#IASLCUPDATES

Iniciativa científica de:

GECP lung cancer research

LUNG CANCER UPDATES

IASLC HIGHLIGHTS

7-10 DE SEPTIEMBRE 2019

Con la colaboración de:

Bristol-Myers Squibb

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Cirugía IV

Dr. Florentino Hernando Trancho

Con la colaboración de:

Bristol-Myers Squibb

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Radicality of Lymphadenectomy in Lung Cancer According to Surgical Approach. Results from the Spanish Group of Video-Assisted Thoracic Surgery

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Con la colaboración de:
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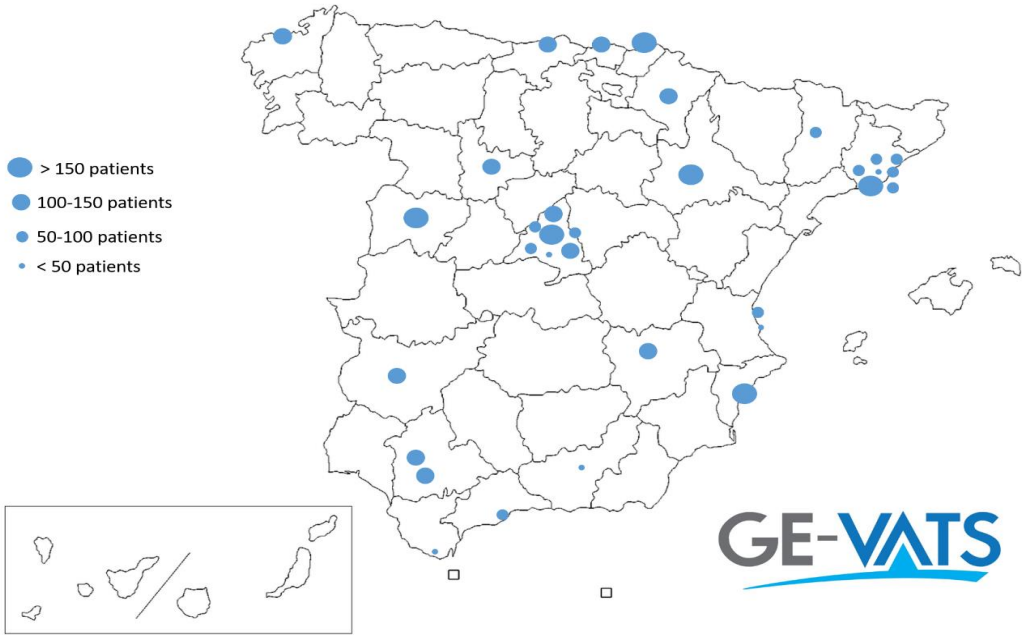
OBJECTIVE

To analyse differences in **intraoperative lymph node assessment** in patients with surgically treated NSCLC according to **surgical approach** (VATS vs open), from the results of the Spanish Group of Video-Assisted Thoracic Surgery (GEVATS) database.

