GCVL_LU-D08:
Stereotactic Body Radiation Therapy (SBRT) for Medically Inoperable Early Stage Lung Cancer

TRANSCRIPT & FIGURES
For patients with lung cancer who have early stage disease – we regard patients with early stage disease as those with smaller tumors, and tumors typically without lymph node involvement or other metastases – we think about surgery or radiation as, typically, a curative option for treatment.

There’s interesting history here, and the radiation options for early stage lung cancer have really evolved quite far over the last decade. Historically, radiation therapy for early stage disease was a long course of lower dose radiation therapy, typically a course of 6 to 8 weeks of treatment, and the control rates were somewhat disappointing. The control rates were in the range of 50% over 1 to 2 years and, in those days, a surgical cure for early stage disease was far preferable to radiation treatment.

Over the last decade, we’ve developed a technique referred to as SBRT, stereotactic body radiation therapy; another acronym is SABR. With SBRT or SABR patients, we are looking at a 3 to 5 treatment course where we deliver very high dose radiation to this area of the tumor, and the results are extraordinarily good, and extraordinarily better from that of yesteryear. We see that 90-98% of early stage tumors are controlled with this technique, and patients find the treatment generally quite easy to go through.

We have generally studied this in patients who are not candidates for surgery, but many trials looking at using stereotactic body radiation therapy in patients who are good surgical candidates are ongoing, and some of those results are now forthcoming, and data looks very good for offering stereotactic body radiation therapy to all patients with early stage disease.