

2023 대한심장혈관흉부외과학회

제55차 추계학술대회 & APELSO 2023

2023. 11. 02 (Thu) - 11. 04 (Sat), 그랜드 인터컨티넨탈 파르나스 서울

The pattern of occult lymph node metastasis in clinical stage I lung cancer

공지사항

- 소속기관이나 저자명이 드러나지 않도록 해주세요.
- 제목 슬라이드 포함 최대 6장, Font size 20 이상
- PPT 파일 작성 후 PDF로 전환해서 접수(필수)



- Recently, the **segmentectomy** is performed increasingly in early lung cancer, and **lobe-specific lymph node dissection (LND)** is also increasing.
- There are still controversial about which lymph node is important to identify during segmentectomy and which cases lobe-specific LND can be applied.
- We investigated the occult lymph node metastasis pattern of early-stage non-small cell lung cancers.

2017.1. ~ 2020.12.

- Superior mediastinal nodes

- ✓ 2; upper paratracheal
- ✓ 3; pre-vascular
- ✓ 4; lower paratracheal
- ✓ 5; subaortic
- ✓ 6; para-aortic

- Inferior mediastinal nodes

- ✓ 7; subcarinal
- ✓ 8; paraesophageal
- ✓ 9; pulmonary ligament

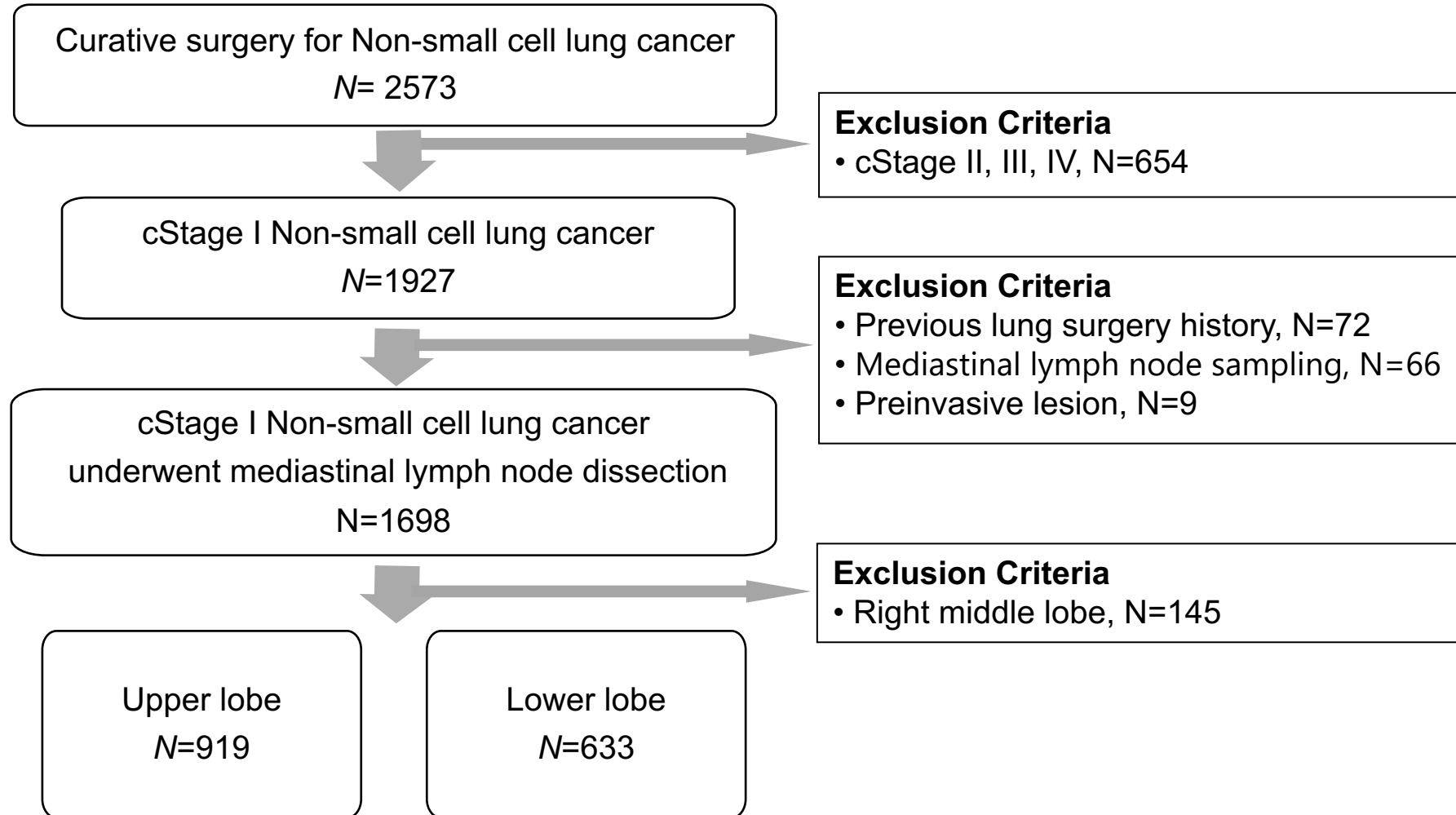


Table. Clinical and operative data of patient

Variables	Total (n=1552)	Upper lobe (n = 919)	Lower lobe (n = 633)	p
Age, year	63.5 ± 9.5	63.4 ± 9.5	63.5 ± 9.5	0.833
Male	764 (49.2%)	450 (48.9%)	314 (49.6%)	0.829
Smoking	618 (39.8%)	371 (40.3%)	247 (39.0%)	0.643
Tumor location				0.296