METHODS

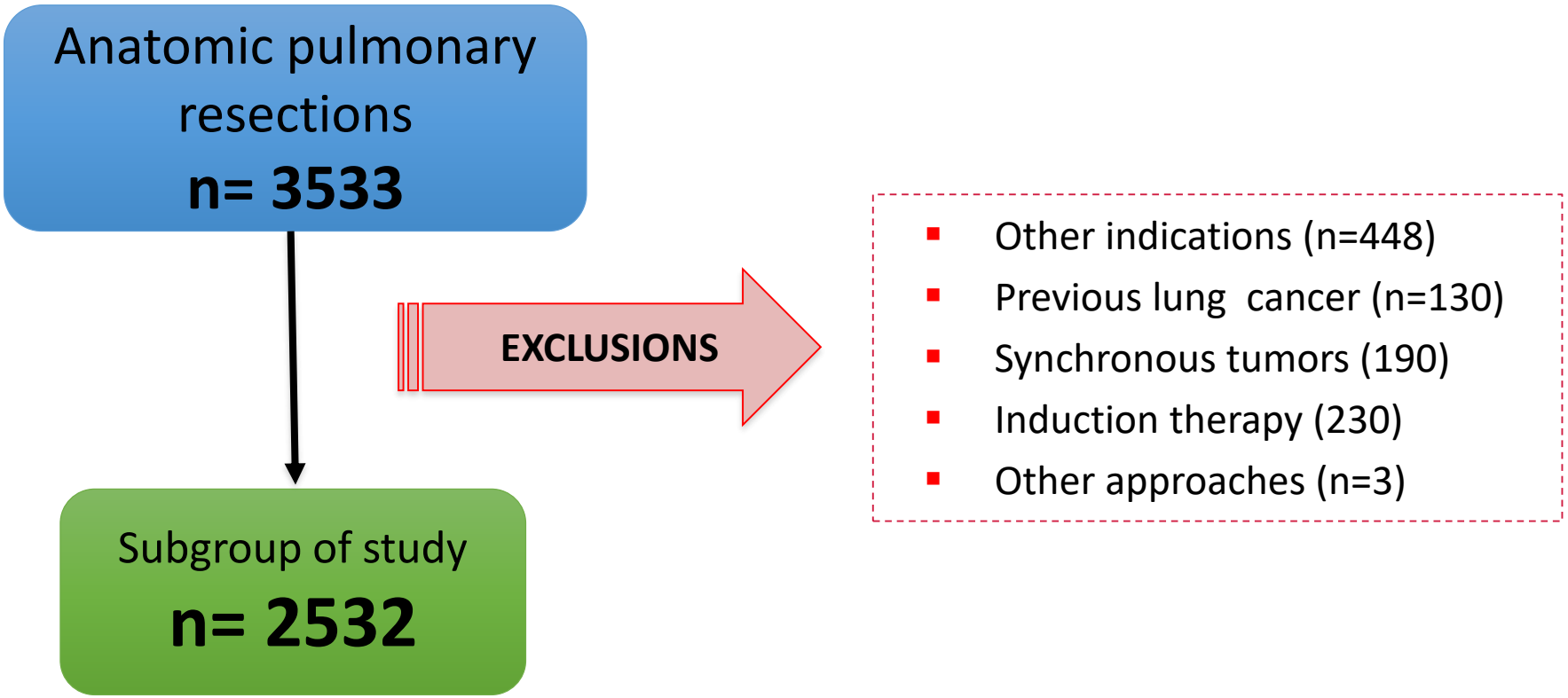


33 Hospitals

Prospective

20/12/16 – 20/3/18
(15 months)

METHODS


Anatomic pulmonary resections
n= 3533
EXCLUSIONS
Other indications (n=448)
Previous lung cancer (n=130)
Synchronous tumors (190)
Induction therapy (230)
Other approaches (n=3)
Subgroup of study
n= 2532

RESULTS

n= 2532

General characteristics

Men: 1801 (71.1%)

Median age: 67 years (25%-75% IQR: 60-73)

Approach:

- Thoracotomy: 1097 (43.3%)
- VATS: 1435 (56.7%)

Lymphadenectomy:

- SND 65%
- Median of LN: 7 (IQR 25%-75%: 4-12)
- **pN1**: 12.5%; **pN2**: 9.5%

SUMMARY

Radicality of lymphadenectomy:

THORACOTOMY > VATS

- ↑ SND
- ↑ % N1p
- ↑ % N2p
- ↑ Mediastinal upstaging

Independently from…

- Tumour size
- Centrality
- Invasive staging

TAKE HOME MESSAGE

Intraoperative LN evaluation performed at VATS should improve…

- ✓ **Prognosis information**
- ✓ **Indicate adjuvant therapy**

Jessica Donington, University of Chicago, USA, Comments on VIOLET Trial

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VIOLET Trial

PL02.06 - In Hospital Clinical Efficacy, Safety and Oncologic Outcomes from VIOLET: A UK Multi-Centre RCT of VATS Versus Open Lobectomy for Lung Cancer (ID 1257)

08:55 - 09:05 | Presenting Author(s): Eric Lim | Author(s): Tim Batchelor, Joel Dunning, Michael Shackcloth,Vladimir Anikin, Babu Naidu, Elizabeth Belcher, Mahmoud Loubani, Vipin Zamvar, Tim Brush, Lucy Dabner,Rosie Harris, Dawn Phillips, Chloe Beard, Holly McKeon, Sangeetha Paramasivan, Daisy Elliott, Alba Realpe Rojas, Elizabeth Stokes, Sarah Wordsworth, Jane Blazeby, Chris Rogers, T Violet Trialists

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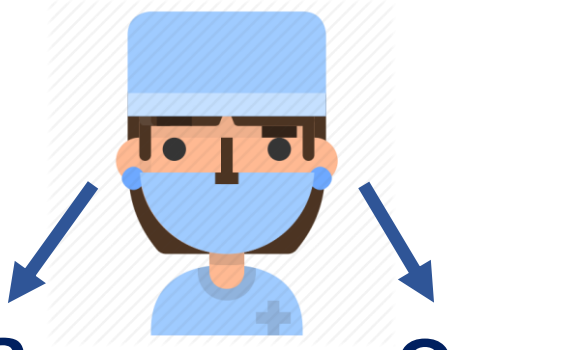
Randomization

