CORRESPONDENCE

Lung Cancer: Current Diagnosis and Treatment

by Prof. Dr. Stefan Hammerschmidt, Prof. Dr. Hubert Wirtz in volume 49/2009

Treatment Option Should Not Be Withheld

In the article by Hammerschmidt and Woitz, I missed a comment on the group of patients with stage IV non-small cell lung cancer as a result of isolated metastases in the brain or adrenal glands. After extrathoracic tumor manifestations have been ruled out and adequate locoregional therapy of the primary tumor has been ensured, in individual cases an indication may exist for curative stereotactic radiotherapy or surgery, which may increase 5 years survival rates to around 20–30% (1, 2). This approach is recommended in the current guidelines and should not be withheld from the appropriate-albeit small-group of patients.

DOI: 10.3238/arztebl.2010.0728a

REFERENCES

1. Tanvetyanon, et al.: Outcomes of adrenalectomy for isolated synchronous versus metachronous adrenal metastases in non-small-cell lung cancer: a systematic review and pooled analysis. J Clin Oncol 2008; 26: 1142–7.
2. Flannery, et al.: Long-term survival in patients with synchronous, solitary brain metastasis from non-small-cell-lung cancer treated with radiosurgery. Int J Radiation Oncology Biol Phys 2008; 72: 19–23.

Dr. med. Simon Futterer
Abteilung für Internistische Onkologie an der Thoraxklinik Heidelberg
Amalienstr. 5
69126 Heidelberg, Germany
simon.futterer@thoraxklinik-heidelberg.de

Conflict of interest statement
The author declares that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.

Palliative Treatment and Palliative Care

I think there are substantial problems with the description of the therapeutic options in palliative settings on the final page of the article. Palliative therapy and palliative care are often confused, and that is the case for this article. In order to avoid the distinction, which is obviously either not known or too difficult or not desired, the wording used is that of “palliative situations.” If palliative medical ideas are indeed concealed in such “palliative situations,” the fundamental principles of palliative care are conspicuously absent. To focus only on interventional procedures (such as pleural puncture, pleurodesis, or endoscopic procedures) does not do justice to palliative care in any shape or form. This is regrettable-and more so, because a large proportion of patients with carcinoma of the bronchus dies from their tumor and palliative care approaches should be used in this setting.

The authors do not mention the benefits of rehabilitation measures at all. Prevention, however, is mentioned. If the authors had actually conducted a comprehensive literature search, such as was done in setting out the S3 guideline for Germany, they would have discovered that rehabilitation measures-for example, an aerobic endurance training program-are extremely suitable for improving patients' performance in the shortest time, and thus improving their quality of life to a measurable degree. This means that two crucial strategies in the management of lung cancer patients were omitted.

DOI: 10.3238/arztebl.2010.0728b

Prof. Dr. med. Dr. rer. nat. Andreas S. Lübbe
Medizinisches Zentrum für Gesundheit Bad Lippspringe GmbH
MZG-Westfalen
Postfach 1280
33176 Bad Lippspringe, Germany
a.s.luebbe@medizinisches-zentrum.de

Conflict of interest statement
The author declares that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.

In Reply:

Dr Futterer describes a small cohort of patients who underwent gamma knife surgery for an isolated cerebral metastasis, who also, in order to yield positive results, had to have a good Karnofsky index and whose thoracic tumor should receive “definitive” treatment (radiochemotherapy, trimodal approach). Such patients are not common.

We agree that such an approach is probably justified in clearly defined cases (this is also the case for isolated adrenal metastases, but such cases would be even more rare) in relatively young patients, but in a CME article with a clear word limit, studies of only 42 patients cannot always be included. The highly recommended regular tumor boards at the centers help include such aspects in the considerations of the individual case.

In an article on lung cancer that served the purpose of continuing medical education, only specific palliative measures could be included, for reasons of space. We are fully aware of the wide range of palliative measures, but this is too great in scope for such an article. The S3 lung cancer guideline has 150 pages—our article had 9 pages.

As far as the level of evidence (4) and the patient numbers for the studies of the effect of aerobic endurance training in lung cancer patients (who have

undergone surgery!) are concerned, we refer readers to the literature (1).

Professor Lübbe is right, palliative medicine is indisputably essential, especially in lung cancer. But we didn't write about pain therapy, diet/nutrition, psychological care, preserving patients' mobility and independence, and patients' desire for a self determined death. Our topic was the "current diagnosis and treatment" of lung cancer.

DOI: 10.3238/arztebl.2010.0728c

REFERENCES

1. Goeckenjan G, Sitter H, Thomas M, et al.: Prevention, Diagnosis, Therapy, and Follow-up of Lung Cancer Interdisciplinary Guedeline of the German Respiratory Society and the German Cancer Society (Prävention, Diagnostik, Therapie und Nachsorge des Lungenkarzinoms Interdisziplinäre S3-Leitlinie der Deutschen Gesellschaft für Pneumologie und Beatmungsmedizin und der Deutschen Krebsgesellschaft). Pneumologie 2010; 64(Suppl. 2): 23–155.

Prof. Dr. med. Stefan Hammerschmidt
Prof. Dr. med. Hubert Wirtz
Universität Leipzig/Universitätsklinik Leipzig AÖR
Leiter der Abteilung Pneumologie
Liebigstr. 20
04103 Leipzig, Germany
wirtzh@medizin.uni-leipzig.de

Conflict of interest statement
Professor Hammerschmidt has received honoraria for speaking and travel expenses from Roche, as well as honoraria for speaking from GSK. Professor Wirtz declares that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.