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Post-Operative 3D-Conformal Radiotherapy Improves Lung-Cancer Survival: Presented at WCLC

November 1st, 2013

Tags: Conference Dispatch Lung Cancer Pulmonary/Respiratory Medicine WCLC

By R.M. Hadfield, PhD

SYDNEY, Australia -- November 1, 2013 -- Radiotherapy following complete resection and adjuvant chemotherapy may offer improved survival for patients with pIIIA-N2 non-small cell lung cancer (NSCLC), according to prospective data presented at the 15th World Conference on Lung Cancer (WCLC).

"Post-operative 3DCRT can markedly, but not significantly, improve survival and loco-regional control," noted lead author Zhouguang Hui, MD, Cancer Hospital and Institute, Chinese Academy of Medical Sciences, Beijing, China.

Dr. Hui and colleagues randomised 128 patients with pIIIA-N2 NSCLC to either 3D-conformal radiotherapy (3DCRT) or observation following complete resection and 4 cycles of platinum-based chemotherapy. The 3DCRT protocol was 50 Gy by 25 fractions to the subcarinal nodes, ipsilateral mediastinum, and ipsilateral hilum.

Follow-up was 3 to 5 years, and the primary outcome measure was disease-free survival (DFS). Dr. Hui presented results from the interim analysis here on October 29.

Only 49 patients in the RT arm and 47 in the control arm were evaluable at first follow-up at 3 years. DFS was 64.2% in patients receiving 3DCRT, and 45.5% in the control group (P = .256). Overall survival (OS) was 80.8% in the RT arm, and 59.2% in the control group (P = .432).

Local recurrence was more common in control subjects (27.7%) than in those receiving 3DCRT (14.3%; P = .107). The rate of distant metastasis was similar in both groups: 29.8% in the controls and 24.5% in the 3DCRT group (P = .559).

Patient characteristics were well-balanced at baseline.

"No RT toxicity-related deaths have been observed, and further patient accumulation is warranted," Dr. Hui concluded.

Treatment failure is common in pIIIA-N2 NSCLC, even after complete resection and adjuvant chemotherapy.

[Presentation title:Effect of Postoperative 3D-Conformal Radiotherapy (3DCRT) for Patients with pIIIA-N2 non-small-cell lung cancer (NSCLC) after Complete Resection and Adjuvant Chemotherapy: Interim Analysis of a Prospective Phase III Study. Abstract O14.05]