Start by marking “Multimodality Treatment of Lung Cancer” as Want to Read. Want to Read saving… Want to Read.

Offering a better understanding of the molecular events leading to lung cancer for improved therapeutic strategies, response rates, and cure rates, Multimodality Treatment of Lung Cancer discusses recent advances in the biology of lung cancer such as the role of oncogenes, tumor suppressor genes, and the role of telomerase in carcinogenesis. Details cellular and biological processes operating in malignant cells. Compares ongoing international chemoprevention trials in lung, head, and neck cancer. Contrasts cost advantages and disadvantages of several noninvasive procedures, including chest x-ray, surgical multimodality therapy, PET-CT: positron emission tomography-computed tomography, EBUS: endobronchial ultrasound. https://doi.org/10.1183/16000617.0024-2019. Radiotherapy as primary local treatment. Not adequately resectable disease. Reasonable dose affections of lung and heart (Small) tumours with multiple mediastinal lymph node involvement. Local experience and outcome date. Patient’s preferences. Radiotherapy and surgery. Local tumour control is very important. Locally invasive tumours with slim possible resection margins (e.g. superior sulcus tumours). Br J Cancer. 1999 Dec;81(7):1206-12. doi: 10.1038/sj.bjc.6690830. Following mediastinoscopy, a prognostically orientated multimodality approach was chosen in selected small-cell lung cancer (SCLC) patients with hyperfractionated accelerated chemoradiotherapy (HF-RTx) and definitive surgery (S). Stage IIB/III A patients had four cycles of cisplatin/etoposide (PE) and surgery. Stage IIB/III A patients had three cycles of PE followed by one cycle concurrent chemoradiation including HF-RTx and surgery. Most stage IIB patients were not planned for surgery and had CTx followed by sequential RTx or one cycle concurrent CTx/RTx. Of 46 consecutive patients (stage IB six), I REVIEW LUNG CANCER. Current status of and future strategies for multimodality treatment of unresectable stage III nonsmall cell lung cancer Rudolf M. Huber1,4, Martin Reck2,4 and Michael Thomas3,4 Affiliations: 1 Division of Respiratory Medicine and Thoracic Oncology, Dept of Medicine, University of Munich & Campus Innenstadt, and Thoracic Oncology Centre Munich, Munich, 2 Dept of Thoracic Oncology, Hospital. Correspondence: R.M. Huber, Sektion Pneumologie und Thorakale Onkologie, Klinikum der LMU Mu¨nchen, Ziemssenstra¨ße 1, 80336 Mu¨nchen, Germany. E-mail: huber@med.uni-muenchen.de ABSTRACT Stage III