

# Combination Therapy

**Combination therapy** refers to the use of **two or more therapeutic agents or modalities** simultaneously or sequentially to treat a disease, aiming to enhance efficacy, reduce resistance, and improve patient outcomes.

## Objectives

- **Synergistic effect:** Achieve greater therapeutic impact than with monotherapy
- **Target multiple pathways:** Interrupt tumor growth, survival, or resistance mechanisms
- **Delay resistance:** Reduce the likelihood of tumor adaptation to single agents
- **Lower doses:** Reduce toxicity by using lower doses of each component

## Types of Combination Therapy

- **Drug + Drug:**
  - EGFR inhibitor + Chemotherapy (e.g., Gefitinib + Cisplatin)
  - Immunotherapy + Antiangiogenic agent (e.g., Nivolumab + Bevacizumab)
- **Drug + Radiotherapy:**
  - Radiation + EGFR inhibitor (e.g., Cetuximab + Radiotherapy in HNSCC)
- **Targeted + Immunotherapy:**
  - EGFR-TKI + PD-1/PD-L1 inhibitor (under investigation)
- **Multimodal (surgery, chemo, radio):**
  - Glioblastoma: Surgical resection + Radiotherapy + Temozolomide

## Clinical Applications

- **Oncology:**
  - Lung cancer, breast cancer, glioblastoma, colorectal cancer
- **Infectious diseases:**
  - HIV, tuberculosis, malaria
- **Chronic diseases:**
  - Hypertension, diabetes

## Considerations

- **Pharmacokinetic and pharmacodynamic interactions**
- **Increased risk of toxicity**
- **Sequential vs. simultaneous administration**
- **Cost-effectiveness and patient compliance**

## Example: Combination in EGFR+ NSCLC

- First-line: **EGFR-TKI** (e.g., Erlotinib)
- Resistance phase: Add **anti-MET** agent or **immune checkpoint inhibitor**
- Investigational: EGFR-TKI + **anti-VEGF** or **ALK inhibitor** in co-mutated tumors

## Related Topics

- Monotherapy
- Drug Synergy
- EGFR Inhibitors
- Immunotherapy
- Adverse Effects and Toxicity

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