Update on current consensus agreement on lung palliative radiotherapy
A. Bezjak
Princess Margaret Cancer Centre, Dept of Radiation Oncology, Toronto, Canada

Background: Despite many advances in management of non-small cell lung cancer (NSCLC), there is still a significant role for palliative radiotherapy (RT) - both external beam, and less often, brachytherapy, for symptomatic management of patients with symptoms due to their thoracic disease, including cough, hemoptysis, dyspnea and chest pain. Many fractionation schedules have been found to be effective, and practices differ across centers and countries (1). The Third International Consensus Conference Workshop was held at ASTRO meeting in 2010 (2), followed by the publication of the ASTRO evidence-based clinical practice guideline for palliative thoracic RT in lung cancer (3) that favoured shorter RT schedules as providing good symptomatic relief with fewer side-effects, and highlighted the lack of evidence on how to integrate concurrent chemotheraphy with palliative RT.

Methods: Given the importance of remaining current with evidence in the management of patients with metastatic disease, the Fourth International Consensus Conference Workshop on Palliative Radiotherapy was convened to coincide with the 2015 ESTRO Meeting. Attendees are planning to discuss research updates that have been published since the 2010 International Conference, and discuss areas of controversy and questions that require further evidence.

Results: The Cochrane review of palliative RT for patients with thoracic symptoms from NSCLC has been recently updated and published (4). It includes 14 randomized controlled trials (RCTs) and more than 3500 patients. All trials confirmed symptom palliation from the variety of RT regimens, and relatively mild toxicity with shorter RT schedules. The evidence that higher dose palliative RT prolongs survival is not strong, limited in part by the heterogeneity among studies. A more recent RCT (5, 6) not included in the Cochrane review compared chemotherapy to chemotherapy with concurrent moderate dose RT (42Gy/15 fr) and demonstrated improved survival but at the expense of toxicity, although quality of life was maintained. Other studies and evidence will be discussed at the workshop.

Conclusion: The results of the 2015 ASTRO International Consensus Conference Workshop will identify current evidence and best practices as well as current research and clinical questions, and will set the stage for the Fifth Conference to be held in 2020.

References: