Commentary: Are two local therapies better than one for early-stage small cell lung cancer?

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In this era of lung cancer screening with low-dose computed tomography, a growing proportion of the practice of thoracic surgeons will probably involve the management of localized pulmonary nodules. On the basis of historical trends, although 85% of malignant lesions will be non-small cell lung cancer, a sizeable minority (15%) will be small cell lung cancer (SCLC). When SCLC is localized and without lymph node involvement, surgical resection is recommended by the National Comprehensive Cancer Network guidelines. It is essential for thoracic surgeons to fully appreciate the evidence-based, appropriate adjuvant therapy that is indicated after such resections. The article by Engelhardt and colleagues¹ in this issue of the *Journal* is therefore a timely contribution. Both surgery and radiotherapy are local therapies, in contrast to systemic modalities, such as chemotherapy. Is there value in applying 2 local therapies plus chemotherapy to a single patient, rather than the combination of a local and a systemic therapeutic modality? Engelhardt and colleagues¹ sought to answer this question by assessing overall survival after surgical resection of early-stage SCLC with or without adjuvant thoracic radiation in a retrospective cohort from the National Cancer Database. In both the matched and unmatched cohorts of patients with T1/2N0M0 SCLC, there was no statistically significant difference in overall survival between the groups, and thus no benefit from postoperative thoracic radiotherapy could be demonstrated.

It is quite interesting that the National Cancer Database defines thoracic radiotherapy as radiotherapy directed at the region of the lung without nodal irradiation. Specifically, this definition excludes hilar, mediastinal, or supraclavicular nodes.¹ These nodal basins are potential sites of

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Central Message

Radiation therapy after complete resection of early-stage small cell lung cancer may not be necessary.

See Article page 1665.

regional recurrence after lung cancer resection. However, modern practice trends are moving away from elective nodal irradiation when there is no clinical or pathologic evidence of nodal disease.^{2,3} The National Comprehensive Cancer Network guidelines recommend postoperative systemic therapy alone for patients who undergo complete resection without nodal metastasis. The work of Engelhardt and colleagues¹ further supports this recommendation. The encouraging overall survival of patients with T1/2N0M0 small cell lung cancer reported by these investigators should further encourage the inclusion of surgical resection in the treatment algorithm for these patients.

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