

주최·주관 대한심장혈관흉부외과학회

# 2024 대한심장혈관흉부외과학회 제56차 추계학술대회

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



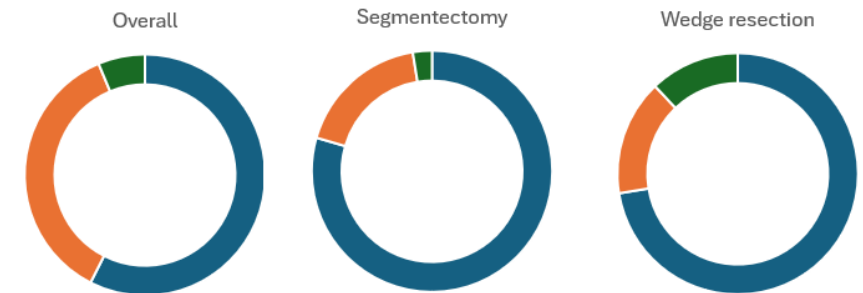
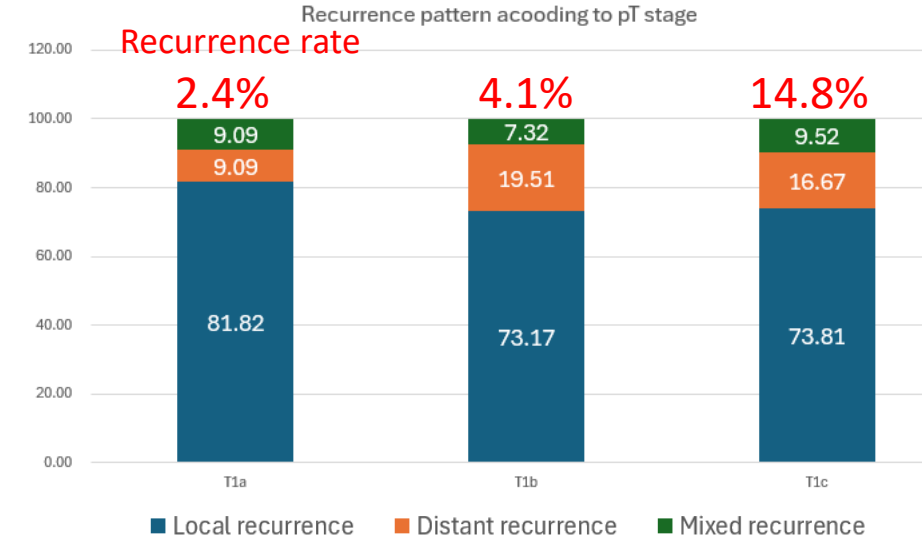
## Dynamics and Analysis of Recurrence in Lung Adenocarcinoma After Sublobar Resection

- The results of the JCOG study have established sublobar resection as the dominant surgical treatment for early-stage lung adenocarcinoma.
- Various organizations have suggested differing postoperative surveillance regimens, but the optimal approach for lung adenocarcinoma survivors remains unclear.
- Moreover, there are no specific surveillance guidelines tailored to patients who have undergone sublobar resection
- In this study, we aimed to investigate the recurrence patterns and timing in early-stage lung adenocarcinoma patients who underwent sublobar resection.

