

Surgery may boost survival in certain advanced lung cancers

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Study finds patients with stage 3b tumors lived nearly 10 months longer, on average.

(HealthDay)—Certain patients with lung cancer that's spread throughout the chest could live longer by undergoing surgery to remove diseased lung tissue, instead of receiving only chemotherapy and radiation, new research suggests.

The study was based on a review of data on more than 9,000 patients with stage 3b non-small cell lung cancer—tumors that have spread to lymph nodes or other organs in the chest. The researchers found that those who underwent a combination of [surgery](#), chemotherapy and radiation treatment lived an average of almost 10 months longer than those receiving chemo and radiation alone.

Typically, surgery isn't offered to patients with such advanced cases of non-small cell lung cancer, physicians said, and some may also be too ill to undergo the procedure.

However, "we think our study reignites a question that was initially asked in the 1980s and 1990s but has become more or less dormant in lung cancer circles," said study author Dr. Varun Puri, an assistant professor of surgery in the division of cardiothoracic surgery at Washington University School of Medicine in St. Louis.

According to Puri, the take-home message from the study is that "we should not consider all stage 3b non-small [lung cancer patients](#) as being eligible for only chemo-radiation therapy. An experienced thoracic surgeon should evaluate these patients and decide [if surgery is also an option] on a case-by-case basis."

The research is published in the June issue of *The Annals of Thoracic Surgery*.

By far the top cancer killer in the United States, lung cancer strikes more than 200,000 Americans each year and kills more than 150,000, according to the U.S. Centers for Disease Control and Prevention.

Non-small cell lung cancers comprise the vast majority of lung malignancies. Patients with stage 3b non-small lung cancer have a five-year survival rate of only about 10 percent, according to background information in the study.

In their research, Puri and his colleagues evaluated data from the National Cancer Database on almost 9,200 patients with stage 3b non-small cell lung cancer who underwent a combination of treatments between 1998 and 2010.

More than 7,400 of the patients were treated with chemotherapy and radiation only, while about 1,700 also had surgery in addition to those treatments.

According to Puri's team, average overall survival in the surgical group was nearly 26 months, compared to just over 16 months in the chemo-radiation group.

"In stage 3b, the goal is to offer surgery very selectively in patients in whom we think we can completely clear the disease," Puri said. He stressed that this approach typically does *not* mean a cure. "That eventually ends up being true in only a small number," Puri said.

His team wasn't able to discern all the factors determining which patients were or were not selected for surgery. Patients in the surgical group did tend to be younger, white and have slightly smaller tumors than those in the chemo-radiation group, the study found.

However, because surgery comes with its own challenges—including recovery time and risks of complications such as infection—only the "fittest" of patients with stage 3b non-small cell [lung cancer](#) might be selected for the procedure, Puri believes.

Dr. Norman Edelman is senior scientific advisor at the American Lung Association. He said the retrospective study, which looked at past data, also couldn't reveal all the characteristics of patients chosen for surgery that might predispose them to longer survival times.

The only way to tell which treatment approach is more advantageous would be to randomize patients in a controlled trial, "which is hard to do in the cancer arena," said Edelman.

However, the average increase in survival among the surgical patients is "relatively large at nearly 10 months—we frequently get excited by a four- or five-month survival increase," he added.

"It's useful to know that in a disease that was once considered

inoperable, if you carefully select [patients](#) you can improve their survival," Edelman said. "This adds to the literature because it uncovers a small group who might now be considered operable."

More information: There's more on lung cancer at the [American Cancer Society](#).

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