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**NSCLC: Surgery Posters, Wed, Sept 5 – Thur, Sept 6**

**Clinical features and treatment outcome of bronchioloalveolar carcinoma defined by who classification**

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**Backgrounds:** Bronchioloalveolar carcinoma (BAC) is defined as an adenocarcinoma with pure bronchioloalveolar growth pattern and no evidence of stromal, vascular or pleural invasion by 1999 WHO classification. Although BAC has unique clinical and radiological presentations, BAC has been defined inconsistently in various series. We analyzed the clinical features, treatment outcome and prognostic factors of 141 BAC patients in a single institution.

**Methods:** From September 1994 to December 2004, a total of 5,063 patients were diagnosed of non-small lung cancer (NSCLC) at Samsung Medical Center in Korea. Of 5,063 patients, 141 patients (2.8% of NSCLC, 5.2% of adenocarcinoma) were diagnosed of BAC according to the 1999 WHO criteria. The clinical data including radiological features, treatment modalities, relapse and vital status were retrospectively obtained.

**Results:** Among the 141 patients, 100 patients (71%) underwent surgical resection with curative intent. The male to female ratio was 0.85:1 and the median age was 62 years (range, 29 - 83). Only 29% of the patients were current or ex-smokers. Most patients (61%) had clinical pathological stage I, 5% stage II, 8% stage III, and 26% of the patients presented with stage IV disease. The most common initial radiological presentation was solitary nodule (63%) followed by multiple nodules in both lungs (18%), infiltrating or pneumonic mass (9%), multiple nodules in the same lung (6%), and a cavitory mass (4%). The most frequent location of the tumor was the right upper lobe (28%) followed by the right lower lobe (17%), the left lower lobe (16%), the left upper lobe (9%), and the right middle lobe (6%). The estimated 5-year overall survival rate of the 100 patients who underwent surgical resection was 71.4 %, and the median survival has not been reached yet. Among the resected patients, 24 patients developed relapse mostly in the lung (19 patients, 78%). The median survival was 6.9 months for the 39 patients without surgical resection. At the multivariate analysis, initial radiological presentation with solitary nodule and curative resection were favorable prognostic factors for survival.

**Conclusion:** Pure BAC is uncommon lung adenocarcinoma in Korea. Patients with localized, resectable disease and initial radiological presentation of solitary nodule have a significantly better survival.

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**Comparison of mediastinal lymph node dissection by vats and thoracotomy**

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**Background:** Video-assisted thoracic surgery (VATS) for radical lobectomy is a developing technique in the surgical treatment of non-small cell lung cancer (NSCLC). Evidence suggests that VATS lobectomy can be performed safely and may be associated with decreased hospital stay and post-operative morbidity. Despite this, the procedure is only performed in select centres around the world and has failed to gain widespread acceptance. One of the often cited deterrents is the perceived inadequacy of VATS lobectomy as an oncological procedure. With a recent publication of a meta-analysis suggesting that mediastinal lymph node dissection (MLND) has superior 4-year survival compared with lymph node sampling in NSCLC, the importance of assessing the quality of MLND performed by VATS is necessary. Our objective was to determine whether lymph node specimens from VATS lobectomy were of similar quality to those of open lobectomy (via thoracotomy).

**Methods:** A retrospective comparison of 70 VATS lobectomies with 70 open lobectomy controls was performed. Controls were matched for anatomic location (i.e. lobe) as well as clinical TNM stage. All patients had histologically confirmed NSCLC and MLND. The total number of lymph nodes resected and the number of nodes resected per station were compared.

**Results:** The total number of lymph nodes resected during MLND performed by VATS is at least equal to open lobectomy. For certain lymph node stations, the number of nodes resected may be higher by VATS than in open cases.

**Conclusion:** MLND performed by VATS is equivalent to thoracotomy. From a radical lymphadenectomy perspective VATS lobectomy for lung cancer is an adequate oncological procedure.

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**NSCLC: Surgery Posters, Wed, Sept 5 – Thur, Sept 6**

**Left atrial resection for lung cancer: fifteen-year experience**

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**Background:** Results of partial resection of left atrium in lung cancer remain controversial. The study analysed 15-year experience with this surgery.

**Methods:** From Jan 1991 to Dec 2005 28 patients with lung cancer underwent lung resection with partial resection of the left atrium. There were 25 men and 3 women at the average age of 64,3 years. Histological types: 18 squamous cell carcinomas (64%), 5 adenocarcinomas (18%), 2 adenosquamous carcinomas (7%), 2 mucoepidermoid carcinomas (7%) and 1 atypical carcinoid (4%). Pathologic analysis identified 11 patients with N0 disease (39%), 6 patients with N1 disease (22%) and 11 patients with N2 disease (39%). Tumor infiltration of atrial wall was diagnosed pathologically in 20 patients (71%) and invasion of the origin of pulmonary viens in remaining 8 patients (29%). All atrial resections were performed using mechanical staplers.

**Results:** Right-sided operation was performed on 16 patients (57%), left-sided on 12 patients (43%). 26 patients (93%) underwent pneumectomy, 2 patients (7%) - lobectomy. 23 patients (82%) underwent complete resection, 5 operations were microscopically incomplete (2 - tumor cells in bronchial resection margin, 3 - last lymph node removed was metastatic, no positive atrial resection margin). The median intensive care unit stay and hospital stay was 3 days and 18 days. The in-hospital mortality was 4% (1 patient), postoperative complications developed in 5 patients (18%). The 1-year survival was 69%, the 5-year survival was 17%, median survival time - 23 months.

**Conclusion:** In selected lung cancer patients partial resection of left atrium may improve control of the disease without increasing mortality and morbidity.