

LUNGeivity Foundation Praises Recent FDA Approval of New Lung Cancer Treatment Drug XALKORI[®] (crizotinib)

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WASHINGTON, Aug. 27, 2011 /PRNewswire-USNewswire/ -- LUNGeivity Foundation applauds the US Food and Drug Administration's (FDA) recent approval of XALKORI[®] (crizotinib) to treat lung cancer. The drug, introduced by Pfizer, Inc. showed such promise in early trials that it was given "fast track" status by the FDA.

LUNGeivity Foundation President Andrea Stern Ferris called the FDA's approval of XALKORI incredibly positive, saying: "The trial results are remarkable, strengthening the body of evidence that targeted therapies hold great promise in treating this deadly cancer. Lung cancer is the nation's number one cancer killer. The federal government and the private sector need to invest in accelerating all of the other promising research now underway that can change the way we diagnose and treat lung cancer and save lives."

XALKORI is a member of a new class of drugs that work by inhibiting the anaplastic lymphoma kinase (ALK) gene. Alterations of this gene are thought to drive tumor development in certain cancers. XALKORI is approved for the treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) that is ALK-positive as detected by an FDA-approved test. About 10,000 of the 222,000 Americans diagnosed with non-small-cell lung cancer each year could be expected to have the genetic abnormality. William Pao, associate professor of medicine, Vanderbilt-Ingram Cancer Center, said: "The approval of crizotinib is an exciting development. It further validates the idea that lung cancers are very different at the molecular level, even though they may look similar under the microscope, and should be treated accordingly. It also shows how fast translational research is becoming medical practice. ALK fusions in lung cancer were only first reported in 2007, and by 2010, we already had reports on the activity of a specific ALK inhibitor in patients with ALK fusion-positive lung cancer. Hopefully, th
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