Right	890 (56.0%)	535 (58.2%)	336 (53.1%)	0.710
Left	682 (43.9%)	385 (41.9%)	297 (46.9%)	
Tumor site				0.586
Peripheral	1162 (74.8%)	692 (75.2%)	470 (74.2%)	
Non-peripheral	391 (25.2%)	228 (24.8%)	163 (25.8%)	0.457
Clinical T stage				
1a	123 (7.9%)	68 (7.4%)	55 (8.7%)	
1b	676 (43.5%)	399 (43.4%)	277 (43.8%)	
1c	511 (32.9%)	313 (34.0%)	198 (31.3%)	
2a	243 (15.7%)	140 (15.2%)	103 (16.3%)	0.532
Operative name				
Segmentectomy	229 (14.8%)	135 (14.7%)	94 (14.8%)	
Lobectomy	1312 (84.5%)	780 (84.8%)	532 (84.0%)	
Pneumonectomy	12 (0.8%)	5 (0.5%)	7 (1.1%)	0.001
Incision				
VATS	1469 (94.6%)	867 (94.2%)	602 (95.1%)	
Open	84 (5.4%)	53 (5.8%)	31 (4.9%)	
Pathologic histology				
Adenocarcinoma	1345 (86.6%)	821 (89.2%)	524 (82.8%)	
Squamous cell carcinoma	153 (9.9%)	76 (8.3%)	77 (12.2%)	
Other	55 (3.5%)	23 (2.5%)	32 (5.1%)	

Table. Frequency of pathologic lymph node metastasis

Variables	Upper lobe (n = 919)	Lower lobe (n = 633)	p
Pathologic N1	50 (19.2%)	74 (13.3%)	0.868
Hilar	16 (1.7%)	12 (1.9%)	0.305
Interlobar	17 (1.8%)	30 (4.7%)	0.012
Lobar	75 (8.2%)	41 (6.5%)	0.572
Pathologic N2	24 (9.2%)	29 (5.2%)	0.597
Superior mediastinal nodes	39 (4.3%)	9 (1.4%)	0.003
Inferior mediastinal nodes	6 (0.6%)	30 (4.7%)	<0.001
Skip metastasis	8 (3.1%)	10 (1.8%)	0.220

