

# **Regional plus systemic chemotherapy – An effective induction therapy for inoperable Non Small Cell Lung Cancer stage III A / B**

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*Purpose:* This study was undertaken to determine the activity and toxicity of regional chemotherapy using an isolated thoracic perfusion (ITP) technique combined with low dose systemic chemotherapy in advanced non small cell lung cancer (NSCLC) patients.

*Patients and methods:* 22 patients with advanced NSCLC stage III A / B entered onto this study were to receive regional chemotherapy using ITP plus low-dose systemic chemotherapy. All 22 patients had not been pretreated by any kind of systemic chemotherapy, radiotherapy or surgery. Cytostatic regimen consisted of a two cycles of regional chemotherapy using mitomycin 10 mg/m<sup>2</sup>, navelbine 25 mg/m<sup>2</sup> and cisplatin 30 mg/m<sup>2</sup> during ITP on day 1 plus low dose systemic chemotherapy with 5-floururacil 250 mg/m<sup>2</sup> and cisplatinum 20 mg/m<sup>2</sup> given as continuous infusion over 24 hours on day 1– 4.

*Results:* All 22 pts. were assessable for toxicity, response and survival. There were 19 / 22 remissions (CR 1; PR 12; MR 6) corresponding to a response rate of 86,4 %. 16 / 22 pts. could be resected corresponding to a resectability rate of 72,7 % Side-effects were transient and acceptable. No treatment related death was observed. Median survival has not been reached after an observation time of 15 months. 1-year survival rate was 85,5 %.

*Conclusion:* Regional chemotherapy using an ITP application form plus low-dose systemic chemotherapy is highly active in primary advanced NSCLC stage III A / B leading to a high resectability rate with an encouraging survival outcome.

**Key words:** Non Small Cell Lung Cancer, Thoracic perfusion; Regional chemotherapy; Systemic chemotherapy ; induction therapy