

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 periodical analysis according to the method Ederer II.

At time of evaluation the registry contains 2,382 patients. Within the observation period a total of 1,985 patients with initial diagnosis has been analyzed. 1,463 patients are male, 522 female. The registry contains 1,032 (52%) patients with primary metastatic NSCLC (UICC IV), 545 (27%) with an UICC III, 172 (9%) UICC II and 141 (7%) UICC I. In 95 (5%) patients the stage was not determinable.

Results:

A statistically significant change of relative 5-year survival rate (5ysr) within the observation period cannot be determined. The 5ysr of all registered patients is 18.5% (SE=1.5). The average survival of all patients is influenced by the high portion of late-diagnosed diseases with already existing distant metastases. Primary metastatic patients show a 5ysr of 7.1% (SE=1.5). The survival rate of patients with an UICC I-III is 29.9% (SE=2.5).

In case of a local finding, the survival rate increases to 48.3% (SE=5.3). If regional lymph nodes are involved, the 5ysr decreases to 25.8% (SE=3.1).

Metastatic patients with an adenocarcinoma show a 5ysr of 7.8% (SE=1.8). Whereas patients with a squamous-cell carcinoma show a survival rate of 3.7% (SE=2.7).

Conclusion:

The analyzed registry data shows correlating survival times of patients the ambulatory oncological care compared to literature data.