

Chemotherapy effective for patients with resected SCLC or large-cell neuroendocrine carcinoma

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Research presented in the July 2012 issue of the International Association for the Study of Lung Cancer's (IASLC) *Journal of Thoracic Oncology*, concluded that patients with limited large cell neuroendocrine tumors or with limited stage small-cell lung cancer who were treated with perioperative chemotherapy and surgery had better overall survival outcomes than patients treated with surgery alone.

Small-cell lung cancer (SCLC) represents about 15 percent of lung cancers annually. Of those, about 30 percent of patients have limited disease SCLC. Whereas large-cell neuroendocrine carcinoma (LCNEC) is a subgroup of large-cell carcinoma, that has characteristics similar to SCLC. Surgery in these groups of patients are rare and researchers wanted to know if perioperative chemotherapy would benefit the patients.

The [retrospective study](#) looked at 74 patients who underwent [lung cancer](#) surgery at the Surgical Centre Marie Lannelongue in Le Plessis Robinson, France between 1979 and 2007. Forty-five patients underwent surgery combined with perioperative chemotherapy and 29 underwent surgery alone. They found, "treatment involving surgery plus perioperative chemotherapy was associated with a significantly longer OS (overall survival) than surgery alone (6.1 years and 2.3 years, respectively)."

The authors point out that there were limitations to their study. Because the data was from 1979, the previous [staging system](#) was used. The authors also point out that, "more patients had a node involvement in the chemotherapy group, indicating that physicians may have offered chemotherapy to patients with more advanced disease." However, no conclusion could be made because of the, "small population examined in this study, its retrospective nature, the difference in follow-up between the two groups and the heterogeneity of the combined treatments."

The authors point out that due to the rarity of this population, a prospective trial is unlikely to be feasible and these retrospective data may be of value.

Provided by International Association for the Study of Lung Cancer

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