

The Future and Lung Cancer: Room for Optimism!

In my introductory guest editorial that appeared in the January/February 2000 issue of *Cancer Control*, which was devoted to lung cancer, I suggested that there may be room for optimism in the treatment of lung cancer. In that editorial, titled "The Future and Lung Cancer: Room for Optimism?" I acknowledged the dismal state of affairs at the time (160,000 deaths per year and an overall 5-year survival rate of 14%) but believed that a sense of cautious optimism seemed appropriate. To the discriminating reader, such a statement may have sounded more like wishful thinking than an accurate prediction.

Since that time, however, a number of promising new drugs have been incorporated into clinical trials, and many more are in the pipeline. New diagnostic modalities, such as positron emission testing, are finding widespread use and will alter our diagnostic and therapeutic algorithms. New surgical procedures and techniques have been developed and perfected. Safer and more effective methods of delivering therapeutic radiation are coming into clinical use, and the entire medical community is cautiously hopeful that lung cancer screening will prove to convey a survival benefit and be cost effective. Though far from fact, confirmation of my optimistic outlook of 2 years ago may not be far away

(and thus the exclamation point in place of the question mark). This issue of *Cancer Control* highlights many of the recent advances and sets the stage for bigger and better things to come.

In this issue, Christian Lloyd, MD, and Gerard A. Silvestri, MD, review the subject of mediastinal staging. Due to prognostic implications and the proper selection of treatment options, accurate staging of patients prior to treatment is crucial. Accurate mediastinal staging is perhaps the most crucial. The authors discuss positron emission tomography, transbronchial lymph node sampling, percutaneous transthoracic needle aspiration, and endoscopic ultrasound-guided fine-needle aspiration, as well as the other more conventional methods of staging the mediastinum.

To further the theme, G. Roy Smythe, MD, reviews the current treatment of stage I and II lung cancer. It has been disconcerting to note that the 5-year survival rate for resectable lung cancer is significantly less than 100% (stage IA = 67%, IB = 57%, IIA = 55%, and IIB = 39%). Dr Smythe notes that the explanation for these survival findings may lie in staging bias and posits that true stage-specific survival may be improved by the application of newer imaging modalities. In addition to improve-

ments in staging, neoadjuvant chemotherapy and other novel therapies may translate into improved survival statistics.

Also in this issue, Eric B. Haura, MD, presents a concise yet thorough review of currently available randomized clinical trials investigating chemotherapy for advanced non-small-cell lung cancer. He also examines new and emerging therapies. It is especially encouraging to note that a large number of new agents that target molecular pathways are being tested in clinical trials.

Quality of life for the patient with lung cancer can center on the relief of airway obstruction. In many situations, bulky endobronchial disease or extrinsic compression of major airways results in significant symptomatology. Michael Simoff, MD, provides a useful review of laser therapy, endobronchial prostheses, electro-surgery, cryotherapy, and photodynamic therapy — modalities used in the palliative treatment of dyspnea and airway obstruction.

I am pleased with this issue of *Cancer Control*. The lessons learned and information acquired from reviewing this issue have only strengthened my personal sense of optimism. Despite this optimism for the future, however, we are currently unable to convey to the

patient with lung cancer a 5-year survival rate expectation of 93% for prostate cancer or 63% for colon cancer. As a result, it is important to temper our enthusiasm and remind ourselves of the task ahead. It is my hope that by the next lung cancer issue, my optimism won't be wishful thinking or just around the corner but will be based on well-documented and proven fact.

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