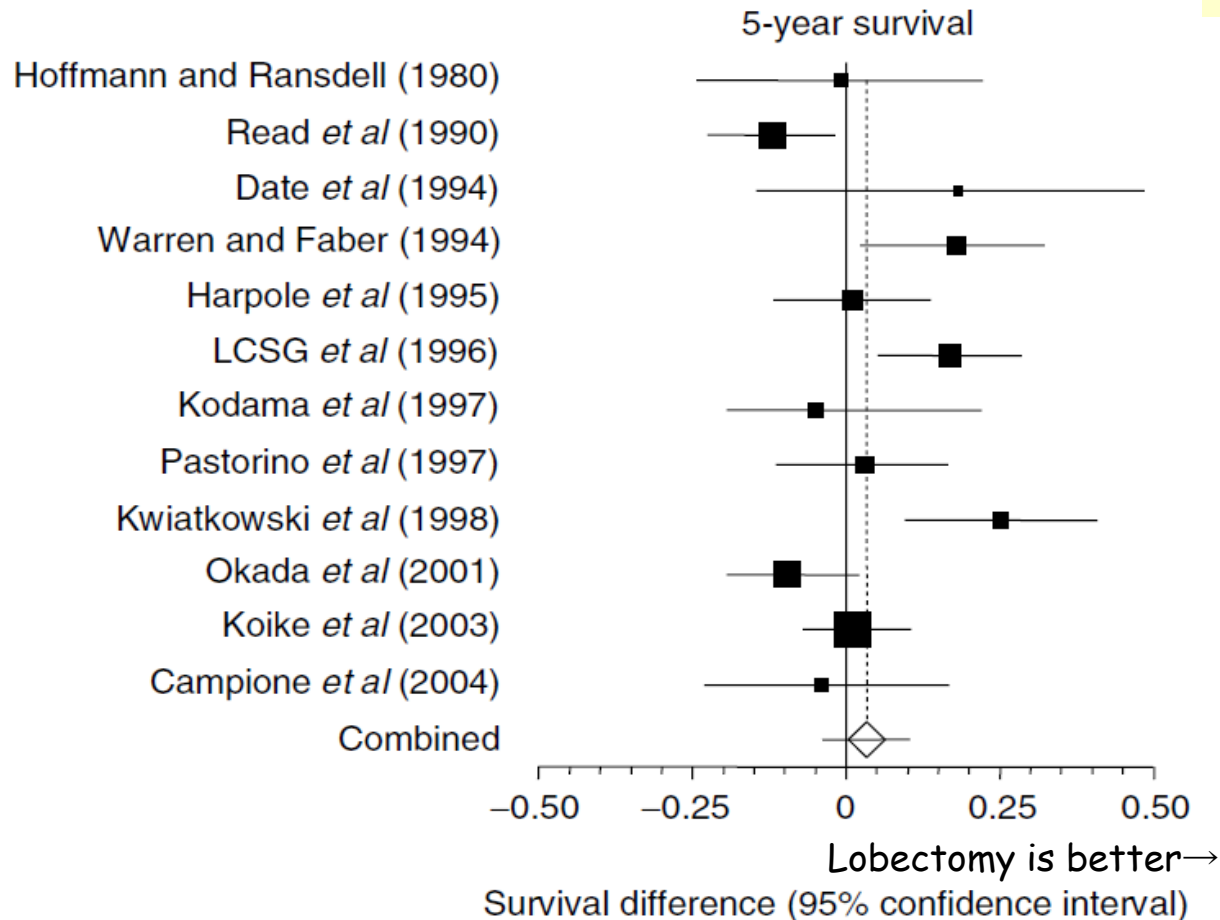


Survival following lobectomy vs limited resection for stage I lung cancer: a meta-analysis



