

Chemo, radiation followed by surgery improves survival in lung cancer patients

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In one of the largest observational studies of its kind, researchers report that a combination of chemotherapy and radiation followed by surgery in patients with stage 3 non-small cell lung cancer improves survival.

Patients who had chemoradiation therapy followed by [surgery](#) had twice the five-year survival rate of those who had only chemoradiation, says Dr. Matthew Koshy, a [radiation oncologist](#) at the University of Illinois Hospital & Health Sciences System and lead author of the study.

The study, published online in the *Journal of Thoracic Oncology*, looked at various treatment strategies in an effort to identify the best option for overall survival. The researchers used the National Cancer Database to identify 11,242 adult patients ages 19 and older who were treated for stage 3 non-small cell lung cancer between 1998 and 2004.

Treatment strategies used against this form of lung cancer include chemoradiation therapy; chemoradiation followed by surgery; and surgery followed by chemoradiation.

"The role of chemoradiation therapy followed by surgery is somewhat controversial, because previous clinical studies have not shown a clear survival benefit," said Koshy, who noted that the practice of using [chemotherapy](#) and radiation to reduce the extent of cancer prior to surgery was begun in an effort to improve poor [survival rates](#) in this group of patients.

The new study found that five-year overall survival was 34 percent for patients who received chemoradiation therapy followed by surgery to remove a lobe of the lung, 20 percent for patients who had the surgery followed by the adjuvant therapy, and 13 percent for patients who received chemoradiation therapy but no surgery.

The researchers say that additional prospective studies are needed to confirm the benefit of chemoradiation prior to surgery and define the standard of care for patients with stage 3 non-small cell [lung cancer](#).

"The main message to patients," Koshy said, "is to seek care from a multidisciplinary group of physicians that includes a thoracic surgeon, medical oncologist and radiation oncologist who can work together to determine the most appropriate initial treatment strategy."

Provided by University of Illinois at Chicago

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