Induction chemotherapy in non-small cell lung cancer: experience at the Northern Ireland Cancer Centre


Introduction: Induction chemotherapy in Non Small Cell Lung Cancer (NSCLC) has shown a survival benefit in a recent meta-analysis and in randomised controlled trials (RCTs). At the Northern Ireland Cancer Centre we performed a retrospective audit to assess the outcomes of all patients with stage III NSCLC treated with induction chemotherapy between 2001 and 2005.

Methods: All patients receiving radical treatment for NSCLC in the period 2001 to 2005 were identified using the regional surgical and oncology databases and records were screened to find patients with Stage III disease who had chemotherapy prior to surgery or radical radiotherapy. Demographic data was collected and actuarial survival estimated with Kaplan-Meier methods.

Results: In total 73 patients with Stage III NSCLC received induction chemotherapy. 37 patients had Stage IIIA disease and 14 of these were treated with surgery; radiological response to induction chemotherapy was demonstrated in 77%, the two year survival rate was 57%. In the 23 patients with stage IIIB disease who had radical radiotherapy, the radiological response rate was 60%, the 2 year survival 39%. In total 36 patients with stage IIIB NSCLC received induction chemotherapy, 16 proceeding to surgery and 20 to radical radiotherapy, with 2 year overall survival rates of 44% and 30% respectively.

Conclusion: Radical surgery and radical radiotherapy are feasible following induction chemotherapy and have good results in our centre. Our surgical figures are particularly good viz a viz a recent RCT and require further scrutiny. Concurrent chemoradiotherapy may allow further improvements in survival.

Preoperative versus postoperative chemotherapy for patients undergoing resection for lung cancer: Systematic review and indirect comparison meta-analysis of randomised trials

E. Lim1, G. Harris1, A. Patel1, I. Adachi1, L. Edmonds2, F. Song1. 1Academic Division of Thoracic Surgery, Royal Brompton Hospital, London; 2Library and Knowledge Services, Papworth Hospital, Cambridge; 3Faculty of Health, University of East Anglia, Norwich, UK

Introduction: A large number of trials evaluated the efficacy of postoperative chemotherapy after resection for lung cancer. A smaller number evaluated preoperative chemotherapy for potentially resectable lung cancer, but no direct comparison has yet been published comparing the two approaches.

Methods: We conducted a systematic review of randomised trials, extracted time-to-event data and performed indirect comparison using surgery (without chemotherapy) as the common comparison.

Results: 112 publications were identified, 56 potentially relevant trials retrieved with 17 excluded for repeat data and 8 with data that could not be extracted for meta-analysis, leaving 31 trials that were analysed; 21 administering postoperative and 10 administering preoperative chemotherapy. For overall survival, the hazard ratio in postoperative chemotherapy trials was 0.80 (0.73 to 0.87; P < 0.001) and for preoperative chemotherapy trials was 0.81 (0.68 to 0.97; P = 0.024). Using indirect comparison meta-analysis, the relative hazards of postoperative compared to preoperative treatment was 0.99 (0.81 to 1.21; P = 0.900).

Conclusions: Postoperative and preoperative chemotherapy for patients undergoing surgery for lung cancer yielded similar results on overall survival with a confidence interval that excludes any clinically important difference.

Does primary chemotherapy in locally advanced non-small cell lung cancer allow down-staging and facilitate further treatment?

S.E. Lawless1, S. Matthews2, P.M. Fisher1. 1Weston Park Hospital, Sheffield; 2Northern General Hospital, Sheffield, UK

Background: This retrospective study was conducted to ascertain what proportion of patients with locally advanced non-small cell lung cancer (NSCLC) respond sufficiently to primary chemotherapy to receive radical treatment. Possible predictive markers of response and factors influencing survival were also analysed.

Methods: 116 patients who received primary chemotherapy for locally advanced NSCLC were analysed. Down-staging was assessed by review of CT scan reports. Time to progression (TTP) and overall survival (OS) were analysed using the Kaplan-Meier method. Multivariate analysis was used to assess markers of response and survival.

Results: Fifty-nine patients (50.9%) received radical treatment following primary platinum-based chemotherapy. OS was significantly improved in those receiving radical treatment compared to those having no radical treatment post chemotherapy [HR 0.69, 95% CI 0.53-0.92; P = 0.017] and TTP was significantly longer [HR 0.71, 95% CI 0.55-0.92; P = 0.014]. However, TTP and OS were similar between preoperative and postoperative treatments [HR 0.89, 95% CI 0.76-1.04; P = 0.115].

Conclusion: Primary chemotherapy in locally advanced NSCLC allows down-staging and facilitates further radical treatment in a significant proportion of patients, with a clear survival benefit if radical treatment is received. A number of factors appear to have potential to predict which patients are most likely to respond and have improved survival.

Palliative chemotherapy in non-small cell lung cancer: a year’s audit of 101 patients

C. Fairmichael, S. Jain, Y. Summers, S. Stranex, R. Eakin, D. Stewart, J. Haney, J. McAleese. Belfast City Hospital, Belfast, Northern Ireland

Introduction: Non-small cell lung carcinoma (NSCLC) often presents with incurable disease. Palliative chemotherapy is recommended in national guidelines for patients of good performance status to provide symptomatic relief and disease control.

Methods: Our dataset for lung cancer registrations in 2005 was interrogated to look for the percentage of patients with locally advanced or metastatic NSCLC of good performance status who were offered palliative chemotherapy. Survival curves for all those receiving palliative NSCLC chemotherapy were constructed. Deaths within 30 days of chemotherapy were assessed for cause.

Results: 101 patients received NSCLC palliative chemotherapy. 95% of good performance status patients were offered chemotherapy. For the whole group treatment began within two weeks of decision to treat in 84%. The median survival time was 8.3 months with a 1 year overall survival of 32%, in line with literature standards. 8% died within 30 days of treatment due to toxicity.

Conclusion: In this unselected population survival results are in line with literature standards derived from clinical studies. However further research into the optimal treatment for these patients is recommended.
学霸图书馆
www.xuebalib.com

本文献由“学霸图书馆-文献云下载”收集自网络，仅供学习交流使用。

学霸图书馆（www.xuebalib.com）是一个“整合众多图书馆数据库资源，提供一站式文献检索和下载服务”的24小时在线不限IP图书馆。

图书馆致力于便利、促进学习与科研，提供最强文献下载服务。

图书馆导航:
图书馆首页 文献云下载 图书馆入口 外文数据库大全 疑难文献辅助工具