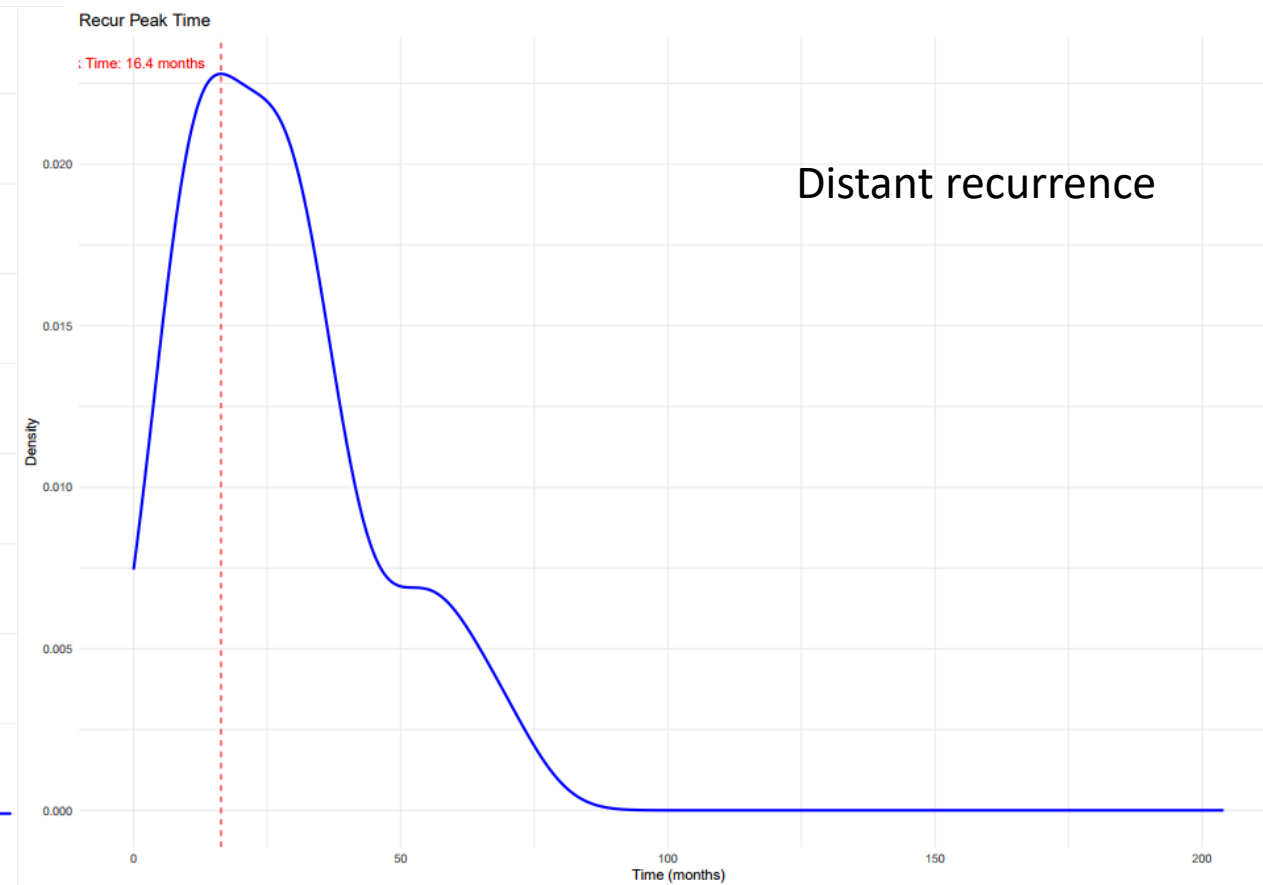
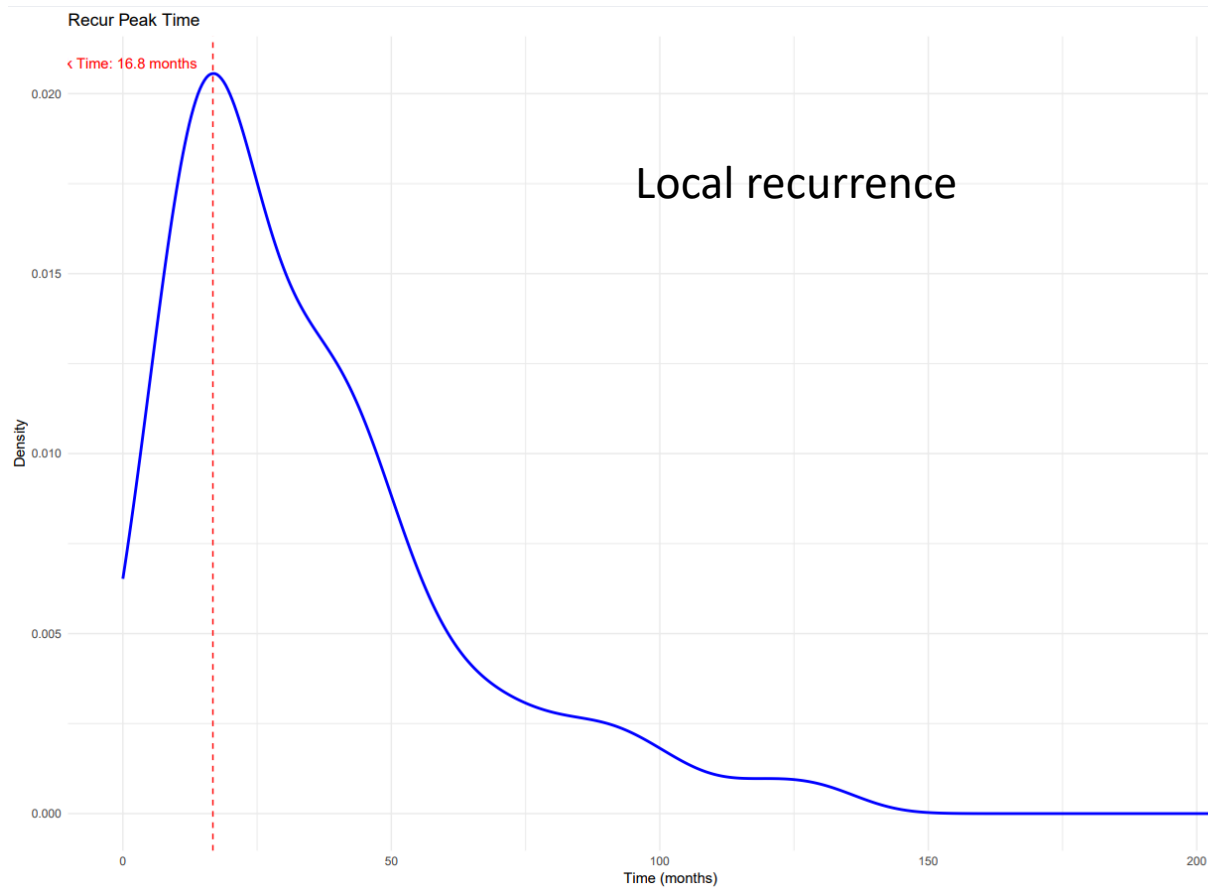
- 2005-2022 , Patient who underwent sublobar resection for adenocarcinoma
- Pathologic stage T1a-c, N0orNx, M0
- Exclusion : 1) resection margin; positive 2) FEV1 or DLCO < 40% 3) concurrent malignancy 4) synchronous or metachronous lung cancer 5) Follow-up period of 3 months or less
- Survival analysis, Kernel Density Estimation for peak recurrence period
- Recurrence in the ipsilateral hemithorax and mediastinum was defined as local recurrence, whereas that in the contralateral lung or outside the hemithorax and mediastinum was distant recurrence.

