

TEN BEST READINGS ON LUNG CANCER

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Iribarren C, Tekawa IS, Sidney S, et al. Effect of cigar smoking on the risk of cardiovascular disease, chronic obstructive pulmonary disease, and cancer in men. *N Engl J Med.* 1999;340:1773-1780.

In a cohort study of 17,774 men, regular cigar smoking was found to increase the risk of lung cancer independent of other risk factors.

Henschke CI, McCauley DI, Yankelevitz DF, et al. Early Lung Cancer Action Project: overall design and findings from baseline screening. *Lancet.* 1999;354:99-105. (Editorial: Smith IE. Screening for lung cancer: time to think positive. *Lancet.* 1999;354:86-87.)

Of 1000 smokers, malignant disease was detected in 27 by computed tomography (CT) and 7 by chest radiograph. Low-dose CT can greatly improve the likelihood of detecting small, noncalcified nodules and thus of detecting lung cancer at an earlier and potentially curable stage.

Lam S, Kennedy T, Unger M, et al. Localization of bronchial intraepithelial neoplastic lesions by fluorescence bronchoscopy. *Chest.* 1998;113:696-702.

In a study of 173 patients, the relative sensitivity of white-light bronchoscopy (WLB) and fluorescence bronchoscopy compared to WLB alone was 6.3 for intraepithelial neoplastic lesions and 2.71 when invasive carcinomas were also included.

Vansteenkiste JF, Stroobants SG, De Leyn PR, et al. Lymph node staging in non-small-cell lung can-

cer with FDG-PET scan: a prospective study on 690 lymph node stations from 68 patients. *J Clin Oncol.* 1998;16:2142-2149.

A total of 68 patients underwent thoracic computed tomography (CT), positron emission tomography (PET), and invasive surgical staging. PET plus CT was significantly more accurate than CT alone in lymph node staging of non-small cell lung cancer with a sensitivity of 93%, a specificity of 95%, and accuracy of 94%.

Perez EA. Perceptions of prognosis, treatment, and treatment impact on prognosis in non-small cell lung cancer. *Chest.* 1998;114:593-604.

A survey to assess the roles and knowledge level of physicians, by specialty, in the management of non-small cell lung cancer. For stages other than stage I, there was a wide range of opinion regarding the treatment of choice and expected impact of treatment on prognosis.

PORT Meta-analysis Trialists Group. Postoperative radiotherapy in non-small-cell lung cancer: systematic review and meta-analysis of individual patient data from nine randomised controlled trials. *Lancet.* 1998;352:257-263. (Editorial: Munro AJ. What now for postoperative radiotherapy for lung cancer? *Lancet.* 1998;352:250-251.)

This meta-analysis reported on the role of postoperative radiotherapy in the treatment of 2,128 patients with completely resected non-small cell lung cancer. A detrimental effect was observed in N0



The ten best articles in the medical literature relating to lung cancer are reviewed here.

Ten Best Readings

and N1 disease, but no effect was seen in patients with N2 disease.

Silvestri G, Pritchard R, Welch HG. Preferences for chemotherapy in patients with advanced non-small cell lung cancer: descriptive study based on scripted interviews. *Br Med J.* 1998;317:771-775.

The median survival of patients with stage IV non-small cell lung cancer is improved by approximately 3 months with the addition of chemotherapy. When interviewed, some patients would choose chemotherapy for a survival benefit of as little as 1 week, while others would not choose chemotherapy even when offered a survival benefit of 24 months. Most patients would not choose chemotherapy for its likely survival benefit of 3 months, but they would choose it if it improved the quality of life.

Turrisi AT III, Kim K, Blum R, et al. Twice-daily compared with once-daily thoracic radiotherapy in limited small-cell lung cancer treated concurrently with cisplatin and etoposide. *N Engl J Med.* 1999; 340:265-271.

Twice-daily radiation treatment, given concurrently with cisplatin and etoposide, significantly improved survival. The median survival was 19 months for the once-daily group and 23 months for the twice-daily group.

Auperin A, Arriagada R, Pignon JP, et al. Prophylactic cranial irradiation for patients with small-cell lung cancer in complete remission. *N Engl J Med.* 1999;341:476-484. (Editorial: Carney DN. Prophylac-

tic cranial irradiation and small-cell lung cancer. *N Engl J Med.* 1999; 341:524-526.)

Prophylactic cranial irradiation improves both overall survival and disease-free survival among patients with small-cell lung cancer in complete remission.

Johnson BE. Second lung cancers in patients after treatment for an initial lung cancer. *J Natl Cancer Inst.* 1998;90:1335-1345.

The risk of developing a second lung cancer in patients who survived resection of a non-small cell lung cancer is approximately 1% to 2% per patient per year. Approximately 50% of these are resectable. Survivors who continue to smoke have an increased risk of developing a second lung cancer.