

LATE BREAKING ABSTRACTS FROM ASCO 2005

The ASCO Annual Meeting is considered the premier educational and scientific event in the oncology community. Oncology Associates was excited to have the opportunity to participate in the show, held May 13-17, in Orlando, FL. OA spent a significant amount of time meeting with our pharmaceutical partners to ensure that we continue to offer the same high

quality products and services to our members.

In addition to meeting with our pharmaceutical partners and physician members, ASCO gave us the opportunity to compile relevant clinical data to disseminate to our members. We are pleased to present the following abstracts from the ASCO 2005 Annual Meeting.

Impact of 1st and Subsequent Cycle Pegfilgrastim on Neutropenic Events in Patients Receiving Myelosuppressive Chemotherapy

Preliminary results of FIRST, a prospective community-based study

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Background: Most alterations to chemotherapy (CT) dose and schedule are due to neutropenic events, which mostly occur in the 1st cycle. The ANC registry study has prospectively documented 1st cycle febrile neutropenia (FN) of 8% in patients (pts) receiving CT with usual community CSF support. In addition to FN, dose reductions and delays may be prevented with 1st cycle use of pegfilgrastim (Neulasta). A large, prospective study has been initiated in cancer pts receiving myelosuppressive CT to evaluate the impact of 1st and subsequent cycle pegfilgrastim on neutropenic events.

Methods: This open-label, single-arm study is being conducted at 387 sites, with an expected enrollment of ~2300 pts by Dec 2004. Pts ≥ 18 yrs with cancers other than leukemia or MDS are eligible, including pts with major co-morbid illnesses who are not generally eligible for clinical trials. Key exclusions are weekly CT and concurrent radiotherapy (RT). Pts receive pegfilgrastim 6 mg ~24 hours post-CT in each cycle. Endpoints include neutropenic complications and CT dose reductions and delays. Point estimates and 95% CL are provided.

	N=200 % (95% CL)
Febrile neutropenia in cycle 1	2.0 (0.5,5.0)
Neutropenia-related IV anti-infective use in cycle 1	2.0 (0.5,5.0)
Neutropenic hospitalizations in cycle 1	2.5 (0.8,5.7)
CT dose reductions in cycle 2 (physician reported)	
All reasons	4.6 (2.1,8.5)
Neutropenia-related	2.0 (0.6,5.1)
CT dose delays in cycle 2 (physician reported)	
All reasons	1.0 (0.1,3.6)
Neutropenia-related	0 (0.0,1.9)

Results: 1st cycle data from 200 pts at 77 sites are shown. 80.5% of pts were women and most had breast cancer (60.5%) followed by lymphoma (12%), lung (9.5%), and other malignancies (18%). The mean (SD) age was 57.8 (12.0). 51% of pts had early stage (I-II) disease, 22% received prior CT, 14% received prior RT, and 19% had significant co-morbidities. Reported serious adverse events were consistent with

those observed in pts receiving myelosuppressive CT.

Conclusions: Pts treated in community practice receiving pegfilgrastim in first and subsequent cycles of myelosuppressive CT experience a low incidence of neutropenic complications and alterations in CT dose and schedule. Data on an additional 700 pts will be available. ●