



STS: Surgery Plus Adjuvant Therapy Increases Survival for Patients with Advanced Thymic Tumours

By Ed Susman
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SAN DIEGO, CA -- February 4, 2003 -- Patients with advanced thymic tumours can survive for 10 years longer depending on the histology of the tumour and the type of treatment, according to an Italian study presented here on February 1st at the 39th Annual Meeting of the Society of Thoracic Surgeons.

"The goal for treating patients with advanced thymic tumours should be cure, not just long-term survival," lead investigator Frederico Venuta, MD, a thoracic surgeon from the University of Rome, Italy.

Dr. Venuta contends that outcomes for patients with advanced thymic tumours can be more easily judged if lesions are viewed separately, as cortical thymomas, well-differentiated thymic carcinomas, or thymic carcinomas. Well-differentiated cancers appear to be attacked most successfully with a multimodal treatment strategy, he said.

"Surgery remains the cornerstone of therapy for thymic tumours," Dr. Venuta said, "but the optimal treatment for advanced, infiltrative lesions is still controversial. The introduction of multimodality protocols with induction chemotherapy and adjuvant chemo-radiotherapy has substantially modified survival and recurrence rate.

His team reviewed his institution's 13-year prospective experience with multimodality treatment of stage I thymoma and thymic carcinoma. They identified 23 patients with cortical thymomas; 11 with well-differentiated thymic carcinomas; and 11 with thymic carcinomas.

Patients whose lesions could be excised when first diagnosed underwent surgery and then received induction chemotherapy and radiation with doses of 40 Gy. If the tumour infiltrated other organs, a biopsy was performed followed by induction chemotherapy and then surgery. After tumour excision, patients received post-operative chemotherapy along with radiation doses up to 50 Gy.

After 10 years, there was a 90% survival among patients with well-differentiated tumours; 77% survival among those with cortical thymomas; and 57% among those with thymic carcinomas.

The investigators concluded that multimodality treatment using induction chemotherapy and adjuvant chemotherapy plus radiotherapy contributes to improved survival for patients with stage III thymic tumours.

News - STS: Surgery Plus Adjuvant Therapy Increases Survival for Patients with Advanced Thymic Tumours



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