- Total 1968 patients included

	Overall (N=1968)	Wedge resection (N=878)	Segmentectomy (N=1090)
<b>Local recurrence</b>	73 (3.7)	42 (4.8)	31 (2.8)
Surgical margin	24	17	7
Same lobe	19	11	8
Ipsilateral another lobe	13	8	5
Ipsilateral lymph node	11	6	5
Ipsilateral pleura	18	8	10
<b>Distant recurrence</b>	46 (0.8)	9 (1.0)	7 (0.6)
Contra lateral lung	10	7	3
Contra lateral lymph node	4	4	0
Contralateral pleura	1	0	1
Extra-thoracic lymph node	3	2	1
Another organ	7	4	3
<b>Mixed recurrence</b>	8 (0.4)	7 (0.8)	1 (0.1)
<b>Without recurrence</b>	1871 (95.1)	820 (93.4)	1051 (96.4)



- The peak duration for local recurrence was 16.8 months, while the peak duration for distant recurrence was 16.4 months



- The peak recurrence period for pathologic T1mi-c lung adenocarcinoma was at 16 months postoperatively, with no difference observed according to the recurrence pattern.
- Local recurrence was the predominant recurrence pattern.
- There was no difference in the recurrence pattern composition according to the pathologic T stage or the extent of surgical resection.
- Based on our findings, vigilant surveillance for local recurrence is necessary in patients who have undergone sublobar resection for early-stage lung adenocarcinoma.
- Further analysis of specific risk factors associated with each recurrence pattern is needed.