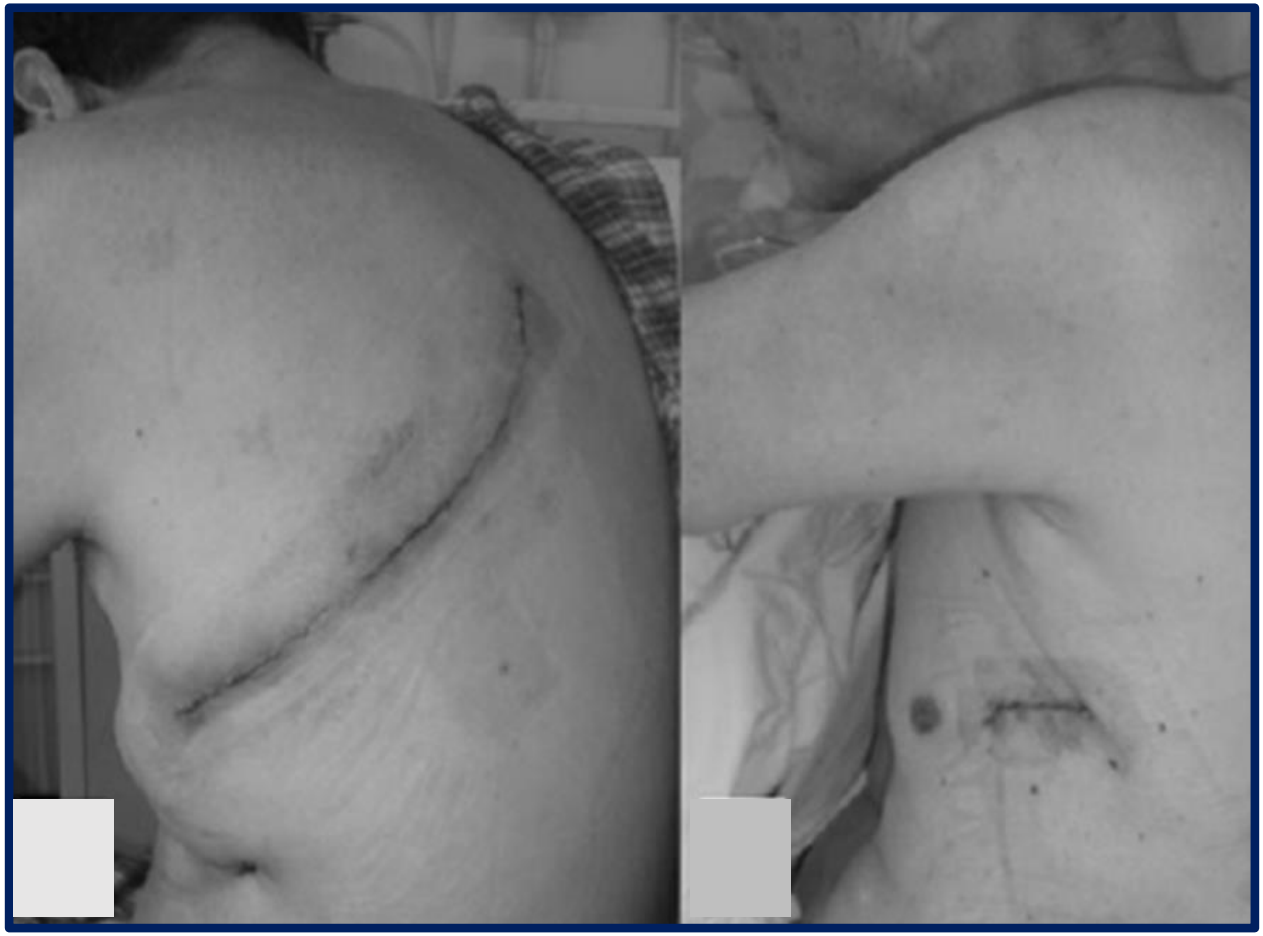


Stratified by surgeon

Reduce management variation b/w procedures

Allow each surgeon to act as their own internal control

Reduced impact of surgeon-specific factors



Take Home Message from VIOLET

- Well executed multi-institutional prospective RCT
- VATS was associated w/
  - less toxicity
  - decreased pain
  - equivalent oncologic resection
- Investigators commended on
  - recruitment approach
  - randomization strategy
  - sophisticated pain analysis

