

2024 대한심장혈관흉부외과학회 제56차 추계학술대회

2024. 10. 31 (Thu) - 11. 01 (Fri) 여수 엑스포 컨벤션센터



Long-term outcome of segmentectomy and lobectomy on clinical stage IA non-small cell lung cancer : a propensity score-matched comparison

공지사항

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

- ❖ Lobectomy has long been regarded as the standard treatment for operable non-small cell lung cancer (NSCLC). Recent studies suggested that segmentectomy could achieve a good prognosis for early-stage NSCLC comparing with lobectomy
- ❖ The aim of this study is to compare the long-term oncologic outcome between lobectomy and segmentectomy in NSCLC with the clinical T1N0 M0 stage

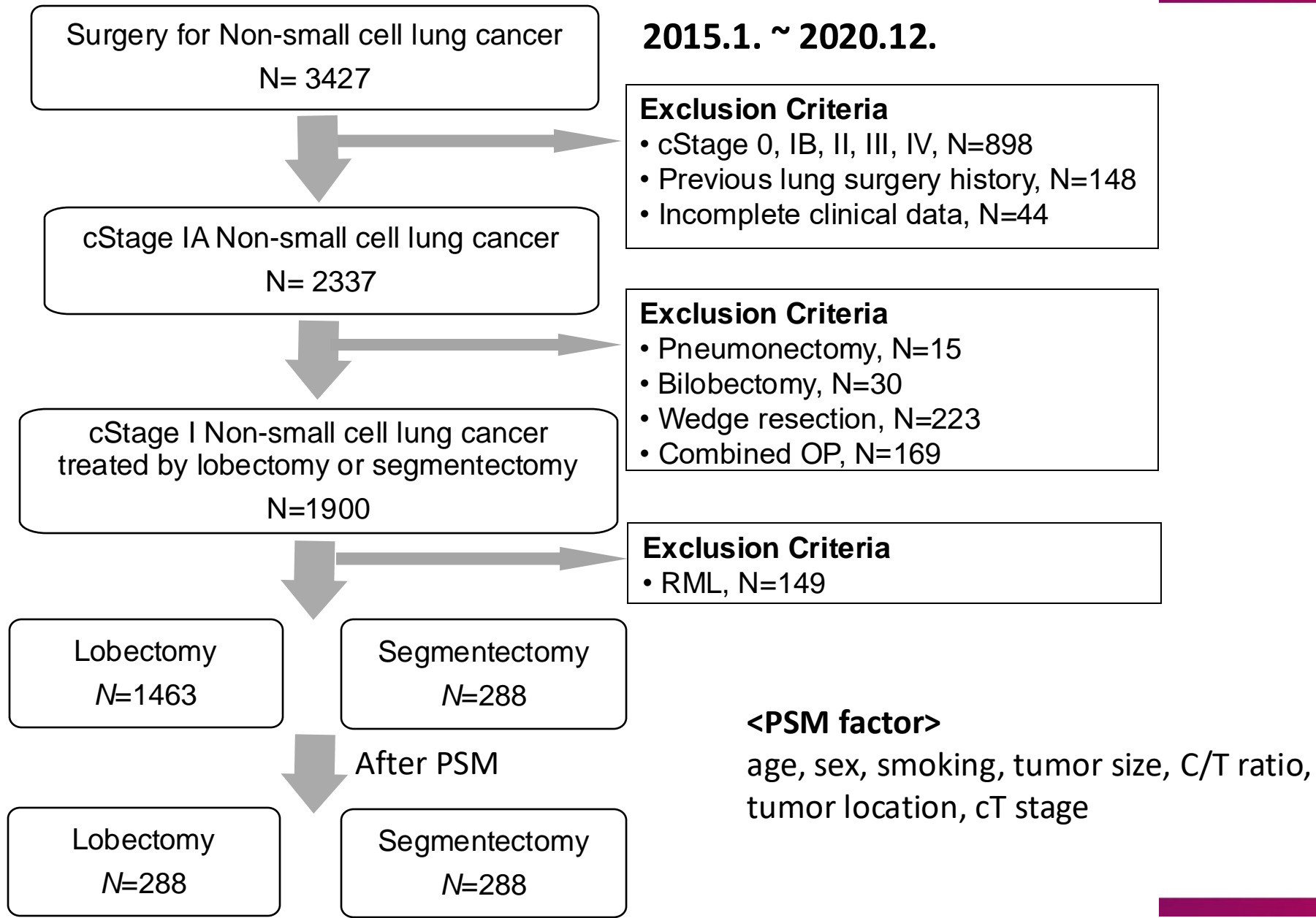


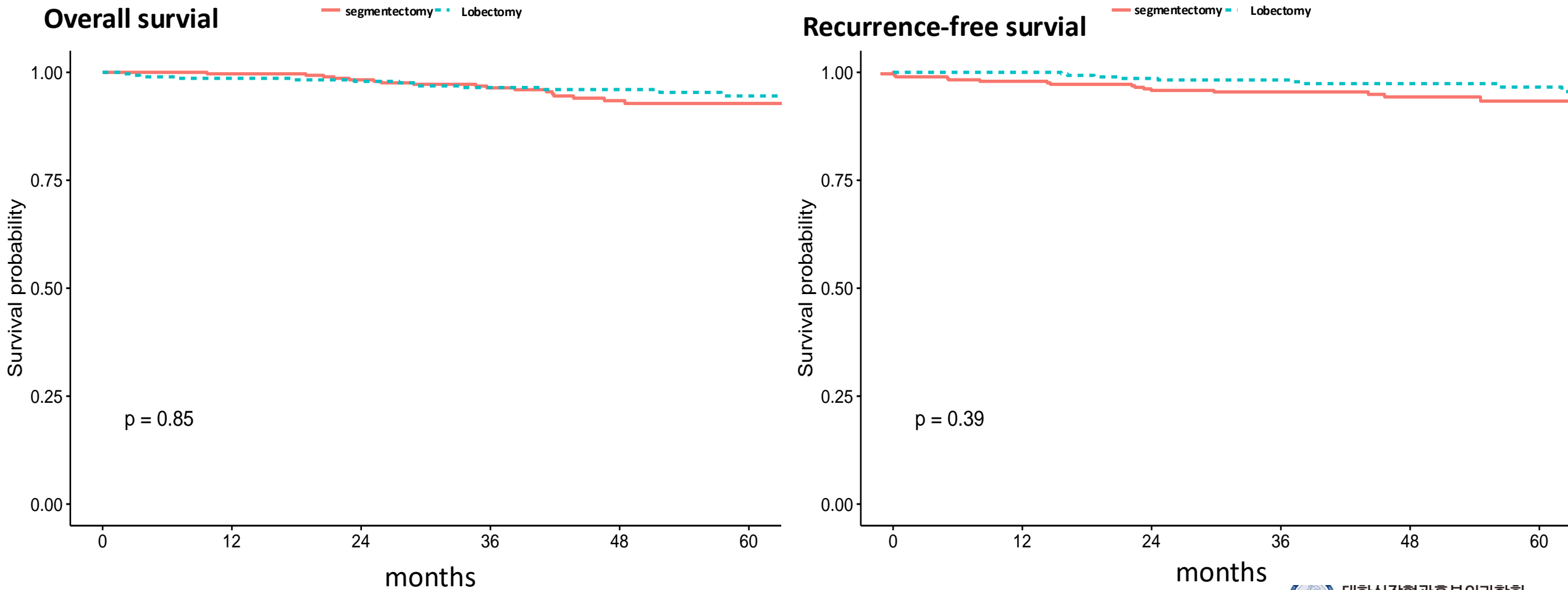
Table. Baseline characteristics

Variables	Segmentectomy (N=288)	Lobectomy (N=288)	p-value
Age, year	70.0 [63.0;78.0]	69.0 [64.0;75.0]	0.583
Male	128 (44.4%)	109 (37.8%)	0.210
Smoking	99 (34.4%)	84 (29.2%)	
Tumor location			
RUL	75 (26.0%)	69 (24.0%)	0.946
RLL	59 (20.5%)	62 (21.5%)	
LUL	98 (34.0%)	101 (35.1%)	
LLL	56 (19.4%)	56 (19.4%)	
Tumor size	1.8 [1.4; 2.2]	1.9 [1.4; 2.3]	0.653
