of cases and was limited to the bronchial mucosa, it describes a new minimally invasive technology that can evaluate living tissue, can be done repeatedly without harming tissue, and which in the future may contribute to the diagnosis of malignant and nonmalignant conditions of the lung.

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Lung Cancer Treatment

Treatment of Non-small Cell Lung Cancer Stage I and Stage II: ACCP Evidence-Based Clinical Practice Guidelines (2nd Edition)

Scott WJ, Howington J, Feigenberg S, et al (Fox Chase Cancer Ctr, Philadelphia, PA; Univ of Cincinnati Medical Ctr, Cincinnati, OH; et al)
Chest 132:234S-242S, 2007

Background.—The surgical treatment of stage I and II non-small cell lung cancer (NSCLC) continues to evolve in the areas of intraoperative lymph node staging (specifically the issue of lymph node dissection vs sampling), the role of sublobar resections instead of lobectomy for treatment of smaller tumors, and the use of video-assisted techniques to perform anatomic lobectomy. Adjuvant therapy (both chemotherapy and radiation therapy) and the use of larger fractions of radiotherapy delivered to a smaller area for nonoperative treatment of early stage NSCLC have shown promising results.

Methods.—The panel selected the following areas for review based on clinical relevance and the amount and quality of data available for analysis: surgical approaches to resecting early stage NSCLC, methods of lymph node staging at the time of surgical resection, adjuvant chemotherapy in the treatment of early stage NSCLC, and the use of radiation therapy for primary treatment of early stage NSCLC as well as in the adjuvant setting. Recommendations by the multidisciplinary writing committee were based on literature review using established methods.

Results and Conclusions.—Surgical resection remains the treatment of choice for stage I and II NSCLC, although surgical methods continue to evolve. Adjuvant chemotherapy for patients with stage II, but not stage I, NSCLC is well established. Radiotherapy remains an important treatment for either cases of early stage NSCLC that are medically inoperable or patients who refuse surgery.

▶ Pulmonologists are typically involved with lung cancer patients at the front end of their care, directing the process of diagnosis and staging. Although few of us participate directly in treatment, it is important to be cognizant of current state of the art treatment practices, as we often serve as the point of reference for patient referral to appropriate other specialties.

Non-small cell lung cancer (NSCLC) treatment is increasingly multidisciplinary, as optimal treatment even for early stage patients is likely to involve multiple modalities. Care of lung cancer patients through a multidisciplinary thoracic oncology team ensures that all relevant subspecialists will be involved

in decisions related to treatment. In situations where such a team is not readily available, it may be the diagnosing pulmonologist who will decide on referral to thoracic surgery, medical oncology, radiation therapy, and/or palliative services. Because there are an ever-increasing number of effective therapies available to lung cancer patients, treatment referrals should be made with as little nihilism as possible to allow the patient access to new therapies and clinical trials.

This report by Scott and colleagues summarizes the current spectrum of treatment for stage I and II NSCLC, and is part of the American College of Chest Physician Evidence-Based Guidelines for the Diagnosis and Management of Lung Cancer. The outcomes of surgical approaches to early stage NSCLC, including adjuvant therapy, as well as alternatives to surgery for patients medically unfit for resection were critically examined in an extensive review of the medical literature. Companion articles by Robinson and colleagues, Jett and colleagues, and Socinski and colleagues in these guidelines summarize the evidence and current practices for treatment of Stage IIIA, Stage IIIB, and Stage IV NSCLC, respectively.[1-3] The recommendations in this group of articles provide a concise summary of state-of-the-art treatment for patients with NSCLC.

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Age and Comorbidity As Independent Prognostic Factors in the Treatment of Non–Small-Cell Lung Cancer: A Review of National Cancer Institute of Canada Clinical Trials Group Trials

Asmis TR, Ding K, Seymour L (Natl Cancer Inst of Canada Clinical Trials Group, Kingston, Ontario)

J Clin Oncol 26:54-59, 2008

Purpose.—This study analyzed patients enrolled in two large, prospectively randomized trials of systemic chemotherapy (adjuvant/palliative setting) for non–small-cell lung Cancer (NSCLC). The main objective was to determine if age and/or the burden of chronic medical conditions (comorbidity) are independent predictors of survival, treatment delivery, and toxicity.

Patients and Methods.—Baseline comorbid conditions were scored using the Charlson comorbidity index (CCI), a validated measure of patient comorbidity that is weighted according to the influence of