LETTERS TO THE EDITOR

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

To the Editor: We read with interest the letter by López-Encuentra et al¹ in which they mention 2 randomized clinical trials. They underscore the final conclusion from these trials that surgery does not improve overall survival and they therefore deduce that it is not generally considered as part of the multimodal treatment of these patients. In the final paragraph, they admit that some patients may benefit from surgery, such as those with yN0 tumors.

Strictly speaking, this is the conclusion of both trials, though when these trials refer to the results of surgery they include all resections (pneumonectomy and lobectomy) and all types of patient (with or without response to chemotherapy). In both trials, the analysis by subgroups shows that survival in resected patients with yN0 tumors or lobectomy is twice that of patients who have not undergone resection. Furthermore, in the ANITA trial,2 which studied adjuvant chemotherapy versus observation—presented at the conference—equally significant improvements were obtained in overall survival in resected patients with stage II and IIIA cancer. Similarly, at the 2006 annual meeting of the American Society of Clinical Oncology, an analysis of 5 randomized trials enrolling 4584 patients undergoing adjuvant chemotherapy concluded that resection improved survival, particularly in stages II and III.3

It thus appears that surgery does have a role to play in the multimodal treatment of these patients if lobectomy is performed and/or they have yN0 tumors, with either adjuvant or neoadjuvant therapy—and this is what we are doing in our daily clinical practice. We hope that a prospective study specifically designed to show this will clear up these doubts. With regard to whether adjuvant or neoadjuvant therapy is better, the results of studies such as the NATCH study⁴ may provide us with the answer. The debate regarding the best method of ensuring a yN0 result is still open and is a topic of current interest⁵ precisely because of the apparent value of surgery in these cases.

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