

bronchoscopy did not show any neoplastic lesion. A CT-guided biopsy was performed and the histopathological report showed features consistent with squamous carcinoma. Immunohistochemical staining was positive for cytokeratin 7/5/6 while cytokeratin 20 was negative. This profile assessed the diagnosis of stage III NSCLC (T3, N1, M0). He was not a suitable candidate for surgery. Chemoradiotherapy was performed (64 Gy in 32 fractions in 4 weeks) with three cycles of cisplatin and vinorelbine. A CT after the end of treatment showed a partial response with a continued benefit at 1-year control. Twelve years later, the patient is asymptomatic with a good performance status, good quality of life, and no evidence of recurrence.

Such unexpected clinical remission and long-term survival is extremely rare. Several reports in the literature tried to establish prognostic models. Some suggested that good performance status, weight loss, adenocarcinoma histotype, resectable N2, T3N0, single-site distant metastasis, and EGFR-TKI therapy play an important role in the long-term survival.<sup>[1,2]</sup>

A systematic overview of the literature suggested additional factors to refine the accuracy of prognosis: age, number of sites involved, hemoglobin, LDH, and albumin.<sup>[3]</sup>

We should keep in mind such cases when discussing with patients about fears, hopes, and realistic expectations. More researches are required to fully assess more accurate predictors of the outcome. Further prognostic markers as EGFR mutation should be investigated. New promising factors include proliferation markers, Ki-67, NSE, TPA, and coagulation factors.<sup>[3]</sup>

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## Which non-small-cell lung cancer patients achieve long-term survival?


Sir,

Lung cancer is the first cause of cancer death worldwide. The prognosis of patients with advanced non-small-cell lung cancer (NSCLC) remains poor. Recent phase III trials demonstrated median survivals from 8 to 10 months and only 4–8% of patients have been reported to survive more than 5 years.<sup>[1,2]</sup> We write to you to share an unexpected and hopeful experience: A NSCLC patient with an advanced disease, now in 12-year remission.

Mr. E, a 58-year-old man, consulted us in June 1998 because of chest pain and weight loss. The patient was a heavy smoker (20 pack year). He had a good performance status and no significant medical history. Thoracic computed tomography (CT) revealed an upper lobe mass of 9 × 7.6 cm in the right lung associated with mediastinal lymphadenopathy. Fibroscopic

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