

Lung cancer research concludes that early diagnosis as key for improving survival

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Figure 2

	1979-1988	1989-1993	1994-1998	1999-2003	2004-2008
Patients Who Underwent a Resection	167	281	246	352	429
Percentage of Pathologic Stage IA Lung cancers	16.2%	21.0%	23.0%	38.6%	52.0%
Percentage of Adenocarcinoma	49.1%	52.1%	54.7%	62.8%	69.7%
Diameter of the Tumors	36mm	37mm	38mm	33mm	26mm
Postoperative 5-year Survival Rates	34.1%	44.0%	44.9%	65.4%	76.8%
Patients with pathologic stage IA lung cancer 5-year Survival Rates	70.0%	71.2%	80.4%	89.2%	88.7%

This table displays the results of the study. Credit: *Journal of Thoracic Oncology*

Research published in the June edition of the *Journal of Thoracic Oncology* sought to investigate the time trends of surgical outcomes of patients with non-small cell lung cancer (NSCLC) between 1979 and 2008. The incidence of lung cancer continues to rise; therefore, countermeasures to decrease death rates have become an important public health issue. After analyzing the time trends, researchers postulated that the increase of patients diagnosed with early stages of adenocarcinoma contribute to the favorable prognostic and survival outcomes. Furthermore, the research highlights that prognosis of NSCLC patients has improved in recent years.

The current treatment strategy for NSCLC depends on clinical staging, to which surgical resection is the first-line treatment for stages I to II. Moreover, only a few of the stage III cases are treated surgically. While the standards for surgical treatment have remained unchanged for a few decades, there have been a number of advances in perioperative,

anesthetic, and intraoperative management, specifically over the past three decades. To gather insights on the correlation to overall survival, the present study retrospectively investigated the clinicopathologic features of NSCLC patients who underwent surgery and the corresponding time trends of surgical outcomes.

To draw the analysis, researchers reviewed records of nearly 1,500 patients who underwent resection of NSCLC during the following five time intervals: (1) 1979 - 1988, (2) 1989 - 1993, (3) 1994 - 1998, (4) 1999 - 2003 and (5) 2004 - 2008. Overall results showed that the number of patients who underwent a resection, the percentage of pathologic stage IA lung cancers, their subsequent survival and the percentage of adenocarcinoma have all progressively increased over the almost 30 year span. The only variable that decreased was [tumor size](#), indicating that diagnoses were increasingly earlier. Most notably [survival rates](#) for 1999-2004 and 2004-2008 were significantly better than any of the previous three periods.

"The prognosis of NSCLC patients has been remarkably improved in recent years," explains lead study investigator Takeshi Hanagiri, MD, PhD. "The increase of patients with diagnosed with adenocarcinoma in the early stages is thought to strongly contribute to the favorable results, further reiterating the key factor of early diagnosis for improving the survival of [lung cancer](#) patients after surgical treatment. Thus, [early diagnosis](#) remains a key factor for improving the survival of lung cancer patients after surgical treatment"

More information: Journal of Thoracic Oncology (JTO) - journals.lww.com/jto

Provided by International Association for the Study of Lung Cancer

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