

The Patient Best Interest

For the past decade, stereotactic ablative radiotherapy (SABR) has represented one of the major innovations in lung cancer management. Along with targeted chemotherapy, minimally invasive (VATS and robotic) surgery, and, more recently, immunotherapy, SABR has paved the way for a new interpretation of the role that each clinical specialty possesses in the multidisciplinary approach to lung cancer. Excellent local control with reduced morbidity have been claimed as significant advantages of SABR which, as a viable alternative to surgery, has been established as the treatment of choice for inoperable patients with early lung cancer. However, some hurdles still remain before considering SABR also in the management of primarily operable patients. These include absence of reliable data of long-term survivals obtained from randomized trials, the incidence of nodal failures, the unclear ability to treat centrally located tumors without generating important toxicity, and, the issue of late post-treatment morbidity. This book is meant to shed some light on the concept emerging from the literature that SABR may yield the same locoregional control compared to sublobar resections in operable patients and that the choice of the favored therapeutic modality rests on the multidisciplinary group based on the individual patient's characteristics. In addition, the role and the current invasiveness of surgery is discussed especially in light of the abnormal report of surgical outcomes presented in part of the SABR literature with special attention to the controversial concept of medical inoperability. In conclusion, it is obvious that the answers we are expecting to address the above mentioned issues need to come from adequately powered randomized trials comparing SABR to surgery, where clear surgical and SABR criteria for patient recruitment are to be defined to serve – as always – only the patient best interest.

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