Small cell lung cancer: A retrospective study of 70 cases


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Keywords: limited-stage disease, extensive-stage disease, chemotherapy, radiotherapy
• **Introduction:**

• Small-cell lung carcinoma (SCLC) is an aggressive form of lung cancer.
• 20-25% of new cases of lung cancer
• Therapeutic strategies: chemotherapy (CT), radiotherapy (RT) and supportive care.
• This study aims to investigate the clinicopathologic characteristics, therapy methods and prognosis of SCLC.
• We conducted a retrospective study of 70 cases of SCLC collected in the department of medical oncology of Salah Azaiz institute in Tunis over a period of 6 years (2008-2013)
Result I: Patient characteristics:

- The study population comprised 66 men and 4 women. The median age was 58 years.
- All patients were smokers.
- At presentation, the vast majority of patients were symptomatic.
- Pathological diagnosis was obtained essentially by the performance of bronchoscopic biopsy.
- 50% of tumors were immunoreactive for TTF-1, 90% for keratin and 73% for EMA.
- Tumor cells stained positively for chromogranin A, synaptophysin, and CD56.
## Results II: Treatment and outcomes:

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Local SCLC (15 cases)</th>
<th>Extensive -stage SCLC (55 cases)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Sequential RT-CT (10 patients) Concomitant RT-CT(3 patients)</td>
<td>Palliative chemotherapy: 82% of patients</td>
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<tr>
<td>Chemotherapy (CT)</td>
<td>Etoposide-cisplatine (EP) or Etoposide-carboplatine (E carbo)</td>
<td>main regimens: EP, E carbo, and CAV (cyclophosphamide, doxorubicin and vincristine). 2\textsuperscript{nd} line chemo: 17 patients 3\textsuperscript{rd} line chemo: 6 patients</td>
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<tr>
<td>Radiotherapy (RT)</td>
<td>3D conformal (dose 60Gy) - Target volume: should be defined based on the pretreatment CT scan - Fractionnement: 2 Gy once daily, 5 times a week.</td>
<td>brain RT : 35% of cases thoracic RT: 28% analgesic RT: 11% RT of spinal cord compression: 6%</td>
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**Figure 2** Comparision of overall survival between Local SCLC and extensive stage SCLC.
Discussion/conclusion:

• SCLSC is sensitive to chemotherapy and radiotherapy, yet overall outcome is poor
• Treatment For patients with limited-stage SCLC and good PS(0-2) consists of chemotherapy with concurrent thoracic radiotherapy.
• The addition of thoracic radiotherapy improves local control by 25%
• Etoposide and cisplatin is the most used regimen
• For patients with extensive-stage disease chemotherapy alone is the recommended treatment.
• Prophylactic cranial irradiation (PCI) decreases the incidence of brain metastases.
• PCI is recommended for patients with either limited or extensive-stage disease who attain a partial or complete response.
• Median survival rates are only 15 to 20 months for limited-stage disease and 8 to 13 months for extensive-stage disease.
• In our study, survival rates are similar to others reported in the literature.