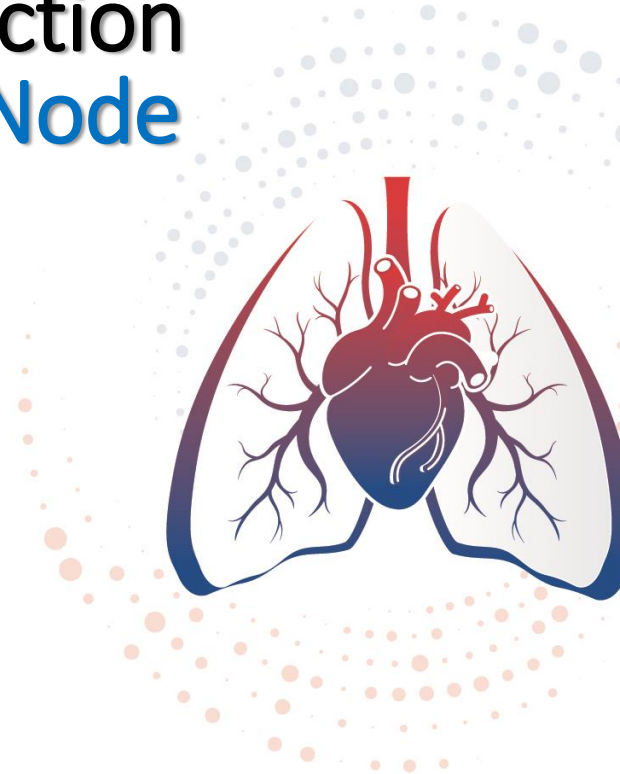


2023 대한심장혈관흉부외과학회

# 제55차 추계학술대회 & APELSO 2023

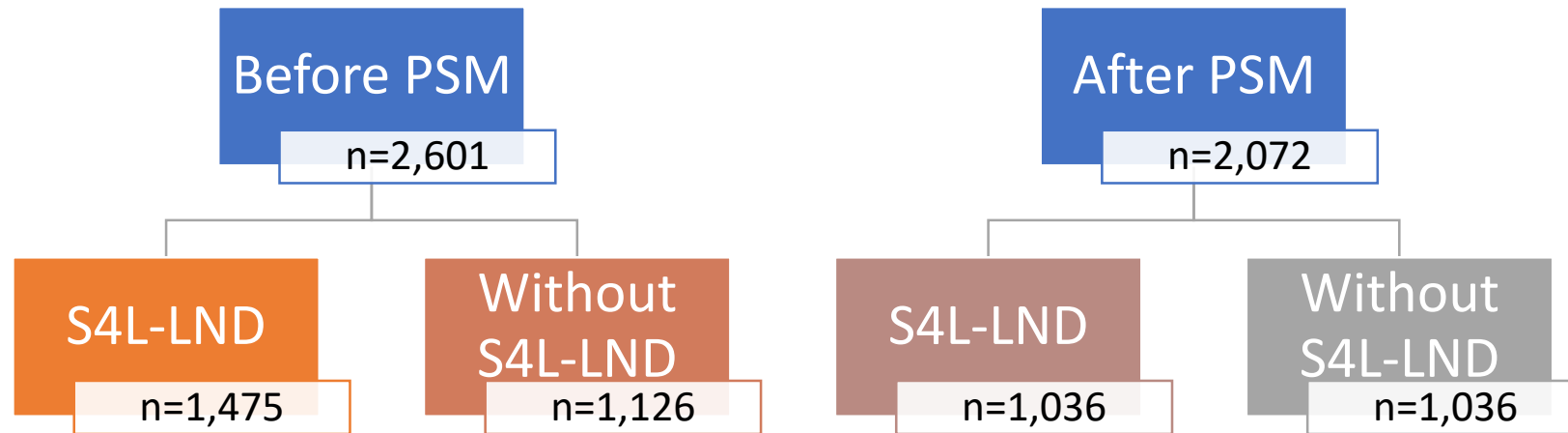
2023. 11. 02 (Thu) - 11. 04 (Sat), 그랜드 인터컨티넨탈 파르나스 서울

## Prognostic implication of Selective dissection for **Left Lower Paratracheal (4L) Lymph Node** in Left-sided NSCLC



- The appropriate extent of lymph node dissection for non-small cell lung cancer (NSCLC) remains controversial.
  - NCCN guideline : at least 3 mediastinal node stations, no need for 4L lymph node
- Risks associated with station 4L lymph node dissection (S4L-LND)
  - Left recurrent laryngeal nerve injury, chylothorax, etc.
- This study focused to
  - Investigate the clinical impacts of selective S4L-LND on survival
  - Evaluate whether the addition of S4L-LND was beneficial

- Patients with primary left-sided NSCLC
- Who underwent upfront VATS lobectomy/segmentectomy with R0 resection
- Between January 2007 and December 2021
- Propensity score matching (PSM)



There was no significant difference in OS and RFS according to S4L-LND after PSM. (OS,  $P=0.1$  ; RFS,  $P=0.2$ )

