constitutively improving immune response to tumor antigens. human programmed death-ligand 1 (PD-L1) and inhibits its interaction with its receptors, measured by investigator-assessed progression-free survival (PFS). MPDL3280A targets both trials is to test the efficacy of MPDL3280A in the intent-to-treat (ITT) population as prospectively, which will be used for treatment response stratification. The objective of paclitaxel or with carboplatin + nab-paclitaxel compared with treatment with carboplatin + paclitaxel + bevacizumab in chemotherapy-naïve patients with Stage IV non-squamous NSCLC.

GO29436 and GO29437 is a randomized, Phase III, multicenter, open-label study designed to evaluate the safety and efficacy of MPDL3280A (PDL-1 inhibitor) in combination with carboplatin + paclitaxel or with or without bevacizumab compared with treatment with carboplatin + paclitaxel + bevacizumab in chemotherapy-naïve patients with Stage IV non-squamous NSCLC. Go29434 is a randomized, Phase II, multicenter, open-label study designed to evaluate the safety and efficacy of MPDL3280A (PDL-1 inhibitor) in combination with carboplatin + paclitaxel or with or without bevacizumab in chemotherapy-naïve patients with Stage IV non-squamous NSCLC.

Both of these industry-supported trials require tumor tissue to be FDG status prospectively, which will be used for treatment response stratification. The design of this trial is to test the efficacy of MPDL3280A in the intent-to-treat (ITT) population as measured by investigator-assessed progression-free survival (PFS). MPDL3280A has human programmed death—ligand 1 (PD-L1) and inhibits its interaction with its receptors, constitutively improving immune response to tumor antigens.
Pulmonary Metastasectomy

Pulmonary metastasectomy is the surgical resection of metastases in the lung. The first series of pulmonary metastasectomies was published in 1947 by Alexander and Haight. The lungs are one of the most common organs to which cancer metastasizes, and approximately 10% of all cancer patients will develop lung metastases at some point.

Pulmonary metastasectomy from a primary tumor elsewhere is widely believed to improve survival in selected patients. Most resections are performed in patients with a long disease-free interval from a primary tumor elsewhere. The lungs are one of the most common organs to which cancer metastasizes, and approximately 10% of all cancer patients will develop lung metastases at some point.

Selection Criteria:

The primary tumor is controlled or is controllable
No extrapulmonary tumor exists
No better method of proven treatment value is available
tumors (64% vs 46%). The site of recurrence differed with sarcomas recurring most frequently intrathoracic (80%) compared to melanoma for which the relapse was extrathoracic (73%). The 5 year survival for all patients with repeat surgery was 44%.

Conclusion

Patients with untreated metastatic disease have a 5 year survival rate of less than 5-10% and for a patient with isolated metastatic disease to the lungs, pulmonary metastasectomy is often the best hope for prolonged survival. It is a safe and effective treatment. Complete resection is the most important factor for improved survival. Low morbidity and mortality rates, and lack of any other effective systemic treatments, justify this aggressive approach for surgery. Metastases recur more frequently than epithelial tumors (64% vs 46%). The site of recurrence differed with sarcomas recurring most frequently intrathoracic (80%) compared to melanoma for which the relapse was extrathoracic (73%). The 5 year survival for all patients with repeat surgery was 44%.

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