

P3-240

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

Surgical Pulmonary Resection of Recurred Non-Small Cell Lung Cancer After Prior LobectomyLee, Yong Jik; Kim, Dong Kwan; Park, Seung Il; Kim, Yong Hee; Kang, Pil Je; Lee, Hyun Joo; Chun, Mi Sun*Asan Medical Center, Seoul, Korea*

Background: Surgical resection is the most effective treatment for patients with non-small cell lung cancer, but the effects of surgery in recurrent lung cancer is not well-established. The objective of this study was to evaluate the safety and efficacy of surgical resection for recurrent lung cancer after prior lobectomy.

Methods: Between January 1992 and March 2006, 1892 patients with primary lung carcinoma underwent surgical resection. Among these patients, 262 were diagnosed with recurrent lung carcinoma for which surgical resection was performed for 28 patients. A total of 6 patients diagnosed with metachronous cancer were excluded. Type of resection, postoperative morbidity and mortality, and factors influencing survival were analyzed.

Results: Twenty-five resections were performed in 22 patients after prior lobectomy. All patients were diagnosed with pulmonary metastasis. Completion pneumonectomy was performed in six patients, lobectomy in 5, segmentectomy or wedge resection in 14 patients. Median follow up duration was 33.7 months. Two patients were treated with BPF after a second operation. There was no 30-day mortality, the median survival was 38.0 months and the overall 1-, 3-year survival rate was 71.7%, 54.6%, respectively. Median survival was 11.6 months in those with short disease free interval (less than 1 year) and 40.6 months in those with more than 1 year disease free interval ($p < 0.05$).

Conclusions: Surgical resection of recurrent lung cancer resulted in survival similar to those of primary lung cancer. Multimodality treatment including surgical resection should be considered in those patients with postoperative recurrent non-small cell lung cancer.

P3-241

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

Lung volume reduction surgery in lung cancer resectionLequaglie, Cosimo; Giudice, Gabriella; Della Morte, Aniello*Centro Riferimento Oncologico Regionale, Rionero in Vulture PZ, Italy*

Background: We report two new surgical techniques in emphysematous with concurrent resectable lung cancer to reduce hospital stay and improve quality of life.

Methods: Between January 2005 and June 2006 we performed 45 lung volume reductions to as many ipsilateral major resections. Forty-one patients (mean age: 65 ± 7 years) had primary NSCLCs and 4 colorectal metastases. FEV1 baseline was 0.90 ± 0.3 L and RV was 5.1 ± 0.7 L.

The bullectomy was separated from cancer resection in 11 cases: 8 lobectomies, 1 bilobectomy and 2 wedge resections for metastases. We performed in partnership stapler to the stratum of collagen for the bullectomy, both for open surgery than for videothoracoscopy.

The intraparenchymal caverns were approached in 32 lobectomies and 2 bilobectomies through a short muscle sparing thoracotomy and opened after disinfection. First the fibrin glue was instilled and manufactured a patch with stratum of collagen to close the bulla without tailoring.

The manoeuvre can be performed also with an elastic synthetic sealant, always combining it to the usual stratum of collagen.

Results: There were only 4 postoperative transient cardiac arrhythmias. Median hospital stay was 6 days (range: 5-14). The postoperative lung function did not have an unfavourable result (26% improved preoperative FEV1). The two procedures were without a final increase of the costs of management neither for duration neither for the postoperative hospitalization. In fact, to forehad of few about 10.00 € the cure of the bulla/caverna can be performed strengthening the mechanical suture with reabsorbable material as the patches of collagen and maintaining the initial elasticity of the pulmonary parenchyma to term application.

Conclusions: The costs of the described methods are reduced and lower to any other employee for such pathologies with excellent results in the care of the same diseases.

The careful employment of adhesive, sealant and biomaterials has generally modified surgical procedures already consolidated even if sometimes not enough to the pathologies to be treated and it has widened the indications of it allowing what first with difficulty or technical artifices today it can be simplified.

P3-242

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

Synchronous lung cancersLi, Hui; Hou, Shengcai; Hu, Bin*Dept. of Thoracic Surgery, Beijing Chaoyang Hospital, Capital Medical University, Beijing, China*

Objective: Synchronous lung cancer is the simultaneous presence of more than one primary foci of cancer in separate anatomical components of the lung. In order to assess the incidence of synchronous lung cancers, as well as the clinical features and surgical results of this condition, we retrospectively analyzed 1019 consecutive patients admitted to our hospital with carcinoma of the lung.

Methods: During a 10-year period (1990-1999) synchronous multiple primary lung cancers were treated surgically in 5 patients. The data were retrospectively analyzed.

Results: Five patients (0.5%) had synchronous multiple primary lung cancers of all 1019 patients with primary carcinoma of the lung. The mean age of 5 patients was 62.5 years old, and all of those were male. Three synchronous tumors were ipsilateral and two were bilateral. Five patients underwent resection of both tumors. Three synchronous tumors were ipsilateral and treated with one pneumonectomy, one lobectomies and one double wedge resection. The bilateral synchronous lesions (2 patients) were treated by staged bilateral thoracotomy (mean interval; 2 months). The first resection consisted of a lobectomy in one patient and wedge resection in one. The second one was a wedge resection in two patients. There was no operative death. Postoperative course was uneventful. The 2- and 5-year survival rates were 41% and 12.2%, respectively. The stage I synchronous lung cancers had better survival than the stage II patients.

Conclusion: Surgeons should be aware of the possibility of multiple primary cancers. The diagnostic procedures and tumor stage should be done separately for each lesions in patients who had more than one lesion. One stage surgery was recommended for ipsilateral synchronous lung cancers and for bilateral synchronous cancers, staged bilateral thoracotomies or double wedge resection at an interval could obtain satisfactory results.