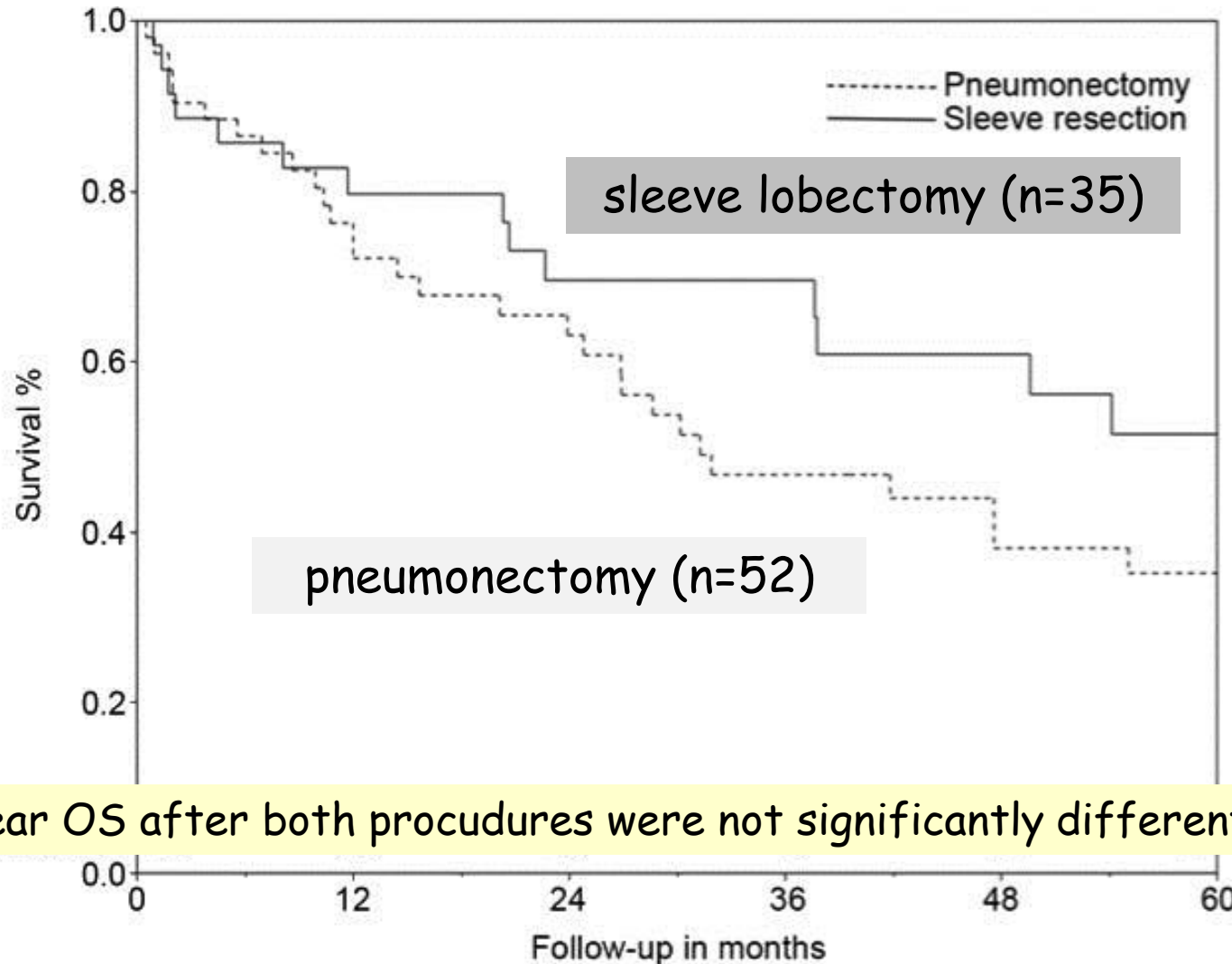
None of these survival differences were significant, indicating that survival after limited resection for stage I lung cancer was comparable to that after lobectomy.

A case-matched study of anatomical **Segmentectomy** versus **Lobectomy** for stage I lung cancer **in high-risk pts.**

	Lobectomy	Segmentectomy	P
Hospital mortality	1 (5.9%)	1 (5.9%)	NS
Complications	3 (18%)	3 (18%)	NS
Hospital stay	6 (3-30) days	8 (4-31) days	NS
Drainage time	4 (2-13) days	3 (1-30) days	NS
	Lobectomy	Segmentectomy	P
Total recurrence	3 (18%)	3 (18%)	NS
Loco-regional recurrence	2 (12%)	0	NS
Actuarial 3-year survival	69%	94%	NS
Actuarial 5-year survival	64%	70%	NS

