

**Neoadjuvant therapy: a novel and effective treatment for stage IIIb non-small cell lung cancer. Southwest Oncology Group. Rusch VW, Albain KS, Crowley JJ, Rice TW, Lonchyna V, McKenna R Jr, Stelzer K, Livingston RB., *Ann Thorac Surg* 1994 Aug;58(2):290-4; discussion 294-5.**

Neoadjuvant therapy has become an accepted treatment for stage IIIa, but not for stage IIIb, non-small cell lung cancer, which is usually considered incurable and treated nonsurgically. We determined the feasibility of neoadjuvant therapy in the setting of stage IIIb non-small cell lung cancer in a prospective multi-institutional trial. For patients to be eligible for entry into the study, they had to have pathologically documented T1-4 N2-3 disease. Treatment consisted of: (1) cisplatin (50 mg/m<sup>2</sup>) given on days 1, 8, 29, and 36 plus VP-16 (50 mg/m<sup>2</sup>) given on days 1 to 5 and 29 to 33, together with concurrent radiotherapy (4,500 cGy; 180 cGy per daily fraction); and (2) surgical resection performed 3 to 5 weeks after induction of medical therapy, if the response was stable, partial, or complete. Of the 126 total eligible patients entered into the study, 51 patients had stage IIIb tumors (24 with T4 tumors and 27 with N3 disease). This consisted of 34 men and 17 women with a median age of 57 years. Thirty-two (63%) patients (18 with T4 tumors and 14 with N3 disease) underwent resection of the primary tumor, with a 5.2% operative mortality. There was no difference in the operative time, blood loss, and length of hospital stay for the T4 versus the N3 patients. For all 51 patients, survival at 2 years was 39%. Sites of relapse in all patients were mainly distant, even though patients with N3 disease did not initially have involved N3 nodes resected.(