

Pre-Immunotherapy Era Lung Cancer Data From a National Center: Our Experience



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INTRODUCTION

Croatia has one of the highest incidences of lung cancer in Europe, with lung cancer remaining the leading cause of cancer-related mortality. Despite this, there is a substantial lack of long-term follow-up data regarding patient characteristics and subgroup-specific outcomes. In this study, we present a 10-year follow-up analysis of more than 1,300 patients.

METHODS

We conducted a retrospective cohort study including all patients diagnosed with lung cancer between January 2012 and December 2013 at the University Hospital Center Zagreb, Department of Respiratory Diseases, Jordanovac.

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DISCUSSION AND CONCLUSION

- Our retrospective analysis highlights several challenges that hindered adequate treatment of lung cancer patients in Croatia a decade ago.
- Therapy options are limited to platinum-based doublet chemotherapy and the scarce use of radiotherapy in curative-intent settings, together with a small proportion of patients diagnosed and surgically treated at an early stage, were the main factors contributing to the poor outcomes observed at that time.
- These findings provide an important baseline for the era preceding targeted therapy and immunotherapy, against which the effectiveness of modern lung cancer treatments can be more accurately evaluated.

REFERENCES

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RESULTS

- Adenocarcinoma was the most frequent histological subtype (45.9%), followed by squamous cell carcinoma (27.4%)
- At diagnosis, 47.5% of patients had stage IV disease, 16.3% stage IIIB, and 20.8% stage IIIA, while only 10% presented with early-stage disease (stages I-II)
- Surgical treatment was performed in 58.2% of patients with stage I-II disease and was associated with significantly longer survival (median overall survival[mOS] 31 vs. 7 months).
- In stage IV NSCLC, paclitaxel-carboplatin and platinum-etoposide were the most common first-line regimens; 46.9% received second-line treatment, mainly pemetrexed or docetaxel, while 22% received third-line therapy, predominantly erlotinib.
- The 5- and 10-year survival rates were 7.1% and 3.4%, respectively.
- Small-cell lung cancer was primarily treated with platinum-etoposide doublets, with limited use of second- and third-line chemotherapy.

