

C-12

Capecitabine and Temozolomide in Advanced Lung Neuroendocrine Neoplasms

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BACKGROUND: Patients with advanced lung neuroendocrine neoplasms (NENs) have few treatment options. Capecitabine and temozolomide have recently demonstrated significant activity in patients with pancreatic NETs, but data in lung NETs are limited.

METHODS: We retrospectively reviewed the records of patients treated at a large referral center to identify patients seen between 1/2008 and 9/2018 with metastatic lung NENs who received treatment with capecitabine and temozolomide (CAPTEM). Small cell lung cancer patients were excluded. The primary endpoint was overall response rate per RECIST 1.1. Secondary endpoints included progression free survival, overall survival, and toxicity.

RESULTS: 20 patients were identified who received treatment with capecitabine/temozolomide. 14 (70%) were typical lung NETs, 5 (25%) atypical carcinoids, and 1 (5%) was defined as a large cell neuroendocrine carcinoma. 19 were evaluable for response. 6 (30%) patients exhibited a best response of PR per RECIST 1.1 criteria, 11 (55%) SD, and 2 (10%) PD; ORR was 30% and DCR was 85%. Median PFS was 13 months (95% CI, 4.4 – 21.6 months). Median OS was 68 months (95% CI, 35.3 – 100.7 months). Toxicity profile was mild with mainly grade 1, expected toxicities. 6 patients required dose reduction due to toxicity.

CONCLUSION: The CAPTEM regimen is associated with a high response rate and a relatively tolerable toxicity profile in lung NENs. This regimen warrants further exploration in a prospective clinical trial.