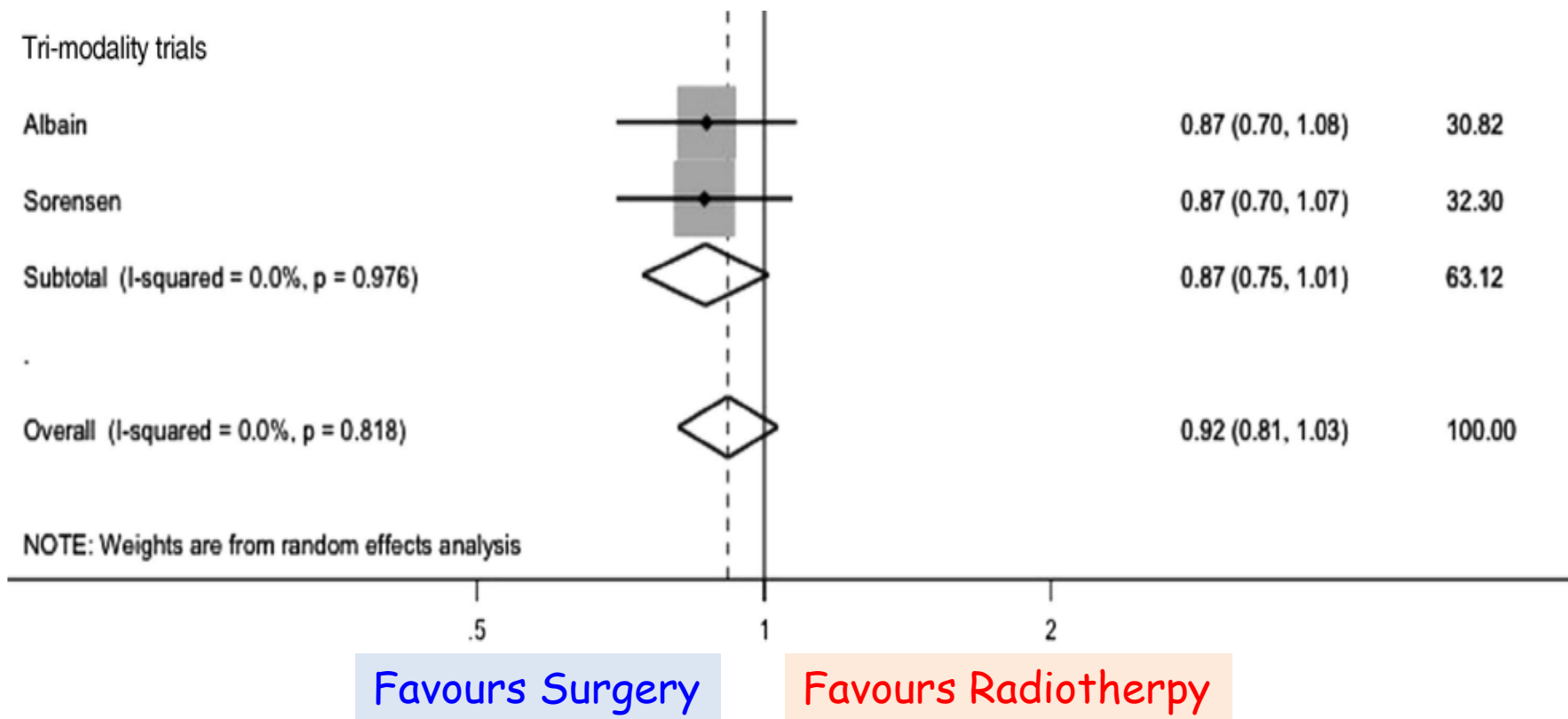
(Martin-Ucar AE, et al . Eur J Cardiothorac Surg. 2005)

