

Comparison of efficacy and toxicity of carboplatin or cisplatin based chemo-radiotherapy treatment among elderly locally advanced non-small cell lung cancer patients

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Concurrent chemo-radiotherapy (CCRT) is the standard management for locally advanced non-small cell lung cancer (LA-NSCLC), but the definite choice of carboplatin or cisplatin-based chemo-radiotherapy as a treatment for elderly patients with LA-NSCLC has not yet been defined. In this study, we compared the efficacy and toxicity of Carboplatin vs. Cisplatin-based (CCRT) for elderly patients with LANSCLC. A study was conducted on 50 elderly patients (> 65 years) where 25 patients received Carboplatin (area under the curve [AUC] 2) and Paclitaxel (45 mg/m²) administered on days 1, 8, 15, 22, 28, and 35 over a 6-week period; concurrent thoracic radiotherapy (RT) followed by two cycles of Paclitaxel 200 mg/m² and Carboplatin AUC 6. The other 25 patients received 50 mg/m² of Cisplatin administered on days 1, 8, 29, and 36, and 50 mg/m²/day

of etoposide delivered on days 1–5 and 29–33; concurrent thoracic RT followed by Cisplatin 50 mg/m² and etoposide 50 mg/m² for two additional cycles. Both groups received thoracic RT dose ranged from 60 Gy to 70 Gy in 2 Gy per fraction, five fractions a week over six to seven weeks. Both Carboplatin and Cisplatin-based regimens had the similar overall survival but the Carboplatin is less toxic when combined with RT in elderly LA-NSCLC treated patients.

Speaker Biography

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