

## LETTERS TO THE EDITOR

### Multimodal Treatment of Clinical Non-Small Cell N2 Bronchogenic Carcinoma. What Is the Answer?

**To the editor:** Ten years ago, we asked what the question was<sup>1</sup> and now it seems that there is an answer. The last meeting of the American Society of Clinical Oncology (May 2005) saw the presentation of the final reports of 2 randomized clinical trials<sup>2,3</sup> where the researchers had asked whether or not combining induction chemoradiotherapy or chemotherapy with surgery improved 5-year survival. The answer provided by both clinical trials, one in the United States of America<sup>2</sup> and the other in Europe,<sup>3</sup> is that surgery does not improve survival. Therefore, the best available evidence (repeated randomized trials) does not indicate that surgery should be part of multimodal treatment in non-small cell bronchogenic carcinoma clearly shown to be cN2 by cytology and histology.

Later analyses of both trials, however, indicate that certain factors, taken individually for each patient, may recommend surgery in this clinical situation. One important factor is an yN0 classification (N0 following induction treatment). We have therefore changed our question. We now ask which strategy makes it possible to choose the best possible methods to ensure category yN0. This debate has only just begun.

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1. López Encuentra A. Tratamiento multimodal en carcinoma broncogénico no microcelular N2 "clínico". ¿Cuál es la pregunta? Arch Bronconeumol. 1995;31:43-4.
2. Albain KS, Swann RS, Rusch VR, Turrisi AT, Shepherd FA, Smith CJ, et al. North American Lung Cancer Intergroup. Phase III study of concurrent chemotherapy and radiotherapy (CT/RT) vs CT/RT followed by surgical resection for stage IIIA (pN2) non-small cell lung cancer (NSCLC): outcomes update of North American Intergroup 0139 (RTOG 9309) [Abstract 7014]. Minutes of ASCO Meeting 2005; May 13-17; Orlando (Florida); 2005.
3. van Meerbeeck JP, Kramer G, van Schil PE, Legrand C, Smit EF, Schramel FM, et al. EORTC-Lung Cancer Group. A randomized trial of radical surgery (S) versus thoracic radiotherapy (TRT) in patients (pts) with stage IIIA-N2 non-small cell lung cancer (NSCLC) after response to induction chemotherapy (ICT) (EORTC 08941) [Abstract 7015]. Minutes of ASCO Meeting 2005; May 13-17; Orlando (Florida); 2005.