Sleeve Lobectomy for NSCLC with N1 does not compromise Survival



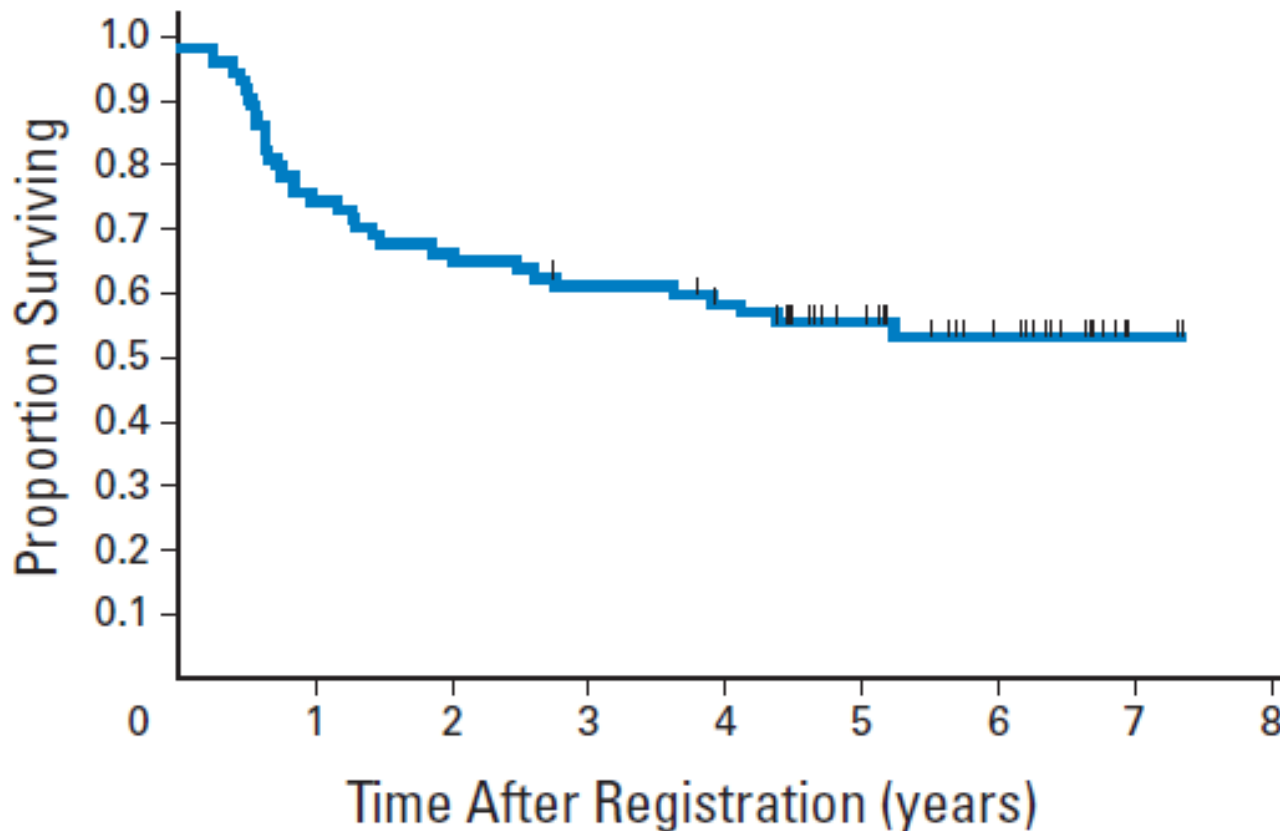
3-year OS after both procedures were not significantly different.

Outcome of **surgery** versus **radiotherapy** after induction treatment in patients with **N2** disease: systematic review and **meta-analysis** of randomised trials.



Surgery should be considered as part of multimodality treatment for patients with resectable lung cancer and **ipsilateral mediastinal nodal disease**.

Phase II trial of preoperative chemoradiotherapy followed by surgical resection in pts
with superior sulcus NSCLC: JCOG 9806

