CORRESPONDENCE

Lung cancer resection rate is related to survival

Treasure and colleagues\(^1\) provided a welcomed counterpoint to the belief that resection rate should go up in England. However, we feel the editorial is intentionally controversial and biased against the role of surgery. In particular, the authors question the relationship between resection rate and outcome but fail to cite the recent evidence that relates resection rate to survival in the UK: that the small excess mortality from operating in higher-risk groups was more than justified by the increase in overall survival from lung cancer.\(^2\)

In terms of treatment, two factors affect overall survival: effectiveness of the treatment and availability of effective treatment to those who would benefit from it. In terms of the latter, evidence suggests the improvement in the resection rate has been made by reducing unwarranted variation in treatment rather than by increasing operations on unrespectable cases.\(^3\) If there is unwarranted variation, then someone must be disadvantaged. Furthermore, there is still plenty of room for improving resection rates before the point where ‘harm outweighs benefit’ is reached.\(^4\)

In terms of effectiveness of treatment, just as mastectomy has evolved, surgical techniques for lung cancer have undergone refinement. Video-assisted techniques avoiding a thoracotomy have reduced the harm of operations and improved outcomes.\(^5\) Compared to historical results, the outcome of operations in the less fit patient today is much better than it was. At the same time, the question of whether refinements in non-operative techniques such as stereotactic body radiation therapy and radiofrequency ablation might offer better outcomes than surgery is not being neglected—there are a number of randomised trials being conducted to answer these questions. Nevertheless, recruitment into these trials has not been easy, and many trials such as ROSEL have had to be terminated early. For some questions, the randomised evidence may be too costly and difficult to obtain.

We appreciate the succinct question ‘Treasure and his other ‘Devil’s advocates’ proposed, but in their words, ‘I think you’ll find it’s a bit more complicated than that...’. Today, the question is not whether surgery for lung cancer is effective, but which surgery is best for the patient, how that compares to the most effective treatments in other modalities, and how to ensure the best treatments are delivered consistently throughout the country. We hope that Treasure’s editorial will not be accepted unchallenged and that the current momentum towards higher resection rates in lung cancer will not be stalled.

Kelvin K W Lau,\(^1\) David A Waller,\(^1\) Sridhar Rathinam,\(^1\) Richard Page,\(^2\) Mick D Peake\(^3\)

\(^1\)Department of Thoracic Surgery, Glenfield Hospital, Leicester, UK
\(^2\)Department of Thoracic Surgery, Liverpool Heart and Chest Hospital, Liverpool, UK
\(^3\)National Cancer Intelligence Network, London, UK

Correspondence to Kelvin K W Lau, Department of Thoracic Surgery, Glenfield Hospital, Groby Road, Leicester LE3 9QP, UK; jarrung@hotmail.com

Contributors KKWL, DAW and MDP conceived the idea. KKWL drafted the first version of the manuscript. DAW, MDP, SR and RP revised the manuscript and made substantial intellectual contribution. All authors approved the final version of the manuscript.

Competing interests None.

Provenance and peer review Not commissioned; internally peer reviewed.


Received 19 September 2012
Accepted 19 October 2012
Published Online First 9 November 2012

REFERENCES


Lung cancer resection rate is related to survival

Kelvin K W Lau, David A Waller, Sridhar Rathinam, Richard Page and Mick D Peake

Thorax 2013 68: 187 originally published online November 9, 2012
doi: 10.1136/thoraxjnl-2012-202752

Updated information and services can be found at:
http://thorax.bmj.com/content/68/2/187.1

These include:

References
This article cites 4 articles, 1 of which you can access for free at:
http://thorax.bmj.com/content/68/2/187.1#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/