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New Cancer Treatment Adds to Survival Rates in Lung Cancer Patients

Fairfax, Va., June 28, 2007 – Patients with inoperable non-small cell lung cancer who receive an initial high dose of chemotherapy before their treatment begins can expect an increase in overall survival, according to a study in the July 1 issue of the *International Journal of Radiation Oncology*Biophysics*Physics*, the official journal of ASTRO.

Non-small cell lung cancer is the most common type of lung cancer in the United States, according to the American Cancer Society. Treatment for lung cancer depends on the size and location of the tumor, the age and medical history of the patient and the type of cancer to be treated. Patients will often consult with a few medical professionals to determine the best course of treatment for them. In cases where the patient is not eligible for surgery or the tumor's location makes surgery impossible, a combination of chemotherapy and radiation, sometimes called chemoradiation, is suggested.

Doctors in this study, conducted at M.D. Anderson Cancer Center in Houston, wanted to test the efficacy of giving a high dose of chemotherapy before chemoradiation begins. This boost of chemotherapy is called induction chemotherapy, where doctors administer the medicine to stop the growth of the cancer in the lungs, preventing it from spreading to other parts of the body, an occurrence that sometimes affects patients with NSCLC. Doctors wanted to use the induction dose to kill the cancer cells that would continue to grow and metastasize elsewhere in the body. This allowed the doctors to then focus on treating the tumor site in the lungs with a combination of radiation and chemotherapy, helping to extend the survival rates of patients with NSCLC.

A total of 265 patients with inoperable NSCLC were divided into two groups; one group of 127 patients received the induction therapy and the chemoradiation, with the second group of 138 treated with chemoradiation alone. Doctors found a small but significant increase in overall survival in the patients who received the induction therapy with chemoradiation versus the chemoradiation-only group. Those patients who received induction therapy as part of their treatment saw an increase in overall survival by an average of six months as compared to the group who did not receive the initial dose of chemotherapy. The rates for distant metastasis-free survival were also better for the induction group with a success rate of 42 percent compared to 23 percent in the chemoradiation-only group at five years. Further analysis

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showed that patients with the cancer subtypes of adenocarcinoma, or large cell carcinoma, benefited the most from induction chemotherapy, whereas those with squamous cell carcinoma did not.

“Studies like ours challenge traditional methods for treating cancer, while still preserving and building on what has already been established as effective in the treatment of lung cancer,” said Eugene H. Huang, M.D., lead author of the study and a radiation oncologist at M.D. Anderson Cancer Center. “This study raises questions about how we approach our treatment processes and further research will be needed to find the best way to increase survival in these patients.”

For more information about lung cancer treatment options, please visit www.rtanswers.org. To arrange an interview with Dr. Huang or for a copy of the study, please contact Julie Barden at 1-800-962-7876 or julieb@astro.org.

ASTRO is the largest radiation oncology society in the world, with nearly 9,000 members who specialize in treating patients with radiation therapies. As the leading organization in radiation oncology, biology and physics, the Society is dedicated to improving patient care through education, clinical practice, advancement of science and advocacy.

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