Use of adjuvant chemotherapy (CT) and radiotherapy (RT) in incompletely resected (R1) early stage Non–Small Cell Lung Cancer (NSCLC): a European survey conducted by the European Society for Medical Oncology (ESMO) Young Oncologists Committee.


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Background
Early stage NSCLC is potentially curable with radical surgery. Cisplatin-based adjuvant CT improves survival and is recommended in the ESMO guidelines for stage II–III completely resected NSCLC. There is limited evidence to guide the use of adjuvant CT and RT in incompletely resected (R1) early stage NSCLC.

Design and objective
A European survey of oncologists treating lung cancer was conducted to evaluate the use of adjuvant CT and RT for R1-resected NSCLC and to identify factors influencing treatment decisions. Demographics were collected and outcomes such as clinical stage, regimens, cycles planned, radiotherapy site, multidisciplinary management and discussion cycles planned, radiotherapy site, multidisciplinary discussion and management. Logistic regression model was used to detect statistical association and to estimate Odds Ratio; Cochran–Armitage test was used to detect trend.

Results
Between January and April 2012, 768 surveys were collected from 41 European countries (Table 1). The majority (82.9%) of participants are medical oncologists, about a half are ESMO members and more than one-third are based in medical oncology specialty. Between January and April 2012, 768 surveys were collected from 41 European countries (Table 1). The majority (82.9%) of participants are medical oncologists, about a half are ESMO members and more than one-third are based in medical oncology specialty.

Conclusions
This European survey indicates that adjuvant CT and RT for incompletely resected (R1) NSCLC are commonly used in clinical practice despite limited clinical evidence. There is a high level of variability in the chemotherapy regimens prescribed and in the dose of radiotherapy delivered both to the surgical bed and for pN2 disease. Prospective clinical trials for R1–resected NSCLC are necessary to clarify optimal management.

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