

Study shows chemoradiotherapy prior to surgery improves survival

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Researchers from Boston University School of Medicine (BUSM) have found that patients with node negative T3 and T4 non-small lung cancer who underwent chemotherapy before surgery had more than three times the survival rate than patients who only underwent surgery. These findings currently appear on-line in the *Journal of Thoracic and Cardiovascular Surgery*.

The study looked at a total of 110 patients who underwent surgical resection for invasive T3 and T4 non-small [lung cancer](#) between 1979 and 2008. Forty-seven patients received neoadjuvant [chemotherapy](#) and concurrent high dose radiation therapy prior to surgery (Chemo-RT group). Sixty-three patients underwent surgery without receiving induction chemoradiotherapy (Surg group) but instead received neoadjuvant radiation, adjuvant radiation, adjuvant chemotherapy, adjuvant chemoradiotherapy or brachytherapy. Seventeen received surgery alone.

Median survival was greatest for those who received surgery and neoadjuvant chemoradiotherapy (90 months) compared with patients in the Surg group who also received adjuvant external radiation therapy (25 months), surgery and neoadjuvant external radiation (19 months) or surgery alone (19 months).

"Our study found [aggressive treatment](#) of node-negative invasive T3 and T4 NSCLC with induction chemoradiotherapy may significantly improve survival," said lead author Benedict Daly, MD, chair of the

department of cardiothoracic surgery at BUSM.

Provided by Boston University Medical Center

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