

Multimodality treatment for metastatic lung cancer with surgery may improve survival rates

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Patients diagnosed with an advanced form of metastatic non-small cell lung cancer (NSCLC) may benefit from surgical resection (removal of all or part of the lung) in combination with chemotherapy and radiation therapy, according to an article in the June 2015 issue of *The Annals of Thoracic Surgery*.

Key points

- Patients diagnosed with stage IIIB NSCLC may benefit from multimodality treatment that combines surgical resection in combination with chemotherapy or [radiation therapy](#).
- Surgery should be added to the [treatment regimen](#) only for carefully selected [patients](#).
- The researchers said multidisciplinary evaluation of patients is critical to successful treatment, and more research needs to be conducted before definitive guidelines can be established.

"Currently, most patients with stage IIIB non-small cell lung cancer are not candidates for surgery; instead, they are treated with chemotherapy and [radiation](#) only," said Matthew J. Bott, MD, from Washington University in St. Louis, who led the study.

In stage IIIB NSCLC, the tumor usually has spread to lymph nodes or invaded other organs around the lungs, such as the heart, esophagus, or

trachea. Patients with stage IIIB NSCLC have a 5-year overall survival rate of only 10%.

Dr. Bott and colleagues evaluated data from the National Cancer Database on 9,173 patients with stage IIIB NSCLC who had undergone combination treatment (multimodality therapy) between 1998 and 2010.

Patients were split into two groups: 7,459 patients who were treated with combined chemotherapy and radiation (CR group), and 1,714 patients who were treated with [chemotherapy](#), radiation, and surgery (CRS group) in any order.

The researchers found that the median overall survival was more than 9 months longer in the CRS group than in the CR group (25.9 months vs. 16.3 months, respectively).

Because the patients in the CRS group tended to be younger, Caucasian, and have slightly smaller tumors than the patients in the CR group, Dr. Bott cautioned that surgery should be added to the treatment regimen only for carefully selected patients and that more research needs to be conducted before definitive guidelines can be established.

"We hope that our research reinvigorates discussion regarding the optimal treatment of these patients and leads to greater multidisciplinary evaluation of [treatment](#) options, with increased participation of thoracic surgeons in the decision-making process," said Dr. Bott.

More information: dx.doi.org/10.1016/j.athoracsur.2015.02.033

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