Analysis for the prognosis of young women with lung adenocarcinoma
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Objective: To evaluate the efficacy of adjuvant chemotherapy after radical surgery for stage II non-small cell lung cancer (NSCLC).

Methods: 429 patients with stage III NSCLC undergone radical surgery were involved, 198 cases received surgery along (surgery group). The other 231 patients received 3 cycles of adjuvant chemotherapy after resection (adjuvant chemotherapy group): 72 cases with MVP, 89 patients with CAP and 70 patients with NP.

Results: In patients with stage IIA NSCLC, the 5-year survival rate was 48.96% in adjuvant chemotherapy group and 41.86% in the surgery group. There was no statistical discrepancy (P>0.05). In patients with stage IIB NSCLC, the 5-year survival rate was 42.96% in adjuvant chemotherapy group and 36.4% in stage IIB NSCLC. Compared with the 5-year survival rates of the IIA and IIB surgery groups, there was no statistical difference (P>0.05). The 5-year survival rates of NP chemotherapy group were 63.33% in IIA and 55% in IIB, respectively. There was significant discrepancy between NP groups and surgery groups in stage IIA and IIB (P<0.05).

Conclusion: Postoperative adjuvant chemotherapy with NP regimen for 3 or 4 cycles can increase survival rate for stage II NSCLC patients.

Prognostic influencing factors in stage IB non-small cell lung cancer
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Objective: To investigate the prognostic influencing factors in stage IB NSCLC.

Methods: Sixty-seven NSCLC patients with pathological T2N0 disease who underwent pulmonary lobectomy from Jun 1, 2004 to Dec 31, 2004 in our center were examined. These patients accepted either limited lymph node sampling or systematic lymphadenectomy. 392 lymph nodes in all were resected containing 201 mediastinal nodal stations (103 superior mediastinal nodal stations; 98 inferior mediastinal nodal stations). The sizes of primary tumors were measured. The status of visceral pleura involved by tumor and other relevant factors were examined. All of the patients were followed up, the last follow up date is Jan 1, 2007.

The software SPSS 10.0 was utilized in statistical analysis. Kaplan-Meier was used in survival analysis and Cox Regression was adopted to study the relationship between some factors with survival time.

Conclusions: Smoking, p-TNM, the number of involved lymph nodes and differentiation were independent prognostic factor for the survival of young women with lung adenocarcinoma, comprehensive smoking control efforts and total lymphadenectomy are important to the survival of lung adenocarcinoma among young women.