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The Concept of Complete Resection

Mr John G Edwards

Consultant Thoracic Surgeon

Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield, United Kingdom

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Bristol-Myers Squibb
illumina
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IASLC 8th Ed Staging Database

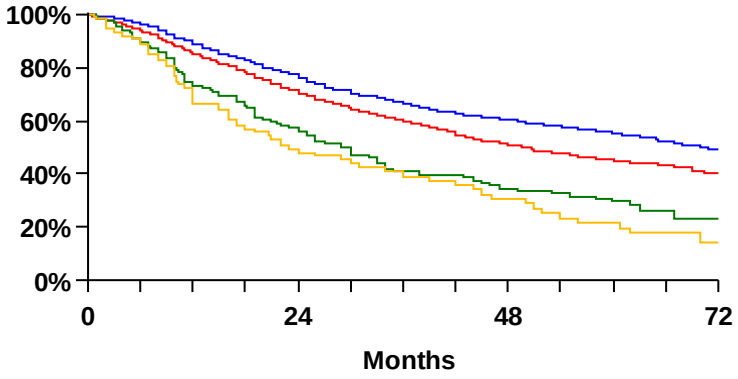
Reason for assignment to R(un)	N	%
Highest *station* positive	320	2.2%
Pleural Lavage positive	38	0.3%
Bronchial *carcinoma in situ*	0	
ANY of : <3 N1 nodes; <3 N2 nodes; no Station 7 nodes; no Systematic Lymph Node Dissection; no Lobe Specific – Systematic Lymph Node Dissection	7,840	53.3%

Journal of Thoracic Oncology (accepted subject to revisions)
John G Edwards The Concept of Complete Resection MS06.06

IASLC 8th Ed Staging Database

	Conventional R Status N (%)	Proposed R Status N (%)	R Status Category change (Δ N)
R0	14,293 (97.1%)	6,103 (41.5%)	- 8,190
R(un)	N/A	8,203 (55.8%)	+ 8,203
R1	263 (1.8%)	250 (1.7%)	-13
R2	156 (1.1%)	156	0
TOTAL	14,712	14,712	0

Survival according to R status in N+ Cases



R Status	N	Median Survival	5 Years	HR	p
R0	1413	70.0	55%	1	
R(un)	1811	50.0	45%	1.27	<0.0001
R1	168	30.0	30%	2.13	<0.0001
R2	102	23.0	22%	2.56	0.25

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MS 06 04: Approaches to Overcoming the Nodal Staging Quality Gap

