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Lung alert

Neoadjuvant chemotherapy in operable non-small cell lung cancer

Survival for patients with non-small cell lung cancer (NSCLC) has remained unchanged for over 10 years. This randomised controlled trial assessed the benefits of neoadjuvant chemotherapy in patients with operable NSCLC.

519 patients were randomised to receive surgery as soon as possible or chemotherapy as soon as possible followed by surgery 4–6 weeks from day 1 of the last chemotherapy cycle. Patients with stage I–III disease were included. The primary outcome measure was overall survival, and secondary outcome measures included quality of life, clinical and pathological staging, resectability rates, extent of surgery, and the time to and site of relapse.

There was no difference in overall survival between the two treatment groups. 31% of patients receiving chemotherapy before surgery were down-staged at the time of surgery; however, this did not alter the type of surgery they had. A very small proportion of patients progressed during chemotherapy. Surgery did not appear to be affected by the time taken to deliver neoadjuvant chemotherapy. With regard to baseline symptoms and quality of life, neoadjuvant chemotherapy had a minimal effect. Patterns of recurrence and progression were also not affected by chemotherapy except for the fact that more of the patients who underwent chemotherapy before surgery developed brain metastases.

This trial did not show any survival benefit with neoadjuvant chemotherapy, which is largely consistent with results from previous trials.

- Gilligan D, Nicolson M, Smith I, *et al*, on behalf of the trial collaborators. Preoperative chemotherapy in patients with resectable non-small cell lung cancer: results of the MRC LU22/ NVALT 2/ EORTC 08012 multicentre randomised trial and update of systematic review. *Lancet* 2007;**369**:1929–37

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