

NEOADJUVANT TREATMENT OF STAGE IIIA NSCLC

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In the early nineties a number of phase II studies demonstrated improved resectability in stage IIIA NSCLC (N2 lymphnodes positive) and 5 year survival rates superior to surgery or radiotherapy. In a number of randomised clinical trials applying rather old-fashioned chemotherapy this approach resulted in improved survival compared to the surgery alone control group. Unfortunately the number of patients in the trials is too small to come to firm conclusions whether preoperative chemotherapy followed by surgery should be the standard approach for IIIA NSCLC.

In a still ongoing phase III trial the EORTC evaluates two local treatment modalities after induction chemotherapy: radiotherapy versus surgery. In these trials chemotherapy studies are performed as well and in this stage response rates of chemotherapy are considerably higher than with comparable regimens in stage IV NSCLC. Since the response of the tumor after induction chemotherapy is one of the most important prognostic factors results of treatment might improve further. This might be even more clear if modern staging approaches are applied in these patients.

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