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Title: Concurrent chemoradiation in stage III NSCLC: High eligilbility and high rates of overall and progression-free survival with acceptable toxicity

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Body: Introduction: In fit patients with stage III NSCLC treatment with radical intent is recommended with concurrent chemo-radiation (CRT). Expected median and 2-year overall survival (OS) is about 18 months and 35% respectively, at the expense of significant rates of toxicity, and low eligibility (40%). Aim: To evaluate the efficacy and toxicity of concurrent CRT for stage III NSCLC in routine clinical practice and compare these with published results. Method: We retrospectively identified all patients with stage III NSCLC in 2005-11, and those treated with CRT. Staging included PET/CT and brain MRI.. Treatment: 1x chemotherapy with cisplatin (C) 75 mg/m2 and either gemcitabine 1250 mg/m2 or pemetrexed 500 mg/m2. Three weeks later:2 cycles of C with etoposide 100 mg/m2 in combination with radiotherapy (aim 66Gy) with 4-dimensional CT for planning, Results: Of all 89 patients with stage III NSCLC, 63% were treated with CRT, mean age: 64 yrs (range 46-84); median OS: 27 months, OS and PFS: Figure 1. Site of recurrence: local 30%, distant 48%, and both 21%. Neutropenic fever: 25%, eneteral feeding for radiation esophagitis:18%, steroids for radiation pneumonitis 9%.

Conclusion: Most patients with stage III NSCLC received CRT. OS and PFS rates were higher than expected (Figure 1), with acceptable toxicity. The high PFS suggests that this was not due to 2nd line treatment.