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제55차 추계학술대회 & APELSO 2023

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

Prognostic Significance of Proportion of High-grade Histologic Pattern in Pathological Stage IA Invasive Adenocarcinoma Patients

공지사항

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

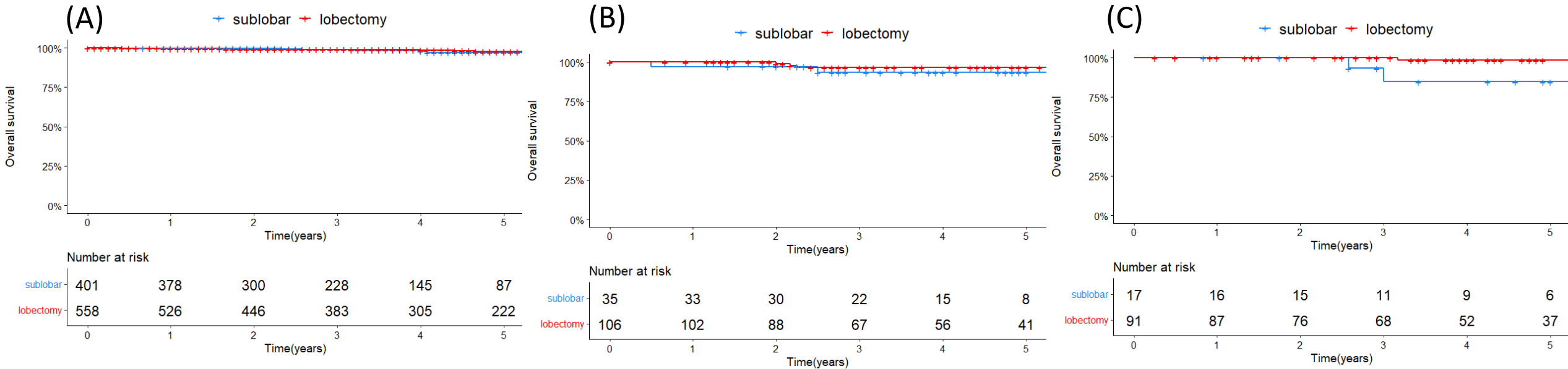


- Recently published large-scale RCT studies, JCOG0802/CALGB 140503, showed that segmentectomy could be an option in stage IA NSCLC patients.
- However, the appropriate surgical extent for stage IA NSCLC remains unclear.
- There have been studies on the oncological outcome of the novel grading system proposed by IASCL in 2020, but few studies have compared the prognosis by stratified surgical extent in stage IA invasive adenocarcinoma patients.
- In this study, based on the newly proposed grading system, outcomes of stage IA invasive adenocarcinoma patients were compared according to the proportion of high-grade histology patterns between the sublobar resection and lobectomy group.

- This retrospective study included 1208 patients diagnosed with pathological stage IA invasive adenocarcinoma in a single institution from 2010 to 2021.
- Patients were divided into three groups according to the proportion of high-grade histologic pattern (solid, micropapillary, and cribriform).
 - Group A : Sum of high-grade histologic pattern 0%
 - Group B : Sum of high-grade histologic pattern 1%~19%,
 - Group C : Sum of high-grade histologic pattern $\geq 20\%$
- Overall survival and recurrence-free survival were compared using Kaplan-Meier curve according to the surgical extent in each groups.

Results 1 – Overall survival

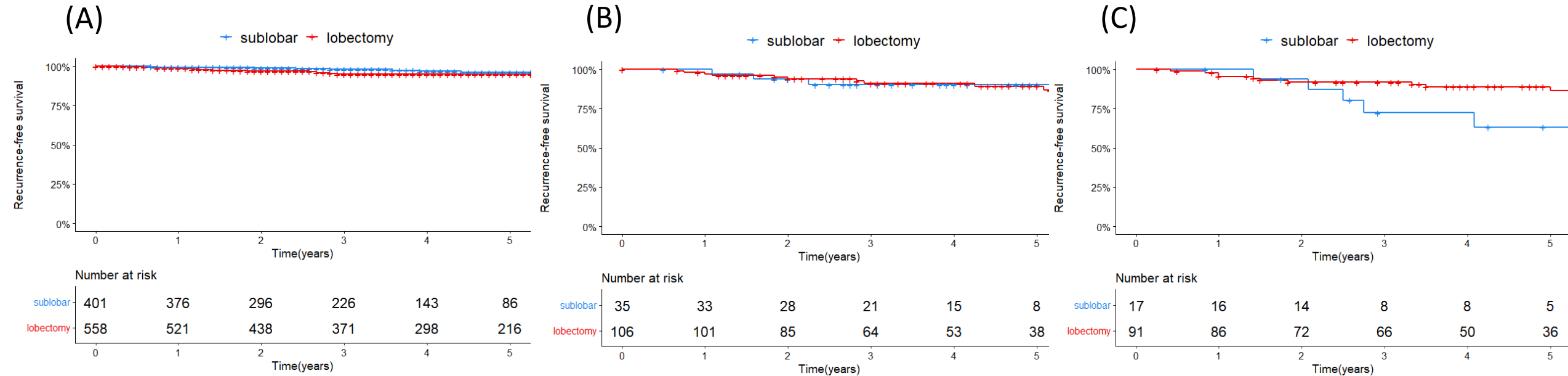
Fig 1. Overall survival of pathologic stage IA invasive adenocarcinoma patients who underwent surgical resection in group A, group B, group C.



Group	Sublobar resection	Lobectomy	P value
A	97.2%	97.9%	0.31
B	93.5%	96.4%	0.47
C	84.8%	98.5%	0.033

Results 2 – Recurrence-free survival

Fig 2. Recurrence-free survival of pathologic stage IA invasive adenocarcinoma patients who underwent surgical resection in group A, group B, and group C.



Group	Sublobar resection	Lobectomy	P value
A	93.3%	92.9%	0.30
B	90.3%	89.3%	0.88
C	63.3%	86.4%	0.043

- After incorporation of the newly developed grading system (IASLC 2020), lobectomy demonstrated greater oncologic benefit over sublobar resection in terms of overall survival and recurrence-free survival in the poorly differentiated (sum of high-grade histology pattern $\geq 20\%$) stage IA invasive adenocarcinoma group.
- Although a large scale study or RCT is needed in the future, the present study portrays that it is necessary to consider the newly defined histological staging in regards to extent of resection in stage IA invasive adenocarcinoma patients.