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Analysis for the prognosis of young women with lung adenocarcinoma

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Background: With the increasing of smokers, the mortality of women with lung cancer is raising in the world. Although incidence of young women with lung adenocarcinoma is low, the clinical characteristic is significant to the prognostic.

Methods: A total 282 surgically treated patients with lung adenocarcinoma were analyzed retrospectively. Kaplan-Meier and Cox regression were used to analyze the relationship between the prognostic factors and survival time.

Results: Kaplan-Meier analysis showed that at 5 years the survival were 20.0% for smokers and 36.4% for non-smokers (P=0.021). The 5-year survival rates of staging I, II, III, IV were 65.7%(1a 66.1%, Ib 60.5%),30.9%(IIa 36.3%, IIb 27.5%), 11.4%(IIIa 12.3%, IIIb 6.8%) and 3.6%, respectively (P<0.001),the survival rates of the number of involved lymph nodes>3 and ≤3 were 19.1% and 38.3% (P=0.006), and the survival rates of different differentiation were 65.2%, 29.5% and 19.8% (P<0.001). Multivariate analysis indicated that smoking p-TNM and differentiation were independent prognostic factor the relative risk (RR) was 3.315 2.809 and 1.195 respectively.

Conclusions: Smoking, p-TNM, the number of involved lymph nodes and differentiation were correlated with the survival. Smoking, p-TNM 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.

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Clinical analysis of adjuvant chemotherapy after radical surgery for stage II non-small cell lung cancer

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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 or 4 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 30.35% in surgery group, respectively. The difference between the two groups was statistically significant(P<0.05). the 5-year survival rates of MVP and CAP chemotherapy groups were 41.37% and 44.44% in stage IIA NSCLC, 37.21% and 37.74 % 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.

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Survival improvement during two decades in stage IIIA NSCLC patients from single institution

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Objective: To explore survival improvement over last two decades and study the effect of multimodality therapy in stage IIIA lung cancer in single institution.

Methods: The clinic data and survival information of 2,450 patients with operable stage IIIA lung cancer was collected. These patients were divided into two groups. Group A consisted of 1,004 patients who were admitted in Shanghai Chest Hospital from 1980s. Group B consisted of 1,446 patients who were treated in Shanghai Chest Hospital from the past ten years. The software SPSS10.0 was utilized in statistical analysis.

Results: Adjuvant therapy was rare in group A. Most of the patients in group B accepted multimodality therapy. Both of the two group contained a few small cell lung cancer, 85 patients(8.4%) in group A and 56 patients(3.9%) in group B. Due to adopting old staging critera, group A contained 290 patients(28.9%) with stage T3N0M0. The 3-year survival rates for stage T3N2M0 in group A and B were 10.5% and 17.7%,respectively (P<0.01). The 3-year survival rates for stage T1,2N2M0 in both group were 24.7% and 25.6%,respectively (P>0.05). The 3-year survival rates for stage T3N1M0 in both group were 28.5% and 24.4%,respectively (P>0.05).

Conclusion: Compared with other subset of stage IIIA lung cancer, multimodality therapy would be more superior to surgical therapy alone for the patients with stage T3N2M0.

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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 non-small cell lung cancer(NSCLC).

Methods: Sixty-seven NSCLC patients with pathological T2N0 disease who underwent pulmonary lobectomy from Jun 1,2004 to Dece 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 SPSS10.0 was utilized in statistical analysis. Kaplain-Meire was used in survival analysis and Cox Regression was adopted to study the relationship between some factors with survival time.