

Letter to the Editor

Therapy of Small Cell Lung Cancer: the Use of Surgery

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IN THE ARTICLE "Therapy of small cell lung cancer: anything new?", Klastersky [1] concludes that the answer to this question is 'no'. The analysis of three retrospective studies [2-4] prompts him, however, to urge that the role of the surgeon should be given further study with regard to this tumor since it might possibly be of major significance in treating limited-stage small cell lung cancer (SCLC).

In 1986 we [5] had already reported on a retrospective study of 66 SCLC patients in limited disease stage. This study showed that surgery is of considerable advantage when teamed with chemo- and radiotherapy and gave a 5-year survival probability of 59% for a mean observation period of 14 (3-97) months in 15 patients.

Today our patient population consists of 25 persons receiving this type of combined treatment. The projected 5-year survival rate is 57% after a mean observation period of 27 (1-127) months (Fig. 1). At diagnosis, 16 of the 25 patients had a histologically proven TNM stage IIIa. According to our protocol, surgery is the primary form of treatment in stages I and II, followed by polychemotherapy and split-course local radiotherapy plus CNS prophylaxis. Induction chemotherapy is initiated in stage IIIa. Patients with a 50%

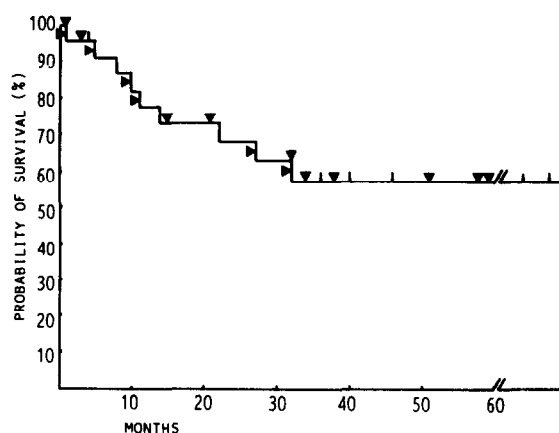


Fig. 1. Kaplan-Meier estimate of 25 patients with limited stage SCLC, treated by operation, chemotherapy and radiotherapy. Triangles ▼ represent patients with stage IIIa disease.

remission receive radical surgery as secondary treatment, followed by chemo- and radiotherapy as in stages I and II.

CONCLUSION

Our results underscore the pressing need to subject the role of the surgeon in the management of SCLC to large-scale study, all the more so since the cited article [1] makes clear that the present form of conservative therapy does not provide the desired results.

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