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Letter to the Editor

In response to Komiya T et al. "Addition of chemotherapy improves overall survival in patients with T2N0M0 non-small cell lung cancer undergoing definitive radiation therapy: An analysis of the SEER database"

Dear Editor,

In this interesting study [1], the authors demonstrated that the addition of chemotherapy was associated with improved overall survival (OS) of cT2N0M0 non-small cell lung cancer (NSCLC) patients treated with radiotherapy via a large database analysis.

However, it is well known that non-randomized study is prone to potential unobserved bias which could only be balanced by randomized control trials (RCT) [2,3]. In the discussion of this paper [1], the authors mentioned the lack of information like performance status (PS) in SEER, which happened to be available in Taiwan Cancer Registry (TCR) for lung cancer since 2011. Therefore, we used the same approach as the authors did but included PS in the multivariate Cox analysis. We identified 179 cT2N0M0 NSCLC patients treated with radiotherapy without surgery (47 received chemotherapy whereas 132 did not) from TCR 2011 to 2015 and linked to national death registry [censored Dec 31 2017] to obtain survival status. We found the addition of chemotherapy was not significantly associated with OS. The adjusted hazard ratio (HR) of death when chemotherapy was compared to no-chemotherapy was 1.16 (95% confidence interval 0.76–1.76, *p*-value 0.50). The results were similar for either the subgroup of T2a (HR 1.17, *p* value 0.52) or T2b (HR 1.15, *p* value 0.80). However, our analysis was still non-randomized and prone to additional potential unobserved bias, so RCTs were still needed to clarify this issue.

Conflicts of interest

We have no conflicts of interest.

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Te-Chun Hsia
Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, China Medical University Hospital, Taichung, Taiwan
Department of Respiratory Therapy, College of Health Care, China Medical University, Taichung, Taiwan

Chih-Yen Tu
Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, China Medical University Hospital, Taichung, Taiwan
School of Medicine, College of Medicine, China Medical University, Taichung, Taiwan

Chia-Chin Li
Department of Radiation Oncology, China Medical University Hospital, Taichung, Taiwan

Chun-Ru Chien *
Department of Radiation Oncology, China Medical University Hospital, Taichung, Taiwan
Department of Radiation Oncology, China Medical University Hsinchu Hospital, Hsinchu, Taiwan
School of Medicine, College of Medicine, China Medical University, Taichung, Taiwan
* Address: School of Medicine, College of Medicine, China Medical University, No. 91 Hsueh-Shih Road, North District, Taichung 40402, Taiwan.
E-mail address: d16181@gmail.com

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