

## Trimodality treatment in patients with superior sulcus tumors: hopes and realities

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### ABSTRACT

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**Aims and background.** In late 2001 at our institution, we started offering induction radiochemotherapy as a treatment option for superior sulcus tumors. Our aim was to evaluate treatment choices and outcome in this patient group treated over the past 7 years at our institution.

**Methods.** The records of 34 patients were retrospectively reviewed and 33 were assessable for the analysis.

**Results.** Twenty of 28 patients with M0 disease had operable disease. The induction radiochemotherapy for superior sulcus tumors was possible in about two-thirds (14/20) of the cases with operable disease, with only one-third (5/14) of these having undergone surgery. The most common reason for not proceeding to surgery following induction radiochemotherapy was patient refusal (n = 5). The median follow-up of all 33 patients was 17 months. In curatively treated patients with (n = 11) or without surgery (n = 15), the median overall survival time was 26 months (range, 10-26) and 26 months (range, 7-71), respectively ( $P = 0.534$ ). Local-regional and/or distant failure developed in 20 of 26 patients treated curatively. In patients treated with the trimodality regimen (n = 5), no local-regional failure was observed, and distant failure occurred in one case.

**Conclusions.** The trimodality treatment was possible in 25% of cases with operable disease due to the high rate of patient refusal to proceed to surgery following induction radiochemotherapy. No difference in survival was observed between patients treated with surgery and those treated with radiochemotherapy only because of a limited follow-up. So, the benefit of additional surgery is not clear, and a longer follow-up is needed before final conclusions can be drawn.

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**Key words:** induction treatment, radiochemotherapy, superior sulcus tumors, surgery, trimodality treatment.

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