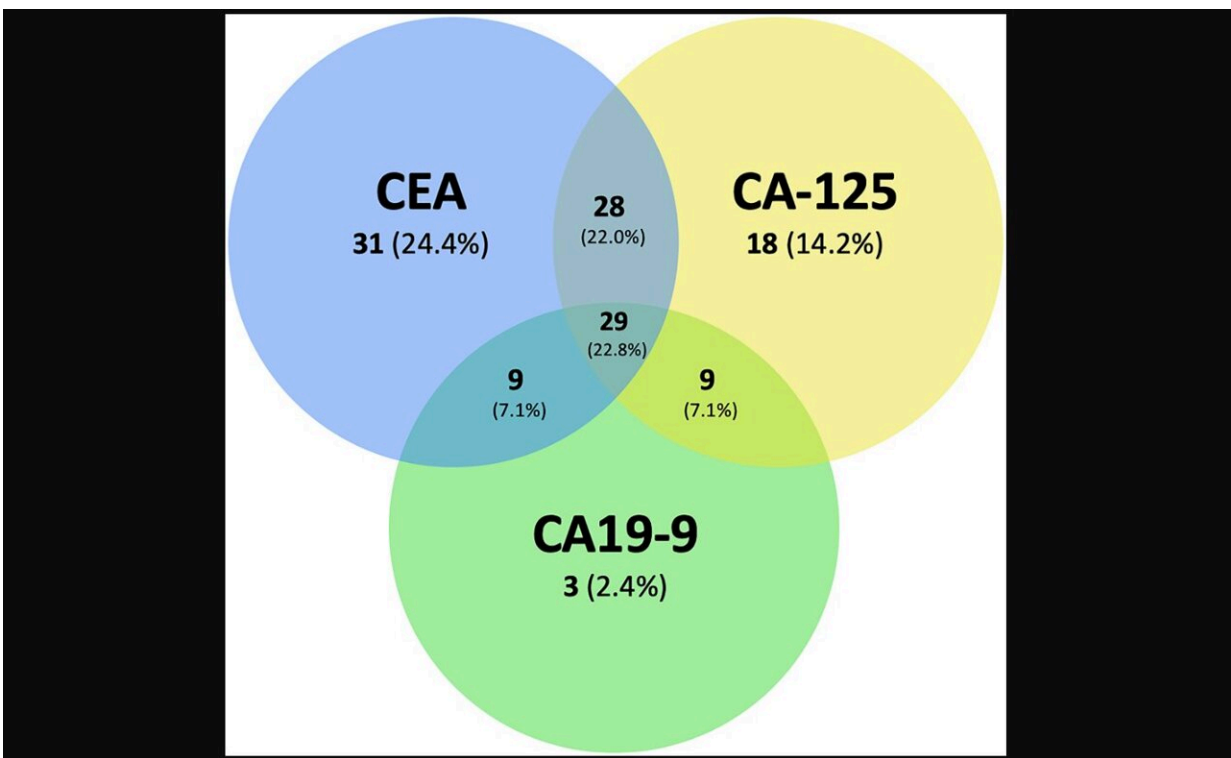


Assessment of CEA, CA-125, and CA19-9 as adjuncts in non-small cell lung cancer management

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Credit: *Oncotarget* (2024). DOI: 10.18632/oncotarget.28566

Conventional tumor markers may serve as adjuncts in non-small cell lung cancer (NSCLC) management. In a new study, researchers Scott Strum, Mark Vincent, Meghan Gipson, Eric McArthur, and Daniel

Breadner from the Schulich School of Medicine and Dentistry, London Health Sciences Center, and Royal College of Surgeons in Ireland analyzed whether three tumor markers (CEA, CA19-9, and CA-125) held associations with radiographic and clinical outcomes in NSCLC.

"The aim of this retrospective study was to provide additional evidence for the clinical use of conventional serum tumor markers CEA, CA19-9, and CA-125 in NSCLC management," said the researchers.

The [paper](#) was published in *Oncotarget* on June 13, 2024, entitled, "Assessment of serum tumor markers CEA, CA-125, and CA19-9 as adjuncts in [non-small cell lung cancer](#) management."

The single-center study of NSCLC patients treated with systemic therapy took place at the London Regional Cancer Program. Serum tumor markers were analyzed for differences in radiographic responses (RECIST v1.1 or iRECIST), associations with clinical characteristics, and all-cause mortality. A total of 533 NSCLC patients were screened, of which 165 met inclusion criteria. A subset of 92 patients had paired tumor markers and radiographic scans.

From the latter population, median (IQR) fold-change from nadir to progression was 2.13 (IQR 1.24–3.02; p

"In conclusion, [tumor markers](#) are positioned to be used as adjunct tools in clinical decision making, especially for their associations with radiographic response (CEA/CA-125) or progression (CEA/CA-125/CA-19-9)," write the authors.

More information: Scott Strum et al, Assessment of serum tumor markers CEA, CA-125, and CA19-9 as adjuncts in non-small cell lung cancer management, *Oncotarget* (2024). [DOI: 10.18632/oncotarget.28566](#)

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