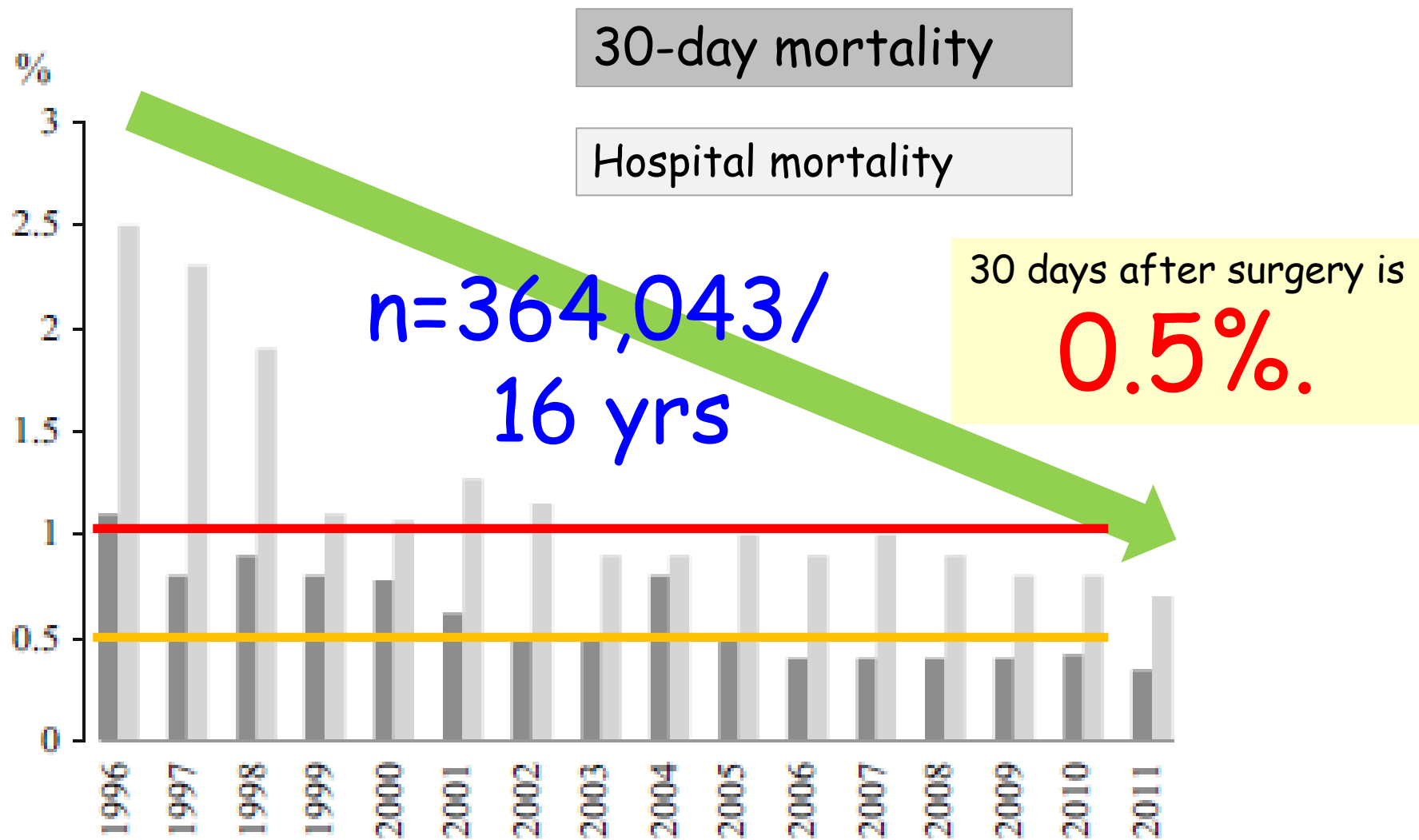


OS of the 75 eligible patients. OS at 5 years was **56%**.



