

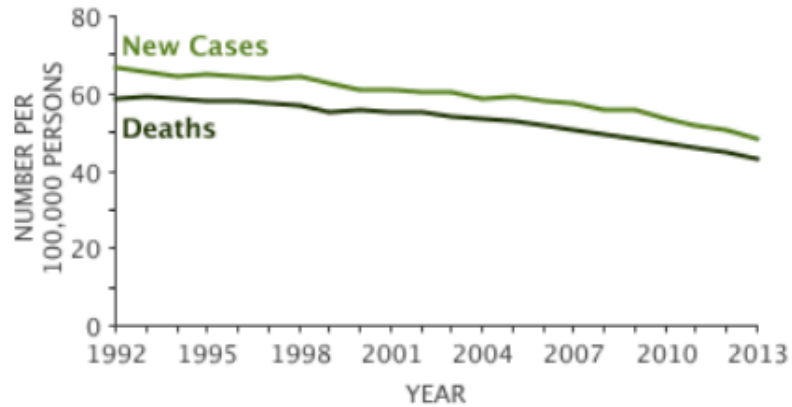
ρόλος ακτινοθεραπείας στον τοπικά
προχωρημένο μη μικροκυτταρικό καρκίνο του
πνεύμονα

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επιδημιολογία

Estimated New Cases in 2016	224,390
% of All New Cancer Cases	13.3%

Estimated Deaths in 2016	158,080
% of All Cancer Deaths	26.5%





Percent Surviving 5 Years

17.7%



2006-2012

επιδημιολογία

Estimated New Cases

			Males	Females			
Prostate	180,890	21%			Breast	246,660	29%
Lung & bronchus	117,920	14%			Lung & bronchus	106,470	13%
Colon & rectum	70,820	8%			Colon & rectum	63,670	8%
Urinary bladder	58,950	7%			Uterine corpus	60,050	7%
Melanoma of the skin	46,870	6%			Thyroid	49,350	6%
Non-Hodgkin lymphoma	40,170	5%			Non-Hodgkin lymphoma	32,410	4%
Kidney & renal pelvis	39,650	5%			Melanoma of the skin	29,510	3%
Oral cavity & pharynx	34,780	4%			Leukemia	26,050	3%
Leukemia	34,090	4%			Pancreas	25,400	3%
Liver & intrahepatic bile duct	28,410	3%			Kidney & renal pelvis	23,050	3%
All Sites	841,390	100%	All Sites	843,820	100%		

Estimated Deaths

			Males	Females			
Lung & bronchus	85,920	27%			Lung & bronchus	72,160	26%
Prostate	26,120	8%			Breast	40,450	14%
Colon & rectum	26,020	8%			Colon & rectum	23,170	8%
Pancreas	21,450	7%			Pancreas	20,330	7%
Liver & intrahepatic bile duct	18,280	6%			Ovary	14,240	5%
Leukemia	14,130	4%			Uterine corpus	10,470	4%
Esophagus	12,720	4%			Leukemia	10,270	4%
Urinary bladder	11,820	4%			Liver & intrahepatic bile duct	8,890	3%
Non-Hodgkin lymphoma	11,520	4%			Non-Hodgkin lymphoma	8,630	3%
Brain & other nervous system	9,440	3%			Brain & other nervous system	6,610	2%
All Sites	314,290	100%	All Sites	281,400	100%		

σταδιοποίηση

stage grouping						
	T1a	T1b	T2a	T2b	T3	T4
N0	IA	IA	IB	IIA	IIB	IIIB
N1	IIA	IIA	IIA	IIB	IIIA	IIIB
N2	IIIA	IIIA	IIIA	IIIA	IIIA	IIIB
N3	IIIB	IIIB	IIIB	IIIB	IIIB	IIIB
M1	IV	IV	IV	IV	IV	IV

επιβίωση

survival (years)	extent of cancer		
	early stage (I-II)	locally advanced (III)	advanced (IV)
1			30-40%
3		15-22%	
5	50-70 %	9-15%	
median survival	36 mths	13-17 mths	8-10 mths

ρόλος ακτινοθεραπείας ανά στάδιο

I

IIA

IIB

IIIA

IIIB

IV

adjunct to surgery

definitive

palliative

ενδείξεις ακτινοθεραπείας

- ριζική θεραπεία για St II μη εξαιρέσιμο και St III σε συνδυασμό με χημειοθεραπεία
- επικουρικά πριν ή μετά το χειρουργείο
 - ✓ προεγχειρητικά σε ασθενείς σταδίου IIIA (N2 νόσος εξαιρέσιμη με λοβεκτομή)
 - ✓ μετεγχειρητικά κυρίως μετά από ανεύρεση N2 νόσου

