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Authors: Andrew Hudson, Clara Chan, David Woolf, Alan McWilliam, Crispin Hiley, James O'Connor, Neil Bayman, Fiona Blackhall, Corinne Faivre-Finn

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Is heterogeneity in stage 3 non-small cell lung cancer obscuring the potential benefits of dose-escalated concurrent chemo-radiotherapy in clinical trials?

Andrew Hudson[a,b], Clara Chan[b], David Woolf[b], Alan McWilliam[a], Crispin Hiley[c], James O'Connor[a], Neil Bayman[b], Fiona Blackhall[a,d], Corinne Faivre-Finn[a,b]

[a] Division of Molecular and Clinical Cancer Sciences, School of Medical Sciences, Faculty of Biology, Medicine and Health, University of Manchester, Manchester Academic Health Science Centre, Manchester, UK

[b] Department of Clinical Oncology, The Christie NHS Foundation Trust, Manchester Academic Health Science Centre, Manchester, UK

[c] Translational Cancer Therapeutics Laboratory, The Francis Crick Institute, London, UK; Division of Cancer Studies, King's College London, London, UK

[d] Department of Medical Oncology, The Christie NHS Foundation Trust, Manchester Academic Health Science Centre, Manchester, UK

Highlights

- A review of concurrent chemoradiotherapy in stage 3 non-small cell lung cancer
- Recent trial data suggests a detriment to dose-escalated radiotherapy in this setting
- Large degree of heterogeneity in patient, tumour and clinical factors between cases
- Heterogeneity may be limiting the ability to detect benefits of doseescalation
- Technology advances may better stratify cases and allow safer doseescalation

Abstract

The current standard of care for the management of inoperable stage 3 non-small cell lung cancer (NSCLC) is concurrent chemoradiotherapy (cCRT) using radiotherapy dose-fractionation and chemotherapy regimens that were established 3 decades ago. In an