



Effective Health Care

Local Therapies for Localized Inoperable Non-Small-Cell Lung Cancer, Unresectable Lung Metastases, and Endobronchial Obstruction Due to Lung Tumors Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Local therapies for the treatment of localized medically inoperable non-small-cell lung cancer and endobronchial obstruction due to lung tumors will go forward for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list/>.

Topic Description

Nominator: Organization

Nomination Summary: The nominator is interested in the comparative effectiveness of local therapies for the treatment of localized medically inoperable lung tumors, unresectable lung metastases, and endobronchial obstruction due to lung tumors.

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1. Localized inoperable cancer

Population(s): Patients with localized medically inoperable non-small-cell lung cancer, patients who refuse surgery

Intervention(s): Radiofrequency ablation, intensity-modulated radiotherapy, proton beam therapy, brachytherapy

Comparator(s): Stereotactic body radiotherapy

Outcome(s): Survival, quality of life, and safety/adverse events.

2. Unresectable lung metastases

Population(s): Patients with unresectable lung metastases

Intervention(s): Radiofrequency ablation, intensity-modulated radiotherapy, proton beam therapy, brachytherapy

Comparator(s): Chemotherapy, palliative treatment

Outcome(s): Survival, quality of life, palliation, and safety/adverse events.

3. Endobronchial obstruction

Population(s): Lung cancer patients with symptomatic endobronchial obstruction

Intervention(s): Radiofrequency ablation, intensity-modulated radiotherapy, proton beam therapy, brachytherapy

Comparator(s): Conventional external beam radiotherapy, endobronchial debridement, stents

Outcome(s): Survival, quality of life, palliation, and safety/adverse events.

Key Questions from Nominator:

1. What is the comparative effectiveness of the various local therapies for localized medically inoperable primary non-small cell lung tumors?
2. What is the comparative effectiveness of the various local therapies for unresectable lung metastases?
3. What is the comparative effectiveness of the various local therapies for palliation of endobronchial obstruction due to lung tumors?

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Medically inoperable patients with non-small-cell lung cancer are those patients who are not considered surgical candidates because of preexisting pulmonary or cardiac illness and may include patients who would not be able to tolerate a reduction in lung volume from surgical resection due to preexisting low pulmonary reserve. Other candidates for non-surgical treatment options include patients who refuse surgery and those who have a tumor in an anatomic location that precludes resection. Endobronchial obstruction from primary malignant (including recurrent) or metastatic lung tumors can result in dyspnea, cough, and hemoptysis. Treatment of inoperable patients may be with palliative or curative intent. An understanding of the comparative effectiveness of the various types of therapy used for medically inoperable lung tumors and those with endobronchial obstruction is needed.
- There is limited literature related to the treatment of patients with unresectable lung metastases. The literature that does exist is of mixed patient populations not limited to the population of interest. Therefore, it would be difficult to draw conclusions about this population based on the current literature. Based on the breadth of the other portions of the nomination, this question from the nomination will not move forward as part of the review.