elcc European Lung Cancer Conference

CONTROVERSY SESSION

Surgery vs stereotactic body radiation therapy (SBRT) in operable NSCLC patients

Chairs:

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The ESMO Clinical Practice Guidelines (2013) state that

“Surgery remains the cornerstone of treatment of early-stage NSCLC for patients willing to accept the procedure-related risks”

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Question 1

Should procedure-related mortality be discussed with all surgical candidates, or only with patients who are so-called borderline cases?

1. All surgical candidates
2. Only with so-called borderline cases
3. Don’t know

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Question 2

Should the procedure-related risks that are discussed with patients be risks reported from clinical trials, or those from population-based studies that reflect national outcomes?

1. Risks reported from clinical trials

2. Risks reported from population–based studies

3. Your own institutional risk data

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Question 3

Should patients with a peripheral stage I NSCLC aged 75 years and older, be routinely informed of the 90-mortality and Quality of Life following both surgery and stereotactic ablative radiotherapy?

1. Yes

2. No

3. The «biological» age is important

Question 4

Outcomes after stereotactic ablative radiotherapy are comparable to those after a wedge resection

1. Yes
2. No
3. Depends on the size and location of the tumour

Question 5

Both a surgical resection and stereotactic ablative radiotherapy may be performed without a prior tissue diagnosis of lung cancer, provided that patients have been discussed within an expert multidisciplinary tumor board

1. Yes

2. No

3. Intraoperative fresh frozen section should always be performed prior to resection