## Subgroup analysis

Fig.A LUL cancer

Fig.B LLL cancer

Fig.C cN0

Fig.D cN1-2

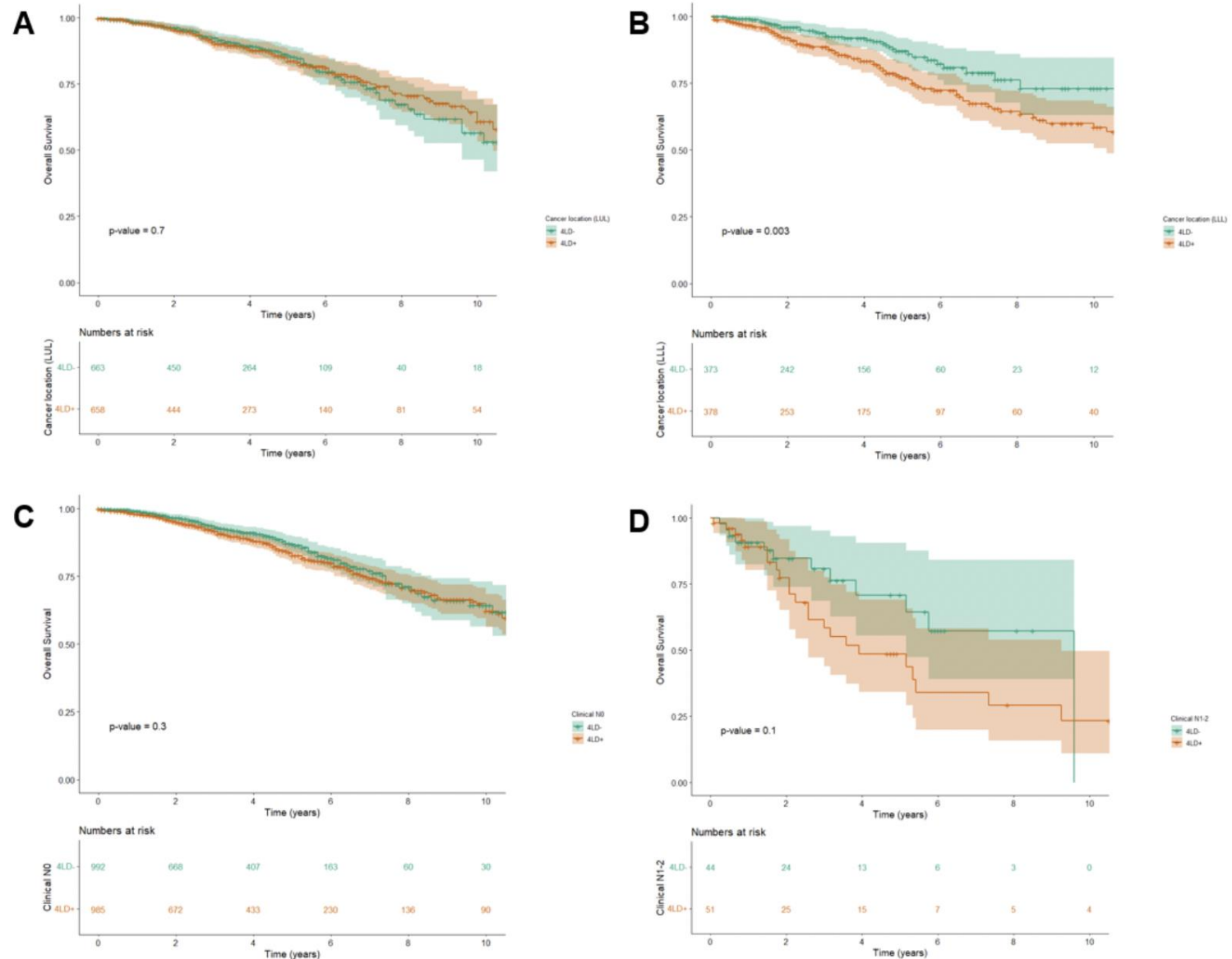


Figure : OS curves after matching of 4LD- and 4LD+ groups in the (A) left upper lobe (LUL) cancer, (B) left lower lobe (LLL) cancer, (C) clinical N0, and (D) clinical N1-2.

## Distribution of the metastasis in 4LN regarding tumor location and cN descriptor

	<b>LUL</b> <b>(n = 1308)</b>	<b>LLL</b> <b>(n = 729)</b>	<b>P-value</b>	<b>cN0</b> <b>(n = 1904)</b>	<b>cN1</b> <b>(n = 77)</b>	<b>cN2</b> <b>(n = 56)</b>	<b>P-value</b>	<b>Overall</b>
S4L LN examined (%)	658 (49.8%)	378 (50.3%)	0.855	985 (49.8%)	22 (42.3%)	29 (67.4%)	0.039	1036 (50.0%)
%positive (Metastasis)	3.6% (47)	2.0% (15)	0.061	45 (2.3%)	3 (5.8%)	14 (32.6%)	<0.001	62 (3.0%)

- Metastasis of 4L lymph node rate were associated significantly with cN stage and tumor location.
- Nevertheless S4L-LND did not affect the overall survival, patients with advanced cN stages or LUL cancer could potentially benefit from S4L-LND.
- Consequently, we suggest to perform S4L-LND selectively for patients with left-sided NSCLC, especially in LUL or advanced N stage.