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A RETROSPECTIVE REVIEW OF SMALL CELL LUNG CANCER (SCLC) PATIENTS TREATED AT MARMARA UNIVERSITY HOSPITAL

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Introduction - Purpose : SCLC accounts for 15%-20% of all lung cancer, and has poor prognosis. The aims of this study were to evaluate the patient characteristics and depict prognostic factors in a series of SCLC patients treated at Marmara University Hospital (MUH) Istanbul.

Methods - Tools : Among SCLC patients who were admitted to MUH since 01 January 2010, 154 had satisfactory data to analyse. Demographic data, pathology & radiology reports, lab investigations, information regarding local & systemic therapies were noted from written & electronic patient records. Patient and tumour characteristics were reported descriptively. OS difference between subgroups were analysed with Log-rank & factors that had independent effect on survival detected with Cox regression tests. OS data were calculated with Kaplan-Meier estimator. A p value <.05 was accepted as significant unless reported otherwise.

Findings : The median follow-up time was 17 (min-max; 3-84) months. Median survival time of all patients was 10 months; 1 year, 2 & 3 years survival rates were 41%, 22%, and 12%, respectively. Median survival of patients with limited stage and extension stage SCLC were; 22,6 Ms (9,9-35,3), and 9 Ms (7,2-10,8), respectively. On univariate analysis patient with low initial serum haemoglobin (<12 gr/dl), abnormal sodium or ALT (> 40 IU/l) levels, poor ECOG PS (2-3), advanced VA stage, having brain, liver, bone or adrenal mets, and having a paraneoplastic syndrome (PNS) had worse survival estimates. Whereas only ECOG PS (p=0.007, HR 2.2 [1.2-4]), and having a PNS (p=0.04, HR 1.66 [1.02-2.7]) maintained independent prognostic effect on survival in Cox analysis.

Discussion : Results of our small retrospective SCLC series showed that median survival of extensive stage SCLC patients is poor (< 1 year) which underlies the need of novel anticancer therapeutics for this group of patients. Our multivariate model pointed out well known prognostic factors but not the VA stage. This may be explained with the small population size of our study.

Keywords: Small cell lung cancer, paraneoplastic syndrome