ριζική θεραπεία

ρόλος ακτινοθεραπείας

The Survival of Patients with Inoperable Lung Cancer: A Large-Scale Randomized Study of Radiation Therapy Versus Placebo¹

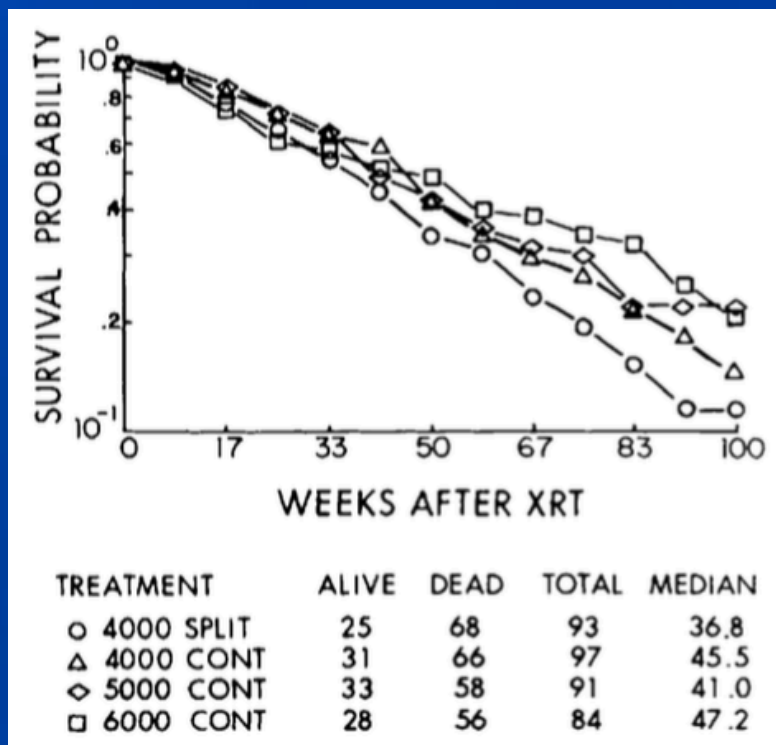
BERNARD ROSWIT, M.D., MARY ELLEN PATNO, Ph.D., ROBERT RAPP, M.D., ARNOLDS VEINBERGS, M.D.,
BERNARD FEDER, M.D., JEROME STUHLBARG, M.D., and CYPRIAN B. REID, B.Sc.

- inoperable NSCLC



- ✓ superior LC
- ✓ OS 18.2% vs. 13.9%

RTOG 73 01



“60 Gy at 2 Gy per fraction became the standard of care for LANSCLC “

Perez CA et al, *Cancer* 1980

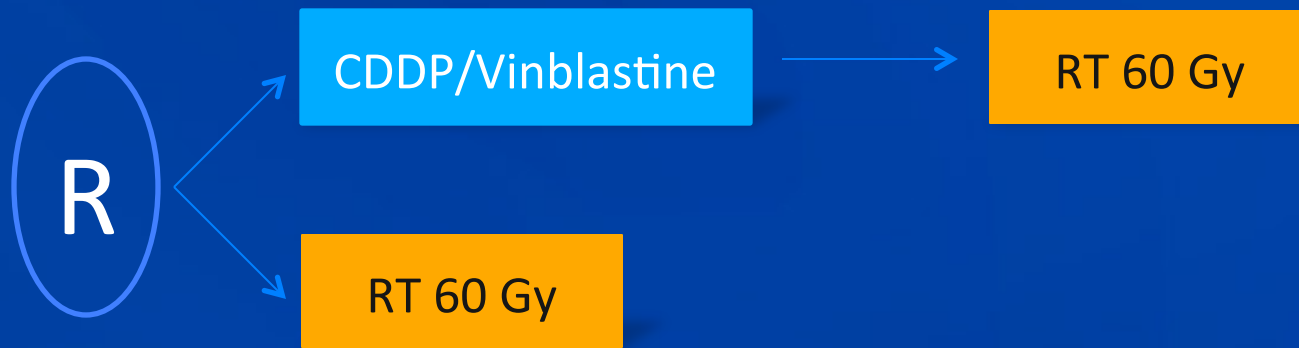
Perez CA et al, *Int J Radiat Oncol Biol Phys* 1986

