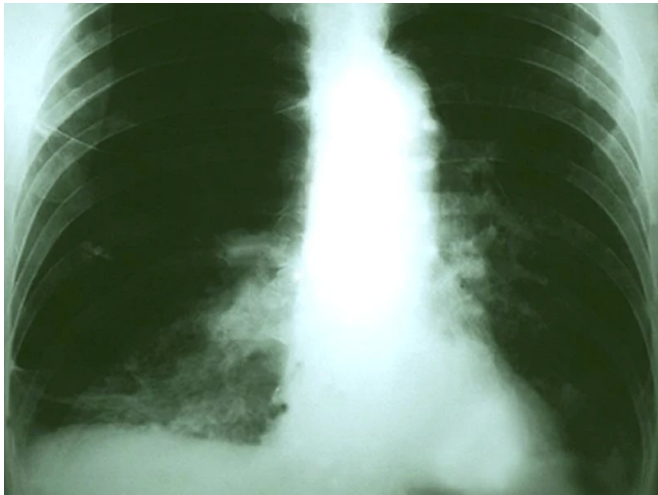


# More frequent surveillance no benefit after NSCLC resection

7 November 2018



and longer risk-adjusted overall survival (hazard ratio for six months, 1.16 [95 percent confidence interval, 0.99 to 1.36] and annual, 1.06 [95 percent confidence interval, 0.86 to 1.31] versus three months;  $P = 0.14$ ). There was also no correlation between more frequent imaging and postrecurrence survival (hazard ratio, 1.02 per month since imaging; 95 percent confidence interval, 0.99 to 1.04;  $P = 0.43$ ).

"As the number of [lung cancer](#) survivors increases over the next decade, [surveillance](#) is an increasingly important major health care concern and expenditure," the authors write.

**More information:** [Abstract/Full Text](#)

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(HealthDay)—For patients undergoing resection for non-small cell lung cancer (NSCLC), more frequent surveillance is not associated with improved survival, according to a study published in the October issue of the *Annals of Surgery*.

Timothy L. McMurry, Ph.D., from the University of Virginia Health System in Charlottesville, and colleagues examined the potential correlation between the intensity of surveillance following [surgical resection](#) for NSCLC and survival. Stage I to III NSCLC patients were randomly selected for data reabstraction. Registrars documented all postsurgical imaging for patients diagnosed between 2006 and 2007 and followed for five years through 2012. A total of 4,463 patients underwent computed tomography surveillance; they were grouped based on time from surgery to first surveillance.

The researchers found that higher-stage [patients](#) underwent more surveillance. There was no correlation between more frequent surveillance

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