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## New hope for stage 4 lung cancer patients

By Karen Dandurant

[news@seacoastonline.com](mailto:news@seacoastonline.com)

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EXETER - A newly adopted treatment for lung cancer is showing such promise that it may double survival rates for some patients.

Dr. Panos Fidias, director of medical oncology at Exeter Hospital's Center for Cancer Care, and an oncology doctor at Massachusetts General Hospital, said the findings are exciting. He called it a "game changer," and said "it is the beginnings of a new standard in care."

Dr. Konstantin Dragnev, associate director for clinical research at Dartmouth-Hitchcock's Norris Cotton Center for Cancer Care, said the results are offering stage 4, incurable lung cancer patients not only a chance at a longer survival rate, but also at a better quality of life.

Dragnev said his group was part of one of the clinical trials that resulted in the findings.

"This is very significant and offers new hope for lung cancer patients," said Fidias. "We were waiting for the report, one we first heard about several months ago. Using these drugs in combination with chemo, as opposed to just chemo, is showing remarkable results."

Fidias said the use of immunotherapy in cancer treatment has been explored for five or six years, with the first clinical trials taking place in 2012-2013.

The findings, which advocate immunotherapy drugs, like Keytruda (pembrolizumab), used in combination with chemotherapy, were presented on April 16 at the annual meeting of the American Association of Cancer Research in Chicago, and were published at the same time in the New England Journal of Medicine.

"The results show that as medication, this combination can shrink tumors where chemo could not," said Fidias. "In the beginning, we just used chemo, horrible toxic poison we just threw at the problem. Then we went towards targeted therapy, which is a better approach if the tumor has a target. Not all do."

Fidias said immunotherapy works by stimulating the immune system to fight for itself. He said it has been tried with other cancers, such as melanomas and kidney cancer, with less successful results as are being seen in lung cancer.

“It’s the same reason you get vaccinations,” said Fidias. “You get the antigen in the vaccine, and it stimulates your immune system to recognize and fight certain diseases.”

This treatment will now be considered one of the first options for patients, alongside the standard chemo-only care.

“We can offer patients chemo only, immunotherapy only, or a combination of both, as it is indicated,” said Dragnev. “At the conference on April 16, the AACR, which represents the scientific side of cancer research, focused their presentations almost solely on this topic because it is so significant. Stage 4 lung cancer will not be cured by this, but it is a big step forward in how we treat patients, and in the way they will live their lives. We always want more steps forward.”

Keytruda is already prescribed to a group of patients who have a type of malignancy called non-small-cell lung cancer. It’s the principal form of lung cancer and found most commonly in people who have smoked.

Keytruda acts as a checkpoint inhibitor. Fidias said the immune system has certain checkpoint receptors, and they have their own mechanism of shutting it down under specific conditions.

“The drug, the checkpoint inhibitor takes the brakes off the immune system,” said Fidias. “Now they are continuously acting so they fight better. You don’t have to do anything; just let the immune system run.”

Fidias said since 2015, immunotherapy in clinical trials has been tried as a second line of defense in advance lung cancer patients, once a tumor stopped responding to chemotherapy, or chemotherapy simply didn’t work.

“During the years of 2015-2016, we discovered the immunotherapy worked better than chemo in more than half the cases,” said Fidias. “Now, beginning in 2016, it is a consistent medicine we use in clinical trial. Now we have verification that we were all on the right track and now we will use this as the first line of defense because when compared to chemo; it works better, with less toxicity.”

Unfortunately, at this time, Fidias said the treatment only applies to about 30 percent of lung cancer cases. Even then, it is not a guarantee of a cure, nor can it be said that the cancer will not return.

“It works best with cases where there is a high PD-L1 marker on the tumor, determined through a blood test.” he said. “It has to do with how that responds to immunotherapy.”

Fidias has hope for the other 70 percent of cases. He feels a way may yet be found to move forward in those cases using immunotherapy and chemo as well.

Dragnev said there are side effects to the immunotherapy treatments like nausea and fatigue, as with many treatments.

“But the balance between side effects and survival is clearly on the side of survival,” said Dragnev. “This is an exciting moment for all oncologists and for patients.”

“It may not be for everybody yet, but we are showing real improvements in survival rates,” said Fidias. “The study shows that targeted therapy still seems to work better for cancers that have an identifiable target, and squamous cell cancers are excluded. But the 50 percent improvement we are seeing in the other cases, over and above our best chemotherapy, is great cause for hope.”

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