Randomized trial of surgery versus radiotherapy in patients with stage IIIa non-small cell lung cancer after a response to induction-chemotherapy (EORTC 08941)

Inclusiecriteria:
1. Patients with proven clinical stage IIIa (N2) NSCLC. Cytological or histological proof on N2-disease must be obtained by mediastinoscopy, mediastinotomy, thoracotomy or needle biopsy. Furthermore ipsilateral vocal cord or diaphragm paralysis is also considered proof of N2-disease
2. Measurable primary tumor
3. The patient should be judged by the responsible thoracic surgeon to have irresectable 2-disease
4. The patient should be physically and mentally fit enough to receive Cisplatin-containing chemotherapy, and to undergo a lobectomy or pneumonectomy or radiotherapy. The required fitness should be judged by the responsible pulmonologist, medical oncologist, thoracic surgeon and radiation oncologist.
5. No evidence of N3 or metastatic disease as assessed by physical examination, CT-scan of thorax, bone scan and investigation of liver and adrenals by CT-scan or ultrasound
6. Informed consent before entry into the study or at the time of randomization according to the local hospital rules
7. No symptomatic CNS involvement

Exclusiecriteria:
1. Previous chemotherapy or radiotherapy to the chest
2. No other malignancies except basal cell carcinoma of the skin or carcinoma in situ of the cervix
3. Any other stage of NSCLC than stage IIIa (N2)

Objectives: duration of survival, toxicity and quality of life.

Treatment scheme: randomisation of the response between surgery versus radiotherapy.

Landelijke studie van het palliatieve effect van bestraling met verschillende bestralingsschemata voor het niet-kleincellig bronchuscarcinoom (protocol OG98/009)

Inclusiecriteria:
1. Patiënten van iedere leeftijd kunnen deelnemen aan de studie
2. Zowel mannen als vrouwen kunnen deelnemen
3. Bij de patiënt dient de diagnose 'niet-kleincellig bronchuscarcinoom' te zijn gesteld door cytologisch onderzoek of - bij voorkeur - door histologisch onderzoek. Gecombineerde tumoren die ook kleincellig bronchuscarcinoom bevatten zijn niet uitgesloten van de studie
4. Stadium IIIa, IIIb met
   A: een slechte performance status (WHO 3-4) of
   B: een substantieel gewichtsverlies of
   C: A én B
5. Stadium IV
6. Patiënten hebben tumorgerelateerde symptomen score 2 of meer voor minstens 1 symptoom
7. Patiënten dienen 30 Gy (10 x 3 Gy) te kunnen verdragen
8. Patiënten dienen te worden ingelicht over de studie en dienen 'Informed consent'te geven

Exclusiecriteria:
1. Eerdere of gelijktijdig aanwezige maligniteiten (behalve "basaalcelcarcinoom van de huid of carcinoma in situ van de cervix")
2. Eerdere radiotherapie gericht op de borstholte
3. Chemotherapie op het moment van de radiotherapie
4. Andere medische of psychische condities van de patiënt die verhinderen dat de patiënt kan deelnemen aan de studie
5. Acuut vena cava superior syndroom

Doelstelling: Geeft een radiotherapiedosis van 2 x 8 Gy een even goed palliatief effect als 10 x 3 Gy

III

Inclusion criteria
1. Histological or cytological diagnosis of non-small cell lung cancer
2. Stage I-III disease, except supra-clavicular lymph nodes
3. Availability for participating in the detailed follow-up of the protocol
4. Able to tolerate a radiation course according to the protocol guidelines
5. In case of previous chemotherapy, radiotherapy can start after a minimum of 3 weeks (or 21 days) after the last CT course
6. Adequate lung functions allowing the radiation according to the guidelines protocol
7. No severe recent cardiac disease (arrhythmia, congestive heart failure, infarction)
8. Absence of any psychological, familial, sociological or geographical condition potentially hampering compliance with the study protocol and follow-up schedule; those conditions should be discussed with the patient before registration in the trial
9. Before patient registration/randomization, informed consent must be given according to ICH/EU GCP, and national/local regulations.

Ineligibility criteria
1. Patients who have a peripherally located lower lobe tumor and contralateral upper mediastinal nodes
2. Malignant pleural or pericardial effusion
3. Concurrent chemotherapy programs
4. History of a prior malignancy excluding non melanoma skin cancer or in-situ cancer
5. History of prior chest irradiation
6. Recent myocardial infarction
7. Uncontrolled infectious disease
8. Distant metastases (stage IV)

IV
Prophylactic cranial irradiation in extensive small cell lung cancer EORTC 22993/08993

Patient inclusion criteria
1. Cytologically or histologically proven small cell lung cancer
2. Documented extensive disease before the start of chemotherapy
3. Response after 4 to 6 cycles of initial chemotherapy (chemotherapy regimen and response evaluation according to the standard institution policy)
4. Chemotherapy completed
5. No evidence of brain metastases or leptomeningeal metastases (A CT or MRI scan of the brain is mandatory in case of clinical suspicion of brain metastases)
6. No prior radiotherapy of the brain
7. No prior radiotherapy of the head and neck area
8. Age 18-75 years
9. Performance status 0 to 2 (WHO scale)
10. No prior and/or current other malignancy (excluding in situ carcinoma of the cervix and skin cancer)
11. Absence of any psychological, familial, sociological or geographical condition potentially hampering compliance with the study protocol and follow-up schedule; those conditions should be discussed with the patient before registration in the trial.
12. Before patient registration/randomization, informed consent must be given according to ICH/EU GCP, and national/local regulations.

Patient exclusion criteria
1. None

PCI-EULINT1 International Prophylactic Cranial Irradiation Trial. A multicentre randomised trial of high versus standard doses of prophylactic cranial irradiation in limited small cell lung cancer complete responders

Inclusion criteria:
1. Histologically proven limited SCLC
2. Complete response: normalised chest X-ray
3. Normal brain CT- scan or MRI immediately prior to randomisation
4. Age ≤ 70 years
5. WHO Performance Status ≤ 2
6. No metastasis
7. No past history of cancer (excluding in situ uterine cervix carcinoma or skin carcinoma)
8. No past history of cerebrovascular disease
9. No concurrent chemotherapy during PCI

Exclusion criteria:
1. Metastases (including ipsilateral lung metastases and malignant pleural infusion)
2. Past history of cancer except in situ uterine cervix carcinoma or skin carcinoma
3. Past history of cerebrovascular disease
4. Concurrent planned chemotherapy during PCI