36. Lung

Authors

Ramon Rami-Porta, Hisao Asamura, William D. Travis, Valerie W. Rusch

Emerging Prognostic Factors for Clinical Care

The authors have not noted any emerging prognostic factors for clinical care at this time.

Risk Assessment Models

The AJCC recently established guidelines that will be used to evaluate published statistical prediction models for the purpose of granting endorsement for clinical use.[1] Although this is a monumental step toward the goal of precision medicine, this work was published only very recently. Therefore, the existing models that have been published or may be in clinical use have not yet been evaluated for this cancer site by the Precision Medicine Core of the AJCC. In the future, the statistical prediction models for this cancer site will be evaluated, and those that meet all AJCC criteria will be endorsed.

Recommendations for Clinical Trial Stratification

Trials for adjuvant chemotherapy for completely resected T1 non–small cell lung cancer:

- Vascular invasion and/or lymphatic permeation and/or perineural invasion
- Age
- Gender
- Performance status

Trials for adjuvant therapy (chemotherapy, radiotherapy, or both) for resected non–small cell lung cancer with N2 disease:

- Number of involved lymph nodes
- Number of involved lymph node stations
- Presence of N1 disease
- Extranodal extension (extracapsular invasion)

Trials for therapy of nonmetastatic small cell lung cancer:

- TNM stage

Bibliography

1. Kattan MW, Hess KR, Amin MB, et al. American Joint Committee on Cancer acceptance criteria for inclusion of risk models for individualized prognosis in the practice of precision medicine. *CA: a cancer journal for clinicians.* 2016.