Results of the phase III IFCT-0302 trial assessing minimal versus CT-scan-based follow-up for completely resected non-small cell lung cancer (NSCLC) NCT00198341 – (Abstract 1273O)

DISCLOSURE SLIDE

• No disclosure related to this presentation
What is the optimal follow-up after surgery for lung cancer?

Guidelines:
• visit (history, physical examination) and chest CT
• every 6-12 months for 2 years then yearly

Moderate level of evidence, NO randomized trial
### Study Design

#### Minimal follow-up (Min):
- History + physical examination
- Chest X ray (CXR)

#### Maximal follow-up (Max):
- History + physical examination
- Chest X ray
- **CT SCAN** (Thorax + upper abdomen)
- Fiberoptic bronchoscopy (mandatory for squamous + large cell carcinomas)

<table>
<thead>
<tr>
<th>Months</th>
<th>Min</th>
<th>Max</th>
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<tbody>
<tr>
<td>6</td>
<td>CXR</td>
<td>Chest CT</td>
</tr>
<tr>
<td>12</td>
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<tr>
<td>18</td>
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<tr>
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<tr>
<td>60</td>
<td>CXR</td>
<td>Chest CT</td>
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Survival

1775 patients, included within 8 weeks after surgery for early-stage lung cancer

Survival rate (95% CI)

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<th>3 years</th>
<th>5 years</th>
<th>8 years</th>
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<tbody>
<tr>
<td>Min</td>
<td>77.3%</td>
<td>66.7%</td>
<td>51.7%</td>
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<td>(74.5 – 80%)</td>
<td>(63.6 – 69.9%)</td>
<td>(47.8 – 55.5%)</td>
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<tr>
<td>Max</td>
<td>76.1%</td>
<td>65.8%</td>
<td>54.6%</td>
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<td>(73.3 – 78.9%)</td>
<td>(62.6 – 68.9%)</td>
<td>(50.9 – 58.3%)</td>
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- $HR_{Max} = 0.94$ [0.81-1.08]
- $HR_{Max, adjusted} = 0.95$ [0.82-1.09]

Median survival, 95% CI:
- 123.6 mo [100.9-NR]
- 99.7 mo [89.1-115.5]

$p=0.37$

1775 patients, included within 8 weeks after surgery for early-stage lung cancer.
Exploratory Analysis

- Pts who had a recurrence at 24 months
  - Median OS, IC95%:
    - 48.3 [40.3-62.1]
    - 48.4 [38.1-59.0]
    - *p*=0.34

- Patients with NO recurrence at 24 months
  - Median OS Landmark, IC95%:
    - NR
    - 129.3 [119.3-NR]
    - *p*=0.04
Take Home Messages

• First large randomized trial on follow-up after surgery for NSCLC
• First randomized trial to evaluate the interest of chest CT-scan
• No significant survival benefit
• Potential long-term benefit (high risk for 2nd primary cancers, candidates for screening)

Suggestions for clinical practice:
Both follow-up protocols are acceptable
A CT-scan every 6 months is probably not useful during the first 2 years
A yearly chest CT-scan to detect earlier 2nd primary cancers may be of interest