**Evaluation of VATS In treatment for malignant thoracic effusion of lung cancer**

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**Background:** Thoracic effusion is common in patients with advanced lung cancer which means impossible for curative surgery. Palliative VATS surgery is used in this situation.

**Method:** We performed VATS pleura biopsy and Pleurodesis in 34 lung cancer patients with malignant thoracic effusion from 2003 to 2006.

**Result:** There were 23 male and 11 female, age ranged from 45-84, adenocarcinoma 20 and squame carcinoma 4. Before operation we got pathological diagnosis by thoracentesis. In operation we evacuated the thoracic cavity and sprinkled 5g talcum powder all over the pleura surface, then we eject 40mg cisplatin in thoracic cavity. We placed water sealed drainage after surgery for 3 to 14 days depending on amount of discharges from the drainage tube. After surgery all patients received standard chemotherapy and radiotherapy. There was no death associated with operation and no recurrence of thoracic effusion after surgery.

**Conclusion:** VATS pleura biopsy can get more tissue than thoracentesis to do immunohistochemistry, for example EGFR, ERCC1 and so on, which may provide us significant information for further treatment. Pleurodesis have a good effect on controlling thoracic effusion which can improve life quality for patients.

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**Determinants of recurrence and survival in patients following surgery for stage IB non-small cell lung cancer**

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**Background:** Early stage non-small cell lung cancer (NSCLC) is potentially curable by surgery, but long-term outcome after surgical resection is limited by disease recurrence locally or at sites distant from the primary disease. We conducted a retrospective study of NSCLC patients who underwent curative-intent surgery with stage IB (T2N0M0) to evaluate outcome variables.

**Methods:** Forty-seven consecutive patients (35 male, 12 female) received curative-intent resection for stage IB NSCLC from January 1998 to December 2005. Outcome variables analyzed included sex, types of operative procedure, histologic type and grade, tumor size, visceral pleural involvement.

**Results:** The median age was 64 years (range from 39 to 77) and median follow-up duration was 36 months. The operative procedures used were lobectomy in 40 patients and pneumonectomy in 7 patients. Twenty-five patients had histology of squamous cell and 22 patients had nonsquamous cell (including 14 adenocarcinomas). The overall 5-year survival rate was 65.9%. The disease free survival (DFS) and overall survival (OS) rate were significantly poor in patients with larger tumor (diameter ≥ 4 cm) compared with smaller tumor (diameter < 4 cm) (p=0.01 and p=0.009, respectively). Patients with visceral pleural involvement had poor DFS rate compared with patients without visceral pleural involvement (p=0.03).

**Conclusions:** Tumor size was related to poor DFS and OS, and visceral pleural involvement was related to poor DFS in patients with stage IB NSCLC. Those patients may need to have adjuvant systemic therapy for improvement of outcome.

**References:**