JOURNAL WATCH

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Our panel of experts highlight the most important research articles across the spectrum of topics relevant to the field of lung cancer management

Expert panel: Marissa Daniels, The Prince Charles Hospital & University of Queensland Thoracic Research Center, Brisbane, Australia; Henry Marshall, The Prince Charles Hospital & University of Queensland Thoracic Research Center, Brisbane, Australia; Steven Leong, The Prince Charles Hospital & University of Queensland Thoracic Research Center, Brisbane, Australia; Kwun M Fong, The Prince Charles Hospital & University of Queensland Thoracic Research Center, Brisbane, Australia

Giroux Leprieur E, Labrune S, Giraud V, Gendry T, Cobarzan D, Chinnet T. Delay between the initial symptoms, the diagnosis and the onset of specific treatment in elderly patients with lung cancer. *Clin. Lung Cancer* (2012) (In press).

Giroux Leprieur *et al.* report a retrospective series of 193 consecutive lung cancer patients diagnosed at a single academic institution, and the authors hypothesize that elderly patients have longer delays between initial symptoms, diagnosis and treatment. In total, 47.7% of the cohort was elderly (≥ 70 years old), and they had significantly worse performance status, were less likely to be current smokers, had more comorbidity (Charlson score) and higher rates of squamous cell carcinoma, lower rates of adenocarcinoma and non-significantly higher disease stage. There were no differences in symptoms.

Median times (months) between initial symptoms and first oncologist visit, oncologist visit and treatment and initial symptoms and treatment were similar (1.6 vs 1.2; 1.1 vs 1.1; 3 vs 2.5, elderly vs non-elderly, respectively; p = nonsignificant) irrespective of small-cell lung cancer versus non-small-cell lung cancer or stage. Fewer older patients received chemotherapy, surgery and/or radiotherapy (84 vs 98%; p = 0.001) and fewer had surgery (16.3 vs 38.6%; p = 0.001) or chemotherapy (70.7

vs 89.1%; p = 0.001). Charlson scores only correlated with longer times between first oncologist visit and treatment (R^2 = 0.036; p = 0.01).

This study found no difference between symptoms or treatment timeframes, but definite differences in treatment for older patients. As the authors state, higher comorbidity may require more investigation before treatment. Worse performance status may explain the lower treatment rates in the elderly, but multivariate analysis was not undertaken. Other studies report that age has a disproportionately negative influence on treatment. Future work taking account of patient expectations, quality of life and patient choices may shed more light on these differences. A multicenter study will also optimize the generalizability of findings.

– Article suggested and written by Henry Marshall and Kwun M Fong

Tsubata Y, Honda T, Okimoto T *et al.* A retrospective analysis comparing the safety and efficacy of chemotherapy in elderly and non-elderly non-small-cell lung cancer patients. *Geriatr. Gerontol. Int.* doi:10.1111/j.1447-0594.2011.00803.x (2012) (Epub ahead of print).

Tsubata and colleagues present a single institution retrospective case-control

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study that tackles the difficult problem of safety and efficacy of chemotherapy in elderly (E) versus nonelderly (NE) patients. Toxicity, relative dose intensity and survival were compared between 56 non-small-cell lung cancer patients >70 years of age (E group) and 56 non-small-cell lung cancer patients aged ≤70 years (NE group) matched for age and Eastern Cooperative Oncology Group (ECOG) performance status. Median age was 78 and 63 years for E versus NE groups, respectively. There was no difference in gender, ECOG performance status, histology, clinical stage or overall comorbidities between the two groups, although there was significantly more cardiovascular disease in the E versus NE groups.

Significantly more of the NE group received platinum doublet therapy (64.3 vs 39.3%; $p = 0.008$), while more E group patients received either single-agent (26.8 vs 10.7%; $p = 0.03$) or EGFR-tyrosine kinase inhibitor therapy (19.6 vs 7.1%; $p = 0.046$). Overall, more E patients required dose modification after the first cycle. Median survival time was not statistically different between the two groups, and treatment-related adverse events were generally similar.

Although this paper attempts to address an important question, the retrospective case-control design limits conclusions and generalizability aside from the fact that some patients aged >70 years can be treated safely and effectively with chemotherapeutic regimens given to patients ≤70 years of age. A prospective, randomized controlled trial is needed

to definitively answer this controversial question. Multivariate analysis will also be needed to account for any significant differences in baseline characteristics, such as the cardiovascular differences observed here.

– Article suggested and written by
Steven Leong and Kwun M Fong

Lin M, Ambati C. The management impact of clinically significant incidental lesions detected on staging FDG PET-CT in patients with non-small cell lung cancer (NSCLC): an analysis of 649 cases. *Lung Cancer* 76(3), 344–349 (2012).

The role of 18-fluorodeoxyglucose PET in the staging of non-small-cell lung cancer is well established. Abnormalities detected incidentally during staging remain a clinical dilemma. Lin and Ambati have performed an observational study of 649 patients to investigate the impact of 18-fluorodeoxyglucose PET-CT-detected synchronous malignancy or premalignancy in the management of patients with histologically confirmed non-small-cell lung cancer.

While it is unclear whether the subjects were enrolled consecutively, 77 (12%) were found to have a lesion that was suspicious for premalignancy or a second synchronous cancer on the basis of PET. For 20 of only 39 (51%) patients for whom a final diagnosis was concluded (33 had histological verification), PET results were confirmed histologically. Management

changed significantly for 17 of these; 14 were treated with curative intent for both the primary lung cancer and synchronous lesions. Semiquantitative analysis was not able to differentiate between malignant and benign lesions.

While the authors have diligently assembled a relatively large study population, incomplete verification in a retrospective study of this scale is unavoidable. Further studies are required to explore the reliability of PET as a test for synchronous malignancy/premalignancy. While Lin and Ambati have demonstrated the clinical importance of PET in their single healthcare setting, their results may be significantly influenced by the low prevalence of synchronous malignancy. Further prospective studies, powered to permit valid semiquantitative analysis, will enable the true prevalence to be determined and are required to further explore the role of PET in this setting.

– Article suggested and written by
Marissa Daniels and Kwun M Fong

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Journal Watch highlights some of the most important papers recently published in the field of lung cancer management and research. The editorial team welcomes recommendations for relevant papers for inclusion in future issues.

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