C/T ratio			0.607
CTR≤0.50	117 (40.6%)	103 (35.8%)	
0.50<CTR≤0.75	103 (35.8%)	114 (39.6%)	
0.75<CTR≤1.00	32 (11.1%)	30 (10.4%)	
Pure solid	36 (12.5%)	41 (14.2%)	0.605
Clinical T stage			
1a	127 (44.1%)	122 (42.4%)	
1b	137 (47.6%)	135 (46.9%)	
1c	24 (8.3%)	31 (10.8%)	

Table. Perioperative data

Variables	Segmentectomy (N=288)	Lobectomy (N=288)	p-value
Pathologic T stage	69.7 ± 10.5	69.3 ± 9.2	<0.001
1a	139 (48.3%)	87 (30.2%)	0.186
1b	108 (37.5%)	156 (54.2%)	
1c	20 (6.9%)	35 (12.2%)	
2a	10 (3.5%)	8 (2.8%)	
2b	1 (0.3%)	0 (0.0%)	
3	0 (0.0%)	1 (0.3%)	
4	1 (0.3%)	0 (0.0%)	
is	9 (3.1%)	1 (0.3%)	
Pathologic N stage			<0.001
0	284 (98.6%)	281 (97.6%)	
1	1 (0.3%)	4 (1.4%)	
2	1 (0.3%)	3 (1.0%)	
x	2 (0.7%)	0 (0.0%)	0.063
Number of LN	15.0 [11.0;23.0]	23.0 [18.0;30.0]	
Operative time	104.0 [84.0;132.5]	110.0 [90.0;134.5]	<0.001
Chest tube duration	3.0 [2.0; 4.0]	3.0 [3.0; 5.0]	0.131
Compication	14 (4.9%)	24 (8.3%)	

Figure. Overall survival and recurrence-free survival in the patient underwent segmentectomy or lobectomy



❖ Segmentectomy could achieve similar surgical outcomes compared with lobectomy in clinical IA non-small cell lung cancer