

## **NAVELBINE IN THE TREATMENT OF ADVANCED NON-SMALL-CELL LUNG CANCER**

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Navelbine is a new generation drug of semi-synthetic vinca with marked activity on mitotic microtubules but sparing of axonal microtubules leading to its improved neurotoxicity compared to older vinca. Navelbine has an excellent antitumour activity against several malignancies with repeated studies reporting useful activity in NSCLC. It is the most thoroughly tested new agent for the treatment of NSCLC.

This activity was consistent in numerous phase II trials and was confirmed in randomised clinical studies. Compared to supportive care in randomised trial, navelbine became the first single agent in NSCLC to demonstrate significant survival and palliative advantages.

Several combination phase III comparison studies have been reported in which navelbine plus cisplatin regimen has been tested. Navelbine-cisplatin (NP) is now an international standard reference regimen, which significantly increases survival and improves symptom control and quality of life in patients with advanced NSCLC compared to older cisplatin-based combinations. Efficacy for this combination has been demonstrated in several phase III studies against other established regimens and newer experimental regimens. Navelbine monotherapy is an active treatment, equivalent to older cisplatin-based regimens. Navelbine single agent is the suitable chemotherapy to specific patient groups such elderly patients with advanced NSCLC. Elderly patients are often unable to tolerate cisplatin-based chemotherapy due to reduced renal function but still require active treatment to maximise survival, relieve symptoms and improve QOL. The profile of high activity with low level of side effects makes navelbine a versatile drug to contribute to the treatment of earlier stages of the disease as neoadjuvant or adjuvant treatment, as well as for the management of locally advanced disease in combination with radiotherapy.

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