

WORLD CONFERENCE ON LUNG CANCER AMSTERDAM, THE NETHERLANDS, 3–7 JULY

International group recommends use of spiral computed tomography screening for people at high risk for lung cancer

The International Association for the Study of Lung Cancer has recommended discussing the benefits and risks of lung cancer screening with heavy smokers aged 55–74 years to help them decide whether to undergo spiral computed tomography screening, following a 2-day global expert meeting to review the findings of the National Lung Screening Trial.

The US trial showed that screening with low-dose spiral computed tomography reduces lung cancer deaths by 20% and all-cause mortality by 7% in people at high risk for lung cancer (smokers aged over 55 years of age) compared to standard chest X-ray. This is the first screening test to show

a significant reduction in lung cancer mortality through early detection.

‘This is the most important study in lung cancer in a decade,’ said Professor John Field, Professor of Molecular Oncology at the University of Liverpool Cancer Research Centre and chair of the Association task force. He announced the group’s recommendations at the World Conference on Lung Cancer.

Based on the impact of introducing mammography in breast cancer, Professor Field said: ‘Early diagnosis is more important for lung cancer than for any other cancer. We can now expect to see a stage shift in lung cancer, with changes in management that

hail a new era in lung cancer treatment.’

The group is waiting for further trials to report back before

Professor John Field, Professor of Molecular Oncology at the University of Liverpool Cancer Research Centre



making further recommendations. A trial of computed tomography screening in lung cancer has recently started in the UK and further trials are underway in Italy and Germany. One of the concerns from the US study is the high rate of false positives – 95% of the findings on both computed tomography and X-ray screening turned out not to be lung cancer.

Screening for lung cancer should only be considered in people at high risk, and after full discussion of the benefits and risks, suggested Dr David Baldwin, Consultant Respiratory Physician at Nottingham Lung Cancer Centre and also a member of the task force on screening.

Susan Mayor

Greater use of stereotactic radiotherapy is associated with improved survival in elderly patients with lung cancer

The survival of elderly patients with non-small cell lung cancer increased significantly after the widespread introduction of stereotactic ablative radiotherapy in the Netherlands, according to a population-based study.

‘In fit patients, surgery is accepted as the standard of care in an early stage lung cancer, with radiation therapy widely considered a second choice,’ said Dr Suresh Senan from VU University Medical Center in Amsterdam, the Netherlands. But only about one in every three patients aged 75 years and older is fit to undergo surgery, he noted.

Before 2003, up to 40% of elderly Dutch patients were left untreated because conventional radiation, which takes approximately 6–7 weeks to deliver and is associated with high recurrence rates, was considered unattractive, Dr Senan told the meeting.

Stereotactic ablative radiotherapy was introduced in 2003 and rapidly became the standard of care for peripheral stage 1 lung tumours measuring up to about 6 cm. This is a form of high-precision radiotherapy, delivering high doses of radiation delivered in three to eight fractions over a

2–3-week period on an outpatient basis.

Data from the Netherlands Cancer Registry showed that the median survival of all elderly Dutch non-small cell lung cancer patients increased from 16.4 to 24.4 months between 2001 and 2009. During this time, use of radiotherapy increased from 31.2% to 37.7%, and the corresponding median survival for patients treated with radiation increased by nearly 10 months, from 16.8 months to 26.1 months ($P < 0.0001$). There was no significant change in survival in patients who had no treatment.

‘Patients who are aged 75 years and older, and who are fit to undergo surgery, should also be informed about a second curative modality of stereotactic ablative radiotherapy, and about the differences in mortality and complications between these two treatments,’ Dr Senan suggested.

‘Participation in the prospective clinical trials comparing surgery and stereotactic ablative radiotherapy in fitter patient populations should be strongly encouraged,’ he concluded.

Susan Mayor