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Surgery remains an option for advanced lung cancer

MAYWOOD, IL. – In recent years, oncologists have debated whether patients with a certain type of advanced lung cancer would benefit from surgery.

Now a major study published in the journal *The Lancet* has found that surgery after standard chemotherapy and radiation can be an option for patients. Surgery significantly prolongs survival without progression of the lung cancer, but does not dramatically improve overall survival compared to a control group treated with conventional chemotherapy and radiation alone.

The patients who did appear to have a major benefit from surgery were those in whom a section of the lung (lobe) was removed, rather than the entire lung, lead author Dr. Kathy Albain and colleagues reported. Albain is a lung and breast cancer specialist at Loyola University Health System's Cardinal Bernardin Cancer Center.

"This the first study conducted in this group of patients where the only difference in the two groups of patients was the use of surgery," Albain said.

In an accompanying editorial, German researcher Dr. Wilfried Eberhardt and colleagues wrote that as a result of the new study, "We now have clear arguments in favor of surgery in well-selected patient subsets."

The study included patients with non-small cell cancer, which accounts for about 80 percent of all lung cancers. Patients had stage 3 cancer, in which the cancer had spread to lymph nodes in the center of the chest. This type of stage 3 cancer accounts for about 30 percent of all non-small cell lung cancer cases. Patients were treated at multiple academic and community hospitals in the United States and Canada.

One group of 202 patients was randomly assigned to receive surgery plus chemotherapy and radiation, while a second group of 194 patients received just chemotherapy and radiation.

Median overall survival was similar between the two groups: 23.6 months in the surgery group and 22.2 months in the non-surgery group. After five years, 37 patients in the surgical group and 24 patients in the non-surgery group were still alive. The median length of time it took before the cancer began to progress again after treatment was 12.8 months in the surgery group and 10.5 months in the non-surgery group.

"Another important finding of our study is that both groups of patients lived longer than previously reported for this stage of the disease," Albain said. "This highlights the importance of multidisciplinary evaluation and treatment -- which all patients deserve."

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Albain is a professor in the Department of Medicine, Division of Hematology/Oncology, Loyola University Chicago Stritch School of Medicine.

Based in the western suburbs of Chicago, Loyola University Health System is a quaternary care system with a 61-acre main medical center campus, the 36-acre Gottlieb Memorial Hospital campus and 25 primary and specialty care facilities in Cook, Will and DuPage counties. The medical center campus is conveniently located in Maywood, 13 miles west of the Chicago Loop and 8 miles east of Oak Brook, Ill. The heart of the medical center campus, Loyola University Hospital, is a 570-licensed bed facility. It houses a Level 1 Trauma Center, a Burn Center and the Ronald McDonald® Children's Hospital of Loyola University Medical Center. Also on campus are the Cardinal Bernardin Cancer Center, Loyola Outpatient Center, Center for Heart & Vascular Medicine and Loyola Oral Health Center as well as the LUC Stritch School of Medicine, the LUC Marcella Niehoff School of Nursing and the Loyola Center for Health & Fitness. Loyola's Gottlieb campus in Melrose Park includes the 250-bed community hospital, the Gottlieb Health & Fitness Center and the Marjorie G. Weinberg Cancer Care Center.
