)