rash grade 1 to lower limbs after 10 days. Immunogenicity was not assessed. None of the patients developed influenza.

In conclusion, we did not observe any relevant toxicity in patients with NSCLC treated with concomitant influenza vaccination and erlotinib. Although influenza vaccines are not devoid of risk, these data could assure clinicians and patients that they are safe for this subset of patients.

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Adjuvant Chemotherapy in New Stage II pN0 Non-small Cell Lung Cancer: A New Issue for a Case-By-Case Decision Making Process

To the Editor:

The seventh edition of the tumor, node, metastasis (TNM) classification[1] has raised some new issues in the adjuvant chemotherapy decision-making process.

Previously, pN0 tumors >5 cm were classified as stage Ib. In the new classification, they become stage IIa (>5 but ≤7 cm) or stage IIb (>7 cm) because of a poorer prognosis than smaller pN0 tumors.

According to this observation and consistent with the Cancer-Care-Ontario Program and the American Society of Clinical Oncology guide-lines (based on the sixth TNM edition),[2] patients with new stage II pN0 disease should be informed on their prognosis, and adjuvant chemotherapy could be proposed as an individual option.

This issue should be carefully discussed for a case-by-case decision, according to the available information. In the absence of evidence-based data, we underline the lack of definitive information on the effect of adjuvant chemotherapy in patients with pN0 nonsmall cell lung cancer (NSCLC), irrespective of tumor size.

As a matter of fact, this is true not only for patients with sixth TNM stage Ib tumors but also for patients with sixth TNM pT3 pN0 disease. Although the latter population was gathered together with patients with T1–T2 pN1 disease in stage II and, so, considered for adjuvant chemotherapy according to ASCO guidelines, a critical appraisal to this topic from an extensive review of the literature showed the absence of evidence-based data on the efficacy of adjuvant chemotherapy for sixth TNM pT3 pN0 tumors.[3]

Nevertheless, data from the CALGB 9633 phase III randomized trial should also be shared with the patient. This trial did not observe a significant survival advantage in patients with sixth TNM stage Ib NSCLC, but it was underpowered to answer this question in the population of new stage II pN0 tumors, i.e., >5 cm. Interestingly, in the subgroup of patients with >4 cm disease (196 patients: 99 patients in the treatment arm and 97 patients in the control arm), there were a significant advantage in overall survival (hazard ratio: 0.69, 90% confidence interval: 0.48–0.99) and disease-free survival (hazard ratio: 0.69, 90% confidence interval: 0.49–0.97).[4]

The lack of data in pT3 pN0 tumors and the shift from stage I to stage II of patients with >5 cm pN0 NSCLC raise the need for information on the effects of adjuvant chemotherapy in this subset of patients. Major efforts to run a prospective phase III trial to answer this question and to select the subset of patients with higher probability to benefit from this treatment (if any) are warranted.

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A Systematic Review but Systematically Confounded?

To the Editor:

The study by Nair et al[1] on the prognostic value of positron emission tomography (PET) intensity in stage I non-small cell lung cancer (NSCLC) is a su-

Disclosure: The authors declare no conflicts of interest.

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