

Tri-modality therapy for lung cancer boosts survival rates

A three-pronged approach to treating lung cancer is boosting survival rates, even if the patient is diagnosed after the cancer has spread to the nearby lymph nodes.

Tri-modality therapy for lung cancer is about 12 years old, and doctors now have enough data to see its benefits.

The patient is first given a high dose of radiotherapy mixed with a low dose of chemotherapy. “The combination is more potent than either treatment alone,” said Dr. Ziv Gamliel, chief of thoracic surgery at St. Joseph Medical Center, Towson.

Doctors give patients seven or eight weeks of recuperation before they operate – before the cancer is likely to spread again or significant scar tissue can form.

“Timing is everything,” Dr. Gamliel said. In the past, doctors were hesitant to operate on a patient who had had radiation therapy because scar tissue formed around large, delicate blood vessels, and post-surgical healing was problematic.

About a month after the precisely timed surgery, patients begin receiving “mop-up” chemotherapy to kill any remaining microscopic cancer cells.

Dr. Gamliel said the therapy is ideal for patients whose cancer hasn’t spread to the bones, liver or brain, but has spread into the nearby lymph nodes. Past efforts to cure lung cancer with surgery alone usually were unsuccessful in cases with lymph node involvement, and the cancer would most likely reappear.

Because lung cancer is typically asymptomatic until it has spread to distant organs, patients often aren’t diagnosed until the late stages. The overall five-year survival rate for all stages of lung cancer is only 13 percent. Of those diagnosed at stage III – when the cancer has spread to the regional lymph nodes – only 15 to 20 percent of patients survived for five years. But, thanks to tri-modality therapy, the survival rate can be as high as 45 percent.

“It doesn’t raise eyebrows anymore when someone is cured of stage III lung cancer,” Dr. Gamliel said.

Patients do need follow-up, he said, “not only to screen for recurrence of their original cancer but also to allow for early detection of new cancers. And in such cases, when we catch it early, we can usually fix it.”

Annette Velleggia, 68, a parishioner at St. Leo, Little Italy, went to an urgent care center because she thought she’d cracked a rib. After a CT scan and a PET scan she learned she had stage-III lung cancer.

Her son-in-law called a friend at a Pittsburgh hospital, who told them about the tri-modality therapy at St. Joseph Medical Center. There, she saw Dr. Mark Krasna, medical director of the hospital’s Cancer Institute.

“I was very pleased with his bedside manner,” she said. “I needed someone who would take his time with me.” Last winter, she underwent radiation five days a week while having a weekly chemo treatment for eight weeks; at Christmas she could barely hold up her head. Then in February the doctors at St. Joseph removed one of the three lobes of her right lung and followed that with six more weeks of chemotherapy.

“They found that was the best course to do,” she said.

She said before this Christmas she prayed to St. Anthony, St. Jude and the Blessed Mother that she wouldn’t have to undergo any doctor visits or tests for three months. Her prayers were answered – she had a four-month break, which will last until she undergoes a follow-up CT scan in March. She spent Christmas playing with her grandchildren.