

# SBRT provides better outcomes than surgery for cancer patients with common lung disease

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Stereotactic body radiotherapy (SBRT) provides better overall survival rates than surgery for lung cancer patients with severe chronic obstructive pulmonary disease (COPD), a disease commonly associated with lung cancer, according to a study in the upcoming March issue of the *International Journal of Radiation, Oncology, Biology, Physics*, the official scientific journal of the American Society for Radiation Oncology (ASTRO).

COPD is a blanket term for progressive lung diseases, including emphysema, [chronic bronchitis](#) and refractory asthma. It is characterized by increasing breathlessness and is present in 50 to 70 percent of lung cancer patients at the time of diagnosis. Patients with severe forms of this disease have a high annual mortality rate, even when they do not have lung cancer.

Surgery has been the standard treatment for Stage I non-small-cell lung cancer patients, but when the patient has COPD their chances of postoperative complications increase. SBRT, a newer [radiation treatment](#), has been proven to be safe and effective in Stage I lung cancer patients who are not good surgical candidates.

Researchers looked at outcomes of post-SBRT Stage I lung cancer patients with severe COPD. The mean 30-day mortality rate post-SBRT was zero compared to 10 percent post-surgery. The overall survival rate post-SBRT was 79-95 percent at one year and 43-70 percent at three years. Post-surgery overall survival rates at one and three years were

45-86 percent and 31-66 percent, respectively.

"SBRT is a safe and effective less-invasive option for [lung cancer patients](#) with COPD that does not have the added risks of surgery-related mortality and prolonged hospitalization," David Palma, MD, MSc, lead author of the study and a [radiation oncologist](#) at the London Regional Cancer Program in London, Ontario, Canada, said. "All eligible patients should be evaluated in a multidisciplinary setting and afforded an informed decision of the risks and benefits of both surgery and SBRT."

Provided by American Society for Radiation Oncology

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