Summary: This study illustrates that a higher ratio of surgical treated stage I patients in Niigata Prefecture. Adenocarcinoma was the most frequent histology. These updated data may predict future strategy for preventing and treating lung cancer. Follow-up study to determine the 5-year survival should be scheduled.

P3-269 NSCLC: Surgery Posters, Wed, Sept 5 – Thur, Sept 6
The coexistence of lung cancer and thromboembolism
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Patients with cancer have an increased risk of thromboembolism which leads to additional morbidity and mortality, also reduces the quality of life. Hypercoagulation is the most important cause of thromboembolism in malignancy. Extended immobilization, operations and executed chemotherapy are the other risk factors for thromboembolism in cancer patients.

202 patients had been hospitalized in our clinic with the diagnosis of malignancy in 2006; 188 patients had the diagnosis of lung cancer in this group. The patients who had the complaints like sudden dyspnea, tachypnea, chest pain were evaluated for pulmonary thromboembolism when venous thrombosis was investigated if there were physical findings such as swelling, pain, erythema and warmth of extremities. The investigated patients with the possible diagnosis of thromboembolism did not have any other risk factors for this disease; the only risk factor was malignancy. Spiral computed tomography or venous Doppler ultrasonography were performed to demonstrate thromboembolism at these patients. Thrombosis or embolism were determined in 34 of all cancer patients (16.8 %) when the number of new diagnosis thromboembolism did not have any other risk factors for this disease; the only risk factor was malignancy. Spiral computed tomography or venous Doppler ultrasonography were performed to demonstrate thromboembolism at these patients. Thrombosis or embolism were determined in 34 of all cancer patients (16.8 %) when the number of new diagnosis thromboembolism did not have any other risk factors for this disease; the only risk factor was malignancy. Spiral computed tomography or venous Doppler ultrasonography were performed to demonstrate thromboembolism at these patients. Thrombosis or embolism were determined in 34 of all cancer patients (16.8 %) when the number of new diagnosis thromboembolism did not have any other risk factors for this disease; the only risk factor was malignancy. Spiral computed tomography or venous Doppler ultrasonography were performed to demonstrate thromboembolism at these patients. Thrombosis or embolism were determined in 34 of all cancer patients (16.8 %) when the number of new diagnosis thromboembolism did not have any other risk factors for this disease; the only risk factor was malignancy.

P3-270 NSCLC: Surgery Posters, Wed, Sept 5 – Thur, Sept 6
An analysis of surgical skills in pleuro-pneumonectomy of lung cancer with malignant pleural effusion
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To evaluate the surgical skills in pleuro-pneumonectomy of lung cancer with effusion and the effect of the operation, from Jan.1988 to Jan.2003, 21 patients of primary lung cancer with dissemination and malignant pleural effusion were treated chiefly by operation. The surgical procedures included left pleuro-pneumonectomy in 8 and right pleuro-pneumonectomy in 13 patients. The operative skills include plural dissection en bloc, management of big vessel in hilar, paying attention to disposal of dissemination on pericardium, big vessels and diaphragm, etc. All patients recovered postoperatively. There were no severe surgical complications such as bronchopleural fistula, empyema and hemorrhage. Follow-up showed that 16 patients have died at 5 to 34 months after the operation. Other patients were still alive at 24 to 29 months. Mid-lifetime was 18 months. Pleuro-pneumonectomy selectively performed in lung cancer with malignant pleural effusion (IIIb) is safe and manipulatable. Improvement of the surgical skills may reduce the perioperative complications, decrease recurrence of the tumor and so gain a better result.