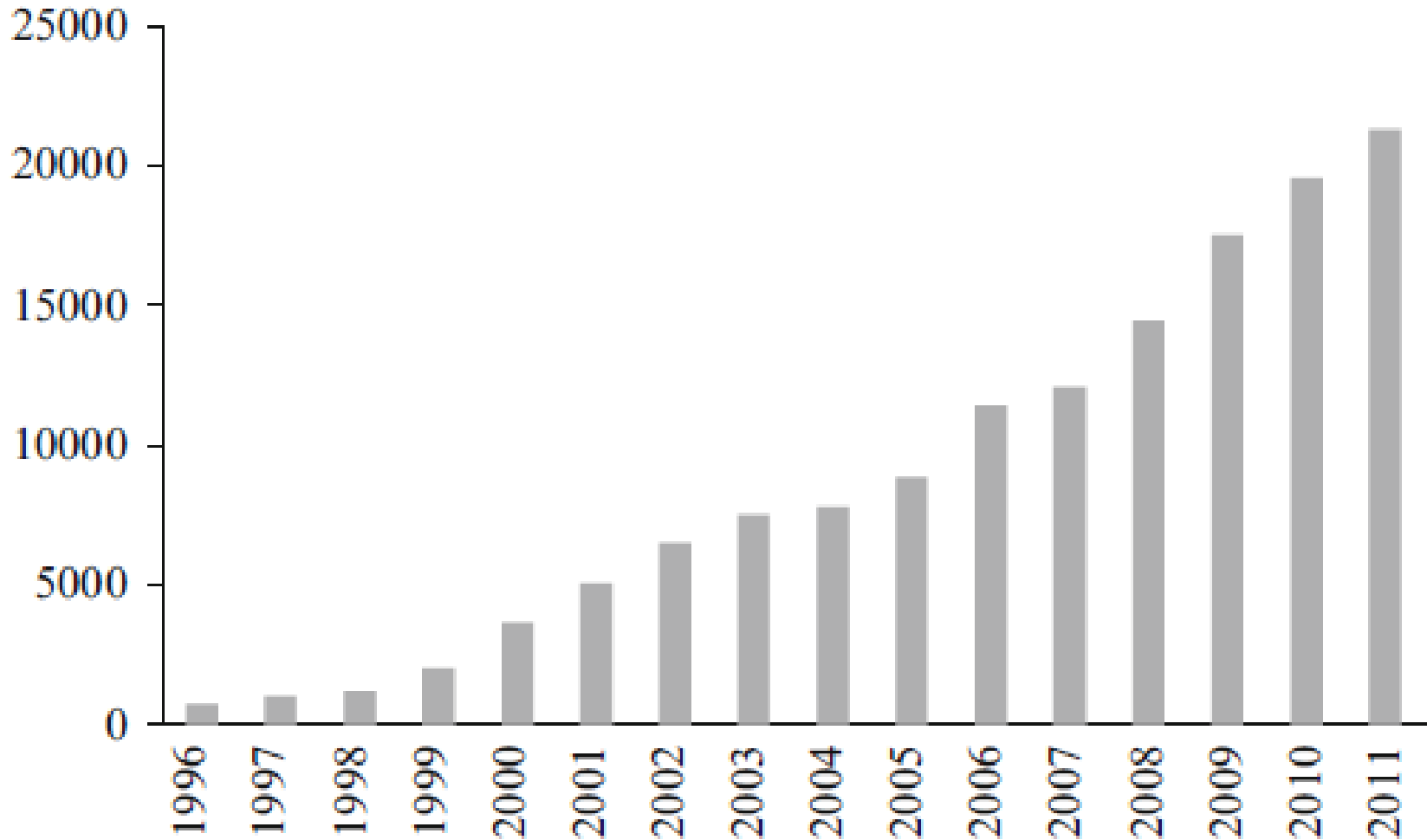
Past reports
23~36%

The **mortality** after chest surgery described in the annual reports published by the Japanese Association for Thoracic and Cardiovascular Surgery



(Uramoto H, et al. General Thoracic and Cardiovascular Surgery 2015)

The time series data of the number of **VATS procedures** for the pts with **lung cancer** described in the annual reports published by the Japanese Association for Thoracic and Cardiovascular Surgery

