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

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ACCEPTED MANUSCRIPT

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

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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

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