NSCLC – relative survival in the ambulatory oncological care

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Introduction:

The non-small cell lung cancer (NSCLC) has its highest mortality among men and is the third-most frequent cause of death among women. Considering a medium relative 5-year survival rate of 15-18% after the initial diagnosis, the prognosis is highly unfavorable. We will demonstrate the reality of treatment in relation to the relative survival rate in the period from 2003 to 2013.

Methods:

The relative survival has been calculated applying the periodical analysis according to the method Ederer II. The analysis is based on the mortality tables of the period from 2003 to 2010. Death certificate-only patients are not part of this analysis.
The instrument for the comparison of survival rates is a logrank test stratified by the age at initial diagnosis.
The total number of patients reported to the register at the time of the evaluation is 2,272. For the period mentioned above, the register contains a total of 1,847 patients with an initial diagnosis. 1,359 patients are male, 488 female. The register includes 962 (52%) of these patients with primary metastatic NSCLC (UICC IV), 513 (28%) with an UICC III, 151 (8%) UICC II and 132 (7%) UICC I. In 89 (5%) of the patients the stage was not determinable.

Results:
A statistically significant change of the relative survival during the complete observation period of 8 years cannot be recognized.
The relative 5-year survival of all registered patients is at 17.6% (SE=1.6). The average survival of all patients is significantly influenced by the high portion of late-diagnosed diseases with already existing distant metastases. Primary metastatic patients show a 5-year survival of 7.7% (SE=1.7). The survival rate of patients with an UICC I-III is at 27.7% (SE=2.7).
In the case of only a local finding, the survival rate amounts to 45.7% (SE=5.7). If regional lymph nodes are involved, the 5-year survival rate decreases to 23.5% (SE=3.4).

Patients with an adjuvant pre-treatment show a 5-year survival rate from initial diagnosis of 51.7% (SE=6.1). However, patients without adjuvant pre-treatment show a survival rate of 11.7% (SE=1.4) after 5 years.

Conclusion:
The histories of the diseases documented in the register show correlating survival times in the ambulatory oncological care in comparison to literature data.