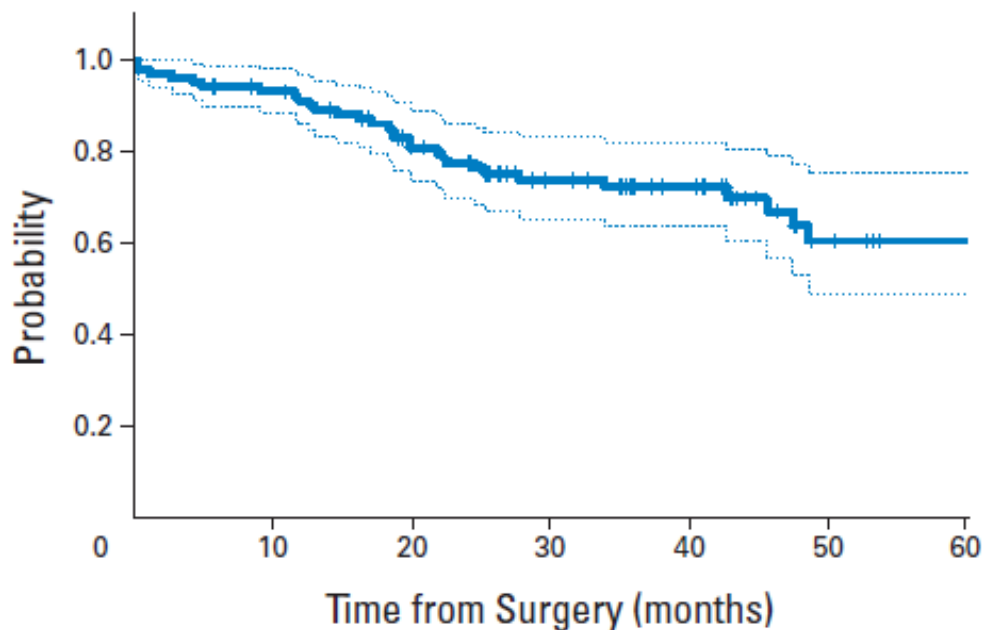


(Uramoto H, et al. General Thoracic and Cardiovascular Surgery 2015)

VATS lobectomy: report of CALGB 39802

A prospective, multi-institution feasibility study

- n=127 pts
- 111 pts (87%) had stage I lung cancer
- 96 pts (86.5%) of these 111 pts underwent successful VATS lobectomies.
- Within 30 days, 3 (2.7%) of 111 patient deaths occurred, none of which were directly related to VATS technique.



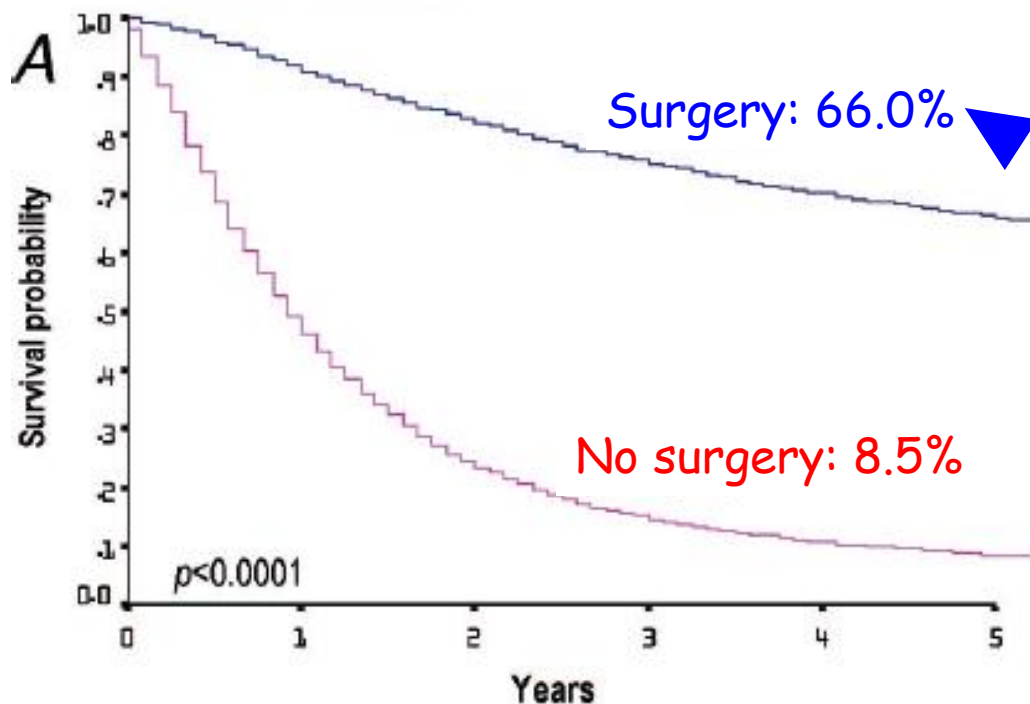
The probability of FFS is **78% at 2 years** (n=111 pts: T1N0)

FFS was defined as the time between surgery and initial failure (death, disease progression, or relapse).

A standardized approach to VATS lobectomy is feasible.

Japanese Lung Cancer Registry Study: first prospective enrollment of a large number of surgical and nonsurgical cases in 2002.

The 5-year survival rates



- the mean age was 2 years younger
- the dominant majority of PS was 0/1
- clinical stage was I or II in 80%
- SCLC represented just 2%

この10年
特筆すべき
進捗は**それほど**
なかった？

V.S

大きく
変貌
しつつある

Pros



Cons