

Research validates surgery alone offers reasonable overall survival for stage I SCLC

16 February 2010

Research published in February's edition of the *Journal of Thoracic Oncology* investigates the utilization of surgery and the subsequent need for radiotherapy (RT) when treating stage I small cell lung cancer (SCLC). Traditionally, SCLC treatment regimens include chemotherapy and radiotherapy for limited stage disease; however, the study concludes that in selected patients with early stage disease a lobectomy (removal of lung) had an excellent overall survival without additional treatment.

Researchers retrospectively evaluated the outcomes of 247 stage I SCLC patients who underwent lobectomies; these cases were identified using the National Cancer Institute's Surveillance Epidemiology and End Results (SEER) database. Results showed the three- and five-year survival rates for the patient group who underwent lobectomies without RT were 58.1 percent and 50.3 percent, respectively. For those who supplemented their surgery with RT, three- and five-year overall survival was 64.9 percent and 57.1 percent.

"Based on our analysis, surgery without RT may offer a reasonable survival in a selected cohort of patients who undergo lobectomy, but this needs to be validated in a prospective setting," said study lead investigator James B. Yu, MD, of Yale University. "We cannot say conclusively whether patients who endure invasive surgeries can go without additional adjuvant radiation or [chemotherapy](#), but looking forward, the study findings create a platform for advancing the understanding of the role of surgery in therapy."

Provided by International Association for the Study of Lung Cancer

APA citation: Research validates surgery alone offers reasonable overall survival for stage I SCLC (2010, February 16) retrieved 2 May 2021 from <https://medicalxpress.com/news/2010-02-validates-surgery-survival-stage-sclc.html>

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