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Con la colaboración de:
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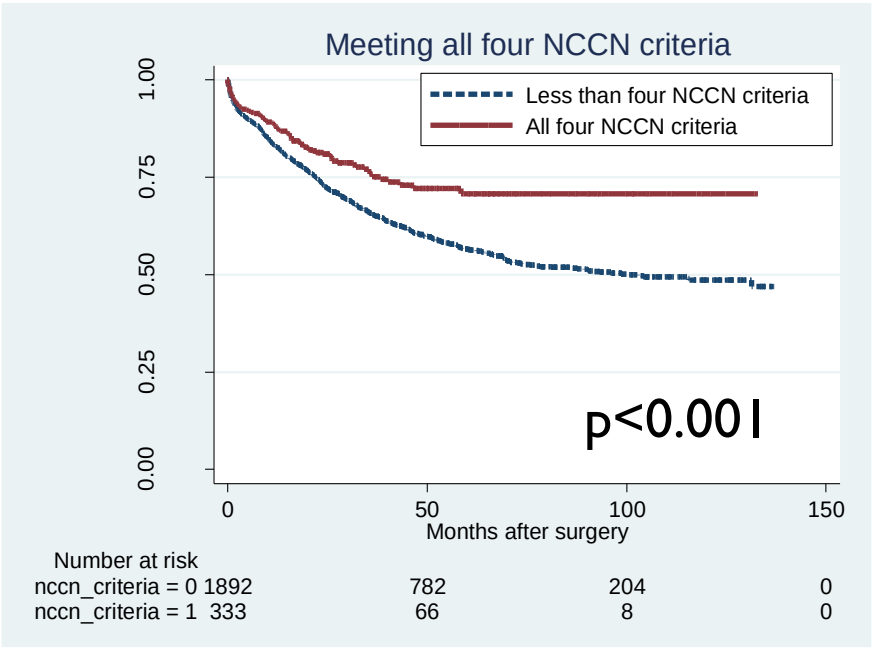
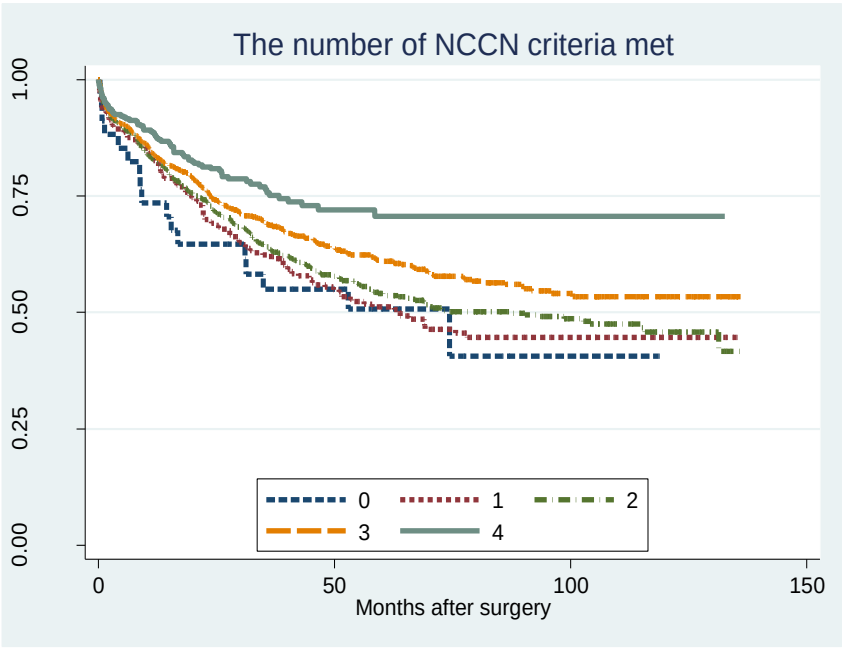
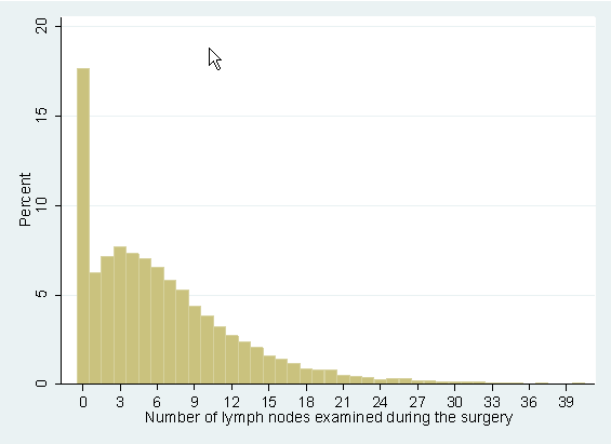




Adjusted hazard ratio of meeting all four criteria: 0.64 (0.50-0.80)

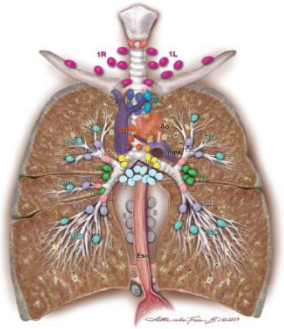
Causes of the gap: The 'chain of responsibility' conceptual model

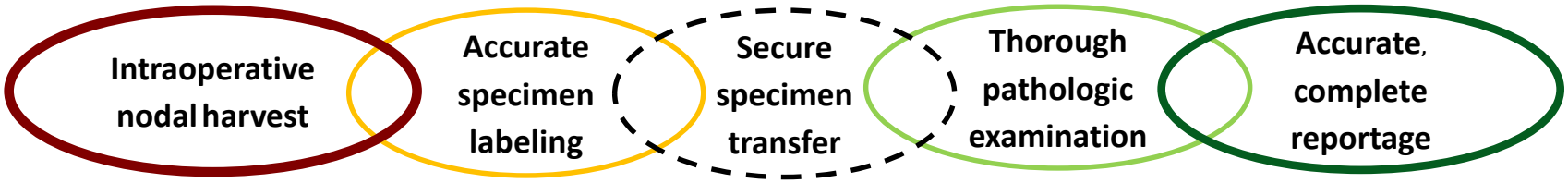
 # Lymph Nodes Examined in 'Node Negative' NSCLC Resections:
SEER 1998-2009



Osarogiagbon and Yu. Ann Thorac Surg 2013;96:1178-89

Where the lymph nodes are…





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