

Références bibliographiques

1. Hanahan D, Weinberg RA. The hallmarks of cancer. *Cell* 2000;100:57-70.
2. Hanahan D, Weinberg RA. Hallmarks of cancer: the next generation. *Cell* 2010;144:646-74.
3. Weinstein B. Cancer. Addiction to oncogenes—the Achilles heel of cancer. *Science* 2002;297:63-4.
4. Shepherd FA, Rodrigues Pereira J, Ciuleanu T et al. Erlotinib in previously treated non-small-cell lung cancer. *N Engl J Med* 2005;353:123-32.
5. Inoue A, Suzuki T, Fukuhara T et al. Prospective phase II study of gefitinib for chemotherapy-naïve patients with advanced non-small-cell lung cancer with epidermal growth factor receptor gene mutations. *J Clin Oncol* 2006;24:3340-6.
6. Rosell R, Moran T, Queralt C et al. Screening for epidermal growth factor receptor mutations in lung cancer. *N Engl J Med* 2009;361:958-67.
7. Mok TS, Wu YL, Thongprasert S et al. Gefitinib or carboplatin-paclitaxel in pulmonary adenocarcinoma. *N Engl J Med* 2009;361(10):947-57.
8. Maemondo M, Inoue A, Kobayashi K et al. Gefitinib or chemotherapy for non-small-cell lung cancer with mutated EGFR. *N Engl J Med* 2010;362(25):2380-8.
9. Mitsudomi T, Morita S, Yatabe Y et al. Gefitinib versus cisplatin plus docetaxel in patients with non-small-cell lung cancer harbouring mutations of the epidermal growth factor receptor (WJTOG3405): an open label, randomised phase 3 trial. *Lancet Oncol* 2010;11:121-8.
10. Zhou C, Wu YL, Chen G et al. Efficacy results from the randomised phase III OPTIMAL (CTONG 0802) study comparing first-line erlotinib versus carboplatin (CBDCA) plus gemcitabine (GEM), in Chinese advanced non-small-cell lung cancer (NSCLC) patients (pts) with EGFR activating mutations. *ESMO 2010*, abstract LBA13.
11. Rosell R, Gervais R, Vergnenegre A et al. Erlotinib versus chemotherapy (CT) in advanced non-small-cell lung cancer (NSCLC) patients (p) with epidermal growth factor receptor (EGFR) mutations: Interim results of the European Erlotinib Versus Chemotherapy (EURLAC) phase III randomized trial. *ASCO 2011*, abstract 7503.
12. Zhou W, Ercan D, Chen L et al. Novel mutant-selective EGFR kinase inhibitors against EGFR T790M. *Nature* 2009;462(7276):1070-4.
13. Miller VA, Hirsh V, Cadranel J et al. Phase IIB/III double-blind randomized trial of afatinib (BIBW 2992, an irreversible inhibitor of EGFR/HER1 and HER2) + best supportive care (BSC) versus placebo + BSC in patients with NSCLC failing 1-2 lines of chemotherapy and erlotinib or gefitinib (LUX-LUNG 1). *ESMO 2010*, abstract 4089.
14. Janjigian YY, Groen HJ, Horn L et al. Activity and tolerability of afatinib (BIBW 2992) and cetuximab in NSCLC patients with acquired resistance to erlotinib or gefitinib. *ASCO 2011*, abstract 7525.
15. Spigel DR, Ervin TJ, Ramlau R et al. Final efficacy results from OAM4558g, a randomized phase II study evaluating MetMab or placebo in combination with erlotinib in advanced NSCLC. *ASCO 2011*, abstract 7505.
16. Kwak EL, Bang YJ, Camidge DR et al. Anaplastic lymphoma kinase inhibition in non-small-cell lung cancer. *N Engl J Med* 2010;363(18):1693-703.
17. Shaw AT, Yeap BY, Solomon BJ et al. Impact of crizotinib on survival in patients with advanced, ALK-positive NSCLC compared with historical controls. *ASCO 2011*, abstract 7507.
18. Choi YL, Soda M, Yamashita Y et al. EML4-ALK mutations in lung cancer that confer resistance to ALK inhibitors. *N Engl J Med* 2010;363(18):1734-9.
19. Mitsudomi T, Tomizawa K, Horio Y et al. Comparison of high sensitive IHC, FISH and RT-PCR direct sequencing for detection of ALK translocation in lung cancer. *ASCO 2011*, abstract 7534.
20. Camidge DR, Kono SA, Flacco A et al. Optimizing the detection of lung cancer patients harboring anaplastic lymphoma kinase (ALK) gene rearrangements potentially suitable for ALK inhibitor treatment. *Clin Cancer Res* 2010;16:5581-90.
21. Greillier L. Cibler aussi le mésothéliome pleural malin et le cancer bronchique à petites cellules. *Rev Mal Respir Actual* 2011;3:416-22.
22. Greillier L, Marco S, Barlesi F. Targeted therapies in malignant pleural mesothelioma: a review of clinical studies. *Anticancer Drugs* 2011;22:199-205.
23. Krug LM, Kindler HL, Calvert H et al. VANTAGE 014: Vorinostat in patients with advanced malignant pleural mesothelioma (MPM) previously treated with pemetrexed and either cisplatin or carboplatin therapy: a phase III, randomized, double-blind, placebo-controlled trial. *ESMO 2011*, abstract 3BA.
24. Langer CJ, Albert I, Kovacs P et al. A randomized phase II study of carboplatin (C) and etoposide (E) with or without pan-BCL-2 antagonist obatoclax (Ob) in extensive-stage small cell lung cancer (ES-SCLC). *ASCO 2011*, abstract 7001.
25. Pujol JL, Breton JL, Gervais R et al. Phase III double-blind, placebo-controlled study of thalidomide in extensive-disease small-cell lung cancer after response to chemotherapy: an intergroup study FNCLCC cleo04 IFCT 00-01. *J Clin Oncol* 2007;25:3945-51.
26. Lee SM, Woll PJ, Rudd R et al. Anti-angiogenic therapy using thalidomide combined with chemotherapy in small cell lung cancer: a randomized, double-blind, placebo-controlled trial. *J Natl Cancer Inst* 2009;101:1049-57.
27. Baas P, Buikhuisen W, Dalesio O et al. A multicenter, randomized phase III maintenance study of thalidomide (arm A) versus observation (arm B) in patients with malignant pleural mesothelioma (MPM) after induction chemotherapy. *ASCO 2011*, abstract 7006.
28. Zalcmán G, Margery J, Scherpereel A et al. IFCT-GFPC-0701 MAPS trial, a multicenter randomized phase II/III trial of pemetrexed-cisplatin with or without bevacizumab in patients with malignant pleural mesothelioma. *ASCO 2010*, abstract 7020.
29. Spigel DR, Townley PM, Waterhouse DM et al. Randomized phase II study of bevacizumab in combination with chemotherapy in previously untreated extensive-stage small-cell lung cancer: results from the SALUTE trial. *J Clin Oncol* 2011;29:2215-22.

Agenda

➔ Cours intensifs de TDM multicoupe du thorax

Lille, du 2 au 4 février 2012, du 13 au 15 septembre 2012 et du 13 au 15 décembre 2012.

Organisation : Pr M. Rémy-Jardin, Pr J. Rémy, Dr J.B. Faivre.
Ce cours intensif de TDM thoracique est destiné à un public de médecins en cours de formation ou de spécialistes confirmés.

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