Perez CA et al, *Cancer* 1987

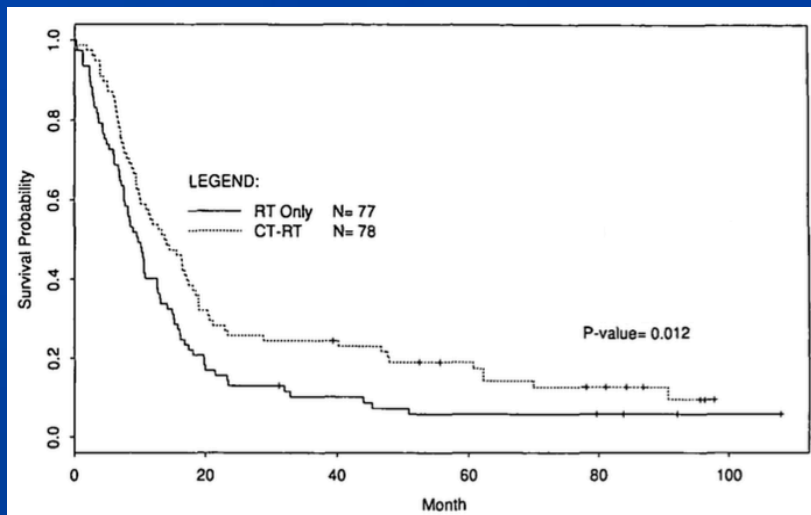
ρόλος χημειοθεραπείας

CALGB 8433 randomized phase III trial benefit of adding ChT to RT

- St III NSCLC, 331 pts



CALGB 8433 randomized phase III trial benefit of adding ChT to RT

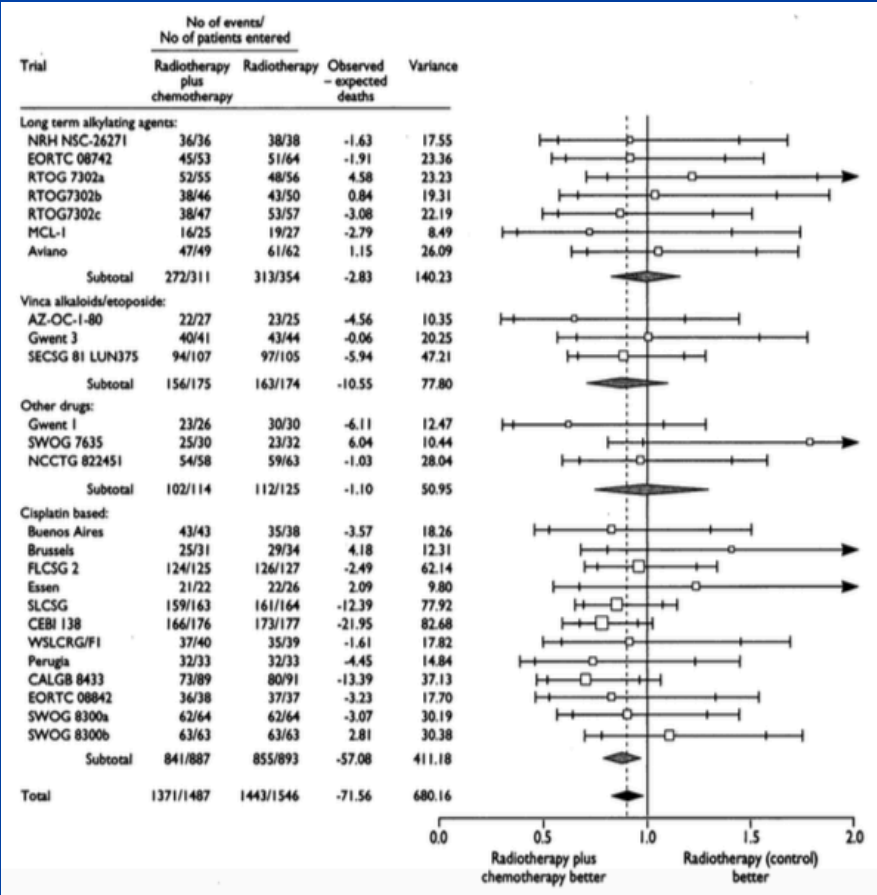


- MS 13.8 mths vs. 9.7 mths, $p=0.006$
- FFS 8.2 mths vs. 6 mths, $p=0.041$

“on the basis of the results of CALGB 8433 induction cisplatin-based chemotherapy followed by RT should be considered the standard treatment for stage III NSCLC”

Chemotherapy in non-small cell lung cancer: a meta-analysis using updated data on individual patients from 52 randomised clinical trials

Non-small Cell Lung Cancer Collaborative Group



“these results offer a hope of progress and suggest that ChT has definitive role in treating the disease”