Results

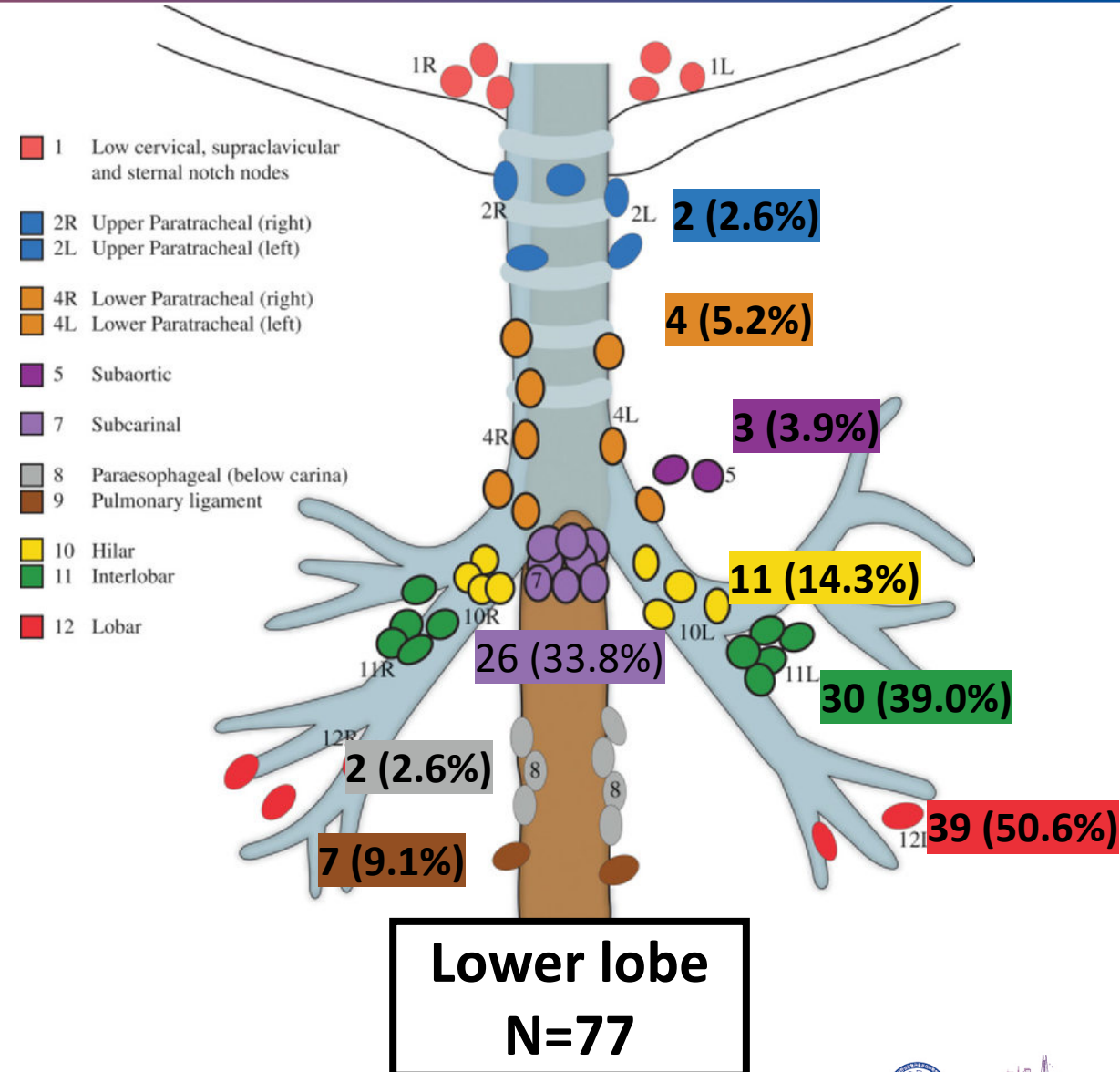
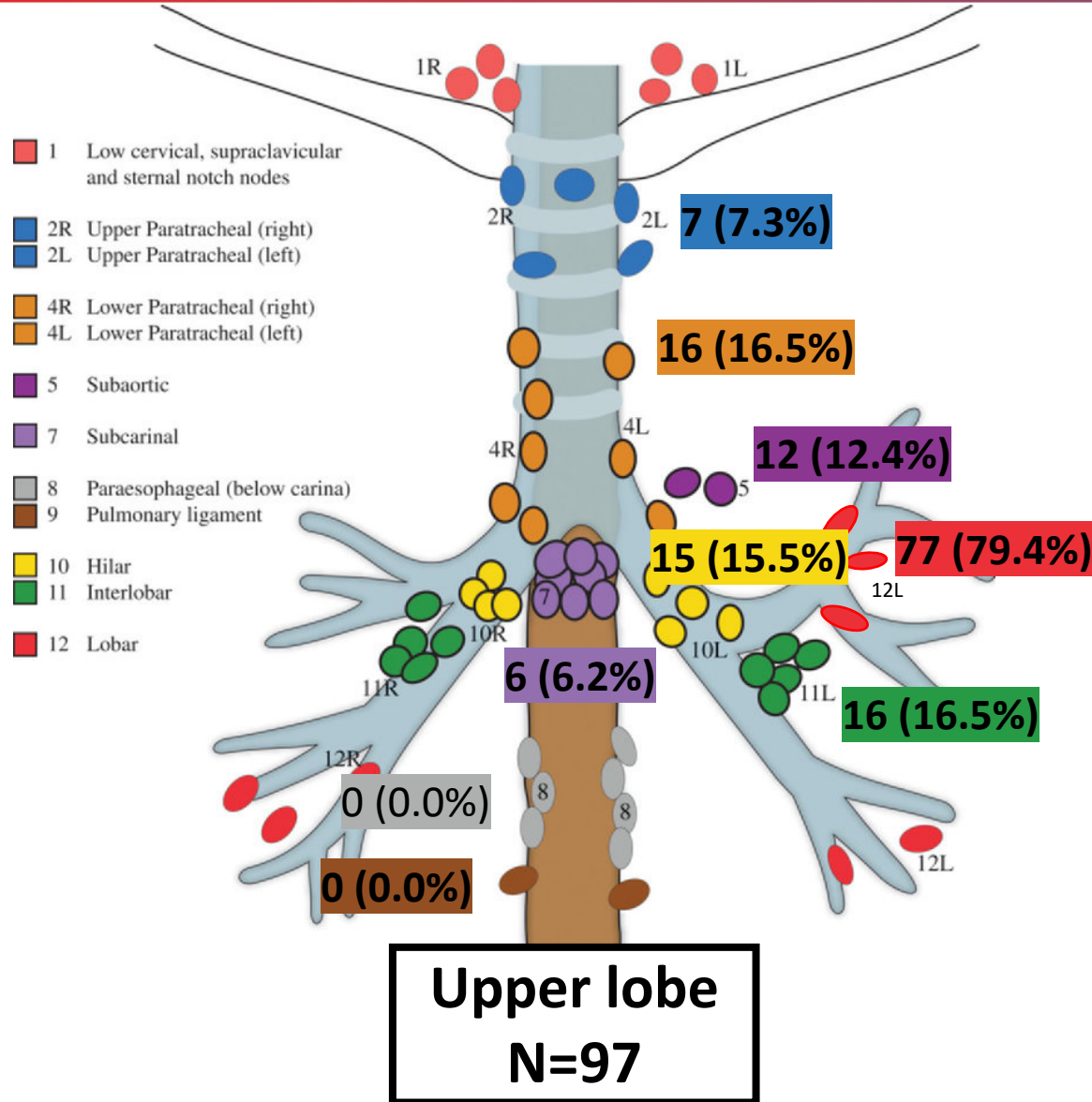


Figure. Frequency of lymph node metastasis according to location of cancer in pN+ patients

- In the case of the **N1** lymph node, the lobar lymph node is the most common and interlobar lymph node is 2nd most common site of metastasis regardless of the location of the cancer.
- In the case of the **N2** node, the upper lobe cancer tends to metastasize to the superior mediastinum and the lower lobe cancer to the inferior mediastinum.
- When segmentectomy is performed, the dissection the lobar and interlobar lymph node are important for intraoperative evaluation of lymph node metastasis. Therefore, sufficient dissection of the lobar and interlobar lymph node is considered necessary.