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TUMOR SIZE PREDICTS SURVIVAL IN PATIENTS WITH LUNG CANCER

Study Shows Need for Further Substaging in Lung Cancer

(NORTHBROOK, IL, November 11, 2003) – Tumor size is an important predictor of survival in patients with early-stage lung cancer, says a study published in the November issue of *CHEST*, the peer-reviewed journal of the American College of Chest Physicians (ACCP). The study shows that patients with lung tumors less than 2 cm in size had a higher 5-year survival rate than patients with tumors 2 to 3 cm in size. The study also suggests that despite current lung cancer staging guidelines, which categorize lung tumors as being less than, equal to, or more than the baseline value of 3 cm, further substaging may be needed to accurately assess and treat the disease.

“Although previous studies have noted a distinct difference in survival between patients with nonmetastasized tumors less than 3 cm [stage IA] and tumors more than 3 cm in size [stage IB], little information is available on whether size remains an important determinant of survival in tumors less than 3 cm,” said Jeffrey L. Port, MD, assistant professor of cardiothoracic surgery, Department of Cardiothoracic Surgery, Weill-Cornell Medical Center, New York, NY. “Our study indicates that within stage IA, a tumor size difference of even 1 cm can impact survival, leading us to believe that further substaging of stage IA lung cancer is necessary to ensure patients in this stage are receiving the most effective treatment.”

Researchers from Weill Medical College of Cornell University evaluated the relationship between tumor size and 5-year survival in patients with stage IA non-small cell lung cancer. Researchers reviewed the history of 244 patients who underwent surgical resection for lung tumors. Overall mortality/survival rates and mortality/survival rates specific to lung cancer were analyzed and compared to tumor size. The overall 5-year survival rate in patients was 71.1 percent, as compared to the overall 5-year disease-specific survival rate of 74.9 percent. In regards to tumor size, disease-specific survival was 81.4 percent for patients with tumors less than or equal to 2 cm and 63.4 percent for patients with tumors greater than 2 cm.

“Lung cancer is most curable when it is detected early. However, by the time most people are diagnosed with lung cancer, they have surpassed the curable stages of the disease,” said Dr. Port. “Improved survival in patients with stage I lung cancer has rekindled interest in lung cancer screening for the purpose of detecting smaller and potentially more curable lesions. Our findings suggest that lung cancer screenings may be useful in discovering even the smallest of lesions that can, in turn, represent early-stage lung disease.”

“Although further substaging of early-stage lung tumors may be necessary to accurately assess and treat patients with lung cancer, routine CT [computed tomography] screening for the detection of lung cancer is controversial,” said Richard S. Irwin, MD, FCCP, President of the American College of Chest Physicians. “This study reinforces the need for further investigation into the benefits and outcomes associated with lung cancer screening.”

November 17-21: Lung Cancer Awareness Week

Lung Cancer Awareness Week is supported by The CHEST Foundation, the philanthropic arm of the ACCP, whose mission is to improve lung health for patients and communities through education focused on public health issues. Together with leading cancer community organizations, such as Cancer Care, Inc. and the Oncology Nursing Society, The CHEST Foundation raises awareness about lung cancer, encouraging early diagnosis and offering educational and emotional support to lung cancer patients and their loved ones.

In the United States, lung cancer causes more deaths in both men and women than the next three most common cancers combined (colon cancer, 48,100 deaths; breast cancer, 40,000 deaths; and prostate, 30,200 deaths).¹ It is projected that 171,900 individuals (91,800 men and 80,100 women) in the United States will receive a diagnosis of lung cancer in 2003 and 157,200 individuals will die of the disease during the year.²

CHEST is a peer-reviewed journal published by the ACCP. It is available online each month at www.chestjournal.org. ACCP represents more than 15,700 members who provide clinical, respiratory, and cardiothoracic patient care in the United States and throughout the world. ACCP's mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication.

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1. Jemal A, Thomas A, Murray T, et al. Cancer statistics, 2002. *CA Cancer J Clin* 2002; 52:23-47
2. Jemal A, Thomas A, Murray T, et al. Cancer statistics, 2003. *CA Cancer J Clin* 2003; 53:5-26