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Title: Non-small cell lung carcinoma–advanced disease (NSCLC-AD): Effectiveness of subsequent therapeutic lines and predictive factors of poor outcome

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Body: Five years observational study (2006-2010) of a cohort of patients with NSCLC-AD (1st line monotherapy excluded). Epidemiology, histology, performance status (PS), therapy, response – disease control (DC) or progression (n-DC), progression free survival (PFS) and overall survival (OS) after each therapy were evaluated. We also tried to assess predictors for DC and OS. Results: We included 276 patients, 77.9% men, mean age 63.1 years (±10.9), most of them smokers (36.6%) with PS 1 (89.1%). The most frequent histology was adenocarcinoma (59.8%). Metastasis in 1, 2 or 3 organs was found in 65.2%, 31.2% and 3.6% of the patients. All patients were initially treated with a platinum-based duplet; Pemetrexed or Erlotinib were the most used in 2nd-line setting (53,9% of the patients) and Erlotinib in 3rd (15.6% of the patients). There was a progressive reduction of the DC rate along the 3 lines- 71.7%, 67.1% and 51.2%. The median PFS and OS for each line were: 1st- 4.53M ± 0.22 and 10.12M ± 0.55, 2nd- 4.17M ± 0.21 and 9.1M ± 0.66, 3rd- 4.47M ± 0.68 and 10.42M ± 3.35. Prognostic factors were: smoking status (HR 1.54, p-value 0.016), the presence of metastasis> 1 organ (HR 1.50, p-value 0.003), PS2 (HR 3.62, p-value<0.001) and n-DC after 1st line (HR 2.71, p-value<0.001). The presence of DC after each line did not predict subsequent DC (p-value> 0.05), but the PFS after 1st line correlates with the following PFS (p-value 0.001). Conclusions: There is an increase in OS and PFS in the 3rd line, probably reflecting the influence of new biological treatments. Strong predictors for a poor outcome were PS 2 and n-DC after 1st line.