Elderly Dutch lung patients' survival improved by new treatment options between 2003-2009

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New developments such as stereotactic ablative radiotherapy and improvements in surgical care in early-stage lung cancer have led to large survival gains for elderly Dutch patients, according to a population-based study presented at the 14th World Conference on Lung Cancer in Amsterdam, hosted by the International Association for the Study of Lung Cancer (IASLC).

The median survival for Dutch non-small cell lung cancer (NSCLC) patients increased by nearly 8 months between 2003 and 2009, following the advent of stereotactic ablative radiotherapy.

"In fit patients, surgery is accepted as the standard of care in an early-stage lung cancer, with radiation therapy widely considered a second choice," said Dr. Suresh Senan of VU University Medical Center in Amsterdam, one of the investigators.

However, only about one in every three patients aged 75 years and older is fit to undergo surgery. Until about 2003, up to 40 percent of elderly Dutch patients were left untreated because the second choice, conventional radiation -- which takes approximately 6-7 weeks to deliver and is associated with high recurrence rates -- was considered unattractive, Dr. Senan said.

Stereotactic ablative radiotherapy (SABR) was introduced in the

Netherlands in 2003 and rapidly became the standard of care for peripheral stage I lung tumors measuring up to about 6 cm. SABR is a form of high-precision radiotherapy, characterized by the use of very high biological doses of radiation delivered in between 3 and 8 fractions in a 2-3 week period as an outpatient procedure.

Using data from the Netherlands Cancer Registry (NCR), researchers determined that the median survival of all elderly Dutch NSCLC patients increased to 24.4 months from 16.4 months between 2001 and 2009.

Radiotherapy utilization increased to 37.7% from 31.2%, and the corresponding median survival for patients treated with radiation increased by nearly 10 months, to 26.1 months from 16.8 months. No significant change in survival was seen in the group of patients that received no treatment.

"Patients who are aged 75 years and older, and who are fit to undergo surgery, should also be informed about a second curative modality of SABR, and about the differences in mortality and complications between these two treatments," Dr. Senan said. "Participation in the ongoing prospective clinical trials comparing surgery and SABR in fitter patient populations should be strongly encouraged."

Provided by